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# JOURNAL

OF THE

# American Osteopathic Association

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## VOLUME FOUR

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# The Journal

of

## The American Osteopathic Association

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No. 1

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### THE EIGHTH ANNUAL MEETING OF THE AMERICAN OSTEOPATHIC ASSOCIATION.

MONDAY, JULY 11, 1904.

The Eighth annual meeting of the American Osteopathic Association was held in the Missouri State building, situated in the World's Fair grounds, at St. Louis, Mo., July 11-15, 1904. The first session was called to order at 10 o'clock a. m. by President Hazzard.

The meeting opened with a prayer by Rev. B. P. Fullerton, pastor of the Cumberland Presbyterian Church of St. Louis, Mo., as follows:

"At the beginning of this meeting, our Father, we desire to ask for Thy blessing and return unto Thee our devoted thanksgiving. We recognize Thee in all we do in all life's experiences as the Sovereign over all sovereigns, as the Ruler of all rulers, as the dispenser of human events. Now as we meet we meet under the notice of Thine eye. We would not do anything displeasing to Thee. We would honor Thee; we reverence Thee, we believe Thee. And now as these, Thy servants, called by Thee unto the great work of healing men and women, have met to consult over the past and take a look towards the future, grant unto them that divine wisdom so necessary in the work unto which they have been called. We thank Thee that Thou hast through man discovered a remedy for disease and brought peace and joy and health unto hundreds and thousands of people. And we thank Thee for the history of the institution represented in this place, for what it has already done and for the full performance of what is yet to come. Let Thy benediction come upon this meeting and in every session thereof and upon all those who turn their faces and thoughts towards this place, although they cannot be here in person; and bless Thy servant, we beseech Thee, who stands at the head of this great enterprise; preserve him and keep him. And all this we ask in the name of Jesus our blessed Lord. Amen."

President Hazzard introduced Hon. J. H. Hawthorne, of Kansas City, Mo., one of the World's Fair commissioners for Missouri, and a valued

friend of the science, who in welcoming the association to the Missouri State building, said in part as follows:

"I certainly feel that it is a very pleasant duty, representing the Missouri commission in charge of this building, to extend to you this morning a cordial greeting, and to extend to you all the courtesies of this building. I told Dr. Hildreth that we would be glad to give this state hall to your meeting for today. At that time it was out of the question to know whether any state organization representing the taxpayers of his state would need this hall any of the remaining days this week, but if there are none who desire to use it I can see no objection to your having the use of this hall during the forenoon of every day of this week, provided it will suit you.

"When I was asked to welcome a bunch of doctors I hesitated, for when I was a boy living four miles from town, and hence four miles from the nearest doctor, there was no joy in our house when we sent for the doctor; we did not welcome the doctor when he came, but we welcomed him when he left.

"But, ladies and gentlemen, since then there has been a great evolution in medicine and the medical profession. Today a very different condition exists from what existed in that day. In those days you could smell the drugs before you could see the doctor. We have gotten away from that today, so that the practice of medicine is not confined to the narrow idea of dealing with drugs alone. I have sometimes thought that perhaps osteopathy was simply another demonstration of the old maxim that 'necessity is the mother of invention.' The medical schools of this country have been turning out physicians in such great numbers apparently that the medicine factories could not keep up with the number of physicians, and it was necessary to have physicians who did not use medicine. And here you are today, as I understand, representing every state in this union, coming in on special trains.

"It affords me great pleasure on the part of the Missouri commission to welcome you to our building, the finest state building upon the World's Fair grounds, the one particularly adapted to meetings of this kind. We have a building here into which we pump cold air during the day by the method of refrigerators that I think will make it pleasant for you, so that during the warmest day you may sit here in perfect comfort.

"My attention was directed to osteopathy in the year 1895. I was interested in some legislation pending in the legislature of this state which took me to Jefferson City. There I learned for the first time of osteopathy which had been discovered by a man in Kansas, that land of isms, that starts pretty nearly everything that is new but which has to send it to some better state in order to develop it. I understood that the founder of osteopathy had come to Missouri, and that at that time in the legislature of this state were pending measures directed against him. I was struck by the energy and enthusiasm of men in this state who were the friends of osteopathy. I recollect particularly one distinguished gentleman who is now dead—Judge Ellison, of Kirksville, Mo. He was a man that was so popular and so able, that while a democrat, was repeatedly elected judge in a republican district. As I recollect, Judge Ellison gave up his business for that winter and went to

Jefferson City and stayed there during the whole session in the interest of fair treatment to the osteopaths of this country.

"I said to him: 'Judge, why are you here?' I am a lawyer myself and I knew him very well.

" 'Well,' he said, 'what are you doing here?'

"Of course that was what we all say when we go to the legislature.

"He said: 'I will tell you. We have got a little institution in our town that we think the world of. It is run by people that we believe ought to have fair treatment, and who represent a branch of the medical profession that must grow. This fight is upon us, and I will camp in this town as long as this legislature is in session to do what I can to see that they get fair treatment.'

"The result of that legislation was favorable to osteopathy. Since then I have had the pleasure of serving two terms in the state legislature myself, and I have always found the friends of this branch of the medical profession enthusiastic and loyal to it in this state.

"I shall not forget the session of 1901 when Adair county, in which Kirksville is located, was represented by your own Dr. Hildreth. I never saw a more capable, loyal and diplomatic fight made in my life than he made to strengthen the legal standing of osteopathy in this state. I understand that there have gone out from this cradle of the profession such a large membership that today the science of osteopathy is planted in all the states of the union, and that you are legally recognized today in more than one-half of the states."

The judge spoke eloquently of the material resources of Missouri, and concluded as follows:

"Missouri welcomes you here to this building, this building dedicated by the prayers of this state to the public comfort of its sons and daughters and to their friends throughout the world, and especially of this land of ours, the land of the red, white and blue."

President Hazzard responded fittingly to this cordial welcome.

Essie S. Cherry, of Milwaukee Wis., then favored the meeting with a vocal solo, entitled "Beloved Columbia."

The president then announced that the badges which were sent to the members at their homes were not the badges to be used in the meeting. He thereupon appointed M. F. Hulett, Irene H. Ellis and A. L. Evans a committee on credentials to have charge of the distribution of the badges which entitled members to recognition by the president.

The report of the board of trustees was read by the president, but action thereon was postponed.

Clement A. Whiting, of Los Angeles, Cal., then read a paper on "The Importance of Laboratory Diagnosis to the Physician."

The President then introduced J. B. Littlejohn, of Chicago, Ill., who read a paper, entitled "Osteopathic Surgery, Including Treatment of Fractures."

Under the head of clinics, Lucius P. Meaker, of Auburn, New York, then discussed the subject of "Diabetes Mellitus."

C. W. Proctor, of Buffalo, N. Y., discussed the subject, "Diabetes Mellitus," which had been presented by Dr. Meaker.

George M. Laughlin, of Kirksville, Mo., conducted a clinic on "Asthma." F. E. Moore, of LaGrande, Ore., in the absence of Sanford T. Lyne, who was on the program for this duty, led the discussion on asthma.

President Hazzard then appointed the following Committee of Arrangements to plan a reception to be given to Dr. A. T. Still: C. C. Teall, Nettie H. Bolles and Edythe F. Ashmore.

The meeting was then adjourned to 8:30 o'clock a. m., July 12, 1904, at the Missouri State building.

#### TUESDAY MORNING, JULY 12.

President Hazzard called the meeting to order at 8:30 a. m.  
He then read the following cablegram:

Glasgow, Scotland, July 11, 1904.

Dr. Irene H. Ellis, Secretary A. O. A.:

Greetings from Europe, where we hope osteopaths will soon number over three.

L. WILLARD WALKER.

A. G. Hildreth then called the attention of the meeting to the banquet Thursday evening, and strongly urged that every osteopath in attendance should sit at the banquet table. He stated that Drs. De France, Bailey and Eckert had the tickets for sale.

The minutes of Monday's proceedings were read and approved.

Ellen L. B. Ligon, first vice-president, took the chair and announced that the association would be favored with the President's address, entitled "Osteopathic Manipulation of the Blood-Mass."

President Charles Hazzard then addressed the meeting:

Upon resuming the chair President Hazzard recognized Charles E. Still, who spoke as follows:

"Last year at Cleveland I promised the association that I would have my father present at St. Louis this year. A few days ago he was feeling very poorly, and I thought I would be obliged to disappoint you, but yesterday my spirits were revived by the receipt of a telegram stating that he would be with us today, so I have fulfilled my promise and now present him to you. He does not feel like making an address, but simply wants to meet you."

Thereupon Dr. Andrew Taylor Still was ushered into the hall, and amid great cheers and continued applause he proceeded to the rostrum, and spoke as follows:

"I do not feel able to speak to you as I would like to. You have heard so often that I am glad to meet you, and you are all pretty good looking, etc., you have often heard that. I am not really a Missourian, but I have been here about sixty-five years, and so I am very nearly that. I was born in Virginia, and came here as quick as I could decently.

"I have long since been told that the works of God would prove His perfection. I have searched for the man that could prove that that assertion was not correct. I have also searched for the theologian who could take that assertion and prove it. That assertion can only be proven by the thor-

oughbred, loyal, genuine osteopath, because he will start with the human skeleton and terminate with the soul of man. The union between life and matter, mind and motion is the proof of the perfection of the Divine Architect of the universe. That Architect was not asleep. He was not drunk on beer and whisky. He was cool-headed and wise in thought when He planned the human life—animal life. With mature thought and deliberation he took up the subject, and as the Architect of the universe he made the doors necessary for the building; he made all the posts to hold it up, all the ribs to do the work. He set in then his furniture and gave it necessary room and covering, and he placed therein the batteries, sub-batteries and parts through the whole system to drive it; and, as I tell the students in my classes, no failure has been found in it.

“The great God of the universe is a chemist and is a skilled mechanic, possessing all that is necessary to make a perfect job, and when he puts it out it is self-protecting, not only from foreign bodies, but as a healing system. I want to emphasize the thought that had the God of the universe omitted the chemical and physiological laboratory, and that which is necessary to keep man in good health, he would either have been dishonest or ignorant. Take either horn of the dilemma you wish. I take it that my God was honest; he was wise and when he made the work he said: Not only good, but ‘very good.’ The supposed ignorance of God is the pill doctor’s opportunity.

“No school on earth holds the student down to the study of the body as much as the osteopathic—for twenty continuous months, every day five or ten lessons, perpetually leading him from the dry bone to the spirit of life. This soul of man! What is it? Go to your Divine Chemist and see if He does not come forth with the chemical compounds which are all that you see of man. One says: What is the soul of man? I ask my theologian what this soul of man is. I ask the doctor what the soul of man is. I ask the philosopher what the soul of man is. I have only a glimmer of an answer, and that comes from the chemist, who says the Divine Architect is not only the builder, he is not only the philosopher, but he is a chemist. That chemist has produced the substances that are the sources of matter and of all that you see in man.

“The all-ruling intelligent power and chief of the universe as far as we do know has made no single failure. Let us criticise him a little. Let me ask you a few questions. Did you ever see the wing feathers of a turkey grow on its head? Did you ever see his foot grow where his tail should? Why not? Because God is reliable. You will never find an omission. If that were not so then you are worshiping an old hypocrite. For thirty long years I have searched and failed to find a single omission. If you had a toothache, would you put opium in it? You will if you are a blank. If you have dysentery or summer complaint you surely must have some opiate, some injections; as the Kentuckian says, some ‘interjections.’ But whenever you are master of the nerves of the spine at the first and second lumbar you will turn them on to that raw intestine, and you will pour in a better morphine than man knows how to compose, and give relief. If you have not relieved the pain inside of forty seconds you are not an osteopath.

“He who drops the study of bones, of physiology or anatomy and takes up something else without having proved his God is a poor architect, a poor

physiologist, a poor chemist. That man is to be pitied, and I would say, Lord, give him a little bit more of anatomy. Give honor to the old doctors; they did their honest best, but do not worship them. Cleave to nothing but that which you can demonstrate before God and man.

"Whenever you take up the human body and master it, acquire a knowledge of it, and then practice along the lines we are teaching, then you are an osteopath. One says, how long must you study? I will answer that question. Just at the very time and moment that your head has a perfect knowledge of all the forms and of all the positions of the bones nerves and tissues and the whole system and how to control it; the very instant you know all about the human anatomy, the form and functions of that body, then you are ready for your diploma. Talk to me about three years, two years, five years! Some heads will never make an osteopath if they are five hundred years at it. My first thousand graduates are a success, and all others are who have persevered in it. Then another thing. At the end of two years, the way we teach now, crowding from morning to night, it becomes monotonous, like a long-winded speech, and if you ever intend to move, then and there you are ready. Every day after you have completed your course and fail to go into the practice you begin to decay, and at the end of another year you hardly have sense enough to know whether you should continue or let it alone.

"I have spoken more than I intended to. I feel better than I did when I began.

"Now, I will tell you a little story: I went to the gates of St. Peter, and said I, 'Peter, how are all things?'

" 'Well,' he said, 'I have a good notion to box you over the ears.'

" 'What for, Peter?'

" 'Why,' he said, 'you sent up a woman who was an osteopath, and she is talking a new language in heaven. She is talking about the clavicle, the cuticle, the sub-lingual, the cellular and the connective tissues. Is she crazy? She was an osteopath and you are responsible for it.'

"Said I: 'Peter, I am guilty; I expect to fill heaven 'chock' full of osteopaths from this on.'

" 'Well,' he said, 'you must send her some company; she sits up here alone a lonesome woman talking science all the time.'

"But, to be serious, I do think that education should commence at the mother's breast. If a mother who is educated and knows how many bones she has, where they belong and what to do with them, and talks with her daughter as she grows up, she will become an intelligent young woman whose company any young man would seek and enjoy. All the young women who graduate from my school have not only been successful, but have sent us good reports of their work. They have made a good record and we are proud of them.

"Whenever you get a boat that navigates faster than another one, then jealousy arises. When we take up a disease, for instance pneumonia, and handle it successfully without a drug, the advocates of allopathy will say, where are your statistics? They say 46 per cent. die from broncho-pneumonia. The success of osteopathy has been such that there has been no occasion to compile mortuary statistics. What is the death rate from flux? The allopath says 17 per cent. What does the osteopath say? He is without

statistics again. Just think of the remarkable success Mrs. Conger had in the Philippines with this disease among the army boys, and yet she was only a baby osteopath then. She handled the flux, fevers and bowel troubles with remarkable success, and mind you, reports of these wonderful cures have not alone come from her lips, but from the soldiers in the field.

"I wish to thank you for this greeting. It is the largest gathering of osteopaths I have ever addressed. I presume many of you came here to see the shows on the pike, to meet fellow osteopaths from the different parts of the country and also to assist in advancing this great cause to which we all have pinned our faith, and I am happy to say that we are all trying to fight the battles of an omniscient God, and so long as we are adjudged guilty of that we need have no fear."

Dr. Still was heartily cheered, and as he was passing out through the audience the entire assemblage rose and gave him three rousing cheers.

E. R. Booth, of Cincinnati, Ohio, then made the following remarks:

"I am sure you are not in the humor to listen to me after hearing what our reverend Dr. Still has told you. However, I wish to say a few things concerning the 'History of Osteopathy,' which I am at present writing and have near completion. I have had some circulars distributed among you, which will give you the necessary facts. However, I wish to direct your attention to them, and trust you will give them your careful attention. It is very important that this work should be done while the leading osteopaths, those that were most familiar with the science in its early history and growth, are still living. Some of those have already passed from the stage of action. I am especially anxious that this history be published during the life of Dr. Still, but from what you all have seen of the doctor today it is safe to predict that he will be with us for a number of years to come.

"The manuscript for the entire work is practically prepared, and I have most of it with me. You will observe from the circular the chapters into which it is to be divided, and it is my purpose to treat the various subjects as thoroughly as possible. It is my aim to give you the most reliable information obtainable, and for the benefit of the profession and for posterity I trust each of you will give me such information as you may possess in order that I may embody it in the work before it is published. And so if any of you have any information concerning osteopathic schools, legislation, court proceedings and the introduction of osteopathy into your state I would be pleased to have it."

President Hazzard announced the following committees:

Committee on Resolutions—C. E. Achorn, Boston, Mass.; J. C. Howell, Vineland, N. J.; Ethel L. Burner, Bloomington, Ill.; William A. McConnell, Marion, Ind.; Kent W. Coffman, Owensboro, Ky.

Committee on Necrology—Leslie E. Cherry, Milwaukee, Wis.; Lola Lillian Hayes, Wyandot, Ill.; Julia C. Clarke Boston, Mass.

Committee on State Boards—Charles E. Still, Kirksville, Mo.

Committee on Student Delegates—Percy Long, Kirksville, Mo.

Committee on New Members—H. L. Chiles, Auburn, N. Y.; W. J. Novinger, Trenton, N. J.; Charles A. Upton, St. Paul, Minn.; Mrs. Mary E.

Harwood, Kansas City, Mo.; Earl H. Cosner, Sandusky, O.; F. E. Moore, LaGrande, Ore.; T. L. Ray, Fort Worth, Tex.; L. D. Martin, Barre, Vt.; W. A. Wilcox, Waterbury, Conn.

Committee on Credentials—M. F. Hulett, Columbus, O.; Irene H. Ellis, Boston, Mass.; A. L. Evans, Chattanooga, Tenn.

The following ushers were appointed for the public exercises at Festival Hall: F. E. Moore, F. H. Smith, J. A. McGee, Frank J. McGuire, Ord L. Sands, Charles A. Upton, S. D. Richards, W. A. Wilcox, Clifford H. Stearns, Percy L. Hodges and J. D. Cunningham.

C. M. T. Hulett: "We are consuming too much time over these announcements not being systematized. I therefore move that all of these matters be submitted to the program committee, who shall bring them to the attention of this meeting."

The President then introduced W. J. Connor, of Kansas City, Mo., who read a paper on "The Significance of Certain Peculiar Sounds Emanating From the Spine During Osteopathic Treatment."

Discussion of the paper of W. J. Connor was led by O. J. Snyder, of Philadelphia, Pa.

President Hazzard stated that the committee having in charge the awarding of the prize essay had received a great many interesting papers, and that it was no easy task to determine which was the best, but that they had awarded the prize to Dr. A. Still Craig, of Iowa City, Ia.

Dr. Craig then read his paper, entitled "Has Osteopathy a Right to Exist?"

Mrs. A. L. Conger read a paper entitled "A Pioneer in the Philippines."

President Hazzard then stated that the time had come for the clinics, and, as the hour was late, stated that one clinic would be held at each end of the hall.

At the rear end of the hall Carl P. McConnell conducted a clinic on valvular diseases of the heart.

D. Webb Granberry, of Orange, N. J., to whom had been assigned the discussion of the clinic of C. P. McConnell, was not present.

From the rostrum Guy E. Loudon, of Burlington, Vt., read an interesting paper, "Bright's Disease," which was discussed by C. H. Stearns, of Washington, D. C.

Session adjourned.

## OSTEOPATHIC DAY EXERCISES.

### EVENING SESSION, TUESDAY, JULY 12, AT FESTIVAL HALL.

President Hazzard called the meeting to order, whereupon it was favored with a pipe organ selection by Mr. Charles Galloway, the selection being Scherzo in G minor, Bessi. During the evening Prof. Galloway favored the audience with several other numbers.

Rev. Dr. L. H. Dorchester, pastor of the Lindell Avenue M. E. Church, delivered the invocation.

During the evening the Temple quartette rendered several very pleasing selections, which were greatly appreciated by the audience.



A letter of regret was read from Hon. D. R. Francis, president of the exposition, expressing his disappointment at being unable to be present and address the meeting.

President Hazzard, in response to President Francis' welcome, spoke in part as follows:

"Ladies and Gentlemen—In expressing the thanks which the osteopaths of this country feel for the welcome which has been extended to them, I must in the same breath give voice to the deep regret which we all feel at the absence of President Francis. He is a very busy man, and at the last moment found it impossible to be with us, and yet we feel that whatever President Francis might say to us would hardly make us feel more welcome than we have been made to feel in the city of St. Louis and in the exposition grounds. True it is that a warm welcome has been extended to us. It might be no exaggeration to call it even scorching hot. They say that down here in Missouri in the summer time the farmers have to feed their hens cracked ice to keep them from laying hard boiled eggs, and we can see how that might be. However, this welcome, I feel bound to say, we appreciate to the full, well knowing that its heartiness far exceeds its torridity.

"It is truly fitting, we believe it is the eternal fitness of things, that osteopathy, *child of the soil the purchase of which this exposition commemorates*, should be represented here, should come to take her place as some one most happily said, 'in the fair domain over which the goddess of liberty holds sway.'

"Into this vast assembling together of all that is modern, of all that shows the onward march of civilization and the triumph of man's skill over his surroundings, osteopathy comes to represent his mastery over the physical being and the physical ills that so thickly beset the flesh.

"Osteopathy had her small beginnings, but she did not despise the day of small things. Many years ago a small boy came with his parents from old Virginia to the fertile soil of this new land. He brought hidden away in the recesses of some remote brain cell a germ of thought, the greatest thing in the world, and the boy and the thought germ grew together, fanned by the breezes and warmed by the sun of these broad prairies. The hardy life of the pioneer made the body tall and strong and built vigor that pumped pure blood to a brain endowed for a great purpose, nurtured in the solitude, growing in communion with nature, that thought began to bud, and finally when years of study and experience had ripened and matured knowledge it burst into full bloom, *and old Missouri became the fountain head of osteopathy.*

This Magnificent Festival Hall is set on a hill and from beneath our feet as we stand the water bursting merrily from a thousand jets flow down to delight the eye and cool the air and to go and mingle with the waters and the clouds at the far corners of the earth. So osteopathy from this grand old state has its source, has spread into all the world for the healing of the nations.

"Why are we here? The men and women of osteopathy are gathered from every state and territory to mingle socially and to meet in council to devise plans to carry on our campaign of education against ignorance and prejudice and our battle against disease, for we fight against not disease and death alone, but against prejudice and ignorance in many cases, for it is ever true

that as some one has said, the truth that occupies a nut-shell finds some minds too narrow to give it room. Osteopathy carries on a great campaign of education."

The President then introduced A. G. Hildreth, of St. Louis, who welcomed the American Osteopathic Association to St. Louis on behalf of the Missouri State Osteopathic Society. He spoke in part as follows:

"It gives me great pleasure, on behalf of the Missouri State Osteopathic Association, and in the name of the St. Louis osteopaths, to bid you welcome to this, the greatest osteopathic gathering ever known, the greatest in numbers, the greatest in enthusiasm, and greatest, we believe, in all things pertaining to the good of our science.

"We welcome you to this meeting, where we believe you will be privileged to share in the most scientific osteopathic feast of our lives. We welcome you to Missouri, the birthplace of our science; to this city, the metropolis of our mother state; to this magnificent building, the crowning glory of beautiful Art Hill, the center around which clusters and from which has emanated, the designs that make this spot the wonder of all who look upon it, a dreamland of beauty and a paradise in reality, the central creation of the greatest exhibition the world has ever known,—so great in its magnitude and so complete in all its details, that we are lost when we try to comprehend it in all of its relations to the past and all that it means as an influence upon the future.

"We welcome you to this place, where you have gathered around you the culmination of all the past centuries, all that we have ever been and all that we are today is represented here in this, the world's greatest display. We welcome you believing, yes knowing, that from the inspiration of this hour we shall gather new courage and greater strength for greater and better things to come, meaning much to us as individuals and more as a profession. Again we welcome you in the name of the one man whose lifework has made this gathering possible; in the name of the one man who will ever be known as the Father of osteopathy, and the one whose name will throughout all time be known in every household of civilization as the greatest benefactor of the human race, Dr. Andrew Taylor Still.

"We rejoice with you and with him that his life has been spared and that he can today share with us and enjoy the golden harvest of his great life's work. We are gratified, indeed, that we are honored and blessed by his presence on this occasion. We should be and are grateful for the privilege we enjoy as the instruments in God's hands to carry on for the sake of suffering humanity to greater and more extended successes, the noble work he has so ably begun.

"The history of osteopathy has been made in a few short years. Only twelve years ago, the 10th day of last May, the first osteopathic college was chartered under the laws of the state of Missouri. This college was located at Kirksville, the county seat of Adair County, Missouri, then a town virtually unknown—now, the world-famous birthplace of osteopathy, and the home of Dr. Still. The first class that matriculated in that college numbered seventeen people. At that time there was not a publication in the United States that would even honor us with a respectable news item. The

first article published in one of our great newspapers was one ridiculing Dr. Still and his treatment and it appeared in one of the leading dailies of this city in the fall of 1892. Today we are treated with every courtesy by the press of this entire country. There was not a state in this Union at that time where a graduate of this school could practice as a law-abiding citizen. At least our enemies sought to have the medical laws then existing so interpreted.

"Today there are some eight or ten colleges of osteopathy in the United States with between twelve hundred and fifteen hundred students matriculated, or in attendance. There are about thirty-five hundred practitioners in the field. Our practice is recognized and legalized by some form of law in more than one-half of the states of the Union. In a number of states we have osteopathic Boards of Examination and Registration. We have some twenty-seven or twenty-eight State Osteopathic organizations, a National Association that now numbers over eight hundred members. At this gathering we have between twelve and fifteen hundred osteopaths representing every state in the Union and a number of foreign countries. Here at this World's Exposition, we are virtually her guests. We were invited here by the president of the World's Fair Association; by the mayor of this great city, and by the president of the Merchants' League. The grand old state of Missouri extends the courtesy of her magnificent building to us for our meetings. The exposition management have set apart this day to be known as American "Osteopathic Day," and have given us for this special occasion the use of this beautiful hall; they have furnished us excellent music by their official organist upon one of, if not the greatest, musical instruments on earth. For all of these favors we are doubly grateful and appreciative.

"During the history of our growth, just as in the lives of individuals, communities, municipalities, states and even nations, there have come, from time to time, events which have meant much to us in the way of our progress and development. But, it seems to me, there has never been a time, nor has there ever occurred an event which should mean more to us than this gathering here. This certainly is the crowning event of our existence, and it should and will give us new impetus; fill our lives with higher ambitions and redound in the end to the greater glory of our cause.

"Embracing within the scope of her future a law divine, as embodied in a normal, living, human structure, osteopathy, the newest science of medicine, young in years, but old in truth, greets the devotees of the older schools and invites the investigation of the world."

Dr. Hildreth's address of welcome was responded to on behalf of the American Osteopathic Association by J. Foster McNary, of Milwaukee, Wis., who spoke in part as follows:

"There could be no better opportunity than the present to thank you for the honor that has come to me, in being permitted to accept for you this hearty welcome.

"The circumstances under which we meet this week are certainly ideal. Where in this nation could be found a more suitable place for our meeting than this beautiful city—crowned as she is by this ivory temple and this magnificent exposition?"

"Everything is favorable for our meeting with possibly one exception, and that might be illustrated by the story of the little three-year-old girl who, when she was taken to her mother's room to see her little brother for the first time, said to her father: 'Papa, take that thing back; it's a puppy I want.'

"We might ask the weather man to take this kind back and try another variety; but even that objection is overruled, since this grand old state of Missouri has thrown open her magnificent building, cooled as it is, to suit the most exacting.

"The science of osteopathy is undergoing the most critical test it has ever known, and its position recalls to my mind the story which is most familiar to each of you: Nineteen hundred years ago the boy of twelve, surrounded by the wise men of his generation, laid down new principles which have ever since proven to be the very foundation of correct living; so it is with osteopathy, which stands today but twelve years old, keenly observed and questioned by the most critical scientific men of our time. May it be truthfully said of it after 1,900 years have rolled away, that the principles we represent here today proved to be the true foundation of the science of healing.

"In the name of the osteopaths of this nation, and in fact the osteopaths of the world, I wish to express our most hearty appreciation of your welcome, and to thank the Business Men's League of St. Louis for the hospitality extended to us during our visit to the Ivory City. And through you, Dr. Hildreth, we wish to return thanks to the Missouri Osteopathic Association, and the St. Louis Society, and to acknowledge our obligations for the efficient work which they have so successfully accomplished."

Judge Edward Higbee, of Lancaster, Mo., who introduced the first osteopathic bill in the Missouri Legislature, was introduced and spoke as follows:

"It is true that I did introduce the bill referred to in the Legislature of this state in 1895, but I bore a very inconspicuous part. At that time, as you all know, osteopaths were Ishmaelites. You had no legal protection. And you all appreciate that epigram of President Cleveland, that it was a condition and not a theory that confronted you. So the friends of osteopathy, having taken counsel together, prepared a measure; and through their partiality I had the honor of presenting the bill in our Legislature. Very little was known of you at that time. I do not want to invoke your displeasure upon my head, but you were so little known at that time, that when I sent that bill up to the clerk to read to the House he fell down and could not pronounce your name. Well, they seemed to get the laugh on me, introducing a bill that the clerk could not pronounce the chief word in the title of it. Well, of course, we had ignorance and prejudice to contend with. But the members of the Legislature loved fair play, and if we could show them that osteopathy was a good thing there would be no trouble about it. So in our own way we proceeded to combat this ignorance and prejudice; and the first thing I required was that Dr. Hildreth should be brought down from Kirksville and play the role of lobbyist.

Now, I do not wish to give the doctor a bad name, but I want to tell you he is the most successful lobbyist I ever had the pleasure of meeting. It so happened that some members of the Legislature were sick, and the doctor straightway proceeded to heal them; and they began to sound his

praise, so that we had no difficulty whatever in getting the bill through the first and second reading. But by this time there were some of those very *wise doctors* in the body who knew that osteopathy was a fake, and they felt it their duty to protect the people of the great state of Missouri, and they must defeat that measure. So they began to take counsel together.

"When Dr. Hildreth and the other friends of the measure concluded that the time was ripe. I called the bill up for third and final reading. I was congratulating myself that we had won the day. But no sooner had I taken the floor than one of those very *wise men* arose and asked if he might be permitted to interrogate the gentleman from Schuyler County. I knew I did not know anything about osteopathy, and I knew I could not tell him anything about it. But of course, I granted the permission and the question that he poked at me was: 'Will the gentleman from Schuyler kindly tell us what osteopathy means?' I did not know a thing about it. And so it was a condition and not a theory that confronted me. I knew the gentleman did not desire information. He simply desired to get a fall out of me, if you will excuse the expression; and have a little fun at my expense and laugh the measure out of the House.

"You will pardon me, but during the war of 1861-65 up in Lincoln County they tell the story—and of course it is true—that there were some patrons of a country post office that wanted to get the news and they chipped in and subscribed for a newspaper. The postmaster was selected to read it, and so when the paper would arrive they would all go to the post office and listen to the reading of the news. On one occasion when the postmaster began to read the war news he read that the Army of the Potomac was in *statu quo*. One old fellow said: 'Hold on there, I want to know what that *statu quo* means.' The postmaster scratched his head and after a while he said: 'I don't know exactly what that means—I kind of think it is a Latin word, and as near as I can make out it means, in a h—l of a bad fix.'

"Well, now, that was my fix. But I always understood that the information of an interrogator ought to be sufficient unto his interrogation, and it occurred to me that I would try my hand at questioning, and I said: 'Mr. Speaker, will the honorable gentleman from Osage permit me to ask him a question.' Of course, he said he would be pleased to gratify the gentleman from Schuyler. I said: 'Will the gentleman from Osage kindly tell the House to what school of medicine he belongs?' 'Why, certainly, certainly, Mr. Speaker; I am an allopath.'

"'An allopath! Yes. Well, now, will the gentleman answer me one other question? Will he kindly tell the house what the word allopath means?' And then I got the fall out of him. The House saw the point which the *wise man* did not, and the bill passed triumphantly."

President Hazzard then introduced Dr. J. D. Vincil, of St. Louis, Mo., who addressed the meeting as follows:

"I am very glad that I have no experiences to tell like my friend, Judge Higbee, because his experience had a word in it that I do not care to pronounce. I never was in such a fix, and never want to be.

"In the long ago there appeared in a distinguished assemblage a conspicuous individual, concerning whom the question was raised: 'What! Saul

among the prophets? It was rather an anomalous thing for him to be there; no more so, perhaps in the estimation of many than for myself to be among the osteopathic prophets of this age.

"The President of your association introduced me as 'Dr. Vincil.' I want you to know that on certain lines I am in the category of a young lawyer who became a candidate for a seat in the state legislature. The farming community of the county protested against his election, saying that lawyers made law that nobody could understand, not even the law maker. The young lawyer saw that the fates were against him, and went around among the people and said: 'I want you to understand, gentlemen, that while I have a license to practice law, I am not a lawyer to hurt.' And so I want it understood I am not a doctor along medical lines.

"My reason for being here is illustrated by an incident that occurred in a court room years ago when I was pastor of a church in Macon City, Missouri. Colonel Green, the editor of a newspaper and myself were sitting within the limits of the bar. Some disturbance occurred, and the judge, I suppose, thought it was the preacher and the editor who were responsible therefor, and ordered the bar cleared. Colonel Green wrote a note in his behalf and mine to the judge: 'Does your order clearing the bar exclude the pulpit and the press?' The judge wrote back: 'No, sir; please remain. I consider the presence of both necessary to a healthy state of the court.' I think that is the reason why my irrepressible friend and family physician, Dr. Bailey, managed to get my name on the program, which caused the President to call me to the rostrum.

"I want to say two things. I am not here to tell my experience like Judge Higbee. I have a better reason. I would rather stand in your presence tonight, after having passed through an ordeal of affliction for months, and months, and months, and having gone to the very margin of the silent river to look across its mystic waters, and say that I was snatched from the hands of death by an osteopathic physician, than to have introduced the grandest measure that was ever introduced in a legislature.

"Thirty-two years ago, in response to a memorial presented by the Boone County Medical Society, as a curator of the University of Missouri, I brought a measure before the Board of Curators creating the medical department of the state university. I introduced and defended the measure on the ground that recently they had created the law department of the university, and therefore should recognize another honorable and reputable profession. The measure was passed, and I am the father and founder of the medical department of the state university. Now with that connection with allopathy, what is Saul doing among the prophets?

"Twelve years ago, foolishly enough, I am frank to admit, I suffered myself to be chosen President of the Board of Trustees of a medical college in St. Louis—an allopathic institution. I remained with it eleven years, and for reasons best known to myself retired, and do not hesitate to say that I was glad to do so, in view of the men in charge of it. With that experience in connection with allopathy, what is Saul doing among the prophets?

"I will tell you, Mr. President, ladies and gentlemen. I came here to testify to a great fact in my own experience growing out of the experience of St. Paul, that grand thinker of the centuries: 'Prove all things; hold fast that which is good.' I have done it. When my life was despaired of by

everyone who saw me, my wife, whose life had been saved by osteopathy three years ago, said, 'I believe if you had sent for Dr. Bailey when you came home from Virginia you would be well now.' She took the position that I was more to her than all the doctors without any regard to all the 'pathisms' in the world, and sent for Dr. Bailey, who made me quit taking medicine, and I have not tasted it since about the first of April, and from a shadowy looking fellow I now weigh 187 pounds, and Richard is himself again.

"I came here not expecting to talk, but I am glad of the privilege of bearing testimony to the fact that you osteopaths have the true philosophy of disease and its cure. You treat causes instead of doing what so many of our professional brethren do—treating only symptoms. You have struck the keynote of success. The thought came to me tonight while others were speaking: The eyes of the centuries were upon Napoleon's men at the Pyramids. The eyes of the years are upon osteopathy. You have a future before you that is to mould and fashion the grandest healing agency of all the centuries. God bless you and your work."

President Hazzard then stated that the last number on the program would be a few words from the "Old Doctor."

Dr. A. T. Still then made the following remarks:

"Sixty-seven years ago this month I saw for the first time the little village of St. Louis. Since that time she has expanded until she has grown to be quite a village. At that time the river boats were drawn by blind horses, and the music that was heard when they were ready to start was, water up, water up, water up. Today we cross by means of that electric current that we used to call the voice of God when the thunder rolled down from heaven. You are using that voice of God to move bodies, open the atmosphere, and light dark places. We are living in an age of progress and advancement, and God Almighty is calling out to us, water up, water up, water up.

"To those of you who carry diplomas from the schools of osteopathy, I want to say that that science has been before the thinkers, the philosophers, as a healing science for thirty years. At that age a person is supposed to be a man. Osteopathy has gone through the period of conception and birth—the boy period, the youth. Now it stands before the world as a mature man.

"He who has familiarized himself with the 206 bones of the human body has long since discovered that no bone in the human body is like any other bone. Every bone articulates in its position differently from all others. Those of you who have given close attention can take the first joint of the right little finger, index, thumb, toe, rib, spine, and know its number and location, its articulation that it meets both above and below. As time is precious, I will say with that knowledge you are prepared to follow me to the ligaments and connective tissue that unite all parts of the body into one completed frame.

"Now you are ready to go with me to the heart, that sublime and wisely endowed center of human life, at which point we see the first manifestation of living motion. Will you please halt there and think for a moment. Does this heart have the power of thought? Has it the gift of knowledge to

know that a spine must be constructed both above and below it in such a manner as to receive limbs for locomotion and arms for man's use and comfort, as well as to prepare the way to receive the head, of proper form to receive the organs in order that they may perform their necessary functions. Let us see if it does show wisdom as it passes down in forming the aorta. It appears to be that it does. Now halt. Here we see two branches thrown off. They fork out and continue on down, down, and divide. We see that they perform such work in the region of the pelvis, and pass on down and complete the leg on both sides. What object has this heart in dividing the aorta at the iliac bifurcation. You see at once, if you will reason at all, that it wants to make a couple of legs. It is now preparing for locomotion. It makes a strong framework called the pelvis with the necessary mortices to receive the head of the thigh bone, so that it can move backward and forward, right and left. Now we have come to where the leg is broken at another place, and we call it the knee joint. Here we see the artery divide again into two branches, and we have the tibia and fibula, and then it goes on with the process until the limb is completed.

"Go with me back to the heart where we will run up through the chest with a few arteries supplying the lungs, heart, brain and arms. This artery has thrown off the necessary small branches to supply the organs of the head, neck and chest.

"Then we have the nervous system, which governs the circulation of the arterial and venous blood streams; the one to construct, the other to bring back to the heart and lungs impure blood, all of which you know without any elaborate discussion. He who seeks the causes of disease would be doing wisely as a machinist to start with the artery from the heart and seek to find any obstruction by bones or any other pressure upon the arterial system. If you fail to find the obstruction there please commence with the venous system at the extremities and travel back to the heart, and you are sure to find the cause by some obstruction to the venous system. Bones, muscles and ligaments will disturb the circulation of blood by pressure.

"Going from a warm room into extremely cold outdoor atmosphere will cause contractures, effecting the nerves and blood supply of the system, and the muscles and tissues that enter into the composition of the organs of the system. Change of atmosphere is as much of a wound to the whole system as a fall would produce by jolting the body.

"You as osteopathic engineers must look for contractures which are followed by irritation and stoppage of blood which is the cause of tumefaction of the organs of the abdomen, the whole system, heart, lungs and brain. As you are engineers and have charge of the greatest engine known, you must apply your knowledge with the skill of a machinist until you find the cause, and you are not excusable if you do not find an obstructed artery to be the cause of a goiter, aneurisms, tumors and all unnatural growths that produce bulky obstruction to a healthy condition of the whole system.

"I am thankful that we are here tonight in this delightful spot and that I can get another good look at this splendid audience of engineers of the human body, and may the social intercourse, and the education which we have received at this meeting go with us to our homes and daily practice, and may the memories of this occasion forever linger in our minds. Good night."



In addition to being heartily cheered and applauded, Dr. Still was presented with a beautiful bunch of roses.

After an informal reception, the meeting was declared adjourned.

WEDNESDAY MORNING SESSION, JULY 13.

President Hazzard called the meeting to order at 8:30.

The minutes of the two sessions held on Tuesday were read by Assistant Secretary Chriles and approved.

The first on the program was a paper on "Stimulation" by Leslie E. Cherry, of Milwaukee, Wis.

C. C. Teall announced that an informal reception had been planned by the ladies of the association to be given this evening in the Massachusetts Building in honor of Dr. A. T. Still.

Other guests of honor will be:

Charles E. Still and wife.

George M. Laughlin and wife.

Charles Hazzard, President of this association, and wife.

Ellen L. B. Ligon, Vice-President.

Irene Harwood Ellis, who has been our efficient secretary since the organization of this association.

William F. Traugher, President of the Missouri State Association.

A. G. Hildreth, President of the St. Louis Association, and wife.

The next on the program was a discussion of the paper, "Stimulation," led by George C. Taplin, of Boston, Mass. This paper was also discussed by J. W. Hofsess, Memphis, Tenn., and N. A. Bolles, Denver, Colo.

M. F. Hulett, Treasurer, submitted the following report of the receipts and disbursements of the association.

To the Honorable Board of Trustees of the American Osteopathic Association :

Gentlemen:—I beg to submit herewith the following report of the receipts and disbursements of all funds coming into my hands as Treasurer of the American Osteopathic Association for the fiscal year ending July, 1904:

RECEIPTS.

July 15, 1903, Balance from last year.....	\$1,076.57
July 15, 1903, Amount received from current dues.....	3,525.00
Nov. 9, 1903, A. L. Evans, Advt. Act.....	89.80
Feb. 23, 1904, A. L. Evans, Advt. Act.....	69.55
May 16, 1904, A. L. Evans, Advt. Act. and copies of Journals sold.....	39.18
July 4, 1904, Received from Sec. Ellis for invitations sold.....	232.80
July 6, 1904, A. L. Evans, Advt. and sale of Journals.....	128.07
July 6, 1904, Amount received from Associated Colleges, inspection fund..	313.80
July 6, 1904, Amount received for Alabama fund.....	60.00
July 6, 1904, Amount received for Gen. Legis.....	1.00
Total receipts .....	\$5,535.77

DISBURSEMENTS.

July 17, 1903, Chas. O. Teall, typewriting.....	\$ 6.10
July 17, 1903, A. G. Hildreth, Exp. Legis. Com.....	4.00
July 17, 1903, W. F. Link, Exp. Pub. Com.....	34.20
July 17, 1903, Cleveland Cham. of Com., use of hall.....	20.00
July 17, 1903, C. M. T. Hulett, Exp. Edu. Com.....	10.00
July 17, 1903, Christine Bergothe, Sten. Clev. Mtg.....	25.00
July 18, 1903, Cleveland Trans. Co., drayage.....	3.00
July 25, 1903, M. A. Hoard, dues refund.....	5.00

July 22, 1903, Burrows Bros. & Co., Ptg. programs.....	2.00
July 22, 1903, Whitehead & Hoag Co., badges.....	30.00
Aug. 8, 1903, Hollenden Hotel, decoration and menu cards, banquet.....	77.25
Aug. 18, 1903, Christine Bergothe, Sten. Clev. Mtg.....	60.00
Aug. 19, 1903, A. L. Evans, Aug. Journals.....	101.96
Oct. 5, 1903, A. L. Evans, Sept. Journals.....	227.40
Oct. 10, 1903, Chas. Hazzard, Legis. Exp. to Ala.....	88.05
Oct. 10, 1903, The Forbes Lith. Co., Memb. Crtfs.....	45.00
Oct. 19, 1903, Chas. Hazzard, express and postage.....	9.13
Oct. 19, 1903, A. L. Evans, Oct. Journals.....	138.37
Nov. 9, 1903, E. R. Booth, School Insp. Act.....	250.00
Nov. 9, 1903, E. R. Booth, School Insp. Act.....	63.75
Nov. 9, 1903, W. F. Link, Exp. Pub. Com.....	18.86
Nov. 11, 1903, A. L. Evans, Nov. Journals.....	145.65
Nov. 18, 1903, E. R. Booth, Bal. School Insp. Exp.....	113.85
Dec. 11, 1903, A. L. Evans, Dec. Journals.....	144.93
Jan. 2, 1904, W. F. Link, Exp. Pub. Com.....	14.78
Jan. 13, 1904, A. L. Evans, Jan. Journals.....	137.93
Feb. 18, 1904, W. F. Link, Pub. Com. Supplies.....	10.02
Feb. 18, 1904, A. L. Evans, Feb. Journals and case reports.....	271.71
Mar. 14, 1904, A. L. Evans, Mar. Journals.....	139.12
Apr. 8, 1904, A. L. Evans, Apr. Journals.....	145.09
May 13, 1904, A. L. Evans, May Journals.....	199.09
May 19, 1904, S. S. Salisbury, stationary for Asst. Sec.....	5.75
June 6, 1904, Hope Bros., Ptg. 2,000 programs.....	41.44
June 9, 1904, Whitehead & Hoag Co., badges.....	86.40
June 17, 1904, A. L. Evans, June Journals.....	143.37
June 17, 1904, W. L. Roberts, refund overpaid dues.....	5.00
June 17, 1904, Wm. R. Dobbyn & Sons, year book.....	121.80
June 27, 1904, Journal Ptg. Co., 1,500 supplement case reports.....	59.50
June 27, 1904, Hope Bros., Ptg. Cards, Env., etc.....	120.25
June 29, 1904, Ada A. Achorn, Tel. to Dr. Still.....	1.65
July 6, 1904, A. L. Evans, July Journals.....	161.29
July 5, 1904, Hope Bros., 1,000 invitations.....	18.90
July 5, 1904, Irene Harwood Ellis, Secretary's supplies.....	177.80
July 7, 1904, M. F. Hulett, Treasurer, supplies for year.....	29.45
Total disbursements .....	<u>\$3,513.84</u>
Cash balance on hand .....	2,021.93

Respectfully submitted,  
M. F. HULETT, Treas. A. O. A.

Approved.

A. S. MELVIN,  
NETTIE H. BOLLES,  
*Auditing Committee.*

On motion the report was adopted by a unanimous vote.

The next topic on the program was a demonstration by G. D. Hulett, of Kirksville, Mo., on the subject, "The Osteopathic Examination."

C. E. Still introduced Mrs. Cornelius, of St. Louis, she having been one of the early patients of the "Old Doctor." Mrs. Cornelius told how after suffering with a dislocated hip for two years, during which time she had suffered many things of many physicians, was finally cured by Dr. A. T. Still ten years ago and has been well since.

Hon. John K. Todd, of Shelbyville, Ky., who had so ably assisted the osteopathic cause in its recent successful legislative fight in Kentucky, was called to the rostrum and introduced by President Hazzard and delivered a brief and felicitous address.

The Code of Ethics was then taken up and read section by section by C. M. T. Hulett, the chairman of the Committee on Education.

Sections 1 to 6, inclusive of Chapter 1, were then read and adopted without any change.

H. B. Sullivan moved that the clause in Section 7 of Chapter 1 which reads: "when not necessary to save the life of the mother," be stricken out as immoral, unscientific and unosteopathic. Motion seconded.

O. J. Snyder opposed the motion on the ground that under certain pathological conditions abortions are unavoidable. In cases of pregnancy when nephritis develops followed by uraemic convulsions, the life of the mother could not possibly be saved without this procedure.

This discussion was followed up by Joanna Barry, C. W. Young and J. W. Hofsess.

Then Leslie E. Cherry suggested that we listen to an amendment by the committee itself which may guide us in voting upon this section.

E. R. Booth, a member of the committee, offered the following amendment to said section 7, viz:

To strike out all after the word "kinds" in the third from the last line of Section 7, and substitute the following: "and especially any treatment or operation that may endanger life, even fetal life, except after mature deliberation, such treatment or operation is found necessary to save life. To all such propositions the physician should present an inflexible opposition."

Said amendment was seconded.

The said amendment was then ably discussed by O. J. Snyder, Kent W. Coffman, Ellen L. B. Ligon, William Smith, E. R. Booth and H. B. Sullivan.

A vote was taken and the section as thus amended by the committee was declared adopted.

C. W. Proctor then moved that the entire Chapter 1, as read, after being amended as above set forth, be declared adopted. Motion was seconded and carried.

Chapter 1 of the Code of Ethics was by the President declared adopted by the association.

Owing to the lateness of the hour, the President then announced that the further consideration of the proposed Code of Ethics would be continued until tomorrow morning, July 14th.

In the absence of Asa Willard, Missoula, Mont., who was to have conducted the clinic on gall stones, it was conducted by E. M. Downing, York, Pa., who had been assigned to lead the discussion.

It was moved and seconded that when the election of officers is held, that all nominations be made from the floor, and not by a nominating committee. Motion carried.

The clinic on "Diseases of the Eye" was conducted by G. L. Huntington, of Minneapolis, Minn. The demonstration of the clinic was made by C. W. Young, of St. Paul.

J. Henry Hoefner, Franklin, Pa., led the discussion.

#### THURSDAY MORNING SESSION, JULY 14.

President Hazzard called the meeting to order at 8:30 A. M.

The consideration of the proposed Code of Ethics was continued.

Roger E. Chase, of Tacoma, Wash., made a motion that the consideration

of the Code of Ethics be indefinitely postponed, the motion being seconded, he spoke as follows:

"I came down here from Tacoma, Wash., for three reasons. One was to see the founder of osteopathy; another was to get a little additional information in a post-graduate course, and the third was to try to assist in defeating the Code.

"I am opposed to the Code *in toto*, and I propose to do everything that can honestly and legitimately be done to defeat it, and I give warning accordingly.

"What is a code of ethics, or a code of anything else. It is a set of rules for the guidance of the people in their conduct. As I look around me and see these osteopaths I notice that most of them have arrived at the age of discretion. There are no children here, nor any boys or girls. I take it that nearly all of us have directly or indirectly heard of the Ten Commandments and the Golden Rule. Let us see what we are trying to do. We are wasting much time over something that is unnecessary. Dr. Still said the other day that the Almighty made no mistake in making the human being. He put everything there that was necessary, and he did not omit anything that was necessary.

"One of the necessary things for the normal human being is honesty. Honesty covers everything that is necessary in a code. We can divide it into three sections: The duty of the osteopath to himself; the duty of the osteopath to his patient, and the duty of the osteopath to the public generally. That is all that is necessary. Now, when we say his duty, we mean that he will be honest with himself. The code that we are asked to adopt does not say anything about the duty of the osteopath to himself. That is the point of second greatest importance. First our duty to our patient, and then our duty to ourselves. Now, we want to do our duty, and we want to do it now. In what way? We want to be honest.

"In the first place we want to be honest with our patient. We do not want to swindle our patient. We do not want to cheat him in any way. We want to be honest with ourselves. We do not want to do anything that is dishonest. We want to treat the public in the same way.

"Now, is there any reason why a lot of grown people should put out a number of rules to tell themselves how to be honest? I do not think so. We know what honesty is. If people are dishonest they will be dishonest to the end of the chapter. In Washington we have had a little experience with a Code of Ethics, and the result is that it is inoperative. The greatest trouble we had in the state of Washington was with a graduate of one of the best schools of osteopathy. He came out there and did all kinds of things. He is a member of the state association, as well as the Pierce County Association. They both have codes of ethics, but it makes no difference to him."

H. B. Sullivan, Detroit: "I am in favor of postponing the whole matter another year. I did not come here specially with that intention, but we have other important business and I am satisfied a great many of the osteopaths have not thoroughly read the Code, and consequently have not come here to give it the deliberation it deserves. In view of these circumstances I am in favor of the motion."

C. M. T. Hulett, of Cleveland: "Many of us have a wrong idea of what the code is intended to be and to do. It is not a prescribed set of rules that is intended to hamper those who subscribe to it. It is not that at all. It does not restrict us in any respect. We have all sorts of unusual and difficult situations in our practice. Occasionally you get into a corner when you hardly know which way to turn. You want to do the right thing, and the best thing. You want to conduct yourself so that your action will be a credit to osteopathy, and just what to do is a matter of experience in that particular situation. You may not have had the experience. It is the first time you ever met such a proposition. Now, if you can have before you some guide which represents the experience of those who have properly met the same situation before, it will assist you in deciding what to do. That is what the code is. No one of us have ever met all these situations in our practice. The Code expresses the best sentiment of all the professions on these various complications. It is not something that you want to read like you would an article on an interesting subject from beginning to end. It is like the dictionary. You will want to refer to one particular section applicable to your wants, and when you do that you want that section to say enough to properly enlighten you and be of use to you. So you want an unabridged code which unifies our practice."

N. A. Bolles, Denver: "I supported this amendment yesterday, and voted for the adoption of the first chapter of the Code, and I believe I am justified in speaking in favor of this motion. When I voted yesterday I misconceived the purpose of these things. I want to thank Dr. Hulett for the argument he has made in favor of mature deliberation on this question before we act. Inasmuch as we have done so little in reaching a conclusion as to what we ought to do, during the past year, that is a good reason why we should take another year to further investigate this matter, or a longer time if necessary. We do not want to put our heads into a yoke until we know what that yoke means. When we remember the basic principles of osteopathy, and how osteopathy pleads for the untrammled operation of the natural law, and that the thing for us to do is to learn that law as thoroughly as we can and then make our applications and apply those principles which are in accordance with that law, it seems to me that we ought to get all the light we can on a subject that is supposed to be our rule and guide. It seems to me that when we adopt a code of ethics on such short notice we do it without proper consideration, and the first thing we know we will find ourselves tied up in a knot that we cannot get out of.

"Osteopathy has been practiced by our people for ten years, and we have the first instance yet to learn where we got into any serious trouble on account of a want of a Code of Ethics. I believe that the spirit of letting people act untrammled is teaching us very much more rapidly than any set of formulated rules which this convention can adopt. We are learning that there is a reason why the liar should not lie. There is a law written in our very bodies which tells us we should not steal, and if we let that natural law exercise its free will we will love our neighbor as ourselves. The works of God will qualify us, and teach us what is right. I believe what Dr. Still says, that a God, in whom we believe cannot disregard his own laws. He will be true to himself. And if we place ourselves at variance with the

operation of those laws we will most certainly suffer the natural consequences. If our profession then takes a step without due deliberation, by which we are going to bind ourselves, we are going to suffer the consequences in the eyes of the public and in the eyes of ourselves. I believe we ought to take plenty of time for the consideration of this code. Ethics is a study of the nature of things with a view to have them as a guide to human conduct; it is the science of human duty. It is not a set of laws. A set of laws may be ethical in its origin; it maybe arbitrary in its origin, but a Code of Ethics does not convey a clear idea to my mind. A code of laws based on ethical considerations would be clearer to me. So far we have progressed very nicely with the operation of the principle that I spoke of a little while ago. Our clear vision of the precept or natural law and God's way should be observed, and if carefully studied will lead us to the right kind of conclusions, and we are getting there much more rapidly than the old school people who have been seeking to bind one another and whip one another into line. Furthermore the result that we see of the adoption of the so-called Code of Ethics among the old school practitioners is that it is obviously used as a whip to bring people into line and obey the will of those who are in power. It is causing apathy of conscience, and it is the development of conscience that we want. I trust that this matter will be postponed and that we may take it up at a time when we have reached such a stage in the consideration of these matters that it may be worth our while to consider a Code of Ethics."

E. R. Booth, Cincinnati: "From the speeches we have heard this morning one would suppose that the question of the Code had never been thought of until yesterday. The fact is that it has been under discussion the past three or four years to my certain knowledge, and it seems to me we ought to have some idea upon the subject by this time. There was a form of code presented a year ago, which was published in pamphlet form, and sent to every member of the association; and my impression is it was sent to all the members of the profession. That code was presented for your consideration this week. The question has also been discussed in the Journal of the Association, and to my certain knowledge it was discussed quite extensively in other osteopathic journals.

"Now, I am not especially in favor of a code. In fact theoretically I am opposed to anything of the sort. There is just one practical rule that it will do to follow all through life, and if we follow it we will not need any other; it is, do right.

"But just as Dr. Hulett explained, there are some of us who are surrounded by situations where we are a little uncertain as to what our duty is, and I do not see that there is any harm if we have a suggestion in the form of a Code of Ethics (call it whatever you please) that will guide us and suggest what we ought to do under those circumstances.

"From the way the last speaker spoke, and from other remarks that have been made I would get the impression that if we adopt the Code of Ethics part of which we did adopt yesterday, that it is our duty to go forward and perform abortions on every occasion that presents itself. I do not understand any such a thing. I do not believe that there is a word in this Code of Ethics that will in any way interfere with the conscience of any man. I have not been able to find it. If there is I am in favor of striking it out.

"We have been discussing this question for several years, and the time has come for you to settle the question one way or the other. I believe in something of the kind, and I want to say, Mr. President, that unfortunately in the east and in the central states we are not in such a happy condition as they are in Colorado. We find people in some of the states that need a guiding influence in the nature of some such code of ethics as this. I will say right here that the first case of abortion which I had anything to do with—having been called after it had been performed—was really brought about by an osteopath. There are a great many instances of this kind. I have seen it in my experience in which we have seen the necessity for something of this kind, not necessarily to whip persons into line, but often times by way of suggestion.

"Now, let us take some action, one way or the other. Either vote it down or adopt it. There will doubtless be some changes that will naturally be made from time to time, and I hope we will take final action today rather than postpone indefinitely in accordance with the motion."

C. W. Young, St. Paul, Minn.: "I have talked with from thirty to fifty osteopaths since coming to this meeting endeavoring to ascertain their frame of mind with reference to the code, and very few of them spent very much time or thought upon the question, and I think the point made by Dr. Bolles should be sustained. If we should ask the opinion of each and every one here as to whether they have a fully matured judgment as to what we should do in the matter of the code they would say no. I do not know just what Dr. Hulett means when he states that the code is merely a matter for information, a matter for our guidance, and is not a set of rules. In another place he speaks of the code the same as the constitution of the American Osteopathic Association.

"In neither place does he refer to it as a means by which we can deal with people who do not conform to the ethics adopted by the association. From my knowledge and study of the medical code I understand it is in the nature of a law, a man-made law, and that there are penalties for its infraction. If the code is meant to be a law with penalties for infraction thereof let us so understand it, and so discuss it.

"I am opposed to the adoption of the present code in its present form. There is scarcely anything that has brought the medical profession into more general disrepute with the layman than its code of ethics.

"I remember having a patient that told me about an experience of a gentleman he knew. His wife was sick. He requested the allopath in charge to call in a homeopath in consultation. The allopath said he was sorry; that he would like to meet the gentleman, but a consultation with him would be the means of expelling him from his society, as his profession thought it wrong to consult with a homeopath. The man pulled out his revolver, and said: 'You won't consult? I guess you will. Either consult or die.' There was an infraction there and the homeopath came in and gave his advice to the allopath.

"We are dealing with diseases I believe more effectively than any other band of men and women on the face of the earth, and it is supremely important that we consider the subject of ethics the subject of morals. If there is anything that brings disease in the mind and body it is the infraction of

ethics—it is immoral conduct. We cannot get rid of the moral question and the moral issue at any time. We want to have a code if we do have one that has not one scintilla of selfishness in it, and I think the code under consideration contains some very marked signs of selfishness, of professional selfishness being designed to help ourselves as against the weak and the helpless that come to us for assistance. Some of the provisions of that code would never bind me; I do not care how stringent you make them. I will concede there are many osteopaths doing unethical things.

“I think many of us have not considered the rights of our fellow osteopaths as we should, and I think there are many of them outside of this organization that have violated these common rules of courtesy and ethics more than we have. The question is, is a code the thing that will overcome this difficulty. I feel as though the people in Washington made a mistake when they adopted a code of ethics, and I find nothing but complaint from it. If a member has violated the code they might expel him from the association, and if they did he would probably use that as an advertisement. Then again you would drive a man from your society and organization. You get him away from you and he is your enemy forever. We want something that will accomplish the best results for the association as a whole.

“I am very glad Dr. Booth and Dr. Hulett are taking the position that this is to be a law without any penalties. That is not the usual idea of a code.

“I heard an osteopath not long ago speak of a surgical case that was brought before a surgeon, and the request was made that the surgeon consult with Dr. Charles Still. The surgeon in all his dignity refused and he was severely criticised. Another surgeon was called and he said, certainly I will be pleased to meet Dr. Still in consultation, and that surgeon was greatly praised for his freedom of thought. That is precisely the condition we all ought to be placed in.

“There are some provisions that will probably be amended when the code comes up for adoption, which I will not at this time discuss, but as a whole I am opposed to the Code.”

Leslie E. Cherry, Milwaukee, Wis.:

“There is much that has been said this morning that is foreign to the motion under consideration. The question is whether we want a code of ethics. If we take up this code of ethics, section by section, and chapter by chapter, we can eliminate the objectionable features, and the time we would thus employ would be well spent. By discussing the question as to whether we shall or shall not have a code we arrive at no conclusion. It seems as though we as thinking men and women can take this question up and properly decide each section as read. This does not mean that we cannot amend it at any future time. It means that we will have some measure to guide our conduct. I am opposed to postponing the matter indefinitely, or even for another year. I trust you will take it up section by section and adopt or reject such section.”

The President then put the motion to indefinitely postpone the Code of Ethics, which resulted in the following vote: 79 voted in favor of the motion, and 80 against.

The motion was declared lost.



Dain L. Tasker, second Vice-President, then presided over the meeting, the President being called into a meeting of the Board of Trustees.

The next on the program was a demonstration, "Physical Diagnosis," by F. P. Young, of Kirksville, Mo.

Following this, C. H. Spencer, of Des Moines, Iowa, read a paper on "Physiology as an Aid to Diagnosis and Treatment."

James M. McGee, of Philadelphia, Pa., then made the following motion: "I move that a committee be appointed to wait upon the President of the United States to urge him to consider the importance of making provision for the appointment of osteopathic practitioners to take part in the work of bringing about healthful conditions in the American zone on the Isthmus of Panama." In support of his motion Dr. McGee said:

"There is no opportunity for ambitious young osteopaths to get into the regular army, nor to get into any of the scientific movements and operations that are conducted by our government, and our country, and I feel that something ought to be done, and especially after hearing Dr. Conger I feel that it is an opportune time to make this movement."

Motion carried by unanimous vote.

Dr. W. F. Link, chairman of the Committee on Publication, then read the report of that committee, as follows:

To the Board of Trustees of the American Osteopathic Association:

The subjects pertaining to the association that have claimed the attention of the Committee on Publication during the year now near its close are:

The Journal of the Association.

The Program for this meeting.

The Case Reports.

The Year Book and various matters such as the prize essay contest. The invitations for Osteopathic Day, printing the programs for this meeting, etc.

Taking up these subjects in the order above named, we wish to say that under the editorial control of Dr. Evans, we believe the Journal has fairly established itself as an indispensable institution. It is no longer an experiment. It is not yet directly a money maker, and under the present arrangement for its support it is not likely to become so until the membership of the association is so largely increased that advertisers can be more generally interested in its circulation. Indirectly, it is a dividend payer, because it is an important inducement to practitioners to become members and remain members of the association.

During the last year, the Journal has been enlarged from 32 to 40 pages monthly, and during the coming year eight more pages of reading matter should be added per month. This increase seems necessary on account of the increase in the matter available for publication.

The following figures exhibit the receipts and expenditures on account of the Journal, from August, 1903, to July, 1904, inclusive.

Printing the Journal, 12 numbers, \$734.50. Other printing embracing supplements, with the September, October, February and June numbers (including the case reports), extra copies of the official directory, circulars to non-members, programs and stationery, \$310.71. Total printing bill, \$1,045.21.

Other expenses, including the editor's salary, postage, express, drayage, illustrations, \$960.91. Total expenses, \$2,015.12.

The items of this statement are set forth in Doctor Evans' report to the committee, which is submitted as a part of this report.

The receipts of the Journal, which have been turned over to the Treasurer, cover sales of pamphlets, case reports, bound volumes of the Journal, subscriptions to non-members, amounting to \$66.37. Advertising amounts to \$260.25. Total \$326.60.

Last year the cost of publishing 11 numbers of the 32-page Journal was about \$2.10 per capita of the membership. This year, with the editors' salary raised \$25 per month, 12 numbers containing 40 pages and several supplements containing committee reports, two series of case reports, circulars in the interest of the campaign for new members cost only about \$2.30 per capita.

While we have spent a good deal of money on the Journal this year, we have been able to spend it because of the prosperity of the association, and we believe the Journal did its part in promoting that prosperity.

Another department of the Publication Committee work is that of the program for the annual meeting.

Immediately after the Cleveland meeting, Dr. Teall, as a sub-committee of one in charge of this department, began the preparation of the program for the World's Fair meeting. He went to St. Louis to confer with the local committees in charge of the arrangements for this meeting and a careful plan of work was then and there outlined. So that within two weeks after the last meeting active preparations were in progress for the present one.

Much time has been spent, with a view of making the clinics an especially valuable feature of the meeting. Those who serve as demonstrators have had their subjects assigned to them many months in advance of the event, and this has resulted in a great deal of research among the records of our practitioners and should bring to light many interesting facts hitherto unknown save to individual practitioners.

Another feature of the program is the important subject of our failures. This may be novel and unusual, but we believe it is needful and helpful. In connection with these remarks about the program the committee would suggest that perhaps the most fitting place for the announcement of discoveries, whether they be the result of research or of accident, is at the meetings of this association; and if those who have observed a hitherto unrecorded fact bearing on treatment, symptomatology, pathology, or any other subject related to our practice, would report it to the Committee on Publication, they would help to advance the science of osteopathy and confer a benefit upon the entire profession. There should be no patent upon truth and no secrets pertaining to the healing art. Every one owes it to the science of osteopathy to contribute his mite to its advancement.

The third important subject that has claimed the attention of this committee is the case reports, of which Dr. Ashmore has had charge. The difficulty attending this branch of our work may be suspected by some of you, but it is known only by those who have had some connection with this work.

The first attempt, three years ago, at collecting records of osteopathic practice that would bear the test of scientific criticism, was almost a complete failure. The second effort, while more encouraging, did not yield enough reports to justify publication. During the past year the labors of Dr. Ashmore have yielded tangible results in the form of two series of 100 reports each, while have been published as supplements to the Journal.

It was the intention of this committee to publish four series of case reports during the past year, but in spite of urgent appeals, the material was not forthcoming for more than two series of 100 cases each.

While the committee are thankful to those who have co-operated with them in getting out these two series of reports they would impress upon practitioners the importance, first of keeping accurate and detailed records of their cases, and, secondly, of transcribing their more interesting cases and reporting them to this committee. Whether those cases were successes or failures matters not for our purpose. Indeed, the published reports should show a percentage of failures in order to represent our practice fairly and because our failures often teach us much more than our successes. We cannot too strongly urge upon practitioners the need of liberal contributions of reports to the archives of the publication committee. If the published reports are to have a high value as scientific documents, they must be the result of careful reporting on the part of the practitioner and of the most discriminating selection on the part of the editor of the reports.

Obviously, if the editor has only a meager supply of reports in hand, the opportunity for selection, comparison and analysis is small; hence, in order to make the published reports of the utmost scientific value and worthy of the profession, the Publication Committee desire during the coming months to have a great quantity of material available for study. We owe it to the young practitioner just entering the field; we owe it to future generations of practitioners; we owe it to ourselves to lay a broad and deep foundation for a copious and truly scientific literature of osteopathy. This can be accomplished only by an effort on the part of every practitioner to live up to his duty in the matter of recording and reporting his case histories.

To the practitioner himself, the educational value of carefully observing and accurately recording the features of his cases, is enormous; and he may have the further satisfaction of knowing that he is contributing in a most effective way to the advancement of our science.

The Osteopathic Year Book, the first publication of its kind in the history of osteopathy, compiled and printed by Messrs. Dobbyn and Sons, of Minneapolis, under the auspices of the association, was lately distributed to members of the association. As popular osteopathic literature and as a specimen of good printing, it is a highly creditable publication. The Directory feature represents a vast deal of work on the part of the publishers. The difficulty of making an accurate directory of the osteopathic profession must be appreciated by every one who has given the matter any thought at all; and it is believed that future editions of the Year Book will correct any shortcomings that may be observed in the present one. We urge co-operation of the association in the effort of the publishers to make and maintain a complete and accurate directory of the profession.

The prize essay contest instituted by the Board of Trustees this year has proven very

successful and has called forth some fine contributions to our literature, though we regret that some papers were received too late for entry.

The committee submitted the following recommendations which were adopted by the Board of Trustees:

We cordially recommend that Dr. Evans be re-employed for another year at his present salary and that he be allowed an additional \$10 monthly for clerical help.

We recommend that the number of pages of reading matter in the Journal be increased from 32 to 40 and that to accomplish this, the Directory of the association be issued separately as a supplement and quarterly instead of monthly.

We recommend that the prize essay contest be continued and made a permanent feature of our work.

We recommend that the publication of the case reports be continued and that the editor be allowed \$50 for each supplement published by the committee.

Respectfully submitted,  
W. F. LINK,  
CHAS. O. TEALL,  
EDYTHE F. ASHMORE.

On motion the report as read was unanimously adopted.

C. M. T. Hulett, chairman of the Committee on Education, then read the report of that committee, as follows, which was unanimously adopted:

To the Board of Trustees of the American Osteopathic Association:

#### CONDITIONS OF COLLEGES.

It was not deemed necessary by the committee or by the trustees to repeat last year's inspection of the colleges. The greater portion of that work was of such a nature as to be of value to this association for many years. In these succeeding years it is not necessary to more than check up occasionally, to note changes, developments, and progress in the various colleges, and to keep the association and the colleges in touch with each other. During the year as opportunity made it convenient, the committee has, either personally or by proxy, visited a number of the colleges. We have invariably found conditions good. Last year's work, in giving tangible evidence of a kindly and co-operative interest of the profession in the colleges, has been a stimulus to them to greater effort toward improving and perfecting their work, strengthening their weak points, and becoming in an increasing degree worthy exponents of osteopathy. Particularly gratifying is the evident trend toward the teaching of a pure, straight system of practice which develops the fundamental osteopathic idea without adjuncts. On the whole our colleges are in a very satisfactory condition of attainment or evolution.

The Atlantic School of Osteopathy has removed from Wilkesbarre, Pa., to Buffalo, N. Y. They are admirably situated in a desirable part of the city. They expect to own the property they occupy and are planning, on a practical basis, for a building adapted to their needs.

The Massachusetts College is also planning for a home of its own.

The Pacific School, last year at Pasadena, now again at Los Angeles, has been enlarged and partly reorganized and seems to be in better condition than ever.

The California College has been partially reorganized and brought more fully into accord with this association in teaching pure osteopathic therapeutics.

The American School at Kirksville and the S. S. Still College at Des Moines are now under one management. This, in respect of some adventitious matters, is cause for satisfaction. But two colleges, each of them large enough to do good work, each with its own contributing territory, did not constitute conditions which would necessarily be improved by consolidation. How the actual work of each college will compare with the past, when the management was more direct and personal, remains to be seen.

The American College of Osteopathic Medicine and Surgery has absorbed the Chicago School of Osteopathy, with twenty-eight students. Under the circumstances this is probably a good move. Chicago ought to support one good college, and concentration of forces will conduce to strength.

#### LOCAL SUPPORT OF COLLEGES.

The feeling that the colleges are public trusts, that in a large sense they belong to the profession, is rapidly developing a spirit in their management which seeks to cultivate the direct interest of the profession in their welfare and operation. This is true in several instances, and particularly in Philadelphia, where the direct interest of the majority of the practitioners in the city is now enlisted in the conduct and support of the college. This involves the antithesis of the idea that the college is a commercial institution, and is a long step in the right direction. In this we who are not in the colleges have a duty. Wherever

we have a college it ought to be the center and representative of osteopathy for that community. It should merit and receive the enthusiastic co-operation of all the osteopaths in its vicinity. Otherwise we are as a house divided against itself, and are neutralizing each other's efforts and influence. The cultivation of such mutual relations will lead up easily and naturally to the consideration and maturing of plans which will eventuate in placing the colleges on an endowed basis.

#### HOSPITALS.

Our most pressing need at this time is osteopathic surgeons and facilities for surgery under osteopathic auspices. Just so long as we must send our surgical cases to medical surgeons and medical hospitals, just so long will we be rated below the medical profession, and not as complete physicians. Our patients who are loyal friends of osteopathy have a right to demand of us that we shall be prepared to care for their health under all circumstances, and that when an operation is necessary, they may have the benefit of osteopathic care before and after it. We have a few such institutions, the branch of the American School in St. Louis, under Dr. Hildreth's charge; the hospital in Cambridge, Mass., an offshoot of the Massachusetts College; the hospital in connection with the S. S. Still College at Des Moines; the one at Kirksville; the sanitarium at Pasadena, Cal., developed from the Pacific School, and Dr. J. B. Littlejohn's work in Chicago.

Here again the best results are dependent upon co-operation of all the profession, so that all the practitioners in the vicinity will be interested supporters and patrons of the hospital, its regulations being such as to permit any physician to bring his patient there for the nursing and other accommodations, himself retaining full charge of the case, giving all the treatment, directing the nursing and consulting with the surgeon regarding his work.

#### THE ADVANCED STANDARD.

The genius of this association is education. The greater part of its machinery and of its activities is designed to contribute directly or indirectly to this end. These meetings with their programs of papers, discussions, clinics, the Journal, case reports, all have as their ultimate object the stimulating to research and investigation, the gathering and formulating of the results from those so engaged, and the disseminating of these results to all who may profit thereby. Necessarily this means a lively interest in the qualification of those who seek to enter the profession and ask for membership in the association. During the last three years the association has developed and formulated the principles of its educational policy, and of its relation to the colleges. The standard adopted at Milwaukee defines in general terms what a college should be to be recognized by the profession. The careful and thorough inspection of all the colleges last year by Dr. Booth supplied the trustees with the information necessary to enable them to judge in what measure the various colleges conformed to that standard. The net result of this three years' consideration, discussion, investigation, and conference, covering all possible phases of the subject, on the part of the individual members of the profession, the colleges, the Associated Colleges, and this association, is a clearer and more general understanding of our needs in this respect, and a unanimity in thought and action which could not have been attained in any other way, and which augurs well for our future. This was shown in a most gratifying manner last year in the prompt and unequivocal announcement of the endorsement by the Associated Colleges of the position of this association on the requirement of a three-year course of study from September next, and those who were present will recall the enthusiastic satisfaction with which Dr. C. E. Still's declaration committing the American School to the three-year course was received.

The record thus far is one of consistent progress and development. It places our profession well abreast of the times in all that contributes to a high standard of attainment and efficiency. But on the other hand, up to this point, the plan is wholly without any operative force. Whether it shall be put into effect is a wholly voluntary matter. It may be nothing but a dead letter. This association has no authority to compel such operation of the plan as to guarantee that the end product, the man with the new diploma, shall be what the profession expects he shall be. This defect is fatal and must be corrected if our profession is to be saved from mediocrity. This association has laid the foundation, but it must complete the work thus begun. It must devise a systematic working method which shall develop into accomplished fact that which has been unqualifiedly endorsed when presented in the form of recommendation. How shall this association and the profession realize on the past several years' investment of thought and action? How shall it so guard the portals of entry to its ranks as to be assured of the admission only of those who are properly qualified? How shall it reinforce and sustain the colleges in their expressed desire and determination to institute the straight three-year course?

The means of accomplishing these things and of providing an adequate remedy for this defect, lies in the educational requirements of our legislation, a feature of our work which has heretofore been almost entirely neglected. In those states where we have laws conditions have usually been such as to make it necessary to get some kind of legal recognition.

This was the prime necessity. The terms of such recognition were secondary and determined almost entirely by circumstances. In the laws of several states a high professional standard is required; in others the standard depends upon the manner of executing the law, while in a few instances the law contributes directly to a low standard. This must be changed. We must pay more attention to our legal standards. If this association shall adopt the policy of insisting on a three-year requirement in all laws it shall help to secure, shall co-operate with the state societies to this end, and with the state boards in their administration of the laws, the question of the three-year course will be placed on a solid basis.

It is the province of this association through its legislative committee to direct and assist in securing uniform legislation that will embody the best thought and aims of the profession. Upon the various state boards of registration devolves the responsibility of so executing these laws that they shall not be a farce and a reproach, but shall tend always to the elevation and advancement of the profession in qualification and effectiveness. Your educational committee desires at this time to make its contribution to this forward movement of our profession in calling attention to the necessity of giving more heed to the educational features of our legislation and to the means whereby and the points wherein these features may be improved. A knowledge of present conditions was a prerequisite to any intelligent attempt to improve on them, and to this end your committee opened correspondence with the authorities or with practitioners of osteopathy in every state in which there was any semblance of recognition or regulation of the practice of osteopathy, with a view to ascertaining the practical effect of the operation of the law upon our educational standards. The response was very gratifying, and the committee is glad to acknowledge its indebtedness to all who, often at considerable labor and expense, obtained and sent the information asked for.

Some of our existing legislation lends itself to the development of the declared policy of this association. In Minnesota, Michigan and Wisconsin, a three-year requirement is incorporated in the law. In the laws of Missouri, Iowa, California, Montana, Ohio, Oklahoma, Kentucky and Indiana, are two requirements which are pertinent in this connection. The first is that an applicant for license to practice shall present a diploma granted after a course of study of "at least" or "not less than four terms of five months each." This is made operative only as a minimum by the second requirement which is that the diploma shall be from a recognized, reputable college of osteopathy as determined by the executive body, the state board, committee, or state society. The terms upon which this determination is to be made are not defined. The executive body must therefore in each case formulate its own conditions for the recognition of colleges. Therefore, in each of these eight states the passing of a resolution is all that is necessary to put into operation the three-year requirement. In the two Dakotas, Tennessee, Nebraska, Kansas and New Mexico, the requirement of twenty months is maximum as well as minimum, because there are no other limiting conditions, and an amendment to the law in each of these states would be necessary to secure the three-year requirement. The laws of Connecticut, Arkansas and North Carolina may or may not contribute to a high standard, depending entirely on the character of the examination required of the applicant, and they do not contribute to the support of the colleges, as they do not require that an applicant shall have attended any college of osteopathy.

This brief analysis shows a condition more favorable to the institution of the three-year requirement without radical change than might be expected when it is remembered that this question was never considered in securing legislation.

To summarize :

In three states we already have the three-year rule.

In eight states it may be made operative by a resolution of the executive body.

In eight or more states an amendment of a few words or a paragraph in the law will put it into operation. These amendments having the object of raising the standard ought to be easily passed, inasmuch as the most forcible argument against any legislation is always the short course in our colleges.

We thus have nearly a score of states in which the profession can supplement the colleges in their laudable efforts to maintain a high educational standard. In order that this association shall directly contribute its influence and efforts to the completion of this work and that this matter shall receive intelligent attention, your committee would make these recommendations :

That the standards adopted by this association two years ago, of a course of three years in osteopathy, and of four years in osteopathy and surgery, be declared the sole basis for its educational and legislative work.

That this association shall co-operate with the state boards of registration in the general and early establishing of the advanced requirement and in unifying the standards for the issuing of licenses to practice in the several states.

That it co-operate with state osteopathic societies in securing amendments to existing laws where necessary to the advanced standard.

That this advanced standard be made an absolute condition in all the future legislative work of the association.

That it co-operate with the state osteopathic societies in states where legislation is yet to be secured, to the end that this standard shall be incorporated in all new legislation.

C. M. T. HULETT,  
E. R. BOOTH,  
WARREN B. DAVIS.

President Hazzard then resumed the chair and announced that the report of the Board of Trustees which was read before the association on Monday last, would now be taken up for final action and further stated that the Board of Trustees had an addition to make to its report regarding the matter of the three years' course, and that the Secretary would read the motion on that subject which had been passed by the board.

The Secretary then read as follows:

"Moved that the report of the Committee on Education be recommended to the association, with the further recommendation that the time be extended to September, 1905, as the date when the requirement shall be enforced for a three-year course in the schools."

The President announced that the report, with the above addition thereto, which report is as follows, was now before the meeting for discussion.

#### REPORT OF THE BOARD OF TRUSTEES.

To the American Osteopathic Association:

The past year has been one of marked activity in all departments of our work, in which very satisfactory results have been attained. Various new things undertaken by the association have been brought to a successful issue, and we believe that the borders of our influence, in all that pertains to the advancement of the science we represent and to the good of the profession at large, have been widened.

At the final meeting of the Board of Trustees, held in Cleveland, July 18, 1903, appointments were made to the standing committees, as follows:

Legislative Committee—Drs. A. G. Hildreth, Chairman; Walter J. Novinger and T. L. Ray.

Publication Committee—Drs. W. F. Link, Chairman; Edythe F. Ashmore and C. C. Teall.

Educational Committee—Drs. C. M. T. Hulett, Chairman; W. B. Davis and E. R. Booth.

These committees have carried on energetically the work that fell to their care, detailed reports of which are submitted herewith, as a part of this report.

At that meeting the President and the Secretary were instructed to act as a committee to procure and distribute badges to the members before the St. Louis meeting, as a reminder and as a means of identification of members by each other.

The President and the Secretary were also instructed to provide a suitable certificate of membership and to issue copies of same to the members of the association.

These things have been done. The certificate of membership, we believe, has proved a source of satisfaction to all possessors.

The trustees further enacted that the salary of the editor of the Journal be increased from \$50 to \$75 per month, a well deserved advance, and that the Journal be increased in size from 32 to 40 pages.

Where we originally had a bi-monthly publication of 48 pages, followed by a monthly of 32 pages, we now enjoy monthly 40 pages of reading matter.

The able management and dignified tone of our official organ are a source of great satisfaction. Provision should be made for a further increase in its size.

The Osteopathic Year Book, the contract for the publication of which had been previously let to William R. Dobbyn and Sons, of Minneapolis, has been brought out during the past two months. The production of this initial issue has been fraught with great and peculiar difficulties, and great credit is due the publishers for the quality and thoroughness of the work. The complete directory of the osteopaths of the world, and of the various osteopathic associations, the digest of laws, together with much other valuable osteopathic material, make of it a most convenient office accessory.

The Year Book is to be a permanent publication. The difficulties hampering the production of its first issue will not attend further annual issues, and its early appearance in

each year may be expected. All osteopaths should lend a hand in making it accurate by promptly reporting new addresses, etc.

The association is to be congratulated upon the appearance, during the year, of two series in the volume of Case Reports, under the editorship of Dr. Ashmore of the Publication Committee. While much effort had been made previously by the Publication Committee to interest the profession in this matter, not until the present year has there been sufficient co-operation upon the part of the profession to enable a good showing to be made. The many words of praise uttered for it shows its appreciation by the members, and constitute an indication of the desire and purpose of the profession to actively assist in this important work. Its growing value as a scientific foundation for the growth of the literature of osteopathy cannot be overestimated. All should assist the committee in the continuance of this work.

Much activity has been shown by state and local osteopathic organizations during the year. Several states have formed new organizations and a goodly number of local societies have sprung up. Particularly active have been the state associations of Illinois and of Minnesota, setting examples that could well be emulated by other state associations. The former has organized the state into nine districts, each district society holding meetings during the year. The latter published in advance, and carried out, a most interesting program of scientific subjects, monthly meetings being held. This association has also carried on an active campaign to induce its members to join the national organization. Its secretary sent out to the members circular letters urging this matter upon them.

We would not overlook the earnest and efficient work of other state organizations, in both strengthening their own ranks and in inducing their members to join with the national organization.

The recommendations made by the Committee of Delegates from state societies at Cleveland have been carried out. The President of the A. O. A. has appointed in each unorganized state a practitioner to issue a call for a meeting of the osteopaths of the state, for the purpose of organizing. In each case except one the appointee was a member of the national organization.

The attention of the state societies has been directed to the recommendations of the Committee of Delegates as touching the features regarding the work of the state societies, as in the matters of sending delegates to the national meeting, the division of states into districts for purposes of organization, the solicitation of their members for membership in the A. O. A., the issuing of state directories, etc.

The tendency to organize has been one of the most hopeful tendencies noted during the year. Today the profession stands more thoroughly and strongly organized than ever before. Every encouragement should be given the organization movement. Local city and district societies should hold an organic relation to state societies, which, in turn, should be closely allied with the national organization.

The Committee of Delegates recommended "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." A committee of the trustees has deliberated upon this matter, and has presented in print, as prescribed by the constitution, an amendment touching this matter, in order that the subject might have the attention of the association at this meeting, and that it might be in such form as to be ready for action if you so desire. It was deemed best to present the matter to you in this form in order that a delay of one year in effecting this official relation might be obviated, since the requirement of printing the proposed amendment in the Journal one month in advance of the annual meeting has been complied with.

The importance of this matter seems to warrant that decisive action be taken concerning it at this time.

As a means of developing and bringing forth promising individuals to aid in the work of our organizations, especially to bring persons of literary and scientific ability within reach of our program committees, this line of organization could be made highly effective.

A vigorous membership campaign has been carried on throughout the year, with a resulting substantial increase in our numbers. Dr. H. L. Chiles, the Assistant Secretary, has served as a special committee upon membership, and has had general supervision of the various lines of activity looking to an increase of our numbers. He has carried on an extensive correspondence, sending out various and numerous circular letters to interest individuals and societies in the project. He has devoted much attention in interesting the state societies in this campaign, and has kept in touch with the delegates appointed from the various states to the national meeting who have been designated as special committees to carry on this work in the states.

Dr. Chiles' work has been ably seconded by Editor Evans and the Publication Committee, by the preparation and distribution of effective literature.

The vote taken at the Cleveland meeting, whereby the members were pledged each to secure a new member during the year has been lived up to by many, and the earnest work of a number of individuals who have interested themselves in this matter and have secured

many new names has afforded a gratifying example of loyal work for the association, which, we hope, will be emulated by many during the coming year.

Owing to the importance attached to the St. Louis meeting, special allowance has been made to those joining within three months of the time of the annual meeting. An amendment regulating the matter of membership for part of the year is presented for consideration.

An amendment requiring the payment of dues within three months after the annual meeting is presented in accordance with action had at Cleveland.

Early in the year the legislative fight in Alabama was renewed, with results which are known to the profession. By vote of the trustees, and at the request of the Alabama association, the President of the association went to Montgomery to assist in the struggle.

In order to stimulate research along osteopathic lines, and for the purpose of developing good literary material for the program, the trustees voted an appropriation of \$50 to be given as a prize to the winner of the essay contest. This prize is in part cash, in part a gold medal.

During the year, though no formal inspection of the osteopathic colleges has been made, informal visits of inspection have been paid to all but two of the colleges. These visits were made by members of the Educational Committee or by representatives appointed by the committee, and were made, for the most part, as incidental features of journeys taken for other purposes. The original intention seems to have been that a formal inspection of all the colleges should be made at least once in two years. This intention should be carried out, and such a visit should be made during the coming year.

The recommendation of the trustees, made in this report to the Cleveland meeting, to the effect that each application for membership be signed by two vouchers who should be members of the A. O. A. resident in the home state of the applicant, and that each application be accompanied by the fee of \$5, has been duly carried out.

While this expedient has, in the majority of cases, proven a sufficient guarantee of the eligibility of the applicant, it has not been so in all cases. Various applications have been rejected by the board, although they were duly vouched for by two members, because, at the discretion of the board, it was to the best interests of the association to do so.

It seems desirable, as far as possible, that an additional guarantee of eligibility should be given, at least in an advisory form, as, for example, by having a report made upon the application by the officials of the state organization. As closer union is developed between state and national organizations, and as the former become more numerous and active, it seems that profitable thought could be devoted to this matter.

The editor of the "Osteopathic Physician" of Chicago, which had previously been recognized as an official bulletin of the A. O. A., offered the resignation from that post, and it was accepted by the vote of the board. This did not mean the withdrawal of Dr. Bunting's good will from the organization nor the closing of his columns to its matter. These are still, as in the past, available for our use, and are frequently used.

Beginning with the December number, the Journal has carried a printed blank for application for membership. This was continued until March, when it was discontinued on account of the purpose to send out blanks, with other printed matter, to all non-members in April.

The Journal of Osteopathy has, likewise, carried application blanks in some of its numbers.

The cordial spirit existing between all the osteopathic publications and the national organization and the manifest desire of all to aid our common cause, bespeak a happy harmony throughout our ranks. It is doubtful if any other profession presents to the world such a solid front of organized fellowship.

In November, and once thereafter, we have printed separately from the Journal the directory of members, in pamphlet form. These have been available at the rate of three for each one cent, to cover postage.

After some changes, necessitated by events beyond our control, the trustees named, as final dates of the annual meeting, July 11th to 15th, inclusive, with half-day exercises. Osteopathic Day exercises were designated to occur upon Tuesday, July 12th, in the evening. For this occasion, the engraved invitations have been issued by the Publication Committee, made available for the use of all osteopaths at a minimum price, for the purpose of apprising our friends of the event, and to request their presence with us at that time.

The trustees, as is customary, voted to Secretary Ellis the sum of \$150, in partial remuneration for her valuable services as secretary, a position requiring much careful work.

They likewise enacted a vote of thanks to Dr. M. F. Hulett for his accurate work as Treasurer, and in expression of appreciation for the conscientious way in which he has fulfilled the trust reposed in him.

To Dr. Edythe F. Ashmore also was extended a vote of thanks for the valuable services she has rendered the association by her work on the case reports.

A motion was passed by the Board of Trustees recommending the report of the Committee on Education to the association for adoption with the further recommendation that the time be extended to Sept., 1905, as the date when the requirement shall be enforced for a three years' course in the schools.



It was then moved and seconded that the report of the Board of Trustees including the clause or motion relative to the extension of time when three years' course shall be effective be accepted and adopted by this meeting.

W. E. Harris then moved to amend the above motion as follows: "That the report of the Board of Trustees be adopted with the exception of the clause or motion which was read by the Secretary."

The amendment of Dr. Harris was seconded, and the subject was discussed as follows:

W. E. Harris, Boston, Mass.:

"I come to you this morning, not in the position of one seeking personal notoriety; not in the position of one who is saying anything from a purely personal point of view; I come in the position of one who has something to say which he feels of the greatest importance; something that is of the most vital importance to the American Osteopathic Association, and the profession of osteopathy at large. I came down to this meeting with the specific purpose of trying to uphold what I believe is for the best interest of the cause of osteopathy; not because of the Massachusetts College of Osteopathy with which I am connected; not because of my own humble self, not because of any pet theory that I have; not because of any single clique of individuals whatsoever, but what in the face of Almighty God I believe to be of the utmost possible interest to you at this particular time. I will speak plainly. I will place the issues before you as I see them, and if you do not agree with me I ask you in the name of the founder of osteopathy to avoid at this time any passionate wrangle. Listen to the calm discussions which may be made on either side, and then after these discussions have ceased let us take a deliberate ballot as to the course of procedure that is best for all concerned. That is the request which I make this morning. I do not want any snap judgment to be taken on this matter. I want you to do what in your conscience you deem best.

"There is no heart in this hall—and I will make no exception—that beats more loyally for the founder of osteopathy than my poor weak heart. There is no man since he entered the ranks of the profession that has striven as an individual more loyally than I have to uphold osteopathy in what I deem to be its purity. I have gone out from the American School of Osteopathy with my bare hands and the tents of osteopathy as laid down by its founder through his mouthpieces in the American School. It has been my province since I left the school to teach others. I have conscientiously carried on that business of teaching to the best of my poor ability. I have throughout all this time held, as I have already said, the utmost degree of loyalty, the greatest possible degree of reverence for the founder of our noble science. I have looked to him from start to finish as the man who evolved our system, and I thank him and him alone. I have throughout it all retained it as my divine right to preserve my individuality. There are minor points that I have not been able to see eye to eye with the founder of osteopathy, or with any of the prominent lights of osteopathy. I would be a poor tool if I did not have some individuality, if I followed on behind as a machine. Now, I have done with myself, and what I shall now say is a matter of history.

"Having from year to year gone before the legislatures of the country, having from year to year fallen in with or come in contact with professional

bodies, on other lines throughout the country, having come in contact with committees on education, etc., we have learned that one of the most flagrant weaknesses in the profession of osteopathy today is that we are not sufficiently qualified as practitioners of a distinctive school of healing to be present at the birth of an individual and attend him throughout all the particular ailments that may beset him through a lifetime, and to accept the responsibility of being with him at the hour of his death, and say our judgment is final. We have in some instances been able to go before boards of registration in medicine, or the existing state boards and qualify as individuals and receive the seal of approval of the officials of given states, and then accept such responsibilities.

"Since I left my alma mater the greatest difficulty against which I have had to work has been inadequate preparation for the great lifework which I have undertaken. I know a remedy for that. The remedy is to go to some existing school of regular medicine and brush up on surgery, on obstetrics, on gynecology and come out with the degree M.D. attached to my name, and then go out and hold myself out as an osteopathic surgeon with the high seal of the regular school put upon me. But I say that every man who is doing all in his power for the perpetuation of osteopathy as a distinctive system of healing, who has been desirous of handing down the name of the founder of osteopathy to posterity, and having accredited to him the great and golden truth which he discovered and which he evolved. I say that that individual is going to weaken our profession if he finds it essential to acknowledge to the world that the parent school of osteopathy, or any of the other existing schools recognized by the American Association, was unprepared to give adequate instruction to those wishing to accept the full responsibilities of a family physician and go before the world and say that I am prepared osteopathically, to deal with every emergency that arises in the practice of the regular practitioner. Every time that he goes over to a member of the old school and says, I have a critical case on hand, my own knowledge is not sufficient, I say I stand in the light of the fair weather physician, I say that it hurts me in the community in which I practice; it hurts me in the eyes of the individual that employs me; it hurts the profession. There are striking illustrations to be found on every hand within the association and without.

"We find an ex-professor of the American School of Osteopathy an attendant at Harvard Medical School at this time. He is a warm supporter of extended education from the osteopathic viewpoint. He says he goes to a medical college to get what he could not get at the osteopathic colleges.

"My contention is that we ought to embody in the curriculum of the colleges under the jurisdiction of the American Osteopathic Association a sufficient number of branches, and we should see that they are adequately taught, to make every person going out from those colleges adequately prepared to take the stand which I have just designated. Now, that is the position I take.

"I come to you in another capacity this morning, having said what I have, and that is as a representative of the Associated Colleges of Osteopathy. I hope you will appreciate the struggle that these colleges now appealing to your association have made and have made in the face of great odds. There is much to be said on that topic, and some of those things I am obliged

to say this morning. We believe that the men connected most vitally with these institutions are doing honest work for the uplifting of the educational standard of osteopathy, the perpetuation of the system in its integrity, and we believe just as long as these schools adopt any method of teaching, or give countenance to any principle that is unworthy of such colleges that they do lasting injury to our whole cause. We believe that uniformity of instruction, of action—that the best welfare of the colleges can be safeguarded by keeping in touch through some official organization.

“Last year, after calm deliberation extending over a period of years, culminating in a report made by the Educational Committee of the A. O. A., you accepted the suggestion made by that committee, and you unanimously supported the resolution or suggestions they offered, and you said, beginning with September, 1904, we wish you colleges to pursue a three-year course of instruction, and the further suggestion was that the colleges might inaugurate this in February, 1904. However, this was optional and most of them did not do this.

“Now, we have issued for the most part—the members of the associated colleges—our catalogues laying down the course we intended to pursue and stating that this was in accordance with the recommendation by the Committee on Education of this association. We have acted in good faith. We had not the slightest idea that there was to be any backward step taken at this time. I state this as an absolute and unqualified truth. We placed our absolute existence in the hands of the profession which you represent here today. Nobody looked for any backward steps at all. We saw, however, that something had gone wrong in the state of Denmark when we came down here; we found certain things were occurring; active lobbying was going on for some purpose which was to continue what has existed heretofore—a two-year course—regardless of anything that has been done heretofore, regardless of the injury that might be done to the Associated Colleges—let us forget about the Associated Colleges—regardless of the injury which we are bound to do ourselves as a profession in the eyes of the thinking world which are upon us today.

“I do not stand here for one moment to plead for individual existence, the cause of any college, the cause of any association of colleges, but I am here to appeal for justice on behalf of these colleges. I am here furthermore to say that there is something higher than the individual; something higher than the colleges. There is the cause of osteopathy which we consider to be paramount and the cause which stands trembling in the balance this moment. The cause lies in your hands. I do not know whether you realize it, but I tell you it is there. I tell you that the moment of the parting of the ways has come. I do not expect to see the profession of osteopathy disappear like the baseless fabric of a dream if you do not act with me, but I say that a blow has been struck at our heart by ourselves, that educational, that professional suicide has been committed at the largest convention that osteopathy has ever held, if you take any backward step, or if you act in accordance with the recommendations made by the Board of Trustees here this morning. I have hoped, I have worked, I have wished, I have prayed to Almighty God, I have stood before the man who is the arbiter of our fate with tears in my eyes and asked him if he would not do something definite at this time. I said I will give all I have of my hard earned sub-

stance, I will pledge all the support I can, I will drop from all points of observation myself, I will go back to the place whence I came and remain there, I will make any personal sacrifice, the importance of which I do not believe you can understand at this time if you do not give willing ear to what we have to say. Can you put it any stronger than that?

"This confronts you: We have the parent school of osteopathy coming down here and saying to the profession that they disapprove of the three-year course. They had the matter brought up last year, and Dr. Charles Still accepted the recommendation. Now I do not need to refer to that any more. We had him yesterday at a joint meeting of the executive committee of the associated colleges, the Committee on Education, and the Board of Trustees of the A. O. A., and he said that he believed the three-year course was a good thing. He believed that it ought to come about, that he would like to bring it about as soon as he could, but as to when that time was, this year, next year, ten years, or any time, he could not say. He said you can go your way, and I will go my way, and made it very emphatic.

"Now these are the things that must be told in open meeting, as we are forced to tell them. Nobody hates to do it as badly as I do, but they have forced us to say that is the situation. One of the ablest men asked, what is the exigency? Why should this stand on the part of the parent school be taken? Dr. Still says that it means that they have to go out of business, that their applicants will be so small in number that they will not have revenue enough to continue their college work if the three years' course is made compulsory. Another man from the state of New York tells me that in a certain school raising the standard and lengthening the course resulted in an increase of the number of applicants that the attendance increased from a fraction of a hundred to two hundred and ten in a single class. A member of your Committee on Education says that his observation throughout his twenty-five or thirty years of educational work has been that those schools that have adopted the highest standards were of admitted superiority, that those who have raised the standard the highest have lived the longest and are in the most flourishing condition today. These same people have been reminded that if they kept students three years at \$150 per annum that their income would be one-third greater than if they kept them only two years at the same rate and that they must consider that.

"I do not want to go into any matter of a personal nature, but I want to illustrate the situation. We are told that the reason the American School asks this of you today is that they are in financial difficulty. I say, if that is the case let us rise as one man, and say that if there is any serious lessening in the income of the American School of Osteopathy, that it has come to such a point that their existence is jeopardized, let us rise to a man and put our hands in our pockets and give of our substance as a perpetual stipend for the continuation and perpetuation of that school.

"Someone has the temerity to say that they do not believe anybody can be taught more in three years than in two. God help the person that stands in that position. If a man cannot make watches better after three years of apprenticeship than two he is a poor tool. I make this statement publicly and privately that I believe I can take any applicant to our profession into a side room and go over all the movements which we call osteopathic, and go through the manipulative processes in the course of a few hours, and then

say to him, you are an osteopath, my boy; you have it; you have touched the button. I believe I can do that just as consistently as I could for example to take one of all the remedies in the Pharmacopeia and then go to all the packages and bottles which are labeled in the drug store with the applicant, and say, here is everything before you with which to practice medicine; you are an M.D. Is that the kind of an M.D. we want? Is that the kind of a D. O. we want? No, thank you. That is not the kind of an M.D. or D. O. we want. There is too much sophistry in that; there is too much false reasoning.

"We have come to the point where this man is running around with a vibrator, and someone else is hitching on to electro-therapeutics. He is willing to use them and keep his mouth shut and not say he is practicing osteopathy in this way. He is perfectly willing to use any natural adjunct; he can mislead the patient by these means. He has a mechanical vibrator, and he can still be an osteopath, and if he wants to use any means of that kind that is his own business; but if they had taken the proper course at school they would not need these. We also find these people are using a little medicine as a laxative; we find they are using a whole lot of hot air, and what is the result? That God Almighty himself only knows what osteopathy is.

"If I were a medical man today and wanted to hew at the base of a great tree and wanted that tree to come down, and the tree was osteopathic, I would go to an osteopathic physician, or to any of our journals and pick up the point, or inquire, what is Simon pure osteopathy? Simon pure is the product of just such education as we have today. Give us another year of time to devote to osteopathic practice. Give us time to teach the branches embodied in the curriculum that is laid down by the Committee on Education of the American Osteopathic Association; let them weight it down as evenly as they like, and let those who are qualified go ahead and teach; let someone determine who is qualified to go into scientific investigation and laboratory instruction; into actual practice; into individual instruction, putting the fingers of the doubting Thomas on those things that are obscure and unknown, and we will not have these men going out and saying you are not Simon pure, that you are using this or that, or something else.

"One of the greatest causes of internal disruption will be removed if we could raise our standard high and keep the dry goods clerk and the seamstress and the school teacher's minds in this broad study long enough for them to do what is required of them. Let the osteopathic student get imbued with osteopathic principles until he is chock full and he will not think that he must bow down to someone else in the community in which he practices if called upon to pare a corn, or open a boil, or set a fractured limb, or do some little trifling thing in minor surgery.

"I believe this is coming down to a question of loyalty, and I believe that the highest possible degree of loyalty is of this character; that we ought to go hand in hand, and shoulder to shoulder to face the enemies, to fight our battles, to develop our system, to do that which is for the aggrandizement of no individual but of osteopathy in general, for the uplifting of the cause as a whole and not any parts; that we do that which will insure to us the perpetuation of the osteopathic school in its entirety as a complete system; that not only this year, or in ten years, but throughout the ages to come that it

may be said that we built the osteopathic structure so strong that those who come after us may say of us, they builded wisely and for all time.

"Now you are to be asked to take some action on this. I ask in the name of our founder, for his welfare, whether he sees it or not; I ask you in the name of our cause; I ask you for the sake of all the future to think calmly, not to throw down the die and say this is the parting of the ways, here comes disruption, hereafter there must be a higher and a lower level of osteopathy, but to weigh it dispassionately and then vote your sincere conviction."

Charles E. Still, Kirksville, Mo., spoke as follows:

"I had hoped very much that this three year business was something that could be settled outside of the convention hall. As it could not, I have but a few words to say. I desire to state my position. I think Dr. Harris made a good speech. A great many things that he said were good. Take the speech as a whole, it was very good. But we must learn to crawl before we walk.

"The American School of Osteopathy has been in existence twelve years. It is employing and paying good men as teachers; men that demand and command good salaries. We are not running a school as a side show.

"We are in the school business as a business. I was responsible for the American school. If it had not been that I thought osteopathy would be better perpetuated by starting a school there would never have been any osteopathy outside of one family. At that time I could command money for work that I cannot even get to see now. The cases are treated in some other part of the country.

"We have spent money as fast as we could in advancing the cause of osteopathy. In fact, we have borrowed money. We have been active in getting the legislation and paid out money to secure it. We are the only institution that has done it. We have paid out more to get legislation than all the other schools combined. We do it every year. We shall continue to do so.

"I am informed that the law that says that a man shall have a three-year course is unconstitutional. You can regulate, but you cannot prohibit.

"Now, as I said, I will merely state my position. We have a three-year course. It is inaugurated, but we will not compel all our matriculants for next year to come in for three years. We will try it so long as we can exist, but we are not endowed. We have to depend on our receipts for our disbursements. We do not plead the poverty act; but we could not stand the jar all at once.

"I did not ask this association, or the trustees, for help; I never have had any help from them. I mortgaged my farm—that happened before I started to teach—in order to keep the school going.

"I have been told by the best lawyers in the state of Missouri that every cent of money that my father and mother had could be traced to osteopathy, and if the school undertook something and failed, they would be responsible for its debts. That is the reason I will not make the three-year course compulsory this year. I respect them enough to see that in their old age they have something to live on.

"I want to go on record and have you understand that I am not fighting the three years' course. But I say that it cannot be forced at the present time. We are going to adopt it, but we must pay our bills when they come due, and we must depend on our patronage for the money to do it.

"Now, I hope there is no one here that thinks the American School of Osteopathy does not want to teach as much osteopathy as anyone else; but we are not prepared to do it this year. Let the other schools go ahead with the three years' course, and if it is practicable we will do it next year. If we can see that we are going to live we are going to do it, but we will not stake our very existence on the attempt. That is all I have to say."

Ellen L. B. Ligon, Mobile, Ala. :

"Understand, I am first, last and always for a three-year course, and possibly for a four-year course, because it almost killed me to do in two years what I did. Since then I had to study unceasingly, and do not imagine that if you add another year that it would exempt you from study thereafter, and it is a common thing for doctors to take post-graduate courses. I wish to say this, however, that if the trustees, in whose hands we place these matters, have found sufficient reason for suggesting that the matter of the compulsory three years be postponed one year it is worthy of our consideration. There is no limitation to the word compulsory. It is simply a matter of postponement for one year. That means that any school that chooses to begin a three-year course next September is at liberty to do so, and if statistics prove that the doubling of the time doubles the attendance, those schools will have the start. It simply defers the matter.

"As a matter of personal gratitude to the American School of Osteopathy I should cast my vote for their request. They have given us the best that the land can afford. They have paid the highest salaries necessary to provide themselves with the best teachers, and I am quite satisfied that it is their desire to be in the van at all times in educational matters, and if the complication is sufficiently serious to ask that they be divorced from us, I for one should forever vote on their side."

R. W. Bowling, Franklin, Ky. :

"I am an osteopath who is rather unfortunate in being an M.D. However just at this time being in that condition I would like to have the agency for some medical college. Here is a good opportunity. Because not one of you is prepared to practice as a physician. You should take the medical course. The idea seems to be that the medical men are so far in advance of you for the simple reason that they put in four years. Now, I acquired all the vast knowledge that I accumulated as a medical man in ten months—two years of five months each—beginning about the first of October—and I came out an erudite physician. Is there a person here who believes that if you had a term of forty years that the medical men would give you any more recognition. Justice is justice, and we have had some splendid appeals for justice. That is all right. But is it justice? Do you believe that if you analyzed what has been said that it is for the highest interest of osteopathy at this moment. The central idea of the medical education in the future is that it should be in the hands of men who give their entire time to teaching. I have been informed that there is not a school that has a three-year course, but that their teachers are physicians engaged in the active practice. They give an hour or two per day, as the case may be to the school as a business advertisement. I do not believe I have been incorrectly informed, because

that is the state of affairs in the medical colleges, and the medical college to which I refer is said to be one of the best schools in the west, and there was not a man there who had any thought for a school except as an advertisement for himself; and while I do not say that a school cannot be conducted on this plan, it cannot be conducted to the best advantage. Men who devote themselves to teaching exclusively as they do in the American School of Osteopathy, are upon the right track. Their men are engaged to teach, and if they are the right sort of men, as I believe they are, if they are what I believe them to be—capable men, men of heart and brain, I see no reason why they cannot devote their time, and will not devote their time, to more earnest research for the betterment and advancement of osteopathy than those who teach merely for advertising purposes.

“If the American school goes down it means a greater injury to osteopathy than it would suffer by reason of the postponement of the three years’ course at this particular time. I am not a graduate of the A. S. O., and therefore am not prejudiced in favor of that institution. This is a vital moment for osteopathy. It is just now bringing its forces together at this its greatest gathering, and for us to take a step that might disrupt the profession here seems utmost foolishness. And so I rise to appeal to you for the good of osteopathy, not for any school or set of schools. Let us adopt this resolution as it has been presented after due deliberation by the trustees to this association.”

O. J. Snyder, Philadelphia, Pa.:

“I never have been a public speaker, but I will state the facts in reference to this question as I understand them, and if I do not make myself clear, yet I hope I may be truthful and sincere. I gather from the arguments of the supporters of the American School of Osteopathy that all they are asking for is your sympathy, that the school may be perpetuated so that its founder may not be reduced to poverty, and if that is what they really desire I will say that no one here has more sympathy for that institution than I. If you call upon me for assistance or a contribution I will contribute as liberally as lies within my power, but when you ask that we take a step backward at this time for that purpose you are working in the wrong direction.

“Last year this association almost unanimously agreed that by September of this year we would require a three-year course of education. Charlie Still was applauded to the echo for his hearty support and acquiescence in this request. Today he steps back and absolutely ignores the promise he made us. We argued and plead with him yesterday afternoon, asking him to give us some guarantee or some assurance as to what he will do in a year from now. This he refused and defied us totally. He said: ‘You go your way and I will go mine; I can be independent of all of you.’ If we can have some assurance that at some reasonable time he will see his way clear we may be influenced or led to consider some proposition, but no such proposition has been made to us.

“Another point. Is it an established fact that if his school does now adopt this three-year course that they will be reduced to the state of poverty that he has intimated? I cannot figure it out by any process of mathematics, for if he can secure students for three years with a stated tuition per annum, as he is receiving now, the revenue will be increased instead of diminished.



It seems that the only argument that has been advanced for this retrogression would be a state of poverty that might result to his family. I state the facts that he presented to you, and ask you for a just consideration of them. I am not introducing this, and it is the only point that I can gather from the argument that Charlie Still presented. If some valid argument can be presented to us why we should retrograde we will consider it. The speaker who just preceded me stated—for which he was heartily applauded—that we are not here to incur the good will and approbation of the medical profession. We have not asked for such approbation. We are only seeking the development and progress of osteopathy. Do you osteopaths contend that your profession is so narrow, so limited, so exclusive of all recent scientific advancement that you could master all these subjects in two years, when other colleges—and I have some respect for them—require four years and speak of lengthening their course? Whose anatomy are you studying, one written by a medical man or an osteopath? Whose physiology are you studying? The profession of law during the last few years has recognized the advancement that characterizes this age, and has lengthened its course. The civil engineer requires a more extended course. Are we to remain in this limited and narrow course? If those who advocate that the two-year course will give us some assurance at some reasonable time that they will support a three-year course we will have some basis to go upon, but here we are asked to go on indefinitely after the promise we received from the parent school a year ago. In view of that, what have we to look forward to? I ask this in all sincerity.

“I am willing to work for the cause of osteopathy so long as I live, and I assert that the insinuation that the schools of the associated colleges are conducted as a side show is unwarranted, disrespectful and a discourtesy to many of us.

“I am a post-graduate of Columbia University. I was in the medical department in competition with eighty-three physicians who received the certificate of the Interior department. For five years I was in the service. With this education I entered the Northern Institute, which offered diplomas in ten months. After I studied six or seven months I discovered that I could not learn all that is to be learned, and I remained there two years. Many of our graduates are taking post-graduate courses in the medical colleges and various other institutions throughout the land. Why is it? It is because we have not become sufficiently grounded; we have not had enough clinical experience, and have not had sufficient experience to apply it to the human body. You all heard Dr. Whiting's address delivered on Monday morning, and as he was so liberally applauded I take it that you approved of what he said. And so I ask who is able to learn in two years all that was indicated as necessary in that address? I am associated with the Philadelphia College of Osteopathy, and I give liberally and honestly of my time, and I give it faithfully, to the department over which I preside, and I assure you we are not conducting it as a side show.

“I find it in Philadelphia, and doubtless you do in your cities, that as you come in contact with the educated communities and ask them to send their daughters and sons to an osteopathic college they ask you what course is required. You say two years. Two years only? Can it be possible that your schools can so educate my child in two years so as to enter into com-

petition with the medical profession, which requires four years and more? Is it consistent? It is not consistent that we can educate our students in two years as well as we can in three. And so we have to apologize to the educated community; and in saying this, to illustrate, I will refer to Senator Dillingham, who, when asked by us to deliver a commencement address to our graduating class, said: 'I am afraid I would have to say things that are not complimentary to you. Your educational qualifications are too meager, although I believe in the scientific applications.'

"If Charlie Still and the school for which he stands would merely come forward and say, we will try and see whether we can prosper on a three-year course, if his proposition would throw out some hope, then we could have some assurance of success, but his only argument is the support of that institution and of his aged parents and the possibility of being reduced to poverty. If that is the only reason why we should wait, if that is the reason why we should retrograde from the standard we raised last year, let us devise some means of remedying such contingency, which I do not believe exists. I believe the adoption of a three-year course will increase the revenue of that institution and place it on a more stable financial and educational basis."

Clara T. Gerrish, Minneapolis, Minn. :

"I want to say to you that at this very moment I would have a boy in this profession if the osteopathic education had been of a sufficient quality and complete enough. My son is 22 years old. It was my hope that he might some day join me, but as it is I will have to go through life single-handed in this profession, and I feel very much grieved over it. I find that other young men have the same feeling as my son. Boys and girls leaving the high school in our city say to me, how long does it take to complete a course in osteopathy, and upon being told they say they cannot accomplish what they should in that space of time. And, as Dr. Ligon, of Alabama said, it is impossible to properly prepare ourselves in all the different branches of osteopathy in two years.

"Speaking of the twenty months' course, I have noticed, and doubtless your observation has been the same, that most of those osteopaths who took a twelve or twenty months' course and were successful after they graduated were men and women of experience and education before they entered our schools. At the time I entered the school I had the experience of the world, I had a high school education and a good portion of a university education, and my belief is most emphatic that we should not in any way, shape or manner take a step backward at this meeting.

"You go into any city and locate in an office building where there are prominent physicians, and they will say, there is an osteopath; he don't amount to much. I came in contact with a physician not over three days before I left. I was in consultation with him, and it was the first time he had ever deigned to allow an osteopath to go into a sick room in consultation with him.

"He said: 'I am surprised to think you know as much as you do. I had an idea you did not know very much, that you were simply a masseur.'

"I expected that. I felt then and there that if I had not been a woman of some education and some experience I would not have raised his estima-

tion of our profession. Take graduates from a high school and put them through our school and they are unqualified to take up the practice successfully. And so I say it was not what I learned in those two years that gave me the standing I have. The Roman empire fell, and so can osteopathy. The hue and cry of this age is give us more education. The world is constantly in progress and we must keep pace with it. There is not one of you osteopaths but what down in the bottom of your heart feels there is someone that knows more than you do about sick people. My anatomy is worn more than any Christian's Bible, and there is not a day but what I look at my physiology. Others about me are unceasing in their desire for knowledge, and I say to you that if you cannot get into the band wagon you will have to give up."

J. B. Littlejohn, Chicago, Ill.:

"I do not intend to make a lengthy address; I simply desire to say something to the members of this association with reference to a matter that seems to be misunderstood. Rumors have come to me that the Associated Colleges of Osteopathy are opposed to this motion from personal motives. I want to say here that if any of you have that impression I will state that there is not a scintilla of truth in it. The stand the A. C. O. has taken is founded upon the report of this association passed unanimously last year. I, therefore, appeal to every one of you fellow osteopaths—brothers and sisters—is this proposition that is sought to be adopted fair to us? It is not fair to the smaller schools. We have fought for an existence against many odds, and I say, as nobly as possible, and we have tried to uphold the standard of osteopathy and are ready to do it still. We have no feeling against any school. It is not a question of schools with us. We are not speaking of any school. It is a question that we are forced to meet, a question of our own continuance.

"We have published and sent out to the world our catalogues declaring that the ruling of this association was for a three-year course, and in the name of God I do not see how anybody can go back on that ruling. The course is open, and I have maintained all along if any one of our schools does not want to support the ruling of this association it is not obliged to; the association has no power to compel it. It, however, becomes a matter of special vote in this association when it graduates come up for membership. However, the ruling was passed, and we have no right to go back on it, and I appeal to you, one and all, do not be misled. Stand by the position that we took. Stand by it loyally and faithfully. We are endeavoring to support your cause and your policy, and we are entitled to claim your support in this action.

"I do not want to make personal references. There was an accusation made, however, that the teachers in most of our schools only teach as a matter of personal advertising. I deny that absolutely and unequivocally. I challenge any man or woman in this house to stand up and prove it. It cannot be done. The men and women who have given their time to the profession of osteopathy are not running side shows. They love the science. I ask that you stand by the vote that was taken by this assembly last year. That is all we ask of you. We ask for fairness. We ask for the freedom the stars and stripes of our beloved country which float over our heads sym-

bolize, and which no man has the right to question, and so I do not believe there is a man or woman in this hall that would want to pull down the standard which we raised last year."

Nettie H. Bolles, Denver, Col.:

"This matter was thoroughly discussed by the trustees for some ten hours yesterday and again this morning, and under the circumstances, taking everything into consideration, a decision was reached that it would be best to let this matter lay over for another year. It would not be proper to discuss before you all the matters which came before the board, but I will tell you that it was thoroughly discussed and understood, every detail was taken into consideration, and the course we have recommended seems to be for the best interests of osteopathy. We all want the three-year course, and it is coming just as sure as I stand here. It may not come this year, but it will surely come. I have been in the educational work and know what it is, and am just as much in favor of the three-year course as anyone can be, but do not believe in pushing it, and I honestly believe it would be better for the profession and better for the schools and better for all of us to let this matter lay over and not make it compulsory this coming September. It is optional with you, however. Any institution that wants to have the three-year course can have it, but we do not believe in making it compulsory until one year from this coming September. We are away behind on our program, and I move the previous question."

C. A. Whiting, Los Angeles, Cal.:

"The report that was recently made to me by the Board of Trustees was that they intended to stand by the action of last year. It seems to me that it is an insult to an American audience to be obliged to plead for higher education. It is likewise an insult to you, the American Osteopathic Association, which an hour ago passed a resolution appealing to the President of the United States to put one of our number on a national board, and then for these people to come before you and ask you to go back on what you did a year ago."

H. B. Sullivan, Detroit, Mich.:

"This is not a question of higher education. We are all in favor of that. We are now discussing quality and not quantity. It is not a question of two years or four years. It is what do we learn in two years. I say that it equals ten years of the average school education. Dr. Still is a physician himself, and after sixty years of study he gave out these principles which we are to apply, and it is all we can do to learn them in two years.

"Dr. Snyder said that the only appeal was personal poverty. I say that is not true. Dr. Charles Still pleaded the poverty of the American School of Osteopathy and osteopathy itself. The issue is between the branch and the root. If this association wants to go on record and adopt the report it will not hurt osteopathy in its purity, but it will hurt what is now the bulk of the profession. However, I am in favor of this report of the Board of Trustees at this time."

Dr. Snyder: "I appeal to the convention if Dr. Charles Still did not say the American school would become impoverished, that the sheriff would sell the property, the possession of his father and mother? That is what I stated, and I stated that that was his only plea to you for the backward step from the position he took last year."

C. E. Achorn, Boston, Mass.:

"I think this discussion is very unfortunate at this time. It is a critical period for osteopathy. The question at issue at the present time is not the question of a two or three-year course; it is a question of forcing the American school against their will either to accept the dictates of this association or to carry on their affairs in the way that they think best. At the best it is simply a question of the extension of time. If the three-year course gives the colleges that adopt it an advantage, why not accept that advantage? The medical schools have *gradually* come up to their present standard.

"I was president of an osteopathic college for five years. During that time we educated many men who at the present time are prominent in the profession, and nearly all of whom are now personal enemies of mine. There are things connected with this school matter that the people at large cannot understand. The trustees have intimated that matters came to their knowledge that influenced their judgment. (A voice: 'We want to know what they are.') They were personal matters not necessary to mention here. Everybody connected with our school drawing a salary was simply working for that salary. They thought they were making money for myself and associates. They could not conceive where the receipts could possibly be expended in any legitimate way. They thought we were getting rich. I was instrumental in inaugurating the first three-year course in osteopathy. The school has continued the three-year course from that time. Then that school was turned over to its faculty to run and get rich on, that incorporated school, which the public and the profession had looked upon as a gold mine, was indebted to myself and associates in the sum of \$15,605, more than the entire receipts at that time. From that amount we can deduct \$2,000 received from the sale of equipment and \$4,000 that may be realized from students' notes, making a total of \$9,000, where it was always supposed we were getting rich. I have told you this because it is history.

"But a condition faces us, and I am not prepared to say that Dr. Still has not a financial problem to face which makes him hesitate at this time to commit himself, and therefore in the interest of harmony and in the interest of osteopathy we ought to extend the final consideration of this matter another year. We are all here trying to elevate the standard, and are trying to do everything within our power to advance the cause of osteopathy.

"But there was one thought that occurred to me while the speakers were addressing you, and that is this: There is not a person in this audience at the present time that has had more than a two years' course. I have not seen an osteopath in this assembly that I am ashamed of. I believe the people who are attracted to osteopathy by reason of the twenty months' course are the bone and sinew of our country. These people would not have been in osteopathy today except for the twenty months' course.

"I had the pleasure of appearing before the legislative committee in Con-

necticut when this question of time came up, and the committee asked some of the medical men who were in opposition to us if in their opinion an osteopath could cover the space outlined in our curriculum in twenty months. He said: 'Yes, I believe they can, because it is more time than the medical people have actually devoted to those subjects in their curriculum.'

"Now, there are questions of more importance at this time than the question of whether we insist upon the standard in 1904 or 1905. It is a question of the character of the instruction. We all know how weak we have been in anatomy, physiology and osteopathy. We must turn back to the first principles and devote more attention to these subjects.

"With reference to entrance examinations. There is a feeling at the present time in our profession that the standard for entrance examination should be higher. In the city of Boston we have an institution called Harvard College to which the entrance examination is high. After passing that examination it is an easy matter to receive a degree. The Massachusetts Institute of Technology, probably the finest professional school of the character in the world—what are their qualifications for entrance? Any man who possesses an ordinary education can enter that School of Technology. It is not what you know when you go in, but it is what you know when you go out that establishes the standard of that school. We can do the same thing. We can open the doors to people of mature judgment, people with experience that can carry on the work. If they can complete the course there is no reason for saying that we are lowering the standard when the finest school in the land has a policy of that kind.

"In reference to this broad and liberal-minded spirit, there is danger in that. The homeopaths are fast losing their identity. The homeopathic school of Boston is a medical department of the university—the Boston University. They have a hospital well equipped and well endowed, and this broad and liberal spirit that has dominated the faculty has produced a mongrel school, so that with all of their money and faculty and with the standard that they claim as the highest homeopathic school, they had thirteen students that matriculated last year. There is danger of going too far in the other direction, and I make an appeal in the interest of harmony that we forget our differences and that we accept the report of the trustees as being the best under the circumstances."

A. G. Hildreth, St. Louis, Mo. :

"I have stood before a great many audiences and have uplifted my voice in behalf of my profession many times, and most of the times when all the audience was composed of men antagonistic to my views. I have been with the old American School of Osteopathy since its origin, and I come before you at this time to lift my voice, not in behalf of Dr. Charles Still or any Still on earth, but the higher and broader motive—in behalf of my profession. And so I have come to caution you to go slow; to use judgment, to use wisdom.

"These men that have stood upon this platform today and counseled with you and said to you that we were retrograding, I am proud to say know better. We are marching onward today, and we never have kept quicker step than we are at this time to the music of progress. We have been guided by divine will, and that same God of this universe that has dictated our

policies and our motives has given us wisdom to do the right thing, and I believe that he will continue to do it throughout all time.

"I want to state the facts briefly. When these people stood upon this platform and said we needed the three-year course in order that we might secure legislation upon a higher plane, pardon me, but I could not refrain from smiling. When I look back over the battles that we have fought, when I look back over the legislative halls in which I have stood, when it seemed as though the entire world was against us, and when we were a mere handful, when our meetings numbered 75, 150 or 200 in comparison with this magnificent audience, and that we have secured legislation in every state in the union where we have secured it all, save one, not upon the high standard of the schools that teach osteopathy at this time, but upon the principle that was right, and that we were doing good in the world and that the lawmakers wanted us to have the opportunity to do all the good we could and that they would stand by us to the end. Do not misunderstand me. I would not for this right arm of mine, which means everything to me, have you understand that I am against any proposition that means a higher education and a better qualification for our graduated osteopaths. If there is one man in the audience or one man in this profession that has interceded, and whose cheek has tingled time and again with shame for the mistakes of the ignoramuses that have gone out from even our best schools, I have had that duty to perform. Only those that have had to patch up and apologize for the mistakes of our profession as I have had to do can realize the shortcomings of some of the people who come from our schools.

"This gathering is the largest osteopathic meeting that was ever assembled. You are here the guests of the grand old state of Missouri in one of the most magnificent buildings on this ground; you are the guests of this exposition, and no class of men and no profession on earth has ever existed that occupies the distinction and the exalted position that our profession occupies today. And let me tell you, Mr. President, how it has come about. It has come about, my good brother, not by our going at a critical time from the sick room to some M. D., but it has been brought about because the people that have been given up to die have appealed to our men throughout the length and breadth of this land, and have not appealed in vain. You have been called in emergencies to save thousands of lives, and you have only begun. You are only in your infancy.

"This crisis that faces us today, and mark me, it is a crisis, but there shall be no 'parting of the ways.' We see no necessity for it, but there is a necessity for wisdom and counsel. Go slow. Let us meet these demands as they come to us throughout our natural growth and development. I do not believe in saying you *must* do so and so. I know from my own practical experience that you cannot do that. You can lead anyone by kindness and consideration, but you cannot drive anyone—never in the world. You do not want to either.

"Now, then, as I said, it is not a question of Charles Still or A. T. Still; it is a question of wisdom and of the action that you are taking here today or about to take upon this question, whether or not it will mean greater strength to this profession, which I believe every woman and every man within the sound of my voice loves, and who wants to do only that which means the best and most to us all. I believe that firmly. I believe that you

are honest in your position, and let me tell you, so long as the schools are conducted upon the basis of individual and financial consideration, so long you must be careful in what you say and do or you may weaken your association and your profession by weakening the strength of the institution that made you what you are.

"There is not a man or woman within the sound of my voice but that knows that I have, in every state in this union where my voice has been lifted for legislation, stood by the graduates of every school that had any vestige of deserving recognition and have stood by them always. I believe in being broad-minded and liberal. I believe in extending every courtesy and every privilege to every one of these colleges, and I believe each one is trying to do the best they can for the good of our profession.

"Walk back with me to the American School of Osteopathy; it is our mother, and we are all proud of it, and I know you are. Just walk with me down the line of the past twelve years of our experience and our existence, and if you can stand side by side with the old man that you all love, and that we all call father, and with this man down here who has been termed my brother, and could have seen them open their hands and throw out the money, trying always to give us a higher and a better standing, to open and extend our field of usefulness, to open up ways for you as you went forth from that institution, I know you would look at this question as I do. I have gone back to that institution two or three different times. I have stood up for it in all of our meetings, and have stood by the men who run it. I have stood by them because I know their motives, I know what they wanted to do. No matter if they have made mistakes—and they have, for they are men—but I have stood by them and watched them and heard their innermost thoughts expressed to me, which has been to widen the field and to make it greater and to do more for this profession that we all love. And when it came to legislation in the different states I expect I have stood in the legislative halls of at least fifteen states of this union, and I do not believe there is a single solitary state that ever asked them for financial aid in time of distress but what they have complied with that demand. They sent a check for \$100 to Indiana. I am saying this to show to you that these men always stood by osteopathy and have contributed freely for the advancement and perpetuation of this great cause, and have always come to our assistance in times of need.

"I want to go one step farther than the recommendation of our trustees. When you go home I trust you will bear this thought in mind: I do not care what college you came from, weigh this thought well: Is it wisdom on our part to say to the osteopaths of this country that next year all schools shall do so and so? I say no. I say that this body should deliberate over that matter thoroughly, carefully, conscientiously and with your God, if you will, because it means much more to our profession than you think. Take it home with you and think over it. Adopt this report today so that all the colleges may comply with our desires, and eventually we will help you. We want to reach the three-year course, and we want to see it done when it will mean much good to our profession.

"I have said all I care to say. We have stayed here a long time and are getting tired, but I came here as I have come on other occasions. I enjoyed this little scrap. I have had so many, but under such different circum-



stance, that this is really the spice and life of this meeting. There should be no hard feelings from what has been said. There is no man here, when he stops to think earnestly, calmly and conscientiously, but what will say we are all trying to reach the same goal. I believe it. I know it, and I believe in the end we will reach just what we should, and that is what you have always reached, that which in the end means the most good to our profession, to the science we love, to the one that has put us where we are, to the one that has made hundreds and thousands of lives successful that were failures before. Not only that, but hundreds and thousands of the sick throughout the length and breadth of this land bless us every day and every hour.

"I care not for the policy of this state, I care not for the policy of any state or any number of states, but I do care for the reputation of the men and women who occupy this profession. I care for the kind of work you do, and I want to say after twelve years of experience if you get within your hearts and minds the principles as taught in its original purity you need have no fear of the length of time or the community in which you locate. You will work it out, and in the end you will not only be proud of yourself, not only be an honor to the community in which you live, but you will be a living monument to the good that can be accomplished for suffering humanity by the most rational treatment on earth."

E. R. Booth, Cincinnati, O., in behalf of the Committee on Education, spoke as follows:

"There are one or two points to which I will briefly call your attention. You have heard the report of the Committee on Education as read as a part of the report of the Board of Trustees and recommended by that board. The question that seems to be under discussion at the present time is the amendment to the report of the Board of Trustees as originally made extending the time for the enforcement, so far as enforcement is possible, of the three-year course from September, 1904, to September, 1905.

"The committee considered this question very carefully. The question has been under discussion for the last two or three years, and at the last two annual meetings reports have been made upon this subject, and were practically unanimously adopted by this association.

"The last speaker appealed to you very eloquently, stating the fact that we have been continually marching onward, always on the road of progress. That is true. But the question that we must face this moment is whether or not we are going to take a retrograde step. I want to say that so far as I am personally concerned that the greatest favor this association can confer upon the parent school today is to vote down this resolution. We differ honestly. I believe that we are all sincere.

"I have been engaged in school work all my life, and I am satisfied that any school or any institution of learning or any person engaged in elevating the standard of education that takes a retrograde step and advocates something lower than has already been practically established is making a great mistake, and I think it would be a very serious one upon our part to pass the resolution which is under discussion at this time.

"There have been a great many things said from this platform that I should like to refer to specifically, but time will not permit except in one or

two instances. One gentleman spoke concerning the Massachusetts Institute of Technology. I have been intimately connected with that institution from the fact that I have had to send scores of pupils there, and have examined a great many, and there is not an institution of learning on the face of the earth that has been so rigid in guarding its portals against applicants as has the Massachusetts Institute of Technology. They will not accept any young man unless he has at least a high school education, and then after a rigid examination. They will not take anybody on anybody's recommendation. The result is that more than one-half of all the young men who apply are rejected because of insufficient preparatory education. Not only that, but 50 per cent. of those who do enter fail to pass their first year's work. The result is that there has not been an institution of learning on the face of the earth that has the reputation it has. And in the light of all these strict examinations it is today unable to accommodate those who are actually eligible. I might cite several other institutions in that class. Institutions of learning do not thrive on a low standard. Therefore, taking the stand that I have taken and that the Committee on Education has taken, we sincerely believe that we are extending the greatest possible favor to the parent school by opposing this resolution.

"The question of loyalty has been referred to—whether we are loyal to our alma mater. There is no one here but what is willing to act upon his fealty to the founder of osteopathy. We believe if the matter came to an issue there is no question in the world but what the members of this American Osteopathic Association could raise more money to sustain and keep from the poor house, if you wish to so express it, the worthy founder of osteopathy than he can possibly make through the instrumentalities of his school. It seems to me, however, that most of that talk has a tendency to appeal to passion and sentiment rather than to reality.

"There have been many assertions made that are misleading. The gentleman who last spoke from this platform has had more experience with legislatures than any or all of the rest of us put together. He has not forgotten the experience we had in the state of Ohio. I remember in Ohio that gentlemen threw up his hands and gave up the job and practically admitted defeat, and why was it that we were defeated at that stage of the proceeding, and what was the basis upon which we eventually won our victory in that state? It was simply this one question.

"It has been said here that we are not appealing to the doctors. We are not, but we have to appeal to an intelligent community. When we go before legislative bodies and tell them our true situation, and they say it looks inconsistent to us that you are able to accomplish in two years what other learned professions claim that it requires from six to eight years to accomplish, we must be prepared to meet that argument. I know in a certain sense what the gentleman said is true with reference to our ability to cope with disease, but take that same argument. You have seen patients under the very best osteopaths leave them, and I think I can cite instances of patients that have gone off to christian science or to magnetic healing or something of that kind. Is that any proof that magnetic healing is at all superior to osteopathy?

Dr. Hildreth: "With reference to Ohio, we won a victory just the same."

Dr. Booth: "I will tell you why. Some of us went personally to the chairman of the committee that had the bill in hand. He said: 'What are you fellows kicking about? We offered to accept you and license you to practice here if you will take an examination in the four subjects that you claim to be qualified in.' One of our representatives said: 'That is the very thing we are kicking about. We did not come to ask favors; we demand of the state of Ohio that we shall be permitted to show qualifications equal to that of the medical fraternity.' The chairman of the committee said: 'If that is the case we must accept what you say, and upon that the bill was finally passed. And so it was on the question of education and qualification. We must eventually face that, and it will have to be even more strenuous in the future than in the past.

"Just one point more. Perhaps I do and perhaps I do not understand why the Board of Trustees saw fit to introduce this resolution. As I understand it was in the nature of a compromise measure, but it seems to fail to compromise, and if it fails to compromise it accomplishes nothing. As I understand the report of the committee and the report of the Board of Trustees is presented to you, and that this question stands exactly, so far as the A. O. A. is concerned, as it stood one year ago, two years ago, and I do not see that we will suffer in any way. I cannot conceive of any way in which we shall suffer if we vote down the portion of the resolution relating to the time of the introduction of the three-year course. I cannot see how it will work an injustice to anyone. Why not let well enough alone? The eyes of the world are upon us, and as sure as we take a retrograde step or any step that appears to be such we will certainly injure ourselves."

A rising vote was taken upon the amendment, "That the report of the Board of Trustees be adopted with the exception of the clause or motion which was read by the Secretary."

Assistant Secretary Chiles and C. W. Young were appointed tellers to count those voting. They announced the result as follows:

In favor of, 111 votes; against, 139 votes.

The President then declared the amendment lost.

The President then put the original motion, and upon a viva voce vote he declared the motion carried.

The Report of the Board of Trustees, together with its recommendation concerning extension of time, was then declared adopted.

It being 2:30 o'clock p. m., the President declared the meeting adjourned to the hour of 3:15 p. m. of the same day.

#### THURSDAY AFTERNOON SESSION, JULY 14.

President Hazzard called the meeting to order at 3:45 o'clock p. m.

The President announced the appointment of the following committee to wait upon the President of the United States in the interest of osteopathy: James M. McGee, Philadelphia, Pa.; Mrs. A. L. Conger, Akron, O.; C. A. Whiting, Los Angeles, Cal.

The election of officers was then taken up, and the President appointed the following tellers: H. E. Hjardemaal, Brooklyn, N. Y.; R. E. Chase, Tacoma, Wash., and C. H. Stearns, Washington, D. C.

C. C. Teall, of Brooklyn, N. Y., in presenting a candidate for President, said:

"This is one of the pleasant duties of an osteopathic congress. It is one of the times when we have occasion to say pleasant things about at least one member. The office of president is not an easy one. I speak from experience, and I am sure our present executive would indorse that statement.

"This association has grown from small beginnings until today it comprises nearly a thousand earnest workers in our profession. The key-note of the American Osteopathic Association is education. You were all forcibly convinced of that this morning. We must, therefore, elect men to that office who have educational ideas at heart. I therefore desire to place in nomination for the office of president of this association a man who is a distinguished educator, a man who has grown up with the profession, first as a patient, then as a student and finally as one of the most popular instructors osteopathy has ever had, and I venture the assertion that no one is better known to this entire body than he. I, therefore, place in nomination Dr. Carl P. McConnell, of Chicago, Ill."

N. A. Bolles, of Denver, Col., in placing before the meeting the name of Dain L. Tasker, of Los Angeles, Cal., made the following remarks:

"I wish to place in nomination before this association a man in whom we all have the utmost confidence, and who, you will agree with me, is thoroughly capable of performing the duties that devolve upon that office—a man whose knowledge of osteopathy, its principles and its practice is well evidenced by his contributions to our literature; a man whose qualifications to mingle with others and to present fairly and adequately the claims of osteopathy for their consideration is well evidenced by the legislative work in which he took such a leading part in his own state, and a man who is eminently qualified to preside over a gathering of this magnitude, as was well evidenced this morning; a man whose sympathy for our educational movements cannot be questioned; a man who if elected to this office will do all in his power to increase our membership, and a man who comes from the western border of our country, where our membership should and will be increased. In the interest of fairness we ought to distribute our honors and not place them all in one locality. I wish to place in nomination Dr. Dain L. Tasker, of Los Angeles, Cal."

The nominations of these two candidates were seconded by several members.

The official ballot as announced by the tellers was:

Total votes cast, 193; necessary to choice, 97, of which Dr. McConnell received 136 and Dr. Tasker 57.

Dr. Tasker in a most loyal manner moved that the election of Dr. McConnell be made unanimous. The motion carried unanimously.

Thereupon the President-elect was escorted to the platform, and responded with the following remarks:

Carl P. McConnell:

"As I stand at this moment I feel that no words can express my gratitude to this assemblage for the honor it has conferred upon me, and I thank you most sincerely from the depths of my heart. It is hardly necessary to say much at this time. However, it might be appropriate to mention one or two matters.

"I cannot too strongly urge upon you unity of action in our meetings. At no time and at no place do we need greater unity and harmony than at the present time. I do not want to leave the impression with you that these do not pervade our meetings, but I simply mention it that we may guard against their opposites. Doubtless many of you have noticed in the past few months that the question of unified action among the medical men has been discussed, and in nearly every instance they alluded to the way in which the osteopaths stood together, not only before legislatures, but before the world. So I say this is one of the cardinal principles that must continue to be foremost in our minds and in our work, as it has been in the past.

"Another thing I wish to speak of is the purity of our work from the scientific point of view, and I believe it has been clearly demonstrated that we are very close together in the scientific work, the real fundamentals of the work, disagreeing only in incidental things. So there must be progress in our work. I would also urge upon you the matter of greater scientific development, particularly osteopathic physiology and osteopathic pathology. Ninety-nine out of one hundred of the members present are practitioners, and discoveries in the science of physiology and pathology mean a great deal to us. And back of the osteopathic physiology and pathology lies the principle of osteopathic dissection. There is where we are weak. We must have more of it, and once we become proficient in that we will be able to find much valuable information from the standpoint of the nervous system. So, in a word, let the osteopathic dissection go on, thus reaching into the physiological and pathological conditions and thus develop more of our work for the practitioners.

"I assure you this honor is entirely unexpected, and I wish to thank you one and all."

When it came to nominations for first vice-president, Dr. Whiting stated that he held in his hand a note, as follows:

"It is my wish that Dr. James M. McGee, of Philadelphia, Pa., be nominated and elected to the office of first vice-president of the American Osteopathic Association.  
(Signed) A. T. STILL."

Upon motion the Secretary cast the ballot of the association for J. M. McGee for first vice-president.

Under nominations for second vice-president, Edythe F. Ashmore, of Detroit, made the following remarks:

"This is a time when we should recognize those that have struggled for osteopathy in the early days and who have devoted their time and energy

in the interest of higher education in osteopathy. We have today an association that has far outreached our ideas. Even three years ago when at Milwaukee we prophesied that it would be several years to come before we reached a thousand members, and here we have about that number now. It is only fair and just that a woman should assist in serving us. We have had a very capable assistant during the past year in the office of vice-president, as has been demonstrated to you during this meeting, and as we have in our midst a member who we think is as well qualified as Dr. Ligon to wield the gavel, I see no reason why she should not be given the opportunity. Therefore, I would place in nomination Dr. Nettie H. Bolles, of Denver, Col., for second vice-president."

"Dr. Whiting: "I move that the Secretary of this association be directed to cast the ballot of the association for Nettie H. Bolles for second-vice-president."

The motion was carried, and the Secretary cast the ballot of the association for Nettie H. Bolles for second vice-president.

For the office of secretary, W. Reed of Kirksville, Mo., placed in nomination H. L. Chiles, of Auburn, N. Y., and George L. Huntington, St. Paul, Minn., placed, in nomination C. A. Upton, of St. Paul, Minn. These nominations were seconded by several members and a lively interest was manifested. A ballot was then taken which resulted in 99 votes for Dr. Chiles and 80 for Dr. Upton. Dr. Chiles having received a majority of all the votes cast, was declared elected secretary for the ensuing year.

By unanimous vote of the convention the Secretary cast the ballot of the association for M. F. Hulett, of Columbus, O., for treasurer.

By like unanimous vote the Secretary cast the ballot of the association for C. A. Upton, St. Paul, Minn., for assistant secretary.

The next order of business was the election of three trustees to fill the vacancies created by the expiration of the terms of Mrs. Nettie H. Bolles, R. W. Bowling and Charles H. Whitcomb; those trustees holding over being Miss Edythe F. Ashmore, A. S. Melvin, Harry M. Vastine, S. A. Ellis, A. L. Evans and H. H. Gravett.

The following members were then placed in nomination for the office of trustee as above stated:

Kent W. Coffman, Owensboro, Ky.; H. E. Nelson, Louisville, Ky.; F. E. Moore, LaGrande, Ore.; Ellen L. B. Ligon, Mobile, Ala.; Charles W. Proctor, Buffalo, N. Y.; F. D. Parker, St. Paul, Minn.

A ballot was then taken, which resulted as follows: There were 180 ballots cast. Dr. Ligon received 69 votes, Dr. Proctor 60, Dr. Moore 42 and the remaining candidates a lesser number. No one receiving a majority of the votes cast, another ballot was ordered.

Whereupon R. E. Chase, of Tacoma, Wash., moved that the Secretary be instructed to cast the ballot of the association for the three candidates receiving the highest number of votes cast as above announced by the tellers. Said motion prevailed, and Drs. Ligon, Proctor and Moore were declared elected trustees.

#### THE INVITATION TO DENVER.

Dr. C. C. Reid, of Denver, Col., addressed the meeting as follows:

"I appear before you to invite you to a place that I am sure will afford

great satisfaction. Someone asked me a moment ago to think of a cool climate, but just at this moment I am inclined to think of a warm climate. I wish to present to you a place that you all know about from its reputation that has spread from the Atlantic to the Pacific ocean as a convention city, as an ideal city for a convention. So in the name of the Colorado Osteopathic Association I invite you to come to Denver, Col., next year.

"In the name of the Governor of that state, in the name of the Mayor of the city of Denver, in the name of the Denver Chamber of Commerce and in the name of the Colorado Promotion and Publicity Committee I invite you to come to the Queen City of the Plains, the gem of the Rockies.

"Personally it will be a source of much gratification to the osteopaths of Colorado to meet their friends of this organization in their own state."

Dr. Reid then read cordial letters of invitation from the Governor of Colorado, the Mayor of Denver, the Denver Chamber of Commerce and the Colorado Promotion and Publicity Committee.

Irene Bissonnette, of Buffalo, N. Y., then said:

"In behalf of the city of Buffalo I take pleasure in extending to you a cordial invitation to hold the 1905 meeting in that city. It is also one of the cool spots of this country in the summer time, and is located near one of the seven wonders of the world—Niagara Falls. This year you are in the west, and we think you ought to come east next year.

"At the last meeting of the New York State Osteopathic Society is was decided to invite you to come to New York, and Buffalo was chosen as the city. We are all unanimous, and we want you to come and see Niagara Falls. All the necessary comforts and accommodations will be afforded you, and the Press Association will also extend to you all the courtesies within its power."

Dr. H. W. Forbes, of Des Moines, Iowa, said:

"The Osteopathic Institution of our city likewise extends to you a cordial invitation to meet in our city in 1905, and while I am sure that all of you would enjoy having a meeting held in our city, where you could visit our institute, yet we would most heartily withdraw in favor of Denver, as they have been very thoughtful of our welfare for several years."

The President said that he was happy to know that so many kind invitations were out, and he regretted that we could not accept them all at once.

This matter was discussed by several members favoring either one or the other of the above places, after which a vote was taken, and, Denver receiving a large majority, was upon motion unanimously chosen as the place of the meeting of this association in 1905.

The meeting adjourned to 8 o'clock a. m., July 15, 1904.

#### FRIDAY MORNING SESSION, JULY 15.

The meeting was called to order at 8:30 o'clock.

The minutes of the two sessions held July 14 were read and approved.

W. B. Meacham, of Asheville, N. C., was then introduced, and conducted a clinic on "Pulmonary Tuberculosis."

The discussion of Dr. Meacham's clinic was led by N. A. Bolles, of Denver, Col.

Dr. A. T. Still at this time paid his farewell visit to the meeting, and in leaving admonished all osteopaths to closely adhere to the principles he had laid down, and to unceasingly study the different parts of the human anatomy, and to be on the constant lookout for weak places. He said he would often be heard from through the columns of *The Journal of Osteopathy*, and that his health at the present time was such as to lead him to believe that he was good for another twenty years. He cordially invited all osteopaths to his home in Kirksville, and then bid them good-bye.

Charles C. Teall introduced the following resolution:

"Resolved, That the Board of Trustees be instructed to take steps to carry into effect the recommendations contained in the report of the Committee on Education; that the board enter into correspondence with the view to co-operating with the various state societies in reference to the steps necessary to incorporate the advanced educational standard in the legislation of the several states; that the board instruct the Legislative Committee to insist upon as a necessary condition in all legislation in which it is employed during the year such provisions as will assure the incorporation of the three-year requirement, and that the board instruct the Educational Committee to correspond and co-operate with the various boards with the view to securing uniformity in the operation of the various state laws and the institution of the three-year requirement in their operation as soon as the circumstances will permit; and also to pay particular attention to the matter of matriculation requirements in the several colleges with a view to restricting the entrance into the profession of persons not properly qualified."

Dr. W. F. Link moved the adoption of the above resolution.

Motion carried and resolution was declared adopted.

The next order of business was clinics, the subject being "Gynecology," which was demonstrated by Marion E. Clark, Kirksville, Mo.

This clinic was discussed by Minnie Schaub, of St. Louis, Mo.

Dain L. Tasker, who was then acting as chairman, being called away, asked C. W. Young, of St. Paul, Minn., to act in his stead.

The next on the program was a paper, "Our Failures, Their Lessons," by A. Still Craig, of Iowa City, Ia.

H. E. Hjardemaal, Brooklyn, N. Y., read a paper on "The Public and Our Failures."

Clara C. F. Wernicke, of Cincinnati, O., then read a paper, "A Failure; Its Lessons."

J. W. Banning, Buffalo, N. Y., read a paper on "Cause and Prevention of Diseases of Women," after which he conducted a clinic demonstrating a case of endometritis.

The clinic and paper of J. W. Banning was then discussed by Joanna Barry, of Buffalo, N. Y.

President Hazzard then took the chair.

C. A. Whiting then made the following announcement:

"At a meeting of the delegates of the Associated Colleges held last evening it was unanimously decided to adopt a three-year course of study, and that such course of study will go into effect in September, 1904."



Dain L. Tasker, Los Angeles, Cal., then presented the following report of the Committee on Organization of State Boards of Examination:

REPORT OF COMMITTEE ON ORGANIZATION OF STATE BOARDS OF EXAMINERS.

Your committee met in the Missouri Building at 5 p. m. July 14th and appointed a sub-committee of three members, namely, Drs. Boxx, of Missouri, Coffman, of Kentucky, and Tasker, of California.

The sub-committee met 9 a. m. July 15th and drafted the following:

"In view of the fact that several states have laws providing for the licensing of osteopaths, and whereas these laws differ greatly in their requirements for granting such licenses it seems advisable to form a national association of state boards of osteopathic examiners for the purpose of coordinating these existing laws in so far as their present requirements will allow and further, after due comparison of the effects of these laws on the educational standards in their respective states, to outline such other legislation in addition to that already in force and to be presented in other states which will tend toward a uniformly high standard of educational requirements in conformity with the action taken by the A. O. A. in the report of its Educational Committee July 14th, 1904.

"An invitation is hereby extended to the State Boards of Osteopathic Examiners of all states having osteopathic legislation and to the legislative and educational committees of the A. O. A. to name a representative in this proposed National Association of State Boards of Osteopathic Examiners.

"This organization shall be known as the National Association of State Boards of Osteopathic Examiners. Its officers shall be a President, Vice-President and Secretary-Treasurer, whose term of office shall be one year.

"Duties of officers shall be to maintain active correspondence with the various boards as to qualifications of individuals applying for licenses who are already licensed in another state and to do such other duties which may arise in the conduct of the affairs of this association. The officers shall serve without fee.

"The fee for membership shall be five dollars per annum per member.

(Signed)

"DAIN L. TASKER,  
" CHAS. E. BOXX."

This report was adopted by the whole committee 10 a. m. July 15th and members from several states, Minnesota, Arkansas, Wisconsin, Michigan, Wisconsin, Ohio and California, being present, a permanent organization was immediately formed, with Dr. Huntington as President, Dr. M. F. Hulett, Vice-President and Dr. W. F. Traugher as Secretary-Treasurer.

Respectfully submitted,

COMMITTEE ON STATE BOARDS,  
Dain L. Tasker.

It was moved by C. A. Whiting that the committee be thanked for communicating to us such a complete report, and moved its adoption. The report was then declared adopted.

C. M. T. Hulett was called to the chair, as the President was obliged to attend a meeting of the Board of Trustees.

Ulysses M. Hibbetts, of Grinnell, Iowa, then read a paper on "A Failure and Its Lesson."

The President resumed the chair and announced that C. M. T. Hulett in behalf of the Committee on Education was given permission to address the meeting. Dr. Hulett then spoke as follows:

"I wish to say a few words in regard to the action that was taken yesterday on the report of the Committee on Education. I find some misapprehension exists in the minds of many of you which ought to be removed, and we think you ought to go home with the right idea.

"The debate we had on that motion yesterday was the best thing we ever had in this association. We understand each other better. It did me good to sit here and listen to the general discussions pro and con; they were clear, logical and courteous; that was a good feature of it.

"There are two deplorable features. One is that the motion as it reads will be interpreted by the outside world as meaning retrogression, when, in fact, it does not mean that. However, it will be read that way, and you will meet with it during the next year. The finger of scorn will be pointed at you, and our enemies will say the beginning of the end has come; it has only a short time. You will have to work to convince them that it does not mean that.

"Another deplorable feature is this, that yesterday you violated your solemn pledge. When you make a promise in your individual capacity you keep it, even if it is made to a dog. You think too much of your personal integrity to violate a pledge. But yesterday you went back on the solemn pledge made one year ago at Cleveland, that such schools as should institute a three-year course in September, 1904, should have your moral support. Yesterday you withdrew that moral support. I trust it will not occur again, and that you have learned a lesson. You were stampeded yesterday. Charlie Still worked you. Charlie realized that. They said they would not get into such a box as that again. However, it will work out all right.

"The report of the Educational Committee was adopted. The recommendations which it made were adopted. The resolution you passed this morning provides for carrying into effect those recommendations. The American Osteopathic Association, its Legislative Committee and its Educational Committee are all instructed to proceed this year with the carrying out of the provisions necessary to bring about a three-year requirement in all the states, and that work will go right on, and I have no doubt whatever but what next year when we come back the A. S. O. will be ready to announce that it is in line. I do not look for anything else, and the whole movement is going right on. It is not blocked.

"The only thing that that action of yesterday meant was this; it meant two things: First, that graduates or students who matriculate this fall in a two-year school may come up when they are graduated and apply and be elected members of this association. If you had not changed they could not become members. It also means that two-year schools may continue to carry their advertisements in *THE JOURNAL* of the association during the next year. The action taken yesterday means that, and does not mean anything else. But the plan and policy of the association is unchanged, and it goes right on from this meeting. You are instructed to carry it on and develop it. I wish for you to understand that feature and not believe the whole idea is blocked and stopped for another year, and when you go home we sincerely trust you will work along that line."

The association then took up the consideration of the Code of Ethics, chapter 1 having already been adopted. C. M. T. Hulett commenced with chapter ii., article i., and sections 1, 2, 3, 4, 5 and 6 were read without objection or amendment. Section 7 was then read.

A. S. Craig—I move that the following clause of section 7, "To hold patents for any therapeutic instrument or appliances, to act as agents for the sale of such instruments or appliances or to accept rebates on their sale," be stricken from the section.

Motion was seconded. Edythe F. Ashmore spoke in favor of said motion. Motion was carried.

All of the sections in article ii. were read without objection or amendment.

Article iii. was taken up and section 1 was read, after which C. W. Young, St. Paul, Minn., proposed an amendment to strike out the following words:

"A legally qualified physician, who enjoys a good moral and professional standing in the community, should not be excluded from fellowship nor his aid, etc.," and insert in lieu thereof: "The aid of any person who may reasonably be supposed to be qualified to render assistance in the consideration of the case should not be, etc."

Drs. Young, Bolles and Morrison spoke in favor of the motion, and Drs. Hulett, Booth and Dinsmoor against it.

The President then put the motion, and upon vote it was declared lost.

Sections 2 and 3 were read without objection or amendment.

Section 4 was then read, after which the following proceedings were had: C. W. Young, St. Paul, Minn.:

"I move to amend Section 4 by adding thereto the following:

"Provided, that in case of a disagreement the consultant's opinion may be stated to the patient, or his friends, at their request in the presence of all physicians, or in the absence of the attending physician, if he refuses to be present.'"

C. M. T. Hulett:

"The committee accepts the amendment, and same is considered as being added to Section 4."

Sections 5, 6 and 7 were then read without any objection or amendment.

Article IV. was then taken up and Sections 1, 2 and 3 were read without objection or amendment.

Section 4 was then read, when S. Dinsmoor, Louisville, Ky., moved to insert in Section 4 the word "osteopathic" after the word "another" in the second line thereof, making the section read: "A physician ought not to take charge of or treat a patient who has recently been under the care of another osteopathic physician, in the same illness, etc.," which motion was seconded.

C. M. T. Hulett spoke against the motion, citing an experience he had in Cleveland to support his contention.

Dr. Dinsmoor then defended his position.

C. E. Achorn, Boston, Mass., spoke in favor of the amendment.

The President then put the motion to amend, which motion was carried.

The remaining sections of Article IV. and Articles V. and VI. were then read without objection or amendment.

C. E. Achorn then moved the adoption of Chapter 2.

The motion was seconded, and after the vote had been taken the President declared that Chapter 2 was now adopted by the association.

C. M. T. Hulett then read Chapter 3, no alterations being suggested. A. S. Craig moved the adoption of Chapter 3. Motion carried.

Homer E. Bailey, St. Louis, Mo., then moved that the Code as amended and adopted by chapters, be now adopted as the "Code of Ethics" of this association.

Motion seconded, and upon the vote being taken the President declared the Code of Ethics adopted by this association.

The President then stated that the proposed amendments for the Constitution of the A. O. A. were now before the meeting for action.

The Secretary read the first amendment upon the printed slip, a copy of which was in the hands of each member, said amendment providing for the striking out of Section 1, Article VII., and inserting another in lieu thereof.

M. F. Hulett then moved the adoption of said amendment as read. Motion carried, and the President declared the following adopted as Section I of Article VII. of the Constitution of the A. O. A. :

"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."

The second amendment upon the printed sheet was then taken up for consideration.

M. F. Hulett proposed the following as a substitute for the amendment proposed by the committee and published in the June JOURNAL.

"Each application for membership must be accompanied by five dollars, for which the member shall be credited with dues until the end of the first annual meeting following his election to membership.

"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 end of 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."

The substitute containing only a few minor changes in the direction of greater clearness was accepted by the committee, and upon motion was adopted by the association.

The third amendment upon the printed sheet was then read by the President.

H. H. Grávett, Piqua, O., a member of the committee which drafted this amendment said:

"I would like to make an explanation. The first instruction given this committee was to draft this amendment and submit it to the Board of Trustees at this meeting and with that object in mind the members of the committee thought they would have ample time to accomplish the work, but they were later notified that it would be necessary to act upon it at this meeting. This necessitated its hurried preparation, as it had to be published a month in advance of the meeting. We then hoped to get together at this meeting and revise it, but have been unable to do so. It is a matter of much importance and one in which we ought not to act hastily, and we would therefore recommend that the amendment as proposed be deferred until a year hence."

A motion was then made and carried to the effect that the whole matter be referred to the committee for perfection and the committee continued.

C. E. Achorn then read the report of the Committee on Resolutions.

C. M. T. Hulett:

"It has been customary to appoint a committee to draft resolutions, and that committee proceeds to pat us on the back. It is a kind of mutual admiration affair, and I think resolutions commendatory of the manner in which the retiring officers perform their work are out of order. That is merely a suggestion."

President Hazzard: "Personally I feel that the treatment accorded me throughout the year, and throughout the meeting has fully demonstrated your cordial feeling towards me, and I would make no objection whatever to it. The committee, however, has merely carried out a custom which has prevailed for years."

C. E. Achorn: "I think a resolution commending the work of the retiring Secretary who has been the Secretary from the beginning of this organization is certainly in order. If the rest are willing to waive the compliments extended to them it is all right, but in making up this report we merely followed the custom of prior years; however, I think it would be better to let the entire report stand this year and have an understanding as to the future."

S. Dinsmoor, Louisville, Ky.: "I move that that part of the resolutions referring to the officers of this association be stricken out, but that the committee be instructed to draft a resolution referring in an appropriate manner to the long service of the Secretary, and attach it to their report, and with these alterations that the report of the committee be adopted."

The motion was seconded and carried, and the President declared the report of the Committee on Resolutions adopted as altered, and same as altered reads as follows:

#### REPORT OF COMMITTEE ON RESOLUTIONS.

The American Osteopathic Association, at the Eighth Annual Meeting, in St. Louis, Missouri, July 11-15, 1904, resolves as follows:

We commend:

1. The efficient manner in which the St. Louis Osteopathic Society has labored for the comfort and pleasure of the greatest session ever held of the American Osteopathic Association.
2. The Kentucky osteopaths and friends for their noble efforts in securing legislation in that state.
3. To the local press for the fair way in which they have reported our proceedings.
4. The State of Missouri for the use of the State Building as our meeting place.
5. The State of Massachusetts for the use of its State Building in which we held our reception.
6. The Exposition Association for the use of Festival Hall, and regret the absence, Tuesday evening, on account of sickness, of President Francis.
7. The management of the Inside Inn for its many courtesies.
8. Dr. Irene Harwood Ellis, upon her retirement from office, for the long and faithful services, during which time she has been of invaluable service to the profession.
9. Finally we commend the spirit of enthusiasm which has characterized all of the meetings, and the manifest purpose of the members to advance the cause of osteopathy.

(Signed)

C. E. ACHORN,  
ETHEL L. BURNER,  
K. W. COFFMAN,  
J. C. HOWELL,  
W. A. MCCONNELL,

Committee.

C. M. T. Hulett: "I move that the Committee on Necrology be appointed by the Board of Trustees at its final meeting in St. Louis."

Motion seconded and carried.

C. E. Achorn: "I move that a fitting testimonial be presented to Dr. Irene Harwood Ellis on her retirement as Secretary of this association."

Motion seconded and unanimously carried.

The President then appointed C. E. Achorn and Charles C. Teall such committee.

It was announced that the Committee on State Delegates is not ready to report, and desire to be continued, which request was granted.

The President announced that the Board of Trustees as now constituted, and new officers, would meet one hour after the final adjournment of this association.

In the absence of L. E. Cherry, the Chairman of the Committee on Necrology, the President read that committee's report, which was adopted, and is as follows:

#### REPORT OF COMMITTEE ON NECROLOGY.

Your committee report that they have learned of but one death among the members of the American Osteopathic Association during the past year.

Dr. L. Chase, a graduate of the American School of Osteopathy, in the class of February, 1899, died at Farmer City, Illinois, in June, 1904. Until a short time ago he had been practicing his profession at Holland, Michigan.

This is the only name that has been reported to us.

We trust that each of us now will endeavor, year by year, to more carefully collate all the data possible concerning these dear friends of ours, and we shall cherish the friendships we have, and are making here, and that every meeting will find us going out into the world better improved by contact with the good people we have met here, and that those of us who are called to the great beyond will leave nothing but pleasant memories with our friends who remain here upon the scene of action.

The committee recommend that a Committee on Necrology be made one of the standing committees of the association in order that such records may be more accurately preserved.

(Signed)

LESLIE E. CHERRY,  
LOLA L. HAYS,  
JULIA C. CLARKE.

C. C. Teall: "Your Committee on Program desires to announce that all the numbers on the program of this eighth annual meeting have been given with the exception of three, viz.: Clinic, 'Catarrh of the Stomach,' conducted by J. R. Shackelford; a paper, 'A Failure, Its Lesson,' Elizabeth A. Spencer, and a paper, 'Enteroptosis, Its Effect on the Pelvic Organs,' Percy H. Woodall. I move that these three be prepared by the parties to whom they were assigned, and be published in our official organ as a part of these proceedings."

Motion carried.

The Committee on New Members announced that it had not completed its report, but would do so as soon as possible, and hand it in for publication.

A. G. Hildreth, Chairman of the Committee on Legislation, then read the report of that committee, which was unanimously adopted.

#### REPORT OF LEGISLATIVE COMMITTEE, A. O. A.

Only eight or ten different states held legislative sessions during the year 1903-1904.

One clean-cut defeat, two signal victories and a few minor attempts to down the osteopaths are the records for the year.

In Alabama the first battle was fought, and here we were simply beaten to a finish. Alabama is the first state and the only state in the Union where we have ever been beaten so decidedly. The conditions and circumstances there were such that they could not be overcome. The local osteopaths did all that they could, and all that could be done to make of this fight a success. The profession, we think, should be well acquainted with the fight down there.

Kentucky comes forward with a signal victory, getting a new law—a combination law with the other medical schools—giving our profession a member of the State Board of Health, and the authority to examine our own people in our own therapeutics. A very good law, well and deservedly earned. We heartily congratulate our brothers of Kentucky. That state has been from the first one of the hottest battle grounds, and the most bitterly contested. We should say the medical fraternity of that state has put up the most bitter, prejudiced and unfair fight ever waged against us anywhere, but it has at least been fought out, and to our credit, owing to the good work of our Kentucky osteopaths. Dr. Harry Nelson deserves special credit for his long-drawn-out fight; he has made himself famous and done our profession great credit for the tactful, able manner in which he has conducted his part of the fight all through. At first he was all alone, but now he has had able and good help and by the strength of others combined with his own, osteopathy now stands on an equal footing with other schools of medicine in Kentucky.

In Mississippi, through conditions that could not be controlled, our bill failed to get out of the committee, but in this state osteopathy has been declared not to be the practice of medicine within the meaning of the existing medical law; we are not interfered with here, and can wait and watch our opportunity.

In New Jersey the smoothest trick of all medical legislation ever undertaken was inaugurated, namely, a very simple, harmless-appearing amendment to the existing medical law, which, if it had been passed, would have forced every osteopath in the state to take the medical examination. But, as usual, and especially is this true of New Jersey, our people were awake, and they put the bill to sleep in the committee, where it is still resting and slumbering.

New York came to the front with a purely sand-bag measure, which sought to change our name to "Osteotherapy." This bill had no origin, no backing, unless by its author, and was guided into a very good, safe committee, and is resting there still. Thanks to the ever-vigilant New York osteopaths.

In Ohio and Iowa no changes by legislation were made in their existing laws. In Ohio, however, in a recent lower court decision the medical law has been declared unconstitutional. The osteopathic and medical law are combined. This, of course, would have to go to the Supreme Court for final decision.

In Florida the medics made an attempt to harmlessly (as they said) amend the medical law; just make standards better, but ostensibly to make it osteopathic-proof. Here, as usual, our osteopaths (only two or three in number in the state) got busy; the result—no amendment was passed.

In Louisiana in this present legislature the medical men are at work, but smoothly. Their watchword is organization, and a medical law that will place in the hands of the medical profession all guardianship of the public health seems to be their aim.

At one of their recent state meetings, one Dr. Larue explained that osteopathy was not named in this amendment to the medical law because the board desired to expressly ignore this "alleged branch of medicine," as "it has not yet become sufficiently formidable to annoy us" and to that end "had not inserted the word "manipulate" in the prohibitions. Later, the bill was amended in committee exempting osteopaths and dentists, so again we win and the word osteopathy goes into another statute.

Taken as a whole, the year has been a good one for our profession from a legislative standpoint. We have lost no ground, but made material gain. Your committee on legislation wishes to congratulate the osteopaths in all states upon their able, efficient work on this line. In organized effort there is always strength; in eternal vigilance there is ever victory.

We stand at any and all times to aid you in any way possible. The coming winter three-fourths of the states hold legislative sessions. We must guard well our cause. We must be up and doing. We earnestly urge a united effort to secure uniform laws everywhere. We believe independent boards of examinations and registration to be the ideal law, while the one member of the board of medical examiners of health gives us great prestige and strength in some ways, yet in our judgment it does not give us the standing and especially the freedom we deserve or believe to be conducive to our greatest growth and best progress. The Missouri, Montana, Minnesota and the California laws, the Oklahoma and Arkansas, as well as others, are good. Laws should be framed in simple form and justice alike to the profession and the public, until we are better known and until the other schools of medicine give to us the credit we deserve, we can in our judgment grow better, do more and reach more satisfactory results. This being true, we not only urge unadulterated osteopathic practice, but unadulterated laws, independent boards, uniform in all states, fair and just to all alike, our profession, the old schools, and the people.

We are gaining strength rapidly each year; if at first attempt you do not succeed and get all you want, try it again; never compromise unless forced to; wait and get what you want.

Respectfully submitted,

A. G. HILDRETH,  
*Chairman.*

President Hazzard then announced that the eighth annual meeting of this association was about to come to a close, and requested that all the officers-elect take their place upon the platform to be installed.

Thereupon the officers-elect took their respective stations upon the platform; when retiring President Hazzard made the following proclamation:

"Members of the Association: "You observe upon the platform the newly elected officers who will serve you during the ensuing year, and it is my pleasant duty to introduce them to you. My strenuous duties have now come to an end, and I take pleasure in presenting these officers to you who I trust will discharge their duties with fidelity and honor, and I especially take delight in presenting to you, Dr. McConnell, this gavel as the symbol of your authority, and resign to you the chair."

President McConnell then said: "I do not care to say much more than was said yesterday; however, I desire to thank you again for this honor, and I trust that we may all look forward with bright hopes and prospects to the coming meeting of the association, which will be held at Denver, Col., in 1905, and that we all may labor earnestly and harmoniously for the good of the association that has done so much for all its members. I realize that my predecessors have set a high mark, and it means a great responsibility and much work to hew to that mark, but with your helpful and kind assistance I feel that the work will be a cheerful one. Let us all realize that our future is in the hands of the American Osteopathic Association."

The meeting thereupon adjourned sine die.

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#### THE ASSOCIATED COLLEGES OF OSTEOPATHY.

The delegates of the Associated Colleges held a number of meetings in St. Louis during the time of the late meeting of the A. O. A., and a number of important questions came before them for discussion.

The most important question was that of the length of the course to be given. After the decision of the A. O. A. to continue its recognition of graduates of two-year courses, a meeting was held at which the action to be taken by the colleges was carefully discussed.

After the most earnest consideration of the question, it was decided that all the colleges of the association should be required to give a three-years' course, beginning with September, 1904. At least two of the colleges inaugurated this work in September, 1903.

The officers elected by the association for the ensuing year were: Dr. J. B. Littlejohn, President; Dr. C. A. Whiting, Vice-President; Dr. J. W. Banning, Secretary, and Dr. Frank L. Martin, Treasurer. The members of the Executive Committee are: Dr. Wilfred E. Harris, Dr. O. J. Snyder and Dr. C. A. Whiting.

It is of course hoped and believed that this decided stand taken by the Associated Colleges will raise osteopathic education to a higher level.





**CARL P. McCONNELL,**  
**PRESIDENT A. O. A.**

Born, West Salem, Wis., 1874. Graduated High Schools, La Crosse, Wis. While taking science work in University of Wisconsin, eyes failed. After several months' treatment under specialists and eyes getting worse, began treatment of Dr. C. E. Still, when Dr. C. E. Still was located at Red Wing, Minn. Improving rapidly, and becoming interested in osteopathy, decided to study the science. Began study in American School of Osteopathy, Kirksville, Mo., in the fall of 1894. Graduated in 1896.

Practiced as assistant for several months under H. M. Still, then of Chicago. Held chair of Theory and Practice of Osteopathy in American School of Osteopathy for two years. Also was on the staff of A. T. Still Infirmary.

Author of "Practice of Osteopathy."

Located in Chicago for private practice in the fall of 1900, and in Chicago since.

# The Journal of the American Osteopathic Association

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W. F. LINK,  
EDYTHE F. ASHMORE, } Publication Committee.  
CHAS. HAZZARD.

A. L. EVANS, Editor.

CHAS. C. TEALL,  
N. A. BOLLES,  
A. M. WILLARD,  
G. D. HULETT,  
H. W. FORBES,

} Associate  
} Editors

{ P. H. WOODALL,  
M. W. PRESSLY,  
O. A. WHITING,  
M'ARY V. STUART,  
S. T. LYNE.

All members of standing committees *ex-officio*.

SEPTEMBER, 1904.

## IMPORTANT NOTICE.

It should be borne in mind that an amendment to the Constitution of the A. O. A. was adopted at St. Louis, which provides that the names of those members who do not pay the annual dues within three months following the annual meeting shall be dropped from the roll of members. This means that all benefits and privileges of membership cease at that time.

The Treasurer informs us that only a small per cent. of members have thus far paid. This we believe is only an oversight, as never before was so much offered to members by the association in return for the dues paid as is offered this year. It is hoped that all members will act promptly in this matter and save themselves the delay and the Trustees the trouble incident to reinstatement proceedings.

Nothing is due from those who were elected to membership during the St. Louis meeting nor within three months prior thereto. All others who have not done so should send \$5.00 to the Treasurer, Dr. M. F. Hulett, Wheeler Building, Columbus, Ohio.

We print this week the most complete report that has ever been given of an annual meeting of the association. In order to give the proceedings as fully as we have in one issue it was necessary to print a magazine of eighty pages at a cost considerably greater than a ordinary issue of the JOURNAL. On account of the great interest attaching to the proceedings of this meeting and the desirability of acquainting as early as possible all the members with the professional problems brought out in the discussions and reports of committees and trustees it was thought justifiable to present it all in one issue, even at an increased cost, rather than to have it appear in a more condensed form or run from month to month as a serial. We advise a careful perusal of this number from beginning to end, as most of the questions with which our profession will have to deal in the near future are touched upon.

Only four names have been added to the membership rolls since the St. Louis meeting. This, however, is, we believe, only a lull following the harvest at St. Louis, and preceding, we hope, a greater one in the near future. Assistant Secretary Upton, W. J. Novinger and many other workers are actively engaged in a campaign for members. We trust that each member will help in this important work.

Hermann & Schatzman, St. Louis, Mo., offer for sale at par, 600 shares of the first preferred stock of the American School of Osteopathy. This company is capitalized at \$250,000, \$100,000 of the stock being first preferred. The first preferred stock has preference and priority over the other issues of stock, and draws a fixed cumulative dividend of six per cent. per annum, payable quarterly.

Provision is made for a sinking fund and it is provided that the stock may be retired at the end of five years at \$105. The stock is offered for sale to raise money for the erection of a hospital at Kirksville. It occurs to us that this is an attractive investment.

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It has been decided that those elected to membership during the St. Louis meeting are not entitled to the Year Book for 1903. If any, however, who were elected at that time failed to receive a file of the JOURNALS they will be sent upon receipt of notice to that effect.

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Beginning with this number the directory of the A. O. A. will be issued quarterly as a supplement. Any member who may desire extra copies of this or subsequent issues of the directory may have them by sending postage for their transmission.

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We request members to notify us of any changes in address. While the directory will henceforth only appear quarterly, changes will be noted monthly, and these prompt reports of changes are necessary to insure delivery of the JOURNAL.

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There are still about sixty-five files of Volume III of the JOURNAL remaining on hand. These will be sent without charge to those first elected to membership in the A. O. A.

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The fourth volume of the JOURNAL begins with this number. We recommend that each reader file his copy away and have them bound when the volume is completed.

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#### REPORTS OF STATE DELEGATES' MEETING AT ST. LOUIS

The following report was received since the St. Louis meeting adjourned:

A meeting of the delegates from the various state osteopathic associations was held at the Missouri State Building, World's Fair Grounds, St. Louis, July 15, 1904.

C. A. Upton, of St. Paul, Minn., was elected chairman, and Harriet A. Whitehead of Milwaukee, Wis., Secretary. Much interest and enthusiasm was shown by the delegates, and an earnest, spirited discussion took place as to the best ways and means of securing osteopathic legislation and of perfecting state associations, bringing them into closer touch with the A. O. A. Delegates from states not having osteopathic legislation were glad to receive information and suggestions from those who had waged successful legislative battles.

The following motions were carried:

1. That each state association be requested to send to the A. O. A. one delegate and one alternate, looking toward a more thorough organization in both state and national associations.

2. That all state associations be requested during the coming year to thoroughly organize their membership, looking to a closer relationship between state and national associations.

HARRIET A. WHITEHEAD, D. O., *Secretary*.

**THE A. O. A. PRIZE ESSAY.**

The trustees have decided to make the prize essay contest a permanent feature of our annual meetings. The contest the past year was a decided success, and much interest generally was shown. It is worthy of the very best efforts of the profession to compete for this high honor.

To those not familiar with the contest, its rules, etc., the following may be of interest:

Fifty dollars from the treasury has been set aside for the best essay on osteopathic thought. A part of the money, about ten dollars, will be spent for the "AMERICAN OSTEOPATHIC ASSOCIATION MEDAL," the balance, together with the medal, will be awarded the winner at the Denver meeting.

The object of the essay is to develop the osteopathic philosophy of health and disease in some particular line. The contest is open to all members of the A. O. A. The essay should contain at least four thousand words. It must be typewritten and contain no marks that would identify the author; although some motto should accompany the essay with a separate sealed envelope containing the name of the author with the motto on the exterior of the envelope so that final identification may be made.

The judges of award will be Dr. Leslie E. Cherry, Milwaukee, Wis., Dr. Clement A. Whiting, South Pasadena, Cal., and Dr. Arthur S. Craig, Iowa city, Iowa. All communications and essays should be sent to Dr. W. F. Link, Knoxville, Tenn., chairman of the Publication committee. Dr. Link will retain the envelopes containing names of the contestants and forward the essays to the judges, who will have no knowledge of their authorship, and judge the papers solely on their merits.

The committee of award reserves the right to reject all essays if none are found worthy. All papers must reach Dr. Link not later than April 15th, 1905. Original thought and research relative to osteopathic etiology and treatment will be especially desired. It is expected that a large number of essayists will compete for this distinction.

CARL P. McCONNELL, President.

**TITLE PAGE FOR VOLUME III.**

For the benefit of those who desire to bind Vol. III an index was printed in the August number. Those who are having this volume bound can have a title page sent them by dropping a card to the editor.

**"THE PRINCIPLES OF OSTEOPATHY."**

By G. D. HULETT. (Revised Edition.)

We are in receipt of a copy of the second edition of "The Principles of Osteopathy" by G. D. Hulett, B. S., D. O. In this edition most of the errors that marred the first edition have been eliminated; some sections have been rewritten, and many original drawings added.

Some of the earlier text writers on osteopathy have gone more into detail in regard to the technique of the practice, but it is no disparagement to them to say that none of them have gone so deeply into the philosophy of the science—the underlying principles, the fundamental theories as has Dr. Hulett.

We have no hesitation in saying that this book should be in the hands of every student and every practitioner of osteopathy.

**LETTER FROM PRESIDENT McCONNELL.**

The past years' work of the AMERICAN OSTEOPATHIC ASSOCIATION, which has just been brought to a close at the St. Louis convention, has been a most satisfactory one in every respect. Under the brilliant leadership of its officers the organization in most ways has been fully rounded out so that progressive scientific work of the future may demand more of our attention. The work in every department has been done most efficiently. The membership has increased from six hundred to nine hundred members. A code of ethics has been adopted. The work of the association is such that it is simply invaluable to the practitioner.

Thus the eighth annual convention demonstrated the oft repeated remark that the association is growing rapidly and vigorously; although two or three years ago it was shown that the A. O. A. had without doubt become a permanent institution, and that its formative period had passed. The present policy of this organization can be no better than a continuance of the thorough and systematic plan mapped out by its leaders of the past.

Although there is no question as to the future of the A. O. A., still there never was a more critical period in osteopathic history. I refer to the present actual status of our beloved science educationally and legislatively. It behooves us more than ever to guard our interests most jealously. We are deeper in the fray than many may at first think. The public are our best friends and with them our work should be carried on with a firm and unremitting hand. We have arrived at that point where our enemies can no longer ignore us or fight us underhandedly. There is every reason to believe they are organizing their forces most thoroughly, and it does not require a prophet to foresee where the attack will be ————— the scientific searchlight will be turned upon us; and mark you, it will be a battle royal in educational halls and legislative assemblies.

Hence our vital need now more than ever is specific education—definite osteopathic knowledge. This lack of specific education—original scientific work—is our most serious short coming. How much real work along the lines of osteopathic anatomy and physiology have we accomplished? How much real osteopathic knowledge have we verified outside of clinical phenomena? Our educational standard our future legislative recognition, our scientific advancement, and, yes, our very existence, depends upon it.

The object of the A. O. A. is "to seek to promote the interests and influence of osteopathy and of the osteopathic profession," \* \* \* such as

- "The stimulating and encouraging of original research and investigation \* \* \*
- "The elevation of the standard of osteopathic education \* \* \*
- "The fostering and directing of a correct public opinion \* \* \*
- "The promoting of friendly emulation and social intercourse \* \* \*"

Is there an osteopathist that really can afford to remain aloof of the A. O. A? Indeed! it is a privilege and an honor to be a member. It is a most representative and comprehensive association of American osteopathists.

It has necessarily taken years to formulate this magnificent plan of our organization, of which every osteopath is justly proud. Let us this coming year more than ever put our shoulders to the wheel and work for these united

purposes. I ask every osteopathist to rally to this call in which each and every one is personally interested. Let us go to Denver next year with a membership of at least two thousand. Suggestions for the welfare of the association are always acceptable.

CARL P. McCONNELL, President.

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## NOTES AND COMMENTS.

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### MORE MEDICAL PREJUDICE ON EXHIBITION.

In an address given at the last session of the American Medical Association and published in a recent number of the Journal of that organization, Dr. Oliver T. Osborne, of New Haven, Conn., took occasion to endeavor to enlighten his brethren about a phase of therapeutics of which he himself is evidently much in the dark. After designating osteopathy as quackery, the learned doctor says: "And they treat successfully, they claim, by various pummelings and massage catarrh, chronic diarrhea, goitre gall stones, St. Vitus dance, fits, asthma, deafness, hay fever, locomotor ataxia, milk leg, eczema, appendicitis and the first stages of pulmonary tuberculosis." Just here the doctor has displayed one of two things: a lamentable ignorance of his subject or the fact that he has taken a long pull at the flask of mendacity. There cannot, I believe, be found a single living, legitimate osteopath who will, or ever has, claimed that he cured any of the above by any sort of blows nor by massage.

Then the doctor reads extracts from an article written in the November, 1903, number of the "Osteopathic World" by Riches on treatment of ovarian cysts. He answers these excerpts by such profound and logical adverse evidence as Indeed! Disgusting! He points out that the local treatment advised in this article indicates to him that the statement that a "pure moral atmosphere" exists is certainly needed in osteopathic college announcements.

Personally the writer was unable to see the application of the greater part of the treatment used by the D. O. writing the article which Dr. Osborne read in the "Osteopathic World," and I think that there are very few osteopaths who would employ some of the methods outlined for the treatment of ovarian cysts; but as to the immoral phase of them, Dr. Osborne certainly strained himself most woefully and pitifully to make a point.

Perhaps, if he cares to go on a moral crusade along the line of misdirected treatment, he might find material for work among his own contemporaries. At the same session of the "American Medical Association," at which Dr. Osborne presided over the materia medica section, a paper was read by Dr. S. G. Bonney, of Denver, on "Appendicitis," in which he describes the case of a boy eight years old, which was diagnosed as appendicitis by Dr. Bonney and two consultants and an operation immediately performed. At time of performing operation the child's temperature was 106. The report states "a normal appendix was found and removed \* \* \* the family was informed *merely* that the operation had been successfully performed and the appendix removed. \* \* \* The entire lung subsequently became involved and the child went through a two weeks' illness with most severe *lobar pneumonia* and recovered. The family were informed that *possibly* the anaes-

*thetic may have had something to do with its development.*" The pneumonia was the real condition existing, and, as Dr. Bonney admits, he and his consultants made "a grievous error of diagnosis."

It is immoral for an osteopath to be mistaken in his reasoning and manipulations; but it is perfectly moral for an M. D. to perform a dangerous operation removing a healthy appendix to cure pneumonia and giving the family to understand that the pneumonia, which was really the trouble at first and was wrongly diagnosed, was a result of the anaesthetic given during the operation for the removal of the appendix.

Dr. Osborne thinks that in view of the treatment outlined in the article read that such symposiums as the one at the Cleveland meeting on "Frequency of Treatment" might be very pertinent. It might be pertinent, too, if the "American Medical Association" would make an annual feature of such a discussion. It would really be enlightening to know just how many operations for the removal of healthy appendices a pneumonia patient could stand.

Again the doctor says: "These quacks refer to some displaced bone, generally a cervical vertebra, all the disturbances that can occur to the human body." Shades of Ananias! For the sake of truth some New Haven D. O. should feed the doctor a few green apples to prove that an osteopath acknowledges that it is possible to become physically disturbed without a displaced bone. Excessive stimulation to nerve tissue, too long continued, produces inhibition. The puerility and bias of his remarks would indicate that the highly intellectual atmosphere within which Dr. Osborne labors had produced temporary inhibition of his thinking apparatus.—ASA WILLARD, Missoula, Mont.

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#### ADJUNCTS.

A short time ago I received a letter from an osteopath praising the value of various adjuncts which he is now using in his daily practice. In my effort to point out to him the many thorns he was planting in his path of progress by the use of vibrators, electricity and certain medicines, he replied as follows:

"In our work we find it necessary to use these adjuncts. We were called to attend a gentleman who was suffering from rheumatism particularly of the knees and elbows. The pain was excruciating upon the slightest movement so we used electricity to allay the pain and reduce the inflammation in order to enable us to follow with osteopathic treatment. Any manipulation at first, in such a case, would prove fatal, as the patient could not even be touched, let alone manipulated."

Several other instances were referred to in order to bring out the value of the various adjuncts.

In my mind this adjunctist has certainly been wrongly educated, osteopathically. In some cases he even recommends the sufferer to an M.D. to undergo "preparatory treatment" in order to clear the path for osteopathy.

Osteopathy does not need to follow behind any kind of preparatory or electrical displays in order to enlighten the sufferers on the subject of our beloved science. If this osteopath understood osteopathy he would not even think of such a thing as preparatory treatment. For example, his case of rheumatism clearly demonstrates his failure to comprehend osteopathic principles.

Whoever heard of a good, old-fashioned, legitimate "lesion" osteopath shrinking from the most severe cases of rheumatic knees, inflammation, etc.? To be sure, he would not, necessarily, manipulate the affected member with its already burdensome agony, but he would carefully search for the cause, usually not at the knees at all, maybe as remote as the neck, and gently apply the manipulation at the lesion. I have seen fearful inflammation reduced, osteopathically, without even a thought of disgracing nature, as well as self, with the various forms of electricity and medical aids.

The argument used by the advocate of adjuncts is that he cannot hold his patient long enough unless he gives him a turn at the vibrator or some other costly instrument; and by

their use he claims to hold his patient long enough to impress him with osteopathy and the patient goes away giving osteopathy the credit for the cure.

But does osteopathy get the credit when associated with adjuncts? Emphatically no! This is not the impression we osteopaths wish to convey to the public. The public, when speaking of our science, as set forth by Dr. Still, understands it to be a distinct science, superior to drugs, electricity, or anything else for that matter, in the healing art. They do not wish to mix it up and when a cure is accomplished, strictly osteopathically, the patient is enthusiastic and tells his or her friends how the cure was brought about *without the use of adjuncts*. Consequently, it is the *lesion osteopath's* office that is daily crowded by the afflicted, seeking relief from what they know to be *simon pure osteopathy* and not an adulterated mixture from a jack-of-all-trades.

The adjunctist would not have so much trouble in holding his cases if he could clearly demonstrate to the patient his mode of procedure in a sincere, pure and convincing, osteopathic way, with a heart full of osteopathic enthusiasm. He should not, after a few straightforward questions from his patient, weaken and glance aside and meet the inviting suggestion of a vibrator or a baking machine and think: "Well, maybe Mr. Jones' idea about combining the two schools is all right and I will start him off with electricity." It is just this kind of an osteopath who weakens and gives way to machinical assistance, who has the most trouble in holding his patients. The public loses confidence in him and—can you blame them?

Did we get our legislation by telling the legislators that our treatment was one to be followed up by electricity, or that it is a method of treatment for which the patient needs a preparatory course of drugs or electricity? Decidedly not! Osteopathy stands upon its own rock of merit; and any such argument as set forth by the adjunctist not only injures the good name already won by our science, but invites for himself a future of uncertainty and a professional career of very short and unprofitable duration.

CHARLES F. BANDEL, D.O.

Brooklyn, N. Y.

#### "THE ATLAS AS A CAUSATIVE FACTOR OF DISEASE."

As the mythological giant, Atlas, supported the world on his shoulders, so the bony atlas supports the skull on its shoulders, which are its bony prominences. The atlas, or first cervical vertebra, as it is sometimes called, is the one on which the skull rests. The atlas articulates with the occiput by its two lateral prominences, and with the axis by three points, viz., the odontoid process anteriorly and laterally by its two prominences, so it will be seen that the Atlas ought to be a very difficult bone to get out of alignment, and yet, on the contrary, it very frequently does get out of place, and, as will be seen later on, it is a prominent factor in the causation of disease and diseased conditions. The atlas is held in place by the anterior, lateral and posterior occipito-atlantal ligaments attaching it to the occiput, the atlo-axoid and the anterior and posterior atlanto-axial ligaments attaching the atlas and axis, the lateral and middle odontoid ligaments attaching the odontoid process to the occiput and the occipito-axial ligaments attaching the axis to the occiput; it is very clear from the strong ligamentous attachments that the holding of the atlas in place is very important.

The atlas is the center for disturbances of the eye, ear, salivary glands, tongue, brain, tonsils, larynx, and, therefore, any deviation in the alignment of the atlas would directly or sympathetically through the superior cervical ganglion cause a disturbance of the above organs. Subluxations of the atlas would sympathetically affect vaso motor impulses to the arm, liver, kidneys, spleen, diaphragm, stomach and the organs of generation, while the rhythm of the heart, stomach and liver would also be affected. Our attention was called lately to a case of partial paralysis of the left arm, the only trouble being a subluxated atlas, and upon placing the atlas in position the arm was restored to its former usefulness. Upon looking over the "Case Reports, Series I.," issued by the American Osteopathic Association in February of this year, it will be seen that the atlas is one of the lesions cited as a causative factor of the following troubles, viz: Scarlatina, cerebro-spinal meningitis, optic neuritis, strabismus, myopia exophthalmia, chronic tonsillitis, asthma, epilepsy and spinal neurasthenia. The very close proximity of the sympathetic nervous system with that of the central nervous system at the atlas makes it possible, if not altogether probable, that any irritation caused by a lesion of the atlas would necessarily affect both nervous systems, bringing on pathological conditions at the point of least resistance. In closing let me say that the subluxation of the atlas may cause degeneration of the spinal cord, and that it may in many cases of disease of the female organs of generation be one of the important, if not the primal lesion.

HENRY PHELPS WHITCOMB, D. O.

Burlington, Vt.

The masses procure their opinions ready-made in open market.—Cotton.



**STATEMENT SHOWING ORGANIZED STRENGTH OF OSTEOPATHIC PHYSICIANS.**

	Total.	A. O. A.	State Ass'n members.	State Ass'n members ineligible to A. O. A.
Alabama	8	7	5	
Arkansas	16	6	11	
Arizona	3	1	0	
California	229	58	125	2
Colorado	68	19	28	
Connecticut	4	15	15	
Delaware	2	1	0	
Florida	8	1	0	
Georgia	22	6	9	
Idaho	12	5	0	
Illinois	450	82	120	
Indiana	60	21	48	2
Indian Territory	12	3	0	
Iowa	200	39	92	
Kansas	75	15	12	
Kentucky	180	17	40	
Louisiana	9	1	0	
Maine	11	8	7	
Maryland	8	3	0	
Massachusetts	80	49	61	
Michigan	107	37	35	
Minnesota	136	24	87	27
Mississippi	9	4	6	
Missouri	250	63	108	2
Montana	21	3	16	
New Hampshire	7	3	0	
Nebraska	100	8	37	
New Jersey	45	27	42	
New Mexico	7	2	0	
New York	175	94	70	
North Carolina	3	1	2	
North Dakota	9	2	0	
Nevada	1	1	0	
Ohio	121	63	83	3
Oklahoma	39	4	25	
Oregon	39	15	29	
Pennsylvania	200	77	150	
Rhode Island	18	4	5	1
South Carolina	6	2	0	
South Dakota	40	4	0	
Tennessee	36	16	17	
Texas	55	20	29	
Utah	9	1	7	
Vermont	14	10	14	
Virginia	10	6	6	
West Virginia	18	2	12	
Washington	33	7	13	
Wisconsin	61	19	40	7
	<u>3031</u>	<u>876</u>	<u>1415</u>	<u>44</u>

The above interesting table was compiled by Assistant Secretary Upton, who says of it: "These figures are made up from reports received from the secretaries of the state associations, excepting a few states from whom I could get no answer to my request for information. This, however, was only from two or three states, and I believe the estimate I made of their status is about correct."

The only way to have a friend is to be one.—Emerson.

"Young men, cherish your own conceptions."

**OSTEOPATHY IN OLD KENTUCKY.**

After six years of untiring fighting the osteopaths of the State of Kentucky have an excellent law governing the practice of osteopathy in the State.

In their first battle, the system was but little known, the cause went down only to better fortify its position for the next fight. The second battle was fought; again defeat was the part of osteopathy.

But in Kentucky they never give up the fight, so when the next session of the Legislature met a better organization existed in the State, and with the motto of the State. "United We Stand, Divided We Fall," as our motto, we began the fight again to win. The fight was long and fiercely fought, the "regulars" doing all within their power to drive osteopathy from the State. The Kentucky Association sent five members of their number to Frankfort to fight the battle to a finish. As a result of that fight, we have the best osteopathic law, in our judgment, to be found in any of the States. We have a member on the State Board of Health.

All physicians who desire entering upon the practice of their profession in the State of Kentucky hereafter are required to go before the Board of Examination, composed of five members of the State Board of Health, and there take an examination in all of the subjects common to all schools. This Board of Examination is composed of one osteopath, one homeopath, one eclectic and two allopaths. The applicants of each system will be examined in the theory and practice of his system by that member of the Board which most nearly represents his system.

Dr. K. W. Coffman, of Owensboro, Ky., is the osteopathic member of the State Board of Health. We feel sure that graduates of the osteopathic schools will have no trouble in making such grades as are required by law.

K. W. C.

**MEETING OF MINNESOTA STATE OSTEOPATHIC ASSOCIATION.**

The sixth annual meeting of the Minnesota State Osteopathic Association will be held in St. Paul on the morning, afternoon and evening of Friday, September 2nd. The program consists of a business meeting, including election of officers; papers by Harry W. Forbes, of Des Moines; J. Martin Littlejohn, of Chicago; Ella D. Still, of Des Moines; E. C. Pickler, of Minneapolis, and J. B. Bemis, of St. Paul, followed by a reception in the evening with music and refreshments.

The educational features of the meeting will be especially good this year and the Program Committee are confident of a large attendance.

Dr. Ella D. Still comes to the Twin Cities to give a special three weeks' course in gynecology to a class made up of Minnesota osteopaths.

C. A. UPTON, *Secretary.*

**PERSONAL MENTION.**

I notice in August Journal under "Personal" a report by Dr. A. S. Melvin of the attendance of January, 1901, A. S. O. class at the association meeting. I think it worthy of note that the A. S. O. class of January, 1902, had a representation of thirty-five (35) at the St. Louis meeting. This is nearly thirty-five per cent. of the membership, there being one hundred and two in the class. I believe it would be hard to duplicate this.

FRANK J. MCGUIRE, D. O.

We recently had a very pleasant call from S. P. Markham, D. D., Birmingham, Ala. Dr. Markham, not long since, passed the examination before the State Medical Board of his state and is now licensed to practice medicine and surgery.

We are in receipt of a short letter on a matter connected with association work from Mrs. Ellis dated "Mid-ocean, Aug. 6." She stated that she and Dr. Ellis were having a delightful voyage and were feeling fine.

Born to Dr. and Mrs. C. M. Sigler, Dunkirk, N. Y., a daughter, on Aug. 10.

The following have been elected to membership in the A. O. A. since the St. Louis meeting:

- O. L. Butcher, Atlantic City, N. J.
- C. W. Gray, Du Bois, Pa.
- G. C. Farmer, Oskaloosa, Iowa.
- Ralph A. Sweet, Providence, R. I.

**REMOVAL NOTICES.**

The following corrections and changes in addresses of members have been received since the August number of the JOURNAL was issued:

348 Century Building.

Edward Albright, 107 E. 27th street, Minneapolis, should have appeared 117 E. 27th street, etc.

Charles F. Baker, West Union, Ill., to Marshall, Ill.

J. Martin Littlejohn, 268 Warren avenue, Chicago, to 108 S. Hoyne avenue, Chicago.

F. I. Furry, Denver, Colo., to Cheyenne, Wyo.

O. M. Sigler, 626 Washington avenue, Dunkirk, N. Y., to 609 Central avenue, same city.

Lester I. Knapp, 5 W. 34th street, New York, to 49 West 33rd street, same city.

Edythe F. Ashmore, 46 Valpey Building, Detroit, to 42 Valpey Building, same city.

H. M. Gifford, Kirksville, Mo., to Onarga, Ill.

Emma Purnell, Kirksville, Mo., to Las Vegas, New Mexico.

Frank J. McGuire, 12 Jay street, to 3 Jay street, Binghamton, N. Y.

G. Winfield Patten, 1 West 68th street, to 1268 Broadway, New York City.

Harry E. Fink, Cumberland, W. Va., to 1329 Market street, Wheeling, same state.

Victor P. Urbain, Tampa, Fla., to 111 Dayton street, Hamilton, Ohio.

Clinton D. and Gertrude S. Berry, Kirksville, Mo., to Hornellsville, N. Y., R. F. D. No. 5.

C. A. and Elizabeth Broach, 545 Washington street, to 379 Washington street, Atlanta, Ga.

W. L. Williamson, Milan, to Trenton, Tenn.

R. F. Graham, Sioux City, Iowa, to California, Mo.

H. F. Goetz, 98 Century Building, St. Louis, Mo. This address should have appeared

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All sunshine makes the desert.—Arab Proverb.

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of

# The American Osteopathic Association.



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 A.—McDaniel, A. C., 521 Twelfth St., Oakland.  
 P.—Newell, Kate, 1337 W. 12th St., Los Angeles.  
 Cc.—Nims, Herbert J., Ryland Blk., San Jose.  
 S.C.—Pugh, 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.  
 A.—Sisson, Ernest, 608 Parrott Bldg., San Francisco.  
 Cc.—Slaughter, Kate Crowhurst, 883 Fulton St., San Francisco.  
 S.C.—Spencer, Elizabeth A., 143 Stockton St., San Francisco.  
 P.—Sperry, Myra Ellen, 19 W. Victoria St., Santa Barbara.  
 Cc.—Stuart, Mary V., 604 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 Blk., 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. R., Hotel Afton, Los Angeles.  
 S.C.—York, Effie E., 588 Sutter St., San Francisco.
- 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., 13 Steele Block, Denver.  
 A.—Hardy, J. H., Lamar.  
 C.—Hilton, Bertha, 5 and 6 The Cheshire, Denver.  
 A.—Johnson, N. S., 528 Main St., Grand Junction.  
 A.—Mingus, C. A., Montevisto.  
 A.—Morrison, Martha A., 1801 E. 17th Ave., Denver.  
 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, 610 18th Avenue, Denver.
- CONNECTICUT.**
- A.—Doxler, Jesse Knight, 388 Main St., Middletown.  
 A.—Paul, Arthur H., 311 Court Exchange Bldg., Bridgeport.  
 A.—Riley, Benj. F., New Haven.  
 A.—Willcox, Wm. A., 47 Prospect St., Waterbury.
- DELAWARE.**
- A.—Patterson, Arthur, The Marion, Wilmington.
- FLORIDA.**
- SS.—Phelps, J. W., Jacksonville.
- GEORGIA.**
- SS.—Broach, C. A., 379 Washington St., Atlanta.  
 SS.—Broach, Elizabeth, 379 Washington St., Atlanta.  
 S.S.—Durnam, 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., Wallace.  
 N.—Fish, Addie E., 424 E. 3d St., Moscow.  
 S.C.—Kingsbury, Mary A., 14 Pierce Bldg., Boise.  
 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.—Bernard, Roy, 201 Trude Bldg., Chicago.  
 A.—Bartholomew, E. J., 407 Stone Bldg., Chicago.  
 A.—Baker, Chas. F., Marshall.  
 A.—Baughner, L. Guy, Williamsville.  
 A.—Bergland, V. A., Ill, Theater Bldg., Rock Island.  
 A.—Blaschoff, Fred, Waukegan.  
 A.—Blake, Mab A., 57 Washington St., Chicago.  
 A.—Bohannon, Frank D., Anna.  
 A.—Boyer, G. R., Peoria.  
 Ac.—Brock, Florence A., 39th and Langley Ave., 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., 808 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., Tonlon.  
 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., Ivesdale.
- A.—Gifford, H. M., Onarga.
- Ac.—Gnadinger, Emma K., 3853 Langley Ave., Chicago.
- 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., Wyandot.
- A.—Kelth, Archie M., Greenville.
- Ac.—Kilvary, R. D., 45 Auditorium Bldg., Chicago.
- A.—Kretschmar, H., Trude Bldg., Chicago.
- A.—Landes, Agnes, 2030 Clarendon Ave., Chicago.
- A.—Lewis, Loretta L., 209 West Court St., Paris.
- 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, 108 S. Hoyne Ave., Chicago.
- Ac.—Logan, Charles L., 45 Auditorium Bldg., Chicago.
- A.—Loving, A. S., 336 Main St., Jacksonvill.
- Ac.—Lucas, John H., 3048 Indiana Ave., 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.—Maxey, C. N., 409 E. Capitol Ave., Springfield.
- 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.—McGiunis, J. C., 450 Mercantile Bk., Aurora.
- A.—Melvin A. S., 400 57 Washington Street, Chicago.
- A.—Milner, Clara L., 4300 Ellis Ave., Chicago.
- A.—Norris, H. D., Marion.
- A.—Noyes, Mary E., 403 Maloney Building, Ottawa.
- A.—Owens, A. N., Mason City.
- A.—Overton, J. A., Tuscola.
- 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, Travers M., Petersburg.
- A.—Shaw, Dudley, 145 Merchant St., Decatur.
- A.—Shove, Florence I., 128 State St., Chicago.
- A.—Sullivan, J. H., 1010-14 Champlain Bldg., Chicago.
- A.—Swartz, Laura E., Carbondale.
- A.—Swartz, W. C., Carbondale.
- 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.—West, Bertha M., Washburn.
- A.—Whittaker, Esther, Perry.
- A.—Wiles, A. M., Jerseyville.
- A.—Willard, Jessie H., 701 Champlain Bldg., Chicago.
- Ac.—Woodward, Clara B., 6440 Kimbark Ave., Chicago.
- A.—Wyckoff, A. B., 119 West 3d St., Alton.
- A.—Young, Alfred Wheelock, 42 Auditorium Bldg., Chicago.

**INDIANA.**

- Ac.—Barnaby, Emma, Greencastle.
- S.C.—Blackman, W. Wilbur, 108 W. Washington St., Bluffton.
- A.—Crow, E. C., Spohn Bldg., Elkhart.
- A.—Dwiggins, W. E., Attica.
- A.—Fogarty, Julia A., 312 E. Market Street, Michigan City.
- A.—Gano, C. H., Hartford City.
- A.—Houghton, Alice Elouia, 230 Diamond St., Kendallville.
- A.—Johnston, W. H., 26 Bass Blk., Fort Wayne.
- A.—Kinslinger, 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.—Spannhurst, J. F., 529-30 State Life Bldg., Indianapolis.
- A.—Stephens, J. H., Westport.
- A.—Tull, Geo., 45 When Bldg., Indianapolis.
- A.—Turfler, F. A., Rensselaer.
- A.—Vyverberg, Kryn T., 9 Milford Block, LaFayette.

**INDIAN TERRITORY.**

- A.—Garring, Charles K., Durant.
- A.—Shackleford, J. W., Ardmore.
- A.—Thomas W. T., Iowa Bldg., 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.—Bolks, Mathel G., Orange City.
- 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.—Cinett, F. G., 309 Security Bldg., Sioux City.
- A.—Craig, Arthur Still, 102 S. Lynn St., Iowa City.
- A.—Emeny, Harry W., Eldora.
- A.—Farmer, G. C., Oskaloosa.
- A.—Furnish, W. M., 517 Fifth St., Tipton.
- 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.
- A.—Gilmour, Ella R., 224 Ninth St., Sheldon.
- S.C.—Harper, Chas., S., Washington.
- A.—Hibbetts, U. M., 721 Broad St., Grinnell.
- A.—Hoard, B. O., Cherokee.
- 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.
- S.C.—Kingsbury, Chas. W., 401 Brady St., Davenport.
- A.—McClellan, Roberta, 1021 College Ave., Iowa Falls.
- A.—Regan, Lou, Mrs., 361 Alta Vista St., Dubuque.
- S.C.—Roberts, Kathryn, Bedford.
- A.—Runyon, S. H., 228 N. Pine St., Creston.
- A.—Sharon, Thomas Lewis, 126 Main St., Davenport.
- S.C.—Spencer, Charles H., 1422 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.

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.  
A.—Conner, Annie K., First National Bank Bldg., Ottawa.  
A.—Doane, Adele, 1405 Johnson Ave., Parsons.  
A.—Fitzgerald, Frank, 1914 Johnson Ave., Parsons.  
A.—Hardy, Linda, 118 W. 8th St., Topeka.  
A.—Horsington, Guy S., Belleville.  
A.—Miller, Mitchell, 329 E. Douglass Ave., Wichita.  
A.—McClanahan, J. L., Paola.  
A.—Strother, J. O., First Nat. Bk. Bldg., Winfield.  
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., Lexington.  
A.—Carter, H. H., Shelbyville.  
A.—Coffman, J. M., Central City.  
A.—Coffman, K. W., Owensboro.  
A.—Coke, Richard H., 636 Fourth St., Louisville.  
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., Owensboro.  
A.—McKee, James A., 177 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.—Widener, Geo. W., Franklin.

**LOUISIANA.**

A.—Mayronne, Mme. Delphine, 408 Wells-Fargo Bldg., New Orleans.

**MAINE.**

Bn.—Coburn, D. Wendell, 760 Congress St., Portland.  
A.—Covey, Florence A., The Somerset, 633 Congress St., Portland.  
Ac.—Howe, Viola D., 633 Congress 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., 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.  
N.—Kirkpatrick, T. F., 309 N. Charles St., 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.  
Mc.—Baumgras, Rena Saunders, 12 Cumberland 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., 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.—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.—Kelley, Elizabeth Flint, 90 Church St., Winchester.  
Bn.—Kendall, Marion E., 739 Boylston St., Boston.  
Mc.—Lane, Arthur M., 268 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.—Mayer, 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., 382 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., 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., 837 Jefferson Ave., Detroit.  
S.C.—Ashmore, Edythe, 213 Woodward Ave., Detroit.  
Nw.—Basye, A. A., Houghton.  
A.—Beebe, Alice I., 205 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.  
 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.  
 A.—Glascock, A. D., Harrar Block, Owosso.  
 A.—Glezen, K. A., 111 Pratt Block, Kalamazoo.  
 A.—Greene, Emille L., 305-306 Ferguson Bldg., 232 Woodward Ave., Detroit.  
 A.—Greene, Wilmer D., 508 Carter Bldg., Jackson.  
 A.—Harris, Neville E., 611 Bush Blk., Port Huron.  
 A.—Jameson, R. E., Fowler Block, Manistec.  
 A.—Landes, H. E., Lanson Blk., Muskegon.  
 A.—McGavock, Robert E., 118 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, E. 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 R., Greenville.  
 A.—Shorey, J. L., 219 E. Arch St., Marquette.  
 A.—Sieburg, O. 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.  
 En.—Williams, Frederick H., Allegan St. W., Lansing.

MINNESOTA.

- N.—Albright, Edward, 117 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.—Daffey, 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.—Mahony, Anna M., 712 Masonic Temple, Minneapolis.  
 S.C.—Maltby, H. W., 303 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.—Willits, A. G., 409 Dayton Bldg., Minneapolis.

- SC.—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.  
 S.S.—Head, E. S., Masonic Temple, Columbus.  
 A.—Price, R. L., 104 E. Capital St., Jackson.

MISSOURI.

- A.—Abell, W. P., Palmyra.  
 A.—Allison, Adele, 610 Jackson St., Chillicothe.  
 A.—Baker, H. M., Cainesville.  
 A.—Bailey, Homer Edward, 203 Odd Fellows Bldg., St. Louis.  
 A.—Bell, John A., 107½ S. Main, Hannibal.  
 A.—Bridges, James P., Charlestown.  
 A.—Brownell, Frank W., Wagner Bldg., Excelsior Springs.  
 A.—Cain, Phillip R., Hannibal.  
 A.—Clark, M. E., Kirksville.  
 S.C.—Cooper, Emma S., 309 Deardorff Bldg., Kansas City.  
 A.—Conner, W. J., 204 N. Y. Life Bldg., Kansas City.  
 A.—Crenshaw, J. H., 401 Oriel Bldg., St. Louis.  
 A.—Crowley, F. G., 803 N. Garrison Ave., St. Louis.  
 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., 3925 Shenandoah Ave., St. Louis.  
 A.—Goetz, Herman F., 348 Century Bldg., St. Louis.  
 A.—Graham, R. F., California.  
 A.—Haight, Nettle Olds, Kirksville.  
 N.—Hall, A. H., Finney and Grand, St. Louis.  
 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.—Hemstreet, Sophia E., Nevada.  
 A.—Hildreth, A. G., 803 N. Garrison Ave., St. Louis.  
 A.—Holme, E. D., Tarkio.  
 A.—Holme, T. L., 43 Ballinger Bldg., St. Joseph.  
 A.—Hulett, G. D., Kirksville.  
 A.—Hyatt, J. E., Macon.  
 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.  
 A.—Miller, U. T., 216½ Reed St., Moberly.  
 A.—Miller, Orlon S., Frisco Bldg., St. Louis.  
 A.—Morrow, Alvaro D., (Clinton).  
 A.—McKenzie, A. L., 404 New Ridge Bldg., Kansas City.  
 A.—Nouand, G. L., 537 College St., Springfield.  
 S.C.—Niehaus, Anna M., 309 Mermod & Jaccard Bldg., St. Louis.  
 A.—Petree, Martha, Oregon.  
 A.—Phelps, T. G., Gimby Bldg., Chillicothe.  
 A.—Potter, Minnie, Memphis.  
 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.—Talmadge, Kathryn, Kirksville.  
 A.—Traugher, Wm. F., Mexico.  
 A.—Wenger, H. U., 814 Court, Fulton.  
 A.—Wilkin, T. J., 1042 N. Grand Ave., St. Louis.  
 A.—Wilson, Elizabeth V., 348 Century Bldg., St. Louis.  
 A.—Wood, R. B., Glasgow.  
 A.—Young, F. P., Kirksville.

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 A.—Mahaffay, Chas. W., Pittsburg Bldg., Helena.  
 A.—Willard, Asa M., Missoula.

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 A.—Cobble, William Houston, Fremont Natl. Bk. Bldg., Fremont.  
 A.—Frey, Miss Julia V., Alliance.  
 A.—Gamble, Frank E., Bloomfield.  
 A.—Moss, Joseph M., Ashland.  
 S.C.—Johnson, C. H., Schuyler Nat. Bk. Bldg., Schuyler.  
 S.C.—Struble, C. K., First Nat. Bk. Bldg., Hastings.

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 Bn.—Gove, John McClure, 118 N. Main St., Concord.  
 Bn.—McPherson, Geo. W., Claremont.

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 M.—Ellis, Chas. W., 42 Herah Bldg., Elizabeth.  
 A.—Butcher, O. L., Atlantic City.  
 A.—Carlisle, Hardy W., The Romaine, Paterson.  
 At.—Coker, 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.  
 Ac.—Herring, Geo. DeWitt, Babcock Bldg., Plainfield.  
 Ph.—Howell, J. C., Sixth and Wood Sts., Vineland.  
 At.—Leadbetter, Laura A., Metropolitan Bldg., Orange.  
 At.—Lowe, Clarence M., 179 Broad St., Newark.  
 A.—Matthews, S. C., 144 Carroll St., Paterson.  
 N.—McElhanev, S. II., 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., 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.

**NEW MEXICO.**

A.—Conner, C. II., Albuquerque.  
 A.—Haydon, Hollis, Alamogordo.  
 A.—Purnell, Emma, Las Vegas.

**NEW YORK.**

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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.  
 A.—Berry, Clinton, D., Hornellsville, R. F. D., No. 5.  
 A.—Berry, Gertrude S., R. F. D., No. 5, Hornellsville.  
 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.  
 Mc.—Camp, Chas. D., 222 Powers Bldg., Rochester.  
 A.—Chiles, Harry I., 118 Metcalf Bldg., Auburn.  
 N.—Crawford, W. A., 748-752 Ellicott Sq., Buffalo.  
 Ph.—Dalley, Lillian B., 803 Chamber of Commerce, Rochester.  
 At.—Dayle, A. H., Room N., Arcade Bldg., Niagara Falls.  
 A.—Dieckmann, Louisa, 415 Vermont St., Buffalo.  
 A.—Drake, J. T., Oneida.  
 At.—Evans, E. P., 77 Carroll St., Binghamton.  
 Ac.—Fechtig, St. George, 297 Fifth Ave., New York.  
 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.  
 A.—Greene, W. E., 1330 5th Ave., Troy.  
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 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., 1331 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.  
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 N.—Hjardemaal, H. E., 520 Nostrand Ave., Brooklyn.  
 A.—Knapp, Lester I., 49 W. 33d St., New York.  
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 At.—Leffler, Wm. H., New Earl Bldg., Herkimer.  
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 S.C.—McDowell, Mary E., 102 Third St., Troy.  
 A.—McGuire, Frank J., 3 Jay St., Binghamton.  
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 At.—Meaker, Lucius P., Auburn Savings Bank Bldg., Auburn.  
 A.—Merkeley, W. A., 480 Clinton Avenue, Brooklyn.  
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- N.—Patten, G. Winfield, 1268 Broadway, Brown-  
ing Bldg., New York.  
At.—Preston, J. Marie Fouche, 65 E. Main  
St., Port Jervis.  
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New York  
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tady.  
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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.  
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S.C.—Trask, H. D., Batavia.  
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301 LaFayette Ave., Brooklyn.  
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New York.  
A.—Underwood, Miss Evelyn K., 24 W. 59th  
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A.—Underwood, Jerome A., 162 Main Street,  
Hornellsville.  
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Albany.  
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376 Gesesee St., Utica.  
A.—Walker, Mrs. Cornelia A., The Martinique,  
56 West 33d St., New York.  
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port.  
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St., New York.  
Bn.—Webster, Mrs. F. A., 245 West 104th St.,  
New York.  
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Watertown.  
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. Fredrick, 123 W. 80th St.,  
New York.  
A.—Wheat, Dora, 807 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., Water-  
town.  
Bn.—White, Mary N., 1 McDonough Street,  
Brooklyn.  
N.—Williams, Ralph H., Chamber of Com-  
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land.  
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cinnati.  
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Tiffin.  
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Green.  
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A.—Dyer, Mary Maltland, 611 Outlook Bldg.,  
Columbus.  
A.—Edwards, Eliza, 606 Traction Bldg., Cin-  
cinnati.  
A.—Evans, Jennie L., 004 Hamilton Bldg.,  
Akron.  
A.—Evans, Nellie M., 604 Hamilton Bldg., Ak-  
ron.  
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Bldg., Cleveland.  
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Bldg., Cleveland.  
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A.—Hulett, Miss M. Ione, 1208 New England  
Bldg., Cleveland.  
A.—Huston, Kathryn C., 228 Elm St., Oberlin.  
S.C.—Jones, B. J., Napoleon.  
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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., Middle-  
town.  
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 England Bldg.,  
Cleveland.  
A.—Morris, J. T. L., 801 Harrison Bldg, Co-  
lumbus.  
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Lima.  
A.—Reid, J. F., 111 Harmon St., Warren.  
A.—Richardson, Chas. L., 51 Clarence Bldg.,  
Cleveland.  
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Youngstown.  
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field.  
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Cleveland.  
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Cleveland.  
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ton.  
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A.—Wernicke, Clara, 55 Haddon Hall, Cincin-  
nati.  
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A.—Wilderson, W. H., Circleville.  
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A.—Wilson, Laura J., 306 Scoto St., Urbana.  
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 S.C.—Hain, Grace Estella, 319 Mohawk Bldg., Portland.  
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 A.—Moore, F. E., LaGrande.  
 A.—Penland, Hugh E., McClurg Bldg., Eugene.  
 Ph.—Ramsay, Cylthie J., Albany.  
 A.—Rogers, W. A., Marquam Bldg., Portland.  
 S.C.—Sawyer, Bertha E., Williams Block, Ashland.  
 A.—Starr, Philo T., 115 Broadalbin St., Albany.  
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## PENNSYLVANIA.

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 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.  
 Ph.—Bentley, Lillian L., 1533 Chestnut St., Philadelphia.  
 Ph.—Burlleigh, Edward D., 618, 619 Perry Bldg., Philadelphia.  
 Ph.—Burt, James E., 301 Mint Arcade Bldg., Philadelphia.  
 A.—Campbell, A. D., 1524 Chestnut St., Phila.  
 A.—Crawford, S. Virginia., Renovo.  
 A.—Cromie, George H., 1227 W. Alleghany St., Philadelphia.  
 At.—Lavenport, 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., 620 Real Estate Bldg., Philadelphia.  
 Ph.—Dunnington, Margaret B., 602 Real Estate Trust Bldg., Philadelphia.  
 S.C.—Earhart, Eugene 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.  
 A.—Gray, C. W., Du Bois.  
 At.—Hartzler, M. Lillian, 25 East Orange St., Lancaster.  
 At.—Harvey, K. G., 15 Coal Exchange Bldg., Scranton.  
 A.—Hawk, Sarah M., Leechburg.  
 A.—Helme, Frank R., Nixon Theater Bldg., Pittsburg.  
 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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 Ph.—Keene, W. B., 1524 Chestnut St., Philadelphia.  
 A.—Kellogg, H. R., 217-219 Woolworth Bldg., Lancaster.  
 S.S.—Kline, Lyman C., 532 Second Ave., Tarentum.  
 A.—Krohn, G. W., 143 Walnut St., Sunbury,

Ph.—Leonard, H. E., 1524 Chestnut St., Philadelphia.  
 Ph.—Leonard, H. Alfred, 5280 Parkside Ave., Philadelphia.  
 A.—Love, S. R., 405 W. 9th St., Erie.  
 Bn.—Mack, Roesley S., 308 Broad St., Chester.  
 At.—Madville, J. E., 106 Lockhart St., Sayre.  
 A.—Marshall, F. J., First National Bank Bldg., Uniontown.  
 A.—Mawson, Gertrude, 724 Real Estate Bldg., Philadelphia.  
 Ph.—McGee, J. M., 1112 Chestnut St., Philadelphia.  
 A.—Motsinger, N. H., Greensburg.  
 A.—Muttart, Chas. J., 301 Mint Arcade Bldg., Philadelphia.  
 Ph.—McCurdy, Charles Wm., 734 Real Estate 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.  
 At.—Petry, Wm. E., 1624 Diamond St., Philadelphia.  
 N.—Presaly, Mason W., Witherspoon Bldg., Philadelphia.  
 A.—Roberts, Wallace L., 150 W. Chelton Ave., Germantown.  
 A.—Robinson, S. C., 503 W. 4th St., Williamsport.  
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 A.—Root, J. A. Erie.  
 At.—Sauma, 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.—Stafford, Florence B., 303 Nixon Theater Bldg., Pittsburg.  
 Ph.—Stetson, A. G. C., 618, 619 Perry Bldg., Philadelphia.  
 A.—Stevenson, J. F., 719 N. 6th St., Harrisburg.  
 A.—Stevenson, Mrs. H. A., 719 N. 6th St., Harrisburg.  
 A.—Sweet, B. W., 308 W. 7th St., Erie.  
 A.—Taylor, Samuel Merritt, 308 Real Estate Bldg., Philadelphia.  
 A.—Vastine, Harry M., 100 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., 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., Charlerol.  
 N.—Young, Etta Gifford, Garland.

## RHODE ISLAND.

At.—Rhoads, A. W., 335 Westminster Street, Providence.  
 At.—Rhoads, Geo. B., 61 Pond St., Woonsocket.  
 A.—Sweet, Ralph A., Providence.  
 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., Columbia.

## SOUTH DAKOTA.

A.—Betts, C. Steele, Salem.  
 A.—Eneboe, Lena, Canton.  
 N.—Jones, G. P., Watertown.  
 A.—Wisner, Tillie, 12½ Main St., Lead.

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- A.—Bynum, H. R., Randolph Bldg., Memphis.
- S.S.—Collier, J. Erie, 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 Minnis Bk., Knoxville.
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- A.—Hofsess, J. W., 5 I. O. O. F. Bldg., Memphis.
- A.—Link, W. F., 703 Empire Bldg., Knoxville.
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- A.—Norman, P. K., 110 Randolph Bldg., Memphis.
- A.—Owens, Chas., Miller Bldg., Chattanooga.
- A.—Shackleford, J. R., Willcox Bldg., Nashville.
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**TEXAS.**

- C.—Andrews, Ida M., 317 Hickory, Abilene.
- S.S.—Bailey, J. F., 503 $\frac{1}{2}$  Austin, Waco.
- S.S.—Bailey, E. M., 503 $\frac{1}{2}$  Austin, Waco.
- A.—Bathrick, P. L., 923 Congress Ave., Austin.
- A.—Bathrick, Rose, 923 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.
- S.C.—Edmondson, E. E., 206 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.
- A.—Parcells, J. W., Avenue A. Temple.
- A.—Peck, Paul M., 64 Hicks Bldg., San Antonio.
- A.—Ray, T. L., 203 Fort Worth National Bank Bldg., Fort Worth.
- A.—Spates, Aughey V., 216 S. Walnut St., Sherman.
- A.—Woodruff, Homer, 208 Mese Ave., El Paso

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- A.—Allen, Lewis W., 29 N. Pleasant St., Middlebury.
- A.—Brock, W. W., 134 State St., Montpelier.
- A.—Carleton, Margaret B., 21 Highland Ave., Barre.
- At.—Cota, Rose, 10 Clark St., Burlington.
- A.—Loudon, Guy E., 157 S. Union St., Burlington.
- A.—Loudon, 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.—Carter, Chas., Levy Bldg., Roanoke.
- A.—Fout, Geo. E., 204 E. Franklin St., Richmond.
- A.—Shackleford, E. H., 201 E. Franklin St., Richmond.
- A.—Shumate, Chas. R., cor. Church and Sixth Sts., Lynchburg.
- A.—Willard, Earle S., 41 Haddington Bldg., Norfolk.

- A.—Willard, W. D., 40-42 Haddington Bldg., Norfolk.

**WASHINGTON.**

- S.C.—Arnold, W. H., Marquam Bldg., Vancouver.
- N.—Atty. Norman B., 502 Oriental Bk., Seattle.
- N.—Chase, Roger E., 15, 16 and 17 Bostwick Block, Tacoma.
- N.—Hodgson, J. E., 61b Hyde Bk., Spokane.
- N.—Nichols, Grace M., 301 Nichols Bldg., Spokane.
- N.—Taylor, F. C., 318 Fernwell Bldg., Spokane.
- A.—Thompson, H. B., Walla Walla.

**WASHINGTON, D. C.**

- A.—Baughman, J. S., 901 Loan and Trust Bldg.
- A.—Benning, Lillie M., 817 14th St.
- Ph.—Wubigler, C. F., 1405 W. St.
- A.—Hodges, P. L., 317 14th St., N. W.
- N.—Kirkpatrick, Geo. D., Bond Building.
- A.—Patterson, Mrs. Alice M., W. Loan and Trust Bldg.
- A.—Smith, Orren E., Colorado Bldg.
- A.—Stearns, C. H., Pope Bldg., 14th St., N.W.

**WEST VIRGINIA.**

- At.—Fink, Harry E., 1329 Market St., Wheeling.
- A.—Seaman, W. J., Huntington.

**WISCONSIN.**

- Sc.—Andrews, J. Margaret, 208 West 3rd St., Beaver Dam.
- S.C.—Bell, Hugh R., Berlin.
- N.—Cherry, Leslie E., 400 Matthews Bldg., Milwaukee.
- A.—Culbertson, Eliza M., Appleton.
- M.—Davis, Warren B., 302 Wells 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 Bk., Oshkosh.
- 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.
- M.—Thompson, Wm. L., 629 N. 8th St., Sheboygan.
- A.—Whitehead, Harriet A., 814 Goldsmith Bldg., Milwaukee.
- S.C.—Wright, F. A., Haber Bk., Fond du Lac

**WYOMING.**

- C.—Furry, Frank I., Cheyenne.

**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., 33 Richards St., Cathay's, Cardiff.
- Bn.—Horn, Franz 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.

**SCOTLAND.**

- Ph.—Walker, L. Willard, 148 Bath St., Glasgow.





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### THE IMPORTANCE OF LABORATORY DIAGNOSIS TO THE PHYSICIAN.

CLEMENT A. WHITING, D. O., Los Angeles, California.

An Address delivered before the A. O. A. at St. Louis.

The profession of osteopathy is confronted by two evils, of which I shall speak briefly. The first one to which I refer is the fact that there is a decided tendency for people who are sick to get well. They will get well if the doctor comes very frequently, and they will get well if the doctor does not come very frequently. They will get well if the doctor acts wisely, and frequently they will get well if the doctor acts unwisely. It would seem at first that this is not a misfortune; certainly it is no misfortune to the patient; it is no misfortune to the individual physician, but to the profession at large it is somewhat unfortunate, as I shall attempt to show you later.

The second evil which confronts us is the fact that all manipulation, whether skillfully performed or unskillfully performed, is beneficial in many cases. No matter if the physician has very little skill, the fact that he causes a relaxation of muscles is beneficial to the patient.

I say that these two facts are unfortunate for the profession, and the reason why they are unfortunate for the profession is that they lessen the absolute necessity for the thorough education of the physician. If osteopathy is to survive as a system of medical practice the osteopathic physician must be in no wise inferior in his education and training to the representatives of other systems of practice. There are two duties which a physician must perform when he is called to a case. Sometimes there are more than two. But there are two to which I shall especially invite your attention at this time.

The first is diagnosis. Before he can intelligently apply any system of treatment he must know the condition of his patient. When he has ascertained this condition, if he is a wise physician, he proceeds to apply such methods of treatment as shall tend to alleviate the distress or disorder from which the patient is suffering.

There are many methods of diagnosis, but there is no royal road to diagnosis. If we osteopaths are in danger from any particular thing more than another, it is the belief that there is a royal road to diagnosis, and that royal

road is by manual examination. If there is any person here who has more faith in the efficacy of the manual examination than I have, the least I can say is that he has great faith. I recognize, as I believe you all do, the careful hand examination of the patient as one of the most important contributions osteopathy has made to the medical profession, and what I shall say in the future is intended in no wise to reflect upon its great value as a means of diagnosis. It is simply one of them. The human body is a very complicated organism, and he who undertakes to recognize the nature of its abnormal conditions must apply every means which is known to science. And before the physician understands the condition of his patient his treatment can only be based upon more or less skillful guess-work; and when he guesses upon a scientific question he usually guesses wrong.

Now, of the various means of examination, I am going to speak to you briefly on the laboratory methods of examination; I mean such examinations as cannot be made at the bedside of the patient; or if these examinations are made at the bedside of the patient, they must be made by means of special apparatus.

We are all agreed that the manual examination is of prime importance, but the character of the pulse throws a certain amount of light upon the condition of the patient. His temperature tells us something of his condition. An intelligent examination of his blood, together with an enumeration of the blood corpuscles, tells us something in regard to his condition. A carefully made urinalysis tells us something of his condition. And under certain conditions a sputum examination, a gastric examination and a fecal examination will throw still further light upon his condition.

The point upon which I especially wish to call your attention is that all of these examinations as indications should be made in studying the condition of the patient. It is the disgrace of the medical profession at the present time that if the patient goes to six different physicians he frequently gets six different diagnoses of his condition. And why is it? The reason is that the diagnosis is not made with sufficient care, that the condition of the patient is not studied as it should be, and if osteopathy is to rank as it should as the foremost of the schools of medicine, it must be placed in that position by the scholarly character of the members of the profession; and if they possess this scholarly character it will be shown in the greater attention which is paid to this most important of all subjects, that of diagnosis.

It is not very unusual to hear the young physician boast of the large practice which he has. It is not very unusual for him to tell us that all of his time is occupied in the treatment of his patients. As a general thing, these statements are not true. But if they were true it would be disgraceful; and the only thing which the physician advertises when he makes such boasts is his absolute ignorance of the worth of a physician. If the physician feels the responsibility of his profession, if he remembers that human life is in his hands, and then passes from one patient to another as rapidly as he can with his mechanical treatment, and without studying his patients, and studying them carefully, he is a disgrace to his profession, and he stands in the way of its development.

This morning, in conversation with a physician who is not old in years but who is old in his profession, a man with the widest experience in osteopathy, made the remark that he was cutting down the number of his cases, and that

every case is receiving more careful study. It is from physicians of this kind that advancement of the profession is to come. In conversation with physicians I have frequently asked their opinion of the value of laboratory diagnosis, and not infrequently the reply has been, "I am not particularly interested in those things; I am more interested in the practical side of the work." I believe that most of you will agree with me that the difference between what most people call "practical" and "theoretical" is that they know how to apply the one and do not know how to apply the other. Any knowledge which any of us possess which we are capable of applying is "practical"; while all the knowledge which we are not capable of applying, all the knowledge which is not connected or linked with some other knowledge, is pushed aside and is called "theoretical."

One of the practical questions which comes to us is how this diagnosis is to be carried on? Shall we as individuals attend to it, or shall it be handed over to the specialist? My answer on that question is, both. The probability is that every physician would do well to carry on a certain amount of laboratory diagnosis himself; that every one should be equipped so that he can make a urinalysis. Every one should be equipped and possessed with sufficient knowledge and skill to be able to determine by a sputum examination whether a patient is asthmatic, or whether he is suffering from tuberculosis. Within the last ten days an examination was made in the laboratory of the Pacific College of Osteopathy, which demonstrated very clearly the presence of tuberculosis. The patient, a lady, had been treated by four different physicians for asthma. It is almost needless to say to you that, however good the treatment of these physicians may have been for asthma, it must have been very illy adapted to tuberculosis, for I think that most of you will agree with me that treatment which may very properly be given to the asthmatic patient might produce a most serious result if given to one suffering from tuberculosis. And yet, as I said before, four different physicians treated this patient for asthma. Do you suppose that if any one of these physicians had made a careful, intelligent, scientific study of that case, such a blunder would have been made? If we are to free ourselves from the possibility of making just such mistakes—mistakes which are disgraceful to the profession and dangerous to society—it must be by educating ourselves up to the point of utilizing every known method of diagnosis, and intelligently applying them. In many cases it is undoubtedly best to refer the examination to some specialist. There are laboratories in almost all of our cities where these examinations can be made accurately, perhaps more accurately than they can be made by the average practitioner. Still we must remember that the urinalysis, sputum examination, fecal examination, gastric examination, and all other examinations, no matter how skillfully made, will be of little use to the physician unless he understands the meaning of the report; and if he is going to do this it seems almost necessary that he should keep in touch with the work by doing some of it himself.

I cannot close this talk without expressing to you my deep anxiety to see osteopathy take its place as one of the leading branches of the medical profession, and eventually to supersede all others. If it is to take this place, we must educate ourselves for it. Our pride in osteopathy should not be fully satisfied until health officers and sanitary inspectors of all kinds may be appointed from our profession, as they are appointed at the present time from

the other schools. But if they are going to be appointed from our branch of the profession, it can only be brought about by our thoroughly educating ourselves, by our intelligently using every means of diagnosis which is known to science; and when we attend to these things, and when we have placed ourselves upon that high educational foundation, when it will be true that a degree from an osteopathic college stands for as much as a degree from any other college, that it represents as much culture, then, and only then, will osteopathy take the place which I feel certain it is destined to take. It is our high privilege to work for this end. And if we are true to ourselves and to our trust, the goal is not far distant.

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## CLINICS AT ST. LOUIS MEETING OF A. O. A.

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### DIABETES MELLITUS.

LUCIUS P. MEAKER, D. O., Auburn, N. Y.

The committee in charge having been unable to procure a patient, I am obliged to speak to you upon this subject simply from my notes. We all know that diabetes mellitus is a condition in which there is an abnormal quantity of sugar in the blood, and it is not a very common disease. In this the medical profession is unable to afford more than temporary relief, and that through the diet. This disease usually occurs in the male sex, and after the age of thirty. Those of a neurotic temperament are the most susceptible to it. Sometimes we find typical cases of diabetes resulting from direct injury to the spine in the lower dorsal or lumbar areas. Chronic diseases such as gout, syphilis, malaria, etc., mental troubles, worry, and pregnancy are common causes.

Medical text books give no reference to anatomical lesions as causes for diabetes mellitus. Osteopaths on the contrary find in nearly every instance a posterior condition in the lower dorsal and upper lumbar region. The kyphosis usually lies between the eighth dorsal and second lumbar. In preparing for this clinic I corresponded with a large number of osteopaths throughout the country and also conversed with several, and I think without exception the report was that their cases presented this posterior dorsal condition. In the text books we find references to disturbances of the diabetic center in the floor of the fourth ventricle. However much that has to do with the cases is hard to determine, for the lumbar disturbance is always present, the irritation to the diabetic center being secondary. The pancreas is diseased in about fifty per cent. of diabetic cases. Total extirpation of the pancreas will produce diabetes, and if a part of the pancreas remains diabetes does not necessarily follow. The kidney changes in diabetes mellitus are degenerative in character and most frequently in the form of interstitial nephritis. This is the result of the excessive work thrown upon the kidneys, the urine in diabetes is the main diagnostic symptom. The quantity passed per day ranges between five and forty pints. It is pale in color, acid in reaction and of a sweet odor. It contains from one to ten per cent. of sugar, in some cases a larger percentage is found. Occasionally albumen is present, due to the degeneration in the kidneys. Urea is increased, as are also the phosphates.

A dietetic test to confirm the diagnosis of diabetes is as follows: With-

hold food until all previously ingested material will have been assimilated, then give the patient 100 grammes of pure glucose, examine the urine three or four hours later, and if large quantities of sugar are found diabetes is certain, as the healthy organism can assimilate this quantity of carbohydrates. While the diagnosis of diabetes mellitus is comparatively simple, there are cases where sugar is present which are not true diabetes. Sugar may be found upon one or two examinations and subsequent examinations fail to show it. It is the constant presence of sugar which characterizes diabetes mellitus.

The symptoms of diabetes other than those found by urinalysis are excessive thirst, voracious appetite, emaciation, and debility. Often immediately after a meal the patient will drink three or four glasses of water without quenching his thirst, and in a short time he will want as much more. The loss in weight is often very great, patients losing as much as fifty pounds in a short period of time. There came under my observation a case in which a patient lost forty pounds in less than two months. His urine was so laden with sugar that it was of a syrupy consistency. One of the characteristics of this disease is the peculiar sweetish odor emitted from the entire body of the patient, and when once detected the practitioner will always recognize it.

The disease can be held in check in some cases by close attention to diet. I have been unable to find any diet list which would be suitable for all patients. Meat, eggs and fish are the only articles of food which are acceptable to all. Certain garden vegetables may be prescribed with good results, for illustration, I have known of tomatoes being taken without producing ill effects, and in others resulting in an increase in the amount of sugar excreted. Each case will have to be studied to determine what foods can be taken with impunity. On account of the harmful effects of the ingestion of carbohydrates more fats must be taken either in the form of fatty meat or vegetable oils.

There are certain complications which follow diabetes mellitus. Pulmonary diseases such as bronchial pneumonia and croupus pneumonia attack the patient and are often followed by gangrene of the lung tissue. Tuberculosis frequently develops. Quite often the patient suffers from boils, eruptions and itching. The special senses are disturbed. The sexual function is lost early in the progress of the disease. Cataracts often develop.

The disease often terminates in what is known as diabetic coma. This may occur without premonition or may be preceded by drowsiness, vomiting, headache delirium and dyspnoea. After the coma is established the breathing often increases in rapidity, the pulse being normal and full. The temperature is sub-normal. The characteristic sweetish odor distinguishes this condition from other forms of coma. The prognosis under medical treatment is very grave, the only hope being strict attention to diet. The osteopathic prognosis is much more favorable. The records that I have been able to secure show nearly one-half of the cases permanently cured. In almost every case some benefit is given even where a cure is not complete.

Some obstinate cases can be greatly benefited if the treatment is continued for a long time. One case in my experience after being treated nearly two years with little benefit is beginning to show marked improvement. The weight of the patient is increasing, and I feel certain that a complete cure will be affected. In his case there was very marked kyphosis, the difficulty

being the inability to so relax the structures as that the curvature could be corrected. These marked changes have been brought about within the last two months.

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### DISCUSSION OF DIABETES MELLITUS.

C. W. PROCTOR, D. O., Buffalo, N. Y.

In discussing this subject, I will state that I have not had access to Dr. Meaker's paper; however, I shall bring out some points that I have observed and learned from other osteopaths that were not mentioned in his presentation of the subject.

The doctor spoke of the emaciation that accompanies diabetes. I have noticed that there are two types of diabetes, just as we find that there is quite a variety of pathological conditions arising in connection with this. We have different manifestations of it. We have a type of people who are quite fleshy, and where there is little emaciation connected with the disease. There may be considerable weakness, but there is often little or no emaciation. And it has been my observation that those cases usually are the most hopeful of permanent cure, or at least, the most hopeful of being relieved. Occasionally we are too desirous to look at the existing causes, and our cures are not permanent. Somehow the osteopaths are supposed to cure people and then give them a guaranty that they will not get sick again. It is not strange that if a condition which has existed for years, when corrected should again return. It seems to me a very natural thing that a spine that has been out of condition for years and is put back in place should get out of condition again without any fault of the osteopath; and if a person should so suffer he at least should not criticise the osteopath who gave him the treatment and relieved him first, for not making the cure permanent. I therefore believe that a man who has an affliction of this kind should be very happy indeed if he does not have to go back to the osteopath for treatment oftener than once in two or three years to retain his health. It is not to be expected that the osteopath can cure such lesions in the spine in diabetic cases so that there should never be a recurrence of them. In one or two cases that I have observed there has been this recurrence, and the sugar disappears as completely the second time as it did the first.

I treated a case that came to Kirksville when I was with the school, and in the first urinalysis the sugar was so great that it was far above ten per cent., and how much higher the test did not show. I think there must have been at least fifteen per cent.. We did not make an accurate urinalysis. After some treatment the per cent. of sugar dropped, so that there was only a trace. The patient went away, and after two years returned again, when there was two and one-half per cent. of sugar, and after treatment that amount was diminished until there was practically no sugar.

Any osteopath who succeeds in giving such a degree of relief as that, even though he may find sugar again at long intervals, ought to be well satisfied with his work, and likewise his patient.

In the prognosis of the case, it seems to me, much depends upon the condition that is found. While a large number of cases will yield to osteopathic treatment, yet, like in many other condition which we encounter, there are

some unfavorable cases. When there is a great amount of degeneration of the pancreas, or where there is structural degeneration of the liver, we can scarcely expect to rebuild the new tissue; and while there may be relief in some cases, yet some will not respond to any treatment.

Some years ago I gathered from a large number of osteopaths reports of cases that they treated, and like Dr. Meaker reports, over fifty per cent. of the cases reported were given as cures. These reports showed that as large a percentage as seventy-five per cent. were benefited, and perhaps twenty-five per cent. received no material benefit from the treatment. In one of those cases a medical examination was taken for a life insurance policy, and the policy was granted after the cure by osteopathic treatment. As a general thing the lesion is found as described in the upper lumbar and the lower dorsal regions, and yet some cases were reported to me where this was not the case. One case was reported where there seemed to be an interference with the functional activity of the liver by pressure from the ribs. Another case was reported where the lesions were in the cervical region. And some cases were reported in which they were unable to find a satisfactory explanation of the cause in the conditions found.

The fact that diabetes is so closely connected with the neurotic condition is noticeable a great many times. One of those cases especially was described to me by a physician of the old school, who afterward studied osteopathy and who treated this case. It was that of a prominent lawyer who, whenever he had a difficult case in court and was under a severe nervous strain, would be nearly prostrated. The quantity of urine greatly increased and the amount of sugar increased. It had been treated for a number of years without any result by the medical treatment. It yielded very readily to osteopathic treatment; and it interested the physician to such an extent that he took up the study of osteopathy. It illustrates how closely connected the nervous system is with this disease, and how often nerves or reflexes may be closely associated with the cause of it.

Concerning diet, there is danger in restricting the diet of the patient too much. I know of one instance where a patient was cured by being restored to a nourishing form of diet, and was almost entirely restored by this form of treatment. The diet had been so restricted that the poor man nearly starved. He had no vitality on which to build, and the restoration to the nutritious diet greatly helped him. I have known of another case with this affliction where it was in a measure hereditary, where the restriction of diet seemed to be necessary. I think in that case three members of the family were afflicted with this disease. Two of them died, and the one who survived could only live by the closest observation of dietetic rules, and when the diet was carefully watched the health was fairly good.

The per cent. of sugar in diabetic patients varies greatly. I have analyzed a great many samples for osteopaths in which the amount of sugar varied from one per cent. to ten per cent., and only the one that I heretofore mentioned went higher than ten per cent. I frequently found as high as seven and eight per cent.; and I emphasize the point that Dr. Meaker made of the necessity of continuing the treatment long.

One of our osteopaths who had treated a case something like six months sent me a sample to analyze, and found over six per cent., and he was about discouraged, but on recounting to him the experience of so many others in the

treatment of those cases he persisted, and later wrote me that his persistence was crowned with success, and that the case had begun to yield. The amount of sugar diminished quite regularly until the patient was comparatively free from any appearance of diabetes. It seems to me that there is perhaps no disease where the benefits of osteopathy are more strongly illustrated than in this, and, as Dr. Meaker has said, it has been regarded as absolutely incurable by the medical profession. Medicine does not to any appreciable degree affect the amount of sugar, unless it be to increase it. It is not amenable to medical treatment; and the remarkable results from osteopathic treatment are apparent.

One of those cases I referred to was a case treated by Dr. McConnell, at Kirksville, and was so remarkable that I will mention it. The amount of sugar on the first analysis was five or six per cent. After two or three weeks he sent me another sample upon my report that there was no sugar he sent still another sample asking me to be especially accurate in its analysis, as it was a very important case, and I found only a trace of sugar, and then he gave a history of the case. It had been a diabetic patient that had been given up by the medical profession as incurable, and all hope was lost, and in three weeks from the time he began treatment the urine was almost entirely free from sugar, and he had gained a number of pounds in weight and his strength had increased. There are cases that are incurable, however, I do not think there is any case in which the osteopath is justified in refusing to treat. We cannot positively tell from the condition of their strength or the general condition in which we find them, whether they are incurable or not. I would not reject any case. I knew one case where the patient was unable to walk a block without resting, and that owing to great emaciation the body was very weak. There seemed very little hope of recovery, and yet with persistent osteopathic treatment a complete recovery was effected.

I have known of one child being treated for diabetes that was under the age of 12 years. It did not respond to the treatment and finally died, although every known effort was made to relieve the child, and so I am inclined to the belief presented in the medical text books that young people are more susceptible to it and recovery is very exceptional.

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#### ASTHMA.

GEORGE M. LAUGHLIN, D. O., Kirksville, Mo.

This first case is Miss Grace Atkinson, of Albia, Iowa. She is a graduate in osteopathy, and is now in the practice. She has been a sufferer from asthma for the past four years. At first the symptoms were very slight, there being but a slight feeling of oppression about the chest, slight wheezing and cough, and no distress during the paroxysms which were not at all severe. This condition gradually became worse from time to time until at present we have a well developed case of bronchial asthma with all the marked symptoms common to such cases. Severe paroxysms will occur at times every night for a period of two or three weeks, and then will abate leaving the patient comparatively free for a like period. Each paroxysm lasts from two to five hours unless relieved by treatment. Up until one year ago the patient's general health had not become affected by reason of this diffi-



culty, but during the past year she has lost some weight, and there are other marked signs of affection of her general health and condition. The marked progress of the disease during the past year, we believe to be due largely to the fact that the patient has attempted to practice her profession, and has thus kept up an irritation to the upper dorsal nerve mechanism by more or less strain upon the ribs and vertebrae in that region, which are in such close relation to the nerve structures regulating the muscular action of the bronchial tubes and the blood supply of their mucous membranes.

At present her asthmatic condition is complicated to a certain extent by bronchitis and slight emphysema, although there are no very marked signs of chest deformity, there being but a slight bulging of the upper part of the sternum and a slight depression of the lower part, and the lower ribs. No doubt the reason why more marked deformity, commonly brought on as a secondary condition to this disease is not present is the fact that the patient has had more or less osteopathic treatment by which her paroxysms have been cut short, and the treatment given at intervals have corrected much of the abnormality.

The family history of this patient has an important bearing on the cause and prognosis of this case, although so far as treatment is concerned I do not know that it is important, since treatment for cases of this nature, and those having a negative family history is not materially different. In all cases of asthma we must deal with the abnormal physical condition in which we find the patient, and the fact that in one class of cases we find an inherited neuropathic constitution, and not in another, does not change the law that bony lesions affecting directly the sympathetics in the upper dorsal and cervical regions, or upper cervical lesions affecting the pneumo-gastric are the real causes for this disease. The only difference is that in the one case of weakened nervous system, lesions more easily affect the nervous structures in relation to them than the other wherein the general nervous system is not impaired by hereditary influences. The patient's father died at the age of fifty-nine, and for the last eight years of his life was an asthmatic. Her brother suffered for several years with a severe case of bronchial trouble, but was afterwards entirely cured by osteopathic treatment. Her two sisters are asthmatics, one having had the trouble since childhood, and the other developed the disease at the age of thirty-four. A child of one of the sisters is also an asthmatic. The patient's aunt, a sister of her mother, had epilepsy. Therefore you will perceive we have a well-defined family history that leads us to the conclusion that the patient has inherited a nervous system readily affected by various structural lesions. In fact we have here a predisposing cause, but no more so than perhaps an acquired weakened nervous system, arising from various debilitating influences, is a predisposing cause for a neurosis of any kind. The real cause for the appearance of this disease in this patient is the existence of specific bony lesions affecting in particular the nerve supply of the bronchial tubes. These lesions will be pointed out later.

Pathologists are very generally agreed that asthma is a disease of the bronchial tubes which produces difficult inspiration and expiration on account of spasmodic contraction of the muscles of the tubes and swelling of the mucous membrane lining them, both conditions arising from a derangement of the nervous structures regulating the vaso motor and muscular action in the affected part.

The fact that this condition is a local one implies that that part of the nervous system chiefly affected is that part which regulates the action of the bronchial tubes, the sympathetics arising from the upper dorsal region, and the pneumogastric arising from the medulla, fibers from these two sources forming the anterior and posterior pulmonary plexuses. In addition to a predisposing cause which we find in a weakened nervous system, whether inherited or acquired, we must have a local cause for a local condition. In asthma then we look for and are able to find this local cause at or near the origin of the nerve supply to the bronchial tubes, in a region where abnormal structure would be most likely, on account of anatomical relations, to disturb the nerve supply to the affected part. It is questionable whether reflex causes alone are sufficient to produce genuine asthma without the existence of specific lesions affecting the direct nerve connections of the part involved.

I have seen a number of cases where it was thought that irritation from a misplaced uterus was the cause of the disease, but after an operation removing the uterus the patients received no relief. Understand me, reflex causes when found must be removed if possible, but alone they are no more true causes for asthma than worry, excitement, smell emanating from some animals, fog, smoke, and a number of other exciting causes commonly given by writers on this subject.

Just how specific bony lesions derange the nervous mechanism to the bronchial tubes is a question that admits of several reasonable solutions. Pressure upon nerve structures from rib or vertebral lesions deranges the action of the nerve fibers leaving the cord, inhibits action of the vasomotors going into the cord and medulla. These lesions also obstruct at the intervertebral foramina by mechanical interference the blood vessels going in and out, at these points. From these lesions it is possible to have a poorly nourished nerve cell or an obstructed nerve cell, or both.

Paroxysms by contracture of the muscles of the tubes appear as a result of continued irritation to these governing nervous structures until that point is reached where resistance is no longer possible, and the last straw of irritation is added that breaks the camel's back.

The prognosis in every case of asthma must depend chiefly upon the practitioner's ability to remove the specific bony lesions which we find in the upper dorsal and cervical regions. I have seen a number of cases of long standing complicated with chronic bronchitis, where the patients were so debilitated and lesions so stubborn of reduction that no material benefit was received from the treatment. In these cases I believe our failure to benefit them was due to the fact that we were unable to remove, or improve the condition of the bony lesions on account of the debilitated state of the patient's condition, and the stubborn nature of the lesions.

In the treatment we must take into consideration the following points:

1. Removal of specific lesions.
2. Removal of exciting causes.
3. Removal of reflex causes, and
4. Treatment of the patient to improve the condition of the general nervous system.

I will point out the lesions in connection with this case and say a word in regard to the treatment. You will observe that there is not much deformity

here, that is, in the way of bulging that we usually find in cases of four years' standing, but there are a number of specific lesions that will have to be removed, and kept removed if we expect to secure a cure.

The lesions most prominent are, the second cervical on the left side. The articular process on the left side is obstructed. It is marked and prominent. The lesion would interfere with the sympathetics in that region, particularly the superior cervical ganglion, and interfere with the nutrition to the medulla, and likewise produce other trouble. Lower down in the spine we find the second dorsal a little to the right. It can be seen on close inspection. The fifth dorsal is also to the right. I do not depend altogether upon the position of the spinous process to determine the position of the vertebrae. I take into consideration the fact that the transverse process on the left side is more prominent than on the right—the spinous process bending over to the right. And then on the right side as I run my hand down along here with deep pressure on the two sides we come to this fifth rib sticking out. It can be very plainly felt twisted.

In regard to the treatment of these cases, we must take into consideration two principal things: first, relief of the paroxysms, and then treatment in the meantime intended to correct the lesions and thus effect a cure. They should be treated very carefully during paroxysms. We are able to relieve her paroxysms by palliative treatment more than corrective—a hard, strenuous treatment seems to aggravate the disease—by lifting up the lower ribs and letting down the upper ribs which are markedly out of place. I omitted to state that the first and second ribs are prominently misplaced at their vertebral articulations. By letting these down with gentle pressure, and by pushing the upper dorsal anterior, and raising the lower ribs, we are able to relieve the paroxysms. In the meantime treatment should be given with much force with the purpose of reducing the lesions, because it is from the reduction of these lesions that we expect a cure.

Dr. Young asked if I had ever tried pressure on the phrenic nerves. I have not tried that in this case. I can usually relieve these cases better by using this method. For instance, on the right side we have quite a prominent second rib. By firm pressure, and pushing that rib down slowly and holding it there we get relief, because during paroxysm that rib comes up a quarter of an inch. The second rib is up, and is twisted, so that the lower edge is more prominent than the upper. By doing this we remove the irritation to the nervous structures in close relation to the rib.

Dr. Banning asks whether the paroxysms are brought on by swelling of the mucous membrane, or contraction of the muscles of the tubes. I think paroxysms are brought on by constriction of the bronchial tubes. I think this is a case where constriction is more marked than the swelling of the mucous membrane. In answer to the question that has been asked as to how often to treat, I would say, how good to treat. We should keep up the treatment until we accomplish something by way of reduction of lesions. We should treat them until we relieve the paroxysms.

I will now introduce to you Mrs. Hartman, of St. Louis. This is a case that Dr. Bailey brought to me a little while ago. Her age is forty-five. Dr. Bailey has given her one treatment. She has had asthma a year and four months. Immediately preceding this disease she injured her spine in moving from one house to another, and soon afterward contracted la grippe, since

which time she has had asthma. The lesions in this case are more marked than in the other. Thus far nothing has been done towards correcting the lesions. There is emphysema here to a marked degree. There is a marked curvature to the spine, as well as a posterior condition of the spine. The ribs in the upper dorsal region on the right side are back, partly due to curvature. The ribs are twisted, so that the lower edge is more prominent than the upper. Here we have the true cause of the trouble. In addition to these lesions which I have just shown there is marked lesion in the cervical region. The second cervical is similar to the other case. The articular process is back to the left very prominent.

Dr. Hazzard suggested that I illustrate to you the manner in which this patient breathes. You will observe that she is taking a full breath. The chest wall is quite fixed. There is considerable bulging in the upper part, and in the posterior region. And then there is some depression due to the obstruction. The constriction to the bronchial tubes has prevented the air pressure on the inside the chest being equal to that on the outside, and as a result we have this depression in the lower part, because the air cannot get clear down to the lower part of the lungs, while in the upper dorsal we have retention of air and bulging of the chest. The lower ribs are very much depressed.

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#### DISCUSSION OF ASTHMA.

F. E. MOORE, D. O., LaGrande, Oregon.

Of asthma we have two varieties, idiopathic or spasmodic if uncomplicated (primary). If associated with chronic bronchitis and emphysema, cardiac insufficiency, chronic nephritis, nasal polypi, enlarged tonsils, enlarged cervical glands, it is known as organic or symptomatic, and might be considered as secondary, though these conditions would hardly produce asthma independent of lesions predisposing an irritable bronchial mucosa and morbidly sensitive nervous system.

*Under causes*, primary or predisposing, are structural lesions from the atlas to the sixth dorsal vertebra second to the six ribs usually on the right side, and the clavicle. Exciting causes are such as change of climate, odors from flowers and animals, pollen of certain plants, certain drugs and gases and over-eating.

*Symptoms.*—The seizure is sudden in onset, usually occurring at night, probably on account of insufficient quantity of oxygen in the lungs. Patient awakens with a sense of oppression and distressing dyspnea, inspiratory in character (expiratory in character if accompanied by emphysema, on account of inability to get air out of the alveoli). Orthopnea is common. Paroxysms may last several hours, during which time the chest heaves spasmodically, but pulmonary expansion and contraction is slight. Loud wheezing sounds, inspiration is convulsively violent and expiration is prolonged and comparatively easy if there is no emphysema. Coryza is common and there is indigestion and constipation in perhaps ninety per cent. of cases.

*Pathology.*—Hyperemia of the bronchial mucous membrane due to vaso motor disturbance, and a contracted condition of the circular muscular fibres of the smaller bronchial tubes due to motor nerve disturbance. The spas-

modic contraction of the bronchial muscular fibers limits or diminishes the admission of air into the alveoli whence results the paroxysm. There is usually spasm of the diaphragm since the cervical lesion involving the vagi may also affect the phrenic nerves.

*Bronchial Nerve Supply.*—This is derived from the anterior and posterior pulmonary plexuses which are formed chiefly by branches from the vagi and two to four thoracic ganglia. The sympathetics are principally vaso motor to the bronchi. The vagi are motor, sensory and in part vaso motor. The vagi are joined by filaments from the spinal accessory which arises in part as low as the sixth cervical vertebra. They are also joined by filaments from the cervical plexuses principally fibers from the second and third cervical vertebrae. Understanding the innervation of the parts it is easy to comprehend from an osteopathic standpoint how we undertake the diagnosis and cure of this disease.

*Lesions.*—From the first to sixth ribs, first to sixth dorsal vertebrae impinging afferent fibers would readily disturb the vaso motors to the bronchi, causing hyperemia. Cervical lesions through connecting filaments may affect the motor fibers of the vagi and cause contraction of the circular muscular fibers of the smaller bronchioles. The hyperemia of the bronchial mucosa or a cervical lesion may irritate the afferent fibers of the vagi and affect the medullary center, thus causing the motor nerve disturbance above referred to.

*Treatment.*—Remedial treatment implies the correction of the primary or predisposing cause and removal from exciting influences as far as possible. To the osteopath the correction of the primary lesions is absolutely necessary for the cure of this disease, but it is well to cultivate beneficial influences. Palliative treatment which is so often helpful in starting on a case of asthma varies in different individuals. Pressure in front of the transverse processes of the cervical vertebrae will often relieve the paroxysm as well as the spasm of the diaphragm. This is easily understood on account of its influence on the phrenic nerve. In other cases steady pressure in the upper dorsal region gives relief, likewise raising the clavicle, raising the fifth rib on the right side, lifting the hyoid, larynx and trachea. The diet is no small factor in treatment and should be carefully regulated and the bowels kept in a lax condition. Many asthma patients can be cured, a very large per cent. relieved, but a careful study of each case is essential, as no two cases are found alike.

I might mention a case of asthma which recently came under my care in which surrounding influences figured largely. A patient who had previously suffered a very serious attack was restored apparently by simply a change of climate to the adjoining state where she formerly lived in health. Returning to her Oregon home she again suffered the old complaint, became emaciated and completely depleted. Owing to the climatic condition which in this case was the exciting cause, one month's treatment proved very unsatisfactory. As fast as any effect could be accomplished upon the lesions, the unfavorable surroundings destroyed the results. In time it could have been cured. I simply mention this case to demonstrate how helpful it is to have favorable secondary influences. I urge all osteopaths to make a deep study of asthma, and together let us perfect ourselves in this, one of the most complicated of diseases.

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God appoints our grace to be nurse to other men's weaknesses.—H. W. Beecher.

**CONSTITUTION OF THE AMERICAN OSTEOPATHIC ASSOCIATION.****ARTICLE I. NAME.**

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

**ART II. OBJECTS.**

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

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

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

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

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

**ART. III. MEMBERS.**

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

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

**ART. IV. MEETINGS.**

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

**ART. V. OFFICERS.**

**SEC. 1.** The officers of this Association shall consist of a President, two Vice-Presidents, Secretary, Assistant Secretary, and Treasurer, elected annually, and a Board of Trustees consisting of the President and Secretary of the Association ex-officio, and nine other members, three of whom shall be elected each year. The officers shall be chosen from the roll of members and shall be elected by nomination and ballot, and shall assume the duties of their respective offices immediately upon the close of the annual meeting at which they are elected.

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

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

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

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

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

**SEC. 7.** The Board of Trustees shall have the general oversight of the affairs of the Association, and shall meet at such times and places as its duties may require; shall make all the necessary arrangements for the annual meetings of the Association; shall pass upon

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

#### ART. VI. COMMITTEES.

SEC. 1. The Secretary and Treasurer shall act as a committee on credentials for permanent members, and they shall report at the opening session of each annual meeting the names of all permanent members in good standing.

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

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

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

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

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

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

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

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

#### ART. VII. FEES.

SEC. 1. Members shall pay an annual fee of five dollars in advance. If a member's dues remain unpaid for three months after an 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.

SEC. 2. Each application for membership must be accompanied by five dollars, for which the member shall be credited with dues until the end of the first annual meeting following his election to membership.

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.

ART. VIII. ORDER OF BUSINESS.

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

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

ART. IX. AMENDMENTS.

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

**CODE OF ETHICS OF THE AMERICAN OSTEOPATHIC ASSOCIATION.**

CHAPTER I.—DUTIES OF PHYSICIANS TO THEIR PATIENTS.

SECTION 1. The physician should hold himself in constant readiness to respond to the calls of the sick. He should ever bear in mind the high character of his calling and the great responsibility which it involves, and should remember that the comfort, the health and the lives of his patients depend upon the skill, attention and faithfulness with which he performs his professional duties.

SEC. 2. 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. These must be acquired and retained by faithful attention to his malady, by indulgent tenderness toward the weaknesses incident to his condition, and by the exercise of a firm but kindly authority. The physician is bound to keep secret whatever he may hear or observe while in the discharge of his professional duties, respecting the private affairs of the patient or his family. And this obligation is not limited to the period during which the physician is in attendance on the patient. The patient should be made to feel that he has, in his physician, a friend who will guard his secrets with scrupulous honor and fidelity.

SEC. 3. The physician should visit his patient as often as may be necessary to enable him to acquire and keep a full knowledge of the nature, progress, changes and complications of the disease, and to do for the patient the utmost of good that he is able. But he should carefully avoid making unnecessary visits, lest he render the patient needlessly anxious about his case, or expose himself to the charge of being actuated by mercenary motives.

SEC. 4. The physician should not give expression to gloomy forebodings respecting the patient's disease, nor magnify the gravity of the case. Bearing in mind the most infinite resources of nature, he should be cheerful and hopeful, both in mind and manner. This will enable him the better to exercise his faculties and apply his knowledge for the patient's benefit, and will inspire the patient with confidence, fortitude and hope, which are the physician's best moral adjuvants. But the physician should not fail on proper occasions to give timely notice of dangerous manifestations to the friends of the patient, and even to the patient, if absolutely necessary. This notice, however, is at times so peculiarly alarming



when given by the physician, that its delivery may often be preferably assigned to some other person of good judgment.

SEC. 5. Whether the case continue favorable, or become manifestly incurable, it is the physician's duty to continue his attendance faithfully and conscientiously so long as the patient may desire it. He is not justified in abandoning a case merely because he supposes it incurable.

SEC. 6. As the patient has an undoubted right to dismiss his physician for reasons satisfactory to himself, so, likewise, the physician may, with equal propriety, decline longer to attend a patient, when his self respect or dignity seem to require this step, as, for example, in case of persistent failure to comply with his directions.

SEC. 7. The intimate relations into which the physician is brought with his patient give him opportunity to exercise a powerful moral influence over him. This should always be exerted to turn him from dangerous or vicious courses toward a temperate and virtuous life. The physician is sometimes called to assist in practices of questionable propriety, and even of a criminal character. Among these may be mentioned the pretense of disease, in order to evade services demanded by law, as jury or military duty, the concealment of organic disease or of morbid tendencies, in order to secure favorable rates of insurance, or for deception of other kinds, and especially any treatment or operation that may endanger life, even fetal life, except after mature deliberation, such treatment or operation is found necessary to save life. To all such propositions the physician should present an inflexible opposition.

#### CHAPTER II.—THE DUTIES OF PHYSICIANS TO EACH OTHER AND TO THE PROFESSION AT LARGE.

##### *Article I.—Duties for the Support of Professional Character.*

SEC. 1. It is equally inconsistent with the principles of science for physicians to base their practice on any dogma or unsupported theory on the one hand, or, on the other hand, to float about with every wind of doctrine following experience or precedent alone. The vast sum of knowledge of health and disease accumulated by the labors of the past should have its consistent and scientific development and application under the organizing principle of the fundamental therapeutic laws of nature, and as our knowledge of these becomes greater, the logical effect of their operation, rather than the arbitrary limitations of any system of human devising, should be the effacement of all those empirical heterogeneous and disconnected methods arising in the infancy of the science of medicine. The physician should, therefore, pre-eminently among men, be a student of nature and her laws, that he may be able to avoid either contravening laws or superposing upon them that which is needless or harmful. Entering the profession and thereby becoming entitled to full professional fellowship, incurs an obligation to uphold its dignity and honor, to exalt its standing and to extend the bounds of its usefulness.

SEC. 2. The physician should observe strictly such laws as are instituted for the government of the members of the profession, should honor the fraternity as a body, should endeavor to promote the science of medicine, and should entertain a due respect for those seniors who, by their labors, have contributed to its advancement.

SEC. 3. Every physician should identify himself with the organized body of his profession as represented in the community. The organization of local and state societies, where they do not exist, should be effected so far as practicable. Such local societies, constituting as they do, the chief element of strength in the organization of the profession, should have the active support of their members, and should be made instruments for the cultivation of fellowship, for the exchange of professional experience, for the advancement of knowledge, for the maintenance of ethical standards, and for the promotion in general of the interests of the profession and the welfare of the public.

SEC. 4. There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required; and to attain such eminence is a duty every physician owes alike to the profession and to patients. It is due to the patients, as without it their respect and confidence can not be commanded, and to the profession because no scientific attainments can compensate for the want of correct moral principles.

SEC. 5. It is incumbent on physicians to be temperate in all things, for instant readiness in the exercise of a clear and vigorous understanding, and in emergencies—for which no physician should be unprepared—a steady hand, an acute eye, and an unclouded mind, are essential to the welfare and even the life of a human being.

SEC. 6. It is incompatible with honorable standing in the profession to resort to public advertisements or private cards inviting the attention of persons afflicted 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 other methods of charlatans.

SEC. 7. It is equally derogatory to professional character for physicians to assist unqualified persons to evade the legal restrictions governing the practice of medicine, or to use or to advocate the use of any secret methods or appliances; for if they be of any real efficacy, any concealment regarding them is inconsistent with beneficence and professional liberality,

and if mystery alone can give them notoriety, such craft implies either disgraceful ignorance or fraudulent avarice.

*Article II.—Professional Services of Physicians to Each Other.*

SEC. 1. Physicians should not, as a general rule, undertake the treatment of themselves, nor of members of their family, in serious cases. In such circumstances they are peculiarly dependent on each other; therefore, kind offices and professional aid should always be cheerfully and gratuitously afforded. These visits ought not, however, to be obtrusively made, as they may give rise to embarrassment, or interfere with that free choice on which such confidence depends.

SEC. 2. All practicing physicians and their immediate family dependents are entitled to the gratuitous services of any one or more of the physicians residing near them.

SEC. 3. When a physician is summoned from a distance to the bedside of a colleague in easy financial circumstances, a compensation, proportionate to traveling expenses and pecuniary loss entailed by absence from the accustomed field of professional labor, should be made by the patient or relatives.

SEC. 4. When more than one physician is attending another, one of the number should take charge of the case, otherwise the concert of thought and action so essential to wise treatment can not be assured.

SEC. 5. It is sometimes necessary for a physician to withdraw temporarily from daily professional labor and to appoint a colleague to act in his place. The colleague's compliance is an act of courtesy which should always be performed with the utmost consideration for the interests and character of the family physician.

*Article III.—Duties of Physicians in Regard to Consultations.*

SEC. 1. Consultation should be promoted in difficult cases, as they contribute to confidence and enlarged views of practice. Especially should the physician be ready to act upon any desire of the patient for a consultation, even though he may not feel the need of it. A legally qualified physician, who enjoys a good moral and professional standing in the community, should not be excluded from fellowship nor his aid rejected when it is desired by the patient in consultation, for the object of consultation is to bring together the varied experiences and even different views, that by comparison and discussion a just estimate of the condition of the patient and of the treatment required may be derived. But the physician may with propriety decline to meet a practitioner of whose inimical feelings toward himself, or of whose general unfairness in consultations he is satisfied.

SEC. 2. The utmost punctuality should be observed in the visits of physicians when they are to hold consultations. The physician who first arrives should wait for a reasonable time, after which the consultation should be considered postponed to a new appointment. If it be the attending physician he may administer to the needs of the patient as usual, but if it be the consultant, he should retire without seeing the patient, except in emergency, or when called from a considerable distance, in which case he may examine the patient and give his opinion in writing, under seal, to be delivered to the attending physician.

SEC. 3. In consultations no insincerity, rivalry or envy should be indulged; candor, probity and all due respect should be observed toward the physician in charge of the case.

SEC. 4. All discussions in consultation should be held as confidential. No statement or discussion of the case should take place before the patient or friends except in the presence of all the physicians attending, or by their common consent, and no opinions or prognostications should be delivered which are not the result of previous deliberation and concurrence. Provided, that in case of a disagreement the consultant's opinion may be stated to the patient, or his friends, at their request in the presence of all physicians, or in the absence of the attending physician, if he refuses to be present.

SEC. 5. No decision should restrain the attending physician from making such subsequent variations in the mode of treatment as any unexpected change in the character of the case may demand. But at the next consultation reasons for the variations should be stated. The same privilege, with its obligation, belongs to the consultant when sent for in an emergency during the absence of the family physician.

SEC. 6. Because of individual differences in the operative technique of physicians, which the condition of the patient or the natural perturbation of his friends renders it inadvisable to attempt to explain at the time, the consultant should not treat the patient except in case of emergency or when requested to do so by the attending physician.

SEC. 7. It may happen that two physicians can not agree in their views of the nature of the case and of the treatment to be pursued. In the event of such disagreement a third physician should, if practicable, be called in. None but the rarest and most exceptional circumstances would justify the consultant in taking charge of the case. He should not do so merely on the solicitation of the patient or friends.

*Article IV.—Duties of Physicians in Cases of Interference.*

SEC. 1. Medicine being a liberal profession, those admitted to its ranks should found their expectations of practice especially on the character and extent of their professional education.

SEC. 2. The physician, in his intercourse with a patient under the care of another physician, should observe the strictest caution and reserve, should give no disingenuous hints relative to the nature and treatment of the patient's disorder, nor should his conduct, directly or indirectly, tend to diminish the trust reposed in the attending physician.

SEC. 3. The same circumspection should be observed when, from motives of business or friendship, a physician is prompted to visit a person who is under the direction of another physician. Indeed, such visits should be avoided, except under peculiar circumstances, and when they are made, no inquiries should be instituted relative to the nature of the disease or the treatment employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

SEC. 4. A physician ought not to take charge of or treat a patient who has recently been under the care of another osteopathic physician, in the same illness, except in the case of a sudden emergency, or in consultation with the physician previously in attendance, or when that physician has relinquished the case or has been dismissed in due form.

SEC. 5. The physician acting in conformity with the preceding section should not make damaging insinuations regarding the practice previously adopted, and, indeed, should justify it if consistent with truth and probity, for it often happens that patients become dissatisfied when they are not immediately relieved, and, as many diseases are naturally protracted, the seeming want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge or skill.

SEC. 6. When a physician is called to an urgent case, because the family attendant is not at hand, unless assistance in consultation is desired, he should resign the care of the patient immediately on the arrival of the family physician.

SEC. 7. It often happens in cases of sudden illness, and of accidents and injuries, owing to the alarm and anxiety of friends, that several physicians are simultaneously summoned. Under these circumstances, courtesy should assign the patient to the first who arrives, and who, if necessary, may invoke the aid of some of those present. In such a case, however, the acting physician should request that the family physician be called, and should withdraw unless requested to continue in attendance.

SEC. 8. Whenever a physician is called to the patient of another physician in his absence the case should be relinquished upon his return.

SEC. 9. When a physician who has been engaged to attend an obstetric case is absent and another is sent for, delivery being accomplished during the vicarious attendance, the acting physician is entitled to the professional fee, but must resign the patient on the arrival of the physician first engaged.

*Article V.—Differences Between Physicians.*

SEC. 1. Diversity of opinion and opposition of interest may sometimes occasion controversy and even contention. Whenever such disagreements occur and can not be immediately adjusted, they should be referred to the arbitration of a sufficient number of impartial physicians.

SEC. 2. A peculiar reserve should be maintained by physicians toward the public in regard to some professional questions, and as there exist many points in ethics and etiquette through which the feelings of physicians may be painfully assailed in their intercourse, and which may be misunderstood or not fully appreciated by general society, neither the subject matter of their differences nor the adjudication of the arbitrators should be made public.

*Article VI.—Compensation.*

SEC. 1. The peculiarly insistent character of the needs arising from the ravages of disease calls for the rendering of gratuitous services with a frequency not exceeded in any other profession, but justice requires that some limits should be placed to their performance. Poverty, mutual professional obligations, and certain of the public duties named in Chapter III. should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by the rich, or by societies for mutual benefit, for life insurance, or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege.

SEC. 2. It cannot be justly expected for physicians to furnish certificates of inability to serve on juries, or to perform military duty; to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without due compensation. But to persons in indigent circumstances such services should always be cheerfully and freely accorded.

SEC. 3. Some general rules should be adopted by the physicians in every town or district relative to the minimum pecuniary acknowledgment from their patients; and it

should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

SEC. 4. It is derogatory to professional character for physicians to pay or offer to pay commissions to any person whatsoever who may recommend to them patients requiring general or special treatment or surgical operations. It is equally derogatory to professional character for physicians to solicit or receive such commissions.

#### CHAPTER III.—THE DUTIES OF THE PROFESSION TO THE PUBLIC.

SEC. 1. A full discharge of their professional duty would require that physicians should endeavor to enlighten and warn the public as to the great injury to health and destruction of life arising from the ignorance and pretensions of charlatans; from the effect of any system of treatment not based on a thorough knowledge of the human body in health and disease, and from the effects of all so-called curative drugs, the evil of their effects differing only in degree whether in the regular prescription or its logical, even though illegitimate outgrowth, the self-prescribed ethical proprietary preparation, or the vicious patent nostrum.

SEC. 2. As good citizens, it is the duty of physicians to be very vigilant for the welfare of the community, and to bear their part in sustaining its laws, institutions and burdens; especially should they be ready to co-operate with the proper authorities in the administration and observance of sanitary laws and regulations, and they should also be ever ready to give counsel to the public in relation to subjects especially appertaining to their profession, as on questions of sanitary police, public hygiene and legal medicine.

SEC. 3. It is the province of physicians to enlighten the public in regard to quarantine regulations, to the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions; in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger and to continue their labors for the alleviation of the suffering people, even at the risk of their own lives.

SEC. 4. Physicians, when called on by legally constituted authorities, should always be ready to enlighten inquests and courts of justice on subjects such as involve questions relating to sanity, legitimacy, murder by poison or other violent means, and various other subjects embraced in the science of medical jurisprudence. It is but just, however, for them to expect due compensation for their services.

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#### CASE REPORTS.

Every osteopathic practitioner certainly appreciates the value of reliable case reports. A systematic report of a case, including the actual facts of history, symptoms, pathology, etiology, treatment and results of treatment, is the nucleus of the best possible medical literature; it is the ground work, the exemplification of the school of medicine. Nothing else can appeal with such force to both the apostle and skeptic as the facts of a case clearly stated. It is *prima facie* evidence of the virtue of a method of therapeutics, far ahead of all theorizing and philosophizing, for a theory or philosophy can easily be based on a false premise.

There has been and still is a surprising dearth of records of cases treated osteopathically. It appears that much of our literature, scientific and popular, is simply the explanation of a theory. This is all very well to a certain extent, even our most active enemies will readily admit that there is something in the principles of osteopathy. But when it comes to the discussion that osteopathy is a complete system, all of the logic and philosophy and mere statements, positive and negative, will not prove and convince like the logic of actual results.

Statements that a thing is so, harangues and sarcasm are not scientific; it does not in the least savor of classified knowledge. In our literature we have many excellent scientific and popular essays covering the general field of osteopathy. But "enough is as good as a feast" and what is now demanded above everything else are proofs bearing the stamp of every day practical results. And there is not one apostle of our science but could readily furnish

a dozen of such examples. Why is it that our literature is so deficient on this score? It can be nothing else but apathy and indifference. All of us talk of the slowness of recognition from other scientific sources, but what have we in our literature to appeal to an outside man of science? "Results tell" to be sure, but where are our classified results?

The report of the Publication Committee at the St. Louis meeting sums up the importance of the Case Report division very thoroughly. We trust every member of the A. O. A. has or will read it. The following quotation from this report is most suggestive:

"The Committee \* \* \* would impress upon practitioners the importance, first, of keeping accurate and detailed records of their cases, and, secondly, of transcribing their most interesting cases and reporting them to this committee. Whether those cases were successes or failures matters not for our purpose. Indeed, the published reports should show a percentage of failures in order to represent our practice fairly and because our failures often teach us more than our successes. We can not too strongly urge upon practitioners the need of liberal contributions of reports to the archives of the publication committee. If the published reports are to have a high value as scientific documents, they must be the result of careful reporting on the part of the practitioner and of the most discriminating selection on the part of the editor of the reports.

"Obviously, if the editor has only a meager supply of reports in hand the opportunity for selection, comparison and analysis is small; hence, in order to make the published reports of the utmost scientific value and worthy of the profession, the Publication Committee desires during the coming months to have a great quantity of material available for study. We owe it to the young practitioner just entering the field; we owe it to future generations of practitioners; we owe it to ourselves to lay a broad and deep foundation for a copious and truly scientific literature of osteopathy. This can be accomplished only by an effort on the part of every practitioner *to live up to his duty* in the matter of recording and reporting his case histories."

There are now nearly one thousand members in the A. O. A. Suppose each member sent in just one case report per year, that would mean an aggregate of one thousand cases. At present it seems difficult to get out two hundred cases a year. In the two series of one hundred each already published, comparatively few of our members have submitted cases. What is wrong? This really represents a serious situation. It certainly would take very little time for each member to send in say five cases per annum, and with the present number in the association this would supply a grand total of five thousand cases. What an invaluable mine of osteopathic knowledge and confirmation five thousand cases would be!

The department of Case Reports is in charge of Dr. Edythe Ashmore, of Detroit. Her office should be flooded every day in the year with reports from our practitioners. Her work the past year has been well done, and especially so against the handicap of having only a few cases to edit. This task not only represents laborious work, but requires ability and technical knowledge. The rest of us should be glad to add our mite; our portion of it is certainly reduced to a minimum. Moreover, it is hardly just for us to map out work for a committee and then shirk our part. The A. O. A. is an organization for the mutual benefit of all; each of us share equally in its

protection, privileges and prestige. And without question there is not a member in the association but who will willingly and gladly aid if they but realize the significance of their part.

It is very important that our practitioners send in all the case reports possible this fall, for nearly three-fourths of the state legislatures will convene this coming winter and definite reports of cases from various osteopaths will be invaluable in our legislative fights. A case report that tells of a certain lesion being corrected and followed by a definite result is the best possible argument in answering the claims of medical men that osteopathy is nothing but massage.

Upon application to Dr. Ashmore, blank case reports will be sent to any member. Send in your failures as well as successes. Make your reports clear, concise, to the point, and comprehensive. Reports that are vague, ambiguous, and with various provisos are not scientific, and, thus, of no use to the editor. Remember the editor's work in rearranging and rewriting the cases is considerable at best.

CARL P. McCONNELL.

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#### ARE YOUR DUES PAID?

The attention of delinquents is called to the provision of Section 1, Article VII of the A. O. A. constitution, which is as follows:

"Members shall pay an annual fee of five dollars in advance. If a member's dues remain unpaid for three months after an 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 the current year's dues."

Every osteopath who has the interests of the profession at heart should continue his support of the national organization. Aside from this duty, the benefits to be derived from membership far exceed the cost. No one can afford to miss these benefits.

Let the above constitute an official notice to those in arrears that they must comply with this constitutional provision at once that unnecessary labor for officials and delay and disappointment to the individual may be avoided. Remittance of \$5.00 should be made to the undersigned.

M. F. HULETT *Treasurer.*

Columbus, Ohio, November 26, 1904.

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#### "THE PRESIDENT'S MESSAGE."

The president of the A. O. A. feels that an explanation is due the members of the association for apparently publishing his official message in the September issue of the *Osteopathic Physician*. The article referred to is not and never was intended as an official utterance. These of course will appear in the *JOURNAL* of the association. It was written to the osteopathic profession at large, and is self-explanatory. The writer entitled the article "A Message to All Osteopaths." For some reason the editor of the above newspaper changed the caption to "The President's Message."

The editor of the *Osteopathic Physician* invited the writer to prepare an article for the profession in general relative to the A. O. A. and its work. He also requested at the same time a short article on locomotor ataxia for *Osteopathic Health*. These articles were gladly submitted some time ago.

While appreciating the courtesy of the editor in giving space to the "message," I exceedingly regret the change of caption which gives it a seeming official aspect.

CARL P. McCONNELL.

Chicago, September 19.

**THE CAMPAIGN FOR MEMBERS.**

The profession, certainly the membership of the A. O. A., will be interested in the membership work. Active effort along this line is to be made. In fact it has already begun. Many good workers are offering to help and be responsible for the work in a state or group of states. This is indeed gratifying, but the most satisfaction comes to me through the letters almost daily received in which the writer says: "I want a few membership application blanks. I have in mind two or three friends I want to become members of the A. O. A." I should rather see ten applications come as the result of the interest and effort of ten of our members than to have one worker send me in that number, as much as I like to see this. This general interest is the truly hopeful sign. To help in developing this kindly interest that is growing so rapidly year by year on the part of the members of the A. O. A. these loyal workers, referred to above, are striving.

Dr. Upton, the Assistant Secretary, with the aid of such wheel horses in the association as Drs. Bolles, Drs. Tasker, Drs. Moore, Dr. Willard, Dr. Chase and others to be located and reported later, will cover the states west of the Mississippi River. Dr. Walter J. Novinger, the most active and successful worker we have had in this line the past year, has offered to work the entire Atlantic coast. He has the promise of the assistance of many active workers in these states, and the success of their efforts is assured. This leaves me some of the most populous states in the Mississippi and Ohio valleys, to which I have not yet had the opportunity to give attention. Will not some one in these states volunteer to be responsible for the success of the work in his state?

As indicated above it is not the idea in starting this campaign to simply work for members, nor to "butt in" in any way that could give offence to the profession in that state. We want to help to organize state societies where there are none, if it is desirable, and to aid the state officers and those whom they may secure for the work, in keeping before the profession the advantages they enjoy in membership in the A. O. A. and to urge upon the members of the association that they keep interested in the matter of increasing the membership of our National Association. The officers and trustees want to see it strong, strong in numbers and strong in the zeal and interest of its members. If all of the members will become thus interested we shall have within the year two-thirds of the profession in the A. O. A. We should have this proportion.

The outlook is full of encouragement, but there is work for us all to do. There is one matter in which I ask the earnest co-operation of every member. There will be a number of extra copies of the November JOURNAL issued. These extra copies of the JOURNAL will be issued to send to those who are not members, but who would become good members if their interest were aroused in the matter. Now I want YOU as you read these lines to pick out some acquaintances who would be interested in receiving a copy of the JOURNAL and send the name to me on a postal card. I will see that the JOURNAL is sent him, and that later a letter goes to him from the worker in his state. Then when you get your copy of the JOURNAL write to him or see him if you can. Tell him you have asked that a copy of the JOURNAL be sent him. Tell him how much good and profit you get out of your membership in the association, and ask him to apply for membership. If all who read this will act, it will mean several hundred members.

Auburn, N. Y.

Fraternally yours, H. L. CHILES, *Secretary*.

**MEMBERSHIP CERTIFICATES.**

About September 10th I mailed out membership certificates to all who were square with the Treasurer at the time of the adjournment of the St. Louis meeting. By the time this is read in type I shall have mailed certificates to all who have paid to date. I make this statement so that if any entitled to get the certificate does not receive it, he can write me that it may be traced. These membership certificates are artistic, and properly framed will harmonize with the artistic surroundings of any room. I trust that every one of them will be neatly framed and displayed in the office of the holder thereof. It entitles him to the confidence of the community in which he resides, and when "irregulars" are many, those having proper credentials are entitled to properly display them. Besides it keeps the organization of the profession before the people and profession. I wish all state societies issued these membership certificates. Advertising is not in good form, but this is certainly allowable and commendable.

Auburn, N. Y.

H. L. CHILES, *Secretary*.

**TO ALL STATE ASSOCIATIONS.**

All State Associations are requested to send a complete roster of their officers to the assistant secretary of the A. O. A., Dr. C. A. Upton, New York Life Building, St. Paul, who is compiling a roster of the officers of all State Associations. Kindly notify him of the officers elected at the coming elections.

AMERICAN OSTEOPATHIC ASSOCIATION.

CASE REPORT.

By Dr.....

- 1. *Diagnosis. Name of disease or condition.....*
- 2. *Name.....*      3. *Residence.....*
- 4. *Married or single.....*      5. *Age.....*      6. *Sex.....*
- 7. *Children.....*      8. *Occupation.....*
- 9. *Previous treatment.....*  
.....  
.....
- 10. *History of case.....*  
    (a) *Family history.....*  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....
- 11. *Symptoms.....*  
.....  
.....  
    *Physical signs.....*  
.....  
.....
- 12. *Osteopathic lesions:*  
    (a) *Bony.....*  
        *Cranial.....*  
        *Vertebral.....*  
        *Thoracic.....*  
        *Pelvic.....*  
        *Upper limb.....*  
        *Lower limb.....*  
    (b) *Muscular.....*  
    (c) *Ligamentous.....*
- 13. *Other causes.....*
- 14. *Urinalysis.....*
- 15. *Laboratory tests.....*



- 16. *Treatment* .....
  - (a) *What manipulations were employed to correct lesion?*.....
  - (b) *To excite or retard functional activity.*.....
  - (c) *How much reliance was placed on general treatment for results?*.....
  - (d) *Were there any changes in method as the case progressed?*.....
  - (e) *Frequency of treatment.* (f) *How long course of treatment?*
  - (g) *Directions about diet, baths, exercise, etc.*.....
  
- 17. *Results:* (a) *Cure or failure*.....
  - (b) *Symptoms relieved in what order*.....
  - (c) *What symptoms remained?*.....
  - (d) *What lesions corrected?*.....
  - (e) *What lesions remained?*.....
  - (f) *Remarks* .....

**DIRECTIONS**—Report carefully and in detail. Be accurate and scientific. Make a regular habit of reporting cases. Write on one side of the page only. Do not send testimonials. Return this report to Dr. Edythe Ashmore, 42 Valpey Bldg., Detroit, Mich., and apply to her for more blanks gratis.

# The Journal of the American Osteopathic Association

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W. F. LINK,  
EDYTHE F. ASHMORE, } Publication Committee.  
CHAS. HAZZARD,

A. L. EVANS, Editor.

CHAS. C. TRALL,  
N. A. BOLLES,  
A. M. WILLARD,  
G. D. HULETT,  
H. W. FORBES,

} Associate  
Editors

{ F. H. WOODALL,  
M. W. PRESSLY,  
O. A. WHITING,  
MARY V. STUART  
S. T. LYNE.

All members of standing committees ex-officio.

OCTOBER, 1904.

## VIBRATORY TREATMENT.

The attention of the osteopathic profession has lately been called to a mechanical vibrator invented within the last three years by an osteopath, a member of the A. O. A. We have read the literature gotten out by the promoters of this instrument. They base their treatment largely upon the osteopathic idea of etiology. They claim that some things which an osteopath does with his hands can be done with their machine in less time and with greater ease both to patient and physician. They claim to treat successfully some classes of cases in which osteopaths have not been uniformly successful. They diagnose their cases in accordance with osteopathic practice. They undertake to give specific adjustive treatment such as the osteopath gives. They assert that the force of the treatment and the extent of it is regulated by the hand of the operator and is not left to the machine, and they claim results such as the osteopath achieves.

We are not prepared to affirm or deny the truth of their claims and it is not, at this time, of that phase of the question of which we would speak, but rather of the attitude which the profession should assume towards such instruments. Naturally none of us would accept the bald statement of their makers as gospel truth. We believe it is commendable in any body of scientists to demand a demonstration rather than to swallow, like blind robins, everything that is offered. The test by which any therapeutic instrument should stand or fall is clinical results.

Let us suppose for the sake of illustration that this instrument is all that is claimed for it; that it will lighten an osteopath's labor, enable him to do more work, shorten the course of treatment for his patients and broaden his field of usefulness by enabling him to treat with success a greater variety of diseases. The question would then arise, may an osteopath consistently use the instrument? We believe that he would be violating no osteopathic principle in doing so. For the medical man it would be otherwise. He would be open to the charge of inconsistency; for in using the vibrator he must conform to ideas of etiology at variance with the teachings of his school of practice.

The business of an osteopath is to assist his patients to get well. To do this we believe it is necessary in most cases to correct lesions, to adjust abnormal parts. In accomplishing this he employs manipulation. Whether that manipulation be applied manually or mechanically is not a vital matter, but a matter of method and not fundamental. The important thing is that it be

effective. The only question then, as we view it, is to determine whether any instrument will enable the osteopath to do better work and more good to a greater number, bearing in mind that it proves nothing to say "it cannot be done," "there is nothing in it," etc.

That the A. O. A. has the right to pass upon the qualifications of its members goes without saying. That it has the right to discipline them for conduct so immoral as to bring discredit upon the organization is self-evident. That members may pursue certain methods of practice so utterly at variance with the principles of the science and the purposes of the association (e. g., drug medication) as to render their continued membership incongruous and wholly undesirable is also true. But we cannot say that the use of the mechanical device in question is immoral, nor does it seem to us wise in our present state of knowledge concerning vibration to say *ipso facto* that it is a violation of osteopathic principles to employ it.

We would not be understood as in any sense making a plea for the vibratory treatment, but we do plead for toleration and for investigation before passing judgment. Most of us have had occasion in numerous instances to condemn the bigotry of members of the medical profession as manifested in their malicious utterances concerning osteopathy, utterances evidently made without investigation of our claims or the result of our work. Let us not as we wax strong copy, one of the worst faults of our elder brother.

We do not say that osteopaths should necessarily investigate personally, all systems or therapeutic devices that may be brought to their attention. That would not be possible. But we do say as a matter of intellectual honesty, that before passing individual judgment upon any of them, whether favorable or unfavorable, or before resolutions for or against them are adopted by our organizations, judgment should be based upon definite knowledge as to their claims and clinical results.

We do not believe there is any occasion to get excited concerning the vibratory treatment. If it really does the work claimed for it by its promoters, and according to the theories they advance, it is a confirmation of osteopathic etiology, and it will survive regardless of the condemnation of any association. If it will not do the work it will demonstrate that that is not an effective method of applying osteopathic principles and it will find its way in due time to the therapeutic junk heap, no matter what adroit methods of exploitation are used in its behalf.

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Extra copies of the November number of the JOURNAL will be printed and sent to non-members of the association to aid in increasing its membership. These will not be sent indiscriminately, but according to the following plan: Let each member of the A. O. A., who is interested in its welfare, write a personal letter to one or more friends in the profession outside of the association, setting forth the benefits of membership and inviting them to join. These letters should all be mailed on November 1; a few days subsequently thereto a copy of the November number of the JOURNAL (which will contain an application blank) will be mailed to each person who has received a letter. In order that those who receive a letter may receive a copy of the JOURNAL it will be necessary for each member who will write a letter as above indicated to send to the editor of the JOURNAL not later than October 25 the names and office addresses of those osteopaths to whom they will

write. This will not only enable us to have wrappers addressed by November 1, but will help to determine the number of extra copies to be printed.

Here is an opportunity for every member to render practical aid to the association. If all will perform this service there should be a substantial increase in our membership, and hence in the effectiveness of the association to accomplish the important work it has in hand.

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As pointed out by the Treasurer elsewhere in this number of the JOURNAL, the membership of all whose dues are not paid by the 15th of October will lapse. This means that if your dues remain unpaid this will be the last number of the JOURNAL that you will receive; your name will be dropped from the directory; you will not receive a certificate of membership; no copy of the Year Book, to be issued about December 1, will be sent you; and you will miss the Case Reports which are to be printed this year.

We do not believe that any one will allow five dollars to weigh in the balance against the above mentioned benefits. Surely no one at this epoch in our history will voluntarily retire from the association, and in the face of this notice there will be no reason for any one doing so involuntarily, hence we will expect to see every name in its place when the directory appears again in December.

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There are many questions before the profession about which there are honest differences of opinion. One of the ideas that led to the founding of the JOURNAL was that a forum be provided where members of the association might discuss questions of mutual interest. We believe that in a full and free discussion the truth will be evolved or the expedient and right course to be pursued decided upon. The columns of the JOURNAL are open to all members for discussion of questions of interest to the profession. The only conditions imposed are that communications be of reasonable length, be written in parliamentary language, and unpleasant personalities avoided.

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Aside from meetings of the A. O. A. there is no better opportunity afforded personally to present the claims of the association to non-members of that body than at meetings of the state associations. We trust that some member of the A. O. A. will, at each state meeting held between now and the Denver meeting, take it upon himself to urge membership in the A. O. A. upon each non-member present. If those who may decide to do this will notify us in time we will gladly co-operate by supplying literature to aid in the work.

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The legislatures of a number of states meet this winter. It is probable that in some of them bills affecting osteopathy will be presented and it behooves osteopaths to be on their guard. In drafting new bills or in amending existing laws the position of the A. O. A. on the three year course should be kept in mind. Our position on this question ought to make it easier to secure the passage of favorable laws. Anyway it is time that steps were being taken to put osteopathic legislation upon a permanent and uniform basis.

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Several state societies publish a directory of their members. The idea is a good one and should be adopted by all the states.

We are in receipt of a copy of the directory of graduates of the American School of Osteopathy, Kirksville, Mo., issued Aug. 31, 1904. This publication also contains a directory of the graduates of the following colleges that are either under the management of, or have been merged with, the A. S. O.: S. S. Still College, Northern Institute, Bolles Institute, Northwestern College and Milwaukee College. It is for sale at ten cents per copy by the publisher, Dr. J. A. Quintal, Kirksville, Mo.

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No doubt a majority of us have treated cases that we would be glad to furnish the history of to the editor of the case reports for permanent record in our literature, or perhaps we have had occasion to refer to them in our own practice and have been unable to do either because no adequate record was kept of them. It is a duty we owe to ourselves, our patients and the profession to keep a detailed record of all cases treated. Now is the best time to begin this work.

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We call attention to the new case report blank that is printed in this issue of the JOURNAL. Practitioners will confer a favor on the case report department if they will study this form and report their cases in accordance with it, as nearly as practicable. Dr. Ashmore desires frequent reports of cases from every member. Send her some cases today. Get the habit and keep it up until she cries "Hold, enough!"

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Mr. S. M. Link, of Kirksville, Mo., father of Dr. W. F. Link, Knoxville, Tenn., and Dr. E. C. Link, Kirksville, Mo., died at his home on September 1. Mr. Link was a man of strict integrity, widely known and loved. His life was filled with generous deeds. In this affliction Doctors Link have the sincere sympathy of a host of friends.

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Suggestions relative to a plan for a closer union between the national and state associations are solicited. A committee was appointed to draft a constitutional amendment providing for such relationship, and the members of this committee would doubtless be glad of any suggestions that might lead to a proper solution of the question.

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We will be pleased to place on our mailing list, free of charge, the address of any college of osteopathy maintaining a reading room for its students. We realize that the best time to interest osteopaths in the work of the association is in their student days.

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It is hoped that there will be a large number of contestants for the A. O. A. medal. See the JOURNAL for September for details as to terms of the contest.

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A number have asked for the title page of Volume III, but we still have a number on hand, one of which we will send to any member who asks for it.

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The darkest hour in the history of any young man is when he sits down to study how to get money without honestly earning it.—Horace Greeley.

## NOTES AND COMMENTS.

### IMPRESSIONS OF ST. LOUIS MEETING.

The 1904 meeting of the A. O. A. impressed me by its size, its evidences of growing experience and desire for more thorough education. Even though debates became heated, it was best so because under such circumstances men say what they think and are the better for it. The evidences of sincere fellowship and good will were everywhere.

We have a stronger profession because of this convention.

At future meetings those having scientific subjects should be limited as to length of article. The effort put forth by those having clinical subjects was commendable, but it was disheartening to the clinician to labor under such handicaps as existed at this meeting.

All of us want to know the *personal experience* of our co-workers, but don't care for text book resumes.

DAIN L. TASKER.

Los Angeles, Calif.

### A SUGGESTION FOR FUTURE MEETINGS.

May we not have at subsequent meetings of the association the clinic or demonstration at the beginning of the session? This feature with scientific practical papers is by far the most important work before the convention and should be given the most prominent part. This mutual exchange of ideas and experience as brought out by a properly conducted clinic and liberal discussion following is, with individual study and research, our most efficient means of securing what we are all striving for, growth and development in our study of the human body.

While we have finished a most strenuous meeting in which all important subjects were before the association necessitating liberal discussion to a thorough understanding of the subject, I believe we err in not limiting debate upon all such subjects, as valuable time is unnecessarily consumed.

The St. Louis meeting had momentous questions to decide and was perhaps justified in part, but our most important work should be paramount always.

Chicago, Ill.

ALFRED WHELOCK YOUNG.

### PROFESSIONAL AMENITIES.

Is letter writing a lost art with osteopaths or one they never possessed? The experience of everyone who has attempted anything which required co-operation from the practitioners is that it was next to impossible to get replies from letters even when stamped envelopes were sent. This is discouraging, to put it mildly, to the one who is hard at work on a thankless task tending toward the uplifting of the osteopathic banner. Men who should feel complimented and honored at getting such recognition of their standing calmly ignore it and earn an unenviable reputation and the ill will of the sender for the discourtesy shown. It makes research and interchange of thought practically impossible. Then in the matter of referring patients to osteopaths, how many fail in the simple obligation and common courtesy of acknowledging the favor shown. The sender probably is much interested in the welfare of the patient and would be glad to have the opinion of the other physician, at least to know that the patient had continued with the treatment, yet it is a matter grossly neglected. It tends to make one careful in selecting his man the next time he has occasion to send patients to that city. We are all busy people, but we must not neglect the little amenities which make life worth living.

CHAS. C. TEALL.

Brooklyn, N. Y.

### MACHINE MADE OSTEOPATHY.

The question of machine made osteopathy will doubtless solve itself as has the correspondence made osteopath. Results will always tell, and if a machine can be made to do better work than the trained hand guided by a mature mind it will take its place in the healing art. If that time comes it will not be too much to expect that we shall see surgical machines where the patients will be dumped into a hopper and come out the other end, nicely bandaged, minus their vermiform appendices, ovaries, tonsils and other unnecessary organs. This phase of the question is not the vital one, but this is: has the American Osteopathic Association any right to say whether its members shall or shall not use the "riveting machine?" The Greater New York Osteopathic Society says emphatically that its members shall practice osteopathy and the machine made variety is barred. In the absence of any law in the A. O. A. on that point this question is made pertinent by the rumor circulated at St. Louis that a proposition was made to the trustees by the agent of a vibrator to have it adopted as the official machine. A cunningly worded letter to the profession followed by which this impression was strengthened, as it states that such an inter-

view really occurred. Is this not going too far and should not there be a positive statement, outside the secretary's report, as to what took place so that members may not be misled by the thought that "leaders of the profession" were dissatisfied with the work of their hands and had resorted to the skill and judgment of an inanimate machine.

Brooklyn, N. Y.

CHAS. O. TEALL.

### OSTEOPATHY AND THE WORLD'S FAIR.

Recently we looked upon the masterpieces of man's handiwork at the great World's Fair. We saw architectural splendors that would outshine the magnificent structures that crowned the far-famed acropolis in ancient Athens. We beheld the transcendent glory of marble after it had been shaped by the chisels of the world's greatest sculptors. We gazed with rapture upon the masterpieces of art, reflecting the richest beauties of nature's creations. We were thrilled with ecstasy when some choral club and orchestra aided by the greatest organ in the world, made Festival Hall to resound with the melodies of the world's greatest composers. We were awe-struck on witnessing the irresistible power of the world's greatest engines. But howevr glorious may be the work of the men who produced the wonders of the world's greatest fair, the work of the osteopathic physician is more glorious. The builders of the beautiful palaces used stone and wood and staff. The osteopath uses human bones and muscles and ligaments. The sculptor forces his chisel into cold marble. The osteopath adjusts the form of living bodies. The artist distributes bright colored paints upon his canvass. The osteopath gives direction and place for human lymph and blood. The musician strikes chords of twine and steel. The osteopath plays upon a silver chord with a million of branches and makes a discordant diseased body to thrill with the music of perfect health.

One of those Westinghouse engines has power enough to carry a river in its arms and scatter the waters over a mountain top, but the owner of the engine would gladly exchange it for the power needed by his little baby daughter to raise her tiny paralyzed arm! Osteopaths, do we fully comprehend our responsibilities? Are we ready to grasp all our opportunities?

St. Paul, Minn.

C. W. YOUNG.

### THE THREE YEARS COURSE.

"But if I were dangerously sick and in a strange place, I should want an M. D. called." These words were uttered in the course of a discussion relative to osteopathy. The speaker was one of the most broad minded and influential divines in the west. He is a friend of osteopathy and believes that it is a system of rational therapeutics. He was asked the reason for this attitude and answered, in substance, that he did not think that the average man or woman could learn enough in twenty months under any system to meet every detail of a general practice and that the man who had spent more time would appeal to him as having had the best opportunity to be fitted for an emergency. In the course of further discussion it was admitted that there were those in the practice of osteopathy today who were as competent as general practitioners as were the best of other schools, but that these were exceptions. They were men of better general education or of greater mental capacity than the average. It was contended, and cannot be controverted, that the bulk of our student body, entering osteopathic colleges, just the same as in other colleges, are not of this class. The course should be of sufficient length that the average student can fit himself in such manner that he can be looked upon by the public just as safe a guide through all crises as his medical contemporaries of different faith. The students of unusual capabilities would, while in school, have time for original research with college facilities, and the science be thus further elevated.

In a recent talk with an eastern professor of science who is a firm believer in osteopathy, the same idea was advanced.

These are merely expressions the like of which we are encountering in the field every day.

Our sphere of usefulness has widened and with it our responsibilities. Only six or eight years ago the percentage of acute cases which were being treated was very small. The average osteopath is the family physician now in ten families where he was in one eight years ago.

We must know everything from the two teeth most likely to be cut first by the baby to the proper care of the father during an attack of pneumonia.

There is nothing which will so favorably impress the more intelligent and influential class of citizens with the dignity and worth of our science as the establishment of a minimum three years' course, exclusive of major and operative surgery, as the profession's standard of education. It will throw down the last efficient barrier to speedy universal recognition, legally as well as otherwise, and we will then be given just acknowledgment on health boards, municipal, state and national sanitary commissions, etc.

Missoula, Montana.

ASA WILLARD.

**A. O. A. BANQUET.**

The following is a copy of the menu card and program of the banquet to the American Osteopathic Association at the Inside Inn, within the World's Fair grounds, served at 9:30 on the evening of Thursday, July 14, 1904:

**MENU.**

	Salted Almonds	
	White Rock	
	Ox Tail, en glace	
Breadsticks	Lobster Patties, Newburg	Relishes
	Asparagus Vinaigrette	
	Roman Punch	
Spring Chicken	Fruit Salad	Potatoes Rissole
Neapolitan Ice Cream	White Rock	Fancy Cakes
	Roquefort Cheese	
Toasted Crackers		Demi Tasse

**INSTRUMENTAL SELECTIONS—FISCHER'S ORCIESTRA.**

- 1 March—"Osteopathic" ..... Fischer
- 2 Operatic Selection—"Il Trovatore" ..... Verdi
- 3 Solo for Cornet—"Annie Laurie"..... Arr. by Jay  
Harry B. Jay
- 4 Popular Selection—"Yankee Consul"..... Robyn
- 5 Xylophone Solo—"Dance in the Woods"..... Stobbe  
Dan W. Barton
- 6 Selection—"American Fantasie"..... Bendix
- 7 Duet for Flute and Clarinet—"The Butterfly"..... Bendix  
Messrs. Barbour and Morrill
- March—"Yankee Girl" ..... Lampe  
Toastmaster—Dr. Charles Hazzard, New York City.  
"His only duty is to steal the thunder  
Of those mentioned hereinunder."—Anon.

- THE NATIONAL ORGANIZATION..... Dr. T. L. Drennan, Jackson, Tenn.  
"Nature knows no pause in progress and development, and attaches  
her curse on all inaction."—Goethe.
- THE STATE ORGANIZATION..... Dr. C. A. Upton, St. Paul, Minn.  
"Nothing great was ever achieved without enthusiasm."—Emerson.
- THE BEST MEDICINE..... Dr. R. W. Bowling, Franklin, Ky.  
"Throw physic to the dogs."—Shakespeare.  
"Where will you find a dog that will touch it"—Bill Nye.
- OUR FUTURE..... Dr. Geo. W. Riley, New York, N. Y.  
"Man is not the creature of circumstances. Circumstances are the  
creatures of men."—Disraeli.
- OUR HOSTS..... Dr. D. Ella McNicoll, Frankfort, Ind.  
"For manners are not idle, but the fruit  
Of loyal nature and of noble mind."—Tennyson.  
"Hospitality sitting with Gladness."—Longfellow.
- THE EXPOSITION..... Dr. Irene Bissonnette, Buffalo, N. Y.  
"These buildings will disappear; this creation of art and industry and  
beauty will perish from sight, but their influence will remain to 'make  
it live beyond its too short living with praises and thanksgiving.' Who  
are to tell the new thoughts that have been awakened, the ambitions  
fired, and the high achievements that will be wrought through this  
Exposition?"—McKinley's last speech at Buffalo.
- THE LADIES..... Dr. H. T. Crawford, Boston, Mass.  
"We are shaped and fashioned by what we love."—Goethe.
- THE "OLD DOCTOR"..... Dr. C. H. Spencer, Des Moines, Ia.  
"In the end, thought rules the world."—McCosh.

**MINNESOTA STATE OSTEOPATHIC ASSOCIATION.**

The sixth annual meeting of the Minnesota State Osteopathic Association was held at Minnehaha Hall, 100 West Ninth street, in St. Paul, Friday morning, afternoon and evening, Sept 2nd. There were sixty-nine present, and it was the most successful meeting in the history of the association. The program as given below was carried out in full, ex-



cepting that Dr. Pickler, owing to the lateness of the hour, gave way to Dr. Still, and Dr. Pickler's paper was not read.

Several amendments to the constitution were made, the admission fee being discontinued.

Officers elected: President, H. H. Mcclering, St. Paul; First Vice-President, W. H. Eckley, St. Paul; Second Vice-President, J. T. Boylan, Minneapolis; Third Vice-President, W. O. Flory, Minneapolis; Secretary, J. A. Herron, Minneapolis; Treasurer, Miss A. M. Mahony, Minneapolis; Legal Adviser, C. W. Young, St. Paul; Librarian, Miss K. J. Manuel, Minneapolis; Trustees, Georgie W. Borup, St. Paul; G. M. Stern, St. Paul; J. C. Bohen, St. Paul; Victoria Anderson, St. Paul; L. S. Bottenfield, Minneapolis.

Thanks of the association was extended to Dr. Upton, the retiring Secretary, for the work of the past year for the association. Dr. Upton declined re-election. The reception tendered in the evening to Drs. J. Martin Littlejohn, Ella D. Still and H. W. Forbes was largely attended.

**PROGRAM.**

*Forenoon, 9 O'clock Sharp.*

President's Address .....Dr. A. G. Willits..  
 Delegate's Report .....Dr. C. A. Upton  
 The Theory of Lesions and Their Treatment.....Dr. J. Martin Littlejohn  
 Business Routine and Election of Officers.  
 The Vaso-Motor System.....Dr. J. B. Bemis  
 Question Box.

*Afternoon, 2 O'clock.*

Spinal Curvatures .....Dr. H. W. Forbes  
 Clinics.  
 Piles .....Dr. E. C. Pickler  
 Osteopathic Obstetrics .....Dr. Ella Still  
 Question Box.

**THE GREATER NEW YORK OSTEOPATHIC SOCIETY.**

The following program was carried out at Fifth Avenue Hotel, New York City, Sept. 16, 1904:

8:15 P. M.—Call to Order—Secretary's Report.  
 8:25—Annual Address .....President Charles F. Bandel  
 8:40—Report of Membership Committee.  
 8:50—Report of Delegates to A. O. A. Meeting at St. Louis—Clarke F. Fletcher, D. O., Charles H. Whitcomb, D. O.  
 9:15—Discussion on Operative Interference in Hemorrhoids Led by Forrest P. Smith, D. O.  
 9:35—Discussion on Abuses and Benefits in Curettement..Led by Charles C. Teall, D. O.  
 Adjournment.

**KANSAS OSTEOPATHS.**

The following is the program of the third annual meeting of the Kansas Osteopathic Association, held at Salina on Sept. 9, 1904:

10 O'clock a.m.—Roll call; reports of committees; admission of new members.  
 Paper—"Neurasthenia," Dr. Gladdis Armor, Emporia.  
 Discussion—Led by Dr. J. S. Bower, Salina.  
 Paper—"Osteopathic Adjuncts." Dr. R. A. Bower, Burlingame.  
 Discussion—Led by Dr. C. E. Hulett, Topeka.  
 1:30 O'Clock p. m.—Paper—"Osteopathic Gynecology," Dr. Adele Doane, Parsons.  
 Discussion—Led by Dr. J. O. Strother, Winfield.  
 Paper—"Osteopathy in Eye Troubles," Dr. H. K. Benneson, Clay Center.  
 Discussion—Led by Dr. W. L. Lyda, Great Bend.  
 Miscellaneous business; election of officers; selection of next meeting place; adjournment.

**ATTENTION, OSTEOPATHS!**

Wm. R. Dobbyn & Sons are now engaged in preparing the second of the Osteopathic Year Book. This publication is issued under the authority of the American Osteopathic Association, and is designed to represent the *whole profession*.

We urgently request the secretaries of the state societies, and all secretaries of other osteopathic societies to prepare a list of all legitimate practitioners in the state or society of which he or she may be the secretary, and send to the publishers.

The blanks necessary for this will be sent them by the publishers, and should any be overlooked, please notify Wm. R. Dobbyn & Sons, Minneapolis, Minn., and the blanks will be promptly sent.

All osteopaths graduates of the Associated Colleges and schools recognized by the Ameri-

can Osteopathic Association, and graduates of legally chartered colleges of osteopathy, said graduates holding certificates from osteopathic state boards of examiners, are also requested to send name on a card giving address, year of graduation, college from which graduated, to the publishers as above, that their name and address may be properly given. Please report also the name of the president and secretary of each society, and state whether any legislation has been attempted or obtained in your state during the past year or whether any is contemplated. By doing these things and doing them promptly, you will confer a great favor upon the association and the publishers. C. P. McCONNELL, President.

H. L. CHILES, Secretary.

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#### PERSONAL.

Dr. and Mrs. S. A. Ellis have returned to Boston from their European trip. Dr. Ellis has resumed his practice at 144 Huntington avenue.

The address of Dr. O. L. Butcher should have appeared in the September directory as follows: Hotel Belmont, Virginia avenue, Atlantic City, N. J.

Drs. H. E. Nelson and Richard H. Coke have formed a partnership under the firm name of Nelson & Coke, with offices at 1203 Second street, Louisville, Ky.

Dr. Florence Brown Stafford, of Pittsburgh, Pa., retired on Sept. 15 from the firm of Heine & Stafford. Her present office is at her residence, 811 St. James street, East End, Pittsburgh, Pa.

Almost two years ago Dr. Jenness D. Wheeler, of Boston, suffered a stroke of hemiplegia. It is gratifying to be able to state that the doctor has recovered and has resumed the practice of his profession. His office is at 37 Earl street, Malden, Mass.

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#### REMOVALS.

We have been notified of the following changes in addresses of members since the September number of the JOURNAL was issued:

Harriet L. VanDeusen, 140 State street, Albany, to 101 Division street, Amsterdam, N. Y.  
 Richard H. Coke, 636 Fourth street, to 1203 Second street, Louisville, Ky.  
 J. S. Blair, Van Wert, Iowa, to 17 N. McCamly street, Battle Creek, Mich.  
 G. S. Hoisington, Belleville, Kan., to Great Falls, Mont.  
 R. F. Graham, Sioux City, Ia., to Batavia, N. Y.  
 Alice A. Robison, 101 Dartmouth street, to 42 Dartmouth street, Springfield, Mass.  
 H. M. Gifford, Onarga, Ill., to Florissant, Col.  
 A. Duke Durham, Thomasville, Ga., to Frederickton, N. B.  
 Ethel E. Brown, 199 Warren avenue, to 994 E. Fifty-third street, Chicago, Ill.  
 O. B. Gates, Hastings, to 299 Crapo Block, Bay City, Mich.  
 T. J. Watson, Denver, Col., to New London, Mo.  
 J. Margaret Andrews, Beaver Dam, Wis., to 230 N. Church street, Rockford, Ill.  
 J. D. Wheeler, 416 Marlborough street, Boston, to 37 Earl street, Malden, Mass.  
 Florence Brown Stafford, 303 Nixon Building, to 811 St. James street, Pittsburgh, Pa.  
 Norman B. Atty, Seattle, Wash., to Plymouth Inn, Northampton, Mass.  
 Clara Davis, 124 S. Main street, to Wooster street, Bowling Green, O.

We would be obliged to anyone who will give us the office address of any of the following members:

Jas. K. Tuttle, New York City.  
 M. Cebelia Hollister, Brooklyn, N. Y.  
 Frank L. Martin, late address, 234 Post street, San Francisco, Cal.  
 Edward Lapham Hill, late address, 18 Aspinwall avenue, Brookline, Mass.  
 Linda Hardy, late address, 118 W. Eighth street, Topeka, Kan.

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#### NEW MEMBERS.

The following have been elected to membership in the A. O. A. during the past month:

J. Houser Corbin, 301 Broad street, Westfield, N. J.  
 E. L. Denniston, 153 E. Main street, DeKalb, Ill.  
 Laura Ducote, 861 W. North avenue, Baltimore, Md.  
 Emma Griffin Gardner, 1304 Main street, Richmond, Ind.  
 Martin D. Young, Loveland, Colo.

Dr. E. H. Shackelford, 201 E. Franklin street, Richmond, Va., wants one copy each of Nos. 6 and 7, Vol. II., JOURNAL A. O. A.

**OSTEOPATHIC LITERATURE.**

In order to make room in our office, put a little money in the A. O. A. treasury, and place good osteopathic literature where it will do the most good we offer to *members of the Association* any of the following literature at the greatly reduced prices quoted:

36 copies of Volume I., bound, each ..... 50c  
 9 copies of Volume I., unbound, each ..... 25c

**SINGLE COPIES VOL. I., 5 CENTS EACH. (This Volume was Issued Bi-Monthly.)**

160 copies No. 1; 3 copies No. 3; 45 copies No. 4; 44 copies No. 5; 12 copies No. 6.

**SINGLE COPIES VOL. II., 5 CENTS EACH.**

6 copies No. 2; 3 copies No. 3; 10 copies No. 4; 11 copies No. 5; 7 copies No. 8; 11 copies No. 9; 57 copies No. 11; 12 copies No. 12.

10 copies Vol. III., bound, at \$1.25 each; 60 copies Vol. III., unbound. The latter will be given to those first elected to membership in the A. O. A. during this year. To fill out the ten bound copies and sixty unbound copies of Vol. III. consumes all of the September (1903) number. There are over 100 copies of other numbers of Vol. III. which will be sold in any quantity desired at 5c per copy.

Several hundred copies of Case Reports, series I. and II., at 10 cents per copy.

We also have the following pamphlets which will be sold at 2 cents per copy:

820 copies "Osteopathy an Independent System Co-Extensive With the Science and Art of Healing," by J. Martin Littlejohn; reprinted from the JOURNAL for September, 1901.

540 copies "The Biological Basis of Osteopathy," by C. M. T. Hulett, president's address; reprinted from the JOURNAL for November, 1901.

80 copies "The Summation of Causes in Disease and Death," by E. R. Booth, president's address; reprinted from the JOURNAL for October, 1902.

30 copies "Therapeutic Fallacies," by C. C. Teall, president's address; reprinted from the JOURNAL for August, 1903.

75 copies "Appendicitis," by A. M. Willard; reprinted from the JOURNAL for December, 1903. Any of the above will be sent to members, prepaid, on receipt of price.

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# The Journal

of

## The American Osteopathic Association

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### OSTEOPATHIC MANIPULATION OF THE BLOOD-MASS.

President's Address, Eighth Annual Meeting of the A. O. A., St. Louis, Mo.

CHARLES HAZARD, Ph. B., D. O., New York, N. Y.

It is a cardinal principle of osteopathy that blood flow must be free; that if it be not so disease results and the osteopath must go to work to remove every barrier to perfect circulation. This necessitates a full knowledge of the anatomy and physiology of the circulatory system. Says Dr. Still of the osteopath, "He must know how the blood is driven away from the heart, where it goes, what it does, and how it is returned."

To move, to breathe, to think, to have an emotion, is to affect the circulation, sometimes profoundly. Any one may, by the simplest means, affect the circulation, but to know when and how to do this, within the limits of safety, to the best advantage of the case, and how to find and remove the cause of disordered circulation, which is resulting in disease, is the work of the skilled osteopath.

It is the purpose of this paper to present the results of a careful study of this matter, from an osteopathic view point, in order to contribute to a clearer understanding of just how we may gain curative effects by adjusting and controlling the circulation. To the writer it seems that this end may best be accomplished by manipulation of the blood *en masse*.

The blood mass is an entity. It is a tissue of the body, just as are the muscular, nerve, or bone tissues. It, like they, is liable to various mechanical disarrangements, with resulting ill effects upon the health. Any disturbance of the blood mass in one part may, and usually does, affect it in another. Familiar illustrations of this important fact are seen in the itching nose in portal congestion, the congested throat in uterine disorders, the sneezing from uterine irritation, the hemorrhoids in congested liver, etc.

As a mechanical factor in the etiology of disease, the mechanical status of the blood-mass constantly attracts our attention. This is a great fact, and its proper appreciation by the osteopath is of importance, that he may correctly diagnose conditions, and that he may intelligently handle the blood in order to mechanically correct and restore to proper form and condition this fundamental tissue of the body.

By proper treatment, the blood-mass may be so manipulated as to dispose

its bulk, and portions thereof, as best to aid the health of the parts we seek to influence. Quantities of blood may be drawn to or away from a part of the body, and so arranged as to restore the equilibrium of the circulation, and equalize it throughout the vascular system to the best advantage of health. In many cases our success, at the time of treatment depends largely upon how we handle the blood-mass. It is seldom, if at all, that the blood is affected locally alone. If affected at all it is *en masse*. A congestion at one point means less blood somewhere else. This is corrected only by proper rearrangement of the blood-mass, with a resulting restoration of vascular equilibrium.

Reflex muscular relations, throughout the body, are marked. It has been shown that ice, held in one hand, makes it first cold and anemic, then hot and red, and that similar changes of lesser degree occur in the other hand. According to Eccles, massage of one limb increases its circulation and temperature, and that of its fellow likewise. There is a close relation between skin and abdominal circulation. Burns and scalds upon the surface of the body produce internal congestion, inflammation and ulceration. Any manipulation of the body at once affects circulation. A mere stroke upon the surface of the skin is followed by a white line, quickly changing to red, by reason of the vasomotor reflex aroused.

All the natural agencies of the circulation may, by our treatment, be quickened in their action. By appropriate manipulation the heart-beat may be made quicker and stronger. Pressure and motion applied to the thoracic and abdominal walls aid and quicken their natural play and affect circulation. Muscular motions given to the limbs, spine, or neck, simulate the effects of the natural play of the muscles; squeeze and pump the blood and lymph out of the tissues and along their natural channels.

The periphery of the body is our great field. Wherever we treat it we affect the blood flow, directly or reflexly. According to McGillicuddy, sensory impulses, resulting in reflex motor action, may reach the vasomotor reflex centers through the sensory nerves of the cerebro spinal system. Baruch goes even further in saying that probably all the sensory cutaneous nerves of the body congregate in the vasomotor centers in the medulla, where they connect with all the vasomotors of the arteries of the body; also that the nerves supplying the vessels of the pia mater experience a steady tonic excitation from the cutaneous sensory nerves. Graham shows that light friction of the skin quickens the heart-beat.

If these be the facts, it is clear that any work upon the body must, everywhere and always, profoundly affect circulation in the body. But of still greater importance is the fact that we, by the repair of the many lesions which we find, remove from the periphery the irritation which is keeping up a permanent disturbance of vasomotor equilibrium, with its numerous resulting ills. This results in a rearrangement of the various portions of the blood-mass; congestions are let free, local anemias are overcome, the caliber of the vessels is readjusted, and vascular equilibrium is restored.

As we well know, irritations produce vasomotor changes in remote parts, and McGillicuddy, in speaking of this fact says that the anemias or congestion thus produced causes pain. An example of this is seen in frontal headache from gastric irritation. We know from experience that these sources of irritation are often osteopathic lesions.

Just in line with these facts is a class of cases frequently met. The

patients, mostly women, suffer from soreness and aching in the calves of the legs, feet, palms, and often in the joints. They are sore to the touch along the spine; often the whole flesh is very tender. General nervousness and weakness mark these cases. They always show marked spinal lesions and, usually, abdominal or pelvic disorders. Irritation from these sources arouses abnormal vascular reflexes, causes anemia or congestion of joints, feet, calves, palms, spine and flesh, resulting in pain and in soreness on pressure. Correction of lesion is the radical cure. Short of this, these cases always show marked improvement as soon as spinal abdominal and pelvic circulation is toned. Light preliminary treatment, to lessen the soreness by rousing circulation, is often necessary before the real and radical treatment can be carried on.

Mechanical work upon vessels is often an important aid in regulating blood-flow. For example, Ziegenspeck shows that, in cases of congestive headache, momentary pressure upon the jugular veins causes the blood to backset in the tributaries of these vessels, dilating them back to the capillaries, after which, on account of the dilation, the flow is free and the congestion is relieved. This principle may be applied to any large vein that can be reached by direct pressure. I have used it with immediate results in the form of reduction of the swelling in acute inflammation of the tonsils.

McClellan shows that the sub-clavian vein is attached to the back of the clavicle and follows the movements of that bone. Our treatment applied in "raising the clavicle" thus stretches and pulls this vessel considerably, while at the same time the pressure of our fingers, applied behind the bone, causes a momentary stoppage of the flow, with a consequent backsetting of the blood and dilatation of the vein and its tributaries, with a resulting freedom of blood flow.

I have seen Dr. Still thrust his thumbs strongly against the femoral arteries for the period of one heart-beat, causing a brief stoppage, followed by a stronger effort of the heart, and thus acceleration of the whole circulation.

Stevens calls attention to the old-fashioned method of stopping hemorrhage in pulmonary tuberculosis by the application of a temporary ligature to one or more members, which hinders the flow of blood in the veins, and may materially aid in checking the bleeding. That is to say, that slowing the circulation at one point effectually slows it throughout. Stoppage at one point in the circuit affects the whole blood-mass. So it is in disease. A congested liver means a congested portal system, as evidenced often by hemorrhoids. It means also congested cerebral vessels, as evidenced by the headache commonly present in these cases. It is clear that the blood responds *en masse* to conditions affecting the vascular status at any given point, the effect upon the mass being, of course, in proportion to the influence exerted upon it. By the application of the principles described we may, by our treatment, alter vascular states, re arrange the bulk of the blood-mass, and restore vasomotor equilibrium.

From the view-point of regulating the disposition of the blood-mass, work upon the abdomen, together with that part of the spine from which springs its nerve supply, is by far the most important. Its vascular relations with all other parts of the body are so intimate that the condition of its circulation becomes at once important when we desire to reach the circulation to other parts. According to McGillicuddy, changes in the digestive tract and uterus

manifest themselves by irritations throughout the whole of the spinal column, and the entire nervous system, and, by the spinal and cerebral nerves, all portions of the body respond to these changes.

The skillful diagnostician takes account of this relation, and looks well to the vascular status of the abdominal viscera in reading the signs of disease.

The abdominal veins can dilate enough to receive at least one-third of the total blood-mass. We can call to or send from these vessels large quantities of blood, with important effects. For example, pressure on the solar plexus and abdominal treatment often relieve congestive headache.

These abdominal veins possess no valves, but are supplied with vasomotor nerves. They are easily dilated, and are thus prone to disturbance, their circulation being readily impeded. Byron Robinson shows that their tonus depends much on the state of the abdominal walls. If the latter are lax, abdominal circulation becomes sluggish by reason of decrease of intra-abdominal pressure, allowing of dilatation of the veins and retention of the blood. This leads to a long train of evils. Campbell says that flaccid abdominal walls allow of flatulence, costiveness, ptosis, and accumulation of blood in the portal area. Hence the importance of keeping free from lesion that portion of the spine supplying nerves to the muscles of the abdominal walls, in order to keep the walls themselves in a proper condition to help maintain perfect vascular conditions in the viscera behind them. Strong abdominal muscles are natural stays. Of greater importance is the removal of all lesions from the splanchnic area of the spine, whence come the vasomotor nerves of the abdominal vessels, described by Flint long ago as the most important vasomotors in the body. As a matter of fact, both the splanchnic nerves and the nerves supplying the abdominal walls arise from the same area of the spine, as the walls are innervated from the last seven thoracic nerves. Hence the same lesion that affects the bowel through the splanchnics will sometimes affect the walls through these seven nerves. We occasionally meet cases in which, on this account, lax abdominal walls accompany conditions of marked constipation. Restoration of tone to the walls always favorably affects the constipation.

By reason of the connection of this important splanchnic vasomotor supply with the reflex nerve mechanism of the heart we have the so-called depressor nerve phenomena. From the heart, under proper conditions, come impulses, by way of the cardiac depressor nerve and the medulla which, acting through the bulbar vasomotor center, cause a dilatation of the splanchnic and other vessels. They, dilating, receive from the system a large amount of blood, with the result that general blood-pressure is lessened, arterial tension falls, and the heart-beat is quieted. Thus the depressor nerve mechanism acts.

We often meet the pathological aspect of these facts. Anything suddenly lessening intra-abdominal pressure or tension allows these easily-dilating abdominal veins to receive a large quantity of blood from the system. This may go to such an extent that grave results follow. Campbell calls attention to cases of fainting in women upon removal of the corsets. The sudden removal of the support they afforded to the abdominal walls lessened intra-abdominal pressure and allowed of the gravitation of blood to the abdominal veins in quantity sufficient to produce cerebral anemia and syncope. He calls attention, too, to cases of syncope in men, due to suddenly arising from bed at night and emptying a full bladder. This act so lessens intra-abdominal



pressure as to allow of vascular dilatation and cerebral anemia. Indeed, cases have been recorded in which so great and sudden was the determination of blood to these abdominal veins that not enough was left in the arterial system to keep the heart going, with the result that death ensued. Hence has arisen the expression, "Bleeding to death into one's own abdominal veins."

On the other hand, according to Campbell, powerful contraction of the abdominal muscles raises blood-pressure by compression of the abdominal vessels. He says that vomiting after cerebral concussion, which is usual, compresses the great splanchnic veins and replenishes the heart. Compression of the belly may increase the work of the heart 30 per cent. by squeezing the blood from the splanchnic area into the other vessels. He says that the abdominal veins are very susceptible to pressure, and quotes Leonard Hill to show that squeezing the blood out of them into the heart stimulates it and re-establishes circulation. It has even been demonstrated, experimentally on animals, that, after section of the spinal cord, which paralyzed the vasomotors and allowed the blood to collect in the splanchnic veins, emptying the heart, pressure on the abdomen squeezed the blood into the heart again and re-established circulation.

Goltz, in his celebrated experiment, by beating lightly and rapidly upon the abdomen of a frog, caused the heart to slow its beat, and finally to stop an instant in diastole.

Baruch points out a collateral relation between the skin and the abdominal circulation, and quotes Schuller to the effect that even light pressure on the belly of a rabbit caused dilatation of the veins and arteries of the pia mater, and that cold wet compresses on the abdomen caused dilatation in the pia and pulsations in the cerebral vessels to become more pronounced and slower.

Treves points out that the skin of the abdominal wall is supplied from the last seven dorsal nerves, which also give origin to the splanchnic nerves.

These facts illustrate not only the importance that the osteopath attaches to examination of this portion of the spine in splanchnic disease, but they also point to the importance of a close examination of the splanchnic spine in circulatory disorders, and to the far-reaching effects that may be gotten upon the circulation by appropriate treatment of spine and abdomen.

There is a still wider relation existing between vascular states in the abdomen and those in other and distant parts of the body. There is a close reflex relation between the abdomen and the head. According to Byron Robinson, a blow on the solar plexus causes syncope by reflex action on the heart via the vagus. Reflex irritation from the stomach causes headache by congesting the cerebral vessels. Flatulence and ascites, says Campbell, press blood out of the splanchnic veins into the system, and the work of the heart is increased. Flatulence and constipation, for such a reason, cause dizziness. Robinson says that cerebral circulation is disturbed in constipation by reflex irritation from the abdominal viscera via the lateral chains of sympathetic ganglia, the splanchnics, and other sympathetics. Dizziness, he says, results from pressure either of the finger, or of feces, upon the hemorrhoidal plexus of nerves.

We continually meet these cases. When the subject of such a complaint is an elderly person of full habit, the tendency to apoplexy is greatly increased. In such patients a little excitement or exertion may readily cause an apoplectic seizure. It is well, in all cases, to look well to the condition of bowel, liver and stomach in order to equalize circulation, remove irritation

and lessen vascular tension in the brain. Many a man would never have suffered the stroke had this simple matter been attended to. Elderly persons, who have recovered from a stroke, with resulting hemiplegia, are often flatulent and constipated. These factors greatly increase the well known tendency of such cases to suffer another stroke. In the management of them, frequently under our care for the hemiplegia after the first attack, it is imperative to look well to all these abdominal conditions.

Dr. Still makes use of this relation between circulation in abdomen and head. In the treatment of apoplexy he forbids the use of the customary cold application to the head because it deadens or congests instead of freeing circulation. But he directs the application of heat to the abdomen, which dilates the abdominal vessels and calls the blood from the head. This preference is evidently a wise one.

McGillicuddy says that colic and diarrhoea, with resulting abdominal irritation, cause spasm of the arteries of the lower limbs and a rush of blood to the head. This furnishes us another reason for looking well to the abdominal status.

Further effects of abdominal conditions upon vascular states in other parts of the body may be pointed out. In peritonitis, says Robinson, the waxy paleness of the surface of the body is due to reflex irritation from the peritoneum leading to intense vaso-constriction of all the superficial vessels. The patient dies, he says, from circumference to center. According to the same authority irritation from any viscus is liable to cause vaso-constriction, while nervousness contracts the peripheral arteries and affects the heart.

There is a close relation between abdominal conditions and circulation in the feet and lower limbs. It is common to meet persons suffering from digestive disturbance who are weak in the lower limbs. Weakness of the leg is noted in people with tape-worm. Nervous persons, suffering with congestions of abdominal organs, have cold hands and feet.

Treatment of the lower limbs affects circulation in the abdomen. Likewise a proper abdominal treatment quickens circulation in the legs.

Vasomotor disturbances in the lower limbs, due to abdominal conditions, sometimes become marked and may produce even functional paralysis in these members. McGillicuddy shows that digestive and uterine disorders cause cramps and aching in the lower limbs by reflex vasomotor effects, and extreme coldness of the extremities; that ovarian irritation causes spasmodic vasomotor activity, and may even produce functional paraplegia; that one of the first signs of uterine disease is weakness and weariness of the back and limbs; that irritation from the digestive and genito-urinary systems causes contraction of blood vessels, which may be great, and long continued enough to lead to atrophy; that similar irritations, by causing contraction of the vessels of the cord and lack of arterial blood in it, may lead to functional paraplegia.

In certain cases so great is the loss of tone in the abdominal vessels that practically a vaso-motor paralysis results, and the aggregation of blood in the splanchnic veins becomes a cause of considerable enlargement of the abdomen, sometimes simulating pregnancy. Such cases I have seen respond easily to treatment.

Among the abdominal organs the liver and the spleen deserve special mention for their relation to both abdominal and general circulation. The splenic

vein, into which empties the inferior mesenteric, unites with the superior mesenteric vein to form the portal vein. Practically all of the abdominal blood flow thus passes through the liver. Any interference with free flow through this organ upsets abdominal circulation, which, in turn, disturbs the blood mass throughout the body. The hepatic plexus, an offset of the solar plexus, sends its branches to accompany the blood vessels throughout the liver and to ramify to the remotest corner of the organ. This plexus rules circulation in the liver. It is prone to irritations from other viscera, with which it is closely connected by sympathetic nerves. Hence it is important that all sources of irritation should be removed. Spinal lesion in the splanchnic area is most important in this relation.

The portal system alone can contain one-third of all the blood in the body, or even more.

Thayer is authority for the statement that extremes of emotion or severe pain may reflexly lead to such a dilatation of the abdominal vessels that they contain the greater portion of the blood, resulting in cerebral anemia and syncope and under such conditions one may actually bleed to death into his own portal system. Heart failure after extreme emotion is due to such a cause.

The diversion of a considerable quantity of blood to the liver serves an important purpose, often, as it is shown that the liver thus acts as a shunt in certain emergencies preventing the blood from returning to the heart in dangerous amounts.

Byron Robinson enunciates what he styles the law of vascular engorgement and elastic capsules. All the viscera are supplied by the sympathetic with automatic visceral ganglia. Every visceral organ is, says he, during activity, in a state of vascular congestion, turgescence, or enlargement. The liver has its normal and regular rhythm, contributed to it by its elastic capsule of Glisson, its automatic sympathetic ganglia, and the active functioning of its vessels and cells. Any irritation interferes with its rhythm, deranges function, and produces malnutrition. Spinal or other lesion to the nerve-supply of the liver produces various irregularities of rhythm and disease follows: It is our duty to seek and remove the lesion acting as the source of irritation. How well our spinal and other corrective work affects the health of the liver we well know from experience. The full import of the results we attain can be judged only upon an understanding of the relations that the liver bears to the circulation as a whole.

The emphasis laid upon the importance of thorough liver treatment, especially in all cases of liver disturbance, has been none too great.

As to the spleen, its relation to the circulatory system is unique. Its function is such that the blood passing through it must empty out of the vessels bringing it into the organ so that it may come into intimate relation with the splenic pulp. Such being the case, provision must be made for the forcing of the blood out of it into the circulation again. This is provided for by the structure of the capsule and trabeculae, which are supplied with a large amount of unstriated muscle tissue. This capsule is supplied by the splenic plexus of the sympathetic, and by virtue of its rhythmic action the blood is passed along. In fact, the spleen is mechanically a part of the vascular system. "The spleen," says Hall, "is as exclusively connected with the circulatory system as is the heart." McClellan styles it a blood diverticulum.

It is altogether probable that the spleen exerts an actual propelling force upon the blood. In the dog, cat and certain others of the lower animals it has been observed to have an active rhythm. Barnech says: "It would (also) seem not improbable that our own elastic, muscular and highly pulsating spleen performs some (such) pressure regulating function for the portal circulation."

In line with this subject I recall the case of a woman in whom the spleen was greatly enlarged, its dimensions being about ten by twelve inches. Lesion existed in the form of subluxation of a rib in such a way that its shaft pressed upon the capsule. Dr. Still held that this, causing a paralysis of the capsule, allowed of the great dilatation and engorgement with blood. Treatment soon caused a considerable diminution in the size of the spleen, and several boils appeared, the probable result of absorption of the dead blood.

Now the osteopath may make practical use of these facts relating to abdominal circulation and its effect upon other parts of the body. By relaxation of the abdominal walls and viscera and inhibition of the splanchnic nerves and solar plexus he may draw the blood in quantity to the abdomen, lessening vascular tension in the body, and quieting the heart, by arousing the action of the depressor nerve mechanism. On the other hand, by pressure on the abdominal walls and by quick, stimulative work over the abdomen and splanchnic spine, he may raise vascular tension in the body and quicken and strengthen the pulse. He may, by direct treatment of a viscus, relieve it of congestion or draw to it blood which it lacks. The liver is in an exposed position, and offers a very accessible field for treatment. By direct mechanical treatment upon it, through the abdominal walls and beneath the ribs, it may be compressed, squeezing the stagnant blood in its vessels against the vessel walls containing it, rousing them to action stimulated thereby. The hepatic plexus may, by such treatment, be roused to action, impulses thus generated being carried by its filaments throughout the liver, to every distant vessel and cell.

The spleen may be treated in a similar manner, with similar results.

Blood status in the feet, limbs, cord, brain and all parts of the body may be influenced and regulated by proper abdominal work.

It is well to know these facts for the light they throw upon the diagnosis of multitudes of diseases, and for the intelligent perception of conditions, pathological and therapeutical, that are met or used. By understanding how the blood mass is affected in disease and how it may be influenced in the treatment of disease, one is better able to use it to advantage.

But, knowing the secrets of the circulation, the most important thing to accomplish is the removal of the first cause of its unbalancing; the lesion which, however it acts, unsettles the equilibrium of the blood mass, and, soon or late, produces small ill or widespread disaster, according to the conditions of the case. Manipulation of the blood mass, as outlined above, occupies an important place in our therapeutics, but it is not first in importance, and would indeed be futile without also accomplishing that most important and distinctive function of the osteopath, namely, the removal of the lesion.

This done, or in the process of being done, the blood mass may be manipulated in accordance with the above facts and principles, but first causes must be removed to effect radical cures.

The play of the thorax, too, has important consequences upon the whole

circulation. Its inspiratory action results in aspirating the venous blood from the abdomen and lower parts of the body into the right heart. It also sucks the venous blood out of the head, neck and arms. Pressure in the veins is less than in the arteries. From the left heart outward, until the circuit of the blood is finished, blood pressure steadily falls, so that it is normally least of all in the thorax, where it is always negative during inspiration. The pulmonary arteries possess slight tone and great distensibility. The resistance in the pulmonary capillaries is very low. Inspiratory action not only aspirates the blood into the right heart, but it also lowers the pressure in the pulmonary artery by lessening resistance in the whole lung circulation, as must naturally follow when all the diameters of the chest are increased by the free raising of the ribs in inspiratory action. Hall points out that the thin walled auricle and veins expand under negative intra-thoracic pressure in inspiration to receive blood which at that time rushes into the thorax.

The lung vessels are exceedingly distensible, readily accommodating a considerable afflux of blood in an emergency. Thus the lung circulation acts as a shunt, as does the liver, safeguarding a possible dangerous overflow of blood upon the left ventricle, as does the liver for the right ventricle. According to Hall, mechanical stimulation of the heart results from the inflow of the blood due to negative intra-thoracic pressure.

Free abdominal and free diaphragmatic play aid free thoracic play in its effect upon circulation. During inspiration, when the ribs are raised, lessening intra-thoracic pressure, the diaphragm descends, thus increasing intra-abdominal pressure, with the result that the blood is thus squeezed out of the great splanchnic veins just at the time that it is sucked into the thorax and right heart by inspiratory play. The reverse of this, of course, is true as well. Particularly is it true, according to Campbell, that during diaphragmatic inspiration intra-abdominal tension is increased at the time that intra-thoracic pressure becomes negative. The pressures in these two cavities thus run counter, with a most important resulting effect upon the circulation. Lack of free diaphragmatic play, then, interferes with circulation.

The lymph is pumped from the peritoneum into the pleura, through stomata in the diaphragm, by respiratory movements of the thorax and diaphragm. Its flow in the lymphatic vessels is chiefly aided, says Hall, by muscular activity and negative intra-thoracic pressure. So important an influence has diaphragmatic play upon lymph flow that, says Campbell, ascites is often prevented by the active movements of the midriff. Oedema and ascites, he says, are counteracted by free lymph circulation due to respiratory capacity and exercise. Inspiration expands all the pulmonary and pleural lymphatics and sucks the fluid into them, while expiration accelerates its flow. Inspiration also favors lymph flow by lessening pressure in the large veins into which the ducts enter.

Preaching, speaking, declaiming, singing, all induce active use of the lungs, active thoracic play, and thus are good in all forms of passive engorgement of the lungs, as, for example, from heart disease. Singers are remarkably free from pulmonary diseases.

Not only has inspiratory action an important effect upon circulation, but so, also, has expiratory action. According to one authority upon this subject, expiration drives the blood out of the pulmonary vessels. It is a most important aid to arterial circulation, increasing arterial tension and helping

to drive the blood to the furthest cell in the body. During forcible expiration intra-thoracic pressure changes to positive. This positive pressure may be raised very high by appropriate manoeuvres. Campbell shows that a forcible expiration causes loss of the radial pulse by compression of the subclavian arteries by strongly raised first ribs, and that forced effort at expiration, with closed glottis raises intra-thoracic pressure to such a height as to cause serious pressure upon the heart and intra-thoracic blood vessels, and seriously interfere with circulation.

From these considerations it is clear that the mechanical means prepared by nature to secure free thoracic and diaphragmatic play must, in the interests of health, be intact. "Thoracic mobility is natural and necessary to health." Sluggish rib play means sluggish lung circulation with its tendency to disease. McGillicuddy points out that flattening of the chest through the shoulders falling forward favors lung disease by lack of expansion. Campbell shows that people with feeble muscle systems are likely to develop phtinoid chests through mere inactivity of the thorax. A familiar illustration of the harm resulting from restricted thoracic play is seen in obese persons, who are notably subject to chronic bronchitis. The simple weight of the fat collecting about the thoracic walls prevents their being freely expanded, with the result that both thoracic and diaphragmatic free play are prevented and stagnant lung circulation and bronchitis are favored. Upon this account such diseases are more dangerous in the obese.

Lack of free rib play is seen in persons suffering from emphysema, in whom the distended, barrel-shaped chest becomes rigid, the sternum and ribs rising and falling as one piece and the distended lung alveoli stretching out the lung arterioles and capillaries, impeding circulation.

For these reasons enlargement of the right ventricle, which develops to force the blood through the impeded vessels, becomes a feature of emphysematous cases. In a similar way, persons with scoliosis, in whom the chest becomes compressed on one side, limiting free play of the thorax and obstructing lung circulation, develop enlargement of the right ventricle.

Lack of free rib play means an unexpanded or poorly expanded lung, and this, as Campbell shows means that in it are many collapsed alveoli. Thus people with flat, narrow, or phtinoid chests are notably subject to pulmonary tuberculosis, a disease that kills one in every seven people.

The weak chested are always at a disadvantage in emergency. Campbell, in commenting upon the fact that external compression of the chest lessens and retards the output of the heart and affects circulation, states that in crowds in panic, women and children with compressible chests are first affected, while the strong, such as men with rigid chests, escape.

It is clear that a robust chest is a desirable agency of health. Persons with a tendency to heart, lung or circulatory diseases should by all means cultivate the thorax. Every person should make a habit of breathing deeply.

These considerations point out one of the most fruitful fields for the osteopath's work. We know from experience what bad results follow rib lesion, and how important it is that all ribs, thoracic vertebrae, and spinal and intercostal muscles and ligaments, all of which go to make up the thorax, be in right mechanical condition. The importance of our distinctive osteopathic work, which repairs all such lesions, cannot be too strongly insisted upon.

Hall shows that the intercostal nerves carry motor fibres of both inspiratory

and expiratory muscles. Rib or spinal lesion to the intercostal nerves compromises the muscles of free thoracic play. The vasomotors for the pulmonary vessels pass from the cord by way of the thoracic spinal nerves from the second to the seventh. Any rib, spinal or other lesion of these nerves or their various branches may reflexly influence lung circulation, as well as interfere with the mechanical work of free thoracic play.

It is easy to see that quite as important as free play elsewhere, is free spinal play, with its resulting freedom of all nerves or vessels that leave or enter the spinal canal. Lack of free spinal play is likely to affect these, as well as to limit free play in the thorax. Free circulation to and from the cord and spinal tissues depends, of course, as much on the affects of free motion here as does the circulation in any part of the body depend upon general free play. McClellan shows that the spinal veins are prone to congestions by reason of the fact that they have no valves. Campbell shows that corset wearing produces atrophy of spinal and abdominal muscles, and compresses abdominal vessels, engorging heart and other vessels. A familiar example of this is the red nose due to tight lacing.

Various lesions often combine in a way to produce the most profound effects by hindering thoracic and spinal free play, congesting spinal centers, compromising lung circulation, and thus that of the whole body. These results are often met in simply flat chested people, but are best illustrated in a numerous class of cases who have been markedly affected by la grippe in its commonest, or so-called spinal, form. Here the spinal muscles have been greatly affected, being much contracted, and often more or less atrophied. The spinal muscular system loses its proper tone. Spinal activity and circulation have been reduced sometimes to such an extent that the cord itself is insufficiently nourished, affecting spinal centers and nerves. Thus, aided by muscle contractures and atrophies, as well as by nerve and central lesion, the thoracic bony parts lose their perfect adjustment, and rib and vertebral lesions readily occur. Often these cases become flat chested, all the ribs having slipped a little downward, (prolapsus of the thorax) often being partly off their articulations at the head and tubercle. Thus it becomes mechanically impossible for these cases to have thoracic or spinal, or abdominal, or diaphragmatic free play. They are always poor breathers. I have often had them complain to me that an attempt at deep breathing required more muscular energy than they could well command. It is impossible for the weakened muscles to freely raise the prolapsed ribs.

Prolapsed ribs and contracted or atrophied spinal muscles at once congest the cord and its centers. Anatomically the intercostal arteries, arising from the aorta, each divide into an anterior, or proper intercostal branch, and a posterior or dorsal branch. The latter subdivides into a muscular branch, supplying the muscles and integument of the back, and a spinal branch, which supplies, in part, the cord and its membranes. Now, by reason of the ribs being prolapsed and approximated, and the spinal muscles contracted and atrophied, these vessels, excepting only the spinal branches, are variously stretched and compressed with the probable effect of crowding the blood back upon the cord, congesting it. This is the gist of what is known to osteopaths as "Hart's Theory." These facts may serve to explain the profound effects often exerted upon the nervous system by la grippe. There can be little question that these causes produce stagnant circulation in the spinal cord direct-

ly, as well as aiding indirectly to bring about the same result by limiting thoracic, spinal, diaphragmatic, and abdominal free play, thus stagnating or unbalancing the general circulation. We occasionally see cases of sufferers from the sequelae of la grippe, in whom these causes have gone to the extent of so robbing the cord of nutrition as to result in locomotor ataxia, spastic paraplegia, or other paralyses.

A study of the literature of this subject shows that the books are full of important observations regarding disease that add materially to our proper conception of its nature, but that in them little or no practical use of these points is made in a definite therapeutic way. Here they are all at sea, with scarcely a practical suggestion to make. They are all for drugs and doses, but realize that these are largely futile. The kernel of the osteopathic idea, namely, that of lesion causing disease and its removal causing cure, is totally wanting in every other system. Possessing this open secret of nature, we possess the *open sesame* to the treasure-house of health.

The pressure of a first rib or clavicle upon the subclavian vessels may slow the circulation in the entire body; the luxated vertebra in the splanchnic may cause an irritation to be carried to the liver, leading to congestion, with possible resulting congestions in limbs, cord and brain. The irritation carried into the vasomotor system, the mechanical pressure thrown upon the vessels, or the catch that hinders thoracic rhythm, may happen in any one of a thousand ways. The osteopath's work is to find which one of the thousand, and to act accordingly. Up to date, he is the only diagnostician who has this way of looking after the causes of disease. He is the only therapist who performs the rational and radical work which corrects causes and which builds upon the right foundation of natural and perfect mechanical relations the superstructure of health that abounds in the natural body.

We must take knowledge where we find it, from books and from experience, and, applying our own osteopathic reasoning and methods of examination and treatment, work out the logical and desired result, the cure of disease. For this the world has been waiting for centuries while her medical men have been lost in curious speculation. This osteopathy is steadily accomplishing, by its quiet work day after day. It can give, is giving, to the world a natural, reasonable and successful system of medicine.

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The flower of civilization is the finished man, the man of sense, of grace, of accomplishment, of social power—the gentleman.—Emerson.



**CLINICS AT ST. LOUIS MEETING OF A. O. A.****GYNECOLOGY.**

MARION E. CLARK, D. O., Kirksville, Mo.

I introduce to you a young lady, Miss Wolpf, age 30, who has had dysmenorrhoea since a girl. The history of the case will show many things that are interesting and helpful to the osteopath. I am told that when a girl, just prior to and during puberty, she had to assist in caring for a child, carrying it on her arm for hours at a time, and as a result, it produced a swerve in the spine and a twist in the pelvis. She has headache, retraction of the head, backache in the usual place—small of the back—tenderness of the sciatic, which was ascertained by pressure on the sciatic nerve at the point where it becomes superficial, that is at a point midway between the tuberosity and great trochanter. She is malnourished. She has an enlarged and displaced stomach. The indigestion was ascertained by palpation, succussion being present; tenderness at the pit of the stomach; an anemic mal-nourished expression.

Those are the things we meet with. It is up to osteopathy to explain these results to understand the effects. If you can do that you can better ascertain the cause of that result.

I did not pay much attention to the subjective examination, relying almost entirely on the objective examination, for what I find wrong with the patient. We should examine the body with that idea in view. The body is a machine. It is a trite phrase, but it is a good one, and the keynote to osteopathic practice is *adjustment*.

The treatment should be directed to adjusting the body. If it is properly adjusted it will run perfectly; otherwise it will not. So we have in this case certain effects, and we see certain conditions, and we will try and associate these conditions with the effects.

I think you will agree that the subject of gynecology is the most important of any line of disease we get in osteopathic work. We find more types of disease along this line than any other.

The first thing I would call your attention to then in explaining the effects, is the appearance of the patient, that anemic, mal-nourished condition. The ears are translucent, the lips are bloodless. That is sometimes associated with pelvic disorder, but not necessarily so. We often associate it rather with a gastric disturbance than with a pelvic disease. I should call your attention to the contour of the spine, the way she sits. In examining patients we should not tell them to sit erect. Let them assume their normal position. You see here one continuous curve, some flattening in this region, and some widening in the median furrow.

The spinous process is the most prominent part. In the living body the most prominent part of the back is the part formed by the erector spinae muscles. In nearly all diseases we find some change in some part of the spine corresponding to the part of the spinal cord that nourishes and controls that particular viscus. In stomach trouble we find the widening of the furrow in this region. In pulmonary trouble it is in the first to fourth, and in heart trouble the fourth and fifth dorsals; the same center that supplies the viscus the erector spinae muscles. We find in distended stomach a trouble

of the erector spinous muscle, and that will apply in nearly all diseases of the pelvic and abdominal organs.

I will call your attention to the condition of the spine, and we find here a slight scoliosis to the left. There is a change in the fossa, the regular fossa. We find that the groove on one side is more concave than on the other side. On one side it is nearly straight—the curve is flattened, as it were; on the other side it is concave. It is shallow on the patient's left. On this side it is more abrupt. It is suggestive of curvature, causing a pelvic lesion. In palpation we find certain areas of lessened mobility, certain areas of tenderness. I would refer to Dr. Hulett's paper, or talk, regarding the testing of spinal lesions.

Mobility and tenderness are the two most important signs connected with osteopathic diagnosis. We find here much mobility. The spine is too mobile, the mobility is not distributed. It is more marked at one point than another. Instead of the lesion being distributed among all vertebrae we find it is excessive between the first and second lumbar, and it is less in other areas. These lesions, plus the curvature and the twisted pelvis, with the history of the disease, make the diagnosis or explanation of the effects quite clear. The girl in carrying a heavy child necessarily twisted the body. She carried it on the right arm, and that twisted the spine and pelvis, and it occurred at a time when the pelvic organs were developing, and we find as a result these organs did not develop properly, and hence the degeneration brought on dysmenorrhea, which is characteristic of spasm, as it were of the uterus, particularly the uterus in the expelling of the menstrual flow contracts; the fundus contracts and the cervix relaxes. We call it polarity—one contracts and the other relaxes. Here it is disturbed. The relation between the sympathetic and the cerebro spinal system is disturbed; as a result, when the fundus contracts the cervix contracts; when the fundus relaxes the cervix relaxes. We find the os dilating when the fundus relaxes, or, as we have it in this case, the os becomes smaller. It becomes stenosed when the fundus contracts, and so we have checked action. It takes some time for the fundus to overcome it. I will not go into detail as to the explanation. It is a very interesting study to associate the anatomical connection between the cause and the effect. We have here a lesion; we have an effect. The lesion affected the center, which controlled the muscular contraction of the uterus, hence the dysmenorrhea.

Please note the position of the patient when she stands, and note the difference in the two sides of the innominate bones; you will notice the twist coming from the occupation, the carrying of the heavy child, which is so often the cause of the perversion of the development in young girls, resulting in displacement, imperfect development of either the ovaries or uterus. Notice the swerve to the left. You cannot get that so well in any position as you can in the erect posture.

Note the fullness here of the left side, the fullness of the left fossa, and the difference in the innominate bones; the general position of the retracted chest, the posterior lumbar region, the swerve in the pelvic bones, the twisted pelvis, as we usually call it; Her position explains it.

The lady is menstruating, and hence I did not make any local examination. Dr. Schaub made the examination. I would have expected to find an imperfectly developed uterus, but such is not the case. Dr. Schaub tells me

that the uterus is sufficiently large, but displaced. She has had several operations, and I am informed that curettement was the operation, as well as some rectal operation. I do not know why they did it, as I have never seen any good effect from a curettement; usually the patient gets worse, as is the case in this instance.

As our time is limited we will not go into detail, but make a resume of the case.

So in this case we find dysmenorrhea, retraction of the head, backache, an aching of the limbs, sciatica. We have a good cause for that, a posterior spine, and a straight spine; a flattened thoracic area, a scoliotic spine, a twisted pelvis to the lateral, which is determined by the condition of the spinous process and by the atrophy of the erector spinae muscles on the concave side.

The explanation is that the lesion, coming partly from the occupation of the person, affected the spinal cord, affected the centers of the spinal cord controlling the development of the pelvic genitalia; as a result they did not develop properly, and hence their function is disturbed.

Treatment—Correct the lesion, that is the curative treatment. It should be applied to the spine, and particularly the lower thoracic spine, and the twisted condition of the innominate bones.

As to how we do that, there are different ways. We can do it with the patient sitting, grasping the spine, thus securing mobility. There is hypermobility or lessened mobility, and if we have the normal mobility of the spine the function is normal, and so I would recommend a treatment that would secure mobility. If we can do that the chances are the nerves and blood vessels will be relieved of pressure, the centers of the spinal cord will be nourished properly, and drainage will be perfect, hence the viscera innervated by that particular part of the spinal cord will be restored to normal activity. One of the ways to secure that mobility is to grasp the spine and make a fixed point at the place of immobility, force the motion through there by some sort of a twist, and rotate; as the old doctor said, in correcting bony lesions use rotation. If you have ever seen him treat you will recollect the way he does it. He had a peculiar twist. So we would apply that here, making the point of movement at the point of immobility.

The pelvic bony lesions I believe can best be corrected with the patient on the side, or in a sitting posture, having the assistant hold the innominate to the table while we bend the body from side to side.

There is another point. The sacrum in this case is almost vertical. We would apply our treatment to that with the patient in a sitting posture, by holding the innominate firmly to the table, and by bending the patient forward at the angle of the sacrum, the sacrum can be thrown upward, and its normal angle restored. In a measure it can be turned. It is partly the result of the curvature.

We must correct the primary condition of the weakened spine first, however. I thank you.

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#### DISCUSSION OF GYNECOLOGY.

MINNIE SCHAUB, D. O., St. Louis, Mo.

After examining the uterus of this patient I find a retroversion with slight anterior adhesions to the cervix. The uterus of this patient has been curetted

twice, clearly demonstrating that curettement is not a cure, but merely affords temporary relief.

I had two patients, who prior to their coming to me had nearly completed arrangements to have a surgical operation performed by curettement, but before coming to a final decision thought they would consult an osteopath. In those cases I effected a permanent cure in one and six months by applying treatment to the lesions.

People have asked me if I treated locally. I do not. I make the examination and then apply my treatment to the lesions.

A patient came to me about a month ago that had been treated by an osteopath applying local treatment and using tampons, and I had difficulty in persuading her that tampons were not necessary. I applied treatment to the spine, and she is doing nicely. She had been treated locally ever since she was 12 years old. Local treatment has no effect in securing a permanent cure.

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## ORGANIZATION.

Paper read before the Michigan Osteopathic Association, October 5, 1904.

By EDYTHE F. ASHMORE, D. O., Detroit, Mich.

The individual is the unit of every organization. His character is the criterion of the character of the whole organization, the cosmos. He is the microcosm, it the macrocosm. In the consideration of any organization, the individual is the most potent factor in its rise or fall. Whatever has been essential to his success will likewise be essential to the success of the organization. The character of the individual and its effects upon himself are correspondent to the character of the organization and its effects upon itself.

The three essentials to character that most naturally suggest themselves to the writer are courage, cheerfulness, comradeship.

Courage has been the most eminent characteristic of the osteopath. From the budding of the first thought in the brain of the founder of the science, there has never been any cowardice in holding fast to our osteopathic convictions. As the individual has had the courage to carry the banner of osteopathy into the land of disease and to withstand the parasites of drug dosage of the older schools of medicine, so should he have the courage to fight for the preservation of right principles in the organization. As he has the courage to fight disease at the bedside, so should he have the same courage to come into the organization and fight it there. As he has the courage to conquer temptation in his individual life, so must he have the courage to conquer it as a member of an organization, particularly the temptation of office. The performance of duty on the part of the individual would thus save the organization from officeholders who are too lazy to do its work, too careless to uphold right principles.

Cheerfulness is generosity. As the physician has sympathy for the sick and afflicted, as he is willing to attend them at their bedsides, to accept their fees, so should he be cheerful about taking an interest in the affairs of the organization, desirous to attend its meetings, cheerful about paying his dues for its maintenance and the assessments for its battles.

Comradeship is that essential which makes our efforts pleasant as well as

profitable. The individual may be trusted to manifest this in the locality where he resides. He joins a church, renews his membership in the lodge, extends his acquaintance by divers means, and he should be equally fraternal in advancing the cause of his professional organizations. When the alien comes to this country, it is with haste that he gets his naturalization papers. Thereafter he pays taxes without a murmur, for what? For protection. It is the same benefit that the professional organization offers to the graduate, and not only protection, but instruction and increase of business. There is scarcely a month goes by but that to each of us there comes one asking us to recommend an osteopath in some distant city. What do we do? Look through the directories, and when we find that only one man in a city of one hundred thousand is a member of any organization, we send the prospective patient to him, for he is at least progressive enough to expend five or seven dollars supporting professional organizations, and this suggests that he is progressive enough to study his cases and is likely ready for the prospective case we have in hand. It has been said that to appeal to the pocketbook is to keep away members, but let me ask if there is any stronger argument with which to loosen the tight fist than to show that five dollars has made twenty-five dollars, and may again.

To the conscientious individual it should not be sufficient that his name appears in the directory as having paid his dues; he should realize that organizations are not going to flourish with the work of a handful of people. It requires effort, fidelity, and enthusiasm on the part of the one who is a member to advance the interests of the profession. To you who are members, I appeal directly. Rome was not built in a day, neither are osteopathic organizations to be perfected in eight years. There remain laws to make, theories to investigate, principles to promulgate, and barriers to maintain. All this means effort, not only unitedly but individually. Progress came by way of the strenuous life. It took the efforts of men like Burke, Lincoln, Gladstone, McKinley, to hew out the policies of government; and to dig out the descriptive anatomy you and I think so minutely complete, it required years of toil on the part of Galen, Fallopius, Vesalius, Borelli, Stenson and others. The world has no place for the lazy man or woman. Each is expected to do his duty, willingly, honestly and enthusiastically.

Fidelity, a hearty allegiance to the society to which we belong, should be expected of us. We cannot hope always to agree upon all things. We should be tolerant. If the society as a whole adopts a constitution or a code of ethics that does not suit you in some particular, it is your duty and my duty to stand by what the majority decide. If you are wrong, by doing your duty you get yourself in the right path and are saved the disgrace of being a renegade; if the organization is wrong, and time will tell that, our name will have a place in the temple of fame for having had the foresight to detect a wrong path. The principal immediate need is to get on the right side of the ledger in your dealings with the organization. Let your will be set to live and die as it lives and dies.

Enthusiasm is not the least of the essentials that combine to make a good member. It is the divine fire that has animated the hearts of all those who went out into strange countries and prepared ways for the brethren. Don't go half-hearted through the world. Like what you do. Do what you do as though the Lord were going to call you to account any day on that one deed.

If you are expected to attend conventions, go about planning to attend as though you could not subsist the next year unless you went. The graduate hustles around to find a location and then ever after hustles for patients. Does he hustle with one-half the energy to gather in wisdom, bits of experience from the other fellow? Is he so short-sighted he does not know the physician can keep his place at the top only by patient endeavor? Who would rather hew out the path alone? The principle of self-help is a very lovely one, but in this twentieth century movement, you are expected to avail yourself of all every one else knows and then with the daylight spade and the midnight candle to dig into the depths, or irrigate with brains the sterile lands of the undiscovered countries of disease. Be enthusiastic. Let people feel that you are on a mad rush for the front, bearing the battle flag of osteopathy, whether your flag be pure and simple or spotted with the dust marks of battles past. Get in line and grasp a spoke in the wheel of progress. I say if you can't do anything but yell, do that with enthusiasm. If you must follow, follow well; if you have powers that persuade, then lead. Let your light so shine that men may see your good works and rejoice. Half-hearted work will never get you patients. It will not get you favor in the organization either. We don't want at this critical period of our development to stop to pick up the stragglers in our own ranks. We all know that muscle grows with exercise. Enthusiasm is like muscle. It is supplied by nerve and it takes will power to make it flourish, but it gains strength as it is used and is capable of great achievements.

In order to conserve and cultivate the spirit of comradeship and fraternity in our organizations we should carefully avoid what may be called scholastic clannishness. It should matter absolutely nothing where we graduated—whether our diploma is decorated with a ram's head or a skull and cross-bones. What the public cares for and what we should care for is not what school we hail from, but whether we are competent and conscientious physicians.

Likewise we should also discourage political activity in our state organizations. It has been effectually eliminated from the national organization, so far as campaigning and wire pulling for office are concerned; and it should also be eliminated from our state organizations.

Last of all we should have a complete system of organization, beginning with the city society in every town where there are three osteopaths. You know it was a Yankee who said that whenever three Americans get together they organize. There should be district societies in contiguous counties, with not less than ten or a dozen members. The city societies should hold monthly meetings, the district societies quarterly meetings, the state association semi-annual meetings, and the national, as before, one meeting yearly. In this manner, matters that are of vital importance may be launched in the city meeting and before a year has elapsed he brought progressively before the A. O. A. The state organization should be the pride of the osteopaths in each state, and from it delegates should be elected to represent it at the national organization, whose duties shall be to form the roster of committees, advisory board to the legislative, publication and educational committees of the A. O. A., also its nominating committee. Their office should be equal in honor to that of president of the state society. It seems to me a wrong principle to pay the expenses of such delegates. An allowance of five dollars

might well be made to cover postage expenses, but a feed position is less liable to attract those who are most willing to do their duty.

When our associations were smaller, we had not so much need for the delegate system, but now that we are becoming larger, business grows unwieldy, and should be managed more and more by trusted officers. In this way the program, which is the instructive benefit of our meetings, may not be hampered. These are epoch-making years in our history, and let each and every one of us resolve to do our duty, to make the organization so strong that whatever summit osteopathy may choose to mount, there shall be doughty warriors to guide us upward. In the days of the future we shall be called the pioneers of osteopathy. Let us show that we shall be worthy of the fame.

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### BENEFITS OF MEMBERSHIP.

CARL P. M'CONNELL, D. O., Chicago, Ill.

Organization is a word that always rings true, whether it be applied to a profession or to the humblest undertaking. Thorough organization is synonymous of advancement and of progress. Very little has been accomplished in this world without systematic effort, whether that effort be along the lines of commercial, political or educational activity. Today the osteopathic profession is "confronted with a condition and not a theory," as an eminent man has said about a certain political party. The factors that comprise this condition are numerous, but there is not an osteopathist who is not alert to the profession's relation to humanity and science.

There are benefits of membership common to all societies, but a few of the salient and marked benefits to members in the American Osteopathic Association are as follows:

1. Unity of the profession. A profession amounts to very little, in fact cannot, unless it is an unified profession. There may be a common purpose of a certain number of individuals, still that purpose (and especially its paramount purpose) amounts to little unless there is an organized effort to further their interests and promulgate their objects. This is axiomatic and nothing can possibly be said to gainsay its favor.

It is a remarkable thing that the several thousand followers of Dr. Still have been so unanimous and harmonious in furthering his philosophy, and nothing can point with greater potency that his philosophy contains a maximum amount of truth than this. Truth alone contains the principal coherent power of our osteopathic school and still, for this fact, if nothing else, our organized efforts should be the more commanding and empowering, which can be further promoted by mutual support in: (a.) Scientific advancement. First and foremost comes our absolute need of definite osteopathic anatomy, physiology and pathology. This means endless labor in the dissecting room, in the laboratory, and on the necroscopy table. (b.) Practical advancement. Our technique requires considerable discussion in order to perfect and elaborate it along the lines of dynamics and mechanics. To become expert therapeutic technicians and mechanics, to say nothing of diagnosticians, requires much elaboration of principles. (c.) Educational advancement. Educational advancement, all will agree, is at the basis of devel-

opment, elaboration and progress; and, furthermore, is the key to obtaining satisfactory legislative enactment and the pivot upon which our salvation as a complete and distinct school of medicine swings. (d.) Legislative advancement. Upon securing favorable laws rests to a large extent the early and complete recognition of osteopathy by the laity; and our legal rights and privileges are secured as well as obtaining a worthy and honorable rank before all mankind.

Thus a united profession creates a solidity and solidarity of our society that is a force among social and scientific organizations which cannot possibly be obtained by any single individual.

2. Purity of the profession. Those who have osteopathy at heart and desire to see our beloved science undefiled and unpolluted by heterodox practices and not as a "tail to the medical kite," cannot give better aid to keeping the practice intact than by putting their shoulder to the wheel. This is a benefit as well as all others, benefits that each and every one participates in and shares equally. These benefits can only be gotten by working collectively, not individually.

Only through organized work can we demand that the individual adheres to true principles and practices. A definite purpose, ethical principles, and consistent practices are the standards by which the world recognizes and judges us; the shapeless mass, the heterogenous mixture of a number that tentatively set up a "pathy" will surely disintegrate by virtue of a lack of crystallizing force. The purity of a profession as represented by genuine principles and practices means everything.

3. Mutual protection, prestiges and privileges. Herein probably lies the immediate practical benefits of membership. These constitute the every-day benefits that are enjoyed by the practitioner. Protection, morally and legally, are of intestimable value; prestiges, socially, practically, educationally and scientifically, are enjoyments that run the entire gamut of life's pleasures; privileges, therapeutically, educationally and scientifically, of an organized force with a common purpose to benefit humanity and in which the greatest good can be bestowed only through systematic effort are invaluable. Indeed, being eligible to the privileges of membership resolves itself into a duty that we all owe to humanity. Our Journal speaks for itself; it is edited second to none of American scientific papers.

We, as an organization, gladly extend an invitation to all legitimate osteopathists to join hands with us so that each and every one may develop his life work to the maximum, as well as advance the science of osteopathy to its deserving position among the healing arts.

#### A WAIL FROM THE REGULARS.

Dr. G. Frank Lydston, in the *New York and Philadelphia Medical Journal*, writes: "Organization, alone, can save the profession from absolute degeneracy, and elevate it to a plane where it will receive the meed of respect due it from the laity. Once the public and its legislators become convinced that the medical profession is a potent factor in politics, the way will be easy."

It is doubtful if Dr. Lydston expresses the sentiments of the best men among the "regulars," for surely no good physician would want to rise by means of "organization" and by becoming "a potent factor in politics." If a doctor's work among the sick will not gain the respect of the public, certainly political "pull" will not do it. You do not find good homœopathic doctors scheming "to rise to higher things" by means of politics.—*Homœopathic Envoy*.



Elmer Lee, M. D., of New York, addressed the Greater New York Osteopathic Society at its recent meeting on October 21, on the subject of "The Therapeutic Use of Electricity." While it cannot be presumed that the last word has been said on the subject of electro-therapeutics, yet it must be admitted that great weight must be attached to Dr. Lee's conclusions. What he says is no harangue, based on hearsay evidence, or, worse—prejudice. The doctor has made an exhaustive study of the subject, has used it in his practice and has a right to speak. His conclusions, as reported to us, are that electricity, as a therapeutic agent, is of absolutely no use, except as it might have a possible effect through mental suggestion. We hope to print this paper, or at least an outline of it, in the JOURNAL for December.

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While unfortunately there is a lack of uniformity among the different schools of medicine in regard to their ideas for the legislative regulation of practitioners of the healing arts, there are some matters upon which they should be in perfect accord. One of these is a law insuring to the people pure food. If reports are to be believed, there is scarcely an article of diet that is not adulterated or otherwise rendered unfit for use. It seems to us that the medical profession, and by this term we mean all who practice any method of healing, should lend the weight of its great influence toward the passage and enforcement of laws providing for a rigid inspection of the people's food, and that in failing to do this they fail in one of the highest functions of physicians—the safe-guarding of the public health.

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We will hold the excellent address of Dr. Hazzard, which appears in this number of the JOURNAL, in type for ten days, and will issue it in pamphlet form if orders sufficient to justify it are received within that time. It will be sent postpaid to any member who remits three cents per copy. Those who want it should not delay ordering.

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The directory of the A. O. A. is printed again this month and sent out as a supplement to this number of the JOURNAL. Any member who desires extra copies should send to the editor postage at the rate of one cent for each two copies wanted.

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The world needs discretion as well as zeal; and although the latter generally usurps all the honors and glories of heroism, the former does a great deal the most toward carrying on the daily affairs of society and state.—H. J. Raymond.

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A few copies of the constitution and code of ethics of the American Osteopathic Association were put in pamphlet form from the type used in the October JOURNAL. Copies will be furnished to members at five cents each.

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It might almost be said that early encounter with difficulty and adverse circumstances is the necessary and indispensable condition of success.—Smiles.

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I hate a thing done by halves. If it be right, do it boldly; if it be wrong, leave it undone.—Gilpin.

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W. F. LINK,  
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NOVEMBER, 1904.

## THE PROFESSION AND THE COLLEGES.

The practitioners of osteopathy have an interest in the colleges of their profession that is a real and vital one. Indeed, so closely interwoven are all our professional interests that the elevation of one raises all, the degradation of one lowers all. The colleges exist to make practitioners. If they graduate educated men and women of good character, who are properly qualified to enter society and perform well the duties of physicians, the profession will be elevated and strengthened by this constant influx of new blood. If, on the other hand, for any reason, the colleges should send out ignorant, immoral or incompetent physicians, the general standard of the profession is lowered and weakened, and if this process is continued the profession will ultimately fall into disrepute, and in the course of time become extinct.

There can be no real issue between the profession and the colleges. Neither could long subsist without the other. With perfect unity of purpose between them they can act and react upon one another to their mutual and permanent good. A strong body of professional workers with high ideals, high standards, successfully combating disease and death, will not only commend itself to the great mass of thinking people, but will especially appeal to young men and women of culture and character who are seeking an honorable and lucrative profession. Thus an endless chain is set in motion whereby the schools will ever be filled with desirable students and the profession in turn will be recruited from a class that will be an honor to it.

All of this seems so plainly true, so elementary, that it would not be worth while to say it but for the fact that a zealous, though as we believe, misguided osteopath writing in the September *Journal of Osteopathy*, draws an imaginary line and seems to place one school upon one side of it and the A. O. A., and other institutions of osteopathy upon the other. We cannot believe that he correctly represents the attitude of either, or any of these institutions. There has been a difference of opinion as to the *time* when the three years course of study should be made compulsory, no disagreement upon the necessity or desirability of such a course.

In view of the vital relations existing between profession and schools, can it be said that the practitioners of osteopathy are impertinent in asking, or insisting, if you please, that the colleges maintain a standard both ethical and educational—for matriculation as well as graduation—that is demanded by the best thought and sentiment of the best people of the age in which we live? Why this is merely to ask for a thing that insures the perpetuity of

the colleges, the profession and the science itself. The members of the profession neither seek nor desire to interfere in any way with the internal affairs of the colleges. But they have such a profound and vital interest in the character of the product of these institutions that they are surely not going beyond their rights in saying which of them shall be deemed worthy of recognition by the profession in its organized capacity.

We have always believed that an open discussion of our professional problems is to the best interest of the profession. It clears the atmosphere and is apt to result in pointing the way to the proper solution. We all applaud the man who says what he thinks and yet all agree that he should think well before he speaks. It seems to us, in view of the mutual dependence of the profession and the colleges, the common dangers which they confront and the common cause for which so much remains to be done, that he serves osteopathy best who counsels harmony and unity of action. Any agitation which tends to array one professional interest against another, or any college or colleges against the profession, is not only unwise but, *to the extent that the object of that agitation is accomplished*, is a step toward professional suicide. We do not expect to see the profession destroy itself. We believe good counsels will prevail, and that all of our forces will be found united, marching shoulder to shoulder, camping each year on higher ground and advancing our standard farther and farther into the enemy's country.

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#### DATA FOR THE YEAR BOOK.

*Editor the A. O. A. Journal:*

Will you, in your next issue, urge upon the members of the A. O. A. and the profession at large the importance of sending directly to us their full name and address that we may report them correctly in *The Year Book*.

We are doing all in our power to give to our directory the weight of authority, and we think the least an osteopathic physician can contribute to this much-to-be-desired end is to report his own or her own name correctly to the publishers.

Names should be written very plainly. The letters u, n, a, r, o, m, e and w in the name should be written so that no confusion may arise.

We would appreciate any suggestion from any member of the profession looking towards as complete a record as possible.

It is also very essential that we should have the names of all osteopathic societies, together with a statement of their prime object, and the names of the president and secretary of each.

We are also desirous of obtaining the title of any book on osteopathy, or the title of any book in preparation.

It seems to be only necessary to get these facts before our people to have them co-operate with us in a most hearty manner.

Very respectfully,

WM. R. DOBBYN & SONS.

Minneapolis, Sept. 24, 1904.

We most earnestly urge upon all osteopaths active co-operation with the publishers in their laudable ambition to make the directory authoritative and complete. The A. O. A. requires that the *Year Book* be printed by December 1. So little time remains in which to prepare the data, it is important, therefore, that all act promptly. Those whose names and address may appear incorrectly in the *Year Book* will have no reason to feel aggrieved unless they have properly reported them to the publishers.

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We assume that all osteopaths have read in the *Saturday Evening Post* of October 1 the fanciful tale entitled "Science at Heart's Desire," which bears the enphonic sub-head, "Story of a Cow-Puncher, an Osteopath and a

Cross-Eyed Horse." We do not assume, of course, that all osteopaths regularly read this excellent publication, but if they do not, surely some good friend has called the attention of each of them to this story. Well, it provides a good laugh—several of them, even though we cannot accept fully the exposition of osteopathy therein given. Though that is not so bad, as Dr. Link in a letter to the editor points out, when we consider the point of view—that of the cow-puncher. It is vastly better than the rot a good many prejudiced medical men have served up on the subject for the delectation of their brethren in their professional meetings.

The story brings to mind one of Dr. S. S. Still's witticisms. It was while he was teaching descriptive anatomy at the A. S. O. and the "April" class was but a few months old. One day one of the bright members of this brilliant class advanced the idea that the scope of osteopathy might be extended to include ministrations to the sufferings of the lower animals, and related how that very morning he had relieved a sick horse. Dr. S. S. listened and said as he gave that characteristic snap of his eye: "Well, I hope no member of the *April* class will ever become an *horseteopath*," and none ever did, nor of any other class in any legitimate school, so far as we have ever heard. The original from which Mr. Hough's character was drawn was evidently from some correspondence school.

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In previous years those who were working in the early part of the year to increase the membership of the A. O. A. encountered this obstacle; prospective members felt that by waiting until the approach of the annual meeting they would get a better bargain. This matter was settled at St. Louis by the following constitutional amendment:

Each application for membership must be accompanied by five dollars, for which the member shall be credited with dues until the end of the first annual meeting following his election to membership.

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.

Inasmuch as those joining in the early part of the year will receive all of the JOURNALS and other publications issued during the year, it will be seen that little, if anything is gained by waiting until within three months of a meeting. Those engaged in the membership would do well to call the attention of prospective members to this fact.

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It is earnestly hoped that those non-members who receive this copy of the JOURNAL will read it carefully, and especially do we call attention to the letter of President McConnell, which points out the duties as well as the benefits of membership in the A. O. A. It would seem that all that should be necessary to secure the application of any loyal progressive osteopath would be to place the claims of the association before them, as Dr. McConnell has so well done in this number.

In addition to those mentioned by President McConnell are the following direct, tangible, material benefits: The JOURNAL for one year, the case reports as they are issued, the Year Book, an engraved certificate of membership and the name carried in the directory which will be issued as a supple-

ment to the JOURNAL each quarter, or oftener. The steps necessary to become a member are set out on the third page of cover. If no other application blank is at hand fill out the one appearing there, tear it off and proceed according to directions there given.

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From an excellent article by Henry Van Dyke, in *Harper's Magazine* for October, 1904, entitled "The School of Life," we quote the following, which may be helpful to all of us in our discussions:

"You can hardly tell whether your faiths and feelings are real until they are attacked. But take care that you defend them with an open mind and by right reason. You are entitled to a point of view, but not to announce it as the center of the universe. Prejudice, more than anything else, robs life of its educational value. I know a man who maintained that the chief obstacle to the triumph of Christianity was the practice of infant baptism. I heard a woman say that no one who ate with his knife could be a gentleman. Hopeless scholars, these!"

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So far as we know the January (1904) class of the Atlantic School of Osteopathy holds the world's record for the highest percentage of its numbers holding membership in the A. O. A.—100 per cent. of this class being members! This result is due largely to the indefatigable efforts of Dr. Milbourne Monroe, Newark, N. J., a member of this class, who has worked, and continues to work, faithfully for the upbuilding of the A. O. A. Of course this record cannot be beaten, but by proper effort it might be equalled by many classes of many schools.

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The fact that the next meeting of the association is to be held in Denver is expected to result in a greatly increased membership in the western portion of the country. This is the time to join. The membership fee, paid now, entitles members to participation in the Denver meeting. The JOURNALS issued during the year should be read in order to be informed of the work of the association and to be able to act intelligently upon matters that may come before the meeting.

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Undoubtedly the reason it is so difficult to secure records of cases by the case report department lies in the fact that so few practitioners keep proper records. The importance of doing so must be clearly apparent to all. Let us hope there will be a reformation and revolution along this line.

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There are 46 sets of Vol. III., unbound still on hand. These will be sent to those new members whose applications are first received by Secretary Chiles.

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Steps are now being taken to decide upon the date for the next meeting of the American Osteopathic Association, which is to be held in Denver, Colo.

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It is expected that the third series of case reports will be issued and sent out as a supplement to the December number of the JOURNAL.

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There was a time when the world acted on books; now books act on the world.—Joubert.

## NOTES AND COMMENTS.

### SPECIALISM IN OSTEOPATHY.

There is at present a decided tendency for osteopaths to practice specialties. This is due to two causes: The domain of disease is so extensive that it is impossible for a busy practitioner to give to every class of disease the study it demands, and besides but few do not feel an especial adaptability to cope with some particular group of diseases in which they become most interested and secure best results.

The practice of specialties has become a necessity in the other schools of medicine, nor should this tendency among osteopaths be discouraged. According to their professional cards a number are already making a specialty of certain diseases.

Owing to this fact would it not be well for the A. O. A. to act upon the suggestion previously made and divide the work of the Association into sections, each dealing with a separate branch of our work. This will allow the handling of a greater variety of subjects and a more thorough discussion of each. The general practitioner is not to be excluded for a large part of each day's session should be devoted to the discussion of matters of interest to the entire profession. By this plan the attending member may select from the program those subjects in which he is most interested, and I believe the meetings made less strenuous, but more enjoyable and profitable.

PERCY H. WOODALL.

Birmingham, Ala.

### THE CODE AN ADMIRABLE DOCUMENT.

I heartily endorse the code of ethics adopted by the Association at St. Louis. It suits me exactly. While it may not be new in a certain sense, it is none the less an admirable document. It is a specification of certain principles founded upon justice, prudence and courtesy—an incentive to dignity and honor in professional character. Just what we have needed for years.

To my mind the code covers the ground fully, is void of ambiguity, and contains nothing against which a reasonable objection can be urged. In addition to being a valuable guide in many of the very trying situations that sooner or later come to all physicians, where one is in doubt as to just what course to pursue, may not the code tend to promote the much needed spirit of harmony, hitherto so remiss in the profession? Of course those who do not wish to be guided by the code are not compelled to follow its dictates, but since its tenets comprehend the very highest professional propriety, it will serve as a standard by which our professional conduct may be judged.

I regard the code as educational in the highest sense. Would that every member of the profession might be supplied a copy, and that all of us would read and re-read it, to the end that we may be not only ethical, but that we may attain a degree of etiquette highly becoming professional men and women.

The committee deserves special commendation for the faithful manner in which it carried a thankless task to a successful conclusion, and is to be congratulated upon the selection of a set of rules which so plainly set forth our duties to patients, to each other, to the profession and to the public.

SANFORD T. LYNE.

Kansas City, Mo.

### A PLAN SUGGESTED FOR MAKING THE A. O. A. A DELEGATE BODY.

The A. O. A. has grown to be "a big boy now." We have reached the "long pants" size. Like all big boys in long pants we do some things awkwardly and are sometimes unwieldy and hard to control. Each step toward systematic work aids in the business progress of the meetings.

At each meeting matters of importance to the whole membership come up for a decisive vote.

It is manifestly impossible for the whole membership to be present at each or any annual meeting or for all in attendance on the meetings to be present during the whole of each session.

It is an old and established proposition that taxation should carry with it representation. Should not the voting power be in ratio with the membership? i. e., should not each state be able to vote its strength in A. O. A. membership rather than that part of it which happens to be present at any particular part of the session?

Would it not be better if each state elected delegates to each annual convention on a basis of, say one to each five members or major fraction thereof, such delegation to have the

power to cast the votes which they represent? This would more nearly voice the sentiment of the membership than the present method.

Illinois may have 200 members and 20 be present at Denver. Colorado may have 50 members, 49 of whom will be present. There will be 180 of the Illinois members disfranchised and one of the Colorado members, and Colorado has more than twice the strength in a vote than Illinois.

Would not this plan make of every A. O. A. member a committee of one to hustle for membership? This voting strength would not mean practitioners, but members. Neither would this plan of voting detract in any way from the attendance, nor interfere with the participation in the meeting of non-delegates.

St. Paul, Minn.

J. B. BEMIS.

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### AN OPEN LETTER TO AN IRREGULAR PRACTITIONER.

Dear Doctor:—In answer to your recent letter I would say that membership in the Colorado Osteopathic Association is intended to mean something more than that a person claims to use osteopathy and has made friends by relieving their pains while claiming to use it.

Membership means that one is either a graduate of an osteopathic school known to give a thorough course of study and training to its students, or that the member has proved to the trustees that he has a good theoretical and practical knowledge of the human body and the osteopathic theory and practice of healing. You could only join our ranks in this last named manner, as you are not a graduate of any school known to us, or willing to show us that it teaches a just knowledge of our practice.

I think our Association is very fair in this, as a person has a natural right to be taken at what he is, and a fair examination can be made to show whether one is well grounded in the system or not, both theoretically and practically.

It will not do to question the satisfaction you have given your patients. You would not have made friends if you had not earned their gratitude, but that does not prove you to be competent to do all that may be done with osteopathy. You have a natural right to do all the good you are able, and we have no desire to prevent you. Anyone with half a knowledge of osteopathy will often meet cases to which osteopathy is suited, but will fail because of the half knowledge, while a thoroughly posted one would know and do just the right thing for the case. We desire all who use the name to be thoroughly competent and able to do the best that can be done. Even then one will fail too often where he ought to succeed.

A careful review of our past legislative efforts will not show any desire on our part to take the living away from anyone who is doing an honest business. We have learned better than that. We desire people to be what they pretend to be, and to prevent them from trading on the name of something they are not. A person may drive a nail well, or shove a plane nicely, and yet be a liar when he says he is a carpenter. He could honestly shingle roofs or plane boards all day for people who need such work done, and it would be all right. But if he don't know how to sharpen his plane, file a saw, hang a door, and other things an apprentice must learn before he has a right to call himself a journeyman carpenter, he is all wrong in offering his services as a "carpenter." It is only the lying that we want to get at by the law, and you ought to be with us in that.

Hence we ask you to show us that you are competent to join our association, or if you do not wish to do that, at least help us to get a law that will compel users of our name to show the state that they have a moral right to use it.

Denver, Colo.

Yours sincerely,

N. A. BOLLES.

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### SOME FAULTS OF OUR POPULAR LITERATURE.

While it is true that the medium through which our science is best and most lastingly advanced is our patients themselves, there are many who first hear of it and form their first impressions through the avenue of osteopathic literature. This being true it behooves all who have the best interest of the science at heart to at all times be most careful in regard to the character of the reading matter which we allow to be distributed and which is supposed to reflect osteopathic principles. It is a source of gratification to note the improvement made along this line, especially during the past three years, but as our literature is a factor of such importance we should not be content until the nearest possible point to perfection, or perfection itself, has been reached. In a spirit of charity and not of fault finding criticism, the writer wishes to call attention to a few features which to him have not a dignified professional tone, and the omission of which would be advantageous.

First. Under the head of "Short Sayings," "Editorial Comments," etc., we occasionally read such as: "The osteopath will fix it, try him." "Why suffer when osteopathy can cure you?" "When drugs fail you, fly to the osteopath."

We turn to the pages of almost any country newspaper and read: "Dr. Hotchalk's rejuvenating Balsam will fix it; buy a bottle." "Why live in misery when a few bottles of

Dr. Moriah's Pain Paralyzer will cure you?" "When baby is choking with membranous croup and hope has been abandoned fly to the nearest druggist," etc. Such does not command the respect of thinking people. They are merely bombastic assertions and not thought producers.

There is a function in our literature for epigrams, but that function is not to supply pages of disconnected matter of the "hear ye! hear ye!" style of the street hawker. It is rather to act in the capacity of terse thought producers. Take such as these which are culled from current osteopathic publications. "Remove the cause and you remove the disease," "Osteopathy readjusts structure; nature cures the condition." These fulfill their mission. They are short appeals to reason; are foundation for thought. They have within them the germ of a principle.

Another erroneous manner of disseminating information relative to the science is the publication of testimonials. This, it is a pleasure to observe, now appears very infrequently in any of our regular publications, but some pamphlets sent out still retain this objectionable feature. Testimonials for publication are easy to get and and what little value they may have among the ignorant and thoughtless is many times over-balanced by the unfavorable impression produced upon thinking people.

A feature which is still retained by some of our publications intended especially for general distribution, is the presence of the words in bold letters on the cover, "Special Edition For———" The name of any practitioner who uses the magazines being supposed to appear just under this, followed by his card or other information. In the first place, this is mere cheap tactics calculated to create the impression that you, in your magnificent professional importance, have reached such greatness that a regularly appearing and legitimate publication has favored you with a special edition. In reality it is to knowing people so transparently absurd that it creates one of two impressions: that you are merely making a display with an assumed regular publication, as the quack medical vender often does when he reaches the town and opens up his office or his wagon, or it reflects upon the standing and worth of the publication which you are using, creating the impression that it is of little dignity or importance. It is well known that a regularly appearing magazine of any recognized standing is not getting out editions for any one individual. This, as said of the features above mentioned, will appeal to a certain class. Anything from an artificial "nigger" to a manufactured Quaker dialect will do this, but osteopaths can well afford to ignore this class and direct their efforts to encouraging and facilitating the investigation of thinking, reasoning people, and thus establish for their system the firm and lasting support of the general public.

Missoula, Montana.

ASA WILLARD.

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### OSTEOPATHY AND SURGERY.

At the Des Moines Osteopathic Hospital, which is connected with the S. C. O., there are some interesting and gratifying results being obtained from the combination of osteopathic treatments with necessary surgical operations.

When Dr. George Still took charge of the surgery this spring he insisted that the medicinal regimen be replaced by an osteopathic one, and he reports that post-operative complications of a serious nature are often relieved by a single treatment and under careful treatment healing occurs more readily and with less complications than is usual. That surgery is at times necessary is certain, and when osteopathic treatment can be combined with the surgical, mortality will be reduced to a minimum.

In cases like old lacerations of the perineum, a course of preliminary treatments are given, when possible, and it is found that healing occurs with exceptional rapidity under these circumstances.

Dr. Chas. Still, of Kirksville, has visited the hospital twice this fall and given much valued osteopathic advice to the surgeon who, though born and raised an osteopath, is not yet a D. O.

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### OHIO SOCIETY.

The Ohio Osteopathic Society will hold its seventh annual meeting at Columbus, O., January 7th, 1905. A program of unusual interest is being arranged, which ought to attract every osteopath in the state. Ohio claims to have some of the best osteopathic talent in the profession. However, she does not propose to stop at this, as we expect outside help from osteopaths who have won recognition in the national councils of the profession. More definite announcement will be made later. Meantime, as secretary of the society, I would be pleased to have the application for membership of every osteopath in the state who is not now a member of the state society. Don't neglect this.

Isolated as we are, having little opportunity for professional and social intercourse, too many of us gradually fall into a narrow rut from which it is almost impossible to extricate ourselves. Let us get together and help each other out of the ruts.

M. F. HULETT, Secretary.



**GREATER NEW YORK OSTEOPATHIC SOCIETY.**

This society held a meeting at the Fifth Avenue hotel, New York City, October 21, 1904, at 8 p. m. The following program was carried out:

Clinics—"Dislocation of the Hip Joint" (Not Congenital)—Conducted by William West, New York; Harry M. Still, New York.

An Address—Elmer Lee, M. D., New York, "The Therapeutic Use of Electricity."

An Address—Mason Pressly, Philadelphia, "Osteopathy."

**OAKLAND OSTEOPATHS.**

The osteopathic physicians of Oakland, Calif., are meeting one evening a week for study and clinical practice. Patients are examined, cases diagnosed, treatment suggested, or illustrated, as the case may be, for sometimes patients are from the physician's private practice, but being especially interesting cases, are brought in for the general benefit. There is much enthusiasm over these meetings and as there is always general discussion over each case, much of interest and value is gained.

**SAN FRANCISCO OSTEOPATHS.**

The regular meeting of the Osteopathic Society of San Francisco was held Wednesday evening, September 21, 1904, at the California College of Osteopathy, with Wm. H. Ivie, president, in the chair. The special features of the program were reports from the national convention at St. Louis; one on "Clinics" by Effie E. York, and one on "The Three Year Course of Study" by Frank L. Martin. These were ably supplemented by Wm. H. Ivie, who also gave a resume of the important decisions reached by the A. O. A. in regard to education, ethics, organization of state boards, etc. The interest in these meetings is growing and a good program has been prepared for the year.

MARY V. STUART, Secretary.

**MICHIGAN OSTEOPATHIC ASSOCIATION.**

The fifth annual meeting of the Michigan Osteopathic Association was held in Kalamazoo on October 15th. There were twenty-five in attendance. The program consisted of papers and discussions on technical subjects. Two clinics were held, one by R. A. Glezen, the other by G. H. Snow. Among those who read papers were Della Renshaw, Edythe Ashmore, H. E. Bernard and J. M. Church, all of Detroit.

Officers for the ensuing year were elected as follows: President, E. W. Cully, Flint; vice-president, E. E. Schwartz, Coldwater; secretary, J. M. Church, Detroit; treasurer, R. A. Glezen, Kalamazoo.

H. E. Bernard, Detroit, and G. H. Snow, Kalamazoo, were elected delegates to the Denver meeting of the American Osteopathic Association.

**NEW YORK OSTEOPATHIC SOCIETY.**

The sixth annual meeting of the New York Osteopathic Society was held at the Waldorf-Astoria, New York, October 26, 1904.

The morning session was devoted to reports of officers, routine business and listening to the address of the president, Ralph H. Williams.

In the afternoon the following program was carried out:

"Does the 'Pop' Really Mean Anything?"—Charles C. Teall.

"Pure Osteopathy and General Practice"—Wilfred E. Harris, Boston.

"Catarrhal Deafness"—C. W. Proctor, Buffalo. Discussion opened by Albert Fisher, Syracuse.

"Future of Osteopathic Education"—Charles Hazzard, New York.

"Social Organization and Professional Courtesy"—Ralph H. Williams.

The following officers were elected: President, Ralph H. Williams, Rochester; vice-president, Mrs. C. H. Whitcomb, Brooklyn; secretary, H. L. Chiles, Auburn; treasurer, Charles F. Bandel, Brooklyn. Directors: George J. Helmer, New York; Charles C. Teall, Brooklyn; S. W. Hart, Albany. Program committee: W. L. Buster, Mt. Vernon; Mrs. C. H. Whitcomb, Brooklyn; C. F. Bandel, Brooklyn; Cecil R. Rogers, New York.

**A NEW ENGLAND CONVENTION.**

The Massachusetts Osteopathic Society is planning something unique—a New England convention. It is proposed to hold it next January in Boston. It will be the first of the sort on record. It is the intention to have it last all day and two evenings. The report of the executive committee upon this subject was accepted at the annual meeting of the society Boston, October 4. The following officers were elected: President, Francis A. Cave; vice-

president, Frederick W. Sherburne; secretary, Ralph Kendrick Smith; treasurer, Anna W. Byrkit. The interest of the profession outside of the state is shown by the fact that the society has enrolled a number of associate members from adjoining states, including some from Maine, a considerable distance. Almost every member of the society is also a member of the A. O. A. We are waging a vigorous campaign against irregular practitioners, and are determined to get every legitimate physician into the state and the national organization.

RALPH K. SMITH, Secretary.

#### MINNESOTA OSTEOPATHS.

The Minnesota State Association, which was held at St. Paul September 2, was conceded by those present to be one of the most enthusiastic in the history of the association. This was in part due to the fact that an effort had been made to secure talent from outside the state, thereby bringing about an interchange of thought that was productive of much good.

Osteopaths, as well as any other class of professional people, may fall into ruts and the thinking practitioners have long since learned not to be "wise in their own conceits," but realize that each one may be able to contribute something to the general fund of knowledge, so it was with great enthusiasm that the Minnesota osteopaths listened to Drs. Ella Still, J. M. Littlejohn and H. W. Forbes and they in turn were delighted with what they saw and heard, and came away with many pleasant remembrances of the courtesies tendered them while in St. Paul.

These state associations are productive of much good. The osteopaths attending are encouraged by what they hear and go back to their work better prepared to care for their patients, and more anxious to do all in their power to forward the interests of the science.

#### MEETING OF VERMONT OSTEOPATHS.

The fifth annual meeting of the Vermont Osteopathic Association was held October 10th and 11th at the office of H. K. and Mary Burbank Sherburne, Rutland. President L. D. Martin, Barre, gave an excellent address.

Guy E. Loudon, Burlington, presented the subject, "Bright's Disease," which showed thorough and careful study.

Other interesting papers were given, as follows: W. W. Brock, Montpelier, "Apoplexy;" H. K. Sherburne, Rutland, "Enuresis Nocturna;" S. M. Knauss, Montpelier, "Obstetrics." Each paper was followed by a general discussion and case reports.

At the business session the following officers were elected for the ensuing year: President, H. K. Sherburne, Rutland; vice-president, Anna L. Kelton, Montpelier; secretary-treasurer, C. G. Wheeler, Brattleboro.

Executive Committee—Guy E. Loudon, Burlington; L. P. Martin, Barre; Lewis W. Allen, Middlebury.

Legislative Committee—L. D. Martin, H. H. McIntyre, W. W. Brock, Guy E. Loudon.

L. D. Martin and H. K. Sherburne were elected delegates to the A. O. A. meeting at Denver, with W. W. Brock and Guy E. Loudon as alternates.

#### COLORADO NOTES.

The following resolution was adopted by the Colorado Osteopathic Association, June 24, 1904:

"In the matter of legislation we endorse the following:

"First. We enter the contest with an effort to secure and have passed a straight osteopathic bill, liberal as to osteopathy.

"Second. We accept no compromise with any medical school.

"Third. Failing in this we allow the medical profession to pass as stringent medical law as they want with the understanding that we contest said law in the courts.

"Fourth. In defining the practice of osteopathy we use a broad definition, such as taught in the Associated Colleges of Osteopathy.

"Fifth. In drawing a bill, we recommend the establishment of a board of five members to be selected from a list of ten, to be nominated by the state association to the governor for appointment."

In the writer's opinion, no compromise medical law can be fair to all schools of practice unless it absolutely assures to each system the setting of its own standards, thus letting each determine who is qualified to bear its name.

It must require equal duties of all systems, such as reporting contagious diseases, making certificates of death, etc. Further than these general requirements its only legitimate object can be to prevent fraud and misrepresentation. These are essentially criminal, and might perhaps better be reached through other than "medical" laws.

Every citizen has a constitutional right to render any service not in itself wrong, which

may be required of him by others, and which he can render satisfactorily to his patron.

The Colorado Osteopathic Association admits to membership anyone of good moral character, who can pass a reasonable examination showing himself possessed of sufficient knowledge and skill to enable him to honor the name of the practice.

The Denver Osteopathic Association held an instructive and well attended meeting at the office of Dr. Martha Morrison on October 8th. The subject was "Otitis Media," which was well handled by Dr. Morrison. The paper was freely discussed and experiences presented by nearly all present. The members are awake to the needs of the national convention next year, and propose to show their appreciation of its coming by making their best efforts to provide all that can reasonably be asked of them for the occasion.

N. A. B.

#### MEETING OF NEW JERSEY OSTEOPATHS.

The fourth annual meeting of the New Jersey Osteopathic Society was held in Newark, N. J., on October 22nd. The routine business was disposed of during the morning session. Among other important matters which came up for discussion was the adoption of a proper code of ethics, the society finally deciding to accept the code as passed upon by the A. O. A. at St. Louis, believing it to be sufficient for the profession at large and the society in particular. The afternoon session was taken up with papers, cases and discussions by J. C. Howell, C. E. Fleck, Milbourne Monroe, R. M. Colborn, Laura A. Leadbetter and O. J. Snyder.

The election of officers for the ensuing year resulted in the re-election of Forrest Preston Smith and George DeWitt Herring for president and secretary-treasurer; for vice-president, Laura A. Leadbetter. R. M. Colborn, S. H. McElhaney and Milbourne Monroe form the executive committee.

Many prominent in the profession were present from nearby cities, among them Charles Hazzard, C. C. Teall, Charles F. Bandel and George W. Riley from New York; O. J. Snyder, C. J. Muttart and D. S. B. Pennock from Philadelphia.

A banquet was held in the evening with an elaborate menu. The following toasts were responded to:

#### TOASTS.

Toastmaster—F. P. Smith.

- "N. J. O. S."—S. H. McElhaney.  
May we never engage in a bad cause,  
Nor flee from a just one.
- "The Future of Osteopathy"—George W. Riley.  
Our future, as our past,  
Will make history.
- "Revenue Only"—Helena F. Smith.  
Advancement limps on steps of pain;  
There is no royal road to Gain.
- "The Osteopath—Lesion and Otherwise"—Chas. Hazzard.  
The first requisite is to be  
A good animal.—*Spencer*.
- "A. O. A."—O. J. Snyder.  
United we stand,  
Divided we fall.
- "Scientific Researches—Results"—D. W. Granberry.  
They've found the bug that eats the bug  
That fights the bug that bites us;  
They've traced the germ that kills the germ  
That chews the germ that smites us.
- "Adjuncts"—C. C. Teall.  
Strange how that ugly point of view  
Fits someone else and dodges you.
- "The Three-Year Course"—C. E. Fleck.  
Come, these are no times to think of dreams—  
We'll talk of dreams hereafter—*Shakespeare*.
- "The Ladies"—H. W. Carlisle.  
The fairest work of the great Author;  
The edition is large, and no man should be  
without a copy.
- "Monthly Meetings"—G. D. Herring.  
Come, let us reason together.
- "Dr. A. T. Still"—F. P. Smith.  
Like a sturdy oak whose acorns of truth,  
Falling in proper soil,  
Bring forth good fruit in season.

**PERSONAL.**

Dr. Nellie Evans, Akron, Ohio, will spend the winter with her brother, Dr. A. L. Evans, Chattanooga, Tenn.

Dr. Ella D. Still has begun work on a text book on gynecology, which she hopes to have out by the first of the year.

Born, October 7, 1904, at Washington, D. C., to Drs. J. S. and Nannie Ball-Baughman, a daughter, Mary Ball Baughman.

Dr. and Mrs. Warren B. Davis, Milwaukee, Wis., have just moved into a new home which the doctor recently purchased.

Born, to Dr. and Mrs. Oliver Van Dyne, 34 The Kanatenah, Syracuse, N. Y., October 10, 1904, a son, who has been named Charles Oliver.

A partnership has recently been formed between Drs. Julia V. Frey and Susan Balfe, with offices at 618 Box Butte Avenue, Alliance, Neb.

We learn with regret of the serious illness of Dr. Guy D. Hulett at his home in Kirksville, Mo. We join with his friends in hoping for an early recovery.

The California College of Osteopathy has moved into more commodious quarters at 1364 Geary Street, San Francisco. Beginning with this school year this college inaugurated the compulsory three years' course.

Dr. H. M. Gifford, whose removal to Florissant, Colo., was noted in the October JOURNAL, writes us that he went to that place merely for recreation on a ranch. His permanent address will be noted in these columns later.

Drs. Geo. Tull, president, and Frank H. Smith, secretary of the Indiana Osteopathic Association, have issued a call for a meeting of that body at Indianapolis on November 11, 1904. All Indiana osteopaths are urged to be present.

Dr. Geo. W. Riley, located at The Pierrepont, 43 West 32nd street, New York City, was elected to membership in the A. O. A. at St. Louis, but through an error his name failed to appear in the list of members elected there, or in the directory.

Dr. A. T. Still is visiting in Chicago. Dr. A. S. Melvin gave a reception in his honor on the night of October 21. On the night of October 27 he was the guest of the Chicago Osteopathic Society at its regular monthly meeting. Dr. Still addressed the society, after which a reception was held.

At a meeting of the Montana Osteopathic Association, held September 8th, the following officers were elected: President, Asa Willard, Missoula (re-elected); vice-president, E. V. Strong, Helena; secretary, Eva M. Hunter, Livingston; treasurer, K. Virginia Hogsett, Butte; trustees, E. V. Strong, Chas. W. Mahaffay and Asa Willard.

Dr. Ella Still remained in St. Paul three weeks following the state association, and conducted a daily clinic and delivered a course of lectures to twenty-five of the Minneapolis and St. Paul osteopaths. In reporting her work, Dr. Still says that she has never come in contact with a more enthusiastic body than the Minnesota doctors, and it was a pleasure indeed, to talk osteopathy to people who so thoroughly believed in the science and were eager to get new ideas that would be helpful to them. It is such people who make up the workers in both state and national associations.

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**NEW MEMBERS.**

The following have been elected to membership in the A. O. A. during the past month:

W. L. Davis, Funke Building, Lincoln, Neb.  
 C. W. Farwell, Paxton Block, Omaha, Neb.  
 H. W. Glascock, Carolina Trust Building, Raleigh, N. C.  
 Calvin H. Grainger, 52 Liberty street, Winston-Salem, N. C.  
 Rhoda Celeste Hicks, 573 Commercial street, Astoria, Ore.  
 Mary N. Keeler, Loveland, Colo.  
 C. E. Quick, 714 Grant Building, Los Angeles, Calif.  
 Emma Quick, 714 Grant Building, Los Angeles, Calif.  
 H. F. Ray, Hunt Building, Charlotte, N. C.  
 Paul Alonzo Shoemaker, Hotel Elliott, Jamestown, N. Y.  
 F. G. Whittemore, 170 St. James Place, Buffalo, N. Y.  
 A. H. Zealy, Goldsboro, N. C.

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In most things success depends on knowing how long it takes to succeed.—Montesquieu.

**REMOVALS.**

- Aurelia S. Henry, 209 Sanford avenue, Flushing, N. Y., to 205 Sanford avenue, same city.  
 John Allen West, 51 East Fifty-second street, to 144 East Twenty-second street, New York, N. Y.  
 Orren E. Smith, Washington, D. C., to 516 Traction Terminal building, Indianapolis, Ind.  
 E. H. Shackelford, 201 East Franklin street, to Leigh Flats, 7 East Main street, Richmond, Va.  
 Margaret B. Carleton, Barre, Vt., to 6 Postoffice Block, Keene, N. H.  
 Mrs. Chloe Carlock Riley, Youngstown, Ohio, to 43 West Thirty-second street, New York City.  
 Adele Allison, Chillicothe, Mo., to Anaconda, Mont.  
 Effie E. York, from 588 to 694 Sutter street, San Francisco, Calif.  
 Rose E. Breitenstein, 19 Windsor street to 121 South Union street, Rochester, N. Y.  
 Ord Ledyard Sands, 24 West Fifty-ninth street to 37 Madison avenue, New York City.  
 J. Martin Littlejohn, 108 South Hoyne avenue to 928 Adams street, Chicago, Ill.  
 W. E. Dwiggin, Attica, Ind., to 22 and 23 Hopkins Block, Bakersfield, Calif.  
 Susan R. Bottenfield, Minneapolis, Minn., to 136 Ashby street, Atlanta, Ga.  
 G. W. Krohn, Sunbury, Pa., to 55 West Louthier street, Carlisle, Pa.  
 I. J. Eales, Chicago, to 123 West Main street, Belleville, Ill.  
 H. A. Greene, 17 Minnis Block, to suite 202 McTownlee Building, Knoxville, Tenn.  
 Kate Childs Hill, 2108 Shattuck avenue, to 2121½ Center street, Berkeley, Calif.  
 Hettie M. Ross, Denver, Colo., to 1007 San Antonio street, El Paso, Tex.  
 H. D. Morris, 34 First National Bank Building, to 387 Falk Building, Boise, Idaho.  
 L. Guy Baugher, Williamsville, Ill., to 33 Bellefonte avenue, Lock Haven, Pa.  
 Anna K. Aplin, 397 Jefferson avenue, to 354 Jefferson avenue, Detroit, Mich.  
 M. B. Harris, St. Louis, Mo., to National Bank Building, Fort Worth, Tex.  
 Josephine Leffer, Herkimer, N. Y., to Gardner Building, 38 Genesee street, Utica, N. Y.  
 J. Willis Galbreath, 415 Pennsylvania Building, to 420 Pennsylvania Building, Fifteenth and Chestnut streets, Philadelphia, Pa.  
 Bertha O. White, Clarion, Pa., to 155 East Walnut street, Titusville, Pa.

We would be obliged to any one who will give us the correct office address of the following members:

- Edward Lapham Hill, late address, 18 Aspinwall avenue, Brookline, Mass.  
 Ida S. Wood, late address South Pasadena, Calif.

**DISEASES OF WOMEN.**

BY M. E. CLARK, D. O.

Professor of Gynecology and Obstetrics in the American School of Osteopathy; member Operating Staff A. T. Still Infirmary.

We have examined with some care the second, and thoroughly revised, edition of this valuable text. Following the introduction the author takes up the subject of "Development of the Female Genital Organs," after which the following chapters appear in the order named: Anatomy; general causes of disease; methods of examination; diseases of the vulva; affections of the uterus; tumors of the uterus; laceration of the cervix; inflammation of the uterus; physiological periods: general disorders of menstruation; diseases of fallopian tubes; ovarian diseases; reflex disorders; miscellaneous affections.

In this work Dr. Clark has made a most valuable contribution to the scientific literature of the profession. The author was a class mate of ours, and we can testify that he was a most excellent student; his book is conclusive proof that he has continued to be a student since his college days were ended. His connection with the A. S. O., as teacher of gynecology for nearly six years, and his work in the infirmary have given him exceptional opportunities to develop along the line of his specialty and gives to what he says the weight of authority.

The book consists of 539 pages, handsomely printed on good paper, with 111 useful illustrations, of which many are half-tones from photographs. It is comprehensive, practical, readable, of good appearance and most important of all, *osteopathic*. The author recognizes the fact that we sometimes come in contact with surgical cases; in these he gives the diagnosis and indications for surgical interference.

For sale by the A. S. O. Book Company, Kirksville, Mo. Cloth, \$5.00; half morocco, \$5.50, prepaid.

As for me, I think that these maladies are divine, like all others, but that none is more divine or more human than another. Each has its natural principles, and none exists without its natural cause.—Hippocrates.

**NATURAL VS. CHEMICAL FEEDING.**

The recent attempts by scientific experiments to prove the relative nutritious values of different foods have not been as successful as might have been expected. In spite of the careful chemical feeding of the army squad by Prof. Ohittenden the instinct of natural hunger asserted itself in very plain and practical ways. Instead of being perfectly nourished by the laboratory method the boarders were more than hungry for very ordinary viands. All the ingenious theories regarding the physical energies in food constituents were put to naught by a cry for plain corned beef with its cabbage accompaniment. The men complained that they had been starving for meat while living on little more than a vegetable diet for weeks. Yet during all this time the proteids, albumenoids, and carbohydrates were apportioned to them with mathematical precision, becoming a strictly scientific experiment. The human stomach, however, refused to be governed by test tube rules, and natural appetites proved that there was something more needed than mere weights and measures for food equivalents. It is well, then, that nature can still be trusted to make her own food selection, in spite of the ever changing theories of digestion and assimilation that are now so much in vogue.—*New York Herald.*

How to Kill a Baby With Pneumonia.—“Crib in far corner of room with canopy over it. Steam kettle; gas stove (leaky tubing). Room at 80 degrees F. Many gas jets burning. Friends in the room, also the pug dog. Chest tightly enveloped in waistcoat poultice. If child's temperature is 105 degrees F. make a poultice thick, hot and tight. Blanket the windows, shut the doors. If these do not do it, give coal tar antipyretics and wait.”—*Nashville Journal of Medicine and Surgery.*

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### **SOME POSSIBILITIES IN THE TREATMENT AND PREVENTION OF TUBERCULOSIS FROM AN OSTEOPATHIC STANDPOINT.**

(This paper was prepared for entry in the A. O. A. prize essay contest, 1904, but did not reach the committee until a few days after the time limit had expired.)

By W. B. KEENE, A. B., M. D., D. O., Philadelphia, Pa.

Of all generally prevalent diseases, tuberculosis has proven itself to be the most stubborn in its resistance to treatment. All remedies, from a drug standpoint, have signally failed, and experiments in lymph inoculation have so far proven equally unsatisfactory.

It is now universally conceded that proper nourishment of the entire body is the prime factor, both in the prevention and cure of this disease, and yet it is a demonstrated fact that the final effect of the drugs usually employed in the treatment of tuberculosis is to so derange the gastric functions that both digestion and assimilation become greatly impaired, thus crippling the main force by which a cure may be effected.

For this reason, experts are discarding drugs and experimenting with natural agencies—fresh air, sunshine and physical exercise. Under this method of treatment, especially when employed in the early stage of the disease, the percentage of cures has very markedly increased. Is this all that can be done—this somewhat general utilization of purely external agencies? As rational as this method certainly is and as productive of good results as it indisputably has been, from an osteopathic standpoint, we believe this to be only the beginning, and that fresh air and sunshine are accessory rather than fundamental considerations.

The conservative medical mind has been so wedded to the idea that something from without must be introduced into the body in order to heal it, that the proposition that the organism may possess, the power of elaborating its own curative elements, seems to have been entirely overlooked. It is at this point that the osteopath steps in and declares this proposition to be a demonstrated fact—the primary fact indeed of the whole science of osteopathy, and that, by means of this science, he can so adjust the body, remove all impediments to the free circulation of blood and lymph, and stimulate the func-

tions, that the whole metabolic process may be rendered normal, perfectly or partially, as the case may be.

We by no means wish to lay claim to the impossible, for we know and recognize the fact that there may be such destruction of the tissues that revivification of the vital forces is impossible. But who shall say just where the line can be drawn? It is certainly changing from year to year.

The active agent in the development of the disease of tuberculosis is the bacillus tuberculosis, a microbe almost universally present in the air we breathe, in ill-ventilated houses, public halls, closed public conveyances and the dust-laden atmosphere of city streets.

The most common site of tuberculosis is the lung structures, although all organs in the economy, including the blood vessel walls, are subject to the attack of the bacillus, either primarily, by direct deposit, or secondarily, by metastatic involvement. When the microbe enters the system, it is immediately attacked by the phagocytes, which either destroy the bacillus, thereby rendering it pathologically innocuous, or the phagocytes, too few in number, or too inert, are themselves overcome by the bacilli, which then seek lodgment in some weakened tissue, where, if undisturbed by increased cellular activity of the tissue itself, or by new and sturdier leucocytes, they rapidly multiply with a subsequent outbreak of tuberculosis. The real causation of tuberculosis may resolve itself, therefore, into two factors, namely:

First—A decrease in the number of white blood cells, or a lessened activity of those present.

Secondly—A weakened power of cellular resistance of certain tissues of the organism permitting the deposit and propagation of the bacilli.

The problem then confronting us is, what can be done to strengthen the resisting power of the organism and to increase the number and activity of the leucocytes? If these two conditions could be remedied, the number of cases would be greatly lessened and the death rate from actual tuberculosis greatly decreased.

In the consideration of these possibilities osteopathic science takes a somewhat different view from that taken by other systems of healing. It does not deny that the bacillus tuberculosis is present in the diseased tissue, but it has reason to believe that the deposit of the bacillus is but a secondary occurrence, and not the primary cause of the disease. A perfectly healthy living tissue is immune. Now, can we by osteopathic treatment bring weakened tissues to a condition of healthy activity?

Tissues that have been destroyed by the action of the bacilli cannot be regenerated, but it is possible to strengthen the unattacked tissues of the organ, so as to limit the further propagation of the disease germ.

During the past four years we have come in contact with a number of cases of tuberculosis in its various forms and aspects, and each case has afforded quite individual and varied phases for study and investigation. Taking into consideration the short period of time and the limited number of cases, it is impossible to arrive at any definite conclusions as to the percentage of cures, in all stages of the disease, under osteopathic treatment. The results obtained in the comparatively few cases treated have been so gratifying that we feel encouraged to urge our brother practitioners to engage in special research and investigation into the prevention and treatment of this dreaded disease.



From the results of treatment, the following general statement is submitted:

Every case of incipient tuberculosis, i. e., where all manifestations of the first stage existed, including the presence of the bacillus tuberculosis in the sputum, has been apparently cured. It is advisable to use the term "apparently cured," as more time must elapse in order that the patients can be further observed before positive statements can be submitted. The assumption that these cases have been cured, is based upon a disappearance of the following manifestations, which were presented before osteopathic treatment was instituted. The bacillus tuberculosis which was present in all cases but one, disappeared entirely from the sputum, emaciation was checked, cough subsided, night sweats ceased, and all physical signs in the pulmonary tissues were abated. In nearly all of these incipient cases lesions were found in the splanchnic area, involving innervation to the gastro-intestinal tract, and every case showed some lesion to the vaso-motor area of the pulmonary structures.

In the more advanced stage, presenting more or less degeneration and destruction of pulmonary cellular tissue, with cavity formations, all manifestations of the disease disappeared, a healing of the cavities having taken place. These cases presented the characteristic barrel-shaped chest with depressed ribs.

Treatment was instituted by a careful examination of the area of the nerve and blood supply to the digestive organs, and all lesions were removed in order to bring about proper assimilation and improve the quantity and quality of the blood. The organs of excretion were kept active in order to take care of the great increase of waste materials which is peculiar to tuberculosis. The lungs, kidneys, liver, spleen and skin, each in their turn, received the most careful attention, and all lesions that would in any way affect these organs were removed.

In regard to diet, each patient is a law unto himself, but experience has proven that albuminous foods, eggs and milk in generous quantities, are especially well adapted to tubercular patients. It is surprising to note what large numbers of eggs can be well borne, as the majority of patients can digest and assimilate one dozen eggs daily, in addition to their regular three meals. In some a mixed diet is preferable, i. e., fruits, cooked or raw; vegetables, particularly lentils and spinach, and fats that are easily digested.

It has also been found necessary to instruct the patient in regard to thorough mastication of food. The necessity of rules for deep breathing is also explained to the patient and the advisability of remaining as much as possible in the open air.

Regular bathing has also been insisted upon, care being always taken to accommodate the temperature and frequency of the bath to the patient's power of reaction, any undue or prolonged chilliness should be avoided, in order to prevent internal congestion. Such, in brief, was the treatment that produced results so encouraging that we are led to believe that osteopathy offers possibilities for the relief and limitation, if not absolute cure, of tuberculosis, for which no other method of treatment has either logical or reasonable grounds to offer.

Without wishing to be oversanguine as to results, we do urge that the subject be made a matter of discussion among osteopathic physicians, and

that some definite method of procedure be adopted to record all cases of tuberculosis, whether the treatment be successful or otherwise. We would suggest a very careful and accurate record of the first examination, the number and location of lesions, bearing upon the affected area, a statement of specific treatment and the results obtained. These records would come under the scope of "case reports," and every osteopathic physician should regard it as a matter of personal, as well as professional honor, to report all such cases that come under his treatment.

We have so far considered the subject from one side only, namely: Our attitude in relation to the actual developed pathological conditions, and while this aspect of the question represents possibilities which can be verified only in the future, there is another phase of it, namely, prevention, with which we can deal with practical certainty.

This immediately brings up the question of "predisposition." In what "predisposition" consists, from a pathological standpoint, has not yet been determined. Pathologists agree that it is extremely rare that the disease itself is transmitted to the foetus in embryo; it certainly is an undisputed fact that the offspring of parents having a tuberculous diathesis are more susceptible to this disease than those with an untainted history.

Taking for granted the probability of transmitted predisposition, the course of the osteopathic physician is signally clear.

As in all branches of reform, the child is finally arrived at as the most plastic material with which to inaugurate a change, so we must begin with the child. We cannot start two hundred years before it is born, as we have been advised it is desirable to do, but we can do much for him during all or a part of the nine months prior to his birth. On being called upon to attend a case of confinement, the physician should, at the first consultation, make the most careful and minute inquiries regarding the history of the family on both the maternal and paternal sides, as far back as possible, to obtain definite information, in order to accurately ascertain whether a tuberculous diathesis has anywhere existed. If such a history is present, the pregnant woman should be examined for lesions that might lead to an outbreak of the disease. It is needless to say that such a case requires the most careful treatment and should be directed to a double end: To avert, if possible, a sudden development of tuberculosis in the patient after child birth and to encourage a normal development of the foetus. Treatment should be directed mainly to adjusting any lesion in the upper dorsal region or corresponding ribs, and to the centers controlling the digestive and excretory functions. After the second month of pregnancy it is inadvisable to attempt to adjust below the seventh or eighth dorsal vertebrae, and no manipulation at any time of pregnancy should be performed at the second or fifth lumbar vertebrae.

As soon as admissible after the birth of the child, the mother should again be carefully examined and treatment continued until all probability of danger is past.

The child should be examined after birth, with a view to removing any anatomical perversion that would act as a contributory cause to the depletion of cellular activity. A predisposed child should be subjected to the periodical supervision of the physician until after maturity. The spine and ribs should be given unremitting attention, and no lesions, especially in the upper dorsal region, should be permitted to remain unadjusted.

A mother with a tendency to tuberculosis should, under no consideration, be allowed to nurse her child; artificial feeding of indicated and properly prepared food is far preferable. The physician should also consider it his duty to instruct the family as to the particulars of all precautionary sanitary measures and the significance of the Board of Health regulations in regard to expectorating in public places.

The mother should be especially instructed to observe any tendency on the part of the growing child to acquire malpositions in sitting, standing or walking and to correct such tendencies.

We are aware that the course we are advocating would be a constant and probably prohibitory expense in a majority of cases, but it is to be hoped that the time is not far distant when the care and isolation of every case of tuberculosis will be looked upon as a public charge and subject to constant observation and regulation.

Dare we hope for a National Board of Health? Let us also hope, that, before that time, osteopathic science will have received universal recognition as an absolutely certain method of discriminating between the normal and the abnormal, and that the skillful osteopathic physician, with his trained sense of touch, and knowledge of the art of adjustment, will be regarded as eminently and peculiarly qualified as inspector of school and general public health.

In the meantime let us heartily co-operate in all measures which make for better sanitary conditions for improved methods of caring for the dependent as well as the independent sick. At the same time, can we not, as a body of physicians, adopt some definite and concerted plan of action which will coincide with our method of diagnosis and treatment?

Can we not set before ourselves as objective points certain measures which it would be desirable to have carried out in all parts of the country; for instance:

- 1.—The desirability of having in the Board of Health a special committee to devote its attention exclusively to the observation and care of this one disease.
- 2.—To making it a legal requirement for every physician to report to the committee every case of tuberculosis, with its full history, that comes under his observation.
- 3.—That every child born of parents of a tubercular diathesis shall be fully recorded, in order that after the child enters school its development may be watched by the inspectors of public schools.
- 4.—The rigid inspection of pupils of private, as well as public schools by the physicians of the Boards of Health, especial attention being paid to recorded children.
- 5.—The establishment of a corps of house-to-house inspectors, whose care shall be to report especially on the members of a family too young or too old to come under the supervision of the school inspectors; and whose duty it shall be to instruct the head of the family, at least, as to the care of a tuberculous patient; of the absolute necessity of destroying, by burning, all tubercular expectoration.
- 6.—A provision for the removal from a regular school of all children suffering from any form of developed tuberculosis, and establishment of out-

door sanatoria, equipped with educational apparati and teachers, where the afflicted pupils may receive proper mental and physical training.

7.—A more public spirited attitude towards the sanitary conditions of the public school buildings and public health and emergencies generally.

These are only a few suggestions, and doubtless many more would come up under discussion. They are points on which all creeds might agree; a common meeting ground from which may arise a better mutual understanding between factions contending with each other and yet are working for one common good—the public welfare.

#### REPORT OF THREE CASES.

(1) *Mrs. D., Age 24, Housewife.*

No history of tuberculosis could be deducted. The general health of patient had been good until two years ago, when she was exposed for several hours to a damp night air, which resulted in a common cold, with manifestations of coryza, followed in a few days by cough and embarrassed respiration. The cough continued and became aggravated, the patient lost weight gradually, expectoration became profuse and general weakness followed. The patient consulted a physician, who gave her creosote in gradually ascending doses, until a maximum dosage had been reached. At this time, about six months from initial exposure, the stomach became irritable, nausea frequently occurred and the patient was compelled to cease the medicine on account of indigestion and consequent lack of nutrition.

#### EXAMINATION.

This revealed a twisted condition of the sixth dorsal vertebra as the most marked of any spinal lesion. Other spinal lesions were a slight left lateral curve, involving the second, third, fourth and fifth dorsal vertebrae. The second rib approximated the first rib, on right side, and the lower ribs were slightly depressed. The tissues about the right scapula were relaxed, permitting that bone to ride toward the right lateral aspect of the posterior chest wall. Upon physical examination of the chest the following signs were apparent: On percussion over the apex of the right lung there was slight impairment of resonance. On auscultation fine moist rales were heard. Vocal fremitus and resonance were slightly increased. The left lung appeared normal. This was a case of incipient consumption with beginning signs of the disease over the apex of the right lung.

My diagnosis in this case was confirmed by the presence of bacilli in the sputum.

#### TREATMENT.

Was first to adjust the sixth dorsal vertebra, then a correction of the upper dorsal curve followed. The second rib was adjusted. After adjustment of the sixth dorsal the patient began to feel less nauseated, and in less than a week was able to keep six raw eggs daily upon the stomach. Strength gradually returned, and also weight. The vaso-motor pulmonary centers were stimulated after the curve had been adjusted, and the patient felt better in every particular, at the expiration of one month. The tubercle bacilli could not be discovered in the sputum at the end of the second month and the patient was apparently cured at that time.

(2) *Mr. W. B., Age 52, Family History of Consumption.*

This patient presented, even to a layman, undisputable signs of tuberculosis. His color was ashen, face pinched, eyes glassy. He had suffered from an intermittent cough for two or three winters; had no appetite, was constantly expectorating and lost thirty pounds in one year.

## EXAMINATION.

A marked depression under both cavicles, dullness of percussion over apices of both lungs, particularly the left, with co-incident want of expansion over area of both lungs. The anterior chest muscles were contracted, also the muscles over the posterior aspect of the lungs; a decided posterior curve involving the upper dorsal region associated with a right lateral subluxation of the fourth and fifth dorsal vertebrae. The left clavicle was depressed and there was a decided dropping of the fourth and fifth ribs on right side, in fact, there existed the characteristic barrel-shaped chest. Tubercular bacilli were found in the expectoration.

The vaso-motor pulmonary centers were affected by the lesions in the dorsal region, producing a culture ground for the existence and propagation of the bacilli.

## TREATMENT.

Relaxed the contracted muscles, removed the dorsal lesions, thoroughly raised the ribs and depressed clavicle, stimulated the pulmonary circulation and advised patient to practice deep inhalations of pure air. This mode of treatment, in conjunction with cool morning bathing, and liberal diet of easy digestion was persisted in for a period of three months, at the expiration of which time the patient had gained ten pounds in weight, the cough ceased, also the night sweats. Upon an examination of the sputa, at this time, no bacilli were present and the patient was apparently cured.

(Note.—This patient was treated four years ago this month, and I am gratified to state that no sign of the disease whatever has returned up to date.)

(3) *Mr. J. R. K., Age 50, Family History of Tuberculosis.*

For five years had suffered from all the manifestations of a chronic and lingering pulmonary tuberculosis, stomach exceedingly irritable.

## EXAMINATION.

Revealed flattened chest, ribs bound tightly, spine, as a while, impacted with second dorsal vertebra subluxated to the right, second rib twisted and sixth and seventh dorsal vertebrae luxated to the left. The ribs were down on both sides, the lower ribs resting in both iliac fossae. The entire spine appeared flattened, spinous processes smooth. There was also a lesion in the cervical region, namely, the third vertebra to the left.

## PROGNOSIS.

I was very reluctant to take this case, as the physical signs, together with the numerous lesions presented, with the age of patient, were all unfavorable to even a hopeful prognosis. The physical signs were as follows:

On percussion an area of dullness over both lungs was apparent, but most marked over the left lung at apex. A tympanic note was distinguished

over some parts of the left lung, indicating the presence of cavity formations. Coarse rales were heard upon auscultation.

#### TREATMENT.

I first tried to relax the contracted chest muscles, followed by raising the ribs and extending the impacted spine. Special attention was given to the greatly depressed lower ribs, thus freeing the diaphragm and permitting free circulation in the large vascular trunks passing through diaphragm.

The second dorsal vertebra was adjusted after repeated trials covering a period of several weeks, after which time the patient improved slowly, and I was surprised to witness a steady improvement in every particular; the stomach digested food well, expansion of chest walls was slowly restored to normal, and in seven months I was gratified to find all physical signs over the pulmonary tissue had abated. The patient gained much in weight and strength and was able to attend to business after four months' treatment. The bacilli could not be discovered in the sputum after the sixth month.

(Note.—This was an advanced case, with cavity formations, and I am convinced that stimulation of the blood supply provided the necessary healing element sufficient to heal the cavity.)

This patient is still under my observation and I am inclined to think that he will have no return of any pulmonary disease.

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## CLINICS AT ST. LOUIS MEETING A. O. A.

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### BRIGHT'S DISEASE.

GUY E. LOUDON, D. O., Burlington, Vt.

Bright's disease is an acute or chronic inflammation of the epithelial and interstitial elements of the kidneys. These two elements are always involved in this affection. The epithelial tissues in some cases may be more actively and extensively affected than the interstitial in which case the disease is designated as a parenchymatous nephritis. If the interstitial elements are most involved, it is termed interstitial nephritis, while if both are perhaps equally involved, we describe it as a diffuse exudative nephritis. There is no hard and fast rule by which these forms can always be differentiated, but in general, the objective signs of degeneration of the tubular epithelium is a pronounced albuminuria; of exudative inflammation, casts; of interstitial fibrosis, polyuria and diminished urea. The etiology may also give us a key, e. g., a long continued fever with elimination of toxins, would probably give us a parenchymatous nephritis, whereas the elimination of alcohol, also the toxins of chronic diseases e. g., syphilis, cancer, etc., and the deficiently oxidized waste of gouty subjects would favor an interstitial nephritis.

The acute Bright's disease and the sharp exacerbations of chronic Bright's Disease affect mostly the tubular epithelium. As we leave the acute and advance towards chronicity, we find a tendency to less epithelial and more interstitial involvement. The acute nephritis is found oftenest complicating acute diseases, e. g., scarlatina, diphtheria, etc., and the result of exposures, alcoholic debauches, overdoses of certain drugs, local renal injuries, etc.

Chronic parenchymatous nephritis is the most common of all forms of nephritis and exists in two stages; (1) the large white kidney; (2) the small white contracted kidney. The second type is usually secondary to the first, and usually appears within the first or second year of the disease. Chronic parenchymatous nephritis is traceable to alcoholism, particularly consumption of malt liquors, in 75 per cent of cases. Heart lesions, tuberculosis, malaria, strenuous physical work and bad hygienic environments are important exciting causes. Many acute cases become chronic.

Chronic interstitial nephritis is the most chronic type and the most insidious in onset. It is very common in this country in the rich, over-fed, under-exercised high liver, who has oftentimes led a life of business strain. This disease is known as gouty nephritis from its frequent occurrence in this class: Heredity deserves mention as a predisposing cause.

It is worth remembering that acute nephritis is most prevalent in the first and second decades of life; chronic parenchymatous in the third, fourth and fifth decades; while the chronic interstitial is almost always confined to the fifth and sixth decades, rarely appearing before the fortieth year is passed.

My July article called attention to the fact that the presence of albuminous matter in the urine was not sufficient evidence to warrant a diagnosis of Bright's disease; and that even when it was the result of renal disease, the amount was in no sense indicative of the gravity of the disease, for grave cases often eliminate slight amounts of albumin, while simple cases often show abundant albuminuria.

It is clear that these facts should be borne in mind when a suspected renal patient is before us, so that we may avoid diagnosing every albuminuria as Bright's disease, and that we may not fail to diagnose a true case simply because albumin was absent at our first analysis. Also remember that the prognosis must depend not upon the symptoms merely, but upon the pathological changes accountable for them. The primary cause of these changes is primarily an interference with the circulation to the kidneys, particularly when accompanied by an excess of work for the kidneys to overcome. These unfavorable conditions, particularly if coupled with deficient oxygen supply, allow a retention of suboxidation products in the system. Less urea, more urates, uric acid and extractives appear in the urine. The kidneys are overworked in consequence thereof. The blood being surcharged with waste conveys less nutrition, while the renal tissues, overworked on one hand and underfed on the other, weaken under the strain and disease follows.

The same conditions which are responsible for parenchymatous nephritis bear a causative relation to the interstitial form. The development of the connective tissue in the latter disease is based upon the following law. "All increase or decrease in the nutritive activity is always and at all times dependent upon an augmentation or diminution in the nutritive supply, quality as well as quantity, brought to the part by its vascular supply." If the renal capillaries are expanded and the velocity of the blood current decreased there is increased nutrition. If, however, the expansion and congestion are too great, or the velocity too rapid owing to a greatly contracted renal arterial system, nutrition is decreased. Thus over-contraction or over-expansion are alike deleterious.

These principles are applicable to the parenchymatous case. The epithelial cells, enlarging from degenerative processes, bring pressure upon the blood vessels contiguous to them and produce the same effect practically,

as though the blood vessels themselves were primarily constricted. This would result in decreased nutrition to both epithelial and interstitial elements, causing atrophy from pressure of the latter, blanching of the cortex from pressure upon the blood vessels, leading to edematous swelling of the kidney, and with the fatty degeneration of the tubular cells, producing the whiteness of the large white kidney of chronic parenchymatous nephritis.

Another view would show us a rapid degeneration of the tubular epithelium, accompanied by a proportional desquamation amounting practically to a denudation of the tubules of epithelial elements, the effect of which would be a reduction of pressure upon the vascular and interstitial structures, followed by vascular expansion and subsequent hypertrophy of interstitial tissues which upon contracting, obliterate still more tubular structures, ultimately causing the small white contracted kidney.

Interstitial hypertrophy may be brought about through the irritative effect of toxic matter, generated within the system by bacterial action, or absorbed from the gastro-intestinal tract, upon the fine nerve filaments of the unriniferous tubule. As these toxins pass through the tubular lumina, the nerve filaments are affected; (1) by being inhibited, thereby removing the vaso-constrictor impulses, conducing to dilatation of the arterioles and increased nutrition; (2) by being irritated, thereby conveying impulses over afferent fibers to cerebral and spinal centers, which being reflected over efferent fibers, result in more or less general vascular systemic constriction, with dilatation of renal vessels and interstitial over growth. These illustrations doubtless explain the usual case of chronic interstitial or gouty nephritis.

The keynote to renal prophylaxis is sounded when we say: Reduce the work for the epithelial cells to overcome, and maintain the nutrition to the renal cells. To recapitulate the main causes which oppose this:

1. Habitual ingestion of excess of food, particularly proteid, co-incident with deficient oxygenation.
2. Decomposition products absorbed from the alimentary tract and other toxic matter, e. g. drugs, bacterial toxins, etc.
3. Excessive use of alcoholic beverages, or the daily use even in so-called moderation, especially of malt liquors.
4. The miserly use of water as a beverage.
5. And most important, the presence of osteopathic lesions affecting the nervous and vascular supply to the renal structures, which we believe to be the basic or fundamental cause of nephritic disorders; the causes cited by our medical brethren being usually secondary to the predisposing tendency to the disease, owing to the osteopathic lesions present.

Owing to lack of space I will not take up the symptomatology more than to say that in general the symptomatic manifestations of the various Bright's diseases are noticeable in their effect upon: (1) the nervous organism, owing to the excrementitious matter retained in the system; (2) the heart, by offering an impediment to the onward flow of blood, tending to hypertrophic changes; (3) the gastro-intestinal tract owing to the necessity for it to take on a vicarious function to compensate for the renal insufficiency; (4) the blood vessels, owing to increased vascular pressure, and to the necessity for it to take on a vicarious function to compensate for the renal insufficiency; (4) the blood vessels, owing to increased vascular pressure,



and to the toxicity of foreign matter within the circulating media, which tend to cause vascular thickening and sclerosis.

KEY TO AID IN DIFFERENTIAL DIAGNOSIS.

	Acute Parenchymatous Nephritis	Chronic Parenchymatous Nephritis	Chronic Parenchymatous Nephritis, Second Stage	Chronic Interstitial Nephritis
Quantity urine in 24 hours .....	Scanty or suppressed	Usually diminished	Normal or increased	Markedly increased
Specific gravity.....	1020—1030	1010—1015	Diminished	1005—1010
Solids in 24 hours.....	Low, owing to scanty urine		DIMINISHED	
Reaction.....	Always acid unless alkaline from drugs			
Albumin .....	Large Amount	Large amount	Small amount	Only a trace
Blood .....	Present		ABSENT	
Urea.....	Diminished as we approach contraction.			
Casts .....	Many of all kinds and sizes, including blood casts	Many hyaline, granular, pus and oil	Many broad dark granular, waxy and few hyaline	Few narrow hyaline

The following data were compiled from the returns received from the field in response to about two hundred letters sent out by me in March.

ACUTE BRIGHT'S DISEASE.

Total number of patients reported .....	147
Total number of patients cured .....	123
Total number of patients benefited.....	18
Total number of patients not benefited.....	6
<hr/>	
The percentage of cures to the total number .....	84
The percentage of cures benefited the total number.....	12
The percentage not benefited the total number.....	5

100

The osteopathic lesions present were:

In 99 cases vertebral subluxations from the 6th dorsal to 4th L.

In 5 cases vertebral subluxations from the 1st to 5th L.

In nineteen cases, the only lesions reported were muscular contractions. Microscopic examination was not made in the majority of these cases, but among those so examined forty-seven showed casts of the uriniferous tubules to be present. The failures reported in some instances were due to unfair trial of the treatment. In one report from a leading osteopath, it was due to failure to diet the patient; in two instances, to serious concomitant diseases; of those benefited some would doubtless have been cured had the treatments been kept

up and conditions been more favorable, while of course in some a cure could not have been expected. The lesions were reported corrected in ninety-five out of the one hundred and twenty-three cures. That question having been unanswered in the remaining cases, including those reported benefited and those not benefited. The average time required to effect a cure was approximately forty days. The majority of cases were treated daily for a time, then four, two and one weekly. Frequent treatments seem to be indicated, for those cured in from three to five weeks were treated daily for the greater part of the time. It may have been only coincidental, but it is worth mentioning in support of frequent treatment that two cases treated only twice weekly required three months, and two treated three times weekly required two months and seven weeks respectively, to effect a cure.

CHRONIC BRIGHT'S DISEASE.

Total number of patients reported .....	486
Total number of patients cured .....	87
Total number of patients benefited.....	259
Total number of patients not benefited.....	140
	<hr/>
	486
The percentage of patients cured .....	18
The percentage of patients benefited.....	53
The percentage of patients not benefited.....	29
	<hr/>
	100

- The osteopathic lesions present in the cases reported cured were:
- Thirty cases having vertebral lesions in lower dorsal and upper lumbar regions, of which ten presented a posterior condition.
- Forty-one cases having vertebral lesions in lower dorsal regions.
- Ten cases having rib lesions in addition to vertebral.
- One case reported as having only muscular lesions.
- Fifteen cases, lesions not specified.

The total number of cases in which microscopic examinations were made is not known, but casts were reported present in thirty-six cases. The question of how long time it required to effect a cure was unanswered in many cases, but of forty-nine cases in which the time was given the average was between two and one-half and three months. The shortest time reported was six weeks, the longest eleven months. The number of treatments weekly was reported as two weekly in twenty-four cases, three weekly in eight cases, in the remainder, number omitted. Several cases cured are of unusual interest. One was complicated by albuminuric retinitis; another in a girl of fifteen years, who had had fifteen hemorrhages from kidneys with lesion to lower dorsal vertebrae, did not have another hemorrhage after the first treatment; one very bad case, said not to live more than three weeks, cured in four months and well eighteen months later; another in male forty-five years old, severe renal hemorrhages, which were checked after third treatment, large amount of albumin and numerous casts, cured in two months; another, who passed from six to eight quarts of urine daily, was cured in three months; lastly, an infant one year old, passing large amount of albumin and numerous casts, was cured in six weeks' treatment. It is also interesting to note that in thirty-five cases cured the lesions were reported corrected, in ten cases partly corrected, while unfortunately, the remainder of reports neglected to answer this question, also that

of the seventy-two cases in which the kind of lesions were reported, only one was reported as muscular and not osseous.

Of the two hundred and fifty-nine cases of chronic Bright's disease reported benefited, osseous lesions to the lower dorsal or upper lumbar vertebrae, or both, were present in two hundred and fifty-two cases. Rib lesions were also reported present in addition to the vertebral lesions in a number of cases. Of the remaining seven cases one was reported as having no lesion, while six were reported by one observer as "osseous lesions not the rule." Many of these cases were very far advanced and were only taken with the object of palliation and prolongation of life; many others took treatment only a short time and perhaps could have been cured by more treatment; some, I have no doubt, have since recovered, for it is well known that a lesion corrected, often works out a cure months afterward, and one prominent osteopath remarks that in long-standing cases he has noted marked improvement in several cases long after discontinuance of treatment, even though the lesions may not have been entirely corrected. Some died from intercurrent diseases. The average time given these cases was about three months, with from two to three treatments weekly.

Of the one hundred and forty cases reported as not benefited, the words "very advanced," "aged and advanced," "quit too soon," "advanced interstitial nephritis," were frequently used. The words "died soon" were used in twenty cases. These conditions are sufficient to explain why so many were not benefited. We can expect nothing else from such patients. Degeneration and death are part of the reign of law and must be met by osteopaths in their practice. All osteopaths will say that if a nerve has become converted into fibrous tissue nothing can be done for it. It must remain so. So in these chronic cases of advanced nephritis, the tissues have become fibrous to a marked degree and must forever remain so. The tissues not so involved may still be capable of performing the necessary function of elimination, and if toned up may result in restoration of all renal functions, and a practical cure be established; if the tissues are involved to a greater extent, a cure may be impossible, though through stimulation, functioning may more nearly approach the normal and a benefit with prolongation of life result, whereas if the parenchyma is extensively involved, particularly if very chronic, a failure is to be expected.

To me it seems very creditable that osteopathy cures two out of ten cases of chronic Bright's disease and benefits five of the remaining eight cases. In general terms there are seven chances to receive a benefit or cure to three that a failure will result. Of course no one would apply this ratio to every isolated case of Bright's disease.

We have every reason to congratulate ourselves at the present moment. We have proven beyond a doubt that our method is far superior to all other methods of treatment; by statistics, we are convinced that there are many cases too far advanced for us to accept, profitably to our science or to ourselves. We may confidently look forward to a larger percentage of cures, and a corresponding decrease of failures, for many reasons: First, we will exercise more judgment in selecting cases; second, we shall reasonably expect the Bright's disease patient to give osteopathy a trial at an earlier stage in the progress of his disease than formerly; third, that we will profit by our past mistakes and work more uniformly to follow Dr. Still's admonition to search for and correct

lesions to the skeletal structures, which as we have seen above are present in practically every case.

I wish before closing to mention one case which is very interesting. A woman, age forty-four years, had an attack of uremic coma. No urine was voided during five days, catheterization negative, medical treatment negative, coma profound. Osteopathic treatment was given several times one afternoon. One and one-half pints of the urine was passed by catheter twelve hours later. Medical doctor said she would certainly get well. Two days later she had another attack and died. The osteopath had to go forty miles to see this case, or results might have been different.

#### TREATMENT.

The frequency of treatment has been cited above. The kind of treatment is the A. T. Still kind, viz.: A careful search for lesions, particularly to the lower three dorsal and upper lumbar vertebræ. Innominate sacral or coccygeal structures if disordered may irritate the sciatic nerve, and cause constriction of renal and abdominal vessels. Cervical lesions may obstruct the vertebral artery or irritate the sympathetic nerves and interfere with the general vaso-motor, or perhaps the renal cerebellar center, and affect the circulation to the kidneys through a general or local vaso-motor effect. Dr. Carl P. McConnell says: "I believe a vaso-motor disturbance plays an important causative role in Bright's disease." The type of albuminuria known as postural substantiates this view. In this, albumin only appears after the subject assumes the upright posture, disappearing entirely when the subject has resumed the recumbent position for a while. An anterior atlas might involve the vagi nerves, and as they send fibers to the kidneys, might so affect the trophic nerves as to greatly favor degenerative changes. I am firmly of the opinion that upper cervical lesions are very important in many renal affections. A condition which you will frequently find is an abnormal rigidity—you might almost term it an impaction of the vertebræ there, they are so tightly drawn together.

At any rate, be diligent in examination, be thorough in your treatment to existing lesions and endeavor carefully to manipulate the tissues about the kidney, to increase the circulation and stimulate the renal plexus.

Of course, with the involvement of the eliminating surfaces, the elimination of nitrogenous waste is interfered with, and the tendency to their retention favors uremia. This slow uremic poisoning is what undermines the health so materially. The albuminous waste is insignificant in comparison; hence the strong reason to reduce nitrogenous food to the minimum, without causing too great anemia. In the acute disease, complete withdrawal of all food for from twenty-four to forty-eight hours is best. In serious cases, use the hot wet pack. It is not unosteopathic, and in some cases it may save life. After fasting as above, allow only liquid food. Milk and cream are best. The quantity should be one and one-half quarts of milk and three-eighths of a quart of cream, mixed. A few ounces should be given every two or three hours, to be followed after a few days by the addition of cereals and broths, then eggs and fish, and lastly after subsidence of albuminuria, a return to normal diet, to be again restricted if albuminuria recurs.

In the chronic case a mixed proteid and vegetable diet is without doubt best for the patient. Acute exacerbations should be treated like an acute nephritis until the chronic stage is reached. *Spare the kidneys*, must be borne in mind, but in the chronic Bright's patient you cannot afford to do this at the expense

of some other organ, e. g., the heart. Many die of cardiac failure while the renal tissues are still capable of eliminating the necessary nitrogenous excreta. *Hence do not allow your patient to drink copiously*, either of milk or water, because it certainly leads to cardiac dilatation in time. This is fact, not theory, and clinical observation cites many cases to prove this point. In the early stage of acute Bright's disease and later stages of chronic contracted kidney, only forty to fifty ounces should be allowed daily. If solids are not eliminated in sufficient quantity, advise drinking freely of water one day a week. This is fully as satisfactory, and less harmful than the copious daily drinking.

In the later stages of acute Bright's disease and in chronic cases where elimination of water is easy, and before there is marked renal contraction and cardiac hypertrophy, it is permissible and advantageous to allow more fluid. Do not suddenly reduce the quantity of liquid ingested if it has been the custom to use liquid copiously.

Hence the venerable milk diet is not as innocent when prescribed in quantities of from three to four quarts daily, to the Bright's patient, as popularly supposed, owing to the strain upon the heart in moving so much liquid; but we knock other props from the milk diet structure when we realize that we are actually feeding the Bright's patient more proteid on a three and one-half quarts milk allowance than the average sound man requires. It is well known that a strong man can live from two to three weeks on sixty grams proteid per diem, and that the average patient can live for years on one hundred grams proteid daily, provided other food principles are added. The three and one-half quarts of milk contain between one hundred and twenty and one hundred and thirty grams proteid, equivalent to thirty-five grams urea, so that such a diet *does not spare either the kidneys or the heart*.

The milk and cream mixture above referred to contains as many calories of energy as the three and one-half quarts of milk, but only one-half as much proteid, hence so beneficial in the treatment of acute Bright's disease.

Other objections to exclusive milk diet are, first, that milk is deficient in nucleo-albumins which contain iron and phosphorous for the manufacture of haemoglobin and also lecithin for nerve tissue; this deficiency accounting in part, at least, for the anemia found in patients fed on a milk diet; second, that milk contains a large amount of phosphates which are hard to eliminate in Bright's disease. It is worth remembering that calcium carbonate lessens the absorption of phosphates by entering into chemical union with them, the product remaining in the bowels. The lime seems to make milk more digestible for many.

For these, and other reasons, an exclusive milk diet is not such an ideal one as formerly taught. Forbid the patient as little as possible, instead of as much as possible. Allow moderate amount of meat in the typical chronic case. Beef is the most digestible and should not be prohibited. The objection that red meat is richer in extractives being partly overcome by the fact that many of these are lost in the cooking, while the actual difference between red and white meats in this respect is thus infinitesimal, in the quantity allowed the Bright's patient. Furthermore, Pick and others have found that the intensity of albuminuria is practically independent of the form in which the proteid is eaten.

Therefore, in chronic cases allow dark and white meats in moderation,

excepting pork in some cases; allow broths and eggs; cream and water as per above suggestions; vichy, seltzer, apollinaris and other alkaline mineral waters may be allowed, especially if patient dislikes plain water; cereals and cooked vegetables; vinegar and salt; fruit, e. g., apples, pears, grapes, lemons, oranges, etc. Prohibit alcoholic beverages, except in rare cases, as stimulant when you cannot be present; condiments, e. g., pepper, cloves, mustard, etc. Prohibit cranberries and fruits containing kernels as a rule, also radishes in some cases, as they have been known to cause hematuria; tea, coffee and tobacco, except in great moderation. Prohibit hot baths and turkish baths where heart and blood vessels are much involved, but advise frequent baths in tepid water to keep skin active to favor sweating, which is complementary to urination. Prohibit drugs, which in these affections are difficult to eliminate. Von Noorden says "It would be the greatest paradox to economize the renal work to the utmost in one direction (diet, sweating, etc.), and on the other hand excite them to increased activity by means of the strongest stimulants we possess (drugs). I regard such prescribing as radically wrong."

Encourage outdoor life; protect the body by woolen garments next to the skin. Keep the bowels active, as it will help abdominal circulation. A dry, warm climate will help in many obstinate cases, as it favors greater activity of the skin. Keep your patient in good cheer and get his mind off his disease as much as possible, and above all do not forget the A. T. Still osteopathic treatment. By adhering to the course of treatment above outlined I believe our success will be even greater than in the past.

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#### DISCUSSION OF BRIGHT'S DISEASE.

By C. H. STEARNS, D. O., Washington, D. C.

This disease may be classified as follows: Acute, under which there are toxic, diffuse interstitial nephritis and the variety accompanying some pregnancies; and chronic, under which there are diffuse parenchymatous and interstitial nephritis. Other classifications make note of numerous sub-varieties, but they only indicate different degrees of the same affection.

"Acute nephritis is an acute inflammation of the epithelium of the uriniferous tubules, characterized by fever, scanty, high-colored or smoky urine, dropsy, with more or less constant nervous phenomena, the result of acute uræmia." (Hughes.)

The acute variety is readily traced to altered blood and nerve supply, as induced by injuries involving the least splanchnics, abrupt atmospheric changes, exposure, irritating drinks, and pregnancy pressure, and the toxic material arising from stasis of the humours and the febrile diseases. (In several of the latter I have suspected the drugs used for elimination of the toxins, as in typhoid fever, to be as much of an irritant as the toxins themselves.) Misplaced bones, contracted muscles and other anatomical derangements are the most important interferences, especially from a prophylactic view point. Except when occurring as a complication or sequel to one of the fevers, the acute variety is suddenly ushered in by a high fever, chilliness, pain in lumbar region, sometimes extending into the thigh, nausea and vomiting, epistaxis, frequent micturition, vesical tenesmus, and œdema, which first appears in the eye lids. An absolute diagnosis is only gleaned by urinalysis, which reveals the extent and nature of the inflammation and its de-

struction. The urine is reduced in quantity, very acid, and the specific gravity, 1024 to 1030. This may develop into uræmia unless great care is taken. It may run a course of from five to forty days. The prognosis is good, though the attending physician is kept anxious until he is reasonably sure no complications are gaining a foothold.

In acute nephritis, both kidneys involved, very much enlarged, weighing in minors eight ounces, and in adults twelve ounces. Capsule separates readily, kidney soft, inelastic and doughy. Mottled appearance—vessels enlarged.

In the treatment, the patient should be put to bed between flannel blankets immediately. An enema should be given as soon as possible. The work is toward a redirection of the perverted nerve force and of the blood equilibrium and the re-establishment of natural organic functioning. Stimulate all the excretories, vaso motors controlling chills, induce profuse sweating by treatment and hot baths. All contractions, impingements and irritants must be removed. If a pregnancy case, the uterus should be lifted up and off the ureters and pelvic vessels (more particularly to avoid pressure on renal veins), the bowels raised and kidneys spread apart. The treatment is especially effective, when directed toward the relaxation of the psoas muscles, one or both sides, as the case indicates.

A light non-nitrogenous diet, with plenty of water to flush the kidneys of their toxins. Too much care cannot be taken in respect to the evacuation of the urine, for its retention, with the poisons and decomposed urea of the blood will set up inflammation and encourage uræmia.

In the medical treatment of this disease in the acute stage there was and is the lack of an effective specific for the albuminuria sequel to the affection. Dr. A. O. J. Kelly, instructor in clinical medicine, University of Pennsylvania, says, "The limitations of our therapeutic resources are sometimes only too apparent from our inability to control the single obtrusive symptom of this disease that may remain—albuminuria." Later on, "Lactate of strontium continues to merit trial." After the lactate of strontium, Dr. Kelly says, "go to a warm, somewhat humid, equable climate and live there."

Osteopathy, an exact science, surpasses its much older rival, in that the correction of lesion or lesions in the convalescent has cleared up the urine of the obtrusive symptom, "albuminuria." Data taken direct from my record book indicate this effect.

Case No. 134.—Examination twelfth day of convalescence; urine too great in quantity, specific gravity 1.010, albumen in quantity. Treatment for lateral 11th dorsal, posterior second lumbar, 11th and 12th ribs on right side overlapped—test three weeks later shows no albumen, specific gravity 1.016, amount voided normal.

The other four differ only in degree, per centum of albumen, amount of urine with its varied specific gravity, the lesions and time for removal of same. I treated one man six months after the acute attack before the test showed normal.

I have attended one case that I considered quite unique. The lesion of first importance seemed to be a pressure directly impingeing the great sciatic and ramifications, thus involving the renal vessels, thence the kidneys. Contractions in the least splanchnics and drop of bowel at the sigmoid flexure were other factors. The neck of the bladder was extremely irritable. This, of

course, is readily traced to the lowness of lesion, the sciatic arising from the 4th and 5th L; 1-2-3-sacral. The urine was drawn the first day.

Chronic nephritis is a chronic inflammation of the cortical, tubular and interstitial structures of the kidney.

Chronic diffuse parenchymatous nephritis is often the sequel to the acute inflammation, but may develop gradually to the chronic state, which is the result of perverted function, where toxins are formed, but in too little quantities to cause acute symptoms. Malarial and typhoid fevers are accountable for the toxic condition as a rule. Constant exposure to the inclemencies of the weather, over indulgence in alcoholic drinks and specific blood diseases are other factors. The condition permitting invasion by disease, the condition, which if attended to primarily would save the body from the ravages of this disease, is found in the mal-adjustment of the muscular and bony part of the body.

#### CHRONIC PARENCHYMATOUS.

First Stage.—The large, smooth, white kidney, 7 to 10 ounces, cortex anemic intensely white, hyperæmic state in pelvis of kidney.

Second Stage.—Small white kidney—contracted, uneven, granular, lobulated surface, but still pale, capsule separates readily.

This variety of Bright's disease is prone to crop out in acute attacks running a sub-acute and chronic course of from a few months to several years with a fatal ending; or the inflammation becoming secondary, attacks the interstices of the kidney.

Primary chronic interstitial nephritis attacks the healthy kidney. It is a progressive atrophy of the parenchyma of the kidney with tissue degeneration. Riotous living, excesses, the strenuous life, prepare the system for its occupancy. It succeeds to specific blood diseases and may be the result of direct poisoning. It is the immediate successor to arterio sclerosis. Deviations in the anatomical make-up are always found.

This affection is most insidious in its progress, seldom manifesting itself until it is a year or more old. One finds a diminishing dropsy and albumen, increase in quantity of the urine with lower specific gravity, enlargement of the heart with increased arterial tension (these latter are more particularly important in this form), hypertrophy of the left cardiac ventricle, dyspnoea, headaches, visual defects, various disturbances of the alimentary tract and insomnia.

In interstitial nephritis the kidney is contracted sometimes to half normal with uneven granular surface, cysts with watery contents, capsule pulls part of structure away on removal. Blood vessels and lymph vessels dilated for accommodation of increased compensatory circulation. The kidney is red. There is an excess of connective tissue and destruction of the tubules and blood vessels. General arterio sclerosis, hypertrophy of left cardiac ventricle, with increased chance of apoplexy. Nasal and retinal hemorrhages are direct result of foregoing conditions.

The changes of the retina are those resultant from inflammation and tissue degeneration.

It may lead a latent course and suddenly give way to uremia, apoplexy or cardiac failure.

The removal of lesions and persistent efforts toward a correct living often



make a most grateful patient, even being rewarded by an entire arrest of the degenerative changes.

Calomel, salts, nitro-glycerine, caffeine, nitrite of sodium, nitrite of potassium, erythrol tetranitrate, iodide of potassium, iodide of sodium, bichloride of mercury, chloride of gold, chloride of sodium, iron, digitalis, strophanthus, Basham's mixture, Trousseau's diuretic wine, Grainger Stewart's mixture of scoparius and potassium acetate, strontium lactate, sparteine, adonidin and oxygen, are all recommended by one physician. Afterward, he says, free daily evacuation of the bowels, a daily tepid bath, an occasional Turkish bath, and a strictly milk diet, instead of drugging, are more to be sought after, and in this latter statement I agree with him. They are most excellent directions. I use them myself, but withal the lesions must be corrected to arrest this malady, to prolong the life of the patient.

I have here two reports from chronic cases—one of my best and one of my worst:

Female, age 49. Very energetic from childhood. Untoward symptoms began to develop during her climacteric, and Bright's disease remained, and her first intimation of a serious condition was an attack of lumbago, which refused to disappear. Symptoms amassed rapidly. Her people thought paralysis was to be the outcome. The lumbago was an actual weakness of the spine, there being present a kyphosis, which was as sudden in appearing as it was far-reaching in its effects. Area involved was from the 9th dorsal to the 1st lumbar, inclusive, the 11th and 12th ribs of right side dropped within the pelvic brim, muscles on this side tense, some pain on pressure as far as great trochanter. This case was of fourteen months' standing when first treated osteopathically.

There was increased amount of urine, very acid in reaction, pale in color, specific gravity 1.004, contained albumen and a flocculent mass with hyaline casts. For first five months of treatment, the urine on oft repeated examination showed presence of casts and low specific gravity; but as lesions were gradually reduced the urine became quite normal. Destructive changes arrested, the patient gained in general health until now she appears perfectly well. The first symptom to disappear was an obstinate constipation, the lower segment of bowel being prolapsed, which in itself may have caused some of the renal symptoms—the retention of fecal mass, with its poisons, and its tension on fascia over renal vessels interfering through them with the kidney function. During the course of treatments, the recommendation of a milk diet and daily open-air exercise, when able, was strictly adhered to.

Again, I have to report a chronic case with the usual symptoms. This was of the secondary interstitial nephritic type. There was benefit from each treatment with abatement temporarily of symptoms, but no ground was gained apparently. The man still comes in for an occasional treatment for the direct and the immediate good he receives, and he is in nearly the same condition as when first examined, over nine months ago.

The possibilities of our treatment in this disease, both in the acute and chronic state, are great indeed. From the results in the acute cases that I have cared for, the chronic cases in initial stages, even some of the latter in extremis, I feel confident that we may obtain more excellent results each time we are called upon to attend such an one. When a patient consults us in the beginning of his decline in health, rather than as a last resort, after under-

mining and torpedoing the stomach, blood and nerves by such a list of drugs as I have already enumerated as bearing merit for Bright's disease, then will we have the chance, an even chance to prevent the occurrence of this disease in many and arrest the destruction started in others, and may we never have to report, "no progress." All you have to do is to remove the cause, whether it be direct or indirect poisoning. In the first step it's ingestion, in the second step it's generation, and in both get out of the system what is already there. Just keep the lower dorsal, upper lumbar regions and the last ribs on either side in their respective places and do not allow the bowels to drag on the deep fascia to the detriment of both kidney and bowel functioning, and nature, whom we are aiding, will certainly attend to the rest.

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### THE SIGNIFICANCE OF CERTAIN PECULIAR SOUNDS EMANATING FROM THE SPINE DURING OSTEOPATHIC TREATMENT.

Paper read before the A. O. A. by W. J. CONNOR, D. O.,  
Kansas City, Mo.

The pop referred to in this paper is the sharp sound heard when the articulating surfaces of two bones are separated from each other to the extent allowed by the ligaments. It is a natural phenomena and all normal joints may pop. The more yellow elastic fiber in the ligaments, the easier the pop is elicited. It does not mean that you have set a rib or dislocated one. To an osteopath the fingers are the only means of telling when a rib, vertebra or other articulation is normal or abnormal. Osteopaths just beginning to practice are apt to look for pops, and when they get one they immediately announce to their patients that a rib has been set or a vertebra corrected. If you push or pull until you make a rib pop, you may injure your patient before you get the desired pop.

I remember when I was just beginning to treat necks, I would shake my patient after a very loud pop in the neck, to see if he were hurt.

If after examination of a patient you find a vertebra or rib, shoulder or hip, in an abnormal condition, correct it and do not depend on a pop to inform you when it is correct. Otherwise you might injure your patient trying to pop the joint. You must know the normal from the abnormal by the sense of touch and not by the ear.

When you have thus corrected a lesion, stop and give it time to grow strong where you have put it, or if you have been able to get it only partially corrected, wait a while and then bring it a little nearer the normal.

As the old "darker" said, in giving a recipe for making "rabbit pie, the first thing is to catch the rabbit; well, the first thing to do in curing a sick person is to find the lesion or cause of his troubles; second, correct it; third, let it alone for sufficient time for nature to do her part of the work, for there is a very large part that nature does. Having located the lesion or lesions, the next thing to be done is to correct it, and how do you know when it is corrected? In the first place, how do you find it? I would say by the sense of touch which is highly developed in the fingers of a skillful osteopath. If by the sense of touch you find it, then it naturally follows that by the sense of touch you will be able to tell when it is corrected, as the abnormal is distin-

guished by the sense of touch, viz.: If a vertebra is twisted, you will find it with the fingers, not with the ear, and you should be able to tell when it is correct by the same organ of special sense.

Having corrected the lesion, the third stage of the performance is to let it alone for a sufficient length of time for nature to strengthen the ligaments and carry away the waste tissue and congestion.

You would not think of setting a fractured limb every day, nor the farmer would not stir the earth around a growing plant every day. Neither does an osteopath need to stir a rib or vertebra every day. After a sufficient length of time for the lymph to build up the tissues and strengthen the ligaments, if you find the lesion has not been completely adjusted, move it a little nearer the normal and wait again on nature.

If we judge from the reports we hear about some osteopaths who work on their patients from half an hour to an hour, we would suppose that all the joints in the patient's body were out of place. Now, I say this is all wrong. Osteopathy is a science, as has been demonstrated to our entire satisfaction. If one is sick, the genuine osteopath knows there is something wrong, and it is his business to locate the cause of the trouble to a certainty. Having located it, what is the use working all over the body and putting in time on him working joints, ligaments, and muscles that have nothing the matter with them. No wonder the public calls us masseurs. How could they do otherwise, judging from the way some people administer osteopathy? But they do not stop at that. Some of them to supply their deficiency in osteopathy, substitute medicine, electricity, vibrators, hot air, bath, etc., called adjuncts. Whenever they introduce these things, it either shows they are too lazy to give an osteopathic treatment or have not the ability to do so. Give us pure, unadulterated osteopathy of the "A. T. Still brand." It has built a reputation for osteopathy as big as the United States and Canada, and why cannot we maintain it without resorting to the very things that disgusted Dr. Still and caused him to seek another method of relieving sickness and pain.

Cultivate the sense of touch if you have not already done so. It lies dormant in the tips of your fingers. Anybody can cultivate it, as has been demonstrated by the many blind people who read by means of the sense of touch. Do not depend on your ears to guide you. Bring osteopathy up to a science by locating the exact lesion and depend on the correction of those lesions to cure the patient. As long as you work every joint and muscle in the patient's body, making them pop, the longer you delay the time when you can give a scientific treatment. Your patients will continue to call you a masseur.

The public should be educated to the fact that osteopathy is a science; that each disease or pain has a specific cause, the removal of which will cure them. In order to do this, the general treatment will have to be abandoned, which I hope will not be at a far distant day.

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To have respect for ourselves guides our morals, and to have a deference for others governs our manners.—Steme.

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To willful men the injuries that they themselves procure must be their schoolmasters.—Shakespeare.

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There is often as much independence in not being led as in not being driven.—Tryon

**DOES THE "POP" REALLY MEAN ANYTHING?**

CHARLES C. TEALL, D. O., Brooklyn, N. Y.

Read before the New York Osteopathic Society.

At the St. Louis meeting Dr. W. J. Connor read a paper with a long title, which was once called "The Hypothesis of the Pop as Related to the Theory of the Anatomic-Osteopathic Lesion." For fear the profession might not grasp the full significance of the title, it was changed to mean in substance, just what do the sounds indicate which we hear during treatment and what condition of the spine is responsible for them? The subject was one of my own invention and one on which I had speculated much. I had talked many times about it with both "poppers" and "anti-poppers," and thought a meeting of so many osteopaths ought to bring out original ideas. Dr. Connor is one of the old-fashioned, specific kind of operators and he was invited to settle the question, which he probably did to his own satisfaction if not to every one's else. As the originator of the subject and extender of the invitation to Dr. Connor, I felt that I had the right to be satisfied also; but I am not, and in this paper I wish to give my views on this interesting subject. In the absence of an osteopathic pathology, the most needed text-book, which will give the cause of a disease and the actual condition of the lesion, we must go somewhat on supposition and belief, and my theories are based on such premises. To return to the subject in question, Dr. Connor, in a word, says that the pop has absolutely no significance, but is merely the overstretching of the ligaments of the joint in question. The more yellow fiber in the ligament the greater the pop. Of the second clause in the subject he says nothing, as he considers the pop a perfectly normal manifestation. From my view point his deductions are not correct. Sound is an evidence of motion, and you will not get sound without motion. We have all stood by the operating table and heard the pop as the head of the femur slipped into the acetabulum, and it meant something, too, for it verified the sense of touch to the fact that the dislocation was reduced. Medical men have always contended that the vertebral joints could not be partially displaced, but we know that they can; and, as Dr. G. D. Hulett says, "Since they all admit that the large joints may be dislocated, does it require so very great stretch of the imagination to believe that the smaller ones may be likewise?" So in cases of the hip reduction we admit the pop as confirmatory evidence of a perfect operation; does it require a very vivid imagination to believe that we ought to hear a sound when a vertebra or rib is slipped into its normal position? In the case of the rib, what is there to make the pop if the rib is in proper position on its vertebral attachments? On the other hand, why should we not have sound as an evidence of motion when the rib is dropped into the facets? In fact, how can you have sound from any other cause? It is this point of confirmatory evidence of the pop that I wish to emphasize here. It is positive proof that the lesion is being reduced, for every lesion is a partial or complete ankylosis, an adhesion, or partial or complete displacement. In many cases much treatment must be given before sound is heard marking the beginning of motion. Dr. Connor says, "Train your sense of touch and do not depend on your ears." Why not use your ear and eye as well? Can we be too sure? Again, we have felt the concussion as the joint assumed the normal which, with the pop at the same time, is addi-

tional evidence. On the other hand, we have had the experience of feeling the lesion move but not hear the pop, and not until we get the pop would absolute relief be forthcoming. Did not the pop mean something there? The sense of touch is our chief dependence, but by no means final, since we find in very fleshy persons that the spine is buried under inches of tissue, and the lesion not well marked. Dr. McConnell suggests that "there are cases where the sense of touch may reveal a lesion, yet, after the pop, we leave it alone for the time being, knowing we have done enough. In fact, the sense of touch may reveal the abnormality after the disturbing effects of the lesion have been removed. It can easily be the pop that gives invaluable confirmatory evidence." That a joint can be popped at any time is a statement I believe to be hard to prove. By applying traction to the index finger, you hear the dull suction sound of separating synovial membrane. Sometimes you do not hear even that. When you do, on trying again, no sound is heard, and you may stretch the ligaments to the breaking point, too. If the sound comes merely from stretching the yellow fibered ligaments, how do you account for the pop which accompanies the setting of an atlas when there is no elastic tissue between the atlas and the occiput, and the axis and atlas. The ligamenta subflava, composed largely of yellow elastic tissue, ends at the axis, and it is from this that the spine gets its mobility. This leads to the idea that there is a vast difference in the sounds which we hear, and that different sounds mean decidedly different things. The sound just described in the finger is not at all like the pop of the atlas nor does it mean the same thing. To illustrate with a case: A boy of ten has been coming to me for two years at irregular intervals for treatment for enuresis. The lesion is at the fifth lumbar and is easily adjusted, for a slight twist will slip it into place; or, at least, do something which makes a sharp pop, and he rolls off the table to go for weeks or months until some boyish prank at play gets it out again. Sometimes the tension is too great and I cannot get the desired pop, but have instead the dull suction sound which does not do the work, but, when I get the former, it is as absolute as the turning of a faucet in a water pipe. My experience with the pop is that the harder you "push and pull," to quote Dr. Connor, the less liability of motion and consequent sound. It is the deft movement, backed by a knowledge of what is needed, that counts in osteopathic adjustment. That the pop is not always necessary to bring about a cure I will admit, and there are those who do not believe in nor get the pop, but it is, nevertheless, a source of great satisfaction to have the sense of touch and ear both satisfied.

Now, as to this matter of vertebral dislocation or displacement, it is my humble opinion that the extent of the deviation is often much exaggerated in the minds of some osteopaths, and that it is often very difficult to detect, and that the change is so slight when the reduction takes place, that even the most delicately educated finger would fail to notice it, especially through thick or congested tissue; but we can both hear it and feel it move if the finger is at the point of the lesion. It is not necessary for a vertebra to be moved to the extent of causing impingement on the cord to cause great bodily discomfort, for in fact, some of the slight lesions have caused the greatest mischief. The shaft of the mighty Deutschland would not have to be 1-64 of an inch out of line to cause friction and a hot journal, so that she would lie at the mercy of the sea. This is true of the body machine.

Dr. Snyder, in his discussion of the paper, said that he had had patients

who had been told by other osteopaths by whom they had been treated that every pop meant "a bone put in place." Of course that statement is misleading to the patient, although it has a most wonderful psychic effect. If this statement was made, "the sound means that the adhesions about the lesions are being broken up," it would be nearer the truth excepting, of course, when the adjustment had actually been made. Spines which are at first rigid and unyielding will after a time soften, and the pop shows that motion has been established between the intervertebral discs. What is the condition of the spine at a lesion? A slipped rib or vertebra means irritation and congestion followed by an overgrowth of tissue with shortened and contracted muscle and ligamentous connection at the point of the lesion. This not only means pressure on the parts, but it results in the gradual occlusion of the vertebral foramina and gradual interference with the spinal nerves emerging at this place. The freeing up of the blood supply by stretching tissue and moving of the affected parts brings about absorption of the inflammatory tissue and consequent removal of pressure. At no time is this more rapid and the prognosis better than when the click is heard indicating that motion has been established between the parts of the affected joint. In no other way can we account for recovery or relief in cases where the lesion is not completely reduced. I have a disarticulated spine which has a large exostosis on the upper aspect of the sacrum and plainly marked evidence of a slipped ilium. The irritation was so great that it caused this growth. In a smaller degree are evidences of slipped ribs, and the third cervical shows it plainly. This proves that these so-called immovable joints do move, and what the results are to the skeletal structure. Undoubtedly the results to the soft tissues were much greater. Dr. Connor says that we would not set a broken leg every time we saw it. Very true, but we would reduce a dislocated joint every time it was out, until it stayed in place; and then you would hear no more pop. I take the broad ground that the pop I have described is impossible from an absolutely normal joint. To get the sharp pop mentioned you must have either the reduction of an actual dislocation or the breaking up of adhesions and stretching of contracted tissue about a joint.

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#### REPORT OF MEETING OF COMMITTEE ON LEGISLATION.

A meeting of the Committee on Legislation was held in the office of Dr. A. G. Hildreth soon after the adjournment of the last meeting of the A. O. A. All the members of the committee were in attendance and entered earnestly into a discussion of the subject of osteopathic legislation.

In comparing the various laws now regulating the practice of osteopathy we note that the California law removes the influence of politics by making the Board of Examiners an elective rather than an appointive body. The members of this board are elected by the Osteopathic Association of the State of California, an incorporated body. It is usual for the governor to appoint all boards of examiners, thus opening the way for political log-rolling. The drafts of bills to be presented henceforth should, when practicable, incorporate this form of electing the members of the board. It insures to the profession control of its own regulating body.

Independence and opportunity to develop should be the sole object of securing regulative laws. It frequently happens that slight recognition is secured at the expense of opportunity for continual development.

Future laws passed to regulate the practice of osteopathy should contain clauses demanding greater qualifications for practice, i. e., longer course of study. This is the general trend of all medical legislation.

The manner of proving qualification, whether by presentation of diploma from a recognized college or by examination should be carefully considered. By issuing license on presentation of diploma from a recognized college the board is one of registration only, and its sifting power is very limited. It must depend on its ability to keep the colleges which it recognizes up to a high standard. The board thus deals with the qualifications of colleges rather than the absolute qualifications of individuals. By issuing license on examination the qualifications of an applicant are more truly arrived at. By this means alone does a law to regulate anything really protect the public. Registration is exceedingly easy for the individual, and it is not difficult for the average college to meet the requirements.

The most just laws are those which call for personal qualification, irrespective of where such qualification was obtained or how long it took to acquire it.

It does not seem advisable to incorporate in laws regulating the practice of osteopathy anything regarding length of course, but rather to designate what the qualifications should be as regards subjects to be studied.

Registration on diploma is favorable to the colleges and is an indefinite method of regulating individuals. Registration on examination is favorable to the colleges, and is an exact method of determining the qualifications of individuals and tends toward the maintenance of a high standard of education. It does much toward holding men in their locations.

The natural course of events will eventually compel a lengthening of the osteopathic course of study, hence it is not absolutely necessary to incorporate a definite period in our state laws. It is not well to put education on a state's prison basis, i. e., "doing time."

The legislative committee does not believe it is practicable for it to outline a bill to be presented in the various states. Local conditions vary to such an extent that those who are making the individual effort for state regulation know best how their efforts should be crystallized. It is sufficient that we call attention to what appears to offer greatest advantage to the profession.

We will furnish those who desire them and who have the different legislative fights on hand, a copy of the different osteopathic laws of the United States. These can be had by applying to Dr. A. G. Hildreth, St. Louis, Mo. We only have a limited number of them and can only furnish where needed.

A. G. HILDRETH,  
M. C. HARDIN,  
D. L. TASKER.

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#### OSTEOPATHS WIN IN UTAH.

The following is clipped from the Deseret News published at Salt Lake City:

The appeal in the case of the state of Utah, appellant, vs. A. P. Hibbs, has been dismissed by the supreme court on the ground that it has no jurisdiction of the case. The appeal was taken by the state in order to make a test case and settle the rights of osteopaths to practice in this state without having to pass the board of medical examiners. The osteopaths are highly elated over the supreme court refusing to take jurisdiction in the case and they now feel that they can practice here without being further molested by the law.

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W. F. LINK,  
EDYTHE F. ASHMORE, } Publication Committee.  
CHAS. HAZZARD,

A. L. EVANS, Editor.

CHAS. C. TEALL,  
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DECEMBER, 1904.

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## OUR FUTURE.

We have recently had some correspondence with earnest, conscientious, thinking osteopaths of undoubted loyalty, in which the opinions were expressed that a large section of our practitioners were breaking away from the fundamental tenets of our faith, and in short that two more or less distinct schools of practice, each claiming to be osteopathic, are growing up within our ranks. One writer believes that the differences in matters of practice are so radical and the ideas with which they are supported are so intense as to amount to an "irrepressible conflict" that will soon reach an acute stage, after which there will be a realignment of the profession, the larger portion of it upon correct osteopathic principles, the rest of it drifting away.

We realize that the opportunities for these correspondents for acquiring information, and their ability to interpret its significance, are equal to or superior to our own and should be given due weight. Yet we must confess that we have not so read the signs of the times. True there is an element of uncertainty as to whither we are tending, and this relates to the question of how far any of us have wandered from basic principles. The right to differ in opinion, when the differences are founded upon reason or experience, must of course ever be freely accorded. As some one has said, "Science is always fearless." It is not proscriptive. It should encourage investigation. If osteopathy is a true science, research will only strengthen and confirm its position.

We assign much of the differences of opinion which are manifest in our discussions to the fact of the youth of our science, the difficulty of defining it, the impossibility of prescribing its metes and bounds and of writing its limitations. Owing to the complexity of the human organism, the ever changing conditions of life and its environment, it is doubtful if it can ever be said of any system of healing—it is finished; it has attained perfection; all is known that there is to know. Hence there will, in the very nature of things, be various ideas advanced, new problems to be thought and wrought out. The great desideratum is that as a profession we have a common level, a well determined starting point from which to survey these problems. In our opinion it is the undying glory of the great philosopher of the nineteenth century, Dr. A. T. Still, that he has given to us and to the world an absolutely new, and as we firmly believe, correct view point of the cause and cure of disease. We believe that the true science of healing is to be developed by following the way he has blazed out, by adhering to the principles that lie at the foundation of



the philosophy he has given us. We believe that all our problems are to be resolved by this formula.

We have always been optimistic of the future because we believe that an overwhelming majority of the profession stand firmly upon the fundamental principles of osteopathy. While differences of opinion exist as to what methods, other than manipulation for corrective work, are permissible to an osteopath, we believe these can all be adjusted without rupture by applying to them the axiomatic truths of osteopathy.

There is another danger pointed out by our correspondents and that is the fact, if it really be a fact, of the drift of some of our colleges towards medical lines of teaching and practice. We believe that nothing would more surely prove fatal to osteopathy than this. In saying this we would not be understood as saying that the medical men have not much knowledge that osteopaths should possess, for we cheerfully acknowledge our indebtedness to them for most of the facts making up the subjects in the osteopathic curriculum. Nevertheless if anything has been proven by the centuries of medical experimentation, it is that drugs do not cure disease; that the therapeutic theories of "regular" medicine are fundamentally wrong. Naturally then it would be worse than folly for osteopathic colleges to deal with this fund of knowledge from the same view-point as our medical friends. The great need is for the facts which we get from them to be articulated with the central truths of osteopathy.

If osteopathy is to survive as an independent system we must, in the light of the foundation principles of osteopathy, take the known facts of anatomy, physiology, chemistry, pathology, histology, symptomatology and surgery, together with such facts as have been, or may be, discovered by osteopathic research, and using the basic principles of osteopathy as a foundation, build thereon the true science of healing. Here is the work for the future. Surely it is sufficiently Herculean to inspire each member of the profession to contribute his mite to its consummation. Instead of dividing into hostile bands and warring factions over inconsequential issues, let us get together upon the great truths which we hold in common and go forward to the realization of the high destiny which we can command, if we will.

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#### A WORD WITH A FRIEND.

The vibrator promoter continues to bob up serenely at intervals and ought to be commended for his zeal in pushing an uphill business, if for nothing else. Members of the profession continue to get regular installments of "literature" extolling the wonderful merits of the machine, which according to the last batch sent out is now able to do better work at such business as adjusting ribs than those osteopaths who use only their hands for this purpose. Several months ago it was modestly claimed for the machine that it could do the work only as well as the skilled adjuster but with less exertion to the operator, but that it seems was not strong enough to make the stock on hands go. With a little boost in an editorial in the October number of the A. O. A. Journal, and an announcement that the editor of said Journal has his office equipped with one of 'em, the vibrator man gets new wind in his sails and now comes forth with the claim that the vibrator can do better work than the hand—undoubtedly a false claim, a ridiculous assertion.—*Journal of Osteopathy.*

We fail to see how an impartial reading of the editorial in the October Journal of the A. O. A. on "Vibratory Treatment" will warrant the conclusion that it was "a little boost," or any other kind of a boost, for that method of treatment—unless it be that a plea for an honest investigation before passing judgment would be a boost, or unless it be admitted that the

vibrator will do all that its promoters claim. We are not yet ready, on the evidence at hand, to say either of these things are true; neither do we suspect that the editor of the *Journal of Osteopathy* would do so. As we stated in the editorial referred to we made no plea, nor have we now any to make for vibration, but we did plead for investigation before condemnation. If it should transpire after investigation that it *will* do all that is claimed for it there might be a difference of opinion as to whether it would be entitled to "a little boost," but that is another question.

We cannot quite make out from the above quoted paragraph whether it is meant that the vibrator people or the editor of the *Journal of the A. O. A.* made the announcement that the "editor of said *Journal* has his office equipped with one of 'em." We believe that neither is correct, but rather that the first public announcement of that fact appeared in the *Journal of Osteopathy*, but that is immaterial. It is a fact that the editor of the *JOURNAL OF THE A. O. A.* believing that it was his right to use his own brains and to investigate at first hand rather than to accept the snap shot judgment of others made at long range, has for some time past carefully tested the merits of the machine in question in a number of cases. While he does not consider himself altogether a dullard he does not yet feel himself competent to say authoritatively, speaking generally, that the "vibrator can do better work than the hand," nor is he prepared to say that there may not be cases in which it will do so; nor is he able to understand the mental agility which enables a fair minded person who in all probability has never seen one of the machines in question, to say with such positiveness that it is "undoubtedly a false claim—a ridiculous assertion."

The editor of this *Journal* is an osteopath and believes most earnestly in its fundamental theories. He believes that it is vastly more than a system of manipulation; that it is more and more coming to be an independent science of healing. He does not profess to know what place, if any, the bath, enema, hot and cold applications, regulated diet, vibration or any other of the terrible so-called "adjuncts" will come to occupy in osteopathic therapeutics, but he does not perceive in any of them any menace to the life of osteopathy. Osteopathy is too big for that. The editor of the *JOURNAL* has made some investigation of other so-called systems of healing which have served only to strengthen his faith in osteopathy, and he believes that this would be the result in all cases. He believes that the time will never come, no matter what methods he may summon to his aid, for palliative purposes or in an emergency, when the trained eye, the skilled hand and the educated brain of the osteopath—and the more thoroughly educated the better—will not be in demand. He has no sympathy with the sentiment that would have the osteopath close his eyes to the good that has been discovered and developed by workers in other fields lest he should love his own science less.

Believing these things, it is difficult for him to understand how good osteopaths, men prominent in the profession, who undoubtedly have as much confidence in osteopathy as he, who believes that its foundation rests upon the greatest truth concerning therapeutics that has yet been given to the world, can believe that there is danger of any method of treatment supplanting osteopathy. And yet it is hard to account, on any other theory, for the wave of hysteria concerning vibration that has swept over the profession, and affected some of our best men. He believes in treating all

these questions fairly and from a scientific standpoint. If this is done it will be found that the ghosts and goblins which some of our people have been seeing are after all quite harmless.

In this connection we recall that little poem, "Harry and the Guide Post," which was found in the school readers of years ago and which served a useful purpose in stimulating juvenile courage. We commend this little classic to our good friend, the editor of the *Journal of Osteopathy* and to those who think like him, and trust that each of them will adopt the sentiment expressed in the last line and will, like Harry, resolve that, "Whatever frightens me again I'll march straight up to it."

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Thus far no one has more clearly and forcibly set forth the actual necessities regarding the future of osteopathic education than has Dr. Chas. Hazzard in a paper read by him before the recent meeting of the New York Osteopathic Society, and which appeared in the *Journal of Osteopathy* for November. What a man of Dr. Hazzard's wide experience in the various lines of professional activity has to say on this important subject cannot fail to have great weight and produce some serious thinking. We wish each member of the profession could read this paper. The following paragraphs show the trend of his argument:

The reason for my preparing an article upon this subject is because it seems to me, as I look over the present status of osteopathic education, and at the ever-widening future field of osteopathic practice, that we have reached a crisis in our history; that we are, in a very important sense, at the parting of the ways. The next few years (how few I cannot say) are to determine whether or not the osteopath is to occupy that broad and fair field to which the future is already beckoning him; whether or not osteopathy is to maintain herself as a great and independent school of medicine, or whether she is to remain what she is, very largely, today, a specialty with a limited applicability.

To my mind the issue stands forth, clear-cut and decisive. It is this; the osteopath must be either a whole doctor or none; osteopathy must be an independent and sufficient school of medicine, or she must lose her identity and individuality and be relegated to the rear. If we cannot make good the claims we have set up to the right of osteopathy to exist as a separate school of medicine, she must awake from her dream of pre-eminence and fall in line with massage, Swedish movements, and the like, all capable of doing good, but dependent and subsidiary to what we know as the regular practice of medicine. Education alone is the solution of the problem.

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Legislative contests are expected during the coming winter in Florida, West Virginia, Illinois, Colorado, Washington, Indiana, and several other states. It is necessary that each osteopath do his full duty in order to achieve the best results. It has been decided to devote considerable space to legislative matters in the *JOURNAL* for January. We shall try to make this number one that should be in the hands of each legislator where legislation concerning osteopathy will be pending. We expect to have this edition ready for mailing on or before January 1. They will be sold practically at cost, and those who may want copies to assist them in the work in the various states should notify us before January 25, so that we can approximate the number of extra copies to be printed.

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We are in receipt of a strong letter from Dr. H. D. Norris, Marion, Ill., in which he calls attention to the need of osteopathic legislation in that state. Dr. Norris calls for the active co-operation of all osteopaths of the state in holding up the hands of the president of the state association, Dr. Hartford, and others who are engaged in the effort to secure needed legislation.

He points out the injustice of the many reaping the rewards of the sacrifice of the few. There are at present about 250 osteopaths in Illinois, and Dr. Norris thinks that each could easily give five dollars. We trust that in that state and in all others, that our forces will be united.

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We note that the *Osteopathic Physician* has canceled its advertising contracts with vibrator concerns and has resolved to accept no more advertising from them. We think it will be pretty generally agreed that the vibrator has received more advertising, not only of the paid, but of the free variety from some of our journals, than was really coming to it. We would suggest that our editors turn their attention to some of the numerous things that are of more vital concern, leaving the vibrator to work out its own salvation—or condemnation.

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We supposed that it was generally understood that when a member of the A. O. A. accepted a place on the program of our annual meetings, that the paper read, becomes the property of the Association. We regret to say that in several instances these papers have been given out for publication in advance of their publication by the Association. We do not believe that the authors of these papers intended any discourtesy to the Association, but we mention it so that such things may not occur in the future.

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We call attention to the papers of Drs. Connor and Teall which appear in this number of the JOURNAL. In these papers widely divergent views are given as to significance to be attached to the peculiar popping sounds that are sometimes elicited from the spine of a patient during an osteopathic treatment. This is a question to which we think some study could profitably be given. We invite any member of the profession who may care to do so, to give his ideas and experience along this line.

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### ASSOCIATION NEWS AND NOTES.

Organization seems to be the order of the day in osteopathic circles.

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Remembering the kindness of the Missouri World's Fair Commissioners in tendering the use of the state building for the meetings of the A. O. A. and other courtesies extended, osteopaths will sympathize with them in the loss of their handsome building which was destroyed by fire a few weeks ago.

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We print elsewhere a list of seventeen new members elected during the past month. While this increase is partly due to the active campaign for members that has recently been waged, it is not to be supposed that this represents the sum total of results as many applications will be received later as a direct result of that effort.

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Twenty-nine members of the Association during the past month sent directly to the editor lists of non-members to whom they wished copies of the November number mailed. Others sent lists to Dr. Chiles and other workers, which were forwarded to us. Thus far about seven hundred copies

have been distributed to non-members. We have a few hundred yet which will be sent on request.

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Dr. Hazzard, of the Committee on Publication, who has in charge the preparation of the program for the Denver meeting, writes us that he is making satisfactory progress with this work and that he is ambitious to make it the "best ever." Notwithstanding the fact that the editor of the JOURNAL prepared the program for the Chattanooga meeting he is inclined to believe that Dr. Hazzard will succeed in his laudable ambition.

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Secretary Chiles, by approval of the trustees, will henceforth investigate the standing of applicants for membership in their respective communities through the President and Secretary of the State Associations when such officers are members of the A. O. A. This not only provides an additional safeguard as to the character of our membership but serves to bring the national and state associations into closer relationship—a very desirable consummation.

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The following committees have been appointed: Transportation, Denver meeting, Dr. Ord L. Sands, New York, Chairman; John H. Lucas, Chicago; John T. Bass, Denver; Fred E. Moore, LaGrande, Oregon; C. E. Quick, Los Angeles.

Necrology, Drs. J. T. Cunningham, Bloomington, Ill., chairman; Clara T. Gerrish, Minneapolis; Ernest Sisson, San Francisco; Grace B. Taplin, Boston; J. W. Hofsess, Memphis, Tenn.

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Assistant Secretary Upton has succeeded in getting the senior class at the A. S. O. interested in the A. O. A. Copies of the JOURNAL have been sent for distribution among the members of this class. We trust that this work will be extended to our other colleges. We will be pleased to co-operate in every way possible, as we have always believed that the best time to awaken an interest among osteopaths in the work of the Association is during their college days. Many of them after graduation locate in places remote from other osteopaths and really never know anything of the great work in which the A. O. A. is engaged for the advancement of the profession.

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The date for the Denver meeting has not yet been decided upon. In order to insure reduced rates on the railroads it is thought best to hold the meeting at the same time as some other national organization. The Epworth League will meet in Denver on July 5, and the G. A. R. encampment will be held in August, probably the 15th. If the latter date is selected by the G. A. R. it is likely that the trustees of the A. O. A. will decide upon the same date for our meeting. There is a desire to avoid conflicting with the summer schools, and it is expected that their sessions will close by Aug. 15. Due announcement of the date finally agreed upon will be made.

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If you want knowledge you must toil for it; if food, you must toil for it; and if pleasure, you must toil for it; toil is the law.—Ruskin.

### ARE OSTEOPATHS PHYSICIANS?

After having gained recognition in a state we seem to be inclined to fall back into that restful condition of peace and security which is so detrimental to continued active interest in professional progress. To have attained recognition does not seem to mean surcease from the little worries which beset us before we attained the dignity of lawful approval.

The state of California has a law on her statute books governing our profession, also one governing the administration of drugs, then other laws of a public health character. These public health regulative acts were initiated by medical men of the old school and never contemplated the establishment, legally, of a new school of medicine, hence words are used therein whose meaning is somewhat obscured.

Soon after the bill regulating the practice of osteopathy in the state of California became a law the question was raised, "May an osteopath sign birth and death certificates?" This question was handed on to Attorney-General Tiley L. Ford, who delivered his opinion September 21, 1901, as quoted in the clipping from the San Francisco Chronicle, as follows:

"N. K. Foster, secretary of the State Board of Health, has replied to a question from the Board of Health by saying that an 'osteopathist' cannot sign a death certificate. Foster says he asked Attorney-General Webb, who cited with his approval the decision of former Attorney-General Tiley L. Ford, who said: ' \* \* \* I conclude that an osteopathist is not a physician within the meaning of section 3084 of the political code, or the municipal corporation act, so called, hereinabove referred to, and that he cannot, therefore, sign a death certificate as a physician as the word is used in the statutes.'

"The question was raised by Health Officer Bond, of Vallejo."

This opinion of Attorney-General Ford's was read by our State Board with much interest, and we awaited with much interest the onslaught of our medical opponents. Births and deaths came in the path of our osteopaths and they certified thereto to the various local boards of health. A little astonishment was manifested when the first death certificate came in signed \_\_\_\_\_, D. O. The local board objected, but their attorney suggested the acceptance of the inevitable. Many certificates of birth and death have since been recorded by our D. O.'s without comment. We had ceased to think of the possibility of objection by the boards of health.

Along comes this M. D. from Vallejo, who feels his official oats and takes a dose of stimulant by reading this opinion.

Evidently our M. D.'s would rather trace their origin back to the idea that "physician" means one who gives physic (a cathartic) than to its broader meaning, "a natural philosopher."

None but a fool M. D. could take any umbrage to his soul out of the thought that the state would uphold the inconsistency in the meaning of a word and subject osteopaths to his desire to show his diminutiveness.

When the state licenses an osteopath to pursue his treatment to the point of life or death of his patient it no doubt intended that he should be privileged to certify thereto without any more annoyance to himself or his patient's family unless perchance his actions were grossly wrong. Any other construction of the law would be puerile. The state did not intend that its machinery for moulding public health should be used by one division of medical men to wreak destruction on or even to impugn the motives of another. We need not worry a moment over the outcome of any attempt to refuse certification by an osteopath.

We must see to it that future years destroy these inconsistencies existing between our regulative laws and existing statutes concerning the public health.

Los Angeles, Calif.

DAIN L. TASKER.

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### GUY DUDLEY HULETT, B. S., D. O.

Dr. Hulett was born on a farm near Edgerton, Kansas, January 26th, 1874, his parents having moved to that state in 1857. He died in Kirksville, Missouri, October 29th, 1904.

He was educated in the public schools and the Kansas State Agricultural College, receiving from that institution in June, 1898, the degree of Bachelor of Science, being also elected valedictorian of his class.

It was during this time that Dr. Hulett's interest in osteopathy was first manifest, his graduation thesis being entitled, "The New Science, Osteopathy."

In September, 1898, he entered the American School of Osteopathy, graduating in the class of June, 1900. Since his graduation he has been a member of the faculty of his alma mater, first as Assistant in Theory and Practice, then occupying successively the chairs of Physiology and of Principles and Practice of Osteopathy.

His book, "Principles of Osteopathy," was published in 1903, and a second, revised edition, issued in 1904.

On January 1st, 1901, he was married to Miss Mary Alberta Dille, B. S., whose parents were also early Kansas pioneers. To them were born two children, Dudley and Dorothy.

Dr. Hulett has been since early boyhood a member of the Methodist Episcopal Church, and during his college course and later, was an active member of the Young Men's Christian Association.

Dr. Hulett contracted typhoid fever and though at the end of three weeks it subsided naturally and there were no complications, yet his vitality having previously been exhausted by over work was at too low an ebb to rally and he simply sank away. The blow of course falls most heavily upon the widow and fatherless ones to whom the sympathy of the profession goes out. But to very many in the profession the news of his death will come as a personal sorrow for a noble Christian man, a devoted teacher and a faithful friend. To all who believe in osteopathy and would see it advanced along scientific lines Dr. Hulett's death will appeal as a distinct loss. His place in the scientific life of osteopathy will indeed be hard to fill.

It is difficult to become reconciled to the fact that one of his promise for the future should be stricken down in the very beginning of his career. He had, as one close to him has said, "done ten years' work in four years." Could he have been spared another thirty years to develop and elaborate the great work he had begun, the benefit to the science would have been inestimable. Those in the profession of studious bent, who find in osteopathy a fascinating field for research that tempts them to labor beyond their strength, should find a lesson in the untimely death of Dr. Guy Hulett.

It is good to know that the labor he has performed is not lost. It will endure. His book will be continued as the text book on the subject in the A. S. O., future revisions and editions of which will be supervised by his brother, Dr. C. M. Turner Hulett.

#### RESOLUTIONS ADOPTED BY THE CHICAGO OSTEOPATHIC ASSOCIATION.

Whereas the members of the Chicago Osteopathic Association realize that by the death of Dr. Guy D. Hulett they have lost one highly esteemed and prominent in the profession to which he had contributed so much, and knowing that their loss will be shared by the American School of Osteopathy and by the entire profession,

Resolved, Therefore that the Chicago Osteopathic Association hereby express its grief and sincere sympathy with Mrs. Hulett, her family and friends in this their time of sorrow.

Resolved further that a copy of these resolutions be sent to the bereaved family and that they be spread upon the minutes of the Chicago Osteopathic Association.

Chicago, Nov. 7, 1904.

J. R. MCDUGALL, D. O.

J. H. WILLARD, D. O., *Committee.*

#### GREATER NEW YORK OSTEOPATHIC SOCIETY.

Whereas in the death of Guy Dudley Hulett, osteopathy has lost one of its most promising investigators; one who saw clearly and had the rare faculty of giving to the world the truth in an understanding way, as shown by his published works and for whom there was a distinguished future.

Be It Resolved, that this, the Greater New York Osteopathic Society, at its regular meeting assembled, realizing the great loss sustained, deplore the sad event, in token of which these resolutions are ordered spread upon the minutes of the Society, and a copy sent by the Secretary to the Osteopathic Journals for publication.

Be It Further Resolved, that this Society tender to the bereaved family of Doctor Hulett, our sincerest sympathy in their great sorrow.

#### ALBERT JOSEPH BUMPUS, D. O.

Dr. A. J. Bumpus died of typhoid fever at the Gill Hospital, Steubenville, O., on November 5, 1904.

Dr. Bumpus was born in LaPlata, Mo., on April 7, 1880. He graduated at the American School of Osteopathy in 1901. Shortly thereafter he opened an office in Steubenville, O., where by conscientious work he had built up a good practice.

The Steubenville Daily Gazette thus speaks of him:

"He was a young man of many noble qualities of mind and heart, of sterling integrity of character, successful in his profession, and had bright prospects for a useful and noble life in relieving suffering humanity. He was courteous in manner, genial in disposition, and a Christian gentleman. His death, therefore, in the prime of his youth, when life was full of promise, is a sad blow to his family and friends."

His brother, Dr. J. F. Bumpus, of East Liverpool, O., was with him during his last illness. To him and to his other relatives our heartfelt sympathy is extended.

#### "CONFESSIONS OF AN M. D."

We have received this little book of 250 pages from the pen of Elmer D. Barber, D. O., Kansas City, Mo. We have read it and like it very much better than we expected to from a perusal of the prospectus.

The book consists of a series of semi-humorous letters from an old school doctor to his son, and is modeled after the "Letters of a Self Made Merchant to His Son." These were written by the editor of the "Saturday Evening Post" for that publication, and have since been issued in book form, and have proven to be one of the great literary successes of recent years.

As a general proposition, we regard it as a rather dangerous experiment to copy the style of a successful writer. Neither is the use of humor always a satisfactory method of propagating a science, but we are compelled to say that Dr. Barber has performed both these delicate feats with remarkable success.

We have not the space available this month to give even a synopsis of the book, but we will say that it is one that we can safely put into the hands of our patients, conscious of the fact that they will not only be highly entertained, but will get many good osteopathic lessons and think more of the science for having read it. The price for a cloth bound copy being only \$1.15, makes it possible for every osteopath to have one or more copies. For sale by the author.

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#### PERSONAL.

Born, September 18, a son, to Dr. and Mrs. C. Steele Betts, Salem, South Dakota.

Dr. H. P. Whitcomb, Burlington, Vermont, will be in San Diego, California, until May 15, 1905.

Born, November 20, 1904, Royce Harper Glezen, to Dr. and Mrs. R. A. Glezen, Kalamazoo, Mich.

Dr. L. C. Deming in addition to his practice in Los Angeles, has opened an office at his residence, 99 Euclid ave., Pasadena, Calif.

The partnership between Drs. Elmer Martin and F. N. Grimsley, Decatur, Ill., has been dissolved. Dr. Martin will continue the practice at 405 Powers Building.

At a recent meeting of the Board of Directors of the Atlantic School of Osteopathy Dr. J. W. Banning was, at his own request, transferred from the presidency to the secretaryship of the school. Dr. C. W. Proctor was elected to the presidency.

Dr. L. A. Downer, Chattanooga, Tennessee, and Miss Annie R. Garnett, of Pembroke, Kentucky, were married in the latter place on November 22. After a couple of weeks spent in visiting in the north and east, they will be at home in Chattanooga.

In the directory issued in November, an error was made in giving the school from which Drs. H. F. Ray and Calvin H. Grainger graduated. The alma mater of both these doctors is the Southern School of Osteopathy instead of the Still College.

Dr. Katherine G. Harvey, 15 Coal Exchange Building, Scranton, Pa., has purchased the Mace mansion at Peckville, a suburb of Scranton, and has had the same remodeled and refurnished and has taken possession. She gave a large dinner on the 17th of November for a housewarming. Guests were present from Wilkesbarre, Pittston, Scranton, Hazelton and New York.

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#### NEW STATE ASSOCIATIONS.

Within the past six weeks the following state associations have been organized. These results have been achieved largely through the energy displayed by Secretary Chiles and Assistant Secretary Upton, ably assisted, of course, by workers in the various states:

##### Florida.

The Florida Osteopathic Association was organized by mail with the following officers: President, John W. Phelps, Jacksonville; Vice President, A. E. Berry, Tampa; Secretary-Treasurer, C. E. Bennett, Pensacola.

The osteopaths of this state have good prospects of securing legal recognition at the coming session of the legislature.

##### Idaho.

On October 20, at Boise, the Idaho State Osteopathic Association was organized with fifteen members. There was much enthusiasm manifested at the meeting. Five applications for membership in the A. O. A. were secured.

##### South Dakota.

About fifteen osteopaths were present at Mitchell on October 26, and participated in the organization of the South Dakota Osteopathic Association. The officers elected are as follows:

President, E. E. McCracken, Brookings; Vice President, J. F. Atkinson, Mitchell; Secretary-Treasurer, C. Steele Betts, Salem; Trustees, Elka Noyes Farr, Pierre; E. W. Heyler, Mitchell; R. H. Graham, Vermillion. The President and Secretary are ex-officio members.

##### Indian Territory.

The osteopaths of Indian Territory organized by mail during October with the following officers:

President, H. C. Montague, Muskogee; Vice President, J. W. Shackelford, Ardmore; Secretary, Bertha L. Thomas, Muskogee; Treasurer, M. E. Miller, Wynnewood.



**REMOVALS.**

- Sophia L. Gault, Mcrovia, to 501-3 Mason Bldg., Los Angeles, Calif.  
 Harriet A. Whitehead, Milwaukee, to New Spenser Bldg., 606 Third St., Wausau, Wis.  
 S. C. Robinson, Williamsport, Pa., to Auburn, Ind.  
 S. H. Runyon, 228 N. Pine St., Creston, Iowa, to New Liberty Block, 211 West Montgomery St., same city.  
 J. C. Howell, Sixth and Wood Sts., Vineland, New Jersey, to the Avis residence, south west cor. East and Landis Ave's., same city.  
 S. Virginia Crawford, Renovo, Pa., to Room 3, Swab Building, Harrisburg, Pa.  
 Chas. H. Gano, Hartford City, Ind., to Home Life Building, Washington, D. C.  
 Clinton D. and Gertrude Seeley Berry, Hornellsville, to 703 Granite Bldg., Rochester, New York.  
 H. Alfred Leonard, 5280 Parkside Ave., to 1611 Diamond St., Philadelphia, Pa.  
 Martha A. Morrison, 1801 17th Ave., to 705 17th Ave., Denver, Colo.  
 Margaret E. H. Allen, Kunkle, Pa., to 273 6th Ave., Brooklyn, N. Y.  
 G. S. Hoisington, Great Falls, Mont., to Pendleton, Oregon.  
 Kathryn Talmadge, Kirksville, Mo., to 518 Colorado Building, Washington, D. C.

**NEW MEMBERS**

The following have been elected to membership in the A. O. A. during the past month:

- Lester R. Bensen, 311 Huguenot Street, New Rochelle, N. Y.  
 Sarah Depew Cooper, 369 Sutter Street, San Francisco, Calif.  
 C. E. McCormick, 1104 Sutter Street, San Francisco, Calif.  
 Nellie M. Fisher, 622 Dollar Savings Bank Building, Youngstown, O.  
 Franklin Fiske, 6 Corning Block, Portage, Wis.  
 William Graves, Caddo, Ind, Ter.  
 John R. Leffler, 325 West First Street, Los Angeles, Calif.  
 K. Janie Manuel, 712 Masonic Temple, Minneapolis, Minn.  
 Eleanore Moore, 202 Elktron Building, Fort Wayne, Ind.  
 O. C. Mutschler, 119 East Walnut Street, Lancaster, Pa.  
 Frank Leroy Purdy, 12 Huntington Avenue, Copley Square, Boston, Mass.  
 M. Letitia Richards, 272 East Colorado Street, Pasadena, Calif.  
 M. T. Schoettle, Salem, Ore.  
 Jessie Fulton Streeter, 514 Main Street, Worcester, Mass.  
 Wilfred A. Streeter, 514 Main Street, Worcester, Mass.  
 Etta C. Wakefield, 473 Fourteenth Street, Oakland, Calif.  
 Evan Williams, 224 South Olive Street, Los Angeles, Calif.

**REINSTATED.**

- W. A. Rogers, Marquam Building, Portland, Ore.  
 K. W. Coffman, 219 East Fourth Street, Owensboro, Ky.  
 R. A. Glezen, 111 Pratt Building, Kalamazoo, Mich.

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# The Journal

of

## The American Osteopathic Association

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### DO WE ADVISE SURGERY TOO OFTEN ?

Read before the Greater New York Osteopathic Society, Nov. 18, 1904.  
S. A. ELLIS, D. O., Boston, Mass.

There should be no question as to whether the experienced osteopath advises surgery too often. In the early days of osteopathy its practitioners went boldly and firmly on record as being opposed to the use of the surgeon's knife as a curative agent. This radical stand was modified later by the admission that in rare and isolated cases surgery should be resorted to, those cases being ones in which some part of the body was so malignantly diseased as to endanger other parts. Recently, however, we find that some osteopaths have become so impressed with the surgical idea that the tendency is to seek surgical aid as soon as a case becomes difficult.

In my opinion the results obtained in cases where surgery is indicated would alone justify the osteopathic theory and its practice. We all recognize the progress that has been made in modern surgery, and stand ready to give the surgical profession due credit for some splendid work. But if conditions in New York are as we find them in Boston, it is high time not only for the public but for the profession as well, both osteopathic and medical, to take a more conservative view of the situation. My experience has been in a locality dominated by a powerful medical institution and one in which surgery has flourished without restraint. This may account in part for the number of cases of this class which has come to my notice.

In considering my subject, I felt that perhaps my first duty was to find out from some authentic source what real promise of relief surgical work offered in various conditions where surgery has been the unquestioned method in the past. A conclusion along this line could be based only upon an investigation where the best skill and methods were used and where operations were conducted under the most favorable circumstances.

I have found that when it came to an actual detailing of cases, the percentage of permanent cures after operations were surprisingly small. This seemed to be due not so much to lack of skill or thoroughness as to the bad after effects of tremendous nervous shock, coupled with trouble locally from scar tissue, impaired circulation, and divided nervous structures. Without going into too much details, the result of my experience in practice and in this

particular investigation has been disappointing. I find that in the operation for appendicitis, which is regarded as more or less simple for a major operation, the deaths are much too numerous and the actual relief from pain and discomfort only comes permanently in less than one-half the cases. Other abdominal and pelvic operations showed even a less degree of success. Operations on the perineum and rectum, while perhaps showing a lower percent of deaths, at the same time were not, as a rule, entirely successful.

I am going to pass over certain well-beaten ground. We have all undoubtedly had more or less experience and success in treating the more common surgical conditions, such as varicose veins, varicocele, floating cartilages, and appendicitis. In this latter condition I have had the good fortune to have the advice of some of your own men in New York, Drs. E. B. Underwood and Geo. Helmer, on two different cases, both of which were eventually relieved.

In the large majority of cases of appendicitis the initial condition is conceded to be a localized congestion. This we find lodged in a region most accessible to osteopathic methods, and why these cases have ever been regarded as without the field of osteopathy I am at a loss to say. Only in extreme cases do we find suppuration and weakening of the intestinal walls and even in this situation I still believe that there is more than an even chance for osteopathic work. And by the way I have been interested to note in how few cases a patient has died from appendicitis before an operation was attempted at all.

However, my object in preparing this paper was to consider conditions which seemed to me to be more or less unusual in osteopathic work and which invaded even further the recognized field of surgery. Along this line we might mention fistulæ and fissures, which have commonly been regarded as surgical conditions, I have found in my own work and in the experience of other osteopaths to be amenable to osteopathic treatment. The patient is usually encouraged to think that the surgical procedure in these cases is a simple one but any one versed in the anatomy of that part of the body must realize that any operation there is more or less serious.

Considering the osteopathic pathology of a condition of this nature, we find the blood supply from the superior hemorrhoidal sluggish and inactive, and the venous drain of the part interfered with by the indurated tissue. The direct nervous connections come mainly from the pelvic plexus of the sympathetic, with numerous connections with the sacral and lower lumbar nerves. This anatomical problem should not seem so difficult to the osteopath, as all the essential points for relief are more or less accessible.

The case that I shall cite as typical is that of a boy of fourteen with marked tubercular tendency and a condition of fistula that had existed for five years. The external opening discharged almost constantly and the tissue about the part was very firm and sensitive. On examination, I found the coccyx deflected laterally to the left and very tender. This was readily adjusted in perhaps a half dozen treatments and within a fortnight the fistula ceased to discharge. It has now been nearly two years since any recurrence of the original trouble and the boy seems to be entirely cured. Treatment was also given for the general tubercular tendency with very satisfactory results.

This perhaps is not an unusual experience with those who practice but I merely state the case here to indicate that a successful issue may be looked for in conditions of this kind. The patient's general condition when he came to me led me to believe that the result of a surgical operation would have been

very doubtful. Several other similar cases that have come to my notice have been caused by various lesions, only one other by an abnormal position of the coccyx. One in particular that I recall was cured by an adjustment of the second lumbar vertebra. This was quite out of position posteriorly and very tender. This took a much longer time but the result was quite as satisfactory.

Only one case of this kind have I felt called upon to refuse. The man had a very bad tubercular history and seemed too weak to take the treatment that would have been necessary.

Along this line of work, and still having very little connection with it as regards cause, was a case that may be of interest—a man thirty-five years of age with a tubercular abscess of the prostate gland. He had already undergone one operation which had left his heart very much weakened and he had also suffered greatly from nervous shock. The abscess did not discharge externally except perhaps once a month, but there was a continual discharge within. Only one local treatment was given, this being at the time of examination. Some attention was paid to the blood supply anteriorly but the real osteopathic cause seemed to lie in a slipped innominate, noticeable particularly at the pubic articulation. Relief was almost immediate but several months were necessary to cure the condition and allay the various symptoms. The patient has now been well for some time. The direct cause of the trouble was probably an impingement on one of the prostatic branches of the pelvic plexus though there were also indications of interference with the blood supply from the internal iliac.

Conditions of this character frequently do not seem the most promising for the osteopath, but I am a great believer in the theory that osteopathy will largely replace surgical work in the near future along this particular line at least.

A procedure that has been frequently urged in Boston of late is the entire removal of the coccyx for various conditions of the perineum and coccygeal region. I have had occasion to examine a number of these patients and so far as I can determine, there was little to be hoped for, after operation. One case that comes to my mind had been prepared for the operation and the appointment with the surgeon already made. On examination I found the coccyx deflected posteriorly to a marked degree, also the congestion which one would expect to accompany such a state of affairs. The sacro-coccygeal joint was very swollen and sensitive, but as nearly as I could determine showed no signs of a degenerative process. While the condition seemed serious at first, it yielded quite readily to treatment, although it was two months before I attempted to adjust the coccyx. The patient had been assured by the physician who had first examined her that the joint was tubercular and that the only possibility of relief lay in entire excision of the coccyx. The joint may have been tubercular—that I am not prepared to give an opinion on—but it was cured anyhow and the patient has been well for more than two years. She suffered originally from a thickened condition of the arteries and a consequent weakness of the heart which I fear would have caused a fatal termination in case of an operation.

A question which has been frequently discussed and agitated in the profession is whether ordinary tumors of large growth can be removed. While I am not prepared at the present time to give a positive opinion in the matter I am at the same time convinced of the efficacy of osteopathy in checking the

growth of tumors as well as changing their relative positions, much to the benefit of the patient. As a type of the latter procedure I will cite briefly the case of a woman, aged forty-five years, who for twenty years had not experienced one whole day of good health and comfort, as the result of a large incarcerated pelvic tumor. The growth had involved a number of the structures of the upper pelvis and had crowded practically all the organs of the lower part out of their normal positions. Upon examination I found the attachment of the tumor to be so situated that the growth might be moved several inches and lifted free of the pelvic rim. This I did at each succeeding treatment and after a few weeks I found that its permanent position was much higher in the abdomen.

This procedure naturally gave great relief at once to the compressed organs, and along with the adjustment of the lesion at the second lumbar and also one at the tenth rib has left the patient very comfortable and comparatively well. Meanwhile, during a period of treatment of two years the growth has been reduced to at least one-half its original size. The surgical prognosis in this case was particularly hopeless. A weak heart by inheritance had become further weakened by the years of sickness and exhaustion, so much so that even surgical advice was most guarded and offered little encouragement.

These examples may seem more or less disconnected but I would like to present one more case that I regarded as rather unusual. The patient was a woman whose condition had started with a pouch which formed in the oesophagus at the level of the clavicle. Later, adhesions formed and finally the lumen of the passage was entirely closed. Surgery was recommended at once but the patient refused to consider it and in order to keep alive resorted to a procedure which was not only very painful but particularly exhausting—that of passing an instrument through the closed portion of the oesophagus on an average of once a week. For several years this was kept up, the patient living of course on the most restricted liquid diet. She was assured by her physician that eventually she would starve to death.

On examination, the arterial blood supply to the part through the inferior thyroid and deeply from the subclavian was found to be practically shut off. This I decided originally to be due to the relative positions of the clavicle and first rib, but the tissues about the part had become so indurated that this itself caused the condition to persist. The treatment here gave relief within a fortnight but did not seem to bring about the desired permanent result. On the first examination I had discovered a pronounced rotation of the sixth cervical vertebra but as there seemed to be no tenderness at the part I decided that the position of the clavicle and rib was responsible for the trouble. An adjustment of these failing, I went to work on the spinal lesion and eventually corrected it. Immediately a marked improvement began. The lesion at the sixth cervical undoubtedly affected the condition through the sympathetic connections with the pneumogastric. The return to the normal condition of the oesophagus has been slow but steady. I saw the patient last spring over a year after the last treatment, when she assured me she was well.

I have no doubt that many cases each year are sent by osteopaths to surgeons in this country, who have not had the benefit of the best and most intelligent osteopathic methods.

I recall in the earlier days of my practice a number of cases where I confess

that I was more weak-kneed than the patients themselves. At times when it seemed to me that an operation was the only way out of the difficulty, the patients would insist upon continuing osteopathic treatment and were eventually cured. The time is rapidly approaching, as the various practices throughout the country become more permanent, when we will be called upon as the last authority before a decision is made in regard to an operation.

It seems to me that our best preparation in situations of this sort is the most thorough knowledge possible of our own methods and the confidence which such knowledge is bound to carry with it. In comparatively few cases is the condition of the patient too serious to allow a test of osteopathy.

I have come to the conclusion that after all the whole philosophy and spirit of surgery is essentially un-osteopathic. We hear so much in these days of the possibilities of the osteopathic surgeon and what wonders can be expected from his work. Some of our recognized schools hold the course in major surgery out as a particular advantage to the prospective student. In my opinion this whole idea is misguided and in the main wrong. To what greater advantage might the time devoted along this line be given to the greater essentials of an osteopathic education—Anatomy, Physiology, and Osteopathic Principles. Let us by all means live up, if possible, to our reputation as Anatomists and Physiologists. We so often repeat in our own theory of cure that within the body itself are found all the necessary elements to keep one in perfect health. This being true, we cannot hope to combat diseased conditions as successfully when a part of the wonderful machine has been entirely removed or so mutilated by the surgeon's knife that it cannot perform its normal function.

I have no desire to disparage the wonderful effectiveness of surgery when it becomes really necessary, and we all recall cases where it seemed the only proper method of treatment. Even in this field the results of thorough, carefully applied osteopathic work are to my mind so much more wonderful than anything the surgeon can produce that I find myself wondering why surgery should really have made any deep impression on the mind of a man imbued with the osteopathic idea.

I am convinced that we shall soon see the day when the osteopathic operation will be the method of procedure in a large class of cases now considered surgical. Perhaps the time will come when our own men will give anesthetics for this particular work. However, at the present time I am a firm believer in the idea that we tread on dangerous ground when we scatter our energies over too broad a field, and that osteopathy in its purity and in the simplicity of its own theory is, after all, entirely sufficient in the ordinary practice.

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### OSTEOPATHY AND ITS LEGAL RECOGNITION.\*

C. W. PROCTOR, A. M., Ph. D., D. O., Buffalo, N. Y.

Every practitioner of osteopathy is frequently asked, What is osteopathy? When and where did it originate? Wherein does it differ from other systems of healing? It is the purpose of this article to answer briefly and yet clearly these and other inquiries so often made.

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\*This paper appeared in the JOURNAL for January, 1903, but it so well presents some of the elementary facts about osteopathy that we have decided to reproduce it here. A few changes have been made in the text. These are principally in the statistical information, bringing it down to date.—Editor.

## CHARACTER OF THE TREATMENT.

The osteopathist treats by manipulation, with the aid of hygienic measures, instead of using drugs.

Without discussing the value of drugs, the fact is well established that excellent results have been secured without their use, when scientific manipulation has been employed. Swedish movements, massage, physical culture and even simple rubbing, have been practiced with great benefit, notwithstanding the fact that the practitioners of these had no adequate knowledge of the human body in health and disease. They could not diagnose their own cases, but depended upon a physician, who had only a theoretical knowledge of manipulations.

## DIFFERENCE FROM OTHER FORMS OF TREATMENT.

Osteopathy is based upon an intimate knowledge of the anatomy, physiology, pathology and chemistry of the human body, and this knowledge is possessed by the man who is to use it, and not by the man who tells someone else to use it. For this reason it stands as an independent system, and as such is properly recognized by law in about twenty-five states of the union, and will undoubtedly soon be in many more. The osteopathist is the only practitioner of a system of manipulation who has an adequate knowledge of the human body, understands the use of antiseptics and disinfectants, public sanitation, diagnosis of disease and the use of antidotes to poisons in emergency. He therefore justly considers it unfair that he should be required to submit to the direction of a physician who, though he may know much of drugs, knows nothing of osteopathic manipulation. The osteopathist can recognize contagious diseases and takes the same precautions against their spread that the M. D. does; he knows the dangerous symptoms of disease and can regulate his treatment with less peril to his patient than one who administers powerful drugs.

## WHAT OSTEOPATHY COMPREHENDS.

Again, osteopathy is more extensive than any other system of manipulation. It includes "bloodless surgery." Who will not admit the importance of having specialists in manipulation to reduce dislocations and subluxations of the numerous articulations of the human body? No field of practice offers greater usefulness.

The one who prevents an operation for appendicitis and restores to health a patient is as eminent a specialist as he who cuts out an appendix and obtains similar results. And shall I not say a greater benefactor?

## THE CHIEF DISTINGUISHING FACTOR.

The chief distinction between osteopathy and the other systems is the recognition of anatomical defects lying behind disease. Theoretical discussion of this proposition is unavailing. It is denied by most medical men, but the results of treatment based on that theory give it a claim that cannot be thrust aside by denials. No investigations by any medical organization have ever been made of a character to disprove it.

## RESULTS OF TREATMENT.

Results are the final test of any system. Such have been the results in the twelve years since the first class was graduated that no candid investigator can



question their value. If the testimony of men in every walk of life—senators, congressmen, governors, judges, professional men, including many physicians and business men—have any weight in such a question, the results certainly justify the claim of osteopathy to a right to exist. It is little less than a crime against civilization that a man should be hunted like a common criminal because he has set a dislocated hip, and for the reason that he refuses to believe in the efficacy of drugs and refuses to take the time to study what he does not believe and what he does not wish to practice.

#### THE ORIGIN AND GROWTH.

Osteopathy was originated, after years of study, by Dr. A. T. Still, now of Kirksville, Mo., a practicing physician. He established a school to teach the science (early in the 90's), and so rapid has been its growth that there are now at least nine regularly organized schools of osteopathy and over 3,000 regularly graduated practitioners. A national organization for scientific discussion and for maintaining higher standards of professional practice and character has been formed with a large membership; and nearly every state has a similar organization.

#### LEGISLATION AND RECOGNITION.

The following states and territories have recognized this practice by legal enactment: Vermont, Connecticut, Ohio, Indiana, Michigan, Tennessee, Wisconsin, Illinois, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas, Texas, Montana, California, Arkansas, Kentucky, Minnesota, New Mexico, Oklahoma, Louisiana, Maryland and Massachusetts. In almost all other states and territories the practice has been recognized as not violating existing law. Public opinion will no doubt soon compel favorable legislation, in other states, as the public is generally willing to treat fairly any system that proves its usefulness.

#### DISEASES TREATED.

Osteopathy treats successfully all kinds of curable diseases. And why should it not? Every curable disease is healed by natural forces of the body. Drugs only claim to stimulate natural forces or remove hindrances to those forces. Scientific manipulation is one of the most effective agencies for removing hindrances and stimulating natural forces that is known. Supplemented by proper hygienic measures, and employed by specialists, it has cured thousands of cases which drugs had failed to relieve. Nervous diseases, stomach and bowel troubles, asthma, rheumatism, diabetes, affections of the eye, pneumonia, fevers, dislocations, some forms of tumors, and many other diseases have been treated with marked success. Not every case of every one of these diseases is cured, but many cases of each, incurable by any other means, have yielded to this treatment. I reiterate that it is a proper stimulation of nature's forces and a removal of hindrances to nature's activities that cures disease, and in this osteopathy has proven her success.

#### REQUIREMENTS OF PRACTITIONERS.

It is sometimes objected that the course of study should be as long as a medical course and of the same character. If the osteopathist does not practice surgery why should he be compelled to take an extended course in it? If he takes a course adequate for proper diagnosis of surgical cases and such

treatment as he uses, why should he be required to take the same course as those who use the knife? If he does not use anything but a few antiseptics why should he be required to take the same course as the man who, in his daily practice, administers the most powerful poisons? He neither uses them nor believes them so effective as his treatment; why should he be required to study them?

Aside from the time required in the study of surgery and materia medica, the osteopathic requirements are equal to the medical. Four terms of six months is the minimum requirement in most states for the M. D., and four terms of five months each for the D. O. But the osteopathic schools have now announced an extension of the course to three years of nine months each, and this certainly is the equal or superior of the medical requirement.

Every legitimate objection has been met, unless it is assumed that it is proper to settle truths of science by legislative enactment, and to compel a sick man to take medicine or go without any form of treatment.

The object of medical legislation cannot be to force any system upon the people. That is repugnant to our sense of justice and to our free institutions. Its object is to require competence in the work done. It is proper for the osteopath to be required to be competent in the art and science which he practices. He should be required to prove that competence. But there is no justice in requiring him to be competent to use drugs which he does not administer, or to be skillful in the use of the knife which he does not employ.

#### EXAMINATION REQUIREMENTS.

Nor is it just that those should examine him as to his qualifications who have never studied his system, and require of him a system that neither he nor his patients wish; who are antagonistic to him and who seek to prevent the development of his school of practice. His examination should be a fair and impartial one, and the profession welcomes such a test.

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#### OSTEOPATHIC LEGISLATION.

A. G. HILDRETH, D. O., St. Louis, Chairman of Committee on Legislation of the American Osteopathic Association.

This article is written for one sole purpose, and that is that the profession and the members of the several legislatures, in which during the coming winter osteopathic and anti-osteopathic legislation may be asked, may have the benefit of the writer's experience not only upon how to unify our laws, but as regards what kind of legislation means most not only to our profession, but to the great mass of humanity, who wish the benefit of our kind of treatment. What is here said will be based upon actual practical experience in our legislative battles in more than one-fourth of the states of the union and dates from the first agitation against osteopathy in the Missouri legislature in the year 1893, down to the present time.

The record of our profession is simply world-astounding when the magnitude of our growth is comprehended. In 1892 the American School of Osteopathy, the first of its kind on earth, was chartered. It was located at

Kirksville, Mo., at that time there was not a law on the statute books of any state of this union but what was considered antagonistic to our profession. After twelve short years of existence, we are recognized by some form of law in twenty-seven states of the union. Now we need to concentrate our earnest united efforts upon a uniform law—one that will mean the greatest good to osteopathy, and at the same time the greatest good to our friends. We want no law that is not equally as good for the citizens of the state where enacted as for the profession. Neither do we want a law that will in any way interfere with or hamper the growth of any other school of medicine.

Knowing what I do of the conditions under which our growth has been made, I feel—yes know—there is but one kind of law for the present, at least, for us—and that is, the independent Board of Examination and Registration of our own, with a reciprocity clause giving the boards the right to accept the credentials of osteopathic physicians of other states when their credentials are equal to those of our own, with a record of five years in actual practice in one state. Ofttimes both members of legislature and of our profession will say—“Don’t you think it would be better to give your profession a member of the existing boards?” And I do hope I can make myself clear here, and Oh! how I wish that every individual to whom this thought comes could know just as I know, why it is *not* for the best interests of our science. Just think and weigh my words well. There has never been one single voice raised against osteopathy except by men of other medical schools. Every inch of progress made by our profession since its discovery has been contested by them. We have been looked down upon, criticised, ridiculed, called “faddists,” “masseurs” and everything else, but gentlemen. And now when securing recognition by law, should we secure representation upon existing Boards of Examination and Registration, we should have to do so against their protest and through the influence of our many, many good friends. And after securing representation upon their boards, what is our position? Are we loved any more by them? No, we are still at a disadvantage, because they overwhelm us in numbers and ours being unwelcome company, we need not expect many favors. Certainly we shall receive no help to reach out and grasp greater and better things such as must and will come to us with the right kind of encouragement and conditions.

Consequently, we ask for our own board because we know that a board composed of our own best, capable, most competent men and women who have only the highest good of the profession at heart, will be more careful and guarded in the administration of our laws, knowing as they do, that our growth depends upon a thorough competency, they will guard our every interest and in so doing they will be guarding the public welfare at the same time. You certainly can see the force of the argument. What could one man do on a board composed of seven or eight members and all of them antagonistic to our cause? Tell me what do you think could be gained for us with such a law? And tell me why we should be forced into association with our enemies? At least they have always fought us as if they were enemies. What can be the objection to giving us a board of our own? Sometimes the legislators say, “Oh, it creates so many boards.” Well, what if it does create a number of boards? Should not the states of this union provide boards enough to care for all the different phases of their growth? And, especially, with boards like ours where we do not ask one dollar from the state. We

make them entirely self-supporting. We come to the different states and ask only this, that they give to us these boards in order that our system of healing diseases may have a proper legal standing and in order that we may at the same time maintain a standard of qualification second to that of no school of medicine on earth. Again we ask for this kind of legislation because it is just—it is right—just to our profession and just to the thousands upon thousands of men and women all over this country who know of the good work done by our practitioners and demand that we at least have equal rights with other schools.

We appeal to the members of our profession everywhere to stand up for this kind of legislation and we appeal to the members of the several legislatures to give us this kind of law—in order that we may grow, and that the greatest good may come to the greatest number of people. Also that we may make our laws uniform. Should there exist in any state a difference of opinion among our own profession as to the kind of law best for us, let me earnestly urge that all differences be dropped. Let us come together as one man and let us move all together for this, the best and most sensible as well as the most just of all laws—the one that the American Osteopathic Association recommends, and the one that I know from practical experience with legislation and osteopathic laws everywhere means most to us. Let our watchword be progress. Let our every move be onward and upward—with malice toward none—and charity for our enemies. Let us proceed in that earnest, conscientious, united way that will, in the end, guarantee us a future that will do credit to the wonderful record we now enjoy.

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### WHAT OSTEOPATHY ASKS OF THE LAWMAKERS.

DAIN L. TASKER, D. O., Los Angeles, Calif.

For the orderly maintenance of the relations of man to man laws have been enacted by all governments. These laws cover practically every conceivable relationship but are being constantly added to because new conditions, discoveries and developments necessitate them.

Every state in the union has recognized the necessity of controlling the practice of the healing arts. The relationship existing between patient and doctor is a delicate and a vital one. The state considers it a duty to protect its citizens, the weak against the strong, the sick against ignorant experimenting. It demands that anyone who seeks to practice the healing arts according to theories promulgated by allopathy, homeopathy or eclecticism shall give evidence of possessing certain fundamentally exact knowledge as well as theoretical knowledge of the human body in health and disease which fulfills the requirements of the best educational standards of these schools.

These schools of medicine are the outgrowth of the promulgation and application of theories characteristic of each of them. After the development of these theories and the resultant relationships brought about between doctor and patient it was seen that there was need of safeguarding the interests of the public by protecting the patient from coming unawares, under the professional care of those who had not sufficient educational preparation for the

work. It is a well recognized fact that a large number of the citizens of a state are not willing to devote sufficient time to proper preparation for professional work. Laws are necessary to roughly define at least the minimum of educational requirement. These facts have been recognized with regard to the practice of drug methods of healing and to a certain extent have not recognized the change in conditions brought about by the advent of the new school of medicine, osteopathy. The laws enacted in the various states to regulate the practice of medicine do not take into consideration this new school of healing. Interpretations of the statutes have given a statutory meaning to the word medicine which is far short of its academic meaning.

The new condition of affairs in the practice of the healing arts occasioned by the rapid growth and development of osteopathy has been met in twenty-three states by special legislation regarding it. It has been recognized and regulated by the legislative power of the state.

There is much that might be said about the efforts of the older schools of medicine to curtail the development of the new one, but the advance of new theories, no matter how well demonstrated by practical application, has been ever thus according to history.

When the discovery of a new fact or principle disturbs old conditions, new laws are necessary. Any principle of healing the human body, if potent for good, may, under certain conditions, be potent for evil. These possible evil potencies can best be overcome and eradicated by education, therefore when a new system of healing shows signs of enthusiasm for exact learning it may be taken as *prima facie* evidence of a healthy growth. Where education ceases a jumble of evils rush in.

Let us examine the condition of osteopathy as a system of healing which lays claim to a good educational basis. During ten years of growth without legal regulation of great directing and regulative force its colleges have developed to the point of giving to their students three years, of ten months each, of careful training in all the basic educations of the academic medical sciences. This educational growth and worth has been recognized so liberally by the citizens of twenty-three states that the legislative bodies of those states deemed it advisable to protect their citizens from imposition by those lacking in education equivalent to the highest standards of the profession.

I think I cannot do better to show the value of liberal regulation of the practice of osteopathy by a state than to call attention to some facts concerning the value to the citizens of the great state of California of the law enacted by them in March, 1901. Owing to the rapid growth in popularity of osteopathy in this state a great many men and women began to advertise themselves as osteopaths much to the detriment of the best interests of the profession. In January, 1901, a bill was introduced in both branches of the legislature, which provided for an examining board consisting of five osteopaths to be elected by the Osteopathic Association of the state of California incorporated under the laws of the state of California. This board is empowered to give examinations in "anatomy, physiology, chemistry, histology, pathology, gynecology, obstetrics and theory and practice of osteopathy and such other branches as the board shall deem advisable."

Under the administration of this law the citizens of this state, who desire the professional care of an osteopath, have been safeguarded against the possible evil results of gross ignorance or immorality on the part of the osteopathic physician whom they might employ.

It would scarcely be considered a safe plan for the best development of a scientific or religious principle to place that principle under the control of its adversaries. Osteopathy represents a new principle for the healing of human ailments and as such should not be placed under the control of any school of medicine holding other principles which are antagonistic. Schools of medicine must work out their own salvation. In order to do this one must not be appointed dictator of another. The world needs all the good there is in every one of these schools of medicine and should be allowed to choose this good without having any special school appointed sponsor for the world's interests.

On this plain and necessary natural law for best development we seek boards of examiners consisting of members of our own school.

In order to maintain a high educational standard, while the public is turning so seriously to the benefits to be derived from the careful application of osteopathic therapeutics, it is necessary for the legislatures of the various states to regulate its practice within their boundaries by laws which shall define the minimum qualifications of an osteopathic physician, provide for Boards of Registration and Examination and how the duties of the board shall be carried out.

It is needless to say these laws are not necessary. Osteopathy is here. Its legal standing is fixed in many states. It has educational institutions of great merit and usefulness. It is represented by over three thousand graduates. It represents a great organized movement, with high educational ideals, away from the use of drugs, toward the adjustment of the various parts of the body and of the whole to its environment.

"Osteopathy is a comprehensive school of medicine without any of the traditions of drug therapy. It is blazing out a new path, one which we believe will be traveled by all future physicians. The future physician will not depend upon mysteriously acting drugs nor any other empirical agencies, but will treat patients according to well recognized principles of life which are demonstrated by anatomy, physiology and general biology."

These three thousand osteopathic physicians are constantly having trusted to their skill a vast army of afflicted human beings. The lives of many are depending solely on the education of these physicians. Is it known with reasonable certainty that the osteopathic physicians in your state are qualified educationally to do their work? Do you not consider it the part of wisdom to compel these osteopathic physicians and those who are constantly augmenting their ranks to demonstrate by fair examination or presentation of diploma from a college of well-known ability, their fitness to practice?

Whether such laws of liberal regulation of this profession as are needed shall be forthcoming this year or in future years—they are bound to come. It is the working of the natural laws of evolution in the practice of medicine.

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#### SOME PERTINENT QUERIES.

E. R. Booth, Ph. D., D. O., of Cincinnati, O., ex-President of the American Osteopathic Association, contributed an article to the JOURNAL of the A. O. A. for January, 1902, on the "Relation of Osteopathy to the Medical Profession and to the People." His article closed with ten queries which so cogently

suggests the impregnable position of osteopathy on the subject of legislative control and regulation of the healing sciences and arts that we reproduce them here in full:

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

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

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

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

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

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

6. "Suppose some new system be evolved, must it await legislative action before it will even be permitted to demonstrate its merits? Would it not be wiser for our medical friends to pursue the course advised by one Judas of old when he spoke in defense of the early Christians, saying: 'Refrain from these men and let them alone; for if this council or this work be of men, it

will come to naught; but if it be of God, ye cannot overthrow it, lest haply ye be found to fight against God.' Instead of being compelled to beg for recognition and fight ignorant opposition, the new in medicine (osteopathy), which is fraught with less danger than the old, should be given every opportunity to prove its utility or enable the people to learn that it is worthless.

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

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

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

10. "Is it fair to the people to try to deprive them of so beneficent and comparatively harmless a treatment as genuine osteopaths give and at the same time have constantly thrust upon their attention remedies that are positively injurious? Twenty to thirty per cent. of the advertising space in Cincinnati street cars is taken up with 'ads' of liver pills and other 'sure cures' for constipation, and from thirty to forty per cent. by remedies that no reputable physician would recommend. Osler speaks of 'that most injurious of all habits, *drug taking*,' as a cause of constipation, and every honest physician



will tell you the same thing. As osteopaths profit by such sales by the increase of the number of their patients, they cannot object to the protection the law throws about the sale of such drugs on personal grounds. The people pay the bills and suffer the consequences while the drug venders receive the profits.

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

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#### WHY WE SEEK REGULATIVE STATUTES.

In asking the legislature of any state for regulation it should be borne in mind that we are asking no special favor from that body. We are a new science, come into existence since the laws regulating medical practice were passed, and an entirely new set of conditions are present. Laws which were adequate then do not cover them now and should not be forced to do so. Any profession which deals with life and death should be regulated by law, not for the protection of its practitioners, but for the people employing them. This fact should be emphasized to the law-makers and they be strongly impressed that it is for the welfare of their constituents that regulation is urged.

With the exception of the privilege of signing a death certificate the osteopath enjoys as much freedom as his regulated brother, the “regular,” but how about the people who may employ one who may be an unqualified masquerader? They are the ones we seek to protect by asking legal standing.

In most states this status has been extended to a great variety of professions and trades which do not carry the responsibility involved in the practice of osteopathy.

Legislators should be asked to consider us strictly from an osteopathic standpoint, measuring us by osteopathic standards and not by obsolete rules of years ago, also not to hamper our growth by medical ideas which we have broken away from.

The plea that osteopathic regulation means a complication of the state's boards of control is not an adequate excuse for failure to provide proper regulation. The welfare of its citizens is at stake, than to provide for which there can be no higher duty within the province of legislative bodies.

Let us take the dignified stand in this matter to which our position entitles us.

CHARLES C. TEALL.

Brooklyn, N. Y.

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There are machines in medicine as well as politics—a few men want to regulate the great body of the profession, tie it up with legislative red tape, dominate it through its prejudices and fears. The result, if successful, would be to stifle individual thought and action, to obstruct progress. We want the friction of ideas, the contrast of methods, the various points of view, the stimulus of individual responsibility for results, all those elements of progress which liberty develops and which machinism antagonizes.—Medical Brief.

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## LEGISLATIVE REGULATION OF THE HEALING ARTS.

### THE OBJECT OF LEGAL REGULATION.

In the exercise of its police powers the state undertakes, in the interest of the public welfare, to regulate the practice of the healing arts. Laws prescribing what qualifications a person shall possess who wishes to engage in the profession of treating sick people and the method of determining whether or not he does possess them, are enacted in the interest of those who employ physicians. These laws are designed by the state to protect its citizens in their health, and possibly lives, from incompetency and ignorance on the part of those who profess to heal diseases, just as laws are enacted to protect people in their property rights from incompetency and ignorance in those who practice law before the courts of the land. Indeed such laws can be justified on no other ground. They are not intended primarily as a protection for either the profession of medicine or law. Much less are they intended for the protection of any particular school of medicine. When that is undertaken by the state it results in a species of class legislation that is foreign to our institutions, subversive of good government and a usurpation of the right of the individual to employ the physician of his choice.

### MEDICINE NOT AN EXACT SCIENCE.

It is unfortunately true that members of the dominant school of medicine, the self-styled "regulars," have in times past asked for legislation clearly in the interest of the school to which they belong. The same is true in many instances today, and bills are pending before state legislatures the effect of which will be, if they become laws, to place in the hands of that school of medicine absolute power over the healing professions. Such bills are predicated upon the assumption that "regular" medicine is an exact and complete science. This really begs the whole question. If it were true that medicine is an exact science such as is mathematics; if there were perfect agreement upon its theories; if in the practical application of its theories it operated according to an unailing law; if medical practitioners were uniformly successful, and the reverse of all these postulates were true of all other schools; then it might be possible, it might even be proper, under certain restrictions, to delegate to "regular" medicine the power to control the healing arts.

That what is now popularly called medicine is not an exact science is known of all men. It is made up of facts derived from various sciences themselves, many of them far from complete, such as biology, anatomy, physiology, chemistry, etc. It is based largely upon the records of observations of diseases and the apparent effects of certain remedies upon them and does not in any important sense constitute a science. It is true that the theories of medicine are shifting from day to day. As an eminent publicist in speaking of medicine said: "How its theories succeed each other in rapid revolution, so that what were good methods, healing doses and saving prescriptions a generation ago are now condemned, and all the past is adjudged to be empirical."

Were it necessary, pages of the JOURNAL could be filled with the testimony of men eminent in the medical profession evidencing the fact of the uncertain, oftentimes unavailing and many times harmful effects of drugs. Whatever may be said by its practitioners about medicine embracing all that is good in therapeutics it is well known that drugs constitute the chief agent in its armamentarium. All this is not said to disparage or belittle the ancient profession of medicine for we must applaud the heroic efforts of medical men so often manifested in the interest of humanity. But the fact remains that a study of the death rate and mortuary statistics that appear from time to time affords convincing proof that the record of medicine is not such as to warrant its practitioners in asking that they be given a monopoly of the healing business, or be made by law absolute dictators over the lives and health of the people.

#### OTHER SCHOOLS OF HEALING.

The recognition of these facts by the laity and the consequent demand for a better way has brought into being other schools of healing. Some of them, as the eclectic and homeopathic, are off-shoots or modifications of the older school. Another, the osteopathic school is radically different from any of the others. All have made some progress, each claims to be scientific. Inasmuch as it is not within the province of law-making bodies to determine questions of science or to declare what system of treatment is efficacious, it only remains for them to provide proper and impartial regulation of such schools as exist. This right and duty has for many years been exercised by the law-makers. In some of the states three separate boards, regular, homeopathic and eclectic, exist for examining applicants for license to practice any of these systems. But as long as these regulations are equitable and do not infringe upon the rights of others we have no concern with them. We do claim, however, equal rights for the osteopathic school.

#### HISTORY OF OSTEOPATHY.

If any argument were necessary to sustain this contention it may be found in the history of osteopathy. It is no untried theory. It is not an experiment. For twelve years it has occupied a prominent place among the therapeutic systems of the country and while infallibility is not claimed for it the record of its remarkable growth demonstrates that it has won a rightful place among the schools of healing. In the dozen years that have elapsed since the first school was chartered to teach its principles, about thirty-five hundred men and women have gone into the field of practice. Their work has been such that the legislatures of twenty-seven states have already given to their school the sanction of legal recognition by some form of regulative statute. In a number

of states it has been recognized as an independent system of healing, and osteopathic examining boards have been created and are now performing their functions.

At the present time nine colleges of osteopathy recognized as of good standing by the American Osteopathic Association are engaged in training students for the practice of this profession. A distinctive literature is growing up. Many osteopathic text books have been written and are now in use and about a dozen professional publications are regularly issued. The science of osteopathy has won for itself a vast number of ardent adherents among thinking people, many of whom have doctors of this school for their family physician.

All of this has been accomplished in twelve years despite intense, persistent and ofttimes bitter opposition. During all these years it has had to contend with prejudice, intolerance and misrepresentation. How was it done? Not by vain boasting; not by newspaper advertising; not by any organized propaganda; not by the influence of great names, though these have not been lacking—but by quiet, effective work at the treatment table, often in chronic cases that had hitherto been considered incurable, as well as at the bedside of the acutely ill.

#### HOW SHALL IT BE REGULATED?

Osteopathy, then, is here. What shall be done with it? It is a school of medicine and is entitled to the privileges accorded to other schools. Osteopaths not only recognize the power of the state to regulate the practice of osteopathy but are asking that reasonable and just regulations be provided. They realize that their school cannot be legislated out of existence but that a possibility exists that an injury be done it through unfair regulative statutes. Through the guise of regulating, it is believed that the dominant school of medicine seeks to do by indirection what it could not accomplish openly. These medical bills, which it is claimed are fair, would prescribe the same standard for all schools, would have all applicants for license to practice, pass the same examination, in the same branches and before the same board, these boards to be composed of members of the dominant school of medicine. If there were no other objection to it, the fact, that the notorious hostility of the old school toward the new would give rise to the suspicion of partiality in examining applicants and grading their papers, ought to condemn it, to say nothing of the violation of that principle of jurisprudence which guarantees to every man the right to be judged by a jury of his peers. But, so far as the osteopathic school is concerned, there is another serious objection. Why should the osteopath be required to pass an examination in *materia medica*, a thing which he does not study nor use in his practice? He has a system of therapeutics which he believes is far superior to drugs and it would be eminently unfair to require him to study and pass an examination on a subject which he believes is unscientific, is passing, and will eventually become practically obsolete.

#### THE FUNDAMENTAL BRANCHES OF MEDICINE.

But in order to maintain the semblance of fairness and still retain in their own hands the control of the schools of healing, the old school doctors are asking in some states that all who profess to heal bodily ailments should be examined by the medical board in the fundamental branches of medicine

only—those branches which are at the basis of all schools of medicine. This besides being violative of the principle of allowing the applicant to be judged by a jury of his peers, and leaving the way open for discrimination against the osteopath, fails in one of the important objects of all regulation, viz.: the testing of the knowledge of the would-be practitioner on the subject of therapeutics. Those who in their practice prescribe drugs and poisons should be required to show the most intimate acquaintance with *materia medica*. Likewise those who rely upon adjustment of the parts of the body for the cure of its disorders should be required to possess and demonstrate a thorough knowledge of the theory and practice of the school teaching such theories. The public welfare can in no other way be properly safeguarded.

If the osteopathic school did not differ from the other schools—"regular," eclectic and homeopathic any more than they differ from each other this might be a possible solution of the difficulty, provided the boards were impartially and equally composed of representatives of the four schools. But herein lies the insuperable objection from the osteopathic standpoint. It must be admitted that the three older schools of medicine rely mainly upon the administration of drugs for the regulation of function. The osteopathic school discards drugs and teaches that function is dependent upon structure; that the human body properly fed and cared for elaborates within itself all the chemicals necessary to the processes of life; that when it fails at any point it is either by the abuse of function—which must be stopped—or there is an anatomical maladjustment interfering with proper functioning, and that the remedy lies in the correction of the maladjustment; that whatever regulation of function is possible or permissible, aside from the correction of structural derangement, can better and more safely be accomplished by manipulation and hygienic measures than by introducing into the system extraneous substances, inorganic compounds, poisonous drugs.

It would not be practicable within the limits of this article to undertake to argue to a finality which is the better way, neither is it necessary. The clinical records of osteopathy demonstrate that it contains a great and beneficent scientific truth to which the people are entitled, and the policy of the law is such that it must simply recognize this fact and provide such regulation as will give it an equal opportunity with other schools. Forcing it to be tested by the standards and interpretations of phenomena of other medical schools would not give it this chance.

The osteopathic and other medical schools hold such widely divergent views of the etiology, diagnosis and treatment of disease, that while they may study the same fundamental sciences they attach different degrees of importance to the facts recorded in these sciences. Certain facts which might be of prime importance to one school might have but slight significance for the other. Osteopathy asks that the qualifications of its practitioners be determined according to the interpretation of facts of science which it believes are correct. On this point Dr. C. M. T. Hulett, Chairman of the Committee on Education of the American Osteopathic Association, in an article printed two years ago in the *JOURNAL*, said:

"The practical effect of regarding a subject from the two standpoints, on the question of the examination of would-be practitioners, may be illustrated in this way. Out of the thousands of possible questions on any subject, as anatomy, the examiner must select ten or twenty. What will be the basis of

that selection? Of these thousands of questions, many would cover points not brought into actual use in a case oftener than once in a lifetime. Others would be used oftener, but still infrequently, while others would be required daily. Logically, the examiner would pay most attention to those points of most frequent use, and less attention to the others. An osteopathic examiner would do the same thing. Evidently, therefore, their lists of questions would differ, and neither would be a suitable test of proficiency for an applicant of the other school. It would be like subjecting a bridge builder and a tunnel builder to the same tests as to their qualifications for solving the problem of crossing a river."

#### AN OSTEOPATHIC EXAMINING BOARD.

From what has been said, and the well known facts in the case, it may readily be deduced that the dominant school of medicine has no right, moral, scientific or legal, to arrogate to itself the possession of all wisdom pertaining to healing matters and to have supreme authority over such delegated to it by the state. Osteopaths do not concern themselves with the statutory regulation of other medical schools so long as these regulations do not infringe upon the rights of others. Inasmuch as osteopaths do not seek in any way to restrict, hamper or abridge the rights of other schools they feel that they should be accorded such treatment by the law-makers as will not only best guard the public against incompetent practitioners, but allow them the greatest liberty, consistent with the public welfare, to serve those who may wish to employ them and to work out for the good of humanity those theories and principles of healing promulgated only by their school of medicine.

It is believed that these ends can best be subserved by the enactment of laws providing for the creation of boards of osteopathic examiners composed of osteopathic practitioners. This would assure to those citizens who employ osteopathic physicians that they are competent, as their qualifications to practice would be passed upon by those, and those only, who are competent to judge of an osteopath's ability. There can be no reasonable ground to fear that incompetency in an applicant for a license would be overlooked by such a board. Osteopaths are alive to the fact that in the race for supremacy among the healing schools, the prize will be awarded to that school that shows the best clinical results. The court of last resort is Public Opinion and the evidence upon which this court will predicate its judgment must be results achieved. Knowing these things and being aware of the fact that the work of each individual in the profession will go to make up the general standing of the profession, we may be sure that the highest standards will be maintained by these boards and the most rigid scrutiny made into the attainments of would-be practitioners. Thus will the interests of the people be protected and this school of healing be given a fair opportunity to work out its destiny and to be judged by its fruits.

It is confidently believed that the legislative bodies of this country—representatives of a free and sovereign people who believe in fair play, will readily grant to the osteopaths what they ask, which is, simply, in the parlance of the day, a "square deal," no more, no less.

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We sleep, but the loom of life never stops, and the pattern which was weaving when the sun went down is weaving when the sun comes up tomorrow.—Henry Ward Beecher.

The methods of the "political doctors" are illustrated by the following excerpts from a circular letter sent out to the physicians and surgeons of West Virginia, by the president of the State Medical Association, Dr. T. L. Barber.

It will be noted that with a few strokes of his pen Dr. Barber disposes of those who hold different ideas of healing from his own as "ignoramuses, charlatans and quacks." Having then appointed himself and associates the custodians of Truth, he calls upon them to exact the "flat promise" from all who seek to become members of the legislature to support "any legislation emanating from the State Medical Association upon this matter." He then urges his confreres to be on hand at the conventions and primaries and also at the polls to look after their class interests.

If there were only medical doctors and osteopaths to deal with this might be a safe method of procedure, as the former greatly outnumber the latter. But fortunately the people must be reckoned with, and they have an innate sense of justice. The majority of them may want drugs when they are sick, but they will not stand for that bigotry and intolerance that would force their neighbors to employ a drug doctor when they prefer another kind. The people in this country are, in the last analysis, the source of power, and they demand fair play. Hence, such tactics as are being employed by the West Virginia medics will not terrify the people's representatives:

\* \* \* "I hope that every physician who gets this letter will consider himself a committee to call upon those in his county who are seeking nominations for the legislature, and learn how they stand on the enactment of laws to elevate the standards of knowledge of persons who seek to practice the healing art in this state, and secure a flat promise to favorably consider any legislation emanating from the State Medical Association bearing upon this matter. It is very necessary to impress upon them the fact that the organized societies in the state and counties are going to stand solid in the support of candidates whom we can depend upon, and to oppose those who are loose in their ideas and who are the suspected tools of the aforesaid ignoramuses, charlatans and quacks.

\* \* \* "The time for effectual work in which the whole profession can take a hand is in the nominations and the elections. So I earnestly appeal to you to be on the alert now, when nominating conventions and primaries are being held, and then during the campaign to find what nominees are favorable to our legislation."

We give the following extracts from a reply published by W. J. Seaman, D. O., Huntington, W. Va.:

"In answer to Dr. T. L. Barber, we wish to say that the medical profession in West Virginia seems to be divided into two classes. In the first class there are able and honorable men who would adorn any profession—men who sacrifice health, wealth and happiness in their devotion to the cause of suffering humanity. It appears that there are in the second class some who have not enough business to make a living and they hound legislatures recommending proscriptive legislative enactments "to regulate the practice of medicine," under the false pretense that said enactments are *pro bono publico*. \* \* What right has any body of men to prescribe another's choice as to what physician he or she shall employ, any more than to prescribe what church he or she shall attend? The right of choice is the strongest principle in the whole range of human action. The will of man as regards his own welfare is the most sacred right in all the realms of his physical existence. If there was but one man who wanted to employ an allopathic physician when sick, he ought to have that right, and so should any man or woman have the right to employ a physician of any other school of the healing art. The physician who would go to the legislature and ask for a law to drive his successful rival out of the field because he cannot compete with him should give up the practice of medicine, take Horace Greely's advice to young men to 'go west,' and go to farming."

If all selfishness were eliminated from the breasts of men, if the altruistic spirit were all pervasive, if the passion for the propagation of truth were in all cases paramount to the baser passions, if the time had come when the lion and the lamb, with safety to the latter, might lie down together, then we

might venture to hope that the time was at hand when sects in medicine might be obliterated, that amalgamation of the different schools of healing was possible. Unfortunately the signs of the times present indubitable proof that conditions are not ripe for this. At the present time representatives of the dominant school of medicine are asking state legislatures for such laws as would make it impossible for their competitors to exist. The world-old hostility of the established order of things to the advent of new ideas is still in evidence. New truth, then, as ever, must work out its salvation outside the organizations of the older orders. Happily, civilization has advanced to the point where the spirit of the law recognizes the fact that new truths, new ideas, new systems may be discovered, and guarantees them the right to develop their greatest potential benefits to humanity on equal terms with and free from the domination of older and antagonistic ideas and systems.

The one, ideal, perfect, science of medicine may in the far distant future come about through the voluntary elimination of error in existing systems, through evolutionary processes, but can never be reached by legal enactments designed to stifle the propagation of new ideas. Indeed, that desirable consummation can best be effected by just laws allowing each school to do its best according to its light. Possibly when the perfect science of medicine is evolved it will be found that we have approached quite closely that "one far off divine event toward which all creation moves."

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#### OSTEOPATHY IN VERMONT.

The following clipping from the Bradford (Vermont) Opinion was quite generally copied by the newspapers published in Vermont:

The osteopaths have caused to be introduced into the legislature a bill which places the practice of osteopathy on the same basis as the older schools of healing. It is a reasonable bill and one that will do much to give osteopathy the standing which the science and its practical results deserve. The bill seeks to make osteopathic practitioners comply with the same rules and regulations for the public's welfare that it demands of allopathists and homeopaths. This protects osteopaths against incompetent doctors and the public has a guarantee that those licensed for practice are up to the standard. It is an exact science, and there is no quackery, hypnotism, or faith healing about it. It goes about alleviating and curing diseases in a scientific way based upon the anatomy of the body and the condition of muscle, nerve and blood supply. Results from this theory of healing prove that the basis of the science is right. The bill does not ask any favors, however, it merely asks to be put under the same restrictions that pertain to medical science, and then let the people choose how they shall be doctored.

The bill to which the above refers has become a law. It provides for an osteopathic examining board, and that applicants for a license must be graduates of schools giving a three years' course of nine months each year.

The first board has been appointed as follows: W. W. Brock, Montpelier, three years; Guy E. Loudon, Burlington, two years; H. K. Sherburne, Rutland, one year.

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Some significance must be attached to the treatment accorded to osteopathy in Missouri, the state where it was cradled, where its largest institution of learning is located and where the greatest number of its practitioners reside. In this state, at the session of the legislature held two years ago, a bill creating a state board of osteopathic registration and examination became a law, absolutely without opposition. The bill was reported from the Committee on Public Health, a committee composed of four medical doctors and three laymen, with a unanimous recommendation that it pass. The President of



the state board of medical examiners said that osteopaths deserved the law and advised his friends in the legislature to vote for it. Every medical doctor in the house and senate voted for this bill.

This demonstrates one of two things—either that the medical men when brought into close contact with osteopathy respect its worth and are convinced that it is entitled to rank as an independent school of medicine, or that they are convinced that the people among whom it is practiced regard it so highly that opposition to its just recognition would be futile. Whichever alternative may be accepted as the correct one, it must be conceded that it is creditable to osteopathy.

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The time has come in the evolution of the science of osteopathy in its relation to the law when rigid educational tests, for those who may engage in its practice, should be applied. Naturally those tests should be prescribed, and examinations conducted, by boards created by law, and composed of competent practicing osteopaths.

In times past, when osteopathy was new, we had to content ourselves with statutory provisions which gave us merely the right to practice. But now after twelve years of demonstration of the merits of our science there should be no more need for temporizing. When legislatures understand that osteopaths are seeking to establish a higher standard and are the enemies of quackery and incompetency we believe they will be quick to grant our just demands. These measures are necessary, not so much or at least not alone, for the perfection of osteopathy, but in a greater degree for the protection of the public.

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If osteopathy is "a school of medicine," as the supreme court of Alabama has declared, and as seems probable from the definition of the word medicine, then there can be no discrimination against it. The late Judge Andrew Ellison has well stated the law of the case in these words:

"Judge Sherwood of our Missouri supreme court, in the eighty-third Missouri Report, at page 137, while sustaining the constitutionality of medical laws, expressly states that 'the discretionary power of the board does not extend to discriminating against any particular school or system of medicine, and should such distinction ever occur, the limits of discretionary power will have been passed.' I think I can with perfect safety assure you that in every state you will find the law to be about as above stated. Otherwise the supreme court of the United States would declare it unconstitutional and void."

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The announcement of the American School of Osteopathy, made through the *Journal of Osteopathy* for December, that after September, 1904, it would institute the three years' course of study, is one that will be hailed with delight by osteopaths and their friends everywhere. This unifies the profession on the question of advanced educational standards, as most of the other colleges are now maintaining the three years' course of study. We believe we are safe in saying that no other profession, certainly no other school of medicine, ever made such strides in educational matters in the first twelve years of its existence. The high educational plane which osteopathy now occupies affords another strong argument for such legal recognition as it asks.

It argues nothing against osteopathy that its practitioners are few in numbers as compared with medical doctors. Great truths have always had their birth in some one master mind, and been advanced by a few heroic souls. Majorities are not always right. The great Oliver Wendell Holmes, M. D., has said:

With us [the people of the United States] the majority is only the flower of the passing noon, and the minority is the bud which may open in the next morning's sun. We must be tolerant, for the thought which stammers on a single tongue today may organize itself in the growing consciousness of the times, and come back to us like the voice of the multitudinous waves of the ocean on the morrow.

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Judge Chester C. Cole, LL. D., ex-chief justice of the supreme court of Iowa, now lecturer on Medical Jurisprudence in the S. S. Still College of Osteopathy, Des Moines, closed an article written for the *Popular Osteopath* for February, 1899, with these words:

What osteopathy asks is a fair opportunity to present its merits; and it claims the right to such opportunity by reason of its past achievements. The writer of this lays no claim to special knowledge in connection with the science of osteopathy, but he feels, that in view of its history, it deserves fair treatment and should be awarded an open field for the manifestations of its usefulness.

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We are in hearty sympathy with those medical laws that have for their object a high standard of qualification for medical practitioners. It would be difficult to fix too high standard for those who deal in drugs and poisons. We are, however, unalterably opposed to those cunningly devised statutes which, by excluding the equally well qualified practitioners of other systems, have for their object the creation of a monopoly in the healing business.

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While we favor the utmost freedom in the practice of the healing arts, we believe that knowledge of certain fundamental subjects should be required of the practitioners of all systems. Further, that a knowledge of the therapeutics of the system a man proposes to practice should be insisted upon by the state. Intelligence, skill, *qualification* are the things required in a physician. Ignorance and charlatanism only should be proscribed.

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Who doubts that our friends, the medical doctors, would most strenuously object to being examined by a board composed exclusively of osteopaths as a prerequisite to being allowed to practice medicine? Is there any more justice in compelling osteopaths to pass an examination before a medical board as a condition precedent to practicing osteopathy?

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As soon as man has recognized that he has an aim, and that this aim is to be a man, he organizes his thoughts accordingly. Every mode of thinking, to understand or to judge, which does not make him stronger or better, he throws aside as unwholesome.—Rev. Charles Wagner.

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Osteopaths are as skilled in diagnosis as are their medical brethren. Hence the argument that the public health is endangered on account of the inability of, what the doctors are pleased to call, "irregular practitioners" to detect contagious diseases does not apply to them.

Much popular sentiment has recently been engendered against trusts, but how could a more stupendous monopoly be fastened by law upon the people of this country than by turning over all of the business of treating the sick to one school of medicine?

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“No question is ever settled until it is settled right.”

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### INDIANA OSTEOPATHIC SOCIETY.

The annual meeting of the Indiana Osteopathic Society was held at the Hotel Denison, Indianapolis, Ind., Nov. 11th last. Dr. Geo. Tull, President in the chair.

There was a lively discussion as to the advisability of instituting mandamus proceedings to compel the Indiana State Board of Medical Registration and Examination to examine osteopathic physicians and grant them certificates to practice. It was decided in the negative in view of the contemplated legislation this coming January.

The proposed bill for presentation to the legislature was then discussed and finally the following was adopted as the most wanted by the osteopaths of this state. That we be represented by an osteopathic physician on the present state Board of Medical Registration and Examination, that all in the state at the time of the passage of the bill be granted certificates without examination. That the requirements to obtain certificates after the passage of the bill, be, that applicants shall be examined in the following branches, to-wit: Anatomy, Physiology, Chemistry, Principles of Osteopathy, Theory and Practice of Osteopathy, Histology, Bacteriology, Neurology, Physical diagnosis and Medical Jurisprudence.

After the year 1908 all applicants must have had three years of study in a reputable osteopathic college, in good standing with the American Osteopathic Association, no two years of study given in any one twelve months.

The Society also named five persons, members of the Society, one of whom is to be appointed by the Governor as the additional member of the state board should the bill be passed.

The legislative committee was appointed as follows: Drs. Spaunhurst, O. E. Smith, Cathcart, McNicoll, E. C. Crow and Tull, with the officers of the Society as members ex-officio.

The Society also adopted a complete set of By-Laws and Constitution which will have an addendum in the shape of a roster of our members which is to be revised every year.

The next business of importance was the election of officers for the ensuing year, which is as follows: Frank H. Smith, President; J. B. Kinsinger, Vice-President; J. E. P. Holland, Secretary, and J. F. Spaunhurst, Treasurer.

The meeting was one of the most profitable of the Society and we feel that we have excellent prospects of having our bill passed which will make Indiana a state good for reputable osteopathic physicians.

J. E. P. HOLLAND, Secretary.

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### MEETING OF SAN FRANCISCO OSTEOPATHS.

The regular meeting of “the Osteopathic Society of San Francisco” was held Dec. 7, 1904, at the California College of Osteopathy, 1368, Geary street, with a large attendance.

The leading feature of the program was a lecture on “Diagnosis by Form” by S. F. Meacham, M. D., D. O., of Oakland. This lecture proved interesting and instructive, being the results of years of close observation and thorough study along original lines of investigation. Chemical demonstration of theories added much to the interest.

The enclosed resolutions were proposed by Agnes G. Madden, D. O., member of State Board of Osteopathic Examiners, and adopted without dissenting voice.

Yours very truly,

MARY V. STUART, D. O., Sec'y O. S. F.

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At the last meeting of the Denver Osteopathic Club, the following officers were elected:

President—N. A. Bolles, 1459 Ogden street, Denver.

First Vice-President—J. T. Bass, 1147 Broadway, Denver.

Second Vice-President—C. C. Reid, 308 Temple Court, Denver.

Secretary—M. A. Morrison, 705 East Seventeenth avenue, Denver.

Treasurer—G. W. Perrin, 1635 East Thirteenth avenue, Denver.

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The Tennessee Osteopathic Association will meet in annual session in Nashville on Jan. 21, 1905. Business of importance will be transacted and it is hoped there will be a large attendance. Drs. C. E. Still and A. G. Hildreth have promised to be present.

### A DINNER TO PRESIDENT M'CONNELL.

The American Osteopathic Association was honored through its President, Dr. McConnell, by a banquet given him at the St. Denis by the Greater New York Osteopathic Society, Dec. 17th. After the dinner followed some clever toasts leading up to an address by Dr. McConnell which deserves a place in the permanent literature of the profession. Before the dinner an informal reception was given Dr. and Mrs. McConnell, nearly 100 being present from Massachusetts, Connecticut, Pennsylvania, New Jersey, Ohio and New York. The program is given below:

#### TOASTS.

- Charles C. Teall—Toastmaster.  
 R. M. Coborn—Invocation.  
 Charles Hazzard—Some things to be thankful for.  
 "Count yo' marcies."  
 —Aunt Chloe, Uncle Tom's Cabin.
- Ada A. Achorn—The Emersonian Osteopathist.  
 "There are more things in heaven and earth, Horatio,  
 than are dreamt of in your philosophy."  
 —Hamlet, Act 1, Scene v.
- Hardy W. Carlisle—Does the 'skeeter cause malaria or malaria cause the 'skeeter?  
 "The pestilence that walketh in darkness  
 the destruction that wasteth at noonday."  
 —Psalm xci-vi.
- Helena Ferris Smith—The Anatomical Wedding.  
 "An amazing marriage."  
 —George Merideth.
- Carl P. McConnell—The Limitations of the Osteopathist.  
 "Every tub must stand on it's own bottom."  
 —Bunyan's Pilgrim's Progress.

### Seventh Annual Meeting of the Ohio Osteopathic Society, Chittenden Hotel, Columbus, Ohio, January 7, 1905.

#### PROGRAM.

##### MORNING.

- 10:00—Reports.  
 10:30—Obstetrics—Dr. E. H. Cosner, Upper Sandusky. Discussion opened by Dr. H. E. Worstell, Canton.  
 11:00—Goitre—Dr. Jennie B. Neal, Cleveland. Discussion opened by Dr. Effie B. Koontz, London.  
 11:30—Marasmus—Dr. Clara J. R. Rhotehamel, Lancaster. Discussion general.

##### AFTERNOON.

- 1:00—President's Address. Dr. J. F. Bumpus, East Liverpool.  
 1:30—Neurosis of Hip—Dr. E. R. Liffing, Mansfield. Discussion general.  
 2:00—Address and Clinic, Spinal Curvatures and Lesions—Dr. Harry W. Forbes, Des Moines, Iowa. Professor of Symptomatology and Practice of Osteopathy. Still College of Osteopathy.  
 4:00—Election of Officers—Selection of Member Osteopathic Examining Committee.  
 7:30—Address. Preventive Medicine—Dr. C. P. McConnell, Chicago, Ill., President American Osteopathic Association.

M. F. HULETT, Secretary.

The true reformer will not only hate evil, but will earnestly endeavor to fill its place with good.—C. Simmons.

A man is called selfish not for pursuing his own good, but for neglecting his neighbor's.—Whately.

Slumber not in the tents of your fathers. The world is advancing. Advance with it.—Mazzini.

"Thrice armed is he who hath his quarrel just."

## NEW STATE ASSOCIATIONS.

**North Dakota.**

The osteopaths of North Dakota effected an organization by mail Dec. 1, 1904. Three-fourths of the osteopathic practitioners of the state are active members. Helen de Lendrecie, Fargo, is president, and Orr Sanders, Grand Forks, secretary.

**Wyoming.**

The Wyoming Osteopathic Association was organized about Dec. 1, with F. I. Furry and G. H. Buffum, both of Cheyenne, as President and Secretary, respectively. The Osteopaths of Wyoming are "few and far between" and deserve the greater credit for their determination to maintain an effective organization.

**REMOVALS.**

R. B. Wood, Glasgow, Mo., to Colorado Springs, Colo.  
 G. Edgar Hodge, Glenwood, Minn., to Rome, N. Y.  
 Edgar D. Heist, Buffalo, N. Y., to 67 James St. South, Hamilton, Ont.  
 W. Stanley Jones, York, Pa., to 903 H St. N. W., Washington, D. C.  
 Geo. T. Monroe, Buffalo, N. Y., to Warsaw, N. Y.  
 F. E. Gamble, Bloomfield, Neb., to Wayne, Neb.  
 Nellie A. Allen, 1009 Sutter St., to Starr-King Bldg, San Francisco, Cal.  
 Louise C. Heilbron, Sacramento, to 826 Sutter St., San Francisco, Cal.  
 Grace Estella Hain, Portland, Ore., to Stockton, Cal.

**NEW MEMBERS.**

The following have been elected to membership in the A. O. A during the past month:

C. E. Bennett, 201 Thiesen building, Pensacola, Fla.  
 Irving Colby, 58 Bight street, Westerly, R. I.  
 Junaita Edmondson, 206 Levy building, Galveston, Tex.  
 J. E. Donahue, 1030 Myrtle street, Oakland, Calif.  
 Mary E. Hale, 2003 First street, Baker City, Ore.  
 Charles N. Miller, 1584 Market street, San Francisco, Calif.  
 Walter Rhodes, 206 Levy building, Galveston, Tex.  
 Catherine Lloyd Oliver, 504 Mendocino street, Santa Rosa, Calif.  
 W. Miles Williams, Willcox buildings, Nashville, Tenn.  
 Daisy Deane Rieger, 400 Villiard avenue, Red Lodge, Mont.  
 Ada B. Sisson, Fourth and B streets, Santa Rosa, Calif.  
 Mary J. Smith, 320 Central avenue, Hot Springs, Ark.  
 Amos E. Werkheiser, 94 S. First street, San Jose, Calif.  
 W. Miles Williams, Willcox building, Nashville, Tenn.

**REINSTATED.**

E. C. Pickler, 409 Dayton building, Minneapolis, Minn.  
 H. S. Bunting, 171 Washington street, Chicago, Ill.

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**MRS. ADA A. ACHORN, D. O.**

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MARY V. STUART, D. O.

Corresponding Secretary.

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# The Journal

of

## The American Osteopathic Association

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No. 6

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### HAS OSTEOPATHY A RIGHT TO EXIST?

\*Read before the A. O. A. at St. Louis, Mo., on "Osteopathic Day."

By ARTHUR STILL CRAIG, D. O., Iowa City, Iowa.

My only apology for selecting this line of thought, instead of presenting a treatise on the principles or theory of osteopathy, is that of the scientific explorer who delays his notes and descriptions of important discoveries until he has first taken his exact latitude and longitude that these discoveries may be properly located and recorded. It is just as important that we should have an exact conception of the bearings of osteopathy.

Our title submits no idle question, nor is the answer so patent as some may suppose. We cannot remain sophomores. The day of vain boasting and hostile ranting at the medical bigot must pass. If we are to be scientists let us use introspection with the calm, cold and impartial eye of the scientist. What is our real place in society? Can we define it for others or to our own satisfaction? Is osteopathy as a separate school worthy of existence? Or, in a word, is there room for sectarianism? Many lay scientific men and broad and educated physicians as well, even while granting much good accomplished and many cures effected by our system, answer emphatically in the negative. Neither is this the result of prejudice, but of careful reasoning.

I requested certain leading science professors in one of our great universities to sign a petition relative to the appointment of an osteopathic member to the State Board of Health. They could not conscientiously do so. Osteopathy might be all right, they knew nothing to the contrary, but they did not believe in sectarianism. There are no sects or occasion for sects in geology or mathematics, why should we not have a simple unified science of medicine as we have of these.

Some years since, when osteopathy was much less known, I incidentally remarked to a leading medical author and authority, with whose name every osteopathic physician is familiar, that I was an osteopath. He said with a very paternal air and with something of pity for the youth so sadly led astray: "Young man, come out into science. I have heard of osteopathy, but

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\*This paper was entered in the A. O. A. prize essay contest for 1904, and won for its author the gold medal offered by the association for the best essay along osteopathic lines.

trouble and an absolute cure for each one was the result. I think all will agree that this individual was a little over-zealous in his statement.

We should be at least honest with our profession and ourselves when reporting cases. True, some practitioners are much more successful than others. One man's skill is no standard of judgment for another, but no one can do the impossible.

#### THE CAUSE OF VALVULAR LESIONS.

It is well known that the larger percentage of valvular lesions are the result of either acute or chronic endocarditis. Thus rheumatism stands foremost as a cause of valvular defects. Then alcoholism and overeating (through introducing irritating influences in the blood, or by causing rheumatism, gout and allied diseases) are important etiological considerations. Nephritis and syphilis are considered among the causative factors. Also, chronic endarteritis extending from the aorta to the valves, resulting in thickening and degeneration of the tissue, may be an insidious source of valve disease.

Of special interest to the osteopathic practitioner as a potent cause, for the reason that his treatment is so effective, is continued muscular strain as seen in athletes and laborers. The heart muscle itself may be strained, particularly the valve leaflets and the tissues about the valve, which effect often terminates in valvular leakage. In addition the orifices of the valve openings may become stretched and distorted through strain superinduced by prolonged exertion, by flabbiness of heart tissue, and by dilatation of the ventricles. In these latter cases it is seen that the leaflets of the valves may remain intact but still they are unable to stretch completely across the opening.

With the above condition it is readily noted that thickening, curling and adhesions will take place where inflammation attacks the valves and contiguous tissues, and following these limy infiltration and fatty degeneration may be a consequence.

Thickening and hyperplasia is an immediate consequent of connective tissue overgrowth; and especially is chronic endarteritis accompanied with atheromatous and calcareous degeneration. Thickening at times is only slight whence the function of valves is not impaired.

In curling or retraction there occurs a shrinkage of the hypertrophic or hyperplastic tissues. This condition is very apt to become permanent.

Adhesions of the valve leaflets is a self-evident condition. It is well to note here that in acute and chronic endocarditis some part of the fibrous valve ruptures or is lacerated or eroded from strong and rapid heart action; the laceration or rupture or erosion always occurs at the point of maximum contact. Thus the eroded surface allows an opportunity for the rheumatic or septic micro-organisms to lodge, multiply and grow; and hence adhesions result. Carefully applied osteopathic methods are very efficacious in impending acute heart disturbances, and this without doubt is the reason why so many of our rheumatic cases get well without any heart affections. Keeping the heart quieted and slowed prevents the strong and rapid action and thus lessens the probability of lacerations, ruptures and erosions of the valve tissues.

Calcification and atheroma, as has been mentioned, may follow the above diseased processes. The calcification is sometimes so marked as to be of the character of a bony ring.

The question arises here, What effect have osteopathic lesions as direct



causative factors in valvulitis? It appears reasonable that the heart is not exempt from the influences of the vertebrae and rib mal-adjustments. Furthermore, clinical experience has abundantly proven that the heart tissues are affected by these lesions in the same manner as any tissue or organ is affected. Again, osteopathic dissection reveals direct nervous connection from the upper dorsal spinal ganglia to the heart ganglia.

No one will question that the integrity of heart function and life are dependent upon normal coronary artery supply, upon vaso-motor equilibrium, and upon motor control. All of these functions are influenced by the status of cervical vertebrae, upper dorsal vertebrae and rib relations. Just what the pathological affection is when these anatomical parts are disturbed is beyond us until more careful dissection and experimentation have taken place. How cervical and dorsal sympathetics, vaso-motor and motor nerves with their spinal connections, vagi, and phrenic are so disturbed as to involve valvular parts and induce inflammation is a problem for us to investigate. Through analagous reasoning from other organic ailments and through the fact that osteopathic therapeutics corrects heart lesions we know in a general way that the correction of osteopathic lesions decidedly influences the heart.

Two well known physiological facts relative to the heart are: first, the heart increases in size up to adult life, and, second, the heart muscle can actually be increased in size. This latter fact occurs in physical development and training. A heart that is weak and flabby can be increased in strength, tone and size. This helps us to understand how certain strains and distortions of the heart with consequent valvular lesions may be corrected through rest, exercise and treatment; somewhat analagous to the correction of an atonic, prelapsd and dilated stomach. Then it, also, seems probable that disturbed innervation and blood supply to heart areas or to the heart as a whole would predispose to congestions, inflammations and degenerations whereby rheumatism, septic states, etc., and muscular strains would act only as exciting causes, not true causes.

No one is going to expect that thickened, retracted, adhered, or ruptured valves are to be made anatomically correct. But the right treatment will certainly reduce the morbid state to the minimum. Then there are cases where our physicians have eliminated all murmurs when specialists stated the disease was incurable, showing that it is impossible by signs and symptoms to always diagnose the morbid tissue state, only resulting effects of size and of leakage are definitely revealed by auscultation and percussion. Hence there is a class of valvular diseases that can be successfully treted by osteopathic measures, which cases if left to terminate under drug medication will reveal by post-mortem the pathological signs of valvular heart disease.

#### MITRAL REGURGITATION.

Mitral regurgitation is a leakage of blood from the left ventricle through the mitral valves into the left auricle. The opening of the valve may be distorted, or the valve leaflets thickened, rigid, or retracted, thus allowing an escape or reflux of blood from ventricle into auricle. The tendinous cords may also be thickened and adhered with consequent prevention of free action.

By a forcing back of a portion of the blood from ventricle to auricle and at the same time the pulmonic veins are emptying into the auricle an over-distention of the auricle takes place. The auricle, then, from the extra

amount of work required becomes hypertrophied and dilated. There may be no noticeable symptoms at first. Later on shortness of breath, cough, irregularity of heart's action, indigestion, liver congestion, and so on will occur.

The apex-beat is forcible and downward to the left. Of course the area of dullness is to the right and left. There is a systolic murmur in the mitral area, which is transmitted to the left axilla.

Every practitioner should understand the mechanism of this most frequent valvular lesion. Following hypertrophy and dilatation of left auricle the reflux may be so excessive that a residue remains. The auricle not being able to handle all the blood stasis of the pulmonary vessels takes place, and pulmonary edema and hydrothorax are sequelae. Then comes dilatation of right ventricle and back pressure on tricuspid valves and right auricle. The veins throughout the body become turgescient, and the liver is apt to be indurated.

Before the breaking down of the left heart compensation, osteopathic methods, as all know, are effective in maintaining balance. Even after the lungs begin to be affected careful and thorough treatment will result for good, and in cases of general venous sluggishness treatment generally, particularly to liver, bowels and limbs, will materially help in slowing the downward course of the disease.

#### MITRAL STENOSIS.

In stenosis there is a narrowing or constriction of the valve opening. Thus in mitral stenosis the free flow of blood from left auricle to ventricle is hindered.

The cusps are usually thickened, rigid and adhered. The valve opening may be so stenosed as to be but a narrow slit. In all cases stenosis is a structural defect. It cannot occur by strains as regurgitative effects sometimes result.

The symptoms of mitral stenosis are practically the same as those of mitral regurgitation, owing to similar effects upon the circulation.

Under physical signs we find the apex-beat is only slightly displaced. Palpation will reveal near the apex a rough presystolic thrill. The increased area of dullness is to the right. There is an abruptly terminating, rough, presystolic murmur.

#### AORTIC REGURGITATION.

Aortic regurgitation is a reflux of blood from aorta to left ventricle following ventricular systole. This is considered the most serious of the valvular diseases. The valve opening is either too large so the valve leaflets do not fit tightly or the segments themselves are thickened and retracted. Structural defects of the aortic valves are largely of the same character as diseases of the mitral valves.

The regurgitation first causes dilatation of the left ventricle. This is followed by hypertrophy. If the mitral valve holds intact no further effects result. But if the mitral valve is diseased or becomes incompetent from the dilated ventricle the same morbid states follow as was noted under mitral regurgitation.

There is a forcible apex-beat displaced downward to the left. The in-

creased dullness is to the left. There is a long, loud diastolic murmur. The well known "water-hammer" pulse is felt.

#### AORTIC STENOSIS.

Aortic stenosis indicates a narrowing of the aortic orifice. It is a structural defect. The free flow of blood is obstructed from the left ventricle into the aorta.

Aortic stenosis is much less frequent than regurgitation. Aortic stenosis and regurgitation are very apt to be associated. The beat is commonly forcible, and the increased area of dullness to the left. There is a systolic murmur heard best at the right second interspace, which is conducted into both carotid arteries.

#### TRICUSPID REGURGITATION.

Tricuspid regurgitation is the most common valvular lesion affecting the right heart. It is rare as a primary lesion. The affection may be of a structural character, or functional.

Hypertrophy of the right ventricle occurs after the manner of left ventricle hypertrophy in mitral regurgitation. The sequelae of venous turgescence follow, also, in the same way as was given under mitral lesions. It may be well to state that tricuspid regurgitation rarely exists independently of some other cardiac or pulmonary ailments.

The apex-beat is diffused toward the epigastrium. Increased cardiac dullness is toward the right. There is a systolic murmur, which is heard best just above the xiphoid cartilage. The jugular vein pulsates; in severe cases there is pulsation of the liver.

Osteopathic treatment is usually effective in relieving the engorgement of the veins and particularly in reducing liver congestion.

#### TRICUSPID STENOSIS.

This affection is said to be the most rare of valvular lesions. Thickening, obstruction and adhesions from endocarditis causes the stenosis. Like in other lesions of the heart there is a congenital form. There is pre-systolic murmur heard best at the xiphoid cartilage. The pulse is small and weak.

#### PULMONARY REGURGITATION.

This is another rare lesion, and is seldom met with in a simple form.

There is forcible pulsation in the epigastrium. Increased cardiac dullness is downward. There is a diastolic murmur heard most distinctly at left second intercostal space.

#### PULMONARY STENOSIS.

Another rare lesion. The effect of this lesion on the right ventricle is the same as that of aortic stenosis on the left. The congenital lesion is apt to occur with a patulous foramen ovale.

There is a systolic murmur heard best at the second intercostal space on the left. Many systolic murmurs heard over the pulmonary opening are functional.

#### COMBINED VALVULAR LESIONS.

When the valves are diseased at the same time the terms combined or associated are employed. This is a very common occurrence. Two, three or all

of the valves may be affected at one time. Stenosis and regurgitation at the same orifice is the most common association of any two valvular lesions. When there is a joint affection of two or more valves the aortic and mitral are most commonly associated, then mitral and tricuspid, then aortic, mitral and tricuspid.

#### PROGNOSIS AND TREATMENT OF VALVULAR DISEASES.

It is impossible to outline with exactness either prognosis or treatment of heart lesions. Our profession has had considerable experience with these diseases, but I find the individual practitioner has done very little systematizing of his cases, so that mere tentative outlines only can be given.

All will agree that the character of the lesion is the first consideration, and before case records of these cases can be of any scientific benefit whatsoever we must look well to the nature of the valvular leakage or obstruction and note precisely what effects our therapeutics have. Perhaps of greatest consideration in the matter of prognosis is to what extent has compensation been maintained. We know that compensation may be perfect, that hypertrophy and dilatation are balancing the valvular defect so thoroughly that even the patient is not aware of a heart lesion. As soon as compensation begins to fail, when palpitation, irregularity of pulse, dyspnoea, oedema, etc., appear, we know that our treatment should pass from the realm of the defensive to that of the offensive. Then when compensation fails still more, prognosis and treatment must necessarily be changed according to the increasing gravity.

In our osteopathic work we should never forget that the condition of the lesion may be greatly influenced by environment. Habits, occupation and general daily life may affect the heart ailment for good or bad. Thus in prognosis we have three features in particular to note: character of heart lesion, extent of systemic involvement, and environment. In the immediate prognosis, the extent of general venous stasis, if any, is of great importance. In other words, the gravity of the complications is of first consideration.

Aortic regurgitation is ranked by heart specialists as the most serious lesion. Aortic stenosis is a grave lesion but not so serious as aortic regurgitation. It is often stated that the character of the lesion is not of so much consequence as the extent of involvement the lesion has engendered. Mitral stenosis is more grave than mitral regurgitation. Right side heart lesions are usually relative, and, naturally, when the right heart is diseased from extension of the ailment from the left side the situation is serious.

In our treatment the first point indicated is to improve if possible the integrity of heart muscle and lessen the valvular defects if such can be done. Owing to a dearth of statistics it is impossible to state to what extent improvement in organic lesions has been accomplished. Very likely if we had statistics and no post-mortem findings we would still be in the dark as to much of our work. This much is positive, osteopaths have time and again apparently cured grave valvular lesions; cases that eminent specialists diagnosed as absolutely organic lesions. Our practitioners have eliminated the murmurs, reduced the size of the heart, and removed any and all systemic symptoms. These patients are well, have been well for years, and are leading active lives. But were these cases suffering from organic lesions? No doubt there was valvular leakage, hypertrophy and dilatation, but was the valve defect a functional one? In other words, was it due to strain and distortion? In all

probability the patients' days were numbered and post-mortem would have shown a grave lesion and quite likely more or less organic changes.

Does it not seem likely functional lesions may terminate in organic lesions? Through continued stretching of the valves and their immediate tissues fatty degeneration may take place, the same as fatty degeneration of the heart muscle occurring in dilatation of the chambers. If we can remedy functional lesions through specific work upon nerve centres and fibres, why cannot we influence organic lesions and at least reduce the gravity to a minimum? We know functional diseases of the heart as palpitation, rapid heart, slow heart, etc., can be corrected, and from all indications functional valvular leakages are generally easily and quickly remedied; it is then only a step farther to affect truly organic lesions. The same valves, the same nerves, and the same osteopathic lesions are noted. Then it is only a continuation of the same process from functional disease to organic disease. Indeed, no one is able to draw a line between the two. Perhaps, as was intimated near the beginning of this article, careful osteopathic treatment in rheumatism and other diseases that are apt to predispose to heart affections will keep the heart so strong functionally and organically that resulting valvular lesions are not nearly so likely. The heart can be treated and controlled as any tissue or organ; it certainly stands to reason osteopathic therapeutics are rational in both preventing and curing valvular lesions. The M. D. gives his drugs with the hope of maintaining heart muscle integrity, of lessening a too forceful beat, of increasing waning power, of promoting general circulation, of preventing and lessening complications. We can do the same thing with our methods, even more effectually and with no probability of harmful effects.

It would appear there are at least two ways in which organic lesions may develop. First, as stated above, through functional distortion. The normal heart muscle being strained from severe exercise, or a weak, flabby, or disused heart muscle being overtaxed by ordinary exercise. Here it will be seen that in the first instance immediate rest would probably correct the weakness; in the second, rest and general building up of the body if the atonic heart muscle resulted from some debilitating disease. If from local causes correction of specific osteopathic lesion should be effective.

Secondly, through strong and rapid heart action the valves are ruptured or lacerated, always at the point of maximum contact, and thus presents a favorable surface to micro-organisms.

Owing to the valves being a reduplication of the endocardium they have no muscles or blood vessels so that in functional leakages inflammation does not play a part, hence a possibility of degeneration occurring from excessive stretching.

The large majority of osteopathic lesions are unquestionably found in the upper five dorsal vertebrae and the first five or six ribs on the left side, although cervical lesions in many instances play an important secondary if not the primary role. These mal-adjustments affect vaso-motor nerves to the heart, that is to coronary vessels, the dorsal and cervical symptoms, the vagi, and the phrenic. We are unable to state how these lesions disturb nerve conductivity except only what present anatomy and physiology teach us; but this does not explain fully. Osteopathic dissection must be the means to the end of the explanation. We have many clinical results but not the physiological knowledge as yet to support it.

The dropping down of the first rib as well as the clavicle interferes with

the large blood vessels, especially the subclavian, and causes increased resistance to the heart's action and probably a certain regurgitative effect. This regurgitative effect would also occur in cases of obstruction to the aorta by constriction of the diaphragm from a dropping of the floating ribs. To what extent this latter feature has been demonstrated I do not know.

In valvular diseases it is practical to divide them for treatment into, first, where the lesion is compensated; second, where compensation is incomplete; third, where compensation is lost. With all cases we should give consideration to environment, temperament, habits, food, clothing, exercise, etc. Often these secondary matters are of vital importance, especially when compensation is failing. The Schott method of treatment may be of some avail; this treatment, which is composed of a series of resistant exercises, tends to lessen peripheral resistance, develop heart muscle, and remove heart stasis.

Speaking in general, hypertrophy and dilatation follow valvular leakage as a secondary effect. It is a compensatory condition, and whenever compensation is failing there is naturally a breaking down of the structural tissues of the heart, that is, the muscular hypertrophy is losing in integrity. Our primary aim, then, should be to keep up the compensation which is represented in the hypertrophy, although there are cases that fail rapidly, especially in emphysema and cirrhosis of the lungs. Generally in hypertrophy and dilatation, there is a disproportion between the amount of work the heart has to do and its ability to do it. One of two things has occurred; there is an increased peripheral resistance or the volume of blood through the heart is abnormal in quantity.

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### THE OSTEOPATHIC EXAMINATION.

Presented to the A. O. A. at St. Louis, Mo., By GUY D. HULETT, D. O.

The subject assigned to me by our program committee was as it is printed on the official program. I wrote to the chairman of the committee and suggested that the subject was somewhat too broad to be properly dealt with in the allotted time and asked the permission of that committee to speak on the examination of the spine. On further consideration I deemed it advisable to still further limit the discussion to the diagnosis of the lesion.

Before proceeding with the discussion it would seem necessary to understand what is meant by the term lesion. I cannot consent that the older idea associated with it should still be maintained in our nomenclature, and hence in my discussion I mean by a lesion any structural perversion which by pressure produces, maintains, or aggravates functional perversion. Now I am a believer in the osseous lesion but I cannot conceive of an osseous lesion uncomplicated by positional or size disturbance in the associated tissues, such as ligaments and muscle. So in this discussion of the points it is necessary to note in the diagnosis of a lesion I assume the existence of disturbances of these several structures. In the examination of any part the complete diagnosis, except in the most obvious cases, cannot be made unless we examine that part both in a condition of functional activity and functional rest. If we examine the cervical region we must not only note the conditions with the patient erect but also with the patient in a horizontal position, for in each of these positions we will find appearances which are absent in the other. Among the several points to be noticed in our diagnosis I shall men-

tion the more important ones, and these will not be given necessarily in the order of time or importance.

The first to be suggested is what may be called gross functional disorder. Your patient comes to you and tells you his stomach troubles him. There is functional disorder of that organ. That immediately suggests to you that there is a probable lesion in the splanchnic area. I believe we ought always to examine the patient first in this subjective manner and allow him to indicate as to the probable organ involved rather than attempt to determine from the nature and position of the lesion itself the organ most likely involved. Experience has shown me and I think it has shown most of you that the latter attempt is associated with considerable possibility of error, and likely to result in an embarrassing situation to the osteopath.

After having determined then in this way the probable location of the spinal lesion we note the second of the points in diagnosis, and that is the attitude of the patient, his carriage, his general appearance and the like, which suggests to us again the probable situation of the lesion. One shoulder may be carried higher than the other—suggesting a spinal curvature. The head may be rotated somewhat, suggesting a contraction of the cervical muscles, probably the sterno-mastoid. These illustrations emphasize the general principle that Dr. Still has so often expressed, that the action of a part, the function, is normal to the existing structure. The latter itself may be abnormal, but in relation to it, the former is normal.

The third of the points to which I will direct your attention is the one which, unfortunately, perhaps, has been most emphasized in the past. There is the tendency especially on the part of the beginner to assume that every change in the positional relation of prominent land marks must be a lesion. But observation indicates that that change is in many instances no evidence whatever of such a lesion. It may be a normal variation. It is not at all uncommon to find the spinous process of a vertebra out of line with the adjacent spines. It is not unusual to find an apparent disturbance of the rib. In both of these cases the condition may be entirely normal, that is, they are simply variations in that particular individual, variations from the average condition. So common is this mistake that I am often inclined to assert that of the several evidences of the lesion this change in positional relation of parts is the most uncertain.

Another point to which attention should be directed in our diagnosis is the amplitude of movement of the part, which is closely associated with the one previously discussed. Just as in the complete dislocations recognized and fully discussed by surgeons, a greater or less immobility is produced, so in the lesser conditions of lesions with which the osteopath is so familiar there is a similar, though perhaps less marked change in the amount of movement, and this ought always to be noticed. The change in mobility usually noticed is a decrease, and is dependent upon one or more of several conditions. It may be an ankylosis, it may be muscular contracture, it may be thickened ligament. And in all probability in the average condition met with more than one of these several conditions may be present and each partly responsible for the condition.

A fourth point is that which is commonly spoken of as contracture. A better designation, especially in connection with the associated muscle tissue, would be, texture change. There is no question that in the contractures which the osteopath studies the condition is distinctly different from physi-

ologic contraction. It is a pathologic condition of the muscle, in which its texture is altered, the amount and nature of the fluid material is different, and hence there is present more than the mere shortening of the muscle fibers. Now we make use of these muscle and other soft tissue changes especially for the purpose of diagnosis, and not so much in treatment, for I have always insisted that the lesion is made up not of the cell but of intercellular tissue most typically represented in the lime deposits of bone and the more inert and supporting structures in connective tissues, and the supporting part of muscle tissue. The point is this, that the cell is self-regulating, self-adjusting, and hence our business is to deal not with that tissue, but with the non-self-adjusting tissues, such as the bone and ligament. Hence my insistence on ignoring, in large measure, the muscular contracture because muscle tissue is so largely composed of the self-regulative cells. The contracture then is made use of more essentially in the diagnosis of the nature and location of the lesion.

Another point to note in the diagnosis, and closely dependent upon the one last discussed, is the sensory change present, typically represented by the so-called sore spots, the discovery of which has made the osteopath famous. These sore spots are usually local and are distinctly different in their causation from the so-called conditions of referred pain of which the physiologists have much to say. They are caused principally by the local conditions of change in the situation, size, and chemical composition of the various tissues composing or closely associated with the lesion. I want to bring out one point in regard to the method of detecting these sore spots. Let me emphasize the fact that it is not at all difficult to produce a sore spot. Sufficient pressure in time or in intensity on any part of the body will produce pain, and because of that fact there is always the possibility of producing a sore spot when previously there was none present, and hence considerable possibility of error arises. In my own experience this difficulty can be in many cases largely eliminated by resorting to this method which has not been emphasized as much as its importance demands. All of you can demonstrate to your own satisfaction the value of the method. With the patient sitting flex the head upon the neck, the neck upon the chest, and the chest upon the abdomen, reinforcing the condition if necessary by pressure of the hand downward and forward upon the head. If there is a lesion anywhere in the spine from the occiput to the coccyx, and especially if it is a recent one, that lesion will be located by the sense of pain which becomes manifest on this maneuver. I have had repeated occasions to notice that pain can be brought out in this method where it was not elicited by pressure directly over the part.

Other methods for determining the lesion may be very briefly mentioned such as the change in temperature of the part, which may be either an increase or a decrease, and the change in color. In both of these, the condition depends probably upon the same factor, the lessened or increased amount of blood to the part. Of these several methods one or more will usually indicate changes that show the existence of a lesion. Among the more important I would speak of the positional change in land marks, texture changes in soft tissues, disturbances in mobility, and sensory disorders. The presence of two or three of these almost always indicates a lesion. The absence of all of them does not disprove its presence.

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Progress is the activity of today and the assurance of tomorrow.—Emerson.



## A DEMONSTRATION IN PHYSICAL DIAGNOSIS.

Before the A. O. A. at St. Louis by F. P. Young, M. D., D. O.

When I was assigned this subject, I had some doubt as to what you would want. You understand physical diagnosis comprises the method of examining the body and it must be made under circumstances which we do not have here. A physical examination could not be made under the present conditions, and furthermore, the subject is so broad that within the time allotted me, I can probably furnish but little of interest.

I will confine my statements to what I believe is the source of the most errors to the average practitioner. I will call your attention to it in the way which I believe will interest you.

To an osteopath, this physical examination presents features which are of especial interest, so this subject was divided between Dr. Hulett and myself, and yesterday you heard his discussion.

A physical examination as made by an osteopath is chiefly confined to inspection and palpation. That part of the physical examination which Dr. Hulett discussed, was for the purpose of determining the cause of disease as understood by the osteopath. My discussion will be directed toward the procedures adopted for the purpose of determining pathological conditions present; and I refer to the physical examination of the chest and abdomen and the orifices of the body for the purpose, not so much of determining the cause of disease, but to determine abnormal conditions present, which is of value to the practitioner since it will enable him to make a better diagnosis, also a more accurate prognosis, and lastly, under some circumstances, it may modify his treatment. A physical examination includes the following procedures, inspection, palpation, percussion, auscultation and succussion.

I believe most practitioners make a mistake in not making a thorough inspection of the patient. Too often they rush rapidly to a conclusion after making but a hurried examination, and therefore are liable to make an error in diagnosis. A physical examination, to be properly made, must be methodical and exhaustive. Certainly the patient is entitled to the best of the physician's ability, and also, the physician, obviously, is better enabled to make a diagnosis if he is in possession of all the information obtainable about the case at hand. Should the patient be able to walk, his gait, carriage, demeanor, habits, etc., should be noted. If he is confined to his bed, the position of the decubitus should be noted. The age of the patient should be ascertained likewise the *apparent* age.

Should the patient be but fifty years of age, certain conditions would indicate that he had but the resistance or recuperative power of a person eighty years of age. It is of the utmost importance to note whether there are any evidences of degeneration, or *arcus senilis*. The condition of the skin and of the sub-cutaneous tissues should be noted, likewise, whether there are evidences of diathesis, dyscrasia, or cachexia. The color of the skin should be noted; whether there is pallor, redness or cyanosis, also, whether there is pigmentation, such as bronzing, as in Addison's disease, or cloasma, as occurs in pregnancy. Pigmentation of the skin should be noted, such as occurs in icterus, also the condition of the sub-cutaneous tissues as in dropsical effusions. Should there be any trophic changes

present, these should be observed. The mucous membranes should be inspected to determine whether there is present a condition of anemia.

There are but few instruments which are of any value in making a physical examination. Probably the best of these is a phonendoscope. It is of advantage in assisting the ear in determining abnormal sounds emanating from diseased structures. The stethoscope, in many instances, is of doubtful value. We are reminded of this by a poem written by Dr. Oliver Wendell Holmes, "An Ode to a Stethoscope." Undoubtedly many of these instruments carry to the ear either modified sounds which originate in diseased structures or the sounds are so obliterated that errors may be made. Some of the instruments are of worth, but since they cannot always be at hand, it is good policy to have a well-trained ear. I often think there is nothing as good as a well trained ear, still, I use the phonendoscope quite extensively. In percussion, there are no instruments necessary except the hands. Sometimes practitioners enjoy using certain instruments for the purpose of making, possibly, an impression upon the patient. There is an instrument used called the plexor and pleximeter. This instrument is used by excellent physicians. Whenever I see a physician using one I cannot help but think he is a "knocker." Do not get it and do not use it. Percussion is made best by the mediate method above the clavicle, with the finger, using a wrist motion; by the immediate method, on other parts of the body.

I now present to you a Mr. Lewis, from whose heart emanates such delightful tones that he is said to have a musical heart. I wish to direct your attention to one important matter, and that is, that in heart disease it is not so much what you hear, but it is, whether there are evidences of incompetency. And if there is incompetency, under the conditions and circumstances present, whether you can establish competency.

You will observe this man holds in his hand a stethoscope. He makes a living with this instrument and his musical heart. Dr. A. T. Still often ridicules physical diagnosis. By percussing over the abdomen he obtains a flat sound indicating solidity, over the skull resonance, indicating emptiness. He uses that to emphasize the value of palpation and inspection in determining the cause of disease.

Upon listening I have been highly entertained by these musical sounds, and doubtless many of you have also been enraptured with it. But it is of far greater importance to determine the size of the heart, which can be easily done by palpation and percussion. You should know the location of the heart and be able to determine its outlines, which you can do without much difficulty by percussion; you likewise should note the apex beat, whether it is displaced, and also the point where you can best hear the murmur.

When you examine a patient, have him sit in a natural position as though he were resting.

You will note that this patient has a good chest, his skin has a good complexion and feels healthy. It is not rough, dry or oily. His conjunctiva indicates health. There is good circulation in his mouth as well as good circulation generally. He is well nourished. There is considerable sub-cutaneous fat. This fellow is obliged to nature and the accident which gave him a musical heart, as it enables him to make a good living. One interesting point for you to note on inspection is the displacement of the apex beat. The point of the apex of the heart is located an inch and a quarter below the nipple in the mammary line. I find a vigorous and strong impulse, and on

inspection I can see that it is abnormal, and after I have determined its size and the murmur, I palpate the pulse to note its rate and quality, whether it is soft or thready, or whether it is full and bounding. I also observe the force of the pulse by having the patient hold his hand over his head in this position. After you have noted that, you will observe the character of the circulation. In this man you would expect it to be good because he is in a healthy condition. Having walked up here and not being abnormal, shows that he is healthy. His breathing is natural. In most of these heart cases you will find that after a patient walks up a flight of stairs, there is labored breathing. After you have determined whether there is an enlargement of the heart and noted the murmur, you should determine which sound of the heart is masked. The first sound of the heart is best heard in the fifth left interspace in the mammary line, the second sound of the heart is best heard in the second right interspace at the margin of the sternum. Proceeding in this way, ladies and gentlemen, you are able to make a diagnosis.

This is the way I would make a physical examination. I would not depend upon a stethoscope. Learn to cultivate your ear just the same as you would your eye in looking through a microscope. Unusual motions of the body and the manipulation of the instrument will produce noises which will be carried to the ear. These serve to disconcert the inexperienced.

There is another point to which I wish to direct your attention; in the inspection of the abdomen which is often sensitive, do not proceed with the ends of your fingers. If your hands are hard they can be made soft by washing in warm water. Do not push in this manner, for you will instantly cause the muscles to contract and you will be unable to palpate the organs. The essential thing is to know the positions of the organs and how to outline them.

You should note that between the stomach and the umbilicus lies the transverse colon, and that on each side in the lumbar region you have the kidneys and the ascending and descending colon. In all cases you must have some idea what you are examining for. Do not overlook anything. If there is an enlargement of the abdomen it should be noted, and in what segment of the abdomen it is located.

Tumors arising coincident with pregnancy are very difficult to diagnose.

I will cite a case of a lady who had been tapped more than two hundred and fifty times, and an average of five gallons of fluid extracted each time. When I saw the case she had just been tapped and inspection was almost negative. After the abdomen became distended I told her I believed she had an ovarian cyst. She had been treated for ascites. If the physician had simply looked at the abdomen and noted where the enlargement was, and where the fluid was he would not have made the mistake. We are more apt to overlook the minute things than the larger ones. Tapping in the case of the ovarian cyst caused death since the tumor cells became extravasated in the peritoneal cavity and hundreds of little tumors developed in all parts of the peritoneum.

Relief could have been given in her case by an operation. If it had been noted that the enlargement stood out with the dullness in the center, surrounded by an area of resonance, a mistake would not have been made.

In ascites the dullness is in the flanks and the resonance is in the middle line. When the patient sits up the resonance is above and the dullness below,

the intestines have gas in them and float on top of the liquid. A little care will enable the physician to make a proper diagnosis.

I regret that my remarks have been made more or less haphazard, yet I trust they may have contained some few suggestions which will be of use to you in your practice.

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### GALLSTONES.

\*A Clinic conducted before the A. O. A. at St. Louis,  
By E. M. DOWNING, D. O., York, Pa.

In view of the fact that gallstones vary from the size of a pinhead to the immense concretions that equal a goose-egg in proportions; in view of the fact that depositions are found in the hepatic ducts, the gall bladder, the cystic duct and the common duct; in view of the fact that the autopsy and the dissecting room reveal gallstones the presence of which was never made known in any manner during life; in view of the fact that biliary colic may be due to other causes than the movement of a stone, and the symptoms accompanying it may so closely resemble those of various other diseases as to make a positive diagnosis at times a matter of extreme difficulty; in view of the various factors which enter into the etiology of the disease, considered both osteopathically and from the medical standpoint; in view of the difference in the mode of treatment made necessary by the several locations the stone may occupy, and the difference in dealing with single and multiple stones; in view of the gravity of the sequelae that may result:—with all of these considerations in mind, I may say that in discussing gallstone disease we have no simple question before us. Indeed to attempt anything like a scientific discussion of the subject is a task which I approach with a candid confession of incompetence.

I shall make no effort to follow the usual time-honored lines, but will present what thoughts I have to offer without regard to orderly sequence.

Leaving out of consideration for the moment the osseous lesion as the original cause of derangements of hepatic, splenic and pancreatic functions, let us see how such derangements may favor the formation of calculi. Without discussing bacteriological factors it may be said that it is highly probable that the spleen (as has been stated) is frequently responsible for these deposits. By the disintegration of the red corpuscles which takes place in its substance the spleen sets free the haemoglobin, which is converted by the liver into bilirubin. Since bilirubin and biliverdin, a product of the oxidation of bilirubin, are both common constituents of gallstones, it is not impossible that splenic activity, or rather, the lack of it, is more or less directly connected with the formation of these stones.

I am not at all sure that the pancreas can be charged with the initial functional disturbance that eventually results in these concretions. It is much more likely to become diseased because of existing stones. However, I will quote Hazzard: "According to Dr. A. T. Still the lesion of the 6th to 10th left ribs, found in cases of gallstones, is obstructing pancreatic secretions. These, he says, dissolve gallstones. They are absorbed from the intestines by

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\*Dr. Asa Willard, Missoula, Montana, who was to have conducted this clinic, was unavoidably detained at home, hence it was conducted by Dr. Downing, who was on the program to discuss the subject.—Ed.

the lacteals and carried by them into the portal circulation, and thus to the liver as portal blood, where they may influence the secretion of bile, and mingling with the latter as a constituent of the bile, act upon stones already formed."

As the four ferments of the pancreatic juice undergo chemical change after entering the duodenum before absorption by the lacteals, it would be difficult to prove their effectiveness in dissolving calculi. But considering the similar functions of the bile and pancreatic juice, and the relations, the common blood and nerve supply and the general inter-dependence of the pancreas and the bile-secreting apparatus, we perceive the importance of pancreatic perfection if we would have freedom from biliary troubles.

Gastric and duodenal catarrhal disorders, by extension of catarrhal inflammation into the common duct and thence to the gall bladder, may cause the precipitation of cholesterin about a nidus of epithelial shreds, and thus form a stone. Or duodenal catarrh, affecting the papilla forming the orifice of the common duct, may reduce the lumen of the duct or entirely occlude it, thus favoring gallstone formation, as well as catarrhal jaundice.

It is reasonable to conclude that the chief cause, functionally, of gallstones is in the liver itself. It may be from altered metabolism following infectious diseases. In other cases tight lacing causes a stagnation of the bile, resulting in decomposition of the cholate of sodium which holds the cholesterin in solution. Sex and general constitutional factors must be considered, as sedentary habits, constipation, obesity, habitual ingestion of an excess of fatty or saccharine foods, child-bearing and improper wearing apparel.

Bollinger says: "Gallstones are found in about 7 per cent. of all adult persons; in five women to two men. Corset liver and gallstones coincide in from 33 per cent. to 40 per cent. of women suffering from cholelithiasis. At the age between 30 and 60 years gallstones are twice as frequent, and after the sixtieth year six times as frequent as between 15 and 30 years; of women over 60 years old from 25 per cent. to 30 per cent. are affected with gallstones. In the majority of cases gallstones are discovered accidentally at the autopsy, they having caused no symptoms in the patient."

In approaching the cause of gallstone formation from the viewpoint of the osseous-lesion osteopath one very evident fact confronts us. This is, that such lesions as are usually found in gallstone cases are identical with those of a number of diseases of the digestive organs, viz.: vertebral and costal lesions, eighth to twelfth, inclusive, and lesions affecting the vagi near their central terminations. Why is it that in some cases presenting these lesions we find a disordered liver, in some gastric or intestinal disturbances, in others disease of the pancreas, and in still others gallstones? Does not this fact argue against the specific osteopathic lesion philosophy? By no means. With the exception that terminal filaments of the left vagus reach the liver, and those from the right supply the other organs in question, the nerve supply is the same, the celiac plexus being the immediate source. Given such a lesion as has been mentioned, what then determines the specific nature of the resultant common spinal lesion, is largely on account of heredity, sex, constitution or lesion." I would say rather, some secondary lesion, perhaps, not distinguishable by palpation or other means known to us, but determining the character of the functional disturbance. But more probably, and in my judgment almost certainly, the predisposition to one or another disease induced by a common spinal lesion, is largely on account of heredity, sex, constitution or

habit, as above enumerated. In general, the same rule applies in other spinal lesions.

Some unbeliever asks: "If spinal lesion is responsible for these conditions, why do they not all prevail in all cases where the lesions are apparently similar?" I would answer like this: When by some predisposition or secondary lesion the effect of a primary spinal lesion is manifested in a certain organ, the burden of the results of the primary lesion is sustained by that organ, nature's law of compensation maintaining so far as possible the equilibrium of the related structures.

In considering diagnosis we must remember that gallstones may exist for years with absolutely no symptoms; that usually symptoms are present only after a stone has migrated to the cystic or common duct; that it is easy to confound the symptoms with those of gastric ulcer, appendicitis, renal colic, pancreatitis, duodenitis, inflammation of the portal vein, intestinal obstruction, or hepatic abscess; and that serious complications may arise, as cholangitis, peritonitis, and cancer.

Biliary colic may be caused by flexion of the gall-bladder at about its middle, with no stones present. The symptoms are identical with those of gallstones, and judgment must be exercised in treating it. It is, however, distinctly a condition for osteopathic treatment, and the adhesions which are generally present may be broken up by careful direct manipulation. With adherence, the pain is likely to be greater after meals, the drag of the full stomach increasing the flexion.

The fact that we have within a space that may be covered by the palm of the hand so many organs or parts of organs which may occasion very similar symptoms, makes it of prime importance that points in differential diagnosis be carefully considered. Within a radius of about two inches from the tip of the ninth costal cartilage,—at its junction with the rib,—we have the pyloric end of the stomach, the first two-thirds of the duodenum, the head of the pancreas, a portion of the liver, the transverse colon, the right kidney (especially if movable), and the gall-bladder and ducts, besides nerves and vessels. Disease in any of these viscera produces symptoms some of which are common to all. Small wonder that errors in diagnosis are sometimes made! I never could account, however, for an error made in the case of one of my gallstone patients. Some years previously an oophorohysterectomy had been performed, but the symptoms persisted after the operation the same as before, so another diagnosis was made, this time of gallstones, which was unmistakably correct. Here was a case in which the uterus and adnexa had been sacrificed without adequate reason, if indeed any reason existed.

By a careful rule of elimination a certain diagnosis is possible in most cases. The character of the pain, the direction of its extension, times when present with reference to eating, and its duration, must all be noted. If gallstones have been found in the faeces a positive diagnosis is, of course, established. Without such observations the symptoms must be the guide, and they may be thus described:

The pain may be comparatively slight, but usually it is agonizing, and is described as cutting or tearing. It begins in the right hypochondriac region, and radiates to the chest and right shoulder. It may be severe enough to cause collapse and fainting, and may be accompanied by sweating and vomiting. A chill or rigor may occur at the onset, and the attack may be followed by moderate fever. If the stone passes to the duodenum without becoming

impacted there may be little or no jaundice. But if the duct becomes occluded jaundice is marked. Do not mistake a mere sallowness of the skin for icterus. The yellow appearance of the whites of the eyes will indicate the presence of bile, but the under surface of the tongue will show it better. If pressure is made for a few seconds on the under side of the tongue, the yellow appearance on removal of the finger is unmistakable if there is jaundice.

The attack may be of comparatively short duration, or it may persist for several hours or even days. If the stone be of moderate size, and makes its way through the cystic and common ducts to the duodenum, the mischief, so far as that particular stone is concerned, is over. But it may become lodged in either duct. If a stone obstructs the cystic duct the gall-bladder may become quite distended, so as to be felt as a distinct tumor, and if a catarrhal inflammation is set up pain and tenderness are present. If the gall-bladder contains other stones they may be palpated by the examining finger, and crepitus may be detected. With the cystic duct obstructed jaundice may not occur, as the bile in the gall-bladder is replaced by a mucoid fluid, and the hepatic and common ducts are patent. A rule first announced by Courvoisier may be here stated,—that if the gall-bladder is enlarged there are no stones in the common duct.

The results of stoppage of the ductus choledochus are likely to be much more serious than if the stone lodges in the cystic duct. Just here let me say that there is too little stress laid on the location of gallstones. On all accounts,—clinical, pathological, and above all as determining the nature of the treatment, a division as to location is of highest importance. The complications that arise from stone in the common duct may be far more serious than the original pathology, and the question of whether a given case is one requiring surgical interference is more likely to arise when the stone is in the common duct than in any other location.

When a patient comes with a history of repeated attacks of biliary colic and no stones found in the stools, one should at once suspect that a calculus of considerable size obstructs the common duct, constituting what is known as a "ball-valve stone." All of the typical symptoms may be caused by such a stone too large to pass through the papilla into the duodenum, each attack being followed by a period of complete relief. Let us see how this may be. During the attack the duct is distended to the utmost limit, and nerve pressure causes the most excruciating pain. Finally, the duct having dilated, and nerve sensibility having become dulled, the bile may escape through some depression around the stone (which is almost invariably irregular in form), and the patient experiences comfort again until with increased size caused by additional deposit an inflammatory process is once more set up. I would explain here that when I spoke in opening of deposits in the cystic and common ducts, I referred only to additional growth, for it is doubtful if stones ever originate in these passages. It is questionable if osteopathic procedure can be of use in dislodging such a stone as described, though one writer speaks of having seen in the dejecta a stone as large as an English walnut, which passed without causing any symptoms whatever. Recalling the manner of the entrance of the common duct into the wall of the duodenum, one can see how enormous must be the dilatation to permit this. The common duct and the pancreatic duct or duct of Wirsung enter the wall of the duodenum together, but continue as separate vessels between the coats for about three-quarters of an inch, when they finally converge, and open by a common orifice

upon a papilla of the mucous membrane. Now it is not rare to see gallstones as large as hens' eggs which have been removed surgically, and occasionally they are seen as large as goose eggs. I cannot believe that pressure over such concretions would have any other effect than to cause additional inflammation, and hasten suppuration and sepsis. Hence the necessity of exercising the greatest care and judgment. The presence of such immense stones is an illustration of the extent to which, in so many different conditions, nature provides for the accommodation and toleration of foreign or abnormal growths or bodies.

If there is evidence of pus formation, direct manipulation is dangerous, as it would result most likely in perforation and peritonitis. I do not mean to say that cases of cholangitis may not be successfully treated osteopathically, but in my own practice if I found positive assurances of suppuration I should certainly want to get in touch with a surgeon without delay. Extreme tenderness at the twelfth dorsal vertebra that is not referable to lesion at that point, is an aid to diagnosis of suppuration.

Regarding the treatment of the acute paroxysms of hepatic colic as well as treatment directed to the removal of the stones, I can scarcely add anything of value to the treatment outlined by Hazzard and McConnell in their respective texts on practice. One important feature of treatment occurs to me, however, in cases in which the attacks do not yield promptly to ordinary methods. Rather than leave the patient to suffer and perhaps grow weary of suffering send for the doctor with a morphine gun, use hot fomentations, and if necessary to leave the patient during the attack direct attendants to maintain the hot applications until relief is secured.

Under diet I would first mention water. It is not sufficient to say: "Drink lots of water." Prescribe regular hours, morning and night and midway between meals, for the drinking of pure water, to increase the flow and secretion of bile. Prohibit entirely pastries and fatty and saccharine foods, the latter including the starches. I recently read the results of experiments on dogs as related by Dr. Herter of New York. In the gall-bladders of more than 100 dogs that he examined, he found no concretions whatever. But later he kept a number of the animals on a diet composed almost entirely of fat, and at the end of only three months masses of bilirubin calcium were found in the gall-bladders. This emphasizes the necessity of supervising the regimen of the gallstone patients who commit themselves to our care. Leave nothing to the judgment of the patient, or both will probably be disappointed. As largely as possible diet should be restricted to green vegetables, fruits, lean meat in moderation, and plenty of skimmed milk. Poached or soft-boiled eggs may be eaten occasionally if they cause no biliousness. Meals should be taken regularly, thoroughly masticated, and of limited quantity. Do not allow overeating.

In all cases where the liver and associated organs are affected, I prescribe certain exercises to be taken morning or night or both, according to the condition of the patient. They are simple, and possibly all are familiar with and use some or all of them. But I will try to give them briefly.

1. Standing with heels together, arms at sides, and whole body as fully relaxed as possible, turn shoulders and head slowly as far around to the right as possible, remaining there a moment, then slowly turn back.
2. Reverse this, turning to the left.
3. With heels together, knees fully extended, bend body slowly forward,



endeavoring to touch the floor with the fingers, then slowly arise to erect position.

4. Standing erect with feet separated, throw the head and shoulders slowly back, bending the knees to maintain the equilibrium as the lumbar spine is flexed backward, then slowly straighten up.

5. With heels together, extend the arms above the head, rising on the toes as though trying to reach up to something just out of reach, at the same moment taking a deep inspiration, then lowering the arms and slowly exhaling as the heels are brought down.

These movements, if regularly practised, will materially aid in restoring normal function to the liver and related structures, and, further, will help relax spinal tissues and thus assist in the reduction of lesions.

As to the treatment I had two letters from Dr. Willard asking for statistics in cases that I had treated.

Dr. Willard signified that there were several points that he expected to bring up, viz.: 1. The importance of inhibitory treatment at the sensory area in the splanchnic region before the local abdominal treatment. 2. Relation of the spleen to gall stones, which has been touched upon. 3. The question as to whether osseous lesions are always present in gallstone cases. 4. Whether the case may be cured without the entire removal of such lesions.

In a brief statement that he sent when notifying President Hazzard that he would not be here, he makes no reference to them whatever, but I will read what he has to say, as follows:

"The following are a few general points of information gathered from answers received to over 200 circular letters mailed by me to practitioners all over the country, asking for certain information relative to their experience in the treatment of gallstones.

"Three hundred and ninety-one cases were reported, which included cases of from a short period of duration up to those of as much as 25 years standing. About three-fifths of the 391 were of three years or longer standing, and but one-fourth of them were less than two years. In round numbers 74 per cent. of all were cured, 22 per cent. were benefited and 4 per cent. were failures.

"In the majority of cases of benefits and failures, lack of time was considered as the cause for better results not having been obtained. The average time that treatment was received by those benefited, but not cured, was three and one-half months. The average time that treatment was received in the case of the failures was three months. Three-fourths of the cases reported cured had been discharged for over two years, a large percentage three and four years, and only a few less than one year.

"In regard to the time required for a cure it was indicated by this series of cases that other considerations were often of much more moment than the mere length of standing of the case.

"Those of five years or more in duration required an average of only about one-half month more to cure than did those of from three to four years standing. The majority of the failures were afterwards operated upon. About one-half of those operated upon, or about one-third of the total number of failures, did not recover from the operation.

"Adhesions were shown to exist in several of these cases, between the liver, duodenum and adjacent tissues.

"From reports which would cover work done in some 2,000 acute attacks, relief was afforded in about 93 per cent. of all instances, and was reported as being even more pronounced in some cases than that which had been given by the administration of morphia.

"In a majority of instances complete relief was afforded temporarily."

Fraternally,  
ASA WILLARD.

Missoula, Mont.

I will now present to you a patient of Dr. W. F. Englehart of this city.

It is about a year since the first attack, although some thirty years ago he passed gallstones, since which time up to a year ago he has been free from that trouble. Acute attacks, called biliary colic, have occurred about every two weeks. The last attack was about six days ago. There has been a moderate fever with each attack, which can be regarded as a diagnostic sign of gallstones. Jaundice has been present constantly. His color is better now than it has been for a year. There is a constant eruption on his skin and very intense itching. No gall stones have been found in the faeces, though this is negative, as no examination has been made for them. The color of the stools, according to the usual diagnostic sign, would indicate absence of bile, as they are clay colored, but experiments have shown many times that this light color of stools is due to the presence of fat rather than absence of bile; and the fact that the light color of the stools is due to the presence of fat rather than the absence of bile pigments, can be demonstrated by the withholding of fat from the diet.

The lesions present in this case are a decided swerve of the spine to the right from the second to the eleventh dorsal. The entire dorsal spine is extremely rigid and the musculature tense, with extreme tenderness at the spinous process of the second. The atlas is very nearly normal, but between the second and third cervical is a distinct lesion, the third being rotated forward on the right side; and at that point there is a great deal of tenderness. There is a tight, tense condition of the entire cervical region.

As far as the examination of the gall-bladder is concerned, palpation shows an extremely clear dilated gall-bladder, and there is considerable crepitus showing that stones are present in the bladder. However, the recurrence of the attacks, and the general conditions indicate such a stone as I have mentioned a few moments ago giving the "ball-valve" action in the common duct rather than the cystic duct in this case. This is not the first case I have known in which Courvoisier's rule as quoted has been proven by an exception. I examined the patient a few moments ago, and as I stated, found a decidedly enlarged gall-bladder, but the color of the skin and the presence of the eruption and intense itching, and the other typical symptoms you can see very readily in the patient. I am sorry the time has gone by, or I would be glad to go more into detail.

Dr. Achorn inquired as to the treatment.

The treatment of course is the primary reduction of the lesions to prevent further recurrence of these attacks.

The prognosis of this case is: He is 66 years old, and at that age we would hardly think under most favorable circumstances it would be advisable to operate, even if that were indicated. But relief from the recurring attacks can no doubt be given by the reduction of the spinal lesions, and a careful

attention to diet, withholding the fat, and such suggestions as I have already made as to the specific treatment that is already outlined by the nature of the lesions.

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### DISEASES OF THE EYE.

A Clinic conducted before the A. O. A. at St. Louis by G. L. Huntington, D. O., St. Paul, Minnesota,

I am neither an oculist, an optician nor an eye specialist in the common understanding of the word, but with you all we are eye specialists in the highest sense.

It had been my plan to read a paper discussing five diseases of the eye, two forms of conjunctivitis, two forms of keratitis and one of iritis. I had charts printed in illustration of these diseases and have been looking for them all day yesterday and today by express, but they have not arrived. I assure you it is a keen disappointment to me as it will be impossible under the circumstances to make this clinic as interesting as I otherwise could.

We will proceed with iritis which is the most important. Let us for a moment study the anatomy of the eye. The iris may be graphically described as a curtain hung across the anterior portion of the eye, the cornea in front and the lens behind. In this curtain there is a small aperture through which light is transmitted. The iris is composed of four layers. The first is an epithelial layer, the second vascular, called the stroma, the third is the muscular layer, and the fourth pigment. Here then we have the conditions necessary for an inflammation. We have also a very ingeniously arranged little piece of anatomy whereby an inflammation may do a great amount of damage.

The second layer or stroma layer is a vascular one. This becomes easily inflamed owing to some lesion which we find in the cervical region. Then we have the epithelial layer which carries the exudates out into the aqueous humor of the eye where they attach themselves either to the cornea or to the lens. Under these conditions the pupil cannot open and shut in response to light and darkness.

Not only does the iris become tied to the lens but during the process of inflammation a translucent substance is thrown across the pupil and one sees as through a fog. This is the condition that exists in the case which will be presented for demonstration.

About two years ago a gentleman of middle age noticed that some sort of a change was taking place in his eyes, not the slightest pain was manifested. An examination revealed an inflammation of the iris, a quiet, painless iritis. After several months the lens became colored to such an extent with foreign substance that sight was destroyed for purpose of reading common print. Such print could not be read even with the aid of a strong reading glass. Oculists gave no encouragement except to operate. Cataract was predicted. In May a year ago regular osteopathic treatment was begun. The principal lesion found was an anterior atlas turned also to the right, the transverse process being forward. There was much tenderness manifested over the processes. This condition is at once significant to the osteopath. Thorough work was done throughout the cervical region specializing on the atlas and cilio spinal center. Some writers

claim that this center should be inhibited in order to dilate the pupil. This is a question I would like to hear discussed in this convention.

In this case thorough work has been done upon the atlas to set it and the cilio spinal center has been stimulated. The power to read in the left eye never was lost. Today the right eye reads common print readily. This has been brought about by osteopathic treatment in the cervical region. The eye ball has been thoroughly massaged with the idea of clearing out the canals of Schlemm and Fontana, and the drainage vessels of the sclerotic coat also in the hope of breaking up the adhesions.

The aqueous humor of the eye is an absorbent, and we take advantage of this in a case of this kind to absorb the exudates. This absorbing process has gone on very nicely and the eye today reads common print with comparatively little difficulty. Whether or not the adhesions can ever be broken up by osteopathic treatment is another question I would like to have discussed by you. The adhesions are not broken at the present time. The patient I have referred to is myself, and Doctor C. W. Young will demonstrate the clinic.

DEMONSTRATION BY C. W. YOUNG, D. O., ST. PAUL, MINN.

Some time ago I treated a little boy, ten years old, having astigmatism and near sightedness necessitating the use of large glasses. After a little treatment the boy began to read more distinctly letters on signs to be seen outside of the office window. At the end of six weeks' treatment he was able to read signs through the office window as readily as I could myself, and he found no more use for glasses. The boy had large beautiful eyes and his mother was much delighted at finding him no longer subject to the horrible disfigurement of spectacles. The boy said we ought to put an advertisement in the newspaper so that the doctors could read and learn how eye troubles could be cured by osteopathy. You have heard Doctor Huntington state that blindness was imminent, that he had consulted the best oculists in the twin cities and that they had prognosed a continual progression of his trouble, and stated he would probably eventually have a cataract, and they gave no hope from any treatment with the exception of one surgeon, who thought a dangerous operation might be helpful, while others opposed an operation.

If the case had not been such a desperate one and the oculist had thought anything could be done, we probably would not have tried the osteopathic treatment. Many of our profession do not realize what can be done in the treatment of the eye.

(Doctor Huntington took a position on the table and Doctor Young then showed how the muscles in the back of the neck were relaxed.)

I twist the neck and produce these popping noises in order to relieve the tension of the neck. To reduce the anterior subluxation of the atlas I place my thumb on the anterior side of the right transverse process, twist the neck as far to the left as possible to exaggerate the lesion, then with my left hand under the chin of the patient and the fingers of my right hand at the base of the skull, I bring as much extension as possible separating the axis from the atlas, while I rotate the head to the right, pressing very strongly against the transverse process of the atlas with my thumb. The atlas was very tender when I first began the treatment, but it finally became sufficiently inured to the treatment so that I could push back on the atlas

with all the muscular power I had in my thumb and fingers. The more extension is given to the head the less the pain in the atlas. I also placed the fingers of both hands over the base of the skull and the thumb of each hand on the articular processes of the atlas, tipped the head far forward and then tipped it back while pressing strongly against the articular processes of the atlas. This treatment is given to reduce the anterior position of the atlas as a whole. I find that manipulation of any part of the body tends to bring a flow of blood to the part. I was growing bald myself and by pulling the hair and massaging the scalp I secured a vigorous growth of hair. I applied the same principle in the treatment of the eye, and massaged the doctor's eye very thoroughly for the purpose of stimulating the circulation of the blood. It is amazing to what extent the eye can be manipulated and how strong a pressure can be brought after continued work in that manner.

(Doctor Young then illustrated the massage treatment.)

The atlas impinged on the basilar artery causing poor circulation of blood in the eye.

Our great founder has taught us that the disturbed artery always marks the beginning of disease. This truth is beautifully illustrated in the case at hand, where a reduction of a subluxated atlas has probably saved the doctor from blindness.

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#### DISCUSSION OF DISEASES OF THE EYE.

By J. H. HOEFNER, D. O., Franklin, Pa.

Dr. Huntington wishes us to discuss the effects of stimulation and inhibition in the upper dorsal region as to its effect upon the iris as to dilatation and constriction. He says some authors claim that stimulation in this region produces dilatation, while others claim that inhibition in the same area produces constriction. May I ask, have they grasped the correct "Osteopathic Idea?"

A great many of the osteopaths all over the country have and are taking much stock in the so-called inhibitive and stimulating treatment at certain points. Give the osteopathic treatment specifically and you will have *results* which you must designate stimulating or inhibitive, and it has nothing to do with the so-called inhibitive and stimulating methods. Certain lesions produce an inhibitive condition with some people while apparently the same lesion in others produces a stimulating condition. Could we fully discriminate between the lesions this apparent difference would not exist.

Dr. G. D. Hulett in his demonstration this morning very forcibly brought out the idea of correct diagnosis as to cause of disease. The lesion idea was held out very prominently and which according to my way of looking at osteopathy is correct.

As to this particular case of iritis will say I have had no experience, but with many of the catarrhal diseases of the external integuments of the eye I have had experience, and have had good results in most every case, and I have always given specific treatment regardless of the physiological theory of inhibition or stimulation. I am not giving any of the so-called osteopathic stimulating and inhibitive treatments. Some might have called it inhibitive treatment because inhibitive results were seen, while others

might have described the treatment as stimulating, because they were judging the treatment by my method of procedure.

While I was in school some teachers demonstrated to us a so-called inhibitive treatment, and a so-called stimulating treatment; but those ideas I have long discarded, for we see every day that if we remove our structural lesion we will have the results desired. By going through the motions of the so-called inhibitive and stimulating treatments we may get stimulating or inhibitive results, but how were they produced, is the question which we must continually ask ourselves. A treatment may be a general one, but our results are obtained through the specific part of that treatment. We often give general treatment (which we never should do) of the cervical region, but by giving the general treatment we strike definite spots which give us the specific results. We have no right to infer that treatment is stimulating or inhibitive as to the method of procedure. Many good results have been obtained through inhibitive and stimulating treatments so-called, but if those operators had taken time to investigate their method of treatment in conjunction with specific diagnosis they would have come to the conclusion that it was the removal of the cause which brought about the results in their particular case. Vigorous working does not always produce stimulating results nor does slow working, or inhibitive treatment always produce inhibitive results. Why? Because the specific "lesion" was not corrected.

I am treating a case threatened with cataract also a general starved condition of the optic nerve, and the vision is very much impaired in both eyes, but in the four years that the case has been under my care the disease is seemingly not progressing. Previous to my treating the case the disease was progressing rapidly. The subject of this case is now 78 years old. This gives us a little idea as to what we may expect in the aged by giving specific treatment at regular intervals.

In the young I have had many pleasing results.

I wish to emphasize the importance of osteopathic work in all eye troubles, for in many so-called incurable cases our work has been successful, so we certainly have much cause to give this particular study considerable attention, more than the schools thus far have given, or are giving it.

In making your examination for diseases of the eye many things must be taken into consideration, but *remember* what Dr. A. T. Still says, "Examine from in front of the eye down the back to the end of the coccyx."

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#### UNPROFESSIONAL ADVERTISING.

Paper read at the annual meeting of the New Jersey Osteopathic Society, 1904.

CHARLES E. FLECK, D. O.

It is to the professional interest of osteopathy and its practitioners that they conform to the conventions which regulate personal advertising in the medical profession.

This regulation cannot, however, be justly expected to prohibit the popular writings used in explaining osteopathy, for the practice is new, and with its growth naturally comes a legitimate demand for its explanation. It will apply, though, to the character of these writings, the method of their distribution, and to all the personal mention used therein, in determining the professional rank of the osteopath. It is needless to say that unless his rank be equal to that held by the regular practitioner his respect and usefulness as a physician will be impaired accordingly.

The conventions of medical practice differ greatly in different localities. "For instance": In Paris a professional door plate is a deviation from propriety. In the city of New York it would be deemed unprofessional to insert a card in the newspapers, while in other parts

of the country even advertisements in the newspapers by physicians stating that they are candidates for practice are not objected to.

With so wide a difference in customs being noted, it is evident that a clause in a national code of ethics which has to do with advertising must of necessity be too general in its terms to be adequate for those sections where the most exacting conventions prevail.

In these places the local and state societies must adopt such additional and specific ruling on advertising (as well as on other matters falling into the category of conventional rules) as will meet the needs in their respective jurisdictions.

The language of our national code of ethics on this subject is as follows: "It is incompatible with honorable standing in the profession to resort to public advertisements or private cards inviting the attention of persons afflicted 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 or success, or to employ any of the other methods of charlatans."

I leave it to your opinion whether this clause is sufficiently adequate and specific for the conditions in the state of New Jersey.

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### OVERHEATED HOUSES.

The following from the *Ohio State Journal* is undoubtedly true and physicians would do well to impress these facts upon their patients:

"The commission which has been trying to ascertain the causes for the prevalence of pneumonia in New York is inclined to think that the overheating of dwellings is responsible for many cases of the disease. It is a significant fact that a very large percentage of the deaths from pneumonia in the greater city last month occurred among people who lived in luxuriously warm apartment houses. Undoubtedly, the modern tendency to pass day and night in warm, unventilated rooms is responsible for much disease, for it so reduces one's vitality that, when he does go out into the cold, his powers of resistance are weakened and the shock of the sudden change of temperature often proves too much for him. Dr. Dudley A. Sargent, of Harvard university, estimates that 40 per cent of the total mortality in the United States is caused by breathing impure air. The overheating of a house almost always involves a lack of proper ventilation, and, even if this were not true, too much heat is more injurious to health than too little. The best temperature for houses in winter is between 60 and 70 degrees, and at all times there should be some inlet for fresh air."

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### FACTS ARE STUBBORN THINGS.

Osteopaths can adduce from their experience many instances where facts have upset the theories of "sober scientists," as was true in the case mentioned below.

"Senator William P. Frye is an ardent lover of the sport of fishing. Once, after his return from his summer's outing," says the *Saturday Evening Post*, "he met the celebrated naturalist, Agassiz. Glowingly Senator Frye described his experiences.

"'Among my triumphs,' said he, 'was the capture of a speckled trout that weighed fully eight pounds.'

Dr. Agassiz smiled and said, 'Reserve that for the credulous and convivial circles of rod and reel celebrants, but spare the feelings of a sober scientist.'

"'This is not a campaign whopper I'm telling; I weighed that trout carefully, and it was an eight-pounder.'

"'My dear Mr. Frye,' remonstrated Dr. Agassiz, 'permit me to inform you that the *salvelinus fontinalis* never attains the extraordinary weight of eight pounds. The creature you caught could not have been a speckled trout. All the authorities on ichthyology would disprove your claim.'

"'All I can say to that,' said Senator Frye, 'is that there are, then, bigger fish in Maine than are dreamed of in your science.'

"The next season he caught a speckled trout that weighed nine pounds. He packed it in ice and sent it to Dr. Agassiz. A few days later he received a telegram, which read:

"'The science of a lifetime kicked to death by a fact. AGASSIZ.'"

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MARCH, 1905.

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It is expected that the Osteopathic Year Book will be delivered to members of the A. O. A. in March, as the proof is now being corrected.

It is but fair to say that the idea of the osteopathic map, which appeared in the February number of the JOURNAL, was suggested by Dr. C. A. Upton, assistant secretary of the A. O. A.

Members of the A. O. A. who desire extra copies of current numbers of the JOURNAL may have them for fifteen cents per copy. To non-members the price will be forty-five cents. This latter is necessary to make the price per copy consistent with the subscription price—\$5.00 per annum.

Nothing will more surely tend to dignify and elevate the profession of osteopathy than the enactment of state laws requiring an examination of those who engage in its practice. Fakirs and incompetents cannot thrive in such states but reputable and qualified practitioners will take their places.

Secretary Chiles has been hard at work with representatives of the railroads trying to get rates for the Denver meeting, but up to the time of going to press has not succeeded in making satisfactory arrangements. We are compelled therefore, to announce that the date of our next meeting has not yet been determined.

It would look less like selfishness and more like a genuine interest in the public welfare if medical doctors would expend their energy and influence in securing laws to insure pure food and better sanitary conditions in our cities, instead of besieging legislators, with letters and petitions urging them to thwart the osteopaths in their efforts to provide for a high degree of competency in their practitioners.

The question of advertising in its relation to professional ethics seems to be an ever present one. It is so important in determining the standing which osteopathy will have in a community that we think it is desirable to keep the matter before the profession. We, therefore, gladly give space this month to a short paper on the subject that was read before the New Jersey Osteopathic Society by Dr. C. E. Fleck.



The constitution of the A. O. A. may be amended at any regular meeting of the Association by a majority vote of those present. Publication of a proposed amendment in the JOURNAL of the A. O. A. one month before the annual meeting constitutes a legal notice that such proposed amendment will be acted upon. Any change in the organic law is always more or less of a serious matter and we would suggest that any member who may have it in mind to propose an amendment do so as early as possible so that all may have time to consider the questions involved.

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We are in receipt of a copy of the directory of the New York Osteopathic Society. The names of members of this society who are also members of the A. O. A. are marked with an asterisk. It appears that of one hundred and nine members of the society seventy-six are members of the A. O. A. This is a pretty good showing but there is still an opportunity for some good missionary work in behalf of the A. O. A. There is also an opportunity for work on the part of the state society for the A. O. A. now has ninety-five members in the state of New York. These should all belong to the state society.

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While we have not had an opportunity to examine carefully series III of case reports, which goes out this month with the JOURNAL yet we have every reason to believe that this series is an improvement upon its predecessors and that it will be duly appreciated by the profession. The best and most helpful way to show that appreciation is by sending at once a report of a case for series IV. to the editor, Dr. Edythe F. Ashmore, 42 Valpey Building, Detroit, Mich. It is little less than a shame that Dr. Ashmore has been obliged to send personal letters to members of the Association almost begging for these reports. The work is so important that it would seem that each member of the profession would aid in it to the extent at least of reporting one case.

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Members of the medical profession—possibly of medical associations—are now engaged in balloting upon names of eminent physicians with a view of selecting representatives from their number for the Hall of Fame. We find no fault with this. Many of their renowned men have labored sincerely throughout their busy lives for the good of humanity and much has been accomplished. It was probably not their fault that they missed the great idea which it was the fortune of one of their humbler members to discover. It is doubtless too early to measure the greatness of the work of Dr. A. T. Still, but we may be sure that in due time it will be appreciated and that he will have a place, if not in the Hall of Fame at least one of more significance, in the hearts of grateful millions who will have received help from his work and teachings.

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Too long already has the vain search gone on for the specific for every ill. Physicians and people must eventually, and the sooner the better, come to a realization of the truth of the precept promulgated by osteopathy that remedial forces are inherent in the organism. It is the province of the physician to remove hindrances to the operation of these forces. When that is done and directions given for his care it is "up to" the patient to get well. The recuperative forces must exist in his own body, for aside from the ingestion of

proper food they cannot be supplied from without. The physician should be able to show his patient how best to conserve his vitality to the end of recovering his natural condition of health; he should point out natural laws and teach the fact that Nature will exact a penalty for their violation. Even in this day of almost universal education too many people gratify their sensual appetites, commit shameful functional abuses, sadly ignore nature's laws and expect to escape the penalty by swallowing a drug! Physicians have fallen far short of their duty in failing to teach with all the earnestness and power at their command the utter futility of this procedure. Patients must be made to know that in retaining health, or in regaining it when lost, they have a duty to perform. There is no process whereby these ends can be attained vicariously. When nature's secrets have been more clearly revealed and her laws more closely obeyed, when obstructions to her processes are in their incipiency detected and removed, when people learn how to live right and think right, then much will have been accomplished toward bringing about the time of which it has been prophesied that, barring accidents, it will be a disgrace to be sick.

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There are ten or more states in which the friends of osteopathy are asking the legislatures for statutes regulating its practice. This naturally brings osteopathy into public notice and has elicited some editorial comment from leading newspapers of the country. Most of this has been of a fair and impartial nature. The following from the *Boston Transcript* of Feb. 4, 1905, is a sample of this kind of comment and is worthy of reproduction:

A bill is now before the New York legislature having for its object the legal according of the same recognition of the new school of osteopathy that is now given to the other schools in which the healing art is taught. Osteopathy appears to have been steadily working its way into accepted standing during the past ten years. It has over three hundred practitioners in New York state, and about five thousand in the country. The osteopaths are recognized in twenty-two states and have their colleges and their literature, but not in all places have they legal authority to conduct hospitals, grant death certificates or examine candidates. A new school of this sort gives to quacks a fresh opportunity, and it has to make its legitimate advances in the face of their discrediting practice; but the best way to put them out of business is to give the school itself the protection of law. Naturally the new school has as yet received scant welcome from those that have been longer established. This is not strange nor does it necessarily argue intolerance on the part of the latter. But if it can show practical results and prove that it is not based on empiricism but on sound principles, at least as far as they go, it should be given a fair field in which to justify its claims. That it has accomplished many cures that have seemed to defy older methods is doubtless a matter susceptible of proof. Since it first made its appeal to the confidence and patronage of the physically afflicted, it has broadened its foundations, and those who meet all its present requirements are certainly entitled to be admitted to the ranks of the learned professions. But it should be vigilant and jealous of its reputation. If it permits the mere manipulator to carry its colors it is going to suffer. Recognition comes with public confidence, and under proper regulation osteopathy doubtless adds another defence of no mean value against the ravages of disease or conditions of deformity.

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In Chicago during this season the following deaths from pneumonia have been reported: November, two hundred and sixty, December, four hundred and fifty-one, and for the first twenty-eight days of January, four hundred and fifty-nine.

These startling figures taken in connection with the recent reports of deaths from pneumonia in other northern cities, fully justify the statement made a year ago by Dr. Arthur D. Bevan of Chicago:

"Drug treatment is useless in cases of pneumonia. The medical profession, so far as medicines are concerned, can be of no assistance in the fight

against this disease. The sooner the medical profession will acknowledge this to the public and set to work to discover some specific to save pneumonia patients the better for all concerned."

We are convinced that Dr. Bevan's statement is not strong enough. Drug treatment is not only useless but very often contributes to fatal results by weakening the heart.

But despite the statement of Dr. Bevan, who, it is acknowledged, stands high in his profession, and in the face of the appalling figures above quoted we have noticed in medical journals reports by country doctors of wonderful success in pneumonia. One Texas doctor says in the *Medical Brief*, "I have as little fear of losing a patient as I have of almost any of the fevers that we meet in the South, and I attribute all to drugs, nursing and proper ventilation."

This raises the interesting question as to whether the country doctors are better therapeutists or poorer diagnosticians than their city brethren.

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We gather from an article by Daniel H. Craig which appeared in the *New York Medical Journal* for Feb. 4, 1905, that quite a conflict of opinion regarding certain practices of each, exists between the surgeons and medical men of this country. This conflict seems to have resulted, to quote from the author above mentioned, in "attacks which, from time to time, representatives of each cult have made upon the other." It seems that medical men of sufficient eminence to make their protest "widely and deeply heeded" have condemned the practice of "exploratory abdominal section."

Dr. Craig, a champion of surgery, retorts that the practice of the medical men of making "therapeutic explorations," is, except in the "items of the armamentarium," identical with the methods employed by their surgical brethren. He states, however, that the medical men have the advantage in the fact that their errors are not so easily discovered as are those of the surgeons. He does not, however, condemn either practice, the object of his article may be fully gathered from the following excerpt: "It is not my object to decry 'therapeutic exploration' in such suitable cases, of which there are many, but simply to protest against its employment by the very men who deny our right to employ an exactly analogous resource in cases in which otherwise neither medical nor surgical means appear able to save the endangered life. My object is rather to hold up the mirror to those medical men, again in the restricted sense of the term, of note and fame who attack exploratory abdominal section and attribute to it a fictitiously high mortality, without also admitting that equal, if not greater, harm may be done by their "therapeutic exploration."

His closing paragraph is as follows:

"Medical men should, then, go over their own records and compile the statistics of those cases in which 'therapeutic exploration' has been employed and tabulate them in parallel columns with their statistics of exploratory abdominal section, and give us both sides at a glance and let us all judge of their right to dictate or even criticise. But such figures must not be strictly personal on either side. If by such a method it still is found that either method is really wantonly destructive of life, either side will be ready to adopt safer methods if they are forthcoming, but in the meantime it appears that neither possesses the right to assail the other's use of methods

the exact analogue of those constantly employed by those upon his own side of the question."

This seems to be a case of the pot calling the kettle black. Without committing a solecism we may say of the parties to this controversy that each is right and both are wrong. Each is right in condemning the methods of the other and both are wrong, in many instances, in defending their own practices. A compilation of statistics such as is suggested above would be both interesting and instructive. Let it be made by all means. If both sides will earnestly investigate and honestly present their findings to the public we are sure that humanity will be the gainer.

We might in this connection respectfully call the attention of these high contending parties to the fact that in osteopathy a "safer method" is not only "forthcoming" but has arrived. We would not be understood, however, as saying that no osteopath ever makes a "therapeutic exploration" but that the necessity for such a procedure is reduced to the minimum by osteopathic methods of diagnosis and when made use of by the osteopath, is, by reason of the nature of his therapeutics, infinitely less capable of harm than when employed by the surgeon or medical man.

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#### TESTIMONIAL PRESENTED TO MRS. ELLIS.

At the organization of the A. A. A. O. (later changed to the A. O. A.) in 1897, Mrs. Ellis—then Miss Irene Harwood—was elected secretary. How well she performed the arduous duties of that office may be inferred from the fact that at each succeeding annual meeting she was re-elected very much as a matter of course. The valuable work she performed in the formative period of the Association, several years without compensation, and what she did in systematizing the affairs of her office and her wise counsel as a member of the Board of Trustees are perhaps better known to the editor of the JOURNAL than to any other one person. With the exception of one year he has been associated with her as a co-worker during the seven years of her service. It is a pleasure to testify to the faithfulness with which she discharged every duty, her loyalty to the best interests of osteopathy, and the unflinching courtesy which marked the conduct of her office.

The following extract from the report of the Board of Trustees made to the Association at the Cleveland meeting in 1903, well attests Mrs. Ellis' unselfish devotion to the interests of osteopathy:

"The Board by unanimous vote, as has been its custom during the past few years, ordered a warrant drawn on the treasury for one hundred and fifty dollars in favor of Dr. Irene Harwood Ellis in payment for her valuable services as secretary for the year just closed. Mrs. Ellis, with rare and commendable magnanimity, declined to receive any remuneration whatever, declaring that as she had not been actively engaged in the practice during the greater part of the year, she found it a pleasure to devote, without compensation, a goodly portion of her time to the advancement of the cause.

"The Board wishes thus personally to record its grateful appreciation of this generous action of Mrs. Ellis, who since the organization of the Association has been its faithful, painstaking and efficient secretary, and throughout the history of the organization has freely given her best efforts to the furtherance of the work."

At the St. Louis meeting Mrs. Ellis positively declined to accept the office for another year. In addition to the adoption of a resolution making suitable acknowledgment of her valued services as secretary a motion was unanimously adopted providing for the appointment of a committee to procure and present to Mrs. Ellis a testimonial on behalf of the Association. Drs. C. E. Achorn and C. C. Teall were appointed to serve on this committee.

Dr. Teall acting for the committee reports as follows:

Acting for the committee in compliance with the orders of the Association at the last meeting I sent Mrs. Ellis a silver vase of beautiful design inscribed:

Irene Harwood Ellis  
*An Appreciation*  
from  
The American Osteopathic Association  
1904.

To which she makes this acknowledgment.

Drs. C. E. Achorn and Dr. C. C. Teall, Committee.

My Dear Friends:

Please convey to the members of the American Osteopathic Association my sincere thanks for the testimonial you have presented on their behalf.

No outward and visible sign was needed to remind me of the courtesy and good will which the members extended to me during my period of service, but this will serve to make still more strong that bond which insures my earnest efforts for the success of the American Osteopathic Association.

Very Truly Yours ,  
IRENE HARWOOD ELLIS.

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#### LEGISLATIVE NOTES.

In North Carolina the Committee on Public Health to whom had been referred the osteopathic bill decided upon an adverse report by a vote of four to three. When it is known that four osteopaths waged the battle against the united and organized medical men of the state it will be seen that the defeat was not one of which the osteopaths need be ashamed, nor is it an irretrievable one.

In Texas the senate passed our bill on Feb. 7, 1905, by a vote of 13 to 11.

In New York the judiciary committee of the senate and the health committee of the Assembly have agreed to give the osteopathic bill a joint hearing on March 1.

The following, which is the latest news from Indiana, is from a letter from Dr. J. F. Spaunhurst, Indianapolis, Chairman of Legislative Committee:

“The struggle for common justice to osteopaths and osteopathy in Indiana has been fierce. Relentless war has been waged against our measures by the Medical Trust—7,000 strong against about thirty, and the natural consequence is that they came nearly putting us “down and out.”

“Our measure has been reduced to an osteopathic member on the medical Board of Examiners and allows all unlicensed osteopaths now practicing in

Indiana, and who hold diplomas from reputable schools of osteopathy the privilege of an examination, otherwise the requisite for this examination is a four years' course.

"This measure has passed the senate and was reported favorably by Health Committee of House—to that branch of the legislature today. Examination is on all subjects required for medical doctors except *Materia Medica*. It is a case of "O, Lord, anything" to save those now in the state, hence we accept this crumb and abide our time. Yesterday is not always, yet neither is it the end, there shall be another day when we hope for better things."

The contest in West Virginia resulted in a drawn battle. A measure was introduced into the legislature on behalf of the osteopaths providing for an osteopathic board. A medical bill was also introduced, the purpose of which was to compel osteopaths to pass an examination before the state medical board. The legislature has adjourned, and neither of the above bills became laws. This, considering the fierceness of the fight carried on by the medical men, is really better than was expected.

From Washington Dr. R. E. Chase reports that "The fight is over in this state for this session of the legislature and the result is 'horse and horse,' neither side winning and both sides losing."

The osteopaths had a bill providing for an independent board, while the medical men introduced a measure giving the osteopaths a member of the medical board. Both bills failed of passage.

We have no late news from other states further than that our friends are hard at work and a vigorous fight is expected.

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#### OHIO LAW VALID.

The following letter from Dr. M. F. Hulett, Columbus, Ohio, is self explanatory:

"Some months ago, at your request, I reported to you a common plea decision holding the Ohio Medical Law unconstitutional because it provided a special examination for osteopaths, but none for other methods of non-medicinal treatment.

"At the time of this decision I stated that I did not believe the contention would be upheld by the higher court. This prediction has just been verified. The case grew out of an attempt of the State Medical Board to prevent Christian scientists from treating the sick for a fee without a medical license. The scientist was convicted of illegally practicing medicine by the Probate Court of Erie county. The Common Pleas Court, however, reversed the decision. The prosecuting attorney of Erie county then filed a bill of exceptions in the state Supreme Court. A decision has just been rendered sustaining this bill of exceptions, which in effect declares that Christian scientists may not charge a fee for treating the sick. The law, therefore, stands, and the osteopaths relation to it is unaffected.

"It is reported that the Christian scientists will carry the case to the United States courts for a final decision."

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#### TO CURE PESSIMISM.

Hang these words on your bedpost or tack them into your brain:

I am going to become an optimist.

From now on I am going to change my entire life and my style of thinking.

I will endeavor hereafter to be generous in my view toward others, broad-minded, large-spirited and kind, thinking well of everybody, mean to nobody, and overlooking the little faults, believing that there are other qualities in the man that overwhelm the deficiency.

"There is so much bad in the best of us and so much good in the worst of us that it behooves each one of us to be charitable to the rest of us."

I shall see the bright side of everything.

I shall talk like an optimist, laugh like an optimist and move about like an optimist, conscious of the fact that I shall radiate sunshine and make every one around me happier.—Physical Culture.

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Take away the sword; states can be saved without it; bring the pen.—Bulwer.

## PHILADELPHIA OSTEOPATHS.

The third annual banquet of the Philadelphia County Osteopathic Society and the first mid-year banquet of the Alumni Association of the Philadelphia College and Infirmary of Osteopathy was held at the Colonnade Hotel, Fifteenth and Chestnut streets, Philadelphia, Friday evening, Jan. 27, 1905.

The guest of honor was E. R. Booth, of Cincinnati, Ohio, being entertained by the alumni of the college, Dr. Booth having delivered the commencement address to the graduating class the night of the 26th.

After partaking of the banquet, the following toasts were responded to, Dr. C. J. Muttart, toastmaster:

1. The Occasion, Ira S. Frame, President Alumni, P. C. I. O. Let us rise to the occasion.
2. The P. C. O. S., Charles J. Muttart, President. Progress, co-operation, organization, social.
3. Our Guests, E. M. Downing. We sometimes entertain angels unawares.
4. Our Alma Mater, C. W. McCurdy, Dean P. C. I. O. What is a profession without a mother?
5. The Field of Practice, D. S. B. Pennock. Out in the cold, cold world.
6. Our Youngsters, by one of them, E. M. Coffee. Children should be seen, also heard.
7. The Ladies, H. Alfred Leonard. Our loyal practitioners, also patients.
8. The Battle Royal, The Only Peace That of Justice. Shall we hang together or singly? Dr. J. Ivan Dufur.
9. Our Father National, James M. McGee, Vice-President A. O. A. May he lead us beside the still waters.
10. The Stylus Magnus in History and Education, E. R. Booth, Historian. History speaks itself, our historian never.

After Dr. Coffee's response, the recent graduating class rendered the song, "Battle-Hymn of Osteopathy," written by Dr. Coffee, and sung to the tune of "Battle-Hymn of the Republic," which was exceedingly well done, and much appreciated by those present.

Among the out-of-town guests were Dr. Mack, of Chester, Pa., and Dr. Downing, of York, Pa.

ABBIE JANE PENNOCK, Secretary.

## NEW ENGLAND OSTEOPATHIC ASSOCIATION.

On Jan. 28 was held in the Copley Square Hotel, Boston, the first osteopathic convention ever held in the eastern states. It was entitled the New England Osteopathic Convention. Dr. Ralph Kendrick Smith presided, and the following papers were read:

Address of Welcome—Francis A. Cave, D. O., President Massachusetts Society. Rheumatism—Aaron W. Rhoads, D. O., President Rhode Island Society. Auto-intoxication—Guy E. Loudon, D. O., Burlington, Vt. Stimulation—Grace B. Taplin, D. O., Boston, Mass. Osteopathy, a Science—John M. Gove, D. O., Concord, N. H. Twelve Years of Osteopathy, Its Future—D. Wendell Coburn, D. O., President Maine Society. The Osteopath as a Pathologist—F. K. Byrkit, D. O. The Osteopath as a Surgeon—F. C. Leavitt, M. D., D. O. The Osteopath as a Neurologist—George C. Taplin, M. D., D. O. Value of Experimental Physiology to the Osteopathic Student—F. J. Fassett, D. O. The General Practitioner—F. L. Purdy, M. D., D. O. Osteopathic Publicity—Anna W. Byrkit, D. O. The Osteopath as a Specialist—W. E. Harris, D. O.

There was a large attendance from all of the New England states, practically all the practitioners in this territory being present, together with several from New York. In the evening there was a banquet which filled to overflowing the capacious hall of the hotel. Dr. H. T. Crawford, of Boston, was toastmaster, and the following toasts were responded to:

An Osteopath from Maine—Florence A. Covey, Portland, Me.; New Hampshire D. O.'s, Willard D. Emery, Manchester, N. H.; Vermont Osteopaths, Fred J. Fassett, Boston, Mass.; Osteopathic Rhode Island, Clarence H. Wall, Providence, R. I.; Our Science in Connecticut, L. C. Kingsbury, Hartford, Conn.; Massachusetts Osteopathically Considered, Warren A. Rodman, Boston, Mass.; The Women's Osteopathic Club, Ada A. Achorn, Boston, Mass.; How We Do Things in Philadelphia, O. J. Snyder, Philadelphia, Pa.

The convention resulted in the permanent organization of the New England Osteopathic Association. The following permanent officers were elected: President, Frank C. Leavitt, of Boston; First Vice-President, Guy E. Loudon, Burlington, Vt.; Second Vice-president, Clarence H. Wall, of Providence, R. I.; Third Vice-president, L. C. Kingsbury, of Hartford, Conn.; Secretary, Margaret Carlton, of Keene, N. H.; Treasurer, George H. Tuttle, of Portland, Me.

## MASSACHUSETTS OSTEOPATHIC SOCIETY.

At the regular February meeting of the Massachusetts Osteopathic Society, the subject at the scientific session was diseases of the kidney. Dr. R. K. Smith read the paper, which was discussed by Dr. F. A. Dennette. The following new members were voted in: John J.

Howard, Kendall Achorn, Arthur E. Were, L. C. Turner, Frank M. Vaughn, Ada M. Bearse, Lincoln R. Bolan, Ellen B. Nott, Mary A. Small, all of Boston, and Norman Atty, of Springfield; Georgiana Watson, of Haverhill; Franklin Hudson, of Springfield, and Sherman Kimball, of North Adams.

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### LOUISVILLE OSTEOPATHIC ASSOCIATION.

New officers of the Louisville Osteopathic Association, installed Friday, Feb. 3, are:  
 Frank A. Collyer, president.  
 Silas Dinsmoor, first vice-president.  
 F. P. Bush, second vice-president.  
 R. H. Coke, secretary.  
 Laura B. Dinsmoor, treasurer.  
 H. E. Nelson, C. W. Barnes and M. E. Pearson, trustees.

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### DR. WATSON ACQUITTED.

Most of the readers of the JOURNAL are probably aware that Dr. T. J. Watson, late of Denver, Colorado, was indicted last summer in Ralls county, Missouri, charged with the murder of his wife. All will be pleased to learn of his vindication of this terrible charge.

The trial was concluded a week or two ago, and the jury, after hearing the evidence, returned a verdict of not guilty. It is said that in a short time Dr. Watson will return to Colorado to resume the practice of his profession.

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### PERSONAL.

Born, Jan. 30, 1905, to Dr. and Mrs. M. F. Hulett, Columbus, Ohio, a son.

Born, Feb. 18, 1905, to Dr. Elmer and Emelie Gessner Martin, Decatur, Ill., their first baby, a nine pound girl.

Dr. J. T. Gilbert, formerly of Princeton, Ky., has formed a partnership with Dr. R. H. Reed, Paducah, Ky., and has removed to that place.

We are in receipt of the news of the death of the wife of Dr. J. L. Shorey, Marquette, Mich. Mrs. Shorey's death was due to a complication of nervous troubles and ulcer of the stomach.

The New York address of Drs. Geo. D. Herring and Walter J. Novinger, where each spends two days in the week, is 65 West 38th street, instead of 63, as stated in the February JOURNAL.

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### REMOVALS.

Edward Albright, Minneapolis, Minn., to 379 West End Ave, New York  
 James E Burt, Philadelphia, Pa., to Hotel Normandie, Broadway and Thirty-eighth St.,  
 New York. 222

William H. Allen, West Barre, Pa., to 715 Walnut St., Allentown, Pa.

Effie E. York, 694 Sutter St., San Francisco, Cal., to 562 E. Eighteenth St., East Oakland, California.

Harry M. Loudon, Burlington, Vt., to Enosburg Falls, Vermont.

Emma Griffin Gardner, 1304 Main St., to 101 N. Ninth St., Richmond, Ind.

T. W. Sheldon, 927 Market St., to Suite 501, The James Flood Bldg., San Francisco, Cal.

Frank L. Martin, 234 Post St., to 1584 Market St., San Francisco, Cal.

William A. McClelland, 3853 Langley Ave., to 3111 Indiana St., Chicago, Ill.

Florence A. Brock, 39th and Langley Ave., 4000 C. Grove St., Chicago, Ill.

J. H. Stephens, Westport, Ind., to Pocatello, Idaho.

Martha A. Morrison, Denver, Col., to Greeley, Col.

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### NEW MEMBERS.

During the past month the following have been elected to membership in the A. O. A.:

F. J. Barr, DeKum Building, Portland, Ore.

James W. Bennett, Miller-Walker Building, Augusta, Ga.

C. R. Darrow, 1066 Osgood St., Chicago, Ill.

Mrs. Anna A. Darrow, 1066 Osgood St., Chicago, Ill.

Charles S. Green, 136 Madison Ave., New York, N. Y.

Carrie Sned Hibbard, 166 Huntington Ave., Boston, Mass.

Julia May Sarratt, 404½ Market St., Steubenville, O.

Clara E. Sullivan, Wheeling, West Virginia.

Truman Wolf, Kirksville, Mo.

Minnie Iland, 1141 Turk St., San Francisco, California.



# The Journal

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## The American Osteopathic Association

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### A REVIEW AND A FORECAST.

Read before the Greater New York Osteopathic Society, Feb. 18, 1905, By C. M. TURNER  
HULETT, D. O., Cleveland, O.

Any new movement in human thought or activity implies enthusiasm. If the movement be successful enthusiasm augments until, beyond the point of healthy stimulus, it may become climacteric in character and expression, so that, veiling the sight and impairing the judgment it may obscure the real situation, and the mind, satisfied with the shadow, misses the substance and loses itself in speculation and dreaming. We as a profession are far from this extreme, but the history of osteopathy has justified so much that might seem overdrawn when judged by former standards, that the extraordinary has become the ordinary, superlatives have become platitudes, and we have sometimes been in danger of allowing our appreciation of that which has been accomplished to dull our realization of the work which still lies before us. We have accomplished much. We have much yet to do. It is well to pause occasionally and study the field and our relation to it, and I know no company of osteopaths better qualified to do this in an intelligent manner than this society which makes adherence to genuine osteopathy a part of its organic law.

The great work which Dr. Still accomplished is still too close to us to be properly comprehended. As we move away from it on the flood of years our perspective will be corrected, and we will more and more become impressed with its greatness and grandeur. If you have for the first time seen Pike's Peak in the early morning, having approached the mountains in the night, you will echo the sentiment expressed by a lady when it was pointed out to her and she exclaimed, "Is that Pike's Peak? Why I thought it was larger than the other mountains." As a coin in front of the eye will shut out the sun, so the near foothills and even the general range, to your eyes unaccustomed to such extended perspective, seem to rise in some measure of equality about the great peak. Only on your return trip after traveling away from it for many hours at express speed, until the foothills have sunk wholly from sight, and the mountain range is but an undulating line on the horizon, is the towering majesty of the great mountain indelibly impressed upon your very being. So in our present near relation to Dr. Still's

work. The lesser seems the equal of the greater. The incidental is mistaken for the principal, the appurtenant for the immanent. Until time shall have developed for us the true perspective we need to guard ourselves against the errors of proximity and to seek constantly to see things in their true relations.

An erroneous conception, fortunately not very common and growing less so, but when it does exist ruinous in its effect on the growth and development of osteopathy, is that which makes of Dr. Still a sort of oracle whose word, with respect to what osteopathy is and what it is not, what it includes and what it excludes, is determinate and final, and that what he has not said or written is therefore unosteopathic. Added to this may be a perversion of his teaching and a misapprehension of the breadth and scope of the osteopathic principle and of those laws of nature of which it is an expression. This error in one phase or another has too often been evident in every department of our profession. It has vitiated our thought, impaired the work of instruction in our colleges, and restricted the resources of our practice. It has narrowed the outlook of the student by confining his attention to a partial view of the problems of disease. He has erstwhile been taught that biology, embryology, chemistry, histology, were possibly ornamental, certainly not useful; that a too close acquaintance with symptoms was fraught with danger, and to be cultivated only at his peril; and that pathology was positively forbidden ground; that prophylaxis, hygiene, public and private sanitation, state medicine, were practically negligible factors in his professional horizon; while with surgery and its correlations he had really no part nor lot. What shall be said of a text book on practice in which the detailed discussion of examination of the patient is comprised under four heads, one of the four being denominated "osteopathic." If only one-fourth of the examination of a patient is osteopathic, pray what is the other three-fourths? If while examining a patient I am an osteopath one-fourth of the time, what am I the rest of the time?

Again we sometimes allow our attitude of mind to be unduly influenced by what osteopathy is not, that it is a non-drugging system or that it is opposed to indiscriminate surgery. True the establishing of the fact that drugs are not necessary to the cure of disease, or that nine-tenths of the present surgery is wholly unnecessary, would either of them seem to be glory enough for one man—and Dr. Still has done both—yet we still must not forget that osteopathy is much more than a negation. It is not essentially "anti" anything. On the contrary it is a positive principle, a system of constructive philosophy.

The most obvious characteristic of osteopathy is the therapeutic process of manipulation for the cure of disease. But it is superficial to think of "osteopathy" and "manipulation" as synonymous. We have sometimes assumed that, it being true that digital manipulation, the removal of lesion, is osteopathic, the converse of this is also true, that osteopathy comprises simply the manipulative removal of lesion. This is a fatal mistake. The one represents a fundamental law of nature. The other is one method of its operation. We mistake the application for the principle, the effect for the cause. Such a conception is entirely too narrow. It exalts method, and method is only incidental and contributive. The principles of osteopathy are inherent in nature's laws, but the methods of their application in the cure of disease depends upon local and extraneous conditions, and may be as varied as are those conditios.

It is true that Dr. Still's work was almost entirely the application of this manipulative method to the cure of disease. He was not a theorist, elaborating a fine spun theory and giving it to the world with the assurance that in his opinion it would work. His was strictly the inductive method of modern science. He went to the bedside of those who were sick and cured them. One sick man cured was worth more to him than a world of theory. He was content that the cumulative force of an increasing array of facts should make the principle behind them self-evident. He did not dissipate his energy in attacking other systems. That drugs were seldom necessary—that any curative effect they might have could be better obtained in some other way—that the existing system of surgery needed to be revised and a large proportion of it done away with entirely—either of them great in themselves, were yet in relation to his work only negations and the truth of these negative propositions was established simply by doing their work by other means without invoking their aid. That which will place Dr. Still's name high among the great benefactors of the race is not "anti" something, nor is it simply a method or system of methods of doing the same things other men had been trying to do. He denied the truth of what had been accepted as the major premise in all therapeutic discussion, that the vital processes themselves were to be directly modified by an extraneous stimulus, (in the physiologic sense), added to the organism to increase lagging functioning, repress excessive functioning, or correct perverted functioning. If his work had been only the addition to those in use of another way of effecting these changes, it would have been a very small matter. He would have been one of a long and numerous line of contributors to the advancement of medical science each adding his mite to the sum total. Osteopathy as a system, as a school of practice, could not have been. At best it would have been comparable only with massage or the specialties. We have ourselves been sometimes confused at this point. A manicurist in Cleveland who poses as a graduate in osteopathy of your "New York Institute of Osteotherapy," in answer to a question as to whether osteopathy and massage were the same replied, "No, no: Massage is a seven movement cure but osteopathy is a twenty movement cure." A change in the numeral would unfortunately be too true a characterization of some of our own past conceptions. There has also been a great deal of pointless discussion of "stimulation" and "inhibition." An article in a medical journal some time ago by Dr. Pilgrim was heralded as a concession to osteopathic principles. It was not so in any sense. It was a reiteration in different form of the old antiquated erroneous medical principles of directly modifying the vital processes, of stimulation and inhibition. But we are getting away from this error. Dr. Still's teaching was emphatically and always adverse to the "stimulation and inhibition" idea, and so far as I am able to see into it, nature certifies to the correctness of his position.

It is becoming clearer to us as time passes that Dr. Still discovered a principle of life, a new conception of the etiology and the biological significance of the phenomena of disease. The vital activities are the automatic expression of the inherent forces of life itself, made manifest through the physical structure. Disease relates to the structure and to its environment and not to the source or character of these forces. In health any demand upon the organism is met by instant infallible response of the life forces to meet the call. The degree of functional response to meet a maximum demand is limited

only by the condition of development and integrity of the structure through which it is expressed. The degree of functional response at any given time is the resultant of the influence of the elements of the environment, including the relation and tension of surrounding fluids and gases and their chemical character, the temperature, the number and kind of nerve impulses. Now change any of these. Change the relation or tension of adjoining structures, change the fluids, introduce into them chemicals, drugs, change the temperature, change the stream of nerve impulses; instantly the organism will meet this change by a change in its functional activities. And mark you, be this change much or little, the new functional expression is normal to the new environmental condition. If this be within the limit of the needs of the organism we call it health. If it be beyond these limits we call it disease, but always it is a natural and necessary result of the conditions of structure and environment at the time and is the effort of the organism to adapt itself to the conditions or to get rid of the disturbing factor. If these propositions be true, and all modern biology stands for their truth, the essential principle of drug medication, of seeking to modify directly the abnormal vital processes, instead of removing the cause of the abnormality, is a direct contravention of nature's laws. Osteopathy rests on the proposition that the reparative and curative forces are in the protective functional activities of the body itself and that the end of therapeutics is the removal of conditions disturbing their free operation.

This glance at elementary considerations will help us to understand Dr. Still's work. He found medical therapeutics, originating in empiricism, a heterogeneous medley of fortuitous procedures, rendered more disorganized by the futile effort to erect of them a system on an erroneous interpretation of nature's laws. Still many things in medical practice were scientific, were true to nature, and it must be that it is because they exemplified only in a secondary way the real basic law of therapeutics, that their lesson was not sooner learned, and that it remained for Dr. Still to find the key to a correct interpretation of nature's message in this regard. But it was not through these that Dr. Still reached his goal. He did not set out to reform existing methods, and confuse his results and dissipate his energies in more or less profitless efforts along this borderland between the old and the new. He made no pretense to cover the whole field of therapeutics. His original and independent discovery led him into what we now see to be the department of scientific therapeutics in which, without any disturbing complication the osteopathic principle is exemplified. Recognition of the causative relation to disease of lesion in the organic structure, and the methods of its correction are distinctive of osteopathy and new in the domain of medicine. He devoted himself wholly to this one thing. His great work was to demonstrate that the law of cure was a property of the organism and not of anything outside, that the principal factor in etiology was abnormality in structure, and that in those cases the method by which the law of cure was made operative was correction of this abnormality. He proved that intelligent manipulation, directed to a specific end, would cure disease. He confined his work to that distinctive, clear cut, and wholly new conception. That was his great life work. He did not obscure it by bringing in subsidiary or related questions. He did not attempt to define limits. There might or might not be many things already in use which were osteopathic in principle. All these things were left to fall logically into their proper places in the readjustment

of the system of medicine which the establishment of the osteopathic principles would render necessary.

A great profession has grown up, with its organizations, colleges, literature; with a social, scientific, and legal place in the world, that is the strongest possible attestation of the truth of his contention. But we must not stop here. We must possess all of the promised land. Dr. Still has drummed it into our ears unceasingly, and sometimes unavailingly, that the osteopathic principle is of universal application. We have often mistaken his emphasis on the truth of this one method of applying the osteopathic principle, for a declaration of the principle itself. Again, we are often confused by the landmarks of other systems that have preceded us, and are prone to either accept their conclusions without question, to swallow their statements whole, or to refuse everything that has once been theirs. Either extreme is disastrous. We must take the middle ground, and testing everything by what Dr. Still has shown to be the fundamental law of nature, accept the real and reject the artificial. If we keep this distinction clearly in mind the question of so-called adjuncts will settle itself. It is unfortunate that the word adjunct has ever found a place in our nomenclature, for in fact there is no such thing. Every application, appliance, method or procedure used in the treatment of disease may be classified under one of two heads. If its effect is to modify the vital processes themselves it is medical. If its effect is to remove conditions which are interfering with those processes, it is osteopathic. Among the first are most drugs used for their physiologic effect, much surgery, electricity, hot air, vibrators and similar devices. Among the second are manipulation—the removal of lesion, legitimate surgery, antiseptics, germicides, regulation of diet, habits, and life environment. If the X-ray or Finsen light will kill the lupus or cancer germ, the principle of their action is osteopathic.

What, then, is required of us under present circumstances? What are our privileges and what are our responsibilities? For what does our profession stand and for what is it striving? What should our schools be and in what should those whom they send forth be qualified? We may get some help in finding the answers to these questions if we consider in some of its various aspects the application of the osteopathic principle to the cure of disease necessary to strengthen our weak points and to make us a fully independent school of practice. Among these may be mentioned preventive medicine, correction of lesion, the germ question, surgery, special cases, obstetrics, and results.

Preventive medicine is the physician's real work and we have too much neglected it. It is of value to society to cure disease, and it is of greater value to prevent it. The world is coming properly to realize the importance of prevention. Regulation of the conditions of environment, public and private sanitation, with all their complex problems, influence of climate and occupation, pure air, water, and food, housing, clothing, diet, habits, all these are factors in the well being of the race, and therefore within the duty of the physician to understand and apply. I need not enlarge on this subject, as Dr. McConnell has covered it in a most admirable paper read at the recent meeting of the Ohio Osteopathic Society, which will appear in our Association Journal, and I would recommend you to read and study that article.

We have seen that the universal principle of etiology is interference or obstruction, and that the universal principle of therapeutics is removal of the disturbing condition from the stream of life. The relations within the organ-

ism which depend upon the structure constitute by far the larger field of application of these principles. It is in this field, new to medicine, that osteopathy has been established. It is here that it has scored its triumphs. Much has been done, but there is much to do. Differences we have had, due, as differences always are, to partial knowledge. The pathology of the lesion is of great importance to us, and the profession can look forward with eager expectation to the results of the research work which this society is carrying on along this line. Our attitude toward general pathology has been misconstrued, even by some of our own people, and it has been said that osteopaths had no pathology, but pathology and symptoms, while not so important to us from the therapeutic standpoint, are of the greatest value to us in diagnosis and prognosis. They represent the effects of an uncorrected lesion and a thorough and correct interpretation of those effects of the etiological factors is necessary to enable us to determine at what stage in a case we are called, and to estimate its near and remote possibilities.

The question of germs and germ diseases has sometimes been the cause of some narrow thinking and talking. You would not set about removing pediculi, scabies, or chiggers, by setting a vertebra. Germs are a cause of disturbance in the organism and as you would remove a splinter with pincers or dirt by the use of soap and water, so the use of antiseptics, germicides is strictly osteopathic. It is one method of removing the obstruction, secondary, to be sure, to the structural adjustment necessary to allow the self-protective forces of the body full play. But the *vital status presens* may be such that the body is unable to respond, the amount of vital force available for protective and reparative functioning may be so reduced as to be insufficient to accomplish the work; there is barely force enough to keep life going at its lowest ebb. In such a case if the bacteria can be killed the body can use all its slender store of vitality for its own recuperative needs, instead of exhausting itself in its attempt to resist an outside foe. So osteopaths should be students of bacteriology, of germicides and antiseptics.

The application of the osteopathic principle to surgery has been hardly begun as yet. We have to grow into this. We have first to make our surgeons. We need men who are osteopaths first and then surgeons. We have a goodly number who are surgeons first and then become osteopaths. They are good men and do the best they can, but they got their surgery from the medical standpoint and they can't get over it. When they step into the operating room their osteopathy falls away from them like an outer garment and they are straight medical surgeons, "something which you osteopaths of course can't be expected to know anything about." Their diagnosis and prognosis, whether they shall operate, how much shall be done, what shall be removed and what left, everything, is determined on the basis of medical teaching, medical traditions, medical records, and medical results. The real osteopathic surgeon will make his diagnosis and prognosis from the osteopathic view point, and only those cases in which the usefulness of a part is gone beyond the power of nature to repair, and other osteopathic measures fail, will operation be advised. Likewise the extent of the operation itself will be much restricted by reason of his knowledge of what treatment will do in restoring inflamed and diseased tissues. Operating for disease of one organ will not so often be the occasion for removing a half a dozen other organs "while he is at it." A new alignment of "surgical" and "non-surgical" cases will be brought about. Not the least important feature will be the osteopathic care

of the patient before and after operation. Until we are prepared for this work we are not a school of practice in the proper sense. It is a confession of deficiency and a rating of ourselves below the other schools when we must send a patient to them for a part of the treatment which his case requires. Even at the risk of violating professional courtesy by anticipating his own written announcement, I cannot refrain from referring to the success that is being achieved by Dr. Forbes at Des Moines in applying the principles of osteopathic surgery in modifying the Lorenz operation for cases of congenital hip dislocation. If his further experience confirms present conclusions there will be opened a new vista of hope and encouragement for this class of cases, and the principle will score another notable triumph for osteopathy in the domain of orthopedia.

The special cases of the abuse of function, violence, burns, freezing, poisons including alcohol, electric current, are all causes of disease, and the osteopath must be prepared to remove their effects.

I need not enlarge on the subject of obstetrics. The record of our practice in this is sufficient. The three years' course in our schools will permit of fuller preparation of the student for meeting the abnormal conditions in this line of work. But I want to protest against some of the teaching we have had on the subject of puerperal fever and allied conditions. Until we have done some careful, elaborate and exhaustive bacteriological work, and have definitely disproved the present contention that it is a germ disease, we are not in a position to ruthlessly disregard the ordinary precautions against infection. It will do no harm to observe careful asepsis always in delivery. Courage and foolhardiness were long ago proved to be not synonymous.

Another phase of our work which we are just beginning to enter upon, is the case reports to which Dr. Edythe Ashmore is devoting so much of her time and thought. We have very much needed this systematic compiled proof of the effectiveness of our practice, not only as a palpable demonstration to the world, but for the very valuable information and help it will be to us. When the conditions have arrived for its full development, this should include a condensed statement of the results in all cases or in a number sufficient to show average results, and not simply in selected cases. It makes a great show of confidence in our profession to say that osteopathy can cure everything curable, and we feel a glow of honest pride in our integrity and humility when we acknowledge to ourselves that our failure in a particular case was because we failed to find the lesion. The theoretically perfect possibilities of osteopathy is one thing, but the facts of actual every day routine practice is another, and it is this, rather than the other that will teach us what we need to know. If we can learn as much from our failures as from our successes, then one-half of our professional mine of information is almost entirely unworked. Just what proportion of cases does the every day, on-the-earth practitioner actually cure? How much hope in any given case can we hold forth to our patient, based not on what might be theoretically, but on what actually is? Throughout our professional life we have listened to enthusiastic and inspiring dissertations on what osteopathy was going to do. Let's come down out of the clouds and get our feet on the ground. We will not be afraid of such a showing if the faith we profess is well grounded. But it would require the cultivation of a habit of seeing exactly what a case presents, rather than what we want to see, of recognizing our failures instead of shifting them on to some hypothetical indiscretion of the patient which had reproduced the lesion

which "we had just got nicely corrected;" of thinking and reasoning on our cases strictly on the basis of actual facts, even though they may be contrary to our preconceived notions; in short, of more scientific truth telling. It would also require more careful work in diagnosis. Our case records would not be worth much if they were to be vitiated by having the reports of angina pectoris include cases of intercostal neuralgia, or of uterine fibroids include a case in which after a few treatments a half a dozen of the fibroids were passed and are preserved in alcohol to exhibit to all who may be interested, or if every peri-arthritis is to be recorded as a dislocation. Does all this sound brutal in its frankness? Well, I would not say it if I did not think it necessary. Let us courageously admit our weak points and earnestly set about correcting this professional lesion.

This glance at the past and analysis of the present indicates clearly what our future may be. The scientific implications and constructive potentialities of the osteopathic idea justify the expectation, indeed require the realization of a growth and development in the future as much beyond present attainments as the present exceeds its beginning. What our future shall be rests with us. The ideals which we cultivate and by which we are guided, and the energy we display in formulating those ideals into accomplished fact will determine the final result. We must eliminate all man-made colorings and approach the study of nature, of health and disease, as though we were the first to do so, as though sickness and suffering were an original discovery and osteopathy comes upon the scene, theretofore untouched by a relieving hand, and whom we cannot relieve must continue to suffer without help or hope. Osteopathy is broad enough to meet these conditions. Let us not belittle it by sending our patients to other schools of practice for relief that we can give better than they. You and I have a part in this larger development. We can cultivate that attitude of mind which will be satisfied with nothing less than the largest opportunity for our science and the fullest recognition of its beneficent possibilities. We can encourage our schools to qualify future students who will come out among us fully qualified for these duties, to demonstrate that osteopathy is indeed an "improvement on the present system of medicine and surgery," as the original charter of the American School of Osteopathy so well expressed it, and that public health, state medicine, hospitals, and all the modern enginery devoted to the physical well being of society may be improved and more effectively administered under osteopathic auspices.

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### LIMITATIONS OF THE OSTEOPATHIST.

An Address before the Greater New York Osteopathic Society, Dec. 17, 1904, by CARL P. McCONNELL, D. O., Chicago.

In discussing the limitations of the osteopathic practitioner, let it be clearly understood that I am in no way referring to the limitations of osteopathy; for I firmly believe that the science of osteopathy is the system of medical science and art that completely and absolutely includes and is applicable to all the field of medicine in its broadest sense. The fundamentals of osteopathy rest upon the tripod of anatomy, physiology and chemistry and is inclusive of all their established truths. Even if there is in medical literature occasional fragmentary references bearing upon the osteopathic philosophy, Dr. Still is unquestionably the originator of form-



ulating the theory that the character of structural relations and alignments is the true basis of etiology. Dr. Still's great work does not suffer one whit by these glimmerings that the scientists of the drug schools once in a while evolve. On the other hand, it but strengthens and endorses our beliefs. No explanation or apology is hereby offered but the point I am desirous of emphasizing is that the drug schools' teachings of the past decade or two are unmistakably leaning toward the osteopathic.

Neither am I to discuss the limitations of the osteopathic theorist, for he is in an advanced class by himself. Fortunately for osteopathy, we always have had good theorists and not a small portion of our inspiration has been due to them. They have continually held before us (and thus illuminated our way) a delineation of the logical path of osteopathic development. This has been no small part I assure you. The evolutionary tendency of osteopathic probabilities and actualities has been a guide to all practitioners that boded much good. Practically all of our work has been pioneer work, and case after case has come to us that according to our philosophy we should be able to cure or benefit. What then would we have done without our theorists? No one outside of Dr. Still had the experience to support our decisions. Consequently judgment based upon practice had to be substituted for the time being, by logical deductions.

Our philosophy has been stated in such clear, concise and simple terms that even the layman has been able to grasp its logic and significance; and, mark you, a goodly percentage of popular osteopathic success has been due to this.

Of course, our theorists have had anatomic, physiologic and therapeutic facts to base their theories, but not therapeutic facts from all the field; still enough scattered here and there to doubly warrant definite conclusions. Facts are often lost when not gathered and formulated and their relative importance commented upon. And it is true our theorists could not have written so forcefully and appealingly if our practitioners had not obtained results. Results were gotten and the weaving of these into a consistent whole has been the great means of promulgating osteopathic knowledge. The theorists are in a class by themselves, as has been stated; and well they should be for a "theory", in its proper use, signifies the highest form of knowledge."

Right here I wish to pay tribute to a brother who has recently passed to the beyond. One though young and with us only a short time but who, indeed, enriched the profession beyond computation. None of us can help but think that Guy D. Hulett's mission on earth was distinctly a special favor from the Infinite. No one had a better conception of our beloved science than he.

Our paper then is to be a discussion of the actualities that confront the osteopathist in the field and to point out a few of our limitations or weak spots and to suggest a remedy for them.

#### WHAT CONFRONTS THE PRACTITIONER.

There are genuine problems that confront the field osteopathist, and a discussion of these, I believe, will help to broaden and develop us all. To the studious practitioner must we look for the real advancement of osteopathy. The practitioner represents the unit in our profession and his welfare

and relations constitute the basis of the osteopathic school—the basis of practical osteopathy. Not that our colleges are unnecessary and do not represent the highest type of education, but their special function is to teach and crystallize osteopathic thought and theory. The practical test of our therapeutics, the test of real worth and value, falls upon the field member.

It is true our colleges aim to turn out capable practitioners; and their efforts have been crowned with success. But no matter how practical a college course may be there is always a thousand and one problems the graduate will meet only in the field. His tact and judgment will often be taxed with problems quite foreign to clinics and theories. Often upon his decision of these problems will his success as a practitioner depend. Some classmate may know less of the theoretical science, may have been barely able to pass his examinations in chemistry or histology, but is blessed with that rare sense termed common sense. Not that I depreciate thorough scientific education in the least, in fact, no one appreciates it more than I, but there is another part of education, tactful and practical education, which is dependent upon a balanced brain, and without these one's perspective may easily get distorted. This side of the education can be developed to the maximum in the field; it can be included in the college course to a minimum extent only. Thus the classmate whose college examinations were of no particular credit may be a successful physician provided he has a thorough comprehension of practical osteopathy backed by mature judgment. Consequently there are problems arising with the field practitioners that our college professors may be largely strangers to and still at the same time the evolution of osteopathy is dependent upon.

The osteopathic theory is not supported in all detail instances by a series of established facts; if it was, abstract principles of the science would not be necessary, although we are in the unique position of having a dearth of theories, in many instances hypotheses only, to explain definite and exact results obtained in practice. (It should be noted here I am not referring to the general theory of osteopathy.) In drug medicine it is usually the reverse; practice is largely deduced from theories. The only point in common of the various schools of medicine is the induction of principles from the results of practice, of which the osteopathic stands by far the foremost. But unless the general principles or theory of a science is based on actual results, the so-called exposition may be nothing but a false fabric. Hence, one of the reasons why osteopathic science is logical and in many instances drug science illogical is because the former is deduced from actualities and the latter is largely nothing but hypotheses.

#### THE PRACTITIONER'S LIMITATIONS.

##### 1. *His conception of osteopathy:*

One's success in practice will almost depend directly upon his conception of the science; that is to what extent and character the concept has taken root. He may be able to appreciate that osteopathy is applicable superficially or fragmentarily, only, to health and ill health. Although his belief in the science may be firm in what he terms a limited application still with others the application may be extensive and comprehensive of all physiological functions. The statement may be made, and logically too, that if osteopathy is applicable superficially and fragmentarily, it is applicable

consistently to the whole. The same basic principles apply to one part of the body as to the other parts. Lack of osteopathic education or little experience can be the only reasons why due appreciation of osteopathy as a complete system of medicine is not forthcoming from the honest practitioner.

If one's conception of osteopathy is not based upon logical, sane and broad grounds that practitioner's usefulness and ability is limited. He can neither do justice to himself nor to his patients. This is the member that so readily chases therapeutic rainbows. His ground work, his osteopathic basis, is not solid. Even if he just tacitly admits that the system is partially right, it proves his lack of logical reasoning or thorough understanding by not admitting more. Real osteopathic work can not be part right; the system is a science or it is not, for the simple reason it's truths either do or do not permeate and are consistent in all functional and organic disturbances. The entire body is controlled and governed by the same dynamics, whether in the extremities, chest, or elsewhere; and, consequently, one system or character of forces does not provide functioning in one locality and other systems somewhere else. The body economy is regulated by definite and precise law; its equilibrium is rigidly maintained in character; the transference of body energy is according to exact rule. Consequently it is preposterous to intimate that osteopathic principles are only partly right, for its fundamentals are absolutely harmonious with the fixed laws of nature. The laws of mechanics and through them the exchange of energy from the physical plane to the therapeutical plane is just as applicable to one part of the body as another. Physical energy transferred to a physiological or therapeutical equivalent through anatomical adjustment, stimulation or inhibition is appreciated as much in one tissue as another. Therefore osteopathic therapeutics are not fragmentary, provided the body is inherently a complete being, a fact no one doubts, only as the practitioner may ignorantly apply them.

These statements are certainly elementary, but it seems that at the present stage of osteopathic development a comprehensive and consistent understanding of fundamentals is in some quarters deplorably lacking. Our practitioners' medical education and enthusiasm should be osteopathically rock-ribbed. The inconsistent so-termed broadening out features should be stopped. I refer to the catch-penny freak practices of a few of our colleagues. Legitimate osteopathy contains problems to be solved that will keep the profession extremely active for generations. Our desire should be to awaken a thoroughly scientific spirit in the field practitioner; then mercenary motives will be reduced to a minimum and the good done osteopathy will be invaluable. In a conversation with Dr. Still of only a few weeks' past, he made the statement that it was his belief the man who sought truth for truth's sake would always be provided for. Could a more inspiring statement come from a scientist and a philosopher? Has not his life been a shining example?

Hereditary customs and traditions are potent factors in the present medical development, and thus it is hard for some of us to thoroughly and consistently apply our science unless we are dyed-in-the-wool osteopathists. In other words, the courage of our convictions is in danger of being partly neutralized through inheritance and present customs and environment.

On the other hand, there are practitioners who are such extremists that they occasionally attempt the impossible through osteopathic therapeutics. They encroach, for illustration, on the distinct field of surgery. Again the reason for this is a distorted perspective. These practitioners, however, make a much greater success as practitioners than those who are constantly seeking the limitations of applied osteopathy. After a few mistakes, and where are the practitioners who do not make mistakes? they find the true perspective a point where mature judgment backed by experience tempers the work. These men and women become our safest and best physicians, for they start with a foundation that is true and in a short time practical experience polishes their technique, renders judgment more infallible, and quickens decision.

There is a class of osteopaths who are constantly impressing upon others what osteopathy can not do rather than what it can. These individuals get the "cart before the horse." Not but what caution is always advisable but to twist the logical sequence of facts about so that emphasis does not fall upon the primary factors is a mistake, and which ultimately leads to much indecision and lack of executive ability on the part of the practitioner at the bedside.

2. *His acceptance and practice of various medical theories without first analyzing and interpreting them through osteopathic principles.*

This is another reason why the osteopathist is apt to be limited in his applied therapeutics. Reading medical literature is both commendable and essential. But there is always the danger of being sidetracked by the underlying and ever changing theories of medicine instead of constantly interpreting and weighing the literature by osteopathic truths. Of course, a certain amount of medical statements are in harmony with the osteopathic school, but on the other hand there are others that at first sight seem plausible and logical unless one is extremely guarded.

Osteopathic literature is rapidly increasing and moreover the quality is improving. This will lessen and neutralize the danger of our practitioners logical unless one is extremely guarded.

Holding in mind the osteopathic philosophy when perusing medical literature will redound to great good. It will strengthen one's faith in his work and besides give him a fund of information that if rightly interpreted will be invaluable. Late medical literature is especially rich in hygienic, sanitary and dietetic facts. Still one must be careful not to fall into a hotch-potch practice by worshipping some of the faddish cast-off methods of the old schools. Some practitioners have called this liberalness, but alas!

3. *His narrow conception of osteopathic etiology:*

We should continually hold before us a broad basis of osteopathic etiology. Broad in the sense of being comprehensive but still consistent with osteopathic standards. It is so easy to forget or not even realize that the very nucleus of osteopathic originality and valuableness is included in our idea of etiology. Osteopathy is not characterized alone by a unique and distinct therapeutics, our therapy is a secondary feature, but the primal characteristic of osteopathy is exhibited in the recognition of an independent etiology. Herein lies the distinctive line of osteopathy from other schools. Therapeutics can not be developed and evolved without a base or starting point. Our

therapeutics, owing to their radicalism, is apt for the moment to eclipse the greater portion of osteopathy, our etiology, and there is a reason for this for not only the public but a few of our pseudo and superficial osteopaths have gotten the idea that the surface of the body is covered with a system of push buttons, you press it at a certain point to relieve a diarrhoea, another point to cure asthma, and at another point for chills, and so on. Thus is seen why the spectacular exhibition of manipulation, stimulation and inhibition has outshone the greater part, osteopathic etiology. Then again the general treatment weakling has attempted to cover up his ignorance by a great show of bull strength and mulishness. These things prostitute the work and years are required to correctly inform and educate the duped.

But of still more vital importance to the science is that our sincere and genuine co-workers have a broad conception of etiology. Etiology is inclusive of the cause or causes of all disorders. Consequently in order that our school shall fully cover the field of the healing art we must look well to our foundation head.

Structural disorder of the tissues causing malrelation and malposition of the parts is unquestionably the basis of osteopathic philosophy. A fair percentage of disorders are due absolutely to these mechanical disorders. Call the body what you will, a machine, a vital mechanism, or what not, the great underlying fundamental of causation of disease is mechanical derangement of the tissues—tangible conditions detectable by the skilled practitioner. Moreover, at the basis of most other primary and secondary disease producing factors, as we will discuss later, I believe disharmony of function can be traced to original mechanical discord.

What is really exasperating at this stage of our development is to see some of our colleagues following lesser if not false gods. How in the name of all the great problems demanding solution can a practitioner be so lost and beside himself as to chatter about scrubbing brushes or some such like, as if the future of our work depended upon such incidental exploitations, instead of adding his manhood weight to the real elaborating of our science is beyond me. It must seem that the scientific perspective of such a one is entirely embryonic.

One of the purposes of this paper is to briefly speak of several etiological factors germane but still usually secondary to the great primal cause of diseases, deranged tissues. In giving space to these factors my object is to specially call attention to forces and agencies that we should recognize and study more than we do. An understanding of these will help to round out our appreciation of disease processes.

(a) Cosmic forces:

I speak of cosmic forces in order to emphasize the point that one's horizon should not be too narrow. There is danger on the one hand that the practitioner may become sort of hypnotized by details and thus lose sight of the relation of the part to the whole; this constitutes, in my estimation, one of the hardest problems for a teacher to solve. The student through his lack of experience is so apt to be lost in a maze of details unless his instructor has the ability to occasionally lift him above the minutiae and show him relative values of the subject at hand and to place emphasis where it should be.

On the other hand there is, also, danger of observing generalities only; this quickly leads to superficiality, and superficial work in osteopathy is

represented by the general treatment and trusting to luck. *Vis medicatrix naturae*, fortunately for the patient but frequently detrimental to the practitioner as a scientific physician, often comes to one's aid. There is, however a relative importance for everything and the physician who can as nearly arrange the logical sequence of the factors at issue to the ideal is without doubt the sanest and safest physician.

Cosmic forces play a part in influencing health although just what the forces are and how they act is largely unknown. Still we should hold this fact in mind for it may be occasionally of practical value to us. Pandemics are certainly influenced by such forces. The great pandemic of influenza a number of years ago was world wide and swept with amazing swiftness across continents and seas from east to west. We are still too familiar with the sequelae of that epidemic. Many chronic diseases, especially tuberculosis, are traced to that time. Latent diseases were developed into acute diseases. In many instances the lungs and kidneys were left diseased.

Undulations and periodicity of epidemics and pandemics are well known, although many of the causative factors are unknown. Unhygienic surroundings, unsanitary conditions, poor food and polluted water are among the well known causes of epidemics. Atmospheric and electrical changes with other disturbances of an universal character have been attributed as factors. These powers of nature, electrical currents, gaseous contents of the atmosphere, abnormalities of air pressure, etc., are probably potent forces in influencing fluctuations of disease, periodicity of epidemics, and the like. Epidemics do not always follow lines of travel, and the spread of the disease may be against the wind. Of course fear of infection is an important factor. It is interesting and well we should bear these things in mind. Some day these problems will be solved. A solution of such problems will be the means to the end of combating the causative circumstances of disease with a maximum amount of good. But observing that there are such forces will at times aid us materially, both primarily and secondarily, in treating diseases.

(b) Heredity:

Whether heredity is cumulative, mediate or immediate it has been often overlooked by the osteopathist. Still there are two good reasons why we have been at fault here: firstly, the medical profession has attempted to make too much out of heredity, and, as a consequence, a natural reaction is the result. Secondly, time and time again the osteopathic practitioner in the field has found that previous medical diagnoses were wrong, particularly where the M. D. said the condition or disease was inherited, and has been able to absolutely rectify the condition. Thus the osteopathist has minimized hereditary tendencies, although the sum total of obtained results along this line is far in excess of the M. D.'s.

We are somewhat given to being hasty in our diagnosis and making snapshot decisions instead of studying our cases more and arriving at a decision after deliberate judgment. It is true that often the anatomical condition of the body is so evident that we are justified in making quick diagnoses, and, furthermore, results support our diagnoses. Still there is a percentage of cases in which no one can understand the exact condition without careful thought and time to weigh all history and symptoms and laboratory findings even if the anatomical is horribly distorted.

We know that family traits and characteristics are occasionally pronounced for many generations. Even look at the race characteristics. Features, idiosyncrasies, and anatomical peculiarities are observed in families and races for generation after generation. Certain families and certain races are prone to diseases that others are not. All of us have seen families where one eye is smaller than its fellow, where all members are afflicted with a hernia, a spinal curvature, webbed fingers, a goitre, and so on. There are families where nearly all members suffer from organic heart disease. All are aware of atavistic influence in bleeder's disease. That optic nerve atrophy is sometimes inherited is well known. These examples could be multiplied. Still we should remember it is usually organization instead of disease that is inherited.

What does this teach us? It teaches us to be more careful in diagnosis and as a consequence our treatment will be more rational. Hereditary influences are facts and it is our duty to recognize them, if possible, when they exist. Of course, this requires mature judgment and ripe experience. All of us make mistakes: "to err is human" is a platitude that contains much thought, and the lesson to us is to reduce the errors to a minimum. Literally ramming ahead and giving a treatment regardless of a definite course to pursue and object in view is ignorance inexorable.

Our object here is to bring into prominence a few of the salient reasons why a number of our practitioners are limited in osteopathic applications. It is not the fault of osteopathy that some of our colleagues make dismal failures. It is very often the fault of the osteopathist's interpretation of osteopathy. Osteopathy should not be represented by manipulation alone in the field of therapeutics. Manipulation characterizes osteopathic therapeutics by virtue of the body being a physical mechanism. But the body is more than a physical mechanism—it is a vital mechanism—and consequently may be distorted and perverted by other means than direct violence, although mechanical violence on the physical plane plays the important part in etiology. We should not forget that vital and physiological forces through the medium of heredity can readily be transferred into a force wherein the physical equivalent is represented by some anatomical irregularity.

It has been said that *constitution* is the state of the human organism from the moment of birth to death; it is "the *resultant* at any and every moment of the interaction between the organism or economy and its environment." "*Environment* is the sum of the circumstances affecting the organism from birth till the moment under consideration." "*Heredity* is the state of the organism as determined by the ancestors." Constitution is always changing; heredity is fixed and determined. *Diathesis* is fixed and determined; this represents intra-uterine history, and "is a state intermediate between heredity on the one hand and constitution on the other."

(c) Predisposition:

A predisposing factor whether due to natural or congenital causes may be a potent one. A diathesis is not a disease but a condition or tendency.

In preventive medicine the predisposing condition is of the utmost importance; and preventive medicine is a field so far little developed but its possibilities are tremendous, and osteopathy holds the key.

The time is rapidly approaching when the layman will go to the osteopathic physician for examination and possible preventive treatment some-

what similar to the layman's relation to his dentist, just to see if there is any impending trouble, knowing that a little prevention often saves immeasurable suffering. No one will question but that the true osteopathist is the ideal person for this service.

We are especially well fitted in eliminating and correcting predisposing causes. Anatomical malalignments and deviations are our main forte, and a large per centum of predisposing influences are directly traceable to an unsymmetrical physique; consequently osteopathic manipulations are peculiarly applicable here.

Of course, there are other predisposing factors in disease, as poor hygiene, poor environment, unsanitary conditions, improper food, etc., but these will be considered separately.

Anatomical predisposing influences are such an integral part of prophylaxis that our practitioners should be especially alert in this field. The possibilities of doing good here are unlimited.

Defects in standing, sitting, walking are potent forces in paving the way for insidious and positive beginnings of ill health, so we should constantly be on our guard.

#### (d) Environment:

Surrounding conditions, influences and forces is another source where the osteopathist trusting to his mechanical work almost exclusively is apt to be weak. In this respect we can learn much from the older schools. There are cases where osteopathic lesions are well marked but relief is practically impossible until the environment of the patient is bettered.

We are apt to get hereditary and environmental influences confused, for often the effects of the forces of either are mixed. It is well to keep in mind that rarely a disease itself is inherited; but a special tissue weakness may be inherited with a consequent predisposition to diseases common to the defective tissue which through environment will be the direct means of developing the disease. Habits and customs are largely imitative and thus it is not surprising and uncommon to find members of certain families suffering from the same disease. Consumption is a good illustration in this regard. The children of consumptive parents are not likely to be born with strong physical bodies; then this inherent weakness coupled with deleterious habits and environment it is not surprising the child should have tuberculosis. The same would be true with any impoverished body that is housed unduly, given poor food and constantly coming in contact with pathogenic micro-organisms. The real surprise is that there is not more disease than now exists. Certainly the body will stand much abuse.

Environment is really a stronger and more common factor in producing disease than heredity. As osteopathic physicians we should lay special stress upon environment. Do not ignore it. It is in absolute harmony with osteopathic tenets—in other words, common sense.

All of us suffer from the lack of a simple life. Civilization has its drawbacks, most notably to the physical body. The modern hurry-burly life of the city keeps one on a constant tension both mentally and physically, and the chain of symptoms and diseases that can be directly traced to this kind of life are well known.

Volumes could be written, indeed have been, on this subject, but mere mention and emphasis of these matters will herein suffice. My plea is for a



rounding out of our profession. No doubt many of you keep these things constantly before you, but they can not be mentioned too often. They are at the very basis of hygienic law.

(e) Hygiene and sanitation :

Hygiene, the science of health and of its preservation, and sanitation, the establishment of conditions favorable to health, are broad subjects. Again, my purpose here is to recall established facts wherein the practitioner is apt to weaken his ability to get results and thus not serve his clientele to the utmost.

It is not my purpose to tire you by a reiteration of established and well known practices but rather to awaken in our practitioners, as heretofore stated, an interest for a wider field of usefulness. We are not doing all that is possible. Our practitioners are capable of a greater and better work than they are now doing. Distinctive osteopathic etiology and therapeutics, we will grant, if practiced alone is a specialty. But osteopathy as a school of medicine is not specialism. No doubt that osteopathic therapeutics as practiced by a number is clearly limited in applicability. This suicidal tendency is just what we must avoid. Our future is before us and there is not a doubt but that we can make it what we will. Will we arise to the occasion—our possibilities? Certainly not if we sit down and fold our hands.

Now, a specialist is a practitioner who treats a special class of diseases, and specialism is devotion to a special department of medicine or surgery; a sect refers to those following a particular leader or authority, or attached to a certain opinion. Osteopathic practice is a specialty only as we choose to limit our practice to a certain line of diseases. We can specialize in the osteopathic school as in other schools. But to say that osteopathy is a specialty by virtue that our characteristic work is manipulation is not logical. We treat both acute and chronic diseases with equal success. The treatment is not limited to diseases of any one tissue or section; nervous disorders as well as blood diseases, digestive disturbances the same as fevers, eye disorders as well as pelvic diseases, yield to the treatment.

Neither are we a sect. True we follow a leader in our distinctive work but there is much other ground that we include,—common medical heritage. And it is just this common medical ground that seems to be a stumbling block to many. These practitioners must raise themselves from the thrall-dom of sect. They must interpret the facts of common knowledge through osteopathic truths. We would be a sect if we blindly or absolutely followed a leader, if we practiced the characteristic manipulations of Dr. Still only. Even Dr. Still has never asked us to follow or imitate his individual practice. He has given the world a general theory of disease, a philosophy that is as broad as the universe. He has asked us to apply this theory to all diseases, to all sciences pertaining to the medical art. It has been tried and not found wanting whether to facts observed by Dr. Still or to any other scientist. Our venerable founder is always ready to appreciate medical facts from various sources.

We are a school or method of practice, a system if you will, for our exhibition of essential principles or facts are complete and arranged in a rational connection and applicable to the entire field of medicine. Thus we should always insist upon our colleagues in the field to fully round out their practice. True we are followers in our main work, characteristic osteopathic revela-

tions, of Dr. Still, and well we should be for he has not only added distinct knowledge to medical science but has given it a theory established on facts that is applicable to and renders the whole a rational and logical system.

My digressions are numerous, but I trust they are more apparent than real. The limitations of the osteopathist cover a somewhat large field but still that field is a self made field in proportion to the practical ability of the osteopathist. As I stated at the beginning, this is not a dissertation on the limitations of osteopathy but on the limitations of the osteopathist.

Hygiene and sanitary science is inclusive of much that is of vital moment to the health of the individual and of the community. Preventable diseases, food in its various aspects, air and the problem of ventilation and warming, climate and meteorology in their relations to public health, the problems of water supply, the removal of sewerage and refuse, the consideration of soils and localities, of infectious and parasitic diseases and of disinfection are among the many features comprising hygienic law and sanitary science. The osteopathist will have to share the responsibility in these matters as well as others if he expects to be classed among physicians.

(f) Dietetics:

Regulations of the diet is another important field of work that all physicians should familiarize themselves with. In this day and age the culinary art has become an exceedingly complex one so that tastes and appetites for certain dishes are not natural but acquired and it behooves us more than ever to guard the dietary of our patients. This is no ordinary problem especially with some classes, and we will find that frequently certain disorders of the body will not yield to a successful issue without a regulation of the diet.

4. *His Superficial Knowledge of Pathology:*

All are aware that pathology is one of the essential studies of the osteopathic school. It is not enough to know physiology but an understanding of perverted physiology, of pathology is necessary in order to have a clear understanding of disease processes. Disease being a condition of the body forces it is readily seen why a knowledge of how etiological influences perverts physiological processes, and, also, just what is the character of the morbid tissue, is important.

In order to become skilled in diagnosis and prognosis a thorough understanding of pathological processes is absolutely essential, and, also, not only in prescribing and executing the correct treatment, but in avoiding wrong treatment, will pathological knowledge be invaluable. Too few of our practitioners pay sufficient attention to etiology and pathology outside of characteristic osteopathic methods even if such outside methods are in utmost harmony with osteopathic tenets. We must have thoroughly educated physicians. The public is demanding it, and what is more our science is demanding it. The time is past when even our narrow minded practitioners (and a curious fact is these practitioners generally think they are the personification of liberalness and broadmindedness) can say osteopathy is a specialty. Our labor in the sick chamber shows this, that we can successfully treat all diseases. Our success is no more marked in one line of diseases than in another. Of course, strictly osteopathic knowledge is supplemented by common medical knowledge, but common medical knowledge is our heritage.

Moreover, would it not appear ridiculous to ask legislative bodies to legalize and protect our practice if we possessed simply a side show? The evolutionary forces of our science will not allow any retrograde movements. We have deliberately placed ourselves in the breach and we have no alternative but to surge ahead. The potential situation of our science is tremendous and we will not be doing our duty if we do not truly meet the probabilities and possibilities of our school. And I am sorry to say the earnest men and women within our ranks who belittle the resources of osteopathy are our worst enemies, for a combination of earnestness and ignorance is extremely hard to combat; it represents much illogical stubbornness.

The lack of pathological science is one of our weak spots. I do not refer so much to medical pathology as to osteopathic pathology. I believe most of our practitioners are fairly conversant with the former. But how much real scientific osteopathic pathology has our school developed? Our opportunities are simply unlimited. We have the richest, most vital field possible.

There is not a member of our association but what is abundantly capable and able to help develop this field. The profession's most magnificent air castles could hardly exhibit greater possibilities. Think of it, fellow practitioners, here we are already four thousand strong and rapidly growing, and have the key to a fund of knowledge that will develop scientific medicine practically to the point of perfection if we will only get down to genuine labor. Are we going to leave this, without making an attempt, for a future generation? I trust not. I fully realize a lot of our dilly-dally talk is temporarily necessary to hold some of our practitioners who are inclined to worship lesser gods in check. Solidarity is a necessity. The keeping in line of public opinion and legislative development are essentials. They are necessities of the present. And I hear someone say, what more could we ask in so short a time, practically a decade, for the general progress of osteopathy? I answer, we unquestionably have accomplished much in public commendation, in legislative enactment, and, above all, in healing the sick. But we have not developed all of our possibilities by considerable. What is more, we do not seem to be doing all that is possible at the present. Osteopathic pathology in particular is still scientifically vague, and at a time when it should not be. Our art is far in advance of our science, which is an unusual situation in the scientific field.

Think of it! after all of these years we have collected only a few hundred case reports when we could literally have thousands upon thousands. In a recent collection of eight hundred cases for valvular heart disease, I could scarcely utilize a score of them. Why? for the simple reason they were vague, ambiguous reports. Every one of us are guilty here.

What has been done in osteopathic dissection and laboratory experimentation? Practically nothing. As heretofore stated there is not one practitioner but is perfectly capable to add his share to the whole. Every one of us would be pleased to see pathology developed. Who will make the start if we do not?

I am not preaching theories but stating cold facts. Each one is as much at fault as the others. It is a deplorable apathy in the profession that is retarding us. We must wake up and at least shake off the cobwebs.

To know that we get results in treating a certain lesion is one thing, to know *how* results are gotten is another. What little real pathology we have is fragmentary but is substantiated by a sound logical theory and backed

by universal, practical and successful results. But is this satisfactory and sufficient for a scientific body?

Some one says to give us more time. Yes, indeed, we need more time and plenty of it, but the time is already here and passing. There will come a time, if we are not careful, when we will wake up to find our medical brethren, who love us so well! have usurped our throne, and then the devil may take the hindmost.

It is sadly true there are men and women in our ranks who are seeking filthy lucre only. Their professional work is buncombe of the rankest kind. I do not believe in combating these individuals only where they are too flagrant and obnoxious. They will quickly decline in public favor by the weight of their own inability. To fight them is to advertise them. The practitioner who remains true to osteopathic fundamentals and strives to his utmost to exploit these fundamentals will be successful to the maximum extent, for he is building his monument on the rock foundation of truth.

Let each one of us earnestly endeavor to add at least one mite to real science. Let us conduct our studies, our research work, and our practice with the scientific thought uppermost. The pathological field presents the widest field for investigation. Medical pathology is usually good as far as it goes. The area for exploitation between the influences and forces producing disturbances of structural relations and the actual morbid tissue, in other words the forces and agencies at work back of the diseased cell, has practically been untouched. Here rests for solution the greatest medical problem of the present time.

##### 5. *His Deficiency in Diagnosis.*

Many of us are apt to be deficient rather than defective in diagnosis. Before we can intelligently and specifically apply a treatment we must be able to accurately diagnose. The statement that we hear so often, "a case thoroughly diagnosed is half cured," is more or less true depending upon circumstances.

As a rule, the skilled osteopathist is an expert diagnostician. The osteopathic school has brought into full prominence the etiological value of medical science, and naturally the ability to correctly and accurately diagnose is in proportion to one's understanding of relative etiological factors plus skill in the methods of diagnosis.

Osteopathic diagnosis is distinctly in a class by itself. And whereas it includes the major portion of the diagnosis of our school it should be kept in mind there are other methods, especially laboratory methods, that we should use as well. However, a word relative to more thorough osteopathic diagnosis is in order. One of the easiest things in our practice is to become slipshod in osteopathic diagnosis; to become proficient requires much practice and experience. It is an accomplishment that also requires time and personal instruction in order to become even passable. Educating the senses of touch and sight, especially the former, is a slow process. To detect the difference between normal and abnormal tissues by the sense of touch is particularly difficult. This part of osteopathic education is by far the most tedious. An understanding of etiology and pathology and a skillful application of therapy is decidedly easier to surmount.

Too much of our diagnosis is likely to be general and superficial. Diag-

nosis of minute structural derangements is what really counts in osteopathy. It is not enough to note that a gross spinal curvature may exist, or there is a decided and very apparent twist between two vertebrae, or the ribs or an innominatum are subluxated, but much more, slight structural deviations should be diagnosed which require an accurate and acute sense of touch. Such diagnosis means many months and even years of constant practice to become proficient.

Herein rests one of the greatest differences between the skilled and unskilled practical osteopathist, the ability to detect the *minutiae* of anatomical irregularities. Moreover, here is the secret of successful specific treatment. Such is characteristic and distinctive osteopathic diagnosis. This is not learned from mail courses or text books—personal instruction and plenty of it is absolutely necessary.

In regard to the other methods of diagnosis, in distinction to that of strictly osteopathic origin but still an essential part of the osteopathic school, we should utilize laboratory methods more. Laboratory measures, sputum, fecal, blood, urine, etc., analyses are not only aids to osteopathic methods, but are often necessities in order to specifically diagnose. By employing these means we fully complete our diagnosis as all physicians should—use every method possible that may help to corroborate or throw a ray of light upon the problem at issue. Comments upon this is so elementary that bare mentioning of the fact seems sufficient. I trust that all of us are realizing more and more that we are physicians in the broadest sense and not mere manipulating osteopathists, and that each one of us is constantly developing his skill.

To say that analysis of the urine, or a blood count, or examination of the fundus of the eye, or a radiograph will not aid in treatment can be at the very best only partially true. If these examinations do not always help one in a positive way in diagnosis, prognosis and treatment, they certainly are invaluable negatively. How can we hope to be scientific men and women capable of advising as family physicians, as hygienists, as sanitarians, and the like, if we do not appreciate and understand the import and relative value of all medical and allied sciences?

One other point I desire to bring out under diagnosis and which was mentioned by Dr. Whiting in his St. Louis address; often, in a way sick people get well whether a physician is called or not, and the general non-specific treatment will benefit some in most cases at least. This is too true; and at first thought one would be inclined to think that it is a fortunate situation. But it really is a paradox. The serious part of all is the superficially trained physician is too apt to interpret, after seeing a few cases get well without any treatment at all or at best after a few general treatments, that his clientele requires only a minimum amount of general treatments; just enough to satisfy them. Rather than work conscientiously and give his serious attention to each problem that arises he grows careless, and it is needless to say such procedure in his practice is the beginning of the end of his professional career. These physicians are dangerous to the community, fortunately, however, respect for them is soon lost. Hence *vis medicatrix naturae* is an actuality we should always recognize and appreciate, still the abuse of one's dependence upon it may so result that the sum total of possible good results may be greatly lessened by the careless and superficial physician.

### 6. *His Superficial Practice of Therapeutics:*

In a manner the therapy of osteopathy has eclipsed more important features of our school. Great stress has been placed upon our therapy with a consequent resultant show of manipulation. Osteopathic manipulation is only a means to an end at best. Unless we have a distinct and logical etiology, pathology, and diagnosis our therapy amounts to naught more than massage or movement methods. Inclusive of the lesser importance of manipulation is the great concern we should have for the correct execution of our therapeutics.

Many so called osteopaths have done more to prostitute osteopathy than all other things combined. Through their ignorance they force osteopathy to the manipulating and movement-cure rubbish heap. Their one desire is to know what movement or manipulation to give for this disease or that disorder. Their so and self termed osteopathic knowledge is absolutely beside the real osteopathic fundamentals.

Osteopathic therapeutics is a clean, clear cut method of therapy as exact, in fact based upon, the laws of dynamics and mechanics. It is the executing of definitely and exactly replacing mechanically deranged and distorted tissues and organs. Only in the realm of temporary ailments and as palliating and assisting treatment in chronic disorders do the far lesser important methods of stimulation, inhibition, relaxing and stretching of tissues exert a therapeutic influence. Too often this practically and generally incidental work is made the greater, as osteopathic therapy of primary importance. Fortunately for the patient at the time being, but unfortunately for the welfare of osteopathy, this general pommeling may result in permanent good by inadvertently correcting deep structural disturbances.

In our therapeutical endeavors we should always remember that there is a concatenation, so to speak, of the different physical systems. The nervous system "binds together all the other systems of the body in a living reciprocity of energies and functions." Our therapeutics are peculiarly harmonious with natural laws so that an adaptation of means to an end is most readily forthcoming. Specific treatment always illustrates this. General treatments and movements is the great impediment to developing scientific osteopathic therapy.

I believe genuine osteopathic treatment coupled with right living, proper environment and correct food will invariably result in the maximum amount of good in all medical and many surgical cases. Just in proportion to one's divergence from these practices will his success be minimized.

#### THE REMEDY.

I am well aware that my paper has been one of criticism rather than of praise. But I assure you it has not been adverse osteopathic criticism. We should examine the niches of our superstructure occasionally and note what it needs in order that it may be more symmetrical and beautiful. I do not believe one of us realizes the extent of usefulness that our beloved science will occupy in the future. But we must keep the science intact and undefiled; and in keeping it pure the best possible will be attained and posterity will not adversely criticise us for our shortcomings and even heretic tendencies, for there are a few in our profession who seem to be on schismatic

ground; these individuals can not have the best interests of either the profession or of humanity at heart.

There is a class of osteopathic practitioners who seem to fear that those who are earnestly striving to practice pure osteopathy will become narrow-minded. They continually preach the efficacy of other methods and ludicrously place some hobby on a par with osteopathy. The relative value between osteopathy and these faddish methods may be likened to the light given off by the sun on the one hand and a star of the fourteenth magnitude on the other. Why they devote their energy to some incidental matter and not to the real magnificent problems of science is beyond one. Can it be their conception of osteopathy is a narrow one? I fear this is the case.

On the other hand there is a class of osteopaths who are extremely anxious and watchful lest the science becomes lowered by false practices. This class comprises the bulk of the profession and I am proud to state my sympathy is here. These are the men and women that must guard most zealously the fundamentals of osteopathy. These are the apostles that know full well the illimitable field of osteopathic resources.

Hence my plea has been to broaden and deepen the ramifications of osteopathic truths. Not to worship false gods but to hold fast to the tenets of our theory and thus continue to be the mainstay of the profession and still grow and develop as our resources warrant. Far be it from me to advocate things foreign to the basic principles of osteopathy, and if any one has gathered from this paper that I am a so-called liberal in practice he has wrongly interpreted my purpose. My one desire is to be a thorough osteopathist—thorough in the meaning of the fundamentals of osteopathy. And this does not imply sectarian views, for the thorough construction of osteopathic principles carries one to the very ends of Nature's problems. Before one can realize and appreciate the illimitable field of osteopathic philosophy his groundwork, his osteopathic nucleus, must be more than mere theoretical chimera—it must be revered with an insight which can be obtained only through thorough, practical, specific results.

Thus my criticisms can only be friendly but with the earnest and jealous desire that every one of us may personally and gradually widen the space between the osteopathic manipulator and the osteopathic physician. Progress should be our watchword.

The *remedy* wherein our work may effect the greatest possible good lies in more thorough education. Research is the cornerstone of all scientific development. We as practitioners should continuously strive to broaden our usefulness and to delve into the mysteries of life processes. There are many niches in the superstructure that remain to be filled, and if mutual encouragement may be forthcoming even in the slightest degree the object of my discourse will be attained. After all, it is not a question of the ultimate limitations of the osteopathist, but merely for the time being are we in the formulative period of pioneer work and apt to be limited in our practice through lack of experience rather than thorough theoretical ideals. Through all of our observations, studies and research we should continuously keep before us the philosophy of osteopathic science.

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He who gives the truth a false coloring by his false manner of telling it is the worst of liars.—E. L. Magoon.

# The Journal of the American Osteopathic Association

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APRIL, 1905.

## DENVER MEETING, AUGUST 14-18, 1905.

Just as we go to press we learn that the Trustees have decided upon the above dates for the Denver meeting. The opening session will be held on Monday evening, Aug. 14. On the four following days there will be one session of about four hours each day. It is possible that there will be one or more night sessions for special purposes during the meeting. The full program will appear in the May number of the JOURNAL. The matter of rates is being considered and the announcement concerning them will be made later.

A blank application for membership in the A. O. A. was printed on the second page of the cover of the directory sent to members last month. We will gladly supply another copy of the directory to any member who uses this blank in sending in an application for membership.

Contestants for the prize offered by the A. O. A. for the best essay along osteopathic lines should bear in mind that all papers to be considered must reach Dr. Link, chairman of the Committee on Publication, not later than May 1. For other conditions of the contest see the JOURNAL for February.

We notice in medical journals encouraging reports concerning the outdoor treatment of consumption. There can be no doubt that results from this method are far more satisfactory than any of the "cures" that have of late years been so much heralded in the press of this country. We further believe that the experience of osteopaths with consumption warrants the statement that intelligent osteopathic treatment in connection with outdoor living and other hygienic measures will go very far toward conquering this dread plague.

Some time prior to the St. Louis meeting a committee from the Board of Trustees, consisting of Drs. A. S. Melvin, H. H. Gravett and H. M. Vastine, was appointed to draft and submit an amendment to the constitution providing for closer relations between the A. O. A. and the state associations. On account of the importance of the matter it was decided at St. Louis to postpone action for one year and the committee was given another year in



which to prepare the amendment. We have no doubt that the members of this committee would be glad to receive any suggestions that would aid them in solving the problem with which they have to deal. This, as well as any other amendment, in order to be acted upon at Denver must be published at least one month before the meeting.

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That a healthy public sentiment on the subject of legislative control of the healing arts is growing up in this country is evidenced by the generally favorable editorial utterances which have appeared this winter in the leading newspapers throughout the United States in discussing the osteopathic bills which have been before the various state legislatures. It has been the exception where osteopathy has not been fairly treated by the editorial writers. The lay press is not only a powerful factor in moulding public sentiment but in general pretty accurately reflects it. So while we have thus far this year made no great gains in putting new laws on the statute books we have been successful in holding the ground we have won, in a legal way, and have gained much in educating the public concerning osteopathy and in creating a sentiment for fair play.

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We print in this number of the JOURNAL a brief communication from Dr. A. Still Craig, concerning the possibility of securing one of the Nobel prizes for Dr. A. T. Still. Since this communication was received by us the *Osteopathic Physician* for March has come to hand and the subject is discussed in its columns at some length and many good suggestions are made. We think, however, that in a matter of such importance it is well to avoid precipitancy. If the matter is to be taken up at all it should be taken up by the profession in its organized capacity and some well defined plan of campaign adopted. To make a success of this movement, as of any other, it is necessary to mature plans then push them methodically and enthusiastically. We believe that the A. O. A. should take the lead in this matter and the support of all its members, as well as all members of the profession generally, should be enlisted.

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We believe the statement made a few weeks ago by Dr. Wm. Osler in a valedictory address at the Johns Hopkins University, Baltimore, that "a man's best work was done before forty and at sixty he should retire" has been given more attention by the lay and medical press than its importance merits. We do not believe it is possible for the learned doctor, or any other person, to lay down any hard and fast rule or to specify any period in a man's life before which his best work is done or after which he ceases to be useful. Success is not to be measured by years but by character. Dr. Osler's remark concerning a man's best work being done before forty, sifted down, in the light of his subsequent explanations, practically means that if a man should wait until forty before doing anything, acquiring any knowledge or making any observations he would not achieve any great success. This is no very sage observation nor is it one that would be seriously combated by any one.

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Dr. Hazzard writes that the program for the Denver meeting, with the exception of the clinic feature, is practically arranged. Fourteen good, live, practical subjects have been assigned to as many competent practitioners who

have accepted. The main idea of the program is to be practical to "show how things are done." Papers, so far as possible, will be accompanied by demonstrations, illustrations and practical points. Classical disquisitions are discouraged. Clinics will come earlier in the day than at St. Louis, and time will be given for questions and discussion.

Dr. Hazzard in preparing the program has been handicapped by the fact that the date of the meeting is as yet unknown. Those who have been invited to appear on the program hesitate to accept until they know the exact date of the meeting. The arrangement of schedules has been deferred until the number of days that the Association will be in session has been decided. We hope to be able to give the program in full in our next issue.

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The third series of case reports, which was distributed with the March number of the JOURNAL, shows gratifying progress in this branch of the Association's work.

The tabulated cases of goiter—forty-three in all—reported by Dr. McConnell, is a noteworthy feature of this series; and we hope other practitioners will follow the good example set by Dr. McConnell and get the habit of tabulating a series of cases on every pathological condition with which they have large experience.

This kind of work not only has an important educational influence on the practitioner himself, but it makes for the progress of osteopathy both as a science and a profession.

A report of what Dr. Forbes has been doing in reducing congenital dislocations of the femur and some observations by Dr. Forbes on the technique of the operation form another valuable feature of this series of reports.

The fourth series will be issued with the June number of the JOURNAL if practitioners respond with sufficient liberality to Dr. Ashmore's appeal for material. Will you not send her some cases for the next issue?

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#### A Few Figures Concerning the A. O. A. Membership.

In October, 1904, the membership of the A. O. A. numbered 891 in good standing. This included those elected at the St. Louis meeting as well as the two months following it. This was the high water mark of the Association, so far as number of members is concerned. The directory issued in March of this year shows 864 members in good standing. Notwithstanding there have been a number of additions to the membership roll each month since October there has been a net loss of 22 owing to the fact that on the 17th of that month those whose dues for this year were unpaid were dropped from the roster.

Every state and territory within the United States, with the single exception of Nevada, is represented in the membership. The half dozen states that lead in the number of members as shown by the March directory are in their order as follows: New York, 97; Illinois, 76; California, 71; Pennsylvania, 71; Ohio, 57; Missouri, 54. It will be seen that California and Pennsylvania are tied for the third place. Since the August, 1904, directory was issued New York has made a net gain of 3 members and California of 13. All of the other states mentioned have lost in membership, Illinois, Pennsylvania and Ohio six each, and Missouri eight. California has the distinction of having made the largest net gain of any state in the Union. This may possi-

bly be attributed to the fact that Denver, the meeting place of the association this year, is nearer to that state than any previous meeting place. However, if this were the sole reason Colorado ought to show a good increase in membership instead of, as the fact is, a decrease of one.

Since the March directory was issued eight names have been added to the membership roster of which New York furnishes three, making its membership an even one hundred, California and Pennsylvania furnish two each leaving them still tied for the third place. This addition of eight names leaves us still fourteen short of the highest number we ever reached. Heretofore the membership of the Association has been largely increased at the annual meetings. There is no reason why this should not be true of the Denver meeting nor why its close should not see the Association much stronger in point of membership than ever before. We trust that each member will lend a hand to contribute to that end.

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#### Dr. Morris' Lamb.

Two years ago at a hearing of an osteopathic bill before a legislative committee Dr. Robert T. Morris of New York City made what he considered a *coup de maître* when he produced a longitudinal section of a child three or four years of age, preserved in formalin solution and challenged the osteopaths present to move the ribs, vertebrae or other bones. It created something of a sensation in the minds of the members of the committee, not because it disproved the claims of the osteopaths, but because the committeemen, unlike the doctor, were unused to the gruesomeness of such a spectacle. Taking a hint from his experience on that occasion, he changed his tactics somewhat when he appeared, on March 1, before the committee of the New York Senate when a hearing was given on the bill regulating the practice of osteopathy in that state. The *New York Sun* gives the following account of his argument.

"Dr. Robert T. Morris of New York City made the principal argument in opposition to extending any recognition of this sect. He said one of the claims of the osteopaths was that they were able by rubbing to move the bones, and thus cure dislocations without resorting to the knife.

"Dr. Morris then created a surprise by producing a section of a lamb showing the ribs. 'Now, if they can move bones, here is a chance for them to demonstrate it. I call upon any one of them to come here and move one of these bones one-fiftieth of an inch.' Not an osteopathist moved."

We do not wish to place too much reliance upon a newspaper account, but if the doctor is correctly quoted he is either grossly ignorant or is guilty of willful misrepresentation. In the first place no osteopath ever claimed to be able to move bones or to produce any other important therapeutic effect by rubbing. Standard osteopathic literature when referring to the ordinary lesions of ribs does not speak of dislocations. "Hazzard's Practice of Osteopathy" does say that "ribs are frequently separated or approximated beyond normal limits," and these lesions are referred to as luxations or subluxations.

If the "science" of which Dr. Morris is an exponent denies the existence or the possibility of the existence of such lesions, or if his "science" teaches that such luxations cannot be corrected except by "resort to the knife" which would seem to be a fair inference from his "argument" as given by the *Sun*, then all we can say is that this affords another instance of "science" being

"kicked to death by a fact." The denial by medical men of the possibility of such lesions and their deleterious effects upon the vital processes—which claims constitute the fundamental and distinctive theories of osteopathy—ought forever to silence another false claim sometimes made by them and that is that "regular" medicine has "all the good there is in osteopathy."

Does Dr. Morris mean to say that in life there is no motion, no possibility of even "one-fiftieth of an inch" of motion in the costal articulations? He either means that or his so-called argument means nothing. He should look up his anatomy and physiology. One is led to wonder whether Dr. Morris believes, as another physician once stated when arguing against the claims of osteopathy, that the ribs "grew out of the spine" and could not be moved. Does he think that the ribs are of one piece with the vertebrae as are the transverse processes?

No wonder that "not an osteopathist moved" when Dr. Morris issued his remarkable challenge, for it should be borne in mind that osteopaths treat neither cadavers of sheep nor of the human animal.

Two years ago Dr. Morris wrote an article for the *Journal of the American Medical Association* in which he boasted of what he was going to do to the osteopaths, he there outlined a master stroke similar to the one he attempted before the Senate Committee of New York, but in that communication he proposed to use a dead baby instead of a lamb. Chas. E. Fleck, D. O., of East Orange, New Jersey, effectually showed the fallacy of such a procedure in a brief communication published in this *Journal* for May, 1903, of which the following is an excerpt:

"The absurdity of such a test, coming from an educated physician, is astounding, and the argument drawn from it baseless, for it disregards the fact that bodily function is dependent upon life; an axiomatic truth.

"The function of an articulation is motion, and this function begins and ceases with life. Even laymen can see that forced motion between the bones of a cadaver, though possible, has no connection with any test of a theory that deals with life. Even the clever ingenuity of Dr. Morris himself would, I fear, be taxed in endeavoring to demonstrate on his dead baby the result of a cathartic or the healing process of wounds."

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#### LATEST LEGISLATIVE NEWS.

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If we had the space we would be glad to print the details, so far as we have them, of the legislative battles in the various states. That however, would not be possible. We give below, therefore, a summary of the latest news at hand.

##### DELAWARE.

A sweeping medical bill had passed the lower house of the Delaware legislature before Dr. Arthur Patterson, the only osteopath in the state, knew anything about it. He at once engaged an attorney, went to Dover and succeeded in getting the bill recalled from the Senate and recommitted in the House for a hearing. An amendment was prepared exempting osteopaths from the provisions of the bill and further amply protected them, placing them in fact upon the same basis as the medical doctors. This was agreed to by the medical men. The sequel can best be told in the following excerpt from a letter from Dr. Patterson:

"In the meantime a certain optician in Dover who has some sort of a school for the teaching of the correction of errors of refraction of the eyes, took advantage of my having held up the bill and held it up himself after I had been settled with, to enable him to confer the degree of "Doctor of Refraction" upon his graduates: to which the doctors objected. After several hearings the bill passed the House unamended and then the Senate amended it to suit the optician and the Doctors had the bill recommitted which killed it as the legislature adjourned today. I have lost practically all after I had made a complete victory."

## INDIANA.

The following section of the law recently passed in Indiana shows, as Dr. Spaunhurst expresses it, the "fragment of recognition" gained in that state. This is by no means satisfactory to the osteopaths, but they "live to fight another day:"

A bill for an act in regard to the State Board of Medical Registration and Examination and concerning Eligibility of Examination before the Board.

Sec. 1. Be it enacted by the General Assembly of the State of Indiana that within sixty days after this law goes into effect, it shall be the duty of the Governor to appoint an additional member of the State Board of Medical Registration and Examination which board shall thereafter consist of six members; each of whom shall serve a term of four years, and until his successor shall have been appointed and qualified. The additional member so appointed shall be a reputable practicing physician, and a graduate of a reputable school or college of the system by which he practices, and shall belong to some school or system of practice other than those which are now represented upon said board, and his successors shall in the future be of some school different of that of the remaining members: Provided that any Osteopathist now practicing in and a resident of the State of Indiana, and holding a diploma from a reputable college of osteopathy, as determined by the State Board of Medical Registration and Examination, shall be eligible to an examination on proper application to the said Board, and should he pass the examination, he shall be granted a certificate for a license to practice osteopathy in the State of Indiana.

## MONTANA.

Since 1901 we have had an osteopathic board of examiners in Montana. This year a bill has become a law in that state which strengthens the former law by giving osteopaths the right to practice minor surgery. It also provides for reciprocity in licensing duly qualified practitioners from other states having a standard equal to that of Montana but gives the board the power, in its discretion, to examine such applicants.

It further provides that after April, 1907, applicants must present satisfactory evidence of having graduated from a legally authorized school of osteopathy of good repute as such, wherein the course of study consists of not less than three school years of nine months each. The new law fully defines what shall be considered the practice of osteopathy.

The legislature in addition to passing the above bill defeated one introduced by Dr. Lanstrum, the purpose of which was to prevent osteopaths from treating contagious diseases, or serving on boards of health.

## NEW JERSEY.

On Feb. 20, a bill providing for an independent board was introduced into the legislature of New Jersey. On March 7, a hearing was had before the Senate Committee on Miscellaneous Business. Drs. Hildreth and Teall appeared for the osteopaths. It was thought that the members of the committee were impressed with the justice of the bill and the able argument presented, but up to March 20, no report had been made. At that time the osteopaths when they asked for information were told that the bill would not be reported, as the members of the committee were opposed to the establishment of so many boards. It was suggested by the Committee that the osteopaths prepare an amendment to the medical law which would add three osteopathic members to the state board making it consist of twelve members instead of nine. The committee further suggested that the amendment should provide that osteopaths should have all the rights and privileges of the "regulars," that they should be examined in all the branches taught in osteopathic colleges, and excepted from examination in materia medica, medical therapeutics, and major surgery. Such an amendment was prepared and given to the committee on March 21. The committee insisted upon a preliminary high school education, which was agreed to by the osteopaths, and the bill was favorably reported on March 29. The legislature will adjourn on March 30, and it is not likely the bill can pass.

## NEW YORK.

The hearing on the osteopathic bill before the joint committee of the Assembly on March 1, proved to be most interesting. The debate was quite warm. The osteopathic cause was championed by Drs. C. C. Teall, C. W. Proctor, Chas. Hazzard, Ralph H. Williams and Ho. John W. McDonough, former Secretary of State of New York and former Chief Justice of the Philippines. All of the arguments of the opposition were answered and a good impression made.

At the time of going to press the Osteopathic bill in New York stands a fair show of passage. It is at least encouraging to note the fact that osteopathic sentiment in the Empire state is growing. Three years ago the bill was smothered in committee. This year it was reported out by a vote of 7 to 4. The medical men are claiming that the bill will not pass and that should it pass both houses it will be vetoed by the governor. This remains to be proven.

## TENNESSEE.

A bill creating an osteopathic examining board is before the legislature. The Senate Sanitary Committee by a vote of 8 to 2 recommended the bill for passage. On March 29,

the Senate rejected the bill and a motion to reconsider was entered. The bill was subsequently taken up on the motion to reconsider and passed by a vote of 20 to 6. The prospect of its passing the House and becoming a law is excellent.

#### TEXAS.

As announced in the March JOURNAL the bill providing for an osteopathic board of examiners passed the Senate on February 7. Owing to the opposition of the medical men the bill under one pretext or another, has been delayed in reaching a vote in the House. It is now feared that the legislature will adjourn early in April and that our measure will fail to pass.

The osteopaths of Texas are protected in their practice by an exemption clause in the present medical law and they feel that even should they fail at this session to secure the passage of their bill they have gained much in enlightenment of the public as to the merits of osteopathy and will be stronger for the next fight.

#### WASHINGTON.

As noted in the JOURNAL for March the medical bill providing for an osteopathic member of the state board of health and the osteopathic bill providing for an independent osteopathic board of examiners both failed of passage. Subsequently thereto the medical men wishing to incorporate into their law the Arizona definition of the practice of medicine and needing the help of the osteopaths, prepared a substitute measure. This measure provided for an osteopathic member of their board and contained many other provisions which they hoped would prove satisfactory to the osteopaths. This bill was never reached on the House calendar and the legal position of osteopathy is the same as at the opening of the session. We reproduce here the definition of the practice of medicine as given in this bill merely as a sample of ingenious work in this line. Leaving out the exceptions at the close of the paragraph it would serve pretty effectually to keep all but the "regulars" out of the field of healing:

"Any person shall be regarded as practicing medicine within the meaning of this act who shall within this state, (a) by advertisement, or by any notice, sign or other indication, or by any statement, printed, written, or oral, in public or in private, made, done or procured by himself or herself, or any other, at his or her request for him or her, claim, announce, make known or pretend his or her ability and willingness to diagnose or prognosticate any human disease, ills, deformities, defects, wounds or injuries; (b) or who shall so advertise or make known or claim his or her ability and willingness to prescribe or administer any drug, medicine, treatment, method or practice, or to perform any operation, or manipulation, or apply any apparatus or appliance for cure, amelioration, correction, reduction or modification of any human disease, ill, deformity, defect, wound or injury, for hire, fee, compensation, or reward, promise, offered, expected, received or accepted, directly or indirectly; (c) or who shall within this state diagnose or prognosticate any human diseases, ills, deformities, defects, wounds or injuries, for hire, fee, reward, or compensation, promised, offered, expected, received or accepted directly or indirectly; (d) or who shall within this state prescribe or administer any drug, medicine, treatment, method or practice, or perform any operation or manipulation or apply any apparatus or appliance for the cure, alleviation, amelioration, correction or modification of any human disease, ill, deformity, defect, wound or injury, for hire, fee, compensation or reward, promised, offered, expected, received, or accepted, directly or indirectly; (e) or who shall act as the agent of any person, firm or corporation, in the practice of medicine as hereinbefore set forth; (f) except it be in the advertisement or practice of pharmacy, or in the usual business of opticians, or of venders of dental or surgical instruments, apparatus or appliances: *Provided*, That this act shall not apply to dentists while confining themselves strictly to dentistry, nor to licensed osteopaths while confining themselves to the practice of osteopathy in this state."

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#### The Nobel Prizes.

Apropos of the question "Why should not Dr. Still have received one of these grand prizes" (the Nobel prizes), which question occurred in my essay recently published, Dr. C. G. E. Sieburg, Menominee, Michigan, sends me the following clipping from the Literary Digest of Feb. 4, and suggests that if something to that end could be done, it ought to be attempted:

"The statement recently quoted in these columns to the effect that the failure of Americans to receive any of the Nobel prizes is a proof of our lack of proficiency in experimental science is controverted by an editorial writer in *The National Geographic Magazine*, who says: 'The reason is not lack of appreciation abroad of what we are doing in this country, but the neglect of Americans to apply for the prizes, owing to misunderstanding of the manner in which the awards are made. In the awarding of prizes only those persons are considered who are formally nominated as candidates by some institution, college, or

scientific society of rank and character. Not a single American, we are informed, has yet been presented for consideration, and the impression abroad is that Americans are not interested in the prizes."

It is doubtful if the time is ripe for an attempt of that kind, especially if, as I understand it, the committee of award is composed largely of physicians. On the other hand as Dr. Still refuses to fulfill the final condition that will insure the placing of his name in the Hall of Fame, that is, to die and remain dead a sufficient number of years, we should if possible secure this trophy for him during his lifetime.

A monster petition of those benefited, an intense and earnest effort on the part of the Association and of every osteopath at the proper time would do our cause no harm even if it fail.

This is simply a suggestion that we may consider action at some subsequent meeting of the A. O. A.

A. STILL CRAIG.

### The First Osteopathic Map.

In the March issue you give credit to Dr. Upton for suggesting the osteopathic map. While the idea was no doubt original with him I might call your attention to an earlier osteopathic map which I prepared for the *Cosmopolitan Osteopath* for April 1899, and which is somewhat interesting for comparison with the map just published.

The earlier map was prepared in answer to the statements often made at that time that osteopathy had reached its zenith, that the "market was glutted" with osteopaths and that the field in which they might practice was very limited.

This we still hear notwithstanding a single state has three or four times as many M. D.'s as the total number of D. O.'s.

This map with explanation showed that in addition to the *six states* then having legal recognition osteopathic physicians had practiced in all but some ten states and territories, that in general they could practice in these states without fear of the law and that in a number of states the field if held at all was held by but one or a very few practitioners.

It showed that osteopathy had with its limited number of practitioners spread over the whole United States and sent one missionary into foreign territory (Canada and we claimed the world as a field for propagation.

The later map issued within six years of the other shows what these missionaries have accomplished in so short a time, osteopathy having set its stakes in every state and territory of the Union and having sent a number of practitioners to foreign fields, while the states unmarked by osteopathic legislation stand out prominently on your otherwise nicely shaded map.

It is doubtful if the field is more crowded now than at that time. The more osteopathic physicians, the better known osteopathy and the more osteopathic physicians required.

Iowa City, Ia.

ARTHUR STILL CRAIG.

The following items from Minnesota are from a letter written by Dr. Herman H. Moellering of St. Paul:

Our association has been holding monthly meetings, as heretofore, alternating between the two cities. The meetings are marked by a spirit of helpfulness. The difficult points of practice are put forward for discussion and light, and much help is had therefrom. Aside from this there are short papers followed by discussion, and some good clinics are introduced. Attendance has been very good.

The "chiropractics" are trying to get a law through the legislature to protect them in their "secret movement."

Dr. Clara T. Gerrish has succeeded herself as a member of the examining board. Dr. Gerrish was the choice of the State Association.

### Minnesota for Union.

In response to a request from the assistant secretary of the A. O. A. asking for the early election of delegates to the next annual meeting of the A. O. A., and in view of the proposed closer union between state and national bodies, the M. S. O. A. appointed a committee of five, consisting of the president and secretary of the state association and the secretary of the examining board, the chairman of the legislative committee and one other, for the purpose of formulating a plan of union acceptable to the M. S. O. A. The committee reported the following resolution, which was unanimously adopted by the state association, Feb. 3, 1905:

"Resolved: That the Minnesota State Osteopathic Association send 'instructed' delegates to the next annual A. O. A. meeting, said delegates to be required to work for the formation of a national osteopathic association, composed of all the state associations

whose members are legally licensed osteopaths in states having law and osteopathic examiners regulating the practice of osteopathy, membership in the state associations to carry with it full membership in the national body; and in states without laws membership to be subject to approval of the national association,—all membership to be on a basis of absolute equality in association rights and privileges.

Among the objects of said national association shall be: first: A devising of ways and a providing of means to secure and maintain *uniform merited legal recognition* in every state and territory beneath the stars and stripes. Second: the elevation and advance of the science and practice of osteopathy, which requires a gradually advancing standard of educational qualification.

It is the belief of the M. S. O. A. that the future interests of osteopathy would be best served by so changing the constitution of the A. O. A. as to enable it to become a national association of, for and by the qualified osteopathic practitioners as herein suggested."

H. H. MOELLERING, D. O., Chairman of Committee.

H. C. CAMP, D. O., Secretary of Committee.

### Meeting of Maine Osteopathic Association.

The first annual meeting of the Maine Osteopathic Association was held on February 25, 1905, in the office of Viola D. Howe, The Somerset, Portland. The entire membership of the Association was present with Drs. F. A. Cave, Edith Stobo Cave, Boston, and C. C. Teall, Brooklyn, as visitors.

The paper on "Constipation" by B. V. Sweet was very beneficial, also Florence T. Rosebrook's paper on "Polysarcia" was helpful and instructive. Dr. Teall was a source of inspiration to the M. O. A.

The following officers for the ensuing year were elected at the annual business meeting which followed late in the afternoon:

President—George H. Tuttle, Portland.

Vice President—V. D. Howe, Portland.

Secretary—S. T. Rosebrook, Portland.

Treasurer—B. V. Sweet, Lewiston.

Board of Trustees—D. W. Coburn, Portland; F. A. Covey, Portland; O. J. Sartwell, Augusta.

The following post prandial exercises were carried out, in charge of a committee consisting of Drs. Wendell Coburn, Florence A. Covey and Viola D. Howe.

Toastmaster, Dr. Goodwin Ransden, Bangor, Maine.

Invocation—Dr. Benjamin V. Sweet, Lewiston, Maine.

"Our National Association"—Dr. Florence A. Covey, Portland, Maine.

"Our State Association"—Dr. Viola D. Howe, Portland, Maine.

"The Best Medicine"—Dr. Francis A. Cave, Boston, Mass.

"My First Month in Practice"—Dr. J. Oliver Sartwell, Augusta, Maine.

"Seven Years an Anatomist"—Dr. Howard T. Crawford, Boston, Mass.

Address—"Optimism," Dr. Charles C. Teall, Brooklyn, N. Y.

FLORENCE A. COVEY, Secretary.

The Seventh Annual Meeting of the Wisconsin State Osteopathic Association held at La Crosse, Feb. 23 and 24, proved the best in the history of the Association. The main features of the program were the following: Theory of Osteopathic Lesions and Their Treatment, by J. Martin Littlejohn, Chicago. Lecture and Demonstration Congenital Dislocation of the Hip, by H. W. Forbes, Des Moines, Ia.

Diseases of Women, by M. E. Clark, Kirksville, Mo.

Osteopathic Obstetrics, Ella D. Still, Des Moines, Ia.

Milwaukee was chosen as the next place of meeting, and the following officers were elected for the ensuing year:

President—Warren B. Davis, Milwaukee.

Vice President—Ella F. Bissell, Madison.

Secretary—Harriet A. Whitehead, Wausau.

Treasurer—Eliza M. Culbertson, Appleton.

Member of Legislative Committee—A. U. Jorris, La Crosse.

Member of Executive Committee—O. W. Williams, Waunatosa.

Delegate to the A. O. A. Convention—S. J. Fryette, Madison.

Alternate to the A. O. A. Convention—Harriet A. Whitehead, Wausau.

On Thursday evening, Feb. 23, a banquet was given at the Hotel Stoddard. The program follows:

Toastmaster, Warren B. Davis, Milwaukee.



"Welcome Our Guests—Everybody"—A. U. Jorris, La Crosse.

"The Old Doctor"—H. R. Bell, Berlin.

"The Health of Those We Love Best, Our Noble Selves"—Ella F. Bissell, Madison.

Solo—Essie S. Cherry, Milwaukee.

"The Bachelor Maids"—W. D. McNary, Milwaukee.

"Germs"—Harriet A. Whitehead, Wausau.

"Presidents of the Future"—W. L. Thompson, Sheboygan.

HARRIET A. WHITEHEAD, Secretary.

### "Surgery From an Osteopathic Standpoint."\*

We are accustomed to say that osteopathy is an independent healing system, and such it is, yet it will be conceded that to make it a complete system, co-extensive with the science and art of healing, surgery must be added to its equipment. Indeed surgery may well be considered as a part of osteopathy, certainly there is nothing in wise and conservative surgery incompatible with the principles of osteopathy. The great difficulty with surgery as now taught and practiced by the dominant school of medicine is that practically all diseases are viewed by it through surgical spectacles and almost every case is regarded as an operable one. It is manifest then that medical texts on surgery are not what is needed by the osteopathic practitioner whose most important function is to render bloody operations unnecessary, and who has as one of his great precepts that the knife should ever be the *dernier ressort*.

In view of these things it can readily be seen how important to osteopaths is the work of Dr. Young, in collaboration with Dr. Still, in giving to the profession a text on "Surgery From an Osteopathic Standpoint." The author says in the preface to his book that "osteopathic practice has revolutionized modern surgery." An examination of the work shows that this is true. In the first subject he treats—inflammations—we find "bony lesions" given as one of the predisposing causes of inflammations. In the succeeding pages there is scarcely a subject mentioned wherein osteopathic ideas, either of etiology or treatment, are not given as modifying the old teachings of surgery. It must not be supposed however, that Dr. Young's book altogether relegates to oblivion the surgical operation. There are many cases where this is necessary, and it is important that the osteopath should be able to recognize them. This text will materially aid him in doing so.

If there be those who fear that Dr. Young's medical training gives him a predilection for the old ideas of surgery the following which are only a few brief excerpts taken almost at random from many of similar import that are found in the book ought to tend to banish that fear. In speaking of neuralgia—causes and treatment—he says: "Osteopathy in this affection does what medicine and surgery have failed to do—accomplishes a cure." In discussing enteroptosis, "the treatment is entirely osteopathic." In the treatment of gallstones the author says: "Osteopathy has almost wrested this ailment from the surgeon's hands." Pruritis ani—"The treatment is osteopathic." Prolapsus of the rectum and anus—"Osteopathy will cure most of the cases, providing the patient will follow the physician's instructions."

The treatment of tumors has been regarded by medical surgeons as peculiarly and exclusively within their domain. The following on that subject from Dr. Young's book well illustrates the modifying influence osteopathy has exerted upon surgery in this class of cases:

"The principle of the treatment of tumors is the removing of mechanical obstructions and irritations which will occasion nutritional disturbances. Not all cases may be so cured, but many may be. When the tumor is small, benign, pedunculated, or encapsulated and is superficial, it may readily be removed by a minor surgical operation, but where the tumor is large and can be reached only with considerable risk to the patient's health and life, manipulative treatment should be advised. In whatever part of the body the tumor is located, lesions will be found affecting the lymphatic stream, venous or arterial blood flow, or impinging upon the trunk or roots of the nerves of the part. Usually the favorable effects of the treatment will be evidenced within a short while. The tumor if hard will become softer, and if adherent, more movable. Absorption will gradually take place, following the correction of lesions and the removing of obstructions to the circulation. Not all tumors can be successfully treated. Many cases have been cured even after master minds have declared them incurable. This alone should commend the treatment in all cases before the knife is recommended. Should the tumor not yield to osteopathic treatment and should it manifest any malignant tendencies, or should it interfere with the general health, the knife should be resorted to and all parts of the tumor removed."

Dr. Young's qualifications as a text writer on this subject may be judged from the fact that he is a graduate in both medicine and osteopathy and for several years has been

\*Surgery from an Osteopathic Standpoint, by F. P. Young, M. D., D. O., in collaboration with C. E. Still, D. O. published by the authors, Kirksville, Mo.

professor of surgery and practical anatomy in the American School of Osteopathy. When we consider also that the manuscript of the book has passed the scrutiny of so able an osteopath as Dr. Charles E. Still, chief of the operating staff of the A. T. Still Infirmary and vice president of the American School of Osteopathy, we think we may safely rely upon it as an authority on the subjects treated.

Including the index there are 538 pages in the book. It is well-printed on good paper and contains 156 illustrations in etchings and half tones. The book in cloth binding sells for \$5.50.

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### PERSONAL.

Dr. H. P. Whitcomb has returned to Burlington, Vermont, after spending the winter in San Diego, California.

Dr. D. Ella McNicoll, Frankfort, Ind., after spending a couple of months in Florida returned to her home on February 25.

J. E. P. Holland, D. O., Bloomington, Ind., has been appointed to membership on the state board of health under the law recently enacted in that state.

Dr. Chas. W. Bliss, in addition to his practice at Elizabeth, New Jersey, has, since the first of the year, maintained an office at 37 New Street, Port Richmond, New York.

Dr. Paul M. Peck of San Antonio, Texas, is recovering from an attack of typhoid fever. Dr. Peck was in charge of the osteopathic bill which is pending before the legislature of his state.

Drs. Ord L. Sands and St. George Fechtig have formed a co-partnership for the practice of osteopathy with offices at the Madison Square, 37 Madison Ave., New York. They also conduct practices at Lakewood, New Jersey, and New Rochelle, N. Y.

Through a misapprehension it was stated in the February JOURNAL that Dr. John W. Maltby had removed from Indianapolis, Ind., to Clyde, New York. We learn that Dr. Maltby was in Clyde only for a vacation and that he has opened an office at 531 Mooney-Brisbane Building, Buffalo, N. Y.

It will be seen under the head of Removals that Dr. Chas. Hazzard changes his office in New York to the Astor Court Building at 18 West 34th St. This does not mean that there has been a dissolution of the partnership existing between Dr. Harry Still and himself. They found it necessary to secure more commodious quarters to accommodate their practice. Until the expiration of the lease on their offices at 19 East 38th St., which will be October 1, Dr. Still will remain there. After that date he will join Dr. Hazzard in the Astor Court Building.

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### REMOVALS.

Harry E. Fink, Wheeling, W. Va., to Sewickley, Pa.

Chas. Hazzard, 19 E. 38th St., to Astor Court Building, 18 West 34th St., New York City.

J. H. Sullivan, 1010-1013 Champplain Building, to the fifth floor of the Trude Building, Chicago. (After May 1, 1905.)

Mrs. T. E. Purdom, 807 Forest Ave., to 1327 A Troost Ave., Kansas City, Mo.

Bertha O. White, Titusville, Pa., to 1116 Liberty St., Franklin, Pa.

J. F. Reid, 111 Harmon St., to 10-16 Trumbull Block, Warren, Ohio.

St. George Fechtig, 297 Fifth Ave., to 37 Madison Ave., New York City.

Vernon W. Peck, Hunter Building, to Werner Bldg., 631 Penn ave., Pittsburg, Pa.

C. R. and Anna A. Darrow, 1006 Osgood St., to 1173 N. Clark St., Chicago, Ill.

Margaret E. H. Allen, 273 6th Ave., to Ormond Place, Brooklyn, N. Y.

Fanny G. Messersmith, Mt. Vernon, to 20 Grand St., White Plains, N. Y.

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### NEW MEMBERS.

During the past month the following have been elected to membership in the A. O. A.:

Morris M. Brill, 18-20 W. 34th St., New York City.

Wm. J. Hayden, cor. Hill and 5th Sts., Los Angeles, Calif.

Albert D. Heist, 28 Glenwood Ave., Buffalo, N. Y.

Ernest M. Herring, 18-20 34th St., West, New York City.

Philip R. Kamp, 115 Main St., Lock Haven, Pa.

Charles H. Ervin, 618 Grant Bldg., Los Angeles, Calif.

Mattie T. Heaton, Shelbyville, Ky.

E. Clair Jones, cor. Fourth and Locust Sts., Columbia, Pa.

# The Journal

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## The American Osteopathic Association

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### ON PULMONARY TUBERCULOSIS.

A Clinic Talk before the A. O. A. at St. Louis by W. BANKS MEACHAM, A. B., D. O.,  
Asheville, N. C.

When Doctor Teall of the program committee wrote me of my assignment of a subject for this occasion I hesitated to accept the honor; because, in the first place, of my inexperience as a platform speaker, and because of my feeling that older men in the field with a fuller experience in handling this disease should have this important subject. In a subsequent letter the Doctor kindly urged my leading this discussion, and his specious argument to induce me was that I could gather the multiple experiences of the older men, analyze their reports and present the justifiable conclusions to this body. In this way, he said, I would be of service to my profession.

I regret this morning that I have not before me every osteopath in America. I want you to take home with you the obvious conclusions I have reached by my efforts at getting reports. I have nothing startling to announce in the way of a discovery of a remedy for the dread disease that causes, as we have been told this morning, one death in every seven in the United States. But I have made what to me are two startling discoveries about a body of men in a profession which is yet young, and on account of its youth under the close scrutiny of all men.

Acting on the suggestions of Doctor Teall that I tabulate and analyze the results of the experience of older osteopaths I sent out five hundred printed blanks to forty men prominent in our work. These blanks called for that information only which every self-respecting scientific osteopath should keep in his case records. They asked for the location of osseous lesions; the site of the pathological lesion in the lung; the history of the infection, the length of its duration and its extent; the number of treatments given and the results. I also asked what methods were used to confirm the diagnosis. To these forty inquiries I got seven replies. Out of those seven replies only four gave any case reports, and of those reporting cases not one could give me the information I requested. One wrote, "I don't fool with consumption!" Yet that same man sent me from New York last winter a case "with a little stomach trouble which, I think, you ought to fix up in a short while

by attention to the fourth rib." A microscopic test in that case showed not less than fifty tubercle bacilli in a single field!

What are we to think of a man in a healing profession which as yet handles chronic cases almost exclusively who does not "fool with" a disease that fills one grave in every seven. You osteopaths do handle tuberculosis subjects. Doubtless you make some other diagnosis and the patient not yielding to your treatment passes out of your care before the unmistakable evidence of the real cause is stamped on the patient in the last stages of consumption. You do "fool with" consumption in the most culpable sense of that term. By your failure to make a correct diagnosis in the earlier stages you rob your victim of his only chance of recovery.

I speak advisedly on this point of wrong diagnosis. Asheville is a tourists' resort, and not a few patients come to me there from other osteopaths. Only last winter not less than five patients came to me with the osteopathic diagnosis of "a temperature due to a malarial infection," or "a little cough caused by an irritation of the phrenic nerve," or "just generally run down from *grippe*." And a half hour's work with a microscope revealed not only tubercle bacilli in the patient but also a woeful amount of carelessness or incompetency in the osteopath.

By this inaccuracy you not only wrong the patient but you also shame our profession. If we accept as conclusive the results obtained in the seven cases reported to me, we should go away from here today with the happy assurance that "the great white plague" no longer holds terror for mankind. The David Osteopathy has slain the Goliath Consumption. One case reported to me was that of a young man so near dead that his M. D. had said six weeks was his limit on earth. Yet by osteopathic treatment in raising the ribs of a depressed thorax for that six weeks the patient was "restored to normal." It is interesting to note that in his case no microscopic tests were made, no record was kept of the extent of the disease, nor was it ever pointed out that there was any anatomical relation between the sites of the pathological and osseous lesions. "Cured in six weeks" was the bold triumphant comment at the end of his report. You and I when we consider the destruction of tissue that exists in a case of pulmonary tuberculosis so far advanced and the work of restoring any tissue to normal must confess that this restoration to normal was the working of a miracle and not the result of skill on the part of the osteopath.

I doubt seriously if the term "cured" should ever be applied to one with a positively known case of pulmonary tuberculosis. The more accurate and safer term would be "arrested." For in many seeming "cures" the infection only lies dormant ready at any moment of undue strain or physical depression to light up into a rapid wasting flame.

But, to return to my discoveries. Perhaps you have already guessed my conclusions. However, I wish to put them in terms emphatic, in words that will stay with you through the remainder of your professional life. Here they are: First, the osteopath is either too ignorant or too careless to diagnose pulmonary tuberculosis in its incipient and curable stage; and, second, your reports are not worthy of public confidence, and your case records are a shame to any man professing a scientific and not a dollar, interest in his system of practice. Failing to gather the data I wanted from men of our school I turned to my allopathic friends—and they were friendly to me in my efforts for an opportunity to gather information. Through their cour-

tesy I have been enabled to examine about seventy cases of pulmonary tuberculosis. The examinations were made with two questions foremost in my mind: What relation exists between osseous lesion of thorax and pathological lesion in lung? and what system, the respiratory, circulatory, or digestive, is most constantly interfered with by the lesions present?

Strange as my conclusions may seem to this body of osteopaths I must report candidly that I do not believe osseous lesions of the thorax have any intimate direct bearing on lung degeneration—such bearing that a removal of the thorax lesion would in itself bring about a cure.

I found tuberculous subjects with every kind of dorsal spine imaginable—no one type prevailing. I found the depressed or horse-collar thorax and I found the round barrel-shaped thorax of emphysema. I found anterior and posterior upper dorsals; lateral dorsals and lumbar. But most striking of all I found perhaps a score of cases with single and groups of deflected ribs on say, the left side and yet the pathological lesion was on the opposite side. My conclusion therefore, is emphatic—osseous lesions of the respiratory tract are not of primary importance in pulmonary tuberculosis.

One intelligent report that I did receive advanced the idea that the improvement noted in the case was due to the removal of a cardiac lesion of deflected ribs on right side. From this single proof the osteopath set forth the broad claim that pulmonary tuberculosis is essentially a disease of disordered circulatory system. As I shall try to show later any lesion may be a factor but I would say that from my observations circulatory lesions are not the *sine qua non* of this disease.

Perhaps you are ready to ask now what is the condition of prime importance in tuberculosis? To me the answer is plain—defective metabolism; faulty digestion, imperfect excretion. Whatever osteopathic lesion present interferes with these two functions is the lesion to be removed. These lesions are more often visceral than osseous. I am ready to agree with Doctor Beigler, a celebrated homeopath of Rochester, N. Y., that the wholesale use of iron tonics during the past fifty years—a practice not nearly so common now, I am glad to say—has done more than has the actual communicability of the disease to spread tuberculosis. The osteopath or allopath, who by thorax adjustment or by inhalations attempts to reach the “spot on the lung,” treats this disease pathologically, it is true, but not consequentially.

With this metabolic cause firmly fixed in our minds we are ready to take a sane view of the treatment of consumption both as to the length of time required and the methods to be pursued.

As to osteopathic manipulation, with the one injunction, *hunt for lesions everywhere, stick to them until they are removed*, I shall dismiss this phase of the treatment.

Of equal, if not more, importance than manipulation are the sanitary, dietetic and hygienic measures to be followed in treating consumption. There are advanced cases in which severe rib-adjusting treatment can be harmful. There are no cases where the strictest regime of dietetic and sanitary living will not be of advantage.

I have handled fourteen cases of pulmonary tuberculosis in the past two years—a number far too small and a time too short to justify me in giving you advice from experience. I followed, in a measure, the rest with temperature, richly nutritious food, open air living of the other schools.

In the matter of climate, I am persuaded that fresh pure air wherever found is essential, elevation is an individual requirement; an even temperature is not necessary; sunshine is important only as it allows the patient to be out of doors in the fresh air. Exercise should not be taken while the patient has a temperature above 99 degrees. Violent exercise as sweeping, dumb bells or rapid exhausting walks should be forbidden at all times. Considering the stage in which I have found most of the cases coming to me the results obtained have been if not flattering, at least satisfactory. Three of my fourteen cases I dismissed as not needing further treatment; one I buried; four were persuaded to try medical treatment instead of non-medical; and the remainder of the cases left Asheville, in my opinion and theirs, much improved by their stay and course of treatment of from three to six months.

Prophylaxis and early diagnosis rather than the treatment of later stages offer us our hope of staying the ravages of this plague. Care in the disposition of the sputum on the part of the infected subject; plenty of fresh air and exercise on the part of the physically disposed to infection are points that can not be urged too strongly by the health adviser. A repetition of the evidence of early infection will do no good here. The points can be learned from any text-book. The ability to apply this knowledge will come to you by efforts repeated again and again. I want to urge on you the value of an early diagnosis to yourself, to your patient and to your profession. What boots it if you do remove by rib-adjustment a non-communicable, benign tumor of the thyroid gland, thereby enhancing your reputation and your practice, when you ignorantly let slip by day after day the opportunity to arrest and prevent this scourge of mankind. It is well enough to encourage your patients with stories of your successes. But your failures—take them to your laboratory and study them out under the microscope.

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## DISCUSSION OF PULMONARY TUBERCULOSIS.

N. ALDEN BOLLES, D. O., Denver, Colo.

It seems to me that if there is any disease of the human body with which we have to deal that requires our most careful consideration and demands our approach with the greatest sense of awe as to the magnitude of the problem we have to attack, it is to be found in this trouble. It reminds me of investigations made some time ago of testimonials for various remedies in the cure of certain diseases. Inquiry into the subsequent history of patients reported in such testimonials as cured, showed that they had died of the disease of which they had been cured. Your patient is helped a little; he feels better, but finally dies of the same disease. My remarks are not just what they would be if we had been able to have our cases here for examination to serve as texts for the remarks. The magnitude of the subject would justly call for an exhaustive paper, while the method intended has required the mere taking of notes on some of the more important topics.

The question of general weakness and atrophy in causative relation to this disease is important. Dr. Meacham's remarks are well founded in regard to this point. It is not well to depend too much upon the supposed local causative lesion. Lesions affecting these tissues more or less directly may

occur in the dorsal and cervical regions, the latter being especially apt to affect these tissues through the functions of the pneumogastric nerve. Yet lesions anywhere in the body may so impair various functions as to reduce general vitality and render the subject more liable to this disease.

As to appetite, I believe a normal one is a most valuable guide. If our patient has yielded to that great human weakness, eating for the sake of enjoying the pleasures of taste, if he makes a god of his belly instead of having a supreme desire to live right, in other words if he lives to eat rather than eating to live, you may expect to find the ability of this valuable monitor impaired or destroyed. It is no longer the guide to him that it should be, and leads him to an early death instead of a long life. The practical test on this point is the omission of one meal, totally abstaining from food during the entire interval, as for example, from breakfast to supper or from supper to dinner the next day, without feeling any weakness from the abstinence. If he misses the stimulation which follows the taking of food it is time for him to beware. He is apt to mistake this for the strength obtained therefrom which is not obtained for an hour or more, or until there is time for digestion and absorption of the soluble products of digestion. The slight sense of weakness that may appear about meal time in a normal person may readily be relieved by just a plain drink of good water. Time is needed for food material to reach the blood mass, and time is required for its exhaustion when it has so been stored. One should not expect to avail himself at once of the strength to be obtained from a meal eaten.

The doctor well says that climate cannot cure. I have seen patients come to Colorado under the recommendation of their physicians, for the climatic cure. Of course they get the climate, but they sit around on the porches in all kinds of weather practically as inactive as possible, expecting the ozone and the climate to cure them while they utterly neglect the natural resources of the body.

Just one word in regard to ozone. It injures the red corpuscles, causing the appearance of methemoglobin in the urine as a result of this destructive influence, while the intoxicating or exhilarating effect is quite comparable to that of a dose of liquor. It is nothing more than a drug or a poison.

Incipient cases may begin with a little throat trouble, bronchitis, cough or other apparently insignificant acute trouble, and these should be handled as carefully and faithfully as if they were really incipient tuberculosis. We cannot afford the chances for evil to the patient in neglecting them.

The question of rest, partial or absolute is an important one. Complete rest of any organ soon starts fatty degeneration and atrophy. Beware of it. I shall speak more forcibly of this matter presently.

A symptom not often mentioned is of considerable value; the growth of fibrous tissue in parts where tuberculosis is progressing will cause compression and obstruction of the capillaries resulting in dilatation of the smaller arteries, causing a paleness of the part with some injection of the vessels, visible to the unaided eye. Anemia like this in the mucous membrane of the throat is often observed in tubercular cases. The appearance is easily recognized and usually very significant, though it is not necessarily a proof of the existence of the disease. Ordinary hyperaemic redness is general, and produces an even red color, while this presents a pale background upon which the smaller arteries stand out prominently visible.

An important early sign is the pale, smooth, shiny character of the skin,

and the wasting of the intercostal muscles in the chest region. This muscular atrophy causes a sunken appearance between the ribs. Atrophy of the muscular tissue may be present, while turning or displacement of the ribs may cause irritating pressure upon the intercostal nerves, thus adding to the lesions directly or reflexly affecting the internal organs in accordance with Hilton's law.

A few years ago some writer mentioned atelectatic spots which may be detected by fluoroscopic examination, and which disappeared upon taking a few deep breaths. These are small areas of lung tissue where the air contained in the alveoli has been absorbed subsequent to closure of the bronchiole leading to that area. He believes these to be spots favorable to the deposition and growth of the bacillus; so he recommends deep breathing as a prophylactic measure. The expansion and use of these spots is undoubtedly favorable to vitality of the part.

Here is one of the grandest principles involved in the healing art. The nutrient reflex brings about general contraction of the arterioles and rise of blood pressure, with dilatation in any particular spot where a stimulus is applied. Functional activity is the vital stimulus calling this reflex into play. Increased nutrition, growth, and preparation for further activity are thus naturally secured.

Proper degrees of activity alternating with rest will insure the best results in growth and development of the part or organ. If this activity is deficient, impaired development or atrophy results, while excessive activity, that is, to a degree beyond the ability of the nutritional apparatus, will also produce fatty degeneration. The important point therefore, is to regulate activity according to the present degree of strength.

Breathing exercises call this law into play, but I stand for natural rather than artificial breathing exercises. Let the patient do some work, such as walking, running, horse-back riding and other modes of exercise, to a degree that requires him to use for a few minutes at least, the fullest capacity of his lungs several times a day. Plenty of rest between times should be assured.

The doctor mentioned the labor the lungs and blood-clearing organs undergo to remove the products of degeneration. This should be considered when prescribing exercise, so as to avoid overburdening them, in view of the principle just stated.

Old school practitioners seem to have a morbid fear of the dangers attending this exercise. They dread to excite cough, hemorrhage, or the absorption of toxins, as if they were most dreadful things. Cough is the natural effort to remove the irritation, and may be a valuable exercise, if not so severe and hacking as to produce injury. Hemorrhage is an alarming thing, I admit, if not properly understood. The corrosion of tissue around the blood vessels causes this hemorrhage by direct or indirect rupture of the vessel. It will occur sooner or later as the tubercular process advances, and I think it far better for the patient that it should occur early, through deep breathing, chest expansion or other means rather than that by keeping the lungs inactive the process should go on till a large vessel is ruptured with the attendant greater danger of fatality. See to it that this is fully explained to the patient in order that he may appreciate and endorse the method used, even though it may directly cause a hemorrhage. This will retain his confidence in such event, whereas it would otherwise almost certainly be lost. Gradu-



ally increased severity in the exercises and treatments will minimize the danger while extremes and violence will increase it. I have little fear from the extra absorption of toxins due to exercise unless it should be so extensive as to cause a dangerous degree of fever or provoke amyloid changes in the system. The avoidance of excess in exercise is of vital importance, hence great care should be taken to use good judgment in this regard.

The starvation treatment is an item well worth considering, as many claim a thirty days' fast will positively cure the disease. I can readily understand that this idea may arise from the fact that cough and expectoration are likely to be provoked upon distention of the stomach with food, water or gas. If eating brings on coughing what forsooth would seem simpler or more common sense than to stop eating and cure the disease that produces the cough? The lungs being oppressed by the distended stomach, the patient breathes deeper to get the needed air, and soon the ciliated epithelium of the air passages succeeds in raising the sputum to the larynx, where it irritates the sensory nerves which start the act of coughing. Our patient needs all the nourishment he can appropriate, and reasonable exercise is the natural means of creating the demand that makes appropriation possible. The appetite as mentioned above would not dictate such starvation unless something was radically wrong with the digestive organs.

The conditions of social life are often a great hardship upon the patient. He needs to cough, to clear his lungs, so as to avoid further contact with these undesirable bacilli as well as to get the air which is of vital importance to him. He needs, and ought to be allowed such a degree of seclusion as to accomplish this.

Albuminoid foods are a valuable source of clotting material, a very necessary constituent of the blood in people who are liable to bleed. Gelatine taken as good palatable jelly, fish glue, or even ordinary glue, at least once a day is therefore a most valuable recommendation to our patient. Gelatine has been injected subcutaneously in people suffering from bleeder's disease, and the plan of feeding albuminoids is an equally valuable means of aiding these people.

It has been noted that singers are apt to be remarkably free from lung and bronchial troubles, while retired singers and athletes are more subject to them. This is undoubtedly right in line with the principle mentioned a while ago.

Bacteria existing in the skin, intestinal canal and other parts of healthy bodies, as stated by Doctor J. B. Littlejohn, in his address are attenuated and of low activity in a vigorous healthy body, while with injury, defective or excessive nutrition in the part they are found to become active and virulent. This fact is a strong corroboration of the theory expressed by Doctor Meacham and myself in reference to the nature of tuberculosis. It seems to indicate emphatically that activity with its attendant increase in strength is likely to prove not only prophylactic but curative.

Further I would suggest in this connection the possibility that the constant presence of our supposed enemy the bacillus may be a means—the natural means—of cultivating and strengthening our resistance against its invasions. Resistance is naturally aroused by attack. If the attack is not overwhelming, and is repeated at moderate intervals, and with gradually increasing severity, the resistant powers will increase to correspond, and thus possibly immunity be created and preserved by a real friend in the guise of an

enemy I dare make this suggestion because of my faith in the health-giving and strengthening value of the nutrient reflex. A careful consideration of this reflex will show any student that it is wonderfully far reaching, affecting body, mind and soul, to a supremely vital extent. This suggestion will bear the broadest inquiry. This state of subjection in which the bacteria are kept by the body in health is also an argument for the constant cultivation of health. It is an argument for physical culture. It is an argument for keeping the body in the best physical condition at all times, not only by cultivation of the bodily powers but by the adjustment of osteopathic lesions or anything else that may have gone wrong. Let me repeat here with emphasis that one of the most important causes for osteopathic lesions is this very neglect of physical culture. One who never runs may hurt himself when he runs for a car; one unaccustomed to reaching is very liable to strain his back in attempting to put up or take down a picture. We need to keep our bodies in proper condition through proper use, which is the natural method, then we will not be as subject to disease. The osteopathic idea is beautifully illustrated in these matters.

Nature's ways and laws must never be forgotten. They are our chart and compass, and we cannot safely take our ship into port without implicitly relying upon them for guidance. They must be reckoned with in everything we dare undertake or failure and disappointment will overtake us.

One of the most important things for us to remember then, is to treat our patient, rather than to treat his disease. Keep him in first class order, correct his lesions and tell him how to live. I maintain that we will have health when we live right, and not until then. And if I would say one thing more than another it would be to learn how to live. And when that is generally done, we will have a normal and a healthy race, and the osteopathic physician, whose care is now needed for the restoration of these damaged bodies, will have created and gotten into a better profession, that of keeping his clients well through his instructions and ministrations.

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#### CAUSE AND PREVENTION OF DISEASES OF WOMEN.

J. W. BANNING, D. O., Buffalo, N. Y.,  
Before the A. O. A. at St. Louis.

It has been repeatedly stated and verified by high authority that a majority of the diseases of women are due to injuries received during parturition. If this be true, and we have no reason to doubt it, there must be something radically wrong with the present methods used in the care of the mother during this critical period of her life. Surely, there must be some way of preventing this lamentable state of affairs. We cannot bring ourself to believe that the All Wise Creator ever intended that childbirth should ever be the source of so much distress and misery as this day and age affords. While we hardly believe it possible to do away with all pain and suffering at this time, yet we are of the opinion that it is far in excess of what it should be, and that chronic invalidism from this source could be materially lessened by the application of more rational methods during parturition.

So extensive is the gynaecological field that volumes have been written on the subject, and yet there is much to be gained by a thorough investigation from the standpoint of cause and prevention. Our much revered Dr. A. T. Still, through his indomitable courage, skill, and foresight, opened up a great field for research, and made it possible to greatly lessen the agony usually accompanying child-birth.

Mrs. J. B. Foraker made a timely statement when she said that the "founder of osteopathy would have been immortalized had he discovered nothing more than his method of treating diseases of women." We heartily concur with that statement. No one that is in the least informed on the subject of osteopathy can gainsay it, and yet, it is but one among many such testimonials that have fallen from the lips of noted men and women throughout the country. Witnesses by the score are rising daily and giving evidence of the faith that is within them, by testifying to the efficacy of osteopathic principles well applied.

It is not to our purpose, at this time, to go into detail and outline a system to be carried out by the profession, but to leave with you a few thoughts for future consideration. The science of osteopathy, as yet, has not reached its highest point of development. Although great things have been accomplished in its few short years of existence, yet we see still greater things possible for the future. It may be truthfully said that osteopathy is yet in its infancy, yea, even in its swaddling clothes, but withal as healthy and robust a youngster as one would wish to meet. Only in comparison with the older systems of the healing art can its extensive development and great worth be rightly appreciated, for within a very short period it has developed from an one-man idea to an universal conception. Heretofore it has been too much the aim to seek the cause and cure of disease. This phase should not be pushed to the exclusion of the cause and prevention of disease, for it should be the great aim of every true physician to as zealously put forth his best efforts for the prevention of disease as well as for its cure, and it is to this end that we shall direct the burden of our remarks. The old saying that an "ounce of prevention is worth a pound of cure," is a true one and should be the motto of every physician whether he be osteopath, homeopath, or allopath.

Recognizing the fact that a majority of the diseases to which men and women are subjected arise, either directly or indirectly, from some disturbance of the generative organs, where shall we expect to find the cause of this state of affairs? To our mind three great sources stand out prominently and challenge our earnest consideration: The first and greatest is injuries received during parturition. This, according to the best gynaecologists, is the most prolific source of diseases of women, and why? That this is true need not be wondered at, when it is considered that the average physician thinks that he has not the time, in this age of hustle and money-grabbing, to await the natural laws governing the human mechanism in the delivery of a babe. How often do we hear physicians say that they have not the time to sit and wait for what they sometimes opprobriously term "granny cases." The question arises, what do they do under such circumstances? It is pretty generally known that they administer powerful drugs and apply instruments to hurry matters along that they may hustle to the next case to repeat the same maneuvers. With such an un-

promising future before them, it is not surprising that so many unmarried women are driven to a state of confirmed celibacy that they might dodge the responsibility of motherhood with its too frequent tendency to a life of suffering.

Injuries received during child-birth, no matter how trivial they seem, are sure, sooner or later, to result in a derangement of health. And it must be remembered that the evil consequences do not always manifest themselves immediately, but may follow shortly after, or even at some remote period, the time of their occurrence depending upon the nature, extent, and location of the lesion.

The celibate, although having shirked the responsibilities of motherhood, has not altogether by so doing escaped the liability to disease, for it is a well-known fact that celibacy is an unnatural state and is not without its evil consequences. For peculiar to the unmarried state are a number of conditions resulting from the non-activity of pent up energies, which evidences the fact that there is a natural order of things governing the human mechanism, and that a violation of these laws subjects one to the penalty, disease.

Thus far two prominent sources have been mentioned as the origin of female complaints, viz., injuries received during child-birth and celibacy. There is still another source. One that is far-reaching in its effects and is alike degrading to both the physical and moral welfare of womankind. This ever increasing and abominable destroyer of health is willful abortion, either medicinal or instrumental. It has been stated that injuries received during parturition is the greatest source of chronic invalidism, but it is rather doubtful if it far exceeds the evil results arising from the various methods in use for preventing full-term pregnancy. This demoralizing practice is usually regarded as offering a safeguard from a life of suffering, but a thorough investigation of the facts in the case does not bear out the conclusion, for violation of natural laws is no more countenanced here than elsewhere, and the penalty is just as sure and pressing in such instances as they are in those originating from other causes.

A quotation from an article contributed to the *Atlantic Osteopath* by Dr. Alice Heath Proctor graphically describes the suffering experienced during and after child-birth. "That no suffering surpasses that of a woman as she gives to earth another citizen, all physicians will agree; and most of us have discovered that this knowledge is not confined to the profession. And in classical literature, sacred and profane, extreme agony is compared to a "woman in travail." So many Benjamins born into the world have in their coming become Benonis that women shrink from maternity with its inevitable suffering, though longing for the joys of motherhood. There is ever the consciousness of a life incomplete when no children fill the home and the heart and the life; but the price—ah! that appals the wives. And instead of becoming healthy, happy mothers of healthy, happy children, they—thinking of probable sacrifices and suffering—become deliberately and purposely criminal in thought and deed."

With this startling state of affairs confronting us, what can we offer as a means of relief? What hope can we give the coming generations that their lives will not be a repetition of those that have gone before them? Is there no relief for such untold agony? A cry went up from Macedonia

for help, and a distinct cry for relief is continually going up from this great army of sufferers. Are we going to sit by and proffer no helping hands? We cannot offer as an excuse that the principles of osteopathy are not applicable in this field of practice, for such is not the case. The basic principles of this science are just as applicable here as elsewhere, for the natural laws governing the human mechanism are just the same wherever found. While as yet, but few practitioners have entered this field, yet it has been demonstrated that the results obtained have far exceeded the most sanguine expectations. It is very true that it will take a great deal of time and close application to duty, yet the relief offered suffering humanity should be remuneration sufficient to warrant such attention. Let us then be up and doing. Let us not be heedless of the cry that is constantly going up around us for help. Far more attention should be given to this source of suffering and misery. We are firmly of the opinion that the solution of the great problem of relief for suffering womankind lies in the realm of osteopathy. For within its laws lies the secret of rightly assisting nature in the development and expulsion of a human being. It has been amply demonstrated that proper measures applied during pregnancy and parturition mitigates the suffering and obviates chronic invalidism. Herein, then, lies the secret of the prevention of disease. To this end osteopaths should direct their energies, for by so doing, the horror and dread of the lying-in room will be dispelled, thereby causing motherhood to be looked forward to with pleasure and to be followed by health and happiness instead of a life of distress and misery. With such an outlook obtaining, there would be a marked decrease of willful abortion with the consequent prevention of disease from this source, and who knows but there would be a greatly increased tendency towards the matrimonial state, thereby augmenting the number of happy homes throughout the land, and thus do away with another source of unhappiness and disease?

We might go on indefinitely, but we think that sufficient has been said to bring to your attention the great need of directing your efforts to the prevention of disease as well as to its cure.

#### ENDOMETRITIS.

Through the kindness of Dr. C. M. Case, of this city, I have been supplied with a clinic patient for this occasion. Owing to the late arrival of the patient and the fact that we had no suitable place in which to make a thorough examination, I am obliged to forego an examination and discuss the condition of the patient from a report handed to me by Dr. Case, who has had her under charge for the past year.

The lady before us is unmarried, thirty-nine years of age, and of a nervous temperament. For a number of years she has suffered intensely from an impaired nervous system resulting in a chronic endometritis. During a severe illness of her mother, she was compelled to act as nurse, and the constant care and strain overtaxed her physical strength, predisposing her to disease. As nurse, she was obliged to lift her mother, more or less, and the strain on the muscles of the back produced lesions in the lower dorsal and lumbar regions which involve the centers controlling the innervation and blood supply to the pelvic organs. As a result of the disturbed circulation the endometrium has become congested and swollen and

its surface is covered with a purulent exudation. As a rule, there are constitutional disturbances, and, apart from the febrile disturbance, the patient complains of pelvic pain and a profuse purulent, offensive discharge. The uterus feels heavy and bulky and is very tender to manipulation. The os uteri is patulous and filled with a thick plug of mucus and the cervix is somewhat enlarged and is more or less tender on pressure.

In diagnosing cases of this kind great care is required to differentiate endometritis from fibroid tumors and cancer.

Dr. Case has made a thorough examination of the conditions existing and informs me that there is no such thing as a tumor or cancer. On examination of the spine I find a very rigid condition of the muscles in the lower dorsal and upper lumbar regions, which, in itself, is sufficient to produce any amount of trouble. The question might be asked, In what way could a lesion in the dorsal region affect the pelvic organs? This is easily understood when it is realized that the blood supply to the abdominal viscera is controlled through the splanchnic nerves originating in this region. Anything causing an influx of blood to the abdominal viscera indirectly affects the pelvic viscera, as they lie in close proximity and are intimately connected through the sympathetic system.

On going over the conditions of this patient with Dr. Case, before appearing before you, he informed me that the lesions, both osseous and muscular, were much more marked when he took charge of the case one year ago. He states that the patient has undergone a steady improvement from the beginning of the treatment, which speaks well for the skill of Dr. Case, for this is indeed a very difficult and stubborn condition to deal with. The patient informs me that her general health has improved, the rigidity of the spine is less noticeable, the offensive vaginal discharge has disappeared, and there is less uterine discomfort. There is a marked change for the better going on in every part of the bodily mechanism involved in the disease. With the history of the case, both before and after treatment, it is safe to say that the prognosis of the case is favorable, and that the patient will in time be restored to health provided the proper care and treatment be continued a sufficient length of time. Judging from the present condition and the progress heretofore made, the patient ought to be restored to health in from four to six months.

The treatment should be applied primarily to the muscular and osseous lesions in the lower lumbar and dorsal regions, relieving the impingement and irritation to the nerves controlling the blood vessels and functions of the uterus and contiguous structures. The patient should practice deep breathing to thoroughly oxygenate the blood to aid the general health. All tight clothing, such as corsets and bands, should be avoided, and the skirts should be suspended from the shoulders, that the pelvic circulation may be unobstructed. The pain and irritation in the bladder can be relieved by pressure upon the second, third, and fourth sacral nerves. There will be more or less reflex disturbances, which can be allayed by applying treatment to the particular organ or the part involved. Local treatments applied directly to the uterus will prove very effectual, and should consist of gently, but thoroughly, moving the uterus in all directions with a circular motion around the uterus pressing against its walls to assist the circulation to a normal state. This treatment is liable to set up a slight irritation, which

should be allowed to subside before another local treatment is given. The natural laws governing the body will make desperate efforts to overcome any impairment, and should be assisted by judicious treatment. After each treatment it would be well for the patient to rest in a recumbent position for awhile to give the natural processes of the body undisturbed action in their efforts to restore to a healthy condition the diseased tissues.

In conclusion, let me say that the diet should be of a bland, nutritious nature, avoiding stimulating drinks and foods, as all inflammatory conditions are more or less aggravated by such articles of diet.

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### DISCUSSION OF FOREGOING PAPER AND CLINIC.

JOANNA BARRY, D. O., Buffalo, N. Y.

I do not desire to discuss Dr. Banning's paper to any extent. The strength and force of the paper, and the scientific accuracy of it are self-apparent to all, and I think we have had so much of the scientific through the entire week that I shall not take up the scientific aspect of gynecological work at all this morning, neither do I propose or presume to tell anything to those of the audience who have been longer in the practice and are richer in experience than I am myself; but I will say a word to those who are beginning in the practice.

I have not forgotten my own experience when I began, and I never had any misgivings from the day I left school as to the efficiency of osteopathy. The principle of osteopathy is one that never can be questioned. In its proper application it can never fail. Sometimes there is danger of a doctor's courage failing, and that was the danger that sometimes confronted me. It is hard to be philosophical at all times in the presence of a great crisis and we are just as apt to be confronted with a great crisis in our very first case as we are in our last one. That was my experience. So I will urge the younger practitioners to keep their equilibrium under all conditions of this kind, and never allow themselves to concede that there can be such a thing as failure in the application of osteopathic principles to gynecological cases. We have heard about failure this morning. The failure to cure a given case is not necessarily a failure. We may have cases that cannot be cured. But the great thing for us to accomplish is to know when a case is incurable.

We all know that a large proportion of women's diseases is pelvic. There are more women suffering directly or indirectly from pelvic diseases than from any other single disease. Since I have been at this meeting, and often times before, I have been asked by doctors just beginning to practice what success I had in the treatment of gynecological cases, and to what extent do I believe that osteopathy is adequate. I believe it is nearly always adequate. It is always good in any and every case, but there are gynecological cases which I believe it will not cure. Dr. Banning spoke about the cancerous condition. I have always believed and am still of the opinion that osteopathy will not cure a cancer. I recently had a report of a case of cancer being cured by one of our old time practitioners in eight months. The doctor did not tell me he cured it, and I

have never been quite able to get it well fixed in my mind that such a cure is possible. I feel that we need more statistics along this line. In cases of that kind I think it would be advisable, not only for the sake of the doctor in charge, but for the sake of the patient, to turn the case over to an osteopathic surgeon.

I would say before you give up your patient you ought to be absolutely sure that it is a cancer. Dr. Banning just described the symptoms of cancer, and advised a thorough examination; and I would go one step further and say that unless you have made a microscopic examination of the tissue cell in the case you are not absolutely justified in saying it is a cancer. And having done that, and having proven it to be a cancer I believe it would be a wise thing to let the patient have the benefit, if there is a benefit, of operative surgical procedure. It depends on the location and other things.

I will say a word about the other cases. These are the most extreme. I might allude to fibroid tumors of large growth. I do not know whether the tumors of large growth can be reduced by osteopathy or not. I never have done it, and I think perhaps in those cases where the tumor is very large, and where it is endangering the general health, and devitalizing the system, it might be advisable to have the intervention of surgery. That is a matter of each one's judgment. I will speak of the less virulent conditions of gynecological cases. Is there any reason why these pelvic conditions cannot be cured by osteopathy? The principles of osteopathy are the same, must necessarily be the same in pelvic diseases as in stomach diseases or any other disease. We all know what it has done in brain diseases, and why should there be any question about its efficiency in pelvic diseases? In the first place if we have displacements which are produced probably by violence the principle is the same as in any other kind of maladjustment. The treatment lies in the correction of the displacement. If the displacement has been caused by any chronic pathological condition in other regions, lesions of the spine, and so forth, then it is a case for the application of osteopathic procedure. And if it is a question of acute inflammation—we all know that inflammation is preceded necessarily by congestion, and the congestion means a slowing of the circulation, and most probably the slowing of circulation has been caused by disturbance of innervation, and to correct the trouble all that is necessary is to remove the cause. So why should there be any question about the efficacy and efficiency of osteopathic treatment in pelvic cases. But it seems to me sometimes we are over-awed by the history of the case. We get a history of a case of long standing, and it has been diagnosed as serious by many physicians, and we feel that there is a good deal at stake in taking the case, and we are a little afraid; and I have been sometimes sorry to see with what ease and lack of persistency, not in many cases, but I have one or two in mind, where the osteopathic physician turned the case over to the family doctor. Why should we do this? there is no need. Sometimes we are given a diagnosis. There is danger in being too ready to accept the diagnosis of the doctor who preceded us, especially the medical doctor. I do not intend to make any criticism of those men who doubtless do the best they can, but I think this is a good thing to keep in mind. We ought to be careful in making our own diagnosis and not depend upon others and not accept their statement.

I very much enjoyed hearing Dr. Wernicke's experience with her eye



case, and it just occurred to me, that in connection with this discussion I might give you the benefit of an experience I had.

A family called me to see a young lady of 19 years, who was suffering from extreme pain from ovaritis and uterine displacement. She was first in the hands of the family physician who found a lateral displacement of the uterus, and severe ovaritis. As the case progressed the suffering grew more intense and a surgeon was called. He is a surgeon of very excellent standing in the community where he resides. He confirmed the diagnosis of the family physician, and recommended a surgical operation. After that the family called another doctor who has a reputation of being very conservative. He deals with women's diseases, not altogether, but very largely, and is reputed to be very conservative in the matter of surgical procedure. He said they would operate, and he was retained as an assistant. And then the family came to me and asked me if I would go to the hospital with the patient. I told them I did not believe an operation was necessary, and of course would be very much opposed to it. I advised very earnestly against it. I omitted to say I had been in to see the patient, but had not treated her. I watched her movements, and there were a great many things about the patient that seemed inconsistent to me. The first I saw, she was vomiting frequently, and that was considered to be a reflex disturbance from the ovarian trouble. She would not let me touch her. I thought it very strange that a young woman of 19 should be so extremely anxious to go to the hospital; it did not look quite natural, and I began to have a suspicion of hysteria. I told them I did not believe the trouble lay in the ovaries, I thought it was more in the head and not so much in the pelvis. They wanted me to go to the hospital, and in the event of finding healthy ovaries to prevent the operation. I said if they turned the case over to me I thought osteopathy would restore her. They did. I never treated her once for ovarian trouble. I concluded that it was a clear case of hysteria. She was developing all the characteristics of that disease. I treated her also for liver trouble which was present, and the result has been that she never had a treatment for ovaritis or displaced uterus, and she had no trouble there. She is well excepting that she still occasionally manifests some of the stigmata of hysteria.

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#### Tennessee Osteopathic Board of Examiners.

Gov. Cox announced on April 26, the appointment of the Board of Registration and Examination as follows: Drs. J. R. Shackelford, J. Erle Collier and W. M. Williams Nashville; A. L. Evans, Chattanooga; and H. R. Bynum, Memphis. Dr. Shackelford was appointed for the full term of five years. The others range from four to one years in the order named above. Under the law the Board must meet within thirty days and organize. Another meeting will be held in Nashville in July to examine applicants for license, should there be any.

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The following constitutes the board of Osteopathic Examiners of New Mexico, who were appointed to serve under the law recently passed in that territory: C. H. Conner, president, Albuquerque; A. M. King, vice president, Roswell; C. A. Wheelon, secretary and treasurer, Santa Fe.

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Faith must have adequate evidence, else it is mere superstition.—A. A. Hodge.

# The Journal of the American Osteopathic Association

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MAY, 1905.

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We presume it is now generally known that the next meeting of the A. O. A. will be held in Denver, Col., August 14-18. Rates on the railroads will be reasonable and will be duly announced.

We should like to suggest, in all kindness, that those who are to lead, or otherwise participate, in discussions do not come with prepared papers. While their remarks should not, of course, be entirely extemporaneous, we believe they would be more interesting if given orally and if they be suggested, in part at least, by what has gone before.

We trust that some member of the faculty, who is a member of the A. O. A. and conversant with its aims and work, will, in each of our colleges, call the attention of the students in their senior classes to this organization. We would like to see a large number of those who will graduate in June join the Association and attend the Denver meeting. This would give them a good start in their professional career.

We call attention to the advertisement which appears in this number of the Journal of the seven months' post-graduate course for two-year graduates offered by the American School of Osteopathy. This course of special instruction is open to all two-year graduates of recognized osteopathic colleges. While it seems difficult for most of us to get away from our work, we believe that the profession will be strengthened just in proportion as advantage is taken of this offer.

Never before have our opponents—the medical doctors—fought with greater desperation against the recognition and just regulation of osteopathy by law than during the past few months. While we have in no case sought to interfere with their practice, their persistent, bitter, and oftentimes unfair fight against us could have been no more intense had they been fighting for their lives. Perhaps they regarded it as a fight for life, for they know their own inherent weaknesses even better than we know them. Possibly they believe that with equal rights before the law osteopathic physicians would eventually outstrip them in the race for supremacy, and that the principles of healing for which osteopathy stands would finally displace their antiquated and unscientific system of medicine.

Section 2, article VII. of the constitution of the A. O. A., which is in relation to fees, reads as follows:

Each application for membership must be accompanied by five dollars, for which the member shall be credited with dues until the end of the first annual meeting following his election to membership.

Provided, however, that any one 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 following his election to membership.

May 14 is the earliest date that new members may avail themselves of this option. We suggest that members note the above and renew their efforts to secure new members. This is one of the lines of activity where it is necessary to be "everlastingly at it."

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The New Mexico Osteopathic Association was organized on April 8. This leaves only the following states and territory unorganized: Delaware, Louisiana, Maryland, Nevada, South Carolina and Arizona. There is good reason for Delaware and Nevada being without state organizations, as the former has but one osteopath, and the latter none so far we know. The others should organize. It would, no doubt, be a source of great satisfaction to Assistant Secretary Upton, who has labored unceasingly during the year helping to form state associations, to be able to report at Denver that all states and territories had local organizations.

Associations have been formed in the following states since the St. Louis meeting: Florida, Indian Territory, Idaho, New Mexico, New Hampshire, North Dakota, South Dakota and Wyoming. According to the best information there are only twenty-nine practitioners in the states as yet unorganized. This speaks well for the work that has been done the past year.

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As was promised last month, the programme for the Denver meeting appears in this number of the Journal. It will be seen that all of the features, together with the general arrangement, is shown, though necessarily the names of some of the participants are omitted, on account of the fact that the date of the meeting has been known for such a short time.

The programme is a most interesting one and covers a wide range of live subjects. It is hoped and believed that it will prove to be of great practical help and an inspiration to all. It is further hoped that all the participants will be able to boil down their "pieces" so that they will be strictly within the time limits. Even the most interesting features will suffer if protracted greatly beyond the time specified for a session. It is to be desired that all "book larnin" will be taken for granted on the part of the audience, so that papers, discussions, etc., may be devoted strictly to the practical and to the osteopathic application of the facts. Those going to Denver, especially those who expect to take part in the discussion of the various subjects (and all should feel so included), should read up on the general subjects, not only to be intelligently informed, but in order that those regularly on the programme may not feel in the least obliged to devote their time to what is desired they should take for granted as being already familiar to their hearers.

We do not care to anticipate, by any lengthy discussion, the report of the committee which is now preparing a constitutional amendment providing for closer relations between the National and State Associations. There is no disagreement as to the desirability of accomplishing this end, and we believe the committee will report a wise solution of the problem. We believe, however, that suggestions will be gladly received and that now is the time to present them. We are of the opinion that the mission of the A. O. A. can be best accomplished through a democratic form of government. We believe that the business of the association can be so arranged and presented to it by the trustees and committees already provided for by the constitution as to consume but little time in its transaction. We trust it will not be deemed necessary to abridge or curtail the right of any member who may be in attendance at an annual meeting to speak and vote on any question that may come before it. Any other plan would be calculated to diminish the attendance and interest of members, as well as to open the way for fault-finding and disaffection.

We admit that the delegate system has its advantages, but we fear it would open the way for reprehensible political methods in the State Associations and, in consequence, engender ranklings and bitternesses that would not make for the advancement of the science. It seems to us that it might be fair, as Dr. Bemis, of St. Paul, has suggested, to allow each state to vote the full strength of its membership in the A. O. A. on all questions. This might be done as the State Association has instructed, or, if it had not instructed, the vote could be divided according to the sentiments of the members present from each state. This is merely a suggestion, and the committee may report a more satisfactory plan.

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#### Some Weaknesses.

It is very doubtful if the wonderful growth of osteopathy has ever been paralleled by any therapeutic system known to history. This affords some justification for the fact that we are prone to pat ourselves on the back and occasionally to give ourselves airs. Indeed we have every reason for self-gratulation. But it is well occasionally to indulge in introspection. As one's best friend may sometimes point out a fault, so no one should be regarded as an enemy to osteopathy who with good intentions calls attention to a weakness. We have accomplished great things in the past, but if we are conscious of imperfection we are in a better position to perform even greater things in the future.

Dr. Carl P. McConnell conducted a clinic on valvular diseases of the heart before the A. O. A. at St. Louis. He stated before that body, as appears from the report of the proceedings published in the Journal for March, 1905, that in order to make his clinic of the greatest value to the profession he prepared and sent out to practitioners a large number of blanks asking for detailed information in regard to heart cases treated by them. He received reports of several hundred cases, and upon them he based the following statement: "I am very sorry to say that with a number an approximate diagnosis of the heart lesions is never made." He further said: "Many of our practitioners are able to make an intelligent diag-

nosis, others are deplorably lacking apparently in knowledge and ability. \* \* \* \* One practitioner wrote me that he secured results in heart lesions 'according to the principles and practice of osteopathy.' One naturally wonders whether the author of the above really knows the principles of osteopathy, much less its practices. Certainly he does not portray any great intelligence. Another person wrote me that he had had seventeen cases of organic heart trouble and an absolute cure for each one was the result. I think all will agree that this individual was a little overzealous in his statement."

Dr. W. B. Meacham conducted a clinic on pulmonary tuberculosis at the St. Louis meeting. He stated in effect that he had mailed inquiries to forty practitioners asking for such information concerning tuberculosis as they had derived from experience, that would enable him to present their conclusions to the association in the interest of science. Replies were received from only seven, and none of them gave the information desired. One man stated to him that he "did not fool with consumption."

It is fair to assume that Drs. McConnell and Meacham did not select the poorest and most incompetent practitioners when mailing their inquiries, but, rather, that they chose representative osteopaths, leaders of the profession.

These occurrences betray a weakness that it were well to heed and to remedy. They emphasize the necessity for the advanced course of study and show that it has come none too soon. They also indicate upon what subject some of the additional time in college may most profitably be spent. There is no method known to science which will enable a physician to determine the nature and extent of the disease with which he has to deal that the osteopath can afford to neglect. The physician who cures a case without having correctly diagnosed it (granting that he may sometimes do so) helps only the patient, whereas every cured case ought to benefit not only the patient, but the physician who treats it, the profession of which he is a member, the science he has espoused, and, in consequence, humanity in general.

It will no do for us to console ourselves with the thought that our medical brethren make just as many mistakes as we do. Doubtless they make more and worse. But the point is: Since we claim, and justly claim, for osteopathy a superiority over all other systems, singly or combined, we must prove our claim by surpassing our medical brethren, not only in the effectiveness of our treatment, but in the accuracy and thoroughness of our diagnosis as well.

A great work has been undertaken by the A. O. A. in the matter of collecting and publishing case reports. This work has lagged considerably in the past, and it is our belief that one reason for it is that in many of our interesting cases we have not been sure of our diagnosis. Let us strengthen our weak places.

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A few months ago W. A. Hinckle, M. D., D. O., of Peoria, Ill., was asked to resign as a member of the Illinois Osteopathic Association because he used medicine in his practice. We do not know whether or not the prohibition placed by this society upon its members relative to the methods they may employ in their practice extends to anything but drugs,

but we hope not. What would be thought of a medical society that made it a condition of membership that under no circumstances must any member, for the relief of suffering, use any agency but drugs? To say the least of it, we would consider that they had an overweening and unwarranted faith in the efficacy of drugs as a therapeutic agency. But so far as we know no medical society takes such a stand. Shall we be more illiberal than they? To be sure we believe that the distinctive therapeutics of osteopathy is far superior to drugs, but can we say that it alone will do everything in every possible kind of case that is necessary to be done?

We can understand how an osteopath who studies medicine and renounces osteopathy for the practice of medicine would have no business in an osteopathic society. But we cannot say that a medical man who studies osteopathy and occasionally resorts to medicine, as he has a legal and moral right to do, should be expelled from the osteopathic society. We fail to see, as Dr. Young points out in this number of the Journal, where any good would come from such a course. These problems will gradually work themselves out, and in the meantime we do not want to see the osteopathic profession become intolerant and proscriptive.

In "The Professor at the Breakfast Table," by Oliver Wendell Holmes, a discussion occurs which ought to encourage us candidly to discuss our weaknesses. Conscious of the truths which we proclaim, we know that good and not evil will result from honest criticism. It seems that the divinity student had ventured to reprove the professor for the freedom with which he introduced into his discussions allusions to religion, and hinted at the danger of such a course.

"Danger to what?" I asked.

"Danger to truth," he replied, after a slight pause.

"I didn't know Truth was such an invalid," I said.

"How long is it since she could only take the air in a close carriage, with a gentleman in black on the box? Let me tell you a story, adapted to young persons, but which won't hurt older ones.

"There was a very little boy who had one of those balloons you may have seen, which are filled with light gas, and are held by a string to keep them from running off on aeronautic voyages on their own account. This little boy had a naughty brother, who said to him one day, 'Brother, pull down your balloon, so that I can look at it and take hold of it.' Then the little boy pulled it down. Now, the naughty brother had a sharp pin in his hand, and he thrust it into the balloon, and all the gas oozed out, so that there was nothing left but a shriveled skin.

"One evening the little boy's father called him to the window to see the moon, which pleased him very much; but presently he said: 'Father, do not pull the string and bring down the moon, for my naughty brother will prick it, and then it will all shrivel up and we shall not see it any more.'

"Then his father laughed, and told him how the moon had been shining a good while, and would shine a good while longer, and that all we could do was to keep our windows clean, never letting the dust get too thick on them, and especially to keep our eyes open; but that we could not pull the moon down with a string nor prick it with a pin. Mind you this, too: The moon is no man's private property, but is seen from a good many parlor windows.

"Truth is tough. It will not break, like a bubble, at a touch; nay, you may kick it about all day, like a football, and it will be round and full at evening. Does not Mr. Bryant say that Truth gets well if she is run over by a locomotive, while Error dies of lockjaw if she scratches her finger? I never heard that a mathematician was alarmed for the safety of a demonstrated proposition. I think, generally, that fear of open discussion implies feebleness of inward conviction, and great sensitiveness to the expression of individual opinion is a mark of weakness."

Persistent people begin their success where others end in failure.—Eggleston.

### A Kind Offer.

Those on the programme for the Denver meeting will doubtless appreciate the offer made below. It is hoped that other active societies will do as well. With this kind of co-operation, the Denver meeting ought to be the most helpful, in a practical way, that we have ever had:

Should any of those on the programme for the Denver meeting be desirous of collecting data of any kind along any osteopathic line, I should be pleased to lay their wants before the San Francisco Osteopathic Association and to try in every way to get the members of the Association, both individually and as a whole, to supply them with such information as they may possess.

WILLIAM HORACE IVIE,  
President San Francisco Osteopathic Association.

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### LEGISLATIVE NEWS.

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So far as we are definitely informed we have not succeeded this year in getting legislation in any state where osteopathy had not already been recognized by law. We have however, prevented hostile legislation in every state where such has been attempted, and in Tennessee and New Mexico registration laws were replaced by laws creating osteopathic boards of examiners, while in Montana a law of this kind which was already on the statute books, was strengthened. On the whole osteopathy has made decided gains as the campaigns for legislation were in fact campaigns of education, and it is safe to say that osteopathy has made thousands of new friends.

#### NEW YORK.

On April 25 the osteopathic bill was acted upon in the New York Senate. The vote stood 24 for the measure and 19 against it. This, while a majority of the votes cast, was two short of the constitutional requirement. It is said that this does not necessarily kill the bill, as it can and will be taken up again if it is seen that enough of its friends are present to pass it. The session is drawing to a close and it is hardly probable that the bill will pass. Dr. Chiles writes us: "It has been a campaign of education and we have won however the final vote may be."

#### MASSACHUSETTS.

Dr. Fred Julius Fassett of Boston sends us the following concerning the legislative campaign in Massachusetts:

The present "Law in Relation to Physicians" provides for a single board of examiners and so guards the make-up of that board that there is little possibility of its ever being "packed" by the representatives of any school. The sole requirement for a physician in Massachusetts is registration by this board after an examination in anatomy, physiology, surgery, medicine and hygiene. The examination in "medicine" has an average of about two questions out of ten on materia medica and poisons. The remainder is made up of symptomatology and physical diagnosis. All comers are eligible to take this examination and as far as osteopaths are concerned all comers seem to receive fair treatment. At the time of the last examination thirty-two osteopaths had passed and been registered. The law also provides a somewhat ambiguous exemption from its provisions in the case of pharmacists, masseurs, hypnotists, clairvoyants, etc., and by an amendment of 1900, the word "osteopathists" was added to this list. While the exact rights of the unregistered osteopath under this exemption are difficult to determine, the prevailing interpretation has been that the osteopathist had full liberty to practice so long as he did not use the terms Dr. or Physician on his sign. This liberty extends alike to the A. O. A. member, the "correspondence man" and to any one who calls himself an "osteopathist."

The bill proposed by the Massachusetts Osteopathic Society provided, (1) that osteopathy be removed from the list of exemptions and (2) that competent osteopathists now practicing receive a certificate allowing him "all the privileges of a registered physician except that he shall not be empowered to practice major surgery or administer drugs internally."

The bill was modified in form from time to time and after having received an adverse report from the committee on public health was altered in one fundamental particular, viz, the limitation to five years of the validity of the certificates given to the unregistered

osteopathist. This and the minor changes were made by the legislative committee, instructed by vote of the society.

The bill as it finally stood was opposed in the House by the Massachusetts Medical Society and by a small number of members of the Massachusetts Osteopathic Society and was defeated by a fair majority. The net result of the campaign has been a thorough discussion of the adaptability to *Massachusetts conditions* of the "separate board" and the "composite board" ideas.

The eminent fairness of the present law, the fair dealing which osteopathists have received at the hands of the composite board and the fixed policy of this commonwealth against the multiplication of boards, caused the committee to recommend and the society to adopt the "composite board" idea as the one for Massachusetts' needs.

Since the foregoing figures were compiled three more osteopathists have passed the examination of the board of registration.

#### TEXAS.

The Texas legislation adjourned *nine die* on April 15. Notwithstanding the osteopathic bill had passed the senate some time ago, it failed to reach a vote in the house, despite the efforts of its friends to have it brought up. Paul M. Peck of San Antonio, in writing about the attempt to secure legislation in this state, thus closes his letter:

"Considering the fact that the regulars worked for four sessions before they secured the present medical law, and the dentists asked for a board of examiners for ten years before they were granted a law, which they amended this year, and further considering that this is the first year we have taken the initiative in seeking recognition, yet we almost succeeded in our first attempt, we should feel satisfied, knowing that 6,000 regulars worked with the most bitter opposition and with underhand methods to defeat us. Next session we should succeed. We wish to thank the A. S. O., the Osteopathic Physician, Dr. Hildreth and the A. O. A. Journal, for valuable aid in our legislative fight. The entire profession should thank Senator W. A. Hanger of Forth Worth, for the gallant fight he won for us in the senate.

"We hope to send a special car to Denver filled with Texas osteopaths."

#### NEW JERSEY.

Under date of March 31, Dr. W. J. Novinger, Trenton, New Jersey, wrote us as follows:

"The substitute for the osteopathic bill passed the senate almost unanimously, but there was so much opposition in the house that it was not brought up for action. The legislature adjourned last night."

#### TENNESSEE.

In Tennessee where a registration law has been in force since 1899, a bill was introduced creating a board of osteopathic examiners. About the last of March the bill passed the senate by a vote of 20 to 6. On April 7 it passed the house by a vote of 65 to 26, and was approved by Gov. John I. Cox on April 11, 1905. The following is the full text of the law:

#### CHAPTER 255.

#### SENATE BILL NO. 287.

A BILL to be entitled "An Act to regulate the practice of the system, method, or science of healing known as Osteopathy, and creating a Board of Examination and Registration for the regulation of the same, and providing penalties for the violation of the provisions under this Act, and to repeal Chapter 364 of the Acts of 1899, entitled 'An Act regulating the practice of Osteopathy in Tennessee.'"

SECTION 1. *Be it enacted by the General Assembly of the State of Tennessee*, That there shall be a State Board of Osteopathic Registration and Examination, consisting of five persons, appointed by the Governor in the following manner—viz.: Within thirty days after this Act goes into effect the Governor shall appoint five persons who are duly registered under the Act now in force, to regulate the practice of osteopathy in Tennessee, approved April 21, 1899, who shall constitute the first Board of Osteopathic Examination and Registration. Their terms of office shall be so designated by the Governor that the term of one member shall expire each year. Thereafter in each year the Governor shall in like manner appoint one person to fill the vacancy to occur on the Board on that date, the term of said appointee to be five years. A vacancy occurring from any other cause shall be filled by the Governor for the unexpired term in the same manner. The Board shall, within thirty days after its appointment by the Governor, meet in the City of Nashville and organize by electing a President, Secretary, and Treasurer, each to serve for one year. The Treasurer and Secretary shall each give bond with sureties



approved by the Board, for the faithful performance of his duties, respectively, in such sum as the Board may, from time to time, determine. The Board shall have a common seal, and shall formulate rules to govern its actions.

The Board shall meet in the City of Nashville, at the call of the President, in July following the passage of this Act, and in July of each succeeding year, and at such other times and places as a majority of the Board may appoint.

Three members of the Board shall constitute a quorum, but no certificate to practice osteopathy shall be granted on an affirmative vote of less than three. The Board shall keep a record of its proceedings, and a register of all applicants for certificates, giving the name and location of the institution granting the applicant the degree of doctor of or diplomate in osteopathy, the date of his diploma, and also whether the applicant was rejected or a certificate granted. The book and register shall be *prima facie* evidence of all matters recorded therein.

**SEC. 2. *Be it further enacted,*** That before engaging in the practice of osteopathy in this State, every person so proposing shall, upon the payment of a fee of fifteen dollars, make application for a certificate to practice osteopathy to the Secretary of the Board of Osteopathic Examination and Registration, on a form to be prescribed by the Board; giving, first, his name, age—which shall not be less than twenty-one years—and residence; second, the name of the School of Osteopathy from which he or she was graduated, and which shall have been in good repute as such at the time of the issuing of his or her diploma as determined by the Board; third, the date of his diploma, evidence that such diploma was granted on personal attendance and completion of the course of study of not less than four terms of not less than five months each; and such other information as the Board may require, and sufficient evidence that the applicant is of good moral character. The Board shall subject all applicants to an examination in the subjects of anatomy, physiology, symptomatology, physiological chemistry and toxicology, osteopathic pathology, diagnosis, hygiene, obstetrics, and gynecology, minor surgery, principles and practice of osteopathy, and such other subjects as the Board may require: *Provided*, that any person having a diploma from a legally chartered school or college of osteopathy in good standing as such at the time of issuing such diploma as determined by the Board, and who shall meet the requirements of the Board in other respects, who is in active practice in this State at the time of the passage of this Act, and who shall apply to said Board within ninety days after this Act goes into effect, may be granted a certificate by the Board to practice osteopathy in this State, without examination, and upon the payment of a fee of two dollars to said Board for said certificate; and *Provided further*, that the Board may, in its discretion, dispense with an examination in the case of an osteopathic physician duly authorized to practice osteopathy in any other State or Territory of the United States, or in the District of Columbia, who shall present a certificate of registration or examination by the legally constituted Board of such State or District, accorded only to applicants of equal grade with those required in the State of Tennessee; *Provided further*, that after June, 1907, no holder of a diploma issued after said date shall be admitted to an examination, nor shall a certificate to practice osteopathy be otherwise granted by said Board, to any such person, unless said person shall have graduated after personal attendance from an osteopathic school of good repute, as such, determined by said Board, wherein the course of study shall consist of at least three years of nine months each.

**SEC. 3. *Be it further enacted,*** That all fees shall be paid in advance to the Treasurer of the Board, and all expenses proper and necessary, in the opinion of the said Board, to discharge its duties under this Act shall be paid out of such funds in such manner as the Board may order; *Provided*, that no member of the Board shall be allowed out of said funds more than the amount spent for traveling expenses, and ten dollars for each day of actual service.

**SEC. 4. *Be it further enacted,*** That osteopathic physicians shall observe and be subject to all State and municipal regulations relating to the control of contagious diseases; the reporting and certifying of births and deaths; and all matters pertaining to public health; and such reports shall be accepted by the officer or department to whom the same are made.

**SEC. 5. *Be it further enacted,*** That every person holding a certificate from the State Board of Examination and Registration shall have it recorded in the office of the County Clerk of the county in which he expects to practice. Until such certificate is filed for record the holder shall exercise none of the rights or privileges therein. Said Clerk of the County Court shall keep in a book for that purpose a complete list of all certificates recorded by him, with the date of the recording of each certificate. Each holder of a certificate shall pay to said Clerk a fee of one dollar for making such record.

**SEC. 6. *Be it further enacted,*** That any person who shall practice, or pretend, or attempt to practice, or use the science or system of osteopathy in treating diseases of the human body, or any person who shall buy, sell, or fraudulently obtain any diploma, license, record, or registration to practice osteopathy illegally obtained, or signed or issued

unlawfully or under fraudulent representation, or who shall use any of the forms, or letters, "Osteopathy," "Osteopath," or "Osteopathist," "Diplomate in Osteopathy," "D. O.," "Osteopathic Physician," "Doctor of Osteopathy," or any other title or letters, either alone or with other qualifying words or phrases, under such circumstances as to induce the belief that the person who uses such term is engaged in the practice of osteopathy, without having complied with the provisions of this Act, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than twenty-five dollars, nor more than one hundred dollars for each offense.

SEC. 7. *Be it further enacted*, That Chapter 364, of the Acts of 1899, entitled, "An Act regulating the practice of Osteopathy in Tennessee," be and the same is hereby repealed.

SEC. 8. *Be it further enacted*, That this Act take effect from and after its passage, the public welfare requiring it.

Passed April 7, 1905.

E. RICE,

*Speaker of the Senate.*

W. K. ABERNATHY,

*Speaker of the House of Representatives.*

Approved April 11, 1905.

JOHN I COX,

*Governor.*

#### PENNSYLVANIA.

Dr. H. M. Vastine informed us under date of April 27, that the osteopathic bill had passed both houses of the legislature in Pennsylvania. Up to that time the governor had neither signed nor vetoed it, although a hearing had been had before him.

#### UTAH.

We learn from Dr. L. J. Goodrich, Logan, Utah, that a good bill providing for the appointment of an osteopathic Examining Board passed the senate by a vote of 12 to 7, and the house 41 to 1. The bill was vetoed by the governor who stated, in effect, that if he signed the bill it would open the state to quacks. We cannot follow his reasoning inasmuch as the state is already open to osteopaths, and if he had signed the bill it would have made it impossible for quack osteopaths to practice there.

The medical bill passed the house but was defeated in the senate.

#### COLORADO.

After a hard fight in Colorado, the Dixon Medical bill was finally passed in such shape as to be practically unobjectionable to osteopaths, as the following letter addressed to the governor will show:

"On behalf of this Association I have the honor to express our opinion that the Dickson Medical Bill now before you for approval contains little if anything objectionable to the Osteopathic profession, and much that is satisfactory.

"We are not prepared to believe that the phrases "prescribing medicines" and "administering drugs" at the end of section eleven would be construed to prevent the use of *antiseptic applications* in our surgical work. The only possible interference with us appears therefore to be in administering the *anesthetics* requisite in many surgical operations. Yet we believe even this will be construed mildly by the courts in the event we should be attacked on this ground. These are universally accounted as essential in surgery, and their proper use is always taught in this department of Osteopathy, in which no restrictions are contemplated.

"As to 'prescribing medicines and administering drugs' in the ordinary sense of dosing for the cure of disease through the desired physiological reactions to be solicited thereby, or through any specific remedial virtues attributed to such agencies, we disown such measures as being unscientific and contrary to our conceptions of causes and cure. In this sense therefore we freely admit the non-interference of this bill with our work.

"The freedom from interference specifically granted our system in the proper use of its methods gives osteopathy definite legal recognition.

"The bill also appears to afford our professional ranks that reasonable degree of protection against quackery which we have been seeking since 1897. It seems to promise immunity from the unwarranted use of our professional name in that the Board of Medical Examiners is to recognize and prosecute this kind of trespass, ours being a system of medicine as contemplated in section seven, while the exemption in section eleven is only as to possible prohibition of trespass, ours being a system of medicine as contemplated in section seven, while the exemption in section eleven is only as to possible prohibition of practice. In this bill therefore, osteopathy appears to be allowed a due degree of freedom to set its own educational and ethical standards, also to be accorded the profes

sional protection we believe it equally entitled to enjoy. Any inconsiderate exercise of this freedom, detrimental to the general welfare, which might be assumed on our part would undoubtedly be amenable to other laws.

"In so far as this bill fixes the standards of other systems of medicine in a manner satisfactory to their worthy constituency and agreeable to the general welfare we must certainly approve it."

Very respectfully,

THE COLORADO OSTEOPATHIC ASSOCIATION.

By J. W. BASS, D. O., *President*.

Approved The Denver Osteopathic Association,

By N. A. BOLLES, D. O., *President*.

**Proposed Program of the Annual Meeting A. O. A. Denver, August  
14-18, 1905, Brown Palace Hotel.**

**MONDAY, AUGUST 14.**

8:00 p. m. Call to Order. Opening remarks by the president, Dr. C. P. McConnell, Chicago, Ill.

Invocation. Rev. Frank T. Bayley, D. D.

Address of Welcome. One of the State Officials.

Response. President McConnell.

*Music.*

Welcome of Colorado Osteopathic Society. Dr. Nettie Hubbard Bolles.

Response.

*Music by the Band.*

Report of Officers and Trustees.

Informal Reception.

**TUESDAY, AUGUST 15.**

9:00 a. m. Paper: "Are the Osteopaths to be Swallowed Up?" Dr. J. T. Bass, Denver, Colorado.

9:15 a. m. Discussion.

9:35 a. m. Paper and Demonstration: "Tubercular Knee." Dr. Frank P. Young, Kirksville, Mo.

9:55 a. m. Discussion. Led by Dr. W. L. Buster, Mt. Vernon, N. Y.

10:15 a. m. Clinics.

(a) Spinal Meningitis. Dr. A. L. McKenzie, Kansas City, Mo.

10:30 a. m. Discussion.

10:45 a. m. (b) Tubercular Hip.

11:00 a. m. Discussion.

11:15 a. m. Business.

12:00 m. Paper. "The Non-Manipulative Part of Osteopathic Therapeutics." Dr. Clara L. Todson, Elgin, Ill.

12:15 p. m. Discussion.

12:30 p. m. Paper. "The Osteopath in Emergency—Osteopathic First Aid to the Injured." Dr. F. LeRoy Purdy, Boston, Mass.

12:45 p. m. Discussion.

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**TUESDAY P. M. OUTING.**

Excursion on the "Seeing Denver" cars.

**WEDNESDAY, AUGUST 16TH.**

9:00 a. m. Paper. "The Practical Conduct of Contagious Cases." Dr. Frederick H. Williams, Lansing, Mich.

9:15 a. m. Discussion.

9:35 a. m. President's address. Dr. C. P. McConnell, Chicago, Ill.

10:15 a. m. Clinics.

Gynecology. Dr. Jennie B. Spencer, Des Moines, Iowa.

10:30 a. m. Discussion.

10:45 a. m. Business.

11:30 a. m. Paper and Demonstration.

(a) Technique for reduction of the different forms of dislocation of the hip.

(b) Reduction of a dislocated hip—actual case. Dr. Chas. E. Still, Kirksville, Mo.

12:00 m. Discussion.

WEDNESDAY, P. M. OUTING.

Trip over the Moffatt Scenic Railway.

THURSDAY, AUGUST 17.

- 9:00 a. m. Paper "Emergencies at Childbirth." Dr. Jennie B. Spencer, Des Moines, Ia.  
 9:15 a. m. Discussion. Led by Dr. L. O. Thompson, Red Oak, Iowa.  
 9:35 a. m. Prize Essay.  
 10:00 a. m. Clinics.  
     (a) Hemophilia.  
 10:15 a. m. Discussion.  
 10:30 a. m. (b) Empyema.  
 10:45 a. m. Discussion.  
 11:00 a. m. (c) Infantile Paralysis.  
 11:15 a. m. Discussion.  
 11:30 a. m. Business. (Election of officers. Fixing place of next meeting.)  
 12:15 p. m. Paper and Demonstration. "An Osteopathic Modification of the Lorenz Operation." Dr. H. W. Forbes, Des Moines, Iowa.  
 12:45 p. m. Discussion. Dr. J. Erle Collier, Nashville, Tenn.

THURSDAY, P. M. OUTING.

Trip to Leyden: Coal City of the Foothills.

FRIDAY, AUGUST 18.

- 9:00 a. m. Paper. "The Future of Osteopathic Education." Dr. J. S. White, Pasadena, Cal.  
 9:15 a. m. Discussion. Led by Dr. W. E. Buehler, Chicago, Ill.  
 9:35 a. m. Paper and Demonstration. "Osteopathic and Physical Examination of a Case of Pulmonary Tuberculosis." Dr. N. A. Bolles, Denver, Colo.  
 9:55 a. m. Discussion.  
 10:15 a. m. Business. Installation of officers.  
 11:00 a. m. Clinics.  
     (a) Spinal Irritation.  
 11:15 a. m. Discussion.  
 11:30 a. m. (b) Goitre.  
 11:45 a. m. Discussion.  
 12:00 m. (c) Synovitis.  
 12:15 p. m. Discussion.  
 12:30 p. m. Paper and Demonstration. "Physical Examination of a Case of Valvular Lesion; the Diagnosis of Valvular Lesions." Dr. Robt. D. Emery, Los Angeles, Cal.  
 12:50 p. m. Discussion.  
 1:00 p. m. Final Adjournment.

FRIDAY, P. M. OUTING.

Visit to the Mint, Smelters, etc.

SATURDAY, AUGUST 18. <sup>1</sup>

All day trip around the famous "Georgetown Loop."

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Be always displeas'd with what thou art, if thou desirest to attain to what thou art not; for where thou hast pleas'd thyself, there thou abidest. But if thou sayest I have enough, thou perishest. Always add, always walk, always proceed. Neither stand still, nor go back nor deviate.—Augustine.

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Richard Golden—"Old Jed Prouty," has coined this epigram: "I believe in God and osteopathy, and believing this I know I have a good chance in this world and in the next."

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Perseverance is more prevailing than violence; and many things which cannot be overcome when they are taken together yield themselves up when taken little by little.—Plutarch.

## NOTES AND COMMENTS.

### Against "Butcher" Surgery.

I was much pleased with the article written by Dr. Ellis some time ago showing the merits of osteopathy in several cases commonly called surgical.

I have been making some observations along the same line and have noticed that the better the osteopath the more he realizes how much can be done by his *own* system of therapy and the fewer cases he has for the surgeon. I am sure no one will deny the necessity of any and every physician being such a good diagnostician that he will readily recognize a surgical case when he sees it, but I am also sure that every osteopath should be so thoroughly imbued with the possibilities of our science that we shall array ourselves against what is getting to be a sort of wholesale butchery. When a doctor of repute will assert that all gynecological disorders are surgical, it is high time that some one call a halt. There is no system of therapy that has done, or can do as much for pelvic disorders as osteopathy, cures that seem almost miraculous are made every day, and they get to be of such common occurrence that we fail to speak of these as anything out of the ordinary. We can all recall many cases that have come to us after having been advised to have an operation, and in a short time were entirely free from their trouble. Common uterine misplacements that yield so readily to our treatment are sent daily to the hospital for various operations, among which are ventral fixation, or suspension operations which even some of the better surgeons are beginning to oppose so it is surely fitting that we who stand for all that is best in the healing art should wage war against a system that has done and is still doing much that not only does not

Des Moines, Iowa.

ELLA D. STILL.

### Closer Union for State and National Organizations.

A topic of general professional interest just now is, closer union for national and state organizations. Some indefinite suggestions as to methods best adapted to secure this result have gone the rounds, but so far with little directness of purpose, and consequent lack of results. For a few years past some of the states have shown a commendable interest by electing delegates to the National convention; but these delegates, having no constitutional rights, and no assigned duties, were unable to accomplish much, other than a creation of some sentiment for future enthusiasm, and a little added dignity to the person so honored.

Two years ago a committee was appointed by the A. O. A. to look into this matter in an official way, to report at the last meeting. That committee labored faithfully and conscientiously, and submitted a report so unsatisfactory to themselves that they would not recommend its adoption, asking for further time for consideration. This was granted, and we hope and believe something tangible may be produced this year.

In the meantime suggestions are in order, and some are forthcoming. My attention has been called to a resolution adopted by the Minnesota Osteopathic Society, which instructs its delegates to the National Association to work for "the formation of a National Osteopathic Association composed of all the state associations whose members are legally licensed osteopaths in states having laws and osteopathic examiners regulating the practice of osteopathy, membership in the state association to carry with it full membership, and states without laws, membership to be subjected to approval of the National Association, all membership to be on a basis of absolute equality in association rights and privileges." The writer, perhaps, is not justified in an unqualified condemnation of the union thus suggested, not having sufficient knowledge of the intent of the resolution, or its scope. But I wish to call attention to a few points inconsistent with the best interests, as I see them, of a union of state and national organizations in this manner.

In the first place, the national organization, by its natural relation to the profession, is the head; and as such should be the sole judge of membership qualification. It is the professional and ethical guide, without which there can be no unity of action. There must be one professional standard, and it must set that standard. If the resolution above quoted were enacted into law, this could not be so. Standards would be as numerous as there are states represented, and as varied as the state statutes and local sentiments would permit. The state society meets local conditions, legal and otherwise, that are not related to the profession as a whole, which are often out of harmony with its best interests. The laws in the various states are not in harmony, and perhaps never will be; yet the local society will usually set the standard to correspond with the statute of its state. I need not go into detail as to why this condition exists. Any one familiar with the work of the legislatures can furnish many reasons.

I am in sympathy with closer union, but it seems to me the above method would result rather in disunion and confusion. Let us think twice before supporting such a movement. It is unwise to condemn any method that will secure closer union, perhaps, unless a better plan is offered. But I am not at this time prepared to offer anything. I have had in mind for some time a plan which seems to me more feasible, to put the business of the association on a delegated basis, but as I have some indefinite knowledge that the committee above referred to is working toward that end, it would be out of place at this time to discuss it.

M. F. HULETT.

Columbus, Ohio.

### Reciprocity Between State Boards of Osteopathic Examiners.

From letters received during the last two months from practitioners over the country it seems to be the idea with some that because an osteopathic law has a reciprocity clause in it, any certificate from any other state osteopathic board will be prima facie evidence calling for recognition without an examination. The reciprocity section of the Montana law, which was added with some other amendments at the last session of the legislature, reads as follows:

"Every graduate of a reputable school of osteopathy who has been strictly examined and thereafter licensed to practice osteopathy in another state, may be licensed to practice osteopathy in this state upon the production, to the board, of his or her diploma and the license obtained in such other state and satisfactory evidence of good moral character, and the payment of all legal fees required by other applicants; but the board may examine the applicant as to his or her qualifications."

It will be noted the section reads, "every graduate \* \* \* who has been strictly examined."

Sec. 5 of the law enumerates some of the subjects which the board is to examine the applicants in.

It is evident that the applicant to receive the benefits of reciprocity must have passed a sufficiently thorough examination before some other board. In some states, when medical laws were first enacted, all, at that time, practicing in the state, regardless of qualifications or fitness, were granted certificates. I am informed that this has been done in some states where osteopathic boards have been formed. It is manifestly evident that while these practitioners may all have had some claim on that particular state, they have none on any other, and when they go into any other state, those with authority to do so can be expected to test their qualifications.

Hence, the mere possession of a certificate from one osteopathic board is not sufficient evidence to another board for the granting of a certificate. Each of the osteopathic boards should furnish each other board with data relative to the examinations given, questions asked, etc., and an understanding reached.

If the first certificates were granted on the strength of mere residence and practice in the state, each board should know it and be in possession of the dates when such were issued. If a board gave no examinations, but simply accepted the final examinations of some school, each other board should be aware of that and have the dates of issuance of all certificates granted upon that basis.

By such an arrangement each board would know at a glance the status of each applicant asking for recognition of a certificate granted elsewhere.

It occurs to the writer that it would be a good plan for each and every board to print a list of all persons licensed, classify the same, and state upon presentation of what evidence each different lot was granted certificates to practice.

If 60 persons were licensed in April 1901 by the California board, upon presentation of evidence that they were practicing in that state at the time of the laws approval, and without any additional requirement the list of those 60 names would be followed by a statement of that fact.

If there was a requirement of a certain amount of time in a reputable school it should be stated. If some nongraduates were licensed upon the passage of an examination, a list of these should be furnished with a statement of the subjects in which they were examined; whether the examination was oral, etc. In this way each board would be in possession of exact knowledge as to how each applicant with recognition from another board obtained such. It would save time, trouble and misunderstanding in the end.

Missoula, Mont.

ASA WILLARD.

### The M. D. D. O. in Osteopathic Societies.

The Illinois Osteopathic Association has caused the resignation of Dr. W. A. Hinckle, M. D. D. O., of Peoria, Ill., as a member of the association, on the ground that he has not been convinced that drug-medication may not be beneficially employed in some cases

where osteopathic adjustment fails to accomplish all that is desired. It is a rule of the association to exclude from membership any M. D. D. O. who prescribes drugs. I cannot see any sense or use in such a rule. The M. D. is welcomed in our osteopathic colleges and he is not compelled to refrain from prescribing drugs while at college. These colleges have one or more M. Ds. on their teaching force and these instructors may prescribe medicine when they see fit. Why do you want to exclude the M. D. D. O. from our associations? Such exclusion certainly does not do him any good. It drives him away from us so that we have no further opportunity to convince him that drug medication is unnecessary. Persecution is no argument. In fact it always tends to prove that the persecutors are in error.

Does it do the D. Os. any good to exclude the M. D. D. Os. from their associations? Are you afraid of contamination? Can you safely associate with an M. D. in the class room every day for two years while at college and yet after graduation need to fear to associate with him once a month or once a year in an association meeting for fear he will undermine your faith in osteopathy? Does our science hang on such a slender thread as this? Will it benefit the public? Is that the way to prove that the M. D. is mistaken? Tell the public that we club the M. Ds. from our association to convince them that drugs are useless and dangerous. This may bring convictions to some but it would never convince me and many other people I know about.

Dr. Laughlin in the Journal of Osteopathy says the M. D. D. O. is, as a rule, a poor doctor if he prescribes drgs. Well what of it? Are our associations formed only for the benefit of good doctors? Is not the object of associations to improve the doctors and doctoring? It is said it is a bad thing to be a mixer. I suppose it is. Does expulsion from our associations stop the mixing? I am sure such proceeding would tend to make me mix the harder. Can any body cite an instance of an M. D. D. O. stopping drug prescribing in order to be eligible to membership in an osteopathic association? Any physician that would do such a thing is a coward. If he honestly believes that drugs are for the best interest of the sick one entrusted to his care, and is fully equipped to prescribe drugs, he is unworthy of the name of a physician, if he refuses to prescribe drugs in order that he may enjoy the fellowship of a state osteopathic association or any other association.

It seems to me the members of an osteopathic association ought to feel honored to have the M. D. D. O. join their ranks. And in most all instances he can confer great benefit. As a rule he is an independent honest thinker. He bears the scorn and odium heaped upon him by his fellow medical practitioners in order to secure for his patients the splendid results of osteopathy. He may have many rich and instructive experiences in the practice of the healing art years and years before the first osteopathic school was opened. I cannot agree with the proposition that the M. D. D. O. is, as a rule, a poor doctor when he fails to reject drug medication entirely. Take the case of Dr. Hinckle. He has written one of the best expositions of osteopathy that has ever been published. I doubt if there are as many as half a dozen osteopaths in the world who could have done as well. The exposition appeared for six months in serial form in the Cosmopolitan Osteopath and received the cordial endorsement of its editor. It reveals the scholar, the thinker, and the scientific mind. I would deem it an honor to be acquainted with such a mind. The clinic references demonstrate the good, honest and efficient doctor, though he may not be making as much money as the manufacturers of Peruna or some of the strict Simon-pure-never-saw-a-vibrator osteopaths.

I do not yet see how a complete system of healing is going to get along without opiates and the M. D. D. O. can help us along these lines. He can further often make suggestions along the line of preventive medicine. Dr. C. M. Turner Hulet in his Review and Forecast published last month has uttered the most useful message ever delivered to the osteopathic profession outside of some of the grand messages of the Old Doctor himself. He says, "Preventive medicine is the physician's real work and we have too much neglected it."

I think too, some of the M. D. D. Os. may know something of the non-manipulative measures that I still think are essential to any complete system of healing and that are not comprised in drug medication.

St. Paul, Minn.

C. W. YOUNG.

#### Proposed Constitutional Amendment.

In the February and March, 1904, Journals the question of altering the rules regarding the fee of new members was discussed and amendments proposed. It was expected that a change would be made at the St. Louis meeting remedying the defects in the rule. An amendment was made, but, as pointed out before hand in the March Journal, it was of no benefit; practically leaving the rules unchanged. As the rules now stand, an applicant for membership pays the association \$5.00 and gets for this only membership

up to the next annual meeting regardless of the time when he joins, for instance, a new member joining in July gets a full year's membership, but a member joining in January or February gets only a few months. This is manifestly unfair and hinders the growth of the association. Any of the members who have been active in securing new members will appreciate the fact that after about December 1, the work is practically at a standstill on account of the existing rules. We must give the new members full value for their money the same as all other associations. To this end, the following amendment will be proposed at the Denver meeting and is published at this time to conform to constitutional requirements:

Amendment to Section 2, Article 7, of the Constitution of the A. O. A. Amend by striking out all of Section 2 and the Provision following it, and substituting the following:

"Section 2.—Each application for membership must be accompanied with one year's dues, and such dues shall entitle the applicant to a full year's membership from the date of acceptance and Membership Certificate for the current fiscal year. At the end of that current fiscal year the secretary shall inform the new member of the amount necessary to carry him through the next fiscal year, and such amount must be remitted at once, to the end that such new member shall pay the full next year's dues in advance before receiving Membership Certificate for that year. *The end of the fiscal year shall be July 1st.*"

St. Paul, Minn.

C. A. UPTON.

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### "Anatomy in a Nutshell."

As has often been remarked a distinctive literature of osteopathy is gradually being developed. A recent important contribution to it is "Anatomy in a Nutshell," the work of Dr. W. R. Laughlin of the faculty of the American school of Osteopathy.

It is true that anatomy is anatomy, and we do not presume that Dr. Laughlin claims to have made any important or startling additions to the stock of knowledge concerning it. But that he has done much for the student of anatomy by his arrangement of the subject we think all will agree who examine his book. The author is a teacher of large experience and he has utilized his knowledge gained in the class room of how to present a subject in an attractive and connected manner. In the preparation of his text. In studying a science its proper arrangement is highly essential. In attempting to unravel a skein if you do not get hold of the proper thread and proceed in a systematic manner you will have an inextricable tangle. On this point the author says in his preface:

"There seemed to be no work upon anatomy taken up in a teachable and systematic manner and the student complained that it took more time to find his lesson in the books at hand than to learn it when found.

"In presenting the subject of anatomy to the student, we first teach a few rules and fundamental principles to give him a working knowledge of the subject, and then we take up the work complete as it comes in the human body. For instance, in teaching the anatomy of the arm we take the clavicle, giving its ossification, articulations, attachment of muscles and blood supply. Then the origin and insertion with action, blood supply and nerve supply of these muscles. So it is with every bone of the upper extremity and the entire body.

"What is gained by saying that the greater tuberosity of the humerus has these muscles attached to it, namely the supraspinatus, infraspinatus and Teresminor, unless we learn the function of these muscles? By this method of teaching anatomy we find it to be one of the most interesting of all subjects both to teacher and pupil."

In Dr. Laughlin's book the subject has been considerably condensed and yet we venture to say that nothing of practical importance has been omitted.

We believe that osteopaths in buying text books should always give the preference to osteopathic authors, not only because they deserve encouragement in their efforts to build up a professional literature, but because as a rule, texts prepared by them are better suited to the needs of an osteopath.

The mechanical features of "Anatomy in a Nutshell"—the type, printing, binding, quality of paper and the illustrations of which there are a large number, are the best we have seen in any osteopathic text book. The book is for sale by the author, price \$6.50.

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There is no greater delight than to be conscious of sincerity on self-examination—Mencius.

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The temple of our purest thoughts is silence.—Mrs. S. J. Hale.

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Vehemence without feeling is but rant.—H. Lewes.



## GOITER.\*

Paper read before the Ohio Osteopathic Association,  
By JENNIE B. NEAL, D. O., Cleveland, O.

"There is a natural melody, an obscure fount in every human heart. It may be hidden over and utterly concealed and silenced—but it is there." So there is a natural melody in the body and we call it rhythm. "Goiter is an enlargement of the thyroid gland not due to malignant tumor or inflammation. It may affect one lobe, both lobes, or both lobes and the isthmus, and may occur sporadically or endemically. The forms are simple hypertrophy of the gland tissue, cystic, in which cysts form in the hypertrophied glands and fibrous goiter in which fibrous induration occurs and parenchymatous, which is an enlargement of the whole gland." We will waive the ordinary text's definition for the cause of goiter and look only to the osteopathic side of it. Most of our osteopathic authors give the cause as lesion to the clavicle and first rib. We believe these lesions are always present but in our own treatment of eight cases—six of which have been cured and two of which are still under treatment with marked improvement, there has always existed lesion at the fifth lumbar vertebra. Our attention was first called to the existence of the lumbar lesion in goiter by a fellow practitioner who reports nine cases—seven of which were in women and were cured; all of these had lumbar lesions, the remaining two were in men. One of them had a lesion to the fifth lumbar and in this case there was some improvement when the patient stopped treatment; in the other case there was no lumbar lesion and no improvement. These facts have led us to make some inquiries. We have found some twenty-six cases of fifth lumbar lesions being treated in connection with treatment for goiter, though not as a specific treatment and with no thought of curing the goiter by other than the neck treatment. Twenty of these cases have been dismissed cured and the others are still under treatment and improving. These facts together with what we are able to gather from the observation of some eight authors, lead us to believe that goiter is the result of a disturbance in what Byron Robinson is pleased to call the "sympathetic ellipse." We trust we will be forgiven if we quote from this author with more or less freedom. We have been unable to find recorded a case of goiter which began before the age of puberty and that there is some distinct connection between this disease and uterine disturbance, is testified to in the fact that so many of our authors mention a relation to uterine conditions in speaking of goiter. Though they do not, so far as I am able to learn, give any satisfactory explanation of this relation. Our theory for this disturbance is this;—the fifth lumbar lesion disturbs the pelvic plexus, this in turn, the hypogastric, and lastly the solar plexus. As we know, the solar plexus is a great reorganizing center—from here the disturbed innervation is carried to the middle and inferior cervical ganglion, which, being already disturbed by cervical and rib lesions is rendered less able to send its usual rhythmic impulse to the thyroid gland. We are told that these ganglia are secondary reorganiz-

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\*This excellent paper occupies this unusual position for articles of this nature by reason of the fact that in making up the forms for this number it was found at the last moment, that more matter was needed than was in type, and this was the most available article that would fill the space.—EDITOR.

ing centers. "Puberty is heralded by ganglionic rhythm," if this rhythm is disturbed in any degree we get disease. Rhythm is "movement characterized by regular, measured or harmonious recurrence of stress or impulse, beat, sound, accent or motion." "Visceral rhythm is for the purpose of nutrition and pursues its even tenor in a kind of orderly manner,—but irritation from a focus never comes or goes by rule," and we believe that this lack of rhythm in the sympathetic may disturb every organ innervated by the sympathetic. Going back to our figure of the ellipse, if there is interference at any point of the ellipse we get disease. If at two such important nerve centers, we get interference, we claim that the thyroid gland and uterus suffer the brunt of such disturbance. Robinson says one can count between twenty and thirty nerve strands in the hypogastric plexus which originate in the abdominal brain and terminate in the uterus; and again he says "the enlargement of the thyroid in the menstrual life of women, rests upon the sympathetic nerve." In looking up records of cases we find Osler speaks of goiter being much more frequent in women than in men and he quotes one author as having tabulated two hundred cases, of which 161 were in women. Gowers speaks of a case of the removal of the ovaries having caused goiter, and of another in which the thyroid atrophied at the menopause. Again he says "may not the mania which sometimes comes from removal of the thyroid be from disturbed uterine condition. I called the attention of one physician to this fifth lumbar lesion in connection with goiter and he said he had not noted it. In a few days I met him again and he reported a case which he had since received where a goiter had developed soon after the patient had been injured in the lumbar spine by a bicycle rider.

"Now a brain or ganglion cell receives sensation, sends out motion and controls nutrition. It reproduces itself, it controls secretion and lives in balanced relation with its environment." But when a disturbance comes, though it may be flashed from a distant viscus, disease comes with it.

NOTE.—Cleveland, March 7, 1905. Since writing the above in January I have examined and treated additional cases of goiter, both of which showed marked lesions at the fifth lumbar. J. B. N.

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#### Text of New Mexico Osteopathic Law.

"Be It Enacted by the Legislative Assembly of the Territory of New Mexico:

"Section 1. The governor of this territory shall appoint a board within ten days after the passage of this act and biennially thereafter, and shall fill all vacancies.

"This board to be known as the Territorial Board of Osteopathy and shall consist of three legally qualified resident practicing osteopathic physicians, each of whom shall have been actively engaged in the practice of osteopathy in this territory for at least one year prior to his appointment, and shall serve for a term of two years, and until his successor shall have been duly appointed and confirmed by the legislative council.

"Section 2. Said board of osteopathy shall elect a president, secretary and treasurer, and shall have a common seal, and its president and secretary shall have power to administer oaths.

"Said board shall hold meetings in the City of Santa Fe, in the capitol building, in the rooms provided for it by the capitol custodian committee, on the first Monday in April and September of each year, and such other meetings as may be deemed necessary; and shall issue certificates of qualification to all applicants who meet the requirements of this act.

"Section 3. Said board shall create no expense exceeding the sum received from time to time as fees as hereinafter provided.

"Section 4. The fees coming into the treasury of said board shall be paid out upon warrants of the president and secretary thereof in payment of the compensation and expenses of said board in carrying out the provisions of this act.

"Section 5. Said board shall make such rules and procedure for the regulation of all matters of applications and hearings before it as it may deem advisable.

"Section 6. Any person who at the time of the passage of this act, shall be actually in the practice of osteopathy in this territory, shall be entitled to receive such license upon making application to the board at its first regular meeting and paying a fee of five (\$5.00) dollars and satisfying the board that he was lawfully engaged in the practice of osteopathy in this territory at the time of the passage of this act.

"Section 7. Any person before engaging in the practice of osteopathy in this territory, after the passage of this act, shall, upon the payment of a fee of twenty-five (\$25.00) dollars, make application for a certificate to practice osteopathy to the board of osteopathy, on a form prescribed by the board, i. e.

"1st, Evidence of good moral character; 2d, preliminary education equal to a high-school diploma or teacher's certificate; 3d, the name of the school or college of osteopathy from which he or she was graduated, and which shall have been in good repute as such at the time of the issuing of their diploma, as determined by the board; 4th, the date of their diploma and evidence that such diploma was granted on personal attendance and completion of a course of study of not less than three full terms of nine months each in three separate years: Provided, however, That the board may in its discretion receive applications for the examination from osteopaths who have graduated from a reputable osteopathic college of not less than two years' course and furnishing evidence of field practice of not less than one year, and such other information as the board may require. And such applicant shall at the regular meeting of the board, submit to an examination in the following branches, to-wit: Anatomy, physiology, chemistry and toxicology, pathology, gynecology, obstetrics, diagnosis, hygiene, dietetics, surgery and theory and practice of osteopathy and such other subjects as the board may require.

"The person receiving said certificate shall have same recorded in the office of the probate clerk of the county in which he or she intends to practice, and shall pay a fee of one dollar and fifty cents (\$1.50) and the record shall be endorsed thereon. In case a person removes to another county to practice, the holder shall record his certificate in like manner in the county to which he or she removes.

"Section 8. Any person practicing osteopathy within the territory without having obtained the certificate herein provided for, or contrary to the provisions of this act, or who, for the purpose of obtaining such license, shall falsely represent himself or herself to be the holder of a diploma as herein provided, shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than fifty (\$50.00) dollars nor more than one hundred (\$100.00) dollars or by imprisonment of not more than ninety days for each and every offense.

"Section 9. This act shall take effect and be enforced from and after its passage and all acts and parts of acts in conflict herewith are hereby repealed."

Approved March 14, 1905.

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### New Mexico Osteopathic Association.

On April 3 the osteopaths of New Mexico met at Santa Fe and effected an organization. The following officers were elected: C. H. Conner, president; Chas. A. Wheelon, vice-president; Emma Purnell, secretary-treasurer. Drs. Conner and Wheelon spoke on the objects of the association and the benefits to be derived from it. Dr. Purnell read an interesting paper entitled, "Osteopathy—Its Progress and Demands."

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### Meeting of San Francisco Osteopathic Society.

The annual election of officers of the San Francisco Osteopathic Society was held Wednesday, April 5 at the California College of Osteopathy. The following officers were elected for the ensuing year: Wm. Horace Ivie re-elected president; Elta C. Wakefield vice-president; Louise C. Heilbron secretary and treasurer.

It may interest our eastern practitioners to know that California has five hundred recognized osteopaths at the present time.

After the regular business of the Society was disposed of, Dr. Frank L. Martin gave a most interesting and instructive talk upon "Disease of the Eye." As the hour was late no discussion followed. Before adjournment the unanimous thanks of the society was given to Dr. Martin for his instructive talk.

LOUISE C. HEILBRON, secy.

**Main Osteopaths Meet.**

The Maine Osteopathic Association held their regular monthly meeting at the office of Dr. Geo. H. Tuttle, Portland, Me., March 25, 1905. After the business meeting the evening was spent reviewing the anatomy of the Ulnar nerve, lesions affecting it and methods employed to relieve such lesions.

SOPHRONIA T. ROSEBROOK, Secretary.

**Information Regarding Meeting Place of A. O. A.**

The Brown Palace Hotel, on 17th street and Tremont has been selected by the Local Committee as the Official Headquarters for the meeting of 1905. This hotel is built on a triangle, is absolutely fire proof and has no inside rooms.

Rates—\$2.00 rooms (without bath) one person; \$3.00 for two persons. \$3.00 rooms (with bath) one person; \$4.50 for two persons. \$3.50 rooms (with bath) one person; \$5.00 for two persons. Corner suites from \$8.00 upwards, including parlor, bedroom and bath. It would be wise to reserve rooms at the earliest opportunity, the tourist travel being very heavy in August. The 17th street or Park Hill cars in front of the main entrance to the Union Station take one directly to the Brown Palace Hotel. All trains enter the Union Station.

NETTIE HUBBARD BOLLES, secy. C. O. A.

**MARRIAGES.**

Married—Dr. Kyrn T. Vyberg to Nelle Mae Hubbard, at the home of Mrs. Sarah Hubbard, 204 S. Ninth Street, LaFayette, Ind., Wednesday evening 8:30, April 12, 1905.

Drs. S. H. McElhaney and Violetta S. Davis of Newark, New Jersey, have dissolved partnership. Dr. McElhaney has located in the Scheuer bldg. Dr. Davis continues at 19 West Park street.

Dr. Goodwin Ransden, who has been practicing in Bangor, Maine, for the past three and a half years is taking a vacation. He is now in Florida, and will go from there for a trip through the west, and will attend the A. O. A. meeting at Denver in August.

Dr. Chas. C. Teall sailed April 22 for Italy and Switzerland by way of the Azores and Gibraltar. Dr. Teall goes for a much needed rest. Mrs. Teall and son will spend the summer at Weedsport, N. Y. Their practice in Brooklyn will be in charge of Dr. John A. De Tienne, who will be associated with them in the future.

**REMOVALS.**

Harrison McMains, 708 N. Howard street to 315 Dolphin street, Baltimore, Md.  
 Ida S. Wood, Santa Monica, Cal., to Stedman, San Bernardino county, Cal.  
 Mabel C. Turner, Greeley, Colo., should read Mrs. Flournoy Payne, 4180 Xavier street, Denver, Colo.

O. C. Mutschler, 119 East Walnut street, to 20 west Orange street, Lancaster, Pa.  
 A. H. Davis, room N. Arcade bldg., to 14 Frontier Mart, Niagara Falls, N. Y.  
 Jessie H. Willard, 701 Champlain bldg., to suite 400 57 Washington street, Chicago, Ill.  
 May Brevard, Franklin, Ky., to Shelbyville, Tenn.  
 Wm. C. Montague, Eureka, Cal., to Cleveland, Tenn.

S. H. McElhaney, 19 West Park street, to Scheuer bldg., Newark, N. J.  
 Kyrn T. Vyberg, 9 Milford block, to 1 Taylor bldg., Main street, La Fayette, Ind.  
 Sara Virginia Crawford, Harrisburg, Pa. to Renovo, Pa.  
 Ira S. Frame and Elizabeth B. Frame, 1525 Arch street, to 116 north 17th street, Philadelphia, Pa.

J. R. McDougall, room 1119, to rooms 702 and 703 Champlain bldg., Chicago, Ill.

F. J. Marshall, Uniontown, Pa., to 223 Lewis block, Pittsburg, Pa.

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# The Journal

of

## The American Osteopathic Association

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### PREVENTIVE MEDICINE.

An Address Before the Ohio Osteopathic Society, Columbus, Ohio, January 7, 1905, by  
CARL P. McCONNELL, D. O., Chicago.

In presenting the following paper on preventive medicine it goes almost without saying, that owing to both space and time we must narrow our subject matter down to an outline treatise of those subdivisions of the most vital and practical importance to the practicing osteopaths. Nine-tenths or more of our profession is composed of men and women in the field, and naturally matters bearing on every day practice are the most acceptable, notwithstanding that many phases of our subject contain problems of an alluring and fascinating character.

Prophylactic medicine implies a knowledge of all the methods whereby not only disease may be prevented, but also wherein health may be preserved. In other words, etiology in its widest sense has to be considered in its many ramifications as well as its allied associations. The causes of the various pathological processes include the very fundamentals of medical knowledge as well as the basic principles of allied medical sciences. Cohen's System of Therapeutics, vol. V., shows in the following the wide field that prophylaxis includes: "The discussion of etiology must take into account the psychic as well as the physical characteristics of man; the heredity as well as the constitution of the individual; the intrinsic failures and perversities, as well as the environmental factors, that may disturb mind and body. The artificial conditions of civilization, the diversity, complexity, and strenuousness of the activities of modern life, the reciprocal influences of individuals upon communities and of communities upon individuals, render it necessary, alike in the study of Personal Hygiene and of Public Health, to consider—at least by allusion—many aspects of Sociology; involving questions of Economics, of Engineering, of Manufacturing, of Architecture, of Pedagogics, of Commercial Literature, of Taxation, of Municipal Government, Certain fundamentals of Pathology must be presented, together with the principal facts of Epidemiology, much of Parasitology, and—in view of recent discoveries as to the conveyance of infection by insects—something of Entomology. The care of the Sick-room is a primary factor in the restriction of epidemics, and in no other connection can Nursing, an important

branch of Therapeutics, so appropriately be discussed from the physician's viewpoint." Thus a wide understanding of the origin of disease is necessary in order to place preventive medicine on a rational basis.

#### THE SIGNIFICANCE OF PREVENTIVE MEDICINE.

The prevention of disease is really the true work of the physician. To prevent a disease is much more important than to cure a disease. Often, very often, a disease will run its course irrespective of treatment, all a physician being able to do is to place the patient in the best possible environment, see that he is carefully nursed, and to prevent complications from arising. Then, again, the physician is too often consulted after the patient's system is thoroughly tuberculous or cancerous, etc., when no power on earth, even when the disease is absolutely understood, could stay the downward course of the pathological condition. Preventive treatment must be the larger part of medical treatment of the future. Not only should the laity be educated to this logical viewpoint, but even many physicians must grasp the true work and insight of their calling.

Heretofore the "three practical points of putting the patient at rest in bed, of giving him medicine in some form or other, and of altering his diet," has held too full a sway. But all know this vogue is somewhat changing, that both physician and layman are beginning to pay some attention to the small but sure and insidious causes of disease. Hereditary influences, environment-dieting and the like are demanding a slight amount of the attention due them. All of us know of general practitioners who practically never pay attention to chronic diseases, but educate their clientele to call them in when they are too ill to be about. These practitioners, happily for humanity, will soon be of the past.

The passing of the family physician is an unfortunate thing. He has held a position that cannot be filled in any other manner. The substitution of specialists has been in many important ways a serious affair to the family. All have undoubtedly heard the story of the young girl who was leaving home to go to a college in a distant city, and before starting on her trip went to the family physician to inquire whom she should call in if she happened to be ill. The physician told her that if her eyes gave her trouble to see a certain oculist; if she had stomach trouble, a certain stomach specialist; if her nerves became disordered, a certain specialist on nervous diseases. "Yes," the young lady said, "that is very well, but who shall I see if I am sick?" There is much thought here for serious consideration. The family physician knows as no one else can know the idiosyncrasies of a family. He is practically the only one thoroughly conversant with the hereditary influences, the diathetic tendencies, the little predisposing factors, and all the thousand and one details that enter into a thorough understanding of the constitutional make-up of the individual. Often one's treatment both prophylactic and of actual disease is greatly influenced if one knows the family traits and peculiarities, which to the office or casual physician may not represent any tangible evidence bearing on diagnosis, prognosis and treatment. Verily the passing of the family physician is greatly to be deplored.

The importance of preventive medicine cannot be overestimated. The problem of keeping the individual and the community in a healthy state is far above the problem of eliminating disease after it has occurred. The

Chinese plan of paying the physician only as long as one is well has much to commend it. Perhaps some of their ideas of civilization has much sound logic to substantiate their methods.

The idea of seeking cures for various diseases is after all a very small part of medical science. A "prevent all" is certainly far more desirable than a "cure-all." To establish a cure is of far the lesser importance. It is somewhat analagous to locking the barn door after the horse has been stolen. The medical profession has been working, in a way, at the wrong end of many problems. They have in many instances followed wrong methods, and in so doing have not only changed the logical sequence of events and cause and effect about, but have complicated medical problems and medical sciences to an unwonted and absurd degree. Ramifications and interrelations of medical lines have been revealed instead of first attempting to establish fundamentals.

Just as soon as the profession will realize that unimpeded healthy blood is the absolute foundation of health and that diseases are largely local manifestations of a general disturbance of local disorders, of obstructed nerve or blood supply, and consequently all signs, symptoms and various manifestations, bacteriologic and others, are purely secondary and dependent, the maze of medical controversy will be decidedly clarified. It is really a hocus-pocus science that pretends to receive much enlightenment through drug proving and germ culturing. Practically all knowledge thus gained is purely negative and suffering continues in the same old way.

Hence back to etiology we must go to get our true measurements. The importance of etiology cannot be overestimated. And the elimination of etiological factors constitutes the basis of preventive medicine. That method that will maintain a circulation of pure blood nearest the normal will come as near perfection as human power can make it. This idea of arbitrarily dividing symptoms and pathological findings into groups and subdivisions and treating such as distinct somethings commonly called pneumonia, asthma, measles, or what not, cannot from the very nature of disease (a condition of the body due to perverted physiological activity) be successful. Even if successful in one instance, how could it be in a second when no two individuals are alike and consequently no two diseases are alike? The etiological fundamental must be inclusive of individual predisposition, of heredity, of diathesis, and of constitution in every instance. From the very nature of things, of cause and effect, there has to be a starting point, a base, from which all succeeding phenomena are mere manifestations.

This basis of disease, the primal starting point, is impeded or unhealthy blood. "The blood is the life" not only figuratively but literally. The integrity of its make-up and flow determines the state of health. Therefore those influences extrinsic and intrinsic to the body economy that affect the blood qualitatively or circulatorily are etiological factors. The removal of these influences constitutes the domain of prophylaxis. Thus it is seen we arrive at the very fountain head of medical science. And the problems of prophylactic medicine are hardly to be compared as far as importance goes with the so-called problems of curative medicine. Although in fine curative medical problems resolve back to the problems of prophylaxis, for prophylaxis deals with the original causes, still we will grant the arbitrary division provided curative medicine keeps within logical grooves.

Hence those influences affecting circulation, which in turn affects organization of tissue with a resultant and dependent disorder of disease demands our attention. Mechanical disturbances, dietic errors, hereditary forces, environmental influences, effects of clothing, light, air and exercises and sanitary conditions are among the important features that constitute preventive medicine.

#### PREVENTIVE MEDICINE OF THE PAST.

Preventive medicine of the past has amounted to very little. It never reached the dignity of a branch of medical science; although one may say that all medicine is preventive treatment for the simple reason that all treatment is to prevent more serious inroads of the disease and to prevent complications. This, however, is not inclusive of our common interpretation of prophylaxis. The dental profession practices a phase of preventive medicine which illustrates what preventive treatment should be to a nicety. Their efforts in educating the public have been long continued, until now every person of average intelligence has his dentist, who is expected to oversee and instruct him in the care of his teeth. Of course, dental work is largely mechanical, and clear-cut rules may often be followed, whereby in general medicine such absolute rules and practices could not in as many instances be instituted. Still the careful and educated dental surgeon knows that often teeth disintegration and gum diseases are local manifestations of the general condition of the body, and as a consequence his ingenuity and skill may be taxed to the utmost.

The mechanical basis of osteopathic medicine is without doubt adding much clearness and lustre in clearing up the haziness of prophylaxis. It will complement preconceived facts of prophylaxis to the point of making this great feature of medicine a decided reality.

Dr. S. Goldschmidt in "The Prevention of Disease" informs us that the Hindus, Israelites, Chinese, Egyptians, Assyrians and other ancient races practiced prophylaxis. For various reasons gymnastics, cleanliness, baths, water supply, foods, removals of refuse, demanded attention. Inoculation against smallpox was practiced. Leprosy, venereal diseases, the plague and Asiatic cholera were studied and means adopted to prevent their spread. Dr. Goldschmidt finally adds that prophylaxis "closely followed the theoretical ideas held about disease. It forms not only a part in the history of medicine, but also in the history of civilization. We see that superstitious and religious ideas as well as scientific ones are responsible for the teaching about prevention of disease. Even at the present day, when hygiene is doing so very much in all the conditions of life, demonological and theological views as to the origin of disease are still widely held." Speaking of the present prominence of prophylaxis, Dr. Goldsmith says: "Prophylaxis during the last half of the nineteenth century has done more to prevent diseases than all that it did in previous centuries."

#### PREVENTIVE MEDICINE OF THE PRESENT AND FUTURE.

Preventive medicine of the present occupies an honorable and important position. Hygiene and sanitation have gradually been developed so that much practical reliance may be placed upon their teachings.

There are many rules pertaining to the preservation of health, all of which are more or less based upon physiological facts and scientific data. The



perusal and research of the branches of science relative to food, water, clothing, ventilation, light and exercise should receive more attention from us than they do even now.

Sanitary science, especially through bacteriological development, has really wrought wonders in preventing epidemics, rendering cities more healthful, purifying water supplies, and the like. In some ways the greatest strides in present day medical science has been here. Not only bacteriology but all fundamental and allied medical sciences, such as physics, chemistry, meteorology, etc., have contributed to this good work. There has been an attempt to rationalize and unify all scientific knowledge into a consistent whole.

The medical fraternity still realizes, however, that there is something lacking to complete the whole scheme. They are well aware of their weakness as to the etiology of disease. To a certain extent they have just been scurrying around the edges, so to speak, of the problem.

The old line methods of drug medication have not lessened disease prevalence in the least. In fact many diseases are on the increase. Only those varieties of diseases largely dependent on virulent extrinsic factors have been lessened. I refer to epidemics with their concomitant virulent bacteriologic development; although in these diseases the true predisposing factors have not been revealed. We cannot say to a certainty that undulations and periodicity of epidemics are dependent alone upon the virulency and the extent of propagation of micro-organisms. Neither can we say that epidemics follow and are dependent entirely upon lines of travel. In fact there are probably other powers of nature yet undiscovered that influence epidemics and pandemics.

As for the predisposing causes that weaken the individual and render him liable to attack, preventive medicine has done nothing beyond the known laws of hygiene. Serum therapy, organotherapy and the like have done comparatively little to preserve health and prevent disease. All modern methods of drug medication have proven themselves largely futile in lessening or curing disease.

Preventive medicine of the present is exposing the uselessness of drug application. The profession is slowly realizing that to apply foreign forces and agents to effects or even causes is disharmonious with nature's plans. But behind all this the fact is noted that modern pathological knowledge reveals but little of the etiological forces. That back of the cell there is something still unrevealed. As a substitute for drugs they have attempted to right environment, in a word to readjust modern methods of living, of habit, of dress, of food and all that pertains thereto. But with all this kaleidoscopic shifting and changing has the number and presence of disease materially decreased?

Thus they must look to the ever hopeful future for the solution of this problem. Right here is where the osteopathic school is stepping in and quietly and almost unconsciously usurping the throne. The future of preventive medicine will be resplendent with the truths of osteopathy.

And the reason why osteopathy is the key to a fully developed and rounded out system of preventive medicine is because the true etiology of disease has been discovered. The cause of all causes of disease is represented in its full prominence and significance in osteopathic medicine. Hence our re-

sponsibility is great and we should not forget that the future of prophylaxis depends to a great extent upon the manner in which we execute the great trust placed with us.

#### WHAT CONSTITUTES PREVENTIVE MEDICINE WITH THE M. D.

Thus we see that preventive medicine with the M. D. comprises a lessening or elimination of any or all of those intrinsic, extrinsic or other forces or influences that enter as factors in the etiology and diffusion of disease.

Cohen's System divides the origin and prevention of disease into four sections. The first section deals with the origin of disease as follows: health and its defenses; the intrinsic factors of disease; the extrinsic factors of disease (inanimate, animate and biologic poisons.) The second section considers the diffusion of disease through air, water and soil; transmission of disease by animals; conveyance of parasites by foods; social intercourse as a factor in the transmission of disease, and the modes of parasitic invasion, action and elimination. Under section three the prevention of disease is considered, immunity; artificial defenses; asepsis, antiseptics, and disinfection, and the prevention of the transmission of disease by animals. Section four includes a treatise on alimentary, respiratory, cutaneous and venereal infections and circulatory inoculations. Truly this comprises a long list of special articles. I have given a complete outline of prophylaxis to show what constitutes prophylaxis in its entirety from the M. D.'s standpoint. Naturally, to the osteopathist the bulk of the above would probably be acceptable, but only from a secondary consideration. Preventive medicine from the drug schools' exploitations is embarrassed in the same manner as the other branches of medicine—the real nucleus of etiology not being discovered has very materially hampered a full rounding out of the subject.

The German work on "The Prevention of Disease," of which Dr. H. Timbrell Bulstrode has written an introduction, includes in its two volumes much interesting material. Here specific application of prophylaxis to diseases of various sections of the body has been made. In a word, application of the above list of prophylactic factors is shown. Diseases of the blood, lungs, heart, nervous system, eye, ear, etc., etc., have been carefully considered from this standpoint. But the fact remains that although the writings are invaluable, the real essence of prophylaxis is lacking.

It is not my desire to deprecate the grand work of the older schools. We are indebted to them beyond computation. But in defining our position exact lines must be drawn.

#### OSTEOPATHIC PROPHYLAXIS IS THE KEY TO GENUINE PREVENTIVE MEDICINE.

None of us will doubt that osteopathic prophylaxis is the key to genuine preventive medicine. I refer to preventive medicine in its fullness and completeness. Logically, no one can gainsay that if osteopathic etiology by its distinctive knowledge rounds out etiology to the fullest extent it is certainly and absolutely the part remaining to complement medical preventive medicine. This statement can be nothing less than a simple logical deduction, for preventive medicine is but a portion of general medicine.

But what is osteopathic prophylaxis? I would say osteopathic prophylaxis is the maintenance of the integrity of anatomical relations and positions. to modify a large portion of the medical field by his conclusions. Just mere

mention of the title of the different chapters reveals that he believes an It is the keeping of the component tissues of the anatomical in perfect mechanical order so that the physiological will potentiate. Preventing and removing of osteopathic etiological factors would certainly from our philosophic viewpoint go far to preserve health. Then periodical overhauling of the anatomical, coupled with right living and removal of deleterious surrounding influences, would be considered preventive medicine.

The little insidious beginnings of disease are usually easy to eliminate. Early recognition is the principal thing. If the cure of many ailments depends, as we have clinically proven, upon specific anatomical readjustment, how much more easy and sane it would be to correct the perversion at the very incipiency. Here, I believe, rests a goodly portion of future osteopathic therapeutics. When the public, and I may add ourselves as well, are educated in the recognition of osteopathic preventive treatment, there can be no doubt that the number and severity of diseases will actually decrease.

Osteopathic preventive treatment does not imply those massage-like and so-termed general pommelings of the body sometimes given by osteopaths, but, on the contrary, is clear-cut readjustment work. Preventive treatment, like curative treatment, is specific readjustment manipulation.

Thus we can see that preventive treatment covers a larger territory than curative treatment. Most diseases can be traced to some definite origin, and if the laity were as conversant with the possibilities of osteopathic surgery as they now are with dental surgery osteopathic prophylaxis would be an immediate practice.

One part of the body as well as another is receptive to our skill. Hence it is readily seen in virtue of our distinctive knowledge being universally applicable, osteopathic prophylaxis seeks to ameliorate, eliminate and remove the very cause of causes of disease.

Moreover, osteopathic prophylaxis is not based on one iota of fancy; it is even more applicable and practical than curative osteopathy. We often talk about the magnitude of the osteopathic field, having reference to the wide influence that our therapeutics has in the field of the healing art, but prophylaxis outshines all, for its sphere is almost universal.

Two or three examples of the value of prophylaxis briefly told may be acceptable here: First, I desire to touch upon uric acid as a causation of disease. All are aware that Dr. Haig has attempted to make much out of his uric acid theory. He succeeded to a marked degree. The profession quite generally accepted it at one time.

Abrams in his "Splanchnic Neurasthenia" has summed up the uric acid theory so well that I will quote from him: "Uric acid occurs in the blood in traces during health. It is derived chiefly from foods, and persons who eat an excess of food and take little exercise, produce an excessive quantity of uric acid, which accumulating in the blood, gives rise to a train of symptoms. The blood being naturally alkaline, holds the uric acid in solution, but if, from any cause, the blood becomes acid, it can no longer hold the uric acid in solution, and consequently the latter is precipitated. Now, the joints, muscles and ligaments are favorable sites for the precipitation of uric acid, hence those who suffer from uric acid poisoning complain of muscular pains in the back and joint stiffness."

In Haig's "Uric Acid in the Causation of Disease" an attempt is made

excess of uric acid is at the basis of epilepsy, asthma, bronchitis, rheumatism, gout, Raynaud's disease, Bright's disease, diabetes mellitus and other diseases. In his work he brings forth the results of many interesting experiments.

But other experimenters have found that uric acid itself does not produce disease. Uric acid may be injected into the tissues and administered with the food with no toxic results. "It is not the retention of uric acid in the system which produces the so-called uric acid diathesis, but the presence of certain products, the result of deficient oxidation. These products are known as the purin or alloxuric bases, like xanthin, guanin, adenin, etc. They are highly toxic, and are normally burned in the body through the process of oxidation, and are finally converted and eliminated as uric acid, a very harmless product. The toxic substances in question are derived in part from food and in part from the worn-out body cells." (Abrams.)

I have touched upon the above subject as a fruitful one to illustrate the potency of preventive medicine. Without doubt uric acid is a result, as a rule, of gastro-intestinal disturbance. Three factors from as many sources enter into its etiology: First, tissue weakness; second, food, and, third, deficient oxidation.

Tissue weakness from the osteopathic standpoint implies disturbed nerve force or obstructed blood supply, and this reverts back to a mal-aligned or a mal-related anatomical. The question of food is undoubtedly an important one. I will consider this later on. Deficient oxidation refers to both a lessened lung capacity and a poor tissue respiration, but either are generally dependent on osteopathic causes; that is, whether tissue respiration is disturbed from an unbalanced state of the internal secretions, as Dr. Sajous tells us in "Internal Secretions and Principles of Medicine," or lung capacity is decreased from anatomical reasons, both are amenable to osteopathic measures.

Dr. Rabagliati illuminates an interesting phase of uric acid troubles in his little work on "Symptoms Which Simulate Diseases of the Pelvic Organ in Women." He believes that a large class of neurasthenias, neuralgias, hysterias and overalgias are due mainly to a passive congestive condition which starts from a disordered nutrition. The pains referred to the periosteum, bones, cartilages, perichondrium, tendons, and connective-tissues are of a rheumatic character. And he designates them respectively perimysitis rheumatica, periostitis rheumatica, ostitis rheumatica, chondritis rheumatica, perichondritis rheumatica, tenonitis rheumatica and syndesmitis rheumatica. The point I desire to emphasize here is that all of these affections are part and parcel of the same general disorder; merely local manifestations of a general nutritional perversion. There are unquestionably many degrees of rheumatic and gouty conditions of the body of which lactic and uric acids are but links in the pathological chain. Still if we are able to make an early recognition of these insidious symptoms how much suffering may be prevented!

One of the chief factors that determines a really successful physician, other things being equal, is his ability to readily and accurately outline the patient's pathological status, that is, to see the relation of symptom, no matter how remote, to disease, of part to whole, and of patient to environment and heredity. In a word, to see a disease picture with all of its lights and shadows and various details, and still not lose sight of the central and

important features. Many physicians seem very often to get lost in a maze of minutiae, and as a consequence do not get a vivid outline of the perversion before them.

I have purposely referred to the uric acid phase of disease to illustrate our great need as osteopathic physicians to constantly keep before us the relation of the part to the whole. Like in "uric acid" tendencies, innumerable symptoms may be manifest, and still all these symptoms originate from a common source, as a spinal curvature or improper feeding, or lack of fresh air and exercise. Many instances have occurred within the experience of every physician where a healthy ovary has been removed, where an unoffending vermiform appendix has been amputated, or an unoffending tumor has been cut out. And in accomplishing these things the source of the malady was no more affected than the amputating of a palsied finger would be in paralysis agitans. In fact, on the contrary, the removal of an ovary, or of an innocent tumor is often followed by irritation and malignancy. As osteopaths we must look sharply to the anatomical and its relations to the whole and be extremely careful not to be shunted off by inconsistent details and illogical reasoning. Herein rests such an important part of osteopathic prophylactic medicine.

These fragmentary illustrations demonstrate to us most clearly how the medical profession is grasping and reaching for some tangible basis. Uric acid symptoms, auto-intoxications, neurasthenic states, etc., etc., have their nuclei of truth, but through the desperate desire of the medical profession to get a logical and scientific basis they exaggerate first one thing then another. If surgical intervention does not prove a cure-all or prevent-all, then it is food and exercise, or serum therapy, or something else. A general or all-embracing theory of disease has not been discovered upon which may rest a consistent and comprehensive superstructure. Hence I make rapid reference to a few examples in order to emphasize the great factor of osteopathic prophylaxis.

Apoplectic tendencies from arterio-sclerosis presents an interesting phase for study in clinical prophylaxis. All of us have patients presenting symptoms of arterio-sclerosis. Rheumatism, gout, kidney disease, senility, etc., present causes for the artery hardening. Then we also have the interesting feature of vaso-motor disturbance from purely spinal lesions, especially upper dorsal, producing a tendency to arterial disorder in the brain. All of you have undoubtedly had experience with arterio-sclerosis and beginning arterial rigidity. I feel positive much along the lines of an aggressive prophylactic character can be accomplished here. And, of course, on the defensive side successful treatment can be instituted.

Another interesting illustration of what may be termed clinical prophylaxis is the great importance we should attach to the proper tonus of the abdominal organs. Apathy and atony of these organs and also of the abdominal parietes can easily lead to an innumerable list of affections and diseases. Enteroptosis heads the list; and, from the stasis following there may be a chain of pelvic and rectal disturbances, of nutritional, and of heart and lung disorders, to the immediate digestive and auto-intoxicative symptoms, that are extremely bewildering. Abrams in his "Splanchnic Neurasthenia" has given the medical profession some very sensible suggestions on the effects of abdominal congestion. His idea at times almost approaches

the osteopathic. When reading medical literature I often wonder if we, as osteopaths, begin to even realize what an important key we hold to future medical development.

Then in preventive medicine we should never forget the food problem. The quality and quantity of food are important factors to be considered in both preventive and curative treatment. Appetites become perverted through overuse and abuse, and I am inclined to think the former is the more important factor to consider. Modern environments and the present culinary art are conducive to artificial rather than natural desires.

Rabagliati in his "Air, Food and Exercise" gives us some excellent ideas relative to overfeeding as a predisposing factor in disease. He claims we eat decidedly too often and too much. He says: "Most of us are overfed, and the consequence of this is that the tissues are blocked or choked, because too much material finds its way into the blood. This directly prevents the blood-making processes from going on. The lymph spaces, the lymph ducts, and the muscular coverings, and the tissue coverings, and the connective tissues generally, are blocked. Consequently there is an accumulation of waste, unused material, in the body." He is opposed particularly to too much starchy and saccharine foods. He claims to treat successfully enlarged lymphatics, bronchitis, pneumonia, constipation, cases of neurasthenia, joint tuberculosis and malaria, and, in fact a great variety of ailments, by regulating especially the quantity of food. He says most diseases are local manifestations of a general condition, and that if the blood and lymphatics can be kept cleared from an overloaded amount of food products nature has an opportunity to freely assert herself. There is certainly much truth in his statements, and is a book I believe every one would find it profitable to read. His suggestions on prophylaxis relative to the food problem should be helpful to all.

Relative to air, light and clothing much could be said. Plenty of fresh air and sunlight are essentials for health. We should remember always that the best air indoors is not as pure as the poorest outside. As a rule, we dress too warmly. Overheating the skin and a lack of fresh air in the lungs is usually the cause of colds. Keeping the skin bathed with a film of moisture so that the least draft will be felt is a danger that comes from overdressing.

Perhaps I should say a word about suggestion as a means to prevent disease. All of us should be conversant with the principles of psycho-therapeutics. It is a potent remedy by which many ailments may be more or less influenced.

I am well aware that my paper is disconnected and incomplete, but the subject matter is so extensive that only mere mention of a few features can be made. There is much in detail for you and I to develop. My principal idea has been to call attention once more to the important field of Preventive Medicine. Osteopathy is undoubtedly making itself felt here. We as osteopathic practitioners have a wonderful future before us in this line. To render a careful outline of osteopathic applicability in the field of prophylaxis will mean literally almost everything to posterity.

The central thought that we as osteopaths should constantly dwell upon is, first, preventive medicine is the treatment of the future; secondly, osteopathic work is the basis of this practice, and of which surgery, sanitation and personal and public hygiene are secondary, but still essential and vital parts of the whole.

## THE RELATION OF PHYSIOLOGY TO THE DIAGNOSIS AND TREATMENT OF DISEASE.

Paper Read Before the A. O. A., at St. Louis, by C. H. SPENCER, D. O.,  
Des Moines, Iowa.

The topic assigned to me is one upon which volumes might be written but, in the short space of time allotted to this paper, I can do little more than preface the subject. It goes without saying that I am not discussing a point in controversy but rather, it is my purpose to call to your minds the importance of the relationship since, because of its general acceptance, we are apt to under-estimate its value.

In the curriculum of every school of therapy, Physiology occupies an important place. In fact, we often form our judgment of the standing of a school by the length of time allotted to its study.

Physiology is the science that treats of the functions of living organisms, including within its domain, both plants and animals. The earliest conception of physiology of the human species, was based upon the observation of the organization as a whole and dealt with only the grosser outward manifestations, later the investigations of the several organs, to which had been delegated particular functions yielded much valuable information. Then came the period that saw the great advance in the method of investigation when, by the aid of improved apparatus, the study of tissues and cells yielded the basic principles upon which the physiology of today is founded.

The cell is recognized as the unit of structure in all organic individuals. It is also the unit of function. The functional activity of every tissue, organ or individual is directly dependent upon the integrity of the several cells of which it is built. A true conception of the normal functional activity of the whole and of the integral parts of the individual is an absolute necessity to every physician. Without this knowledge, he would be unable to form any conception of disease, since in disease nothing new or essentially different is present, but rather a departure from the average or normal manifestation.

Living organisms can exist as such between two extremes which mark the maximum and minimum of manifestations of vital phenomena. Beyond the maximum they cease to exist, also below the minimum. Taking the average of a considerable number of individuals that are adapted to the conditions surrounding them, the manifestations are said to be normal. (health.) Any phenomenon or set of phenomena that vary in any considerable degree from the normal, are said to be abnormal (disease.) It follows therefore, that one of the essential elements of a physician's education is a thorough understanding of the science of physiology and, let me add, that along with this must go a knowledge of structure such as is taught in our schools in anatomy, both gross and microscopic. The key note in teaching physiology should be the relationship which exists between the characteristic structure and arrangement of the cellular elements of an organ or tissue and the function it has to perform.

It is important to show clearly how the needs of the organism necessitated the performance of a certain function and how this need was supplied by the development of tissues and organs of a certain definite struc-

ture and then how the continuance of this proper functional activity is dependent upon the maintenance of the integrity of the structure. In the end all depends upon the individual cell. In the course of its differentiation from the offspring of the fertilized ovum, it changes both in shape and in chemical composition. The shape remains rather constant for the class throughout its existence, but its chemical composition varies with its functional activity. The change in its chemical brings about certain characteristic changes in its microscopic appearance. These changes have been studied and classified and thus we have built our pathology.

Observing the distorted functional activity and later, studying the changes in the cells in a large number of individuals that manifested the same disturbances of function and finding that the change in structure was somewhat constant, we are now able to infer that where this distorted function occurs, we have certain changes in the cells of the tissue or organ involved. In fact, in the diagnosis of a diseased condition we observe the objective signs of disturbed function, get the subjective symptoms, also the history of disturbances that have occurred in the past, all of which we would be unable to appreciate without a knowledge of normal function; add to this the information we gain from the observation of disturbances in the gross anatomical structure which necessitates a knowledge of normal anatomy, and then we are ready to make a diagnosis. If we have been properly trained, our diagnosis will be in terms of disturbance in cellular structure. Some manifestations indicate an exalted metabolism, some hypertrophy, others atrophy, degeneration, inflammation, etc.

The time has long since passed when the physician can succeed in combating disease by treating symptoms without any knowledge of the change in structure indicated by them. The symptom complex must be the key to the existing conditions and when this has been determined, then and only then, can a rational course of treatment be entered upon. If the physician has been properly trained in physiology, he will be acquainted with the essential conditions in the development, nutrition and maintenance of the normal structure and function of the various tissue and organs of the body. He will have a proper knowledge of how these conditions may be modified. He will, in a large number of cases, be able to recognize how the existing condition has developed from a standpoint of cause, how the character of the metabolism has been modified by the attempt on the part of the cell to adapt itself to its environment. The exciting cause may have come from without or from within, but its deleterious influence in any case affects the cell.

Having these premises in mind, he proceeds to the development of a rational system of treatment. Knowing that certain foods are required to sustain certain tissues, he introduces those foods; that certain conditions of circulation are essential to the maintenance of a certain function, he determines the character of the supply and drainage; that certain conditions of stimulation are necessary to the acceptance of the material furnished to the cell, he establishes these; that definite areas are set apart for the purpose of eliminating the useless and harmful materials and that by exalting their activity he may hasten the recovery of his patient, he does this. The fulfillment of these conditions, with many more, just as im-



portant, which are the outgrowth of physiological principles, is the basis upon which therapeutics is founded.

We may differ in our method of bringing about the desired condition, but every man who has practiced a rational system of therapy has used in his diagnosis these same physiological data. He must use the same physiological premises in the development of rational treatment which has for its purpose the evoking, augmenting or maintaining the provisions for resistance, relief and recovery. All systems that merit the name of therapeutics are agreed that the only means by which disease may be successfully combated, is by the arousing of the natural forces that are inherent in the preservation of the species.

I believe I have sufficiently proven the important relationship that exists between physiology and the diagnosis and treatment of disease to venture to present a few specific examples as positive evidence in the case. Let us notice briefly some diseased conditions of the alimentary tract and observe first:—

#### THE RELATION OF PHYSIOLOGY TO THE DIAGNOSIS

Under normal conditions, we have no outward manifestations, either subjective or objective, accompanying gastric digestion. From an experimental study, we learn that the length of time required to accomplish the process in the stomach is from three to five hours; that, during that time there is a continuous mixing of the food with the gastric juice, which is secreted by the simple tubular gland imbedded in the walls of the stomach and which contains enzymes of a proteolytic nature that tend to convert the proteids ingested into peptones.

We learn that there is what is known as appetite juice which is secreted during the early part of gastric digestion and which is not dependent upon the presence of food in the stomach but rather upon the development of appetite for food. This juice is rather constant in quantity and quality, which stands out in marked contrast to the juice secreted in the later period of digestion. The later secretion is dependent upon the presence of food in the stomach, as is shown by the marked variation both in the quantity and quality that is observed in the feeding of different kinds of food.

We discover further that a solution acid in reaction is an absolute necessity for the action of the proteolytic enzymes of the gastric juice. Now comes our patient and we note, first, the poorly nourished condition, the peculiar facies, the sallow complexion. On physical examination we discover the atony of the stomach and intestines, find them dilated, perhaps distended with gas. We learn from the patient of the loss of appetite, which had been preceded by severe mental or physical strain, irregular meal hours, the ingestion of food, difficult of digestion, etc., a feeling of fullness in the epigastrium, the eructation of gases and the vomiting of slightly digested food—sometimes soon after eating, at other times many hours after.

We revert to our physiology and ask why this poorly nourished condition, peculiar facies and sallow complexion, and at once find answer that the income of the organism does not supply the output.

Why this dilated, atonic stomach? We find that, from the too oft repeated stretching by the accumulation of gases, the walls have become

thinned out and the cavity permanently dilated, but why this development of gas? Because the process of normal digestion is so delayed that decomposition sets in and the formation of gas occurs. But we must go still further in our investigation and ask, why this tardy digestion? We will at once arrive at the conclusion that the cells which furnish the gastric juice are not exercising their proper function and here we must use our knowledge of the secretion of gastric juice. We recall that an absolute necessity to the first secretion is appetite and we find that our patient has been partaking of food without any consciousness of its savor or any feeling of pleasure with its ingestion. So the first important physiological condition was not fulfilled. Next we recall that the later secretion is purposeful in character, both the quantity and quality being by the food ingested and this purposeful character must be indubitably brought about by the afferents sent from the stomach during the early period of digestion occasioned by the appetite juice. Since this beginning process is not properly carried out, the latter process cannot be. The flow of juice is scanty, the irritation occasioned by the decomposing food excites the flow of alkaline mucous for the purpose of protection and the contents of the stomach becomes alkaline in reaction, thus completely stopping the action of the ferments.

If the vomitus had contained blood in large or small quantities, if the pylorus had shown signs of thickening, if the patient had developed a cachexia, we would have modified our diagnosis according to the disturbance in structure and function observed.

Let me present one further proposition. Take, for instance, a man who has been living in a tropical climate where his diet has been one largely of fluids and fruits, food of such nature that little residue is left for the intestines to handle. The load to be moved is comparatively small. He has been enjoying good health while in this climate and partaking of this food, but now we transport him to a different climate where the needs of the organism are quite different. He must now, in order to accommodate these needs, digest food that leaves a considerable residue for the intestines to handle. We find him well nourished, which is an important indication that the food taken is being properly digested, but he complains of constipation and we ask why?

The movement of the material along the course of the alimentary canal is accomplished by the contractions of the muscular coats. Under the former circumstances, they had only a small load to move. The work required of them was slight and they were perfectly adapted to the work they had to perform. Now, under the new conditions, the load to be moved has been markedly increased, the work required of them has been abruptly increased, many-fold, and they are unable to perform the task properly and the material is moved but slowly or not at all. Constipation is the result. The load to be moved is the normal stimulus to the action of the muscular coats. In the past, this musculature had not had the experience of moving such a load, hence, when called upon suddenly to perform such a task, it was unable to respond.

Innumerable pictures like these might be painted to show the relationship of physiology to diagnosis, but for lack of time, we let this suffice.

Let us observe second:—

THE RELATIONSHIP OF PHYSIOLOGY TO THE TREATMENT OF DISEASE.

Let us examine the first case presented and see how we may apply our physiological principles to the treatment of this condition. The end to be accomplished in this case is the proper nutrition of the individual. To do this, we must have the food properly digested and this in turn requires a normal secretion of gastric juice and a stomach with sufficient tone to thoroughly mix the juice with the food.

Let us see: To get the proper secretion at the beginning of the digestive process, it is necessary to create in the patient a desire for food. To treat these cases rationally, you must know the circumstances attending the taking of food. If business worry, mental or physical strain of any sort, be the hindrance to the appetite, you fulfill one of the most important indications for treatment when you surround your patient by conditions which will give him an opportunity to think of the coming meal and of what savory morsel he is to partake and what pleasure he is to experience in the eating. You recommend a vacation, a change of work, a shifting of responsibility, an adjustment of home or business relations, all these with the object of having the patient develop an appetite for food, which is so essential to its digestion.

But we must not stop here with our treatment, since we have in this case a large atonic stomach, incapable of handling an ordinary meal. It dilated because it was not sufficiently nourished to be able to regain its normal tone, after the repeated stretching. We must introduce food of such a nature that it will be easily digested and little or no gas formed. The quantity and kind of food must be regulated to the juice being produced. The stomach must have a reasonable amount of rest, but not absolute rest, because the stimulus that determines both the flow of purposeful juice and the tonicity of the musculature is the food to be digested and the load to be removed.

We augment this recovery of tone by the determination of the circulation, thus furnishing increased supply of nutrient material and added opportunity for the removal of waste products. We modify the character of the metabolism in the nervous centers connected with it and thus influence the discharge of efferents to the glands and muscles, thereby making the conditions for normal nutrition and thus the building of normal structure and the discharge of normal function an absolute certainty, only qualified by the extent of the cellular change and the efficacy of the treatment.

In the second case, the indication for treatment is very simple. An opportunity for development is all that is necessary. An adjustment of the load to the ability of the muscles to do and a gradual increase so that development may keep pace with the increase in load or, perchance, sufficient aid in the handling of the load and the establishment of conditions that favor the development of increased ability to do work, will accomplish the desired end.

It has not been my desire, in this paper, to overdraw the importance of these relationships, but rather to emphasize the fact that the physician, without a clear and concise knowledge of physiology, is wholly unqualified to make an accurate diagnosis or to handle rationally, nature's means of resistance, relief and recovery.

**SOME OBSERVATIONS CONCERNING THE "POP" ACCOMPANYING  
THE REDUCTION OF SUBLUXATIONS.**

DAIN L. TASKER, D. O., Los Angeles, Cal.

In the Journal of The American Osteopathic Association, December, 1904, two articles appear relating to the audible sounds which result from manipulation of subluxations or luxations. Having heard the paper of Dr. Connor read and discussed at the St. Louis meeting, my interest in the subject was greatly stimulated. Although the "pop" has been familiar to me for many years, I have not heretofore closely analyzed the conditions under which it is manifested.

During the last five years the importance of this phenomenon accompanying manipulation of joints has been strongly impressed on the lay mind. Whether it is as important as now claimed, needs to be determined by good conscientious investigation. I find an ever increasing sentiment among laymen that there must be audible evidence of reduction of subluxations. The question is: who taught them to elevate the phenomenon to such importance, or, is it the natural action of the mind to give undue importance to that which is not understood? The first half of our question is answered by the fact that many osteopaths do state to their patients that reduction of the joint lesion is evidenced by the sound. The Chiropractics are teaching, absolutely, that a subluxation is reduced every time the "click" is elicited by forced motion. The second portion of our question is answered by the history of the human race in its progress from superstition into the light of exact knowledge. We are all so constituted that we almost invariably give importance to phenomena we do not understand or that are explained (?) by so-called authority.

There is no doubt in my mind that this audible sound which accompanies the forced movements of spinal and rib articulations is being used to perpetrate a fraud upon a large number of people. On the other hand, it is sufficiently important in numerous cases to impel us to try to elicit it as confirmatory evidence of successful manipulation.

In searching for records of past observations concerning this phenomenon I found some interesting paragraphs in a volume entitled "On Bone Setting," by Wharton P. Hood, published by Macmillan & Co., 1871. I quote rather extensively from the last chapter of this book because it contains much of historical interest concerning manipulation of the spinal column:

"I fear it must be admitted that the great importance of the spinal cord, and the gravity of its diseases, have rather tended to make professional men overlook the osseous and ligamentous case by which it is enclosed, and which is liable to all the maladies that befall bones and ligaments elsewhere. The quack, on the other hand, who probably never heard of the spinal cord, recognizes only the presence of structures with which he is familiar, and deals with them as he does in other situations. The result is much the same as in the hip-joint. The quack every now and then cures conditions which the authorized practitioner had regarded with a sort of reverence because they were 'spinal;' and he every now and then kills a patient, because this reverence did not exist for his protection. If the profession generally would so study the diseases of the spinal cord as to rescue them from specialists, the

first step would be taken towards rescuing the diseases of the vertebral column from quacks.

"However the matter may be explained, it is quite certain that many people now resort to bone-setters, complaining of a 'crick,' or pain, or weakness in the back, usually consequent upon some injury or undue exertion, and that these applicants are cured by movements of flexion and extension, coupled with pressure upon any painful spot.

"In a few cases Mr. Hutton was consulted on account of stiffness about the neck or cervical vertebrae; and he was accustomed to straighten them in the way shown by figure 7. His left forearm would be placed under the lowered chin of the patient, with the hand coming round to the base of the occipital bone. The right thumb would then be placed on any painful spot on the cervical spine, and the chin suddenly elevated as much as seemed to be required. As far as my observation extends, the instances of this kind might be attributed to slight muscular rigidity, or even to some form of imaginary malady. The benefit gained was probably due to the pain of the operation, and the effect produced by it on the mind of the patient, than to any actual change in the physical conditions concerned.

"For the lower regions of the spine he had two methods of treatment, differing in detail but not in principle. In the first, when a painful spot was found, the patient was made to get out of bed and to stand facing its side, with the front of the legs, or perhaps the knees—according to the height of the patient and the bedstead—pressed against it. She was then told to bend forward until the bed was touched by the elbows. His left arm was then placed across the chest, and the thumb of the right hand upon the painful spot. Firm pressure was made with the thumb, and as soon as he felt that he had settled himself into such a position that he could obtain the full power of the left arm, the patient was told to assume the erect posture with as much rapidity and vigor as she could command. This movement was facilitated and expedited by the throwing up of his left arm and the opposing force of the right thumb. As a rule, there seemed to be two painful spots, answering to the upper and lower border of the affected vertebra, so that the maneuver would require to be repeated.

"In the second method the patient was seated in a chair placed a short distance from the wall, so that the feet could be firmly pressed against it. She was told to bend forward and place her arms between her legs, with the elbows resting against the inner side of the knees; to sit firmly on the chair, and at a given signal to throw herself upright. The operator passed his left arm under the chest, placing his right thumb on the painful spot, and, in order to obtain firm and resisting pressure, rested his elbow against the back of the chair. The signal being given, the operator, keeping his fist clenched, so as to support his thumb, and the elbow being held firm in its position, when the patient throws herself upright, resists the approach of her back to the chair and bends her head and shoulders as far backward as possible, the position of the feet preventing any forward movement.

"These two methods are used for cases in which pain is present in the dorsal vertebrae below the eighth, or in any of the lumbar. The treatment used for the upper dorsal and lower cervical vertebrae was to place the operator's knee against the painful spot, and, with the hands placed upon the shoulders, to draw the upper part of the body as far back as possible.

"In cases where pain was complained of in the dorsal and lumbar region, and the backward movements did not afford the required relief, the patient was made to bend sideways, and a similar process was gone through as in the other manipulations.

"As a commentary upon all this there is manifestly little to say, except that the size of the vertebral canal is such as to admit of considerable diminution without injury to the cord, and that the bones and ligaments of the column, as already observed, are liable to the same results of injury, and to the same diseases, that befall bones and ligaments elsewhere.

"The surgeon who is consulted about a case of spinal malady should first of all make sure that he is not frightened by a bugbear, and should then proceed to determine, by scientific methods of examination, whether or not he is in the presence of disease of the nerve centers, or of caries, abscess or other destructive change in the vertebral column. On such points as these no man who possesses a thermometer, a microscope and a test-tube has any excuse for remaining long in doubt; and if he is able to exclude the possibility of such conditions, he may then regard the spine simply as a portion of the skeleton, and may deal with it accordingly. Here, as elsewhere, injury and rest, or rest and counter-irritation, may produce adhesions that painfully limit movement, and that may at once be broken by resolute flexion and extension. Here, as elsewhere, partial displacement may occur, and may be rectified by pressure and motion. In the lower cervical, the dorsal and lumbar portions of the spine, the change of position of any single vertebra can be only slight—enough to produce pain and stiffness, but not enough to produce visible deformity. In the higher region, however, partial dislocations are sometimes more manifest. The following case is quoted from the hospital reports of the Medical Times and Gazette for August 5, 1865: 'John S——, aged 21, laborer, of St. Mary's Cray, was admitted on May 26, 1865, under Mr. Hilton.

"On Sunday, May 14, he was stooping down to black his boots, as they were on his feet, when he suddenly "felt a snap" in the upper and back part of his neck; "he felt as if some one had struck him there." About a quarter of an hour after he became insensible, and continued so about half an hour after; then he felt a stiffness and numbness at the back and side of his head and the back of his neck, with a fullness in the throat and difficulty of swallowing. At first he had no loss of power over his limbs, only slight pain down the right arm; some days after admission, however, he had partial loss of power in the right arm, which shortly recovered itself.

"On admission he carries his head fixed, and has pain on slightest attempt to rotate, flex or extend the head; his jaw is partially fixed, and he cannot open his mouth wide enough to admit of a finger being passed to the back of the pharynx; his voice is thick and guttural; deglutition not attended by any great uneasiness. Complains of all the symptoms before enumerated. Externally, over the spine of the second cervical vertebrae, there is a tumor hard and resisting, but tender on pressure: this is evidently formed by the undue prominence of the spine of the axis itself; the tenderness is not general, but circumscribed; the parts all round are numb. He was put on his back on a hard bed, his head but slightly elevated; a small sandbag was placed beneath the projecting spine, and the whole head maintained in a fixed position by larger sandbags. He was ordered pulv. Dov., gr. v.; hydr. c. creta,

gr. iij., bis die. This was continued for about ten days, when his gums became affected slightly, and it was then omitted. Marked improvement has taken place in his general appearance, and more particularly in his special symptoms. He continued thus till July 5, gradually and steadily improving. He then had acute rheumatic inflammation of the right knee and elbow-joint. There was no evidence of a pyaemic state. The joints were blistered; he was then treated with pot. nitr. and lemon juice, and is now fast recovering. The tenderness and all the symptoms have disappeared, the projection still remaining, and he expresses himself as much relieved by the continued rest in bed.'

"Mr. Hilton, in remarking on the case, observed that it had been demonstrated that the area of the vertebral canal might be diminished by one-third, provided that the diminution was slowly affected, without giving rise to any alarming, or indeed marked, symptoms of compression of the cord.

"Now, there can be no doubt that most surgeons would agree that Mr. Hilton exercised a sound discretion in simply placing this man in conditions favorable to recovery, or in keeping him at rest until the axis was fixed in its new position, and the spinal cord accustomed to the change in its relations. There can be as little doubt that Mr. Hutton would have made thumb pressure on the prominent spine while he sharply raised the head. The probability is that he would by this maneuver have cured his patient; the possibility is that he might have killed him. This sort of 'make-a-spoon or spoil-a-horn' practice we may contentedly leave to quacks; and, without risking reputation in doubtful cases, I think we may find a considerable number which are not doubtful, in which skilled observation may exclude all elements of danger, and in which the rectification of displacement, or the rupture of adhesions, will be certainly followed by the most favorable results. For the discovery of these cases no settled rules can be laid down, since they can only be known by negations—by the absence of the symptoms that would give warning of danger. The diagnosis must be made in each instance for itself, and in each must depend upon the sagacity and skill of the practitioner."

Nearly every osteopath has learned how to elicit this "click" in joints which, according to digital examination, shows a condition of subluxation. The various methods employed all comprehend flexion, rotation and extension of the articulation. We can eliminate the presence of adhesions in these joints because the "click" can be produced in the same articulation almost daily, although rarely, if ever, twice in succession on the same day. This being the case, the sound must result from a change in the relation of the osseous surfaces forming the joint. Dr. Teall has drawn a comparison between the sound accompanying the replacement of dislocated bones and the "click" of a reduced subluxation. The phenomena must be much the same in each case, a difference in degree but not in kind.

Some osteopaths whom I have questioned believe the "pop" has great suggestive value in the mind of the patient. Believing that I could the better interpret the phenomena experienced by others if I could in some degree duplicate the process in myself, I have taken treatments from many osteopaths, hoping to undergo sensations similar to those described by my patients. The following is my experience: Ingestion of rich and hearty food in liberal quantity will soon create in me a feeling of vague discomfort,

tension in the interscapular region and mental lethargy with suboccipital tension. I feel like pressing my fingers into the suboccipital fossae. Digital examination at these times will note a subluxation of the axis and sixth dorsal. Manipulation which is forceful enough to secure a "click" in each of these articulations will give a sense of ease and comfort where was before tension and sensitiveness. The tension and tenderness will return again in a few hours. If lavage of the stomach is practiced one forceful reduction of the subluxations will suffice. This apparently shows that the subluxations were originated reflexly. If lavage is practiced without manipulatory reduction of the subluxations the discomfort is only partially relieved. I have learned how to set my own axis and secure the "click" which precedes a sense of relief. Those osteopaths who have developed the art of producing the "click" at points of maladjustment give me a sense of relief, whereas the use of other movements which fail to produce this deep relaxation of the joint tissues merely feel pleasant during the period of application. There is certainly no psychical effect upon me as a result of the manipulation.

There are many methods of securing the "click," all based on the quick and forceful extension of the spine. The forcefulness of the movement is not great. The trained operator knows by the resistance just about how much force to use. The methods of the "bone-setter" have been quoted. They consist of quick extension with thumb pressure localized on the affected joint. Dr. George Laughlin produces the same phenomena by placing the patient on a stool in proper relation to his treating table, so that when seated on the table his knees rest against either side of the spine at points of lesion, then, leaning forward, he places his forearms under the axillae of the patient with fingers locked over the chest. After the patient is slightly relaxed by gentle swaying, a sudden straightening of the spine is produced, which usually causes the desired "click." My method consists in placing the patient prone on the treating table, my right or left arm, according to convenience, under the shoulder and chest, the thenar eminence of my free hand opposing at the point of lesion. A quick lift usually causes sufficient movement at the point of lesion to elicit a "click." The Chiropractic method requires the prone position. The operator may kneel astride the patient or take some sort of position which raises him sufficiently above the patient to use the weight of his body in producing a sudden violent pressure at the point of lesion, usually a jolting pressure of the thumbs carrying the weight of the body. There may be other methods, but these four are the best known. It can be readily noted that they all accomplish the same thing.

The "click" is not the tearing of adhesions. This is demonstrated by the fact that no inflammation follows the movement such as is noted in synovial or fibrous ankylosis of joints. The "click" can be secured day after day in the same joint until muscular tension is equalized.

We are producing this phenomenon daily, and the question which confronts us as earnest investigators is: Is this condition of the joint which permits this "click" pathological or normal? I judge that it is pathological because it presents certain palpable signs which indicate that it needs adjustment. There is manifest tension and decrease of movement when compared with those above and below, i. e., in vertebral and rib articulations. The subjective system is usually tenderness on pressure. The other objective and subjective symptoms are usually anatomically and physiologically related



to the lesion area. If my deductions be true we can well afford to study carefully what the pathology of these joints really is. We know that when shoulder and hip are reduced there is a sound elicited. These articulations are maintained to some extent by atmospheric pressure. Probably, since all movable joints have a capsular ligament, atmospheric pressure plays some part in maintaining joint apposition. When muscular tension around the joint is uneven as we note it in subluxations, it seems that sudden relaxation with perfect apposition of surfaces should produce the same sound noted by all practitioners in reduction of shoulder and hip. The difference lies principally in the fact that vertebral and rib articulations are arthro-dial and therefore constantly affected by varying tension. The shoulder and hip being enarthrodial, one reduction is sufficient. Relaxation, is then the chief requisite to reduction of a luxation or subluxation, and it matters not whether we secure it by slow digital process or quick leverage.

Another interesting point is the differentiation between articulations which will bear considerable force applied for quick reduction and those which will not. A joint which will give a sense of slight motion may generally be considered susceptible of quick, forceful movement with good result. When there is a feeling of instant resistance great force should not be used until one is sure that fibrous ankylosis does not exist. Muscular ankylosis may at times be so intense that a forced movement will result in a sort of sprained joint with inflammation. Statements are being made to patients by chiropractics and also osteopaths that they have set a series of vertebra and ribs. The patient sets great store by these statements and is thoroughly convinced of their truthfulness because he "heard them pop as they went in." The question: What happened and what is the physiological result apart from any psychic influence, will require a lot of close observation and reasoning. The distinct pathology of a subluxation is an unknown quantity.

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#### Poisoned Food.

The makers of poison for adulterating food and the users of those poisons in adulterating food were powerful enough with the national machines of both political parties to prevent Congress from enacting a law protecting the people. But out in South Dakota their lobby was defeated. The legislature of that state has passed, and Governor Elrod has signed, a bill which, so far as can be judged from reading it, is a model of pure-food legislation. If the newly-created Food and Dairy Commissioner does his duty, the people of South Dakota will know what they are eating and drinking, and poisoners for dividends will not do business in that state.

If a citizen of the United States dies from eating a poisoned "food," why should not the president of the corporation of poisoners for dividends that manufacture that "food" be arrested, tried and hanged, like any other poisoner? Why should he be exempt because he doesn't happen personally to know his victim?—Saturday Evening Post.

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#### His Best Assistant.

A physician lost a case, as the saying goes, not long since, and he had the customary excuse for his failure to cure the patient:

"Well, we can only assist nature."

This was all right, for we are all human and are often defeated after our best endeavors, but when the doctor later on was boasting of his success in restoring a man to health a satirical friend checked his vainglorious remarks with the question:

"How much did Mother Nature help you this time?"

Then silence, like a poultice, came to heal the blows of sound.—Boston Budget.

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Moderation is the silken string running through the pearl chain of all virtues.—Anon.

# The Journal of the American Osteopathic Association

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JUNE, 1905.

The April number of the *Cosmopolitan Osteopath*, heretofore published at Des Moines, announces its consolidation with the *Journal of Osteopathy*, to take effect at once.

We are in receipt of a sample copy of the certificate which the Colorado Osteopathic Association, acting under the provisions of the law recently passed in Colorado, is mailing to graduates of reputable osteopathic schools now practicing in that state.

The details of the legislative fights made the past winter and spring in the various states would, if printed, make a volume of great size as well as of interest and instruction. But lack of space preventing detailed accounts, we have, as a rule, given merely the results.

Plans for the Denver meeting of the A. O. A., to be held August 14-18, are rapidly maturing. There seems to be no reason why we should not have on that occasion, if not the largest, the best meeting in our history. Every member should plan now to be in attendance.

In an article by Edward Earle Purinton in the *Naturopath* for April, 1905, this sentence occurs: "This homeopathic college (the Homeopathic Medical College of New York) already includes in its curriculum the following branches of naturopathy: Dietetics, Hygiene, Osteopathy, Naturopathy, and suggestive Therapeutics."

Osteopathy a branch of naturopathy! Well, that is good. It all depends on the point of view, and we suppose the naturopaths are entitled to theirs. But it seems that we are getting altogether too much honor. "Regular" medicine, too, is claiming osteopathy as a branch of that system. It is up to us to demonstrate—perhaps we should say continue to demonstrate—our claim that osteopathy is a complete and independent system of healing.

Dr. F. E. Moore, La Grande, Ore., in a recent letter, suggested that the attention of members of the Association be called to the exceptionally low railroad rates that will be in force this summer to the Pacific coast on account of the Lewis and Clark Centennial Exposition held at Portland, Ore.

Doubtless most osteopaths are planning a vacation trip which will include

the A. O. A. meeting at Denver. The travel-loving members of the profession residing in the east would do well to investigate, through the local representatives of the railroads, the rates to Portland. No doubt a stop-over at Denver at the time of our meeting could be arranged. Those who care nothing particularly for the exposition could avail themselves of the low rates to see the wonders of the great West.

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Now is the time to push the work of recruiting the membership of the A. O. A. All who are elected to membership now will be entitled to all the privileges of membership until the close of the meeting following the Denver meeting. We agree, in theory, with those who would eliminate all features of commercialism from membership in the A. O. A. Yet, inasmuch as under the present arrangement those who become members now will have a somewhat longer period of membership than those elected a month ago, we may reasonably expect an increase of membership. However desirable it may be that all people should act from altruistic motives, the fact remains that many very worthy persons are willing to drive what they consider a shrewd bargain. A larger membership is greatly to be desired, and, as we have said, now is the time to work for it, never forgetting, however, that quality is even more to be desired than quantity.

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Bills affecting the practice of osteopathy have been before the legislatures of nineteen states and territories within the past year. The net results may be briefly summarized as follows: In Vermont, Tennessee and New Mexico registration laws were replaced by laws creating osteopathic boards of examination and registration. In Montana such a law was strengthened by a needed amendment. In Indiana a compromise was effected providing for an osteopathic member of the present State Board, and further providing for an examination of those osteopaths now in the state as well as those who may locate there hereafter.

In Hawaii a bill became a law, allowing regularly graduated osteopaths to practice in that territory by filing a certificate to practice issued by the State Board of Osteopathic Examiners of the state of California. In Nebraska a harmful medical bill was defeated, and it appears that a law providing for an Osteopathic Examining Board was passed, though we are not fully informed on this point.

In Colorado the bill prepared by the medical men was so amended as to recognize and protect the practice of osteopathy, and, as finally passed and approved, is more satisfactory to the osteopaths than to its original promoters. In Pennsylvania and Utah bills providing for osteopathic boards passed both branches of the legislatures, but in each case was vetoed by the Governor.

In North Carolina, New York, Washington, Massachusetts and Illinois osteopathic bills were defeated, while in Delaware a medical bill designed to exclude the practice of osteopathy was also defeated.

In several of the states where we failed to get what was asked there was a division of sentiment in the profession as to the kind of measure best calculated to advance the interests of osteopathy. In most of the other states the fight was close, and it is believed that in all of them, as a result of our efforts, the position of osteopathy as a healing science, has been, by reason of the publicity which has been given it, substantially advanced.

While osteopathy, excepting in Hawaii, has not gained legislative recognition in any new territory this year where it had not previously been recognized, yet it is gratifying to note that no ground has been lost, and in several instances our position has been strengthened. On the whole, we feel that the osteopathic profession has good reason to "thank God and take courage."

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#### **Pennsylvania Osteopathic Bill Vetoed.**

We are in receipt of an interesting communication from Dr. O. J. Snyder, President of the Pennsylvania Osteopathic Association, who led the osteopathic forces of that state in their recent legislative campaign. Dr. Snyder goes somewhat into detail concerning the provisions of the bill that was passed and a discussion of the Governor's veto. We will be obliged, however, since the bill failed to become a law, and owing to lack of space, to follow our usual custom and give merely the results, much as we would like to give Dr. Snyder's discussion of the bill and the governor's veto.

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#### **The New Year Book.**

The osteopathic year book for 1905, published by Messrs. Wm. R. Dobbyn and Sons, of Minneapolis, was issued last month. It is an attractive and valuable publication and it is considerably larger than last year's book.

The directory, though compiled with more care and with a view of excluding those who were not properly identified with the profession includes about 500 more names than the last year's directory, the total number of names in the new book being 3,606.

Especially gratifying is the increase in the number of state organizations. Last year fourteen states and territories were reported as having no osteopathic organization. This year the number of unorganized states is only five—Arizona, Delaware, Louisiana, Maryland and South Carolina.

The series of popular expositions of osteopathy well begun by Dr. Booth in the first edition of year book is ably continued by Dr. McConnell in the second edition.

We notice quite a number of printer's or proofreader's errors and the book is about four months behind hand; the latter fact being partly due to the difficulties under which the publisher labored in collecting the material for the book.

Each member of the Association is entitled, without charge, to a copy of the year book. Inasmuch as we have heard of several members who have not yet received a copy we would suggest to all such that they at once notify the publishers.

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#### **Meeting of Trustees at Cleveland, O.**

While the constitution of the A. O. A. provides that the Board of Trustees "shall meet at such times and places as its duties may require," it has heretofore found it possible to transact its business at the time of the annual meetings. This has been done by holding sessions at such times as the A. O. A. was not in session. But each year the work of the Board grows heavier and it was deemed necessary this year to hold a meeting prior to the Denver meeting. Accordingly one was called and held on May 28, in Cleveland, Ohio.

At this meeting the President and Secretary and all the members of the Board of Trustees were in attendance, except Drs. Ligon, of Alabama, Ellis, of Massachusetts, and Moore, of Oregon. The Treasurer and the Chairmen of the Committees of Education and Legislation were also present. The Committee on Publication was represented by Dr. Ashmore, one of its members.

Considerable routine work was accomplished and many matters in connection with the Denver meeting were discussed. Some consideration was given to the forthcoming reports of the Board and Committees and the various recommendations that will be made. Many other matters were disposed of that could not well be handled by correspondence. The day was a busy one, and it is believed that it will be found to have been a profitable one. The Board will hold its next meeting on Monday morning, August 14, in Denver.

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#### Preventive Medicine.

Happily in matters of preventive medicine the world seems to be advancing towards the standards in vogue in China and Japan.

It has often been stated that in the former country doctors receive pay only when their patients are well, a very practical way, indeed, of developing the best there is in preventive medicine.

The marvelous health of the soldiers of Japan now in the field has been the subject of much comment in both the lay and medical press. Some give all the credit to medical science as it is practiced among the soldiers of the Mikado, but we believe that the *Saturday Evening Post* comes nearer to expressing the truth of the matter. It says: "No doubt the earnest activity of the intelligent Japanese military surgeons has had a great deal to do with the keeping down of camp diseases. But there is another factor, even more important, which the doctors are overlooking, but which we laymen ought to ponder.

"The fact is that the people of Japan are, by centuries of custom, a sanitary people. They habitually eat in moderation; they habitually bathe every day and wear the cleanest and simplest of clothing; they regularly drink large quantities of water each morning and take deep breathing exercises.

"It is not surprising that the doctors accomplish such results with such subjects."

The ever increasing crusade against drugging which is being carried on by the various non-drug schools and cults has instilled into the minds of millions of their adherents the fact that it is better to keep well than to get well. Many teachers, through the public press, are proclaiming the truth that health is not a matter of medicine, but more one of right living, coupled with proper hygienic and sanitary conditions. All this is good, for the public as well as the physicians need educating along these lines, and such teachings are paving the way for the advent of a better system of preventive medicine.

There will be small place for materia medica in any rational system of preventive medicine, and herein lies a possible reason why more in this direction has not been accomplished by the medical profession. The New York Medical Journal in its issue of April 22, gives a synopsis of a paper read before the Philadelphia County Medical Society on "How Can the Physician Profit by Preventive Medicine?" We quote the following sentence: "Dr. J.

Madison Taylor, in his paper, presented evidence to show that it was necessary that preventive medicine should be exhibited to the profession as a means of advantage to themselves as well as to the community." It is inconceivable that a reputable physician of any school should neglect any opportunity to instruct his patients in anything that is to their advantage, physically, through fear of curtailment of his revenues. However, to accomplish the best results in this field, there must be hearty co-operation between physicians and the public, and as the time will never be when physicians will not be needed, the adoption of a different fee system, as suggested by Dr. Taylor, may become necessary. People will gradually come to learn that it is really more economical to pay a doctor a reasonable amount for keeping them in health than to pay him for meeting exigencies.

We believe it is true, as stated in the excellent paper on this subject by Dr. McConnell, which appears in this issue of *The Journal*, that preventive medicine is the physicians' great field for the future, and that osteopathy ought to dominate it. Undoubtedly matters of habit, environment, diet, sanitation and hygiene are important factors to be considered in the solution of problems dealing with longevity and health. But all the knowledge that has been gained on these subjects may be made our own, and when is superadded to this the distinctive osteopathic idea of etiology we believe we have a system of preventive medicine as nearly perfect as it is possible for man to devise. It matters not what other elements enter into disease production, undoubtedly in a very large per cent. of cases, more perhaps than many osteopaths now realize, the predisposing, if not the exciting, cause lies within the body of the patient, and is produced through anatomical maladjustment.

The possibilities of osteopathy in the domain of preventive medicine are tremendous. They are within our grasp, and no step should be neglected that will tend to put us in possession of that field.

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#### **Rates to Denver Meeting.**

A flat rate has been made of \$25.00 from Chicago and \$21.00 from St. Louis for the round trip. A rate of one fare for the round trip has been made on all lines to Chicago and St. Louis. A special train will leave Chicago over the Northwestern, and Union Pacific Railways at 11 p. m. on Saturday, August 12, arriving at Denver Monday morning August 14. Special sleeping cars will also be run out of St. Louis about the same time.

The rate from the South Pacific Coast, San Francisco and Los Angeles will be one fare for the round trip. From North Pacific Coast, Portland, it will be one fare plus \$10.

A folder giving full information is being published by the railroads and will be sent to all osteopaths. Should any one not receive a copy of this within a few weeks please notify Dr. McConnell if a copy is desired. The rates above mentioned are open to all, whether osteopaths or not, who may desire to take advantage of them.

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#### **Victory for Osteopathy in New Jersey.**

Some time ago Dr. Ernest M. Herring, an osteopath practicing in Asbury Park, N. J., was convicted in the oyer and terminer court at Monmouth of practicing medicine without a license.

An appeal was taken to the supreme court, where the lower court was reversed. Judge Dixon held that one practicing osteopathy did not violate the provisions of the medical practice act. The state carried the case to the court of errors and appeals. This court, which is composed of sixteen members, on May 5 affirmed the reversal of the judgment under which Dr. Herring was convicted.

This settles the law of the case as it applies in New Jersey. The osteopaths of that state are to be congratulated that they are free to continue the good work they have been doing in healing the sick unvexed by petty persecutions. The profession there still needs a law, which they failed to secure this year, in order to protect them and the public from imposition by quacks. But now that our professional brethren are left in possession of the field, we can count on them to get what they want at a later date.

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We call attention to the programme of the Denver meeting which appears in this issue. The names of some participants have been added since the May number was issued. One notable addition to the programme has been made in the paper by Dr. J. B. Bemis on "Diseases of the Rectum and Anus; Correlated Diseases; and Their Treatment." Dr. Bemis was recently elected Vice-President of the Cobb Hospital, St. Paul. He has given special study to the subjects which he is to treat and his paper will be of unusual practical interest and value.

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Those whose names appear in this number of the JOURNAL as having been recently elected to membership will receive the JOURNAL beginning with this number and their membership will be extended to the close of the meeting in succeeding the Denver meeting. Should any one of them prefer, however, to have a file of the JOURNALS issued this year together with other publications already issued and have their membership close with the Denver meeting they will please so inform the editor.

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The banquet tendered to Dr. Andrew T. Still and Dr. Charles E. Still by the Greater New York Osteopathic Society at St. Denis Hotel on May 20, was attended by one hundred and seventy-five osteopaths, and was a notable event. The "Old Doctor" remained throughout the banquet. He spoke at the close of the speech-making and was warmly applauded.

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We would like to be able to approximate the number of members who will be present at the Denver meeting. Those who expect to attend, and have not already signified their intention by acceptance of a place on the programme, would do us a favor by mailing us a card stating their intention to be present.

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#### Correction.

On page 341 in the May Journal there is a brief article from Mrs. Ella D. Still entitled "Against Butcher Surgery." By mistake the last line was thrown out by the printers in correcting an error. The line omitted reads, "make the patient better but in many cases worse."

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The little and short sayings of excellent men are of great value, like the dust of gold or the least sparks of the diamond.—Tillotson.

## NOTES AND COMMENTS.

**Proposed Constitutional Amendment—Fractional Fees for Mid-Year Recruits.**

I note in the May issue a proposed amendment to the constitution regarding the time to which the initiation fee shall credit a member. Dr. C. A. Upton, the author of this suggested change, objects to requiring the full fee from those who join during the year, because, as he intimates, the member receives less than does the one who joins at the beginning of the year. Will the doctor please definitely state wherein he receives less, other than in time, and that not more than six months under any possible condition. The Journal for the full year is sent him; he gets all the publications of the association—case reports, year books, etc.; as a member of the profession, too, he benefits by every action taken by the association or its officials. Please state wherein this is "manifestly unfair." What more do the rest of us get? Remember also that the benefits continue for at least three months after an annual meeting, although one may have decided to discontinue membership—his name is not dropped from the roll till that time has elapsed. To be consistent, should not a provision be embodied also in this proposed change, authorizing a proportionate rebate to one who wishes to withdraw before the end of the year? Instead of contending for this fraction of a year, the new member should be grateful for the privilege of joining, on equal terms with old members, a well-developed organization under full steam that has been nurtured into its present stalwartness by those who have stood by it in its past struggles. It is worth something to get into such an organization. Many organizations, too, make the initial fee double that of the annual dues, and some even that or more in addition to the annual dues.

Dr. Upton says: "We must give the new members full value for their money the same as all other associations." I contend, for the above and other reasons, that they have full value. But, doctor, what "other associations?" I have belonged to many organizations, and have been more or less familiar with many others, and I must confess that never yet have I come in contact with a constitution which permitted fractional dues for a fraction of a year.

Let me quote the proposed amendment in full that a better comparison with the comments may be made, and that we may more fully realize its significance:

"Each application for membership must be accompanied with one year's dues, and such dues shall entitle the applicant to a full year's membership from the date of acceptance, and membership certificates for the current fiscal year. At the end of that current fiscal year the Secretary shall inform the new member of the amount necessary to carry him through the next fiscal year, and such amount must be remitted at once, to the end that each new member shall pay the full next year's dues in advance before receiving membership certificates for that year. The end of the fiscal year shall be July 1."

If this amendment is adopted, I hereby give notice that a motion will be made providing for the employment by the secretary and treasurer of additional office force sufficient to take care of the large increase of clerical work thereby made necessary. I assure you that I know from experience that this is no small item. It is too much for so fractional (if there be even that) a benefit.

"The end of the fiscal year shall be July 1." Do you mean, doctor, that we must end the annual meeting each year on July 1? The work of the year naturally closes with the annual meeting. Reports of retiring officers are received and all matters of present concern brought to a close; new officials take the helm, and new work is laid out; the treasurer balances his accounts, showing receipts and disbursements, and turns over books and funds to his successor, with everything clear for the new year. This is the logical year end. Any other would be unnecessary complication.

I don't want to be considered a "kicker," but we must look at these matters in a reasonable and logical light. I fail to see wherein this proposed amendment either strengthens or adds to the effectiveness of the constitution. Let us simplify instead of complicate.

Columbus, O.

M. F. HULETT.

**A Condition, Not a Theory, Confronts Minnesota.**

In regard to the matter of a plan for a closer union between the A. O. A. and the State Associations, will say that in Minnesota we are up against a condition and not a theory. From the earliest history of osteopathy to the present time we have had with us an exceptionally large number of practitioners who did not graduate from any of the Associated Colleges. Some of the graduates from the Associated Colleges had only a year or less of instruction. Some of our graduates from other schools had two



years of instruction. At two different sessions of the Legislature attempts were made to secure laws shutting out those who did not graduate from any one of the Associated Colleges, but the Legislature could not be made to see the justice of such a plan, so we finally admitted all active practitioners in our State Association, and we all pulled together and secured our present law.

There are nine active licensed practitioners in St. Paul, thirteen in Minneapolis and five outside the twin cities who did not graduate from any of the Associated Colleges. Nearly all of them are members of the State Association and have all been actively in practice more than two years. Their average capacity and success is not far behind that of the graduates of the Associated Colleges, if it is any. Some of their numbers would be a credit to any organization. They have been exceptionally diligent and efficient in the support of the State Association. They would heartily scorn the idea of becoming associate members merely of either the State or National Association. Now, I can see no good to come from excluding these licensed, active, loyal practitioners from our National Association. I have been selected as a delegate to the Denver meeting of the A. O. A., with instructions to attempt to secure a closer union between State and National Association, on the basis that the present licensees be admitted to membership in both organizations. It could hardly be expected that our State Association would be particularly active in advancing the interests of the A. O. A., where a large per cent. of our members are excluded from membership. However, we appreciate the splendid efforts of the A. O. A. to secure a high standard of educational qualifications, and believe that it will listen to our claim with unprejudiced mind and do us justice on being apprised of the facts in the case.

St. Paul, Minn.

C. W. YOUNG.

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### EPITOME OF CURRENT LITERATURE.

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Under this title will be found a brief outline of the more important articles in current periodicals. These outlines will, in no sense, be a substitute for the periodicals quoted, but will serve rather as an *Index* to the best work in our growing Osteopathic literature.

Taplin, (Mass.) Journal Osteopathy, January, 1905: Neurasthenia.

A description is given of the chief causative factors and clinical phenomena of the disease. "Nervous prostration is not dependent upon a characteristic lesion and the treatment must therefore be adapted to the individual. Osseous irregularities claim our attention. The predominant feature of an individual case usually coincides with the spinal lesions.

The general regulations of daily life diet, etc., may be laid down by the intelligent physician of any school, but "every case presents characteristic mechanical errors of its own— which drugs, massage and diet cannot reach and the so-called 'rest cure' cannot modify in many months. Accuracy of diagnosis is the key-note of success."

Emery (Optical Journal), Manchester, N. H.—Some Causes of Eye Trouble. Read before the Granite State Optical Society. (Reprinted Massachusetts Journal Osteopathy, January, 1905.)

Discusses "the effect on the eye of osseous lesions (bony displacements of the spinal vertebrae) and muscular contractions along the same more especially in the cervical and upper dorsal regions. These are mechanical obstructions of blood flow and nerve life that do exist, and that they play a part in causing pathological conditions of the eye, the Osteopathic School of Practice is demonstrating."

"Pressure in the back of the neck on either side of the spinous processes of the vertebrae causes dilatation of the pupils, etc.

"Now, if it is possible to affect the eye by manipulation along the spine \* \* \* does it not appear reasonable that change in the relationship of the spinal structures is liable to affect the eye in the same manner that manipulation does, both factors acting mechanically to either initiate or deaden nerve energy?"

McConnell—The Bulletin of the Atlas and Axis Clubs, January, 1905—"Manipulations in Sprains and Fractures." (Read before the Chicago Osteopathic Society, March, 1904.)

A summary is given of the attitude of text-books on surgery on the treatment of sprains and fractures, showing in the last decade a decided increase of interest in manipulative methods of treatment. Then follows a digest of a paper read by Dr. Eisendrath before the Chicago Medical Society, stating the importance of early manipulation and of short periods of immobilization. In the discussion which followed, still more radical procedure is advocated for sprains as that of Dr. Hosmer, who uses "no retentive apparatus of any kind."

In Dr. McConnell's paper he quotes at length from "Moullin on Sprains," another writer who advises manipulation and gives detailed information as to its use.

The article is concluded with the report of six cases of fracture in elderly people and of fractures of long standing which made good recoveries.

#### Osteopathy in Washington, D. C.

Doubtless all osteopathic practitioners and friends of our science will be glad to hear of a new local organization founded May 5, 1905—The Osteopathic Association of the District of Columbia.

There is a charter membership of seventeen, and the officers are as follows: George P. Kirkpatrick, President; Alice M. Patterson, Vice-President; Clarissa B. Tufts, Secretary; Merton A. English, Treasurer; and an Executive Committee of five—C. H. Stearns, C. O. Goodpasture, Kathryn Talmadge, W. O. Smith, and Emma O. DeVries.

The objects of the organization, as outlined by C. F. Winbigler at the first meeting, are three-fold:

First, to advance our own proficiency in the science of osteopathy by having at each monthly meeting a literary program, dealing with osteopathic subjects;

Second, to meet any legislative crises which may arise in the District;

Third, to promote sociability and fraternal feeling among ourselves.

We expect much for osteopathy from this organization, and shall always be glad to welcome to its meetings members of similar osteopathic organizations who may visit our city.

CLARISSA B. TUFTS, Secretary.

#### Kentucky Osteopathic Association.

The annual meeting of the Kentucky Osteopathic Association was held in Louisville, Saturday, May 6, and was attended by about thirty of the osteopaths from different parts of the state.

Officers were elected for the ensuing year, with the following result: President, F. A. Collyer, Louisville; Vice-President, H. H. Carter, Shelbyville; Secretary and Treasurer, H. E. Nelson, Louisville; Board of Trustees, R. H. Coke and M. E. Pearson, Louisville, and James A. McKee, Lexington.

Delegates were appointed to the A. O. A. meeting in Denver and were instructed to work for a delegate body.

K. W. Coffinan, Owensboro, and M. E. Pearson, Louisville, were named as delegates, and James A. McKee, Lexington, and George H. Widener, Franklin, alternates.

H. E. NELSON, Secretary-Treasurer.

#### Detroiters Entertain Dr. McConnell.

The osteopaths of Detroit entertained Dr. C. P. McConnell at dinner at the Hotel Ste. Claire, Detroit, on Saturday evening, May 27.

#### NEW MEMBERS.

The following have been elected to membership by the Trustees since the last list published in the JOURNAL:

Ada M. Bears, 39 Huntington avenue, Boston, Mass.  
 Corene J. Bissonette, 1169 Main street, Buffalo, N. Y.  
 Lincoln R. Bolan, 63 Columbus avenue, Somerville, Mass.  
 Louisa Burns, Pacific College of Osteopathy, Los Angeles, Cal.  
 Olive Clarke, 805 West Pico street, Los Angeles, Cal.  
 J. S. Crawford, Denton, Texas.  
 J. A. DeTeinne, 1198 Pacific street, Brooklyn, N. Y.  
 R. L. Ferrand, 1004 West Seventh street, Los Angeles, Cal.  
 E. H. Merkley 480 Clinton avenue, Brooklyn, N. Y.  
 Ellen Bird Nott, 164 Huntington avenue, Boston, Mass.  
 Ernest Richard Proctor, 57 Washington street, Chicago, Ill.  
 A. D. Ray, Dickson Building, Cleburne, Texas.  
 Mary A. Small, Malden, Mass.  
 A. R. Tucker, Loan and Trust Building, Durham, N. C.  
 L. C. Turner, 208 Huntington avenue, Boston, Mass.  
 Katherine Westendorf, Kittredge Building, Denver, Col.  
 Frank M. Vaughan, 755 Boylston street, Boston, Mass.  
 Arthur E. Werc, 104 Huntington avenue, Boston, Mass.  
 Kendall L. Achorn, 178 Huntington avenue, Boston, Mass.

**Proposed Program of the Annual Meeting A. O. A. Denver, August  
14-18, 1905, Brown Palace Hotel.**

**MONDAY, AUGUST 14.**

- 8:00 p. m. Call to Order. Opening remarks by the president, Dr. C. P. McConnell, Chicago, Ill.  
 Invocation. Rev. Flournoy Payne.  
 Address of Welcome. One of the State Officials.  
 Address of Welcome. Hon. Robert Speer, Mayor of Denver.  
 Response. President McConnell.

*Music.*

- Welcome of Colorado Osteopathic Society. Dr. Nettie Hubbard Bolles.  
 Response. Dr. Paul M. Peck, San Antonio, Texas.

*Music.*

Informal Reception.

**TUESDAY, AUGUST 15.**

- 9:00 a. m. Paper: "Are the Osteopaths to be Swallowed Up?" Dr. J. T. Bass, Denver, Colorado.  
 9:15 a. m. Discussion, led by Dr. Ernest D. Evers, Hackensack, N. J.  
 9:35 a. m. Paper and Demonstration: "Tubercular Knee." Dr. Frank P. Young, Kirksville, Mo.  
 9:55 a. m. Discussion. Led by Dr. W. L. Buster, Mt. Vernon, N. Y.  
 10:15 a. m. Clinics.  
 (a) Spinal Meningitis. Dr. A. L. McKenzie, Kansas City, Mo.  
 10:30 a. m. Discussion, led by Dr. C. B. Atzen, Omaha, Neb.  
 10:45 a. m. (b) Tubercular Hip.  
 11:00 a. m. Discussion.  
 11:15 a. m. Business: Reports of Officers and Trustees.  
 12:00 m. Paper. "The Non-Manipulative Part of Osteopathic Therapeutics." Dr. Clara L. Todson, Elgin, Ill.  
 12:15 p. m. Discussion, led by Dr. C. H. Conner, Albuquerque, New Mexico.  
 12:30 p. m. Paper. "The Osteopath in Emergency—Osteopathic First Aid to the Injured." Dr. F. LeRoy Purdy, Boston, Mass.  
 12:45 p. m. Discussion, led by Dr. I. J. Eales, Belleville, Ill.

**TUESDAY P. M. OUTING.**

Excursion on the "Seeing Denver" cars.

**WEDNESDAY, AUGUST 16TH.**

- 9:00 a. m. Paper. "The Practical Conduct of Contagious Cases." Dr. Frederick H. Williams, Lansing, Mich.  
 9:15 a. m. Discussion.  
 9:35 a. m. President's address. Dr. C. P. McConnell, Chicago, Ill.  
 10:15 a. m. Clinics.  
 Gynecology. Dr. Jennie B. Spencer, Des Moines, Iowa.  
 10:30 a. m. Discussion, led by Dr. Chas. E. Fleck, Orange, N. J.  
 10:45 a. m. Business.  
 11:30 a. m. Paper and Demonstration.  
 (a) Technique for reduction of the different forms of dislocation of the hip.  
 (b) Reduction of a dislocated hip—actual case. Dr. Chas. E. Still, Kirksville, Mo.  
 12:00 m. Discussion, led by Dr. E. J. Elton, Kenosha, Wis.  
 12:20 p. m. Paper: "Diseases of the Rectum and Anus; Correlated Diseases, and Their Treatment." Dr. J. B. Bemis, St. Paul, Minn.  
 12:45 p. m. Discussion, led by Dr. Herbert Bernard, Detroit, Mich.

**WEDNESDAY, P. M. OUTING.**

Trip over the Moffatt Scenic Railway.

**THURSDAY, AUGUST 17.**

- 9:00 a. m. Paper "Emergencies at Childbirth." Dr. Jennie B. Spencer, Des Moines, Ia.  
 9:15 a. m. Discussion. Led by Dr. L. O. Thompson, Red Oak, Iowa.  
 9:35 a. m. Prize Essay.  
 10:00 a. m. Clinics.  
 (a) Hemophilia. Dr. W. H. Cobble, Fremont, Neb.  
 10:15 a. m. Discussion, led by Dr. H. E. Penland, Eugene, Ore.

- 10:30 a. m. (b) Empyema. Dr. F. N. Ojum, Oshkosh, Wis.  
 10:45 a. m. Discussion, led by Dr. Clara E. Sullivan, Wheeling, W. Va.  
 11:00 a. m. (c) Infantile Paralysis. Dr. Wm. Horace Ivie, San Francisco, Cal.  
 11:15 a. m. Discussion, led by Dr. Oliver Van Dyne, Utica, N. Y.  
 11:30 a. m. Business. (Election of officers. Fixing place of next meeting.)  
 12:15 p. m. Paper and Demonstration. "An Osteopathic Modification of the Lorenz Operation." Dr. H. W. Forbes, Des Moines, Iowa.  
 12:45 p. m. Discussion. Dr. J. Erle Collier, Nashville, Tenn.

THURSDAY, P. M. OUTING.

Trip to Leyden: Coal City of the Foothills.

FRIDAY, AUGUST 18.

- 9:00 a. m. Paper. "The Future of Osteopathic Education." Dr. J. S. White, Pasadena, Cal.  
 9:15 a. m. Discussion. Led by Dr. W. E. Buehler, Chicago, Ill.  
 9:35 a. m. Paper and Demonstration. "Osteopathic and Physical Examination of a Case of Pulmonary Tuberculosis." Dr. N. A. Bolles, Denver, Colo.  
 9:55 a. m. Discussion, led by Dr. W. J. Hayden, Los Angeles, Cal.  
 10:15 a. m. Business. Installation of officers.  
 11:00 a. m. Clinics.  
 (a) Spinal Irritation.  
 11:15 a. m. Discussion, led by Dr. Oliver G. Stout, Dayton, Ohio.  
 11:30 a. m. (b) Goitre.  
 11:45 a. m. Discussion, led by Dr. Ernest Sisson, San Francisco, Cal.  
 12:00 m. (c) Subluxations of Innominate. Dr. Ernest C. Bond, Montezuma, Iowa.  
 12:15 p. m. Discussion, led by Dr. Elizabeth Broach, Atlanta, Ga.  
 12:30 p. m. Paper and Demonstration. "Physical Examination of a Case of Valvular Lesion; the Diagnosis of Valvular Lesions." Dr. Robt. D. Emery, Los Angeles, Cal.  
 12:50 p. m. Discussion.  
 1:00 p. m. Final Adjournment.

FRIDAY, P. M. OUTING.

Visit to the Mint, Smelters, etc.

SATURDAY, AUGUST 18.

All day trip around the famous "Georgetown Loop."

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NOTES AND COMMENTS.

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What Membership Means.

The manner of conducting the canvass for members of the A. O. A. has been the subject of much discussion. To the writer it seems that the commercial method has been used to its limits. We should have reached the place and plane where this method could be set aside.

Let us consider for a moment just what the A. O. A. means to the profession. Established in 1897, it was the first organization pledged to the advancement of osteopathy along all available lines. Its scope was broader, its opportunities greater, its dangers less than any other possible organization. Alumni associations, as their name implies, are limited in membership to the graduates of one school, their danger is the pessimism of one standpoint. State associations are limited to local confines, their councils are apt to be controlled by cliques, their means are not sufficient to undertake research to any great extent. As long as her membership continues close to the thousand mark, the American Osteopathic Association knows none of these limitations or dangers.

Is membership, then, in such an organization merely a commercial matter? To the writer it appears to be a matter of prestige, and, being such, has no fellowship with commercialism. To be sure, admission to the most successful clubs in the world is often a matter of money or influence, still in a few of the sine qua non is genealogy or genius, and the membership is usually limited to a certain number. The A. O. A., by virtue of its position as protector of the interests of the practitioner, may not limit its membership, but it can and should raise the requirements of admission, instituting first a probation period for new members, during which time the names of the applicants should be published in the Journal. No osteopath with questionable methods or character

will thus be admitted to membership while the profession at large has the chance of entering a protest.

Our assistant secretary, Dr. Upton, has found the present arrangement of dues a great obstacle to securing new members. Our experiences are varied, it would seem, in this particular, for the writer has never received one complaint in regard to this matter. I believe that Dr. Harry M. Vastine holds the banner for bringing into the association the greatest number of new members in a year, and upon this subject it would be interesting to hear from him. It should be remembered that the A. O. A. has no initiation fee. In lieu of this the A. O. A. has asked a payment of the year's dues entire save during the three months preceding the annual meeting. We should venture to state that at least 50 per cent. of the late members have joined the association for the prestige of membership, in addition to its benefits and the pleasure of furthering its work. Of the remaining 50 per cent., one-half are recent graduates who desire to keep in touch with the advances made in the profession. That leaves one-fourth of the increase due to the commercial canvass. If our personal experience in other organizations, particularly as treasurer, has taught us anything, we would declare that these are the first to let their dues lapse; they continue ever to ask the most for their money, and the association means no more to them than a material investment. We contend that any organization that caters to this spirit lacks tone. There is only one way of raising the standard, and that is by stricter requirements for admission and closer scrutiny of the present members as to matters of ethics. Our keynote is advancement, elevation, and let us not retrocede.

It is hoped that the members at large will consider carefully the amendment proposed by Dr. Upton in the May Journal before giving it approval.

Detroit, Mich.

EDYTHE F. ASHMORE.

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### National Association of Osteopathic Examiners.

It is earnestly hoped that at least one representative from each Board of Osteopathic Examiners will be present at the Denver meeting. All examiners whether members of this organization or not are invited to attend. Several important matters very properly demand the attention of this board.

There are thirteen boards of examiners in the United States operating under various forms of osteopathic law. This is not as it should be. The profession, however, has a full understanding of the reason for such a mixed state of affairs. Is there a remedy? Is it possible that out of all this mass of differences a better law, stronger and more universal in its application may be evolved? The state laws *ought* to be *alike* or else there should be a *national* law. The idea that a science whose fundamental principles are the same everywhere should be regulated by forty or more widely variant laws is little less than ridiculous. Yet it would be a hazardous undertaking to approach a legislature with even an amendment at the following session, or perhaps several sessions, after the passage of a law.

It does seem, however, that in a few years when legislative matters are quiet; when the question of unifying present laws shall have been thoroughly discussed and the various boards have had experience in applying osteopathic laws through a wide range that the time will be ripe for the drafting of an *ideal law* with the view of submitting same to every state legislature in the union. Relative to states where as yet there is no law much can and should be done toward uniformity in legislation.

Reciprocity will be considered with the idea of establishing reciprocal relations between the states in so far as the present laws will allow.

Certainly there can be no objection from any quarter to the purposes of this organization. We ask for the co-operation of the A. O. A., every state association, and of osteopaths individually, with the hearty support of the profession much can be accomplished and solved one of the deepest secrets of life.

GEO. L. HUNTINGTON.

St. Paul, Minn.

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### Clinic of Infantile Paralysis.

Desiring to make the clinic on infantile paralysis, of which I have charge at Denver, of the greatest possible value to the profession, I desire to tabulate the results of our practice in as many cases of this disease as possible.

All practitioners, who have had a case that was noteworthy in any respect, are earnestly requested to send me a report of the same covering age of patient and length of standing of case, kind of former treatment with results, extent of paralysis and amount of recovery of function in paralyzed members, lesions with amount of correction of same, kind and amount of treatment, also of adjunct treatment and remarks on the treatment of such cases in general.

Especially desired are the results of the same kind of treatment, by the same operator,

in two or more cases, the reports of cases that were of long standing before coming under successful treatment, of cases marked by quick results or peculiar response to treatment: of cases where successful results have followed special or peculiar treatment and where the osteopath has followed the surgeon.

The reports with the consent of the practitioners reporting the same will be held for the use of the convention and also for the use of the profession through the medium of the A. O. A. case reports.

WILLIAM HORACE IVIE.

Starr-King Building, San Francisco, Cal.

### Important Information Concerning Denver Meeting; Railroad Rates, Etc.

As is known to all the profession by this time our ninth annual meeting convenes in Denver Monday night, August 14.

A word first as to the general nature of this meeting: Denver is one of the most delightful spots in the country about August, and there is more to be seen there than in any place the meetings have ever before been held. Many of us will see the "Rockies" for the first time on this trip. Recognizing this, the program has been arranged so as to permit all the sight-seeing one could desire. There will be but one session each day, and the entire afternoons and evenings are to be given over to the splendid trips the Chamber of Commerce of Denver (for we are to be the guests of the city) has arranged for us. The city of Denver raises so many thousand dollars each year to spend in giving those attending their several conventions a good time. The local osteopathic committee, consisting of many of our well known friends there, have arranged to take the osteopaths in attendance on some of the nicest trips to be had on the continent. But it is not to be for pleasure only, or even first, that this meeting is to be held. Certainly the most interesting program any osteopath ever witnessed is in store for those who are in Denver the week of August 14-18.

We have secured from the railroads, the country over, the most favorable rates. Those attending from the great middle west will have the best rates. The rates from Chicago are \$25 for the round trip to Denver—St. Paul and Minneapolis get the same. The Superiors and Duluth \$29, St. Louis \$21, Sioux City \$16, Kansas City and other Missouri river points get \$15. Points nearer by get one fare or less for the round trip. These rates just given are considerably less than one fare for the round trip. This is the territory of the Western Passenger Association between Chicago, Peoria, St. Louis and Denver. All rates east of this territory are based on these rates, and for the most part are one fare plus one dollar to the point where one strikes this territory. That is, a person in Boston or Buffalo goes through Chicago, he buys his ticket at point where he commences his trip, and the fare will be one fare plus one dollar to Chicago plus the \$25 rate that has been made from there to Denver and return. We will say the fare for one way from Buffalo to Chicago is \$11.75, add one dollar to this and the \$25 west of Chicago, and the round trip from Buffalo to Denver is \$37.75. New York city passengers will pay eight or nine dollars more than this. The entire cost of the ticket is paid for when ticket is bought at place of start of trip, and the agent will have ticket all the way to Colorado, or will have an "exchange order" for the remainder of the ticket west of Chicago.

The committee named the *Nickel Plate* as the line that would accommodate more of our people than any other, using the Boston and Maine system through New England; the West Shore and the Delaware and Lackawanna, giving two lines through New York state and Pennsylvania.

This road runs the standard as well as the tourist sleepers, and regular meals from 35 cents up also *a la carte* service, as may be preferred. The fare on the tourist sleepers is just one-half of the fare of the standard sleepers and if parties could be arranged to fill one car the service would be just as good. It would not be pleasant to use these unless special parties were organized to take the car.

Tickets are sold east of Chicago the 11th or 12th. The train recommended leaves Portland, Maine, about 7:30 Friday morning, connects with train leaving Boston about noon, train leaves New York city about 2:30 p. m., West Shore or Lackawanna, unite in Buffalo about midnight. Sleeper can be had in Buffalo for those starting the trip from that point at 9 a. m. Friday. Train reaches Cleveland at 6 a. m. Saturday and reaches Chicago about 4 p. m. Saturday. *From Chicago the line designated is the Chicago Northwestern and Union Pacific. Their special train will leave Chicago at 10:30 p. m. Saturday and reach Denver Monday morning at 8.* Arrangements will be made for reservations of sleeping car space either the standard or the tourist as may be desired, and the meal service will be reasonable, and on the pay-for-what-you-get plan. This gives an idea of the arrangements that have been made or will be made for all parts of the country. Persons starting the trip from Philadelphia south will go through St. Louis instead of Chicago, where the rate will be one fare plus one dollar to St. Louis plus \$21 from there to Denver and return.

Those attending Denver from the east can use any line they please. The *Nickel Plate* and the *Chicago-Northwestern* were mentioned by the committee, but every one is free to use the line that suits his convenience best, as the *Erie* to Chicago or any other line, the

fare will be practically the same (the New York Central and the Pennsylvania roads are about \$2 higher to Chicago than the other lines, west of Chicago all are the same).

In the district of the Southeastern Passenger Association, that is the territory south of the Potomac river and east of the Mississippi, I have not been able to get the exact rate, but I have practical assurances that it will be the same as the other territories have made that is, one fare plus \$1 to St. Louis and \$21 from there on for the round trip. In the territory of the *Southwestern Excursion Bureau* that is the district south of St. Louis and west of the Mississippi, the rate is too complex to give in this letter, but it is same as that granted the Epworth League, and in the main is one fare for the round trip plus \$2. Arrangements will be made for a special train that will cover Texas, Oklahoma, and Arkansas. The rate will be low. Tickets will be on sale August 11 and 12.

Now for all the territory East of Denver, the greatest liberality in the matter of route has been secured. West of Chicago or St. Louis tickets can be purchased over any one of the roads going into Denver, and return over any other line. One may leave Chicago over the Rock Island and return over the Santa Fe or any other line.

Those reaching Denver from the north should *purchase tickets to Pueblo, not to Denver, as this will allow them to see all of the Colorado points, Denver, Colorado Springs and Pueblo without additional cost.* Another thing, when the ticket is purchased at the point where the trip is started, the *going line beyond Chicago or St. Louis* must be given the agent *also the return route desired. This must be done when the ticket is purchased.*

For the trip from the Pacific Coast to Denver, very good rates have been secured. This is the territory of the Trans-Continental Passenger Association. For the South Pacific Coast, including California, one fare for the round trip, return by same or any other direct route. Return by Portland and Shasta Mountain, from \$13.50 for the northern part of the state to \$23. for Los Angeles will be charged additional to the one fare for the round trip for this privilege. Tickets on sale August 10, 11, 12, good for thirty days with usual stop-overs. For the North Pacific Coast the rate is not quite so favorable, as there is an addition of \$10 to one regular fare for the round trip, via the same or any other direct route. If return should be desired through Los Angeles and the trip up the coast to Portland, \$13.50 additional to the direct route.

These tickets are all good for thirty to forty-five days and will give passengers the greatest number of stop-over and diverse route privileges, *but one must pick out his route in advance and have the ticket read accordingly.* We expect to arrange for at least three cars for the Pacific Coast. One is proposed from Los Angeles and vicinity, one from Frisco, and one from Portland, and the Washington cities.

*All tickets from whatever quarter must be deposited at Denver, and the secretary or some officer of the association will identify and validate the same.* The tickets will all be the iron-clad ticket identifying the holder. The validation fee is 25 cents and 25 cents additional for extension.

For those attending our meeting from the east, it gives a great opportunity to visit Salt Lake or the exposition at Portland. The rate from Denver will be very low, much lower, I am informed than buying a ticket from the east to Portland via Denver. Any one contemplating this trip should notify his ticket agent several weeks in advance so that there can be no possibility of not having a ticket; all lines will co-operate in these rates and the local agent will find out any details not given in this letter.

The program will be excellent, with plenty of time for the outing of your life, and the trip will be the cheapest at your command this summer. The Denver people insure us a good time and want us to bring our friends. These rates are open to all.

Auburn, N. Y., June 15, 1905.

H. L. CHILES, Secretary.

### Rules of Ohio Osteopathic Examining Committee.

The osteopathic examining committee of Ohio has adopted the following rules regarding applicants who desire to take the osteopathic examination. The first ruling was authorized at the first meeting of the committee June 4, 1900; the others at the meeting of the committee June 13, 1905.

Graduates of reputable schools of osteopathy which are recognized by the American Osteopathic Association and the Ohio osteopathic committee, are eligible to take the Ohio examination providing they comply with the preliminary and other qualifications of the Ohio law.

That applicants for examination from schools which have not been approved by the American Osteopathic Association and the Ohio osteopathic committee, may be admitted only upon the regular diploma of a school so approved after the applicant shall have been in consecutive attendance for not less than one-fourth of the regular course in said approved school.

That each applicant to practice osteopathy in Ohio graduating after February, 1907, must have received a diploma from a school approved by the American Osteopathic Association and the Ohio osteopathic committee after completing a course of study of not less than three years of nine months each.

M. F. HULETT, Secretary.

**Montana Notes.**

Dr. Asa Willard, Missoula, Mont., president of the Montana Osteopathic Association, writes as follows:

"There being no state association meeting before the A. O. A. meeting at Denver, I have appointed Dr. Charles W. Mahaffay, of Helena; Dr. K. Virginia Hogsett, of Butte, and Dr. Daisy D. Rieger, of Red Lodge, as delegates from Montana to the national convention. Our state convention meets Thursday, Sept. 7, just after the meeting of the state examining board, which occurs Sept. 5 and 6. Meetings are in Helena."

**Kansas Osteopathic Association.**

The fourth annual meeting of the Kansas Osteopathic Association was held at Topeka, June 22, 1905. The brief morning session was consumed in hearing reports of committees, the admission of new members and listening to the address of President McClanahan.

At the afternoon session there was an address by Dr. M. E. Clark, Kirksville, Mo., on "The Three Years' Course." This was followed by a "Demonstration of the Correction of Specific Lesions" by Dr. W. J. Conner, Kansas City, Mo. Dr. M. J. Stockton read a paper on "Thought Action in Disease." Clinics were conducted by Drs. Stanley, Wichita; Drake, Garrett and Harvey, Topeka.

The evening session began at 8 o'clock with a talk on "Ethics" by Dr. C. E. Hulett, Topeka. This was followed by a general discussion. Dr. Mitchell Miller, Wichita, read a paper on "The Prostate Gland," which was discussed by Dr. H. K. Benneson, Clay Center. Drs. M. Hook, Drake, Garrett and others gave reports of some interesting cases.

The election of officers resulted as follows: President, J. L. McClanahan, Paola; Vice-President, Gladdis Armor, Emporia; Secretary, Annie K. Conner, Ottawa; Treasurer, J. H. Bower, Salina; Trustees, Mitchell Miller, Wichita; H. K. Benneson, Clay Center; Linda Hardy, Hiawatha; Delegates to A. O. A. meeting at Denver, J. H. Bower, Salina, and H. K. Benneson, Clay Center.

Wichita was selected as the next meeting place.

This meeting was the best we have ever had. More osteopaths attended, more interest and more enthusiasm.

ANNIE K. CONNER, Secretary.

**Los Angeles County Association.**

The last meeting of the Los Angeles County Association before the summer vacation was held on the evening of June 15. The meeting was well attended and the papers and discussions were of unusual interest.

The principal paper of the evening was by Dr. Louisa Burns, professor of physiology in the Pacific College of Osteopathy. Her paper was a report on the results of some of the experiments carried on in the physiological laboratory during the last year. These experiments demonstrated that:

(a) Stimulation of either pneumogastric nerve initiates peristalsis and vaso-constriction in stomach and small intestine.

(b) Direct stimulation of the splanchnic nerves inhibits peristalsis and vaso-constriction.

(c) Stimulatory manipulation given in the splanchnic region initiates or increases vaso-constriction and peristalsis in stomach and small intestine, *provided* the manipulations affect the deeper tissues. Little or no effect is produced by superficial manipulations or by the irritation of the skin.

(d) Deep, steady pressure applied upon either side of the spines in the splanchnic region inhibits peristalsis and vaso-constriction.

(e) After section of both pneumogastrics, stimulation of the walls of stomach or intestine initiates reversed peristalsis.

The subject of lesions in the splanchnic area was discussed by Dr. J. O. Hunt, assistant director of the clinic in the Pacific College of Osteopathy.

Dr. R. D. Emery spoke at some length on the subject of foods. The papers which have been presented before the association during the past year have been of an exceptionally high character, and the association partakes very largely of the nature of an academy of scientific research.

The next meeting will be held in September, and it is the intention of the officers and members of the association to make that the beginning of a series of meetings which will be of great scientific interest and value.

Los Angeles osteopaths are earnestly discussing the national and state associations' meetings, and it is probable that they will make a goodly display, both at San Francisco and Denver.



### Boston Osteopathic Association.

Pursuant to the call mentioned in the note concerning the Massachusetts Osteopathic Society in the June JOURNAL, a meeting was held June 6, at which the Boston Osteopathic Society was organized.

The following officers were elected: President, Francis K. Byrkit; Vice President, Harry J. Olmsted; Secretary-Treasurer, Erica Ericson; Directors, Francis A. Cave, Warren A. Rodman, John A. MacDonald; Curator, Julia C. Clark. The president and secretary are also directors, making a board of five.

Osteopaths living or having offices within ten miles of the state house (Boston) and eligible to the A. O. A. may become *active* members. Those outside this radius may be associate members, having all privileges except holding office and voting. I enclose application blank giving preamble of constitution with object of society. We think this is broad but *strictly* osteopathic and we sought to avoid an *attempt* at declaring what osteopathy is *not*. The pledge is designed to perpetuate the society and its object and keep it off of side tracks. Meetings are to be held monthly. At the meeting June 20 there were two clinical demonstrations. The next meeting will be held July 18.

FRANCIS K. BYRKIT.

The following is the application blank referred to by Dr. Byrkit:

"Osteopathy being defined to be a system of therapeutics the fundamental principle of which is the removal of the cause of disease by anatomical adjustment, the *object of this society* is hereby declared to be the advancement of osteopathic principles and practice, and the maintenance of a professional and social spirit among its members."

Believing that the true advancement of the science of osteopathy can be brought about only through a development of its underlying principles, I hereby declare myself to be in sympathy with the object of the Boston Osteopathic Society, as stated above, and desire to become one of its members.

If elected to membership, I pledge myself

First—To work for the perpetuation of the said society, and the object for which it was formed.

Second—To give freely of my experience for the benefit of my fellow members.

Should I, at any time, feel unable to live up to the provisions of this, my pledge, I hereby agree to withdraw from the society at once and have my name stricken from the rolls.

Signature, etc.

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### Dr. Crow's Case.

In the February number of the JOURNAL an account appeared of the case of State vs. Dr. E. C. Crow, of Elkhart, Ind., wherein Dr. Crow had been convicted of "practicing medicine without a license." This case and another that had since been instituted have been disposed of by an arrangement whereby Dr. Crow agreed to make technical admission of guilt, and pay the minimum fine. It was agreed on the part of the authorities that there should be no more prosecutions for professional services antedating the issuance of permits under the new law of Indiana, and that a similar case against Dr. Crow's wife, who is also an osteopath, should be *nolle prossed*. Drs. Crow took the examination before the state board in May and have been notified that permanent licenses will be granted them. They are to be congratulated that they will henceforth be permitted to practice their profession in peace.

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### Texas Osteopathic Association.

The sixth annual meeting of the Texas Osteopathic Association was held in the parlors of the Hotel Delaware, Fort Worth, May 18 and 19.

The attendance was quite large and the extensive programme gave us two busy and interesting sessions. All of the papers showed careful preparation and several were requested to be submitted to the various publications of the profession. The report of the Secretary-Treasurer gave evidence of the growth of the Association both numerically and financially. Thus far we have about fifty per cent. of the profession identified with the state organization, but with the vigorous and unrelenting canvass which will be instituted for the next few months we expect to have a much better showing.

The following papers were read and discussed:

A. P. Terrell, Dallas, "Specialists in Osteopathy."

J. L. Holloway, Dallas, "Osteopathy, the Right Way."

T. L. Ray, Fort Worth, "The Tubercle Bacillus, a Harmless Germ."

A. L. Randell, Sherman, "The Need of Osteopathic Legislation."

D. S. Harris, Dallas, "Neuritis."

J. F. Bailey, Waco, "Insanity."

E. E. Edmondson, Galveston, "Occupation Neurosis."

C. A. Campbell, Victoria, "The Spine."

Following officers elected for the ensuing year:

A. D. Ray, Cleburne, President.

E. E. Edmondson, Galveston, Vice-President.

J. L. Holloway, Dallas, Secretary-Treasurer.

Trustees: T. L. Ray, Fort Worth; D. L. Clark, Sherman; W. E. Noonan, San Antonio; M. B. Harris, Fort Worth; J. F. Bailey, Waco; D. S. Harris, Dallas.

The local osteopaths contributed much to the pleasure of the visiting members by giving a barbecue, trip to the lake, auto ride, etc. The Association adjourned May 19 to meet next at Waco. CLIFFORD S. KLEIN, Secretary-Treasurer.

### New Osteopathic College at Des Moines.

It will be remembered that the Dr. S. S. Still College of Osteopathy, at Des Moines, Iowa, was purchased in December, 1903, by the American School of Osteopathy. For some time it was conducted separately but a few months ago it was announced that it would be consolidated with the school at Kirksville, Mo.

It has lately been announced that a new college has been organized at Des Moines to be known as the Still College of Osteopathy. This college was organized by some prominent business men of Des Moines and some former members of the faculty of the Dr. S. S. Still College of Osteopathy. The new organization has purchased the Southern School of Osteopathy, located at Franklin, Ky., and will consolidate it with the Des Moines institution.

The faculty of the new college will consist of the following who were members of the faculty of the Dr. S. S. Still college: Drs. C. E. Thompson, Geo. E. Moore, Thos. P. Bond, T. J. Ruddy, Ella D. Still (probably), and Judge Chester C. Cole. Dr. R. W. Bowling, former president of the Southern School, will also have a chair in the new college.

Dr. W. J. Novinger, Trenton, N. J., sends us a clipping from the Trenton Times giving an account of the recent meeting of the New Jersey Medical Society held at Long Branch. It seems that Dr. Philip Marvel, of Atlantic City, read a paper on "The Demands of the Osteopaths—How Shall We Meet Them?" This was followed by "general discussion."

As Dr. Novinger remarks, considerable time has been spent by the medical men of late in "telling one another what they don't know about osteopathy."

We have just received notice that at the annual meeting of the Connecticut Osteopathic Association held in March, at New Haven, the following officers were elected: President, J. K. Dozier, Middletown; Vice-President, M. S. Laughlin, Norwich; Secretary, W. A. Willcox, Waterbury; Treasury, B. A. Riley, New Haven.

The Tennessee Board of Osteopathic Examiners will hold a session at Nashville July 7 and 8 for the purpose of examining applicants for license and to issue certificates to those practicing in the state when the recent law was passed.

Dr. Annie K. Conner, secretary of the Kansas Osteopathic Association, in a letter accompanying a report of their recent meeting, says: "We expect to send a big delegation to Denver."

Associated Press dispatch, Baltimore, June 8, 1905.—Some epigrams by Dr. Wm. Osler, who recently left the Johns Hopkins hospital to become regius professor at Oxford university, came to light here this week, the sayings having been compiled by one who heard them at the clinical addresses and lectures delivered by the physician during his stay at Johns Hopkins hospital.

As Dr. Osler is regarded as the greatest English speaking diagnostician living, the following is of interest:

"Medicine is a science of uncertainty and a part of probability. Failure to make diagnosis makes medicine interesting. Of course one can make a certain diagnosis in every case, but it is done at the expense of one's conscience, and one goes deeper into the inferno with each diagnosis so made."

This is his opinion of drugs:

"Physicians are apt to become afflicted with the drug habit from patients. Drugs are no good. Some doctors imagine that they can carry the magic button in their medicine bag. Press it, and behold, the disease is cured in one day. If many drugs are used for a disease, all are inefficient."

### PERSONAL.

Dr. Frank M. Vaughan, of Boston, a graduate of the January, 1905 class of the Massachusetts College of Osteopathy, was instrumental in bringing every member of his class into the A. O. A.

Among those who have been active in the membership work in California, Drs. Dain L. and Cora N. Tasker, William H. Ivie and Ernest Sisson are deserving of special mention for results achieved.

Dr. Victor P. Urbain, Hamilton, O., was married to Miss Jessie Handy, of Port Tampa City, Florida, on May 31, 1905. Doctor and Mrs. Urbain will make their home in Hamilton, Ohio.

Dr. Hezzie Carter Purdon Moore, of LaGrande, Oregon, has been appointed LaGrande hostess on Lagrande and Union County Day, July 5, at the Portland World's Fair. Osteopaths are more and more enjoying social as well as professional recognition.

Dr. Kate Child Hill, the well known local osteopathic physician, has taken into partnership with her Dr. J. Leroy Near. Dr. Near is a graduate of the Kirkville School of Osteopathy and has a bright future before him. He will be associated with Dr. Hill at 2121½ Center street.—Berkeley (Cal.) Daily Gazette, June 2, 1905.

### Drug Using.

Gen. Hayem, in an article on the excessive use of drugs in the *International Clinics*, Vol. 4, 14 series, believes that it is an interesting fact, that the progress in therapeutics, extending every day, is based on the doctrine of the father of medicine, that of *natura medicatrix*. He believes that in the present state of our knowledge it is our duty to treat chronic disorders that cannot be relieved by specific or serotherapeutic agents, by what are known as hygienic modifiers, food, fresh air, the special conditions that can be realized by climates. Physical agents (thermic electric) rest, movements, and by the judicious use of mineral waters, either at resorts, or of the artificial saline solutions. As regards tuberculosis, rest in the open air, combined with feeding at high pressure, as is nowadays carried on in sanatoriums. He thinks it advisable that during such cures, drugs should be set aside, and greater care should be taken than is habitual to follow closely the functions of the digestive tube, any disturbance of which is apt to prove an obstacle to the administration of a strongly reconstructive diet.—Cleveland Medical Journal, June, 1905.

### Science Points to a Spiritual Life.

Science never may be able to discover and analyze the soul, but in a remarkable case in New York the soul has been awakened in a human body by simple surgery.

Jack Harry, although 16 years old and well developed physically, was until two months ago mentally an infant, possessing neither memory nor reasoning power. His parents had years ago, resigned themselves to the cruel belief that Jack was a hopeless imbecile.

The other day a physician discovered that Jack's brain was not diseased, but that it was not properly connected with the spinal cord, and all that would be required to restore arrested development would be to effect the necessary union of cells. By osteopathic manipulation this is being slowly accomplished and the light of reason is dawning upon the life long confined in the dark.

The boy is rapidly learning the alphabet, finds his way about alone and takes keen delight in the unfolding of the world that was dead to him. The mind and soul born 16 years after the body are becoming normal.

Science has penetrated the veiled mysteries and solved one of the deepest secrets of life. The field for benefit to mankind in this direction is unlimited. Millions of demented and deficient little children suffer bondage in darkness from which science may yet find the way to set them free.

For the man who has unbalanced or shattered brain by wrong living there may be no hope. But if the innocent little ones may have their minds and souls opened to the light, science will have done incalculable service.

Meanwhile this case of Jack Harry affords another evidence that no human body is soulless; that an immaterial identity exists in man which, though it may not be able to express itself on account of physical limitations like those peculiar to Jack, is always present. Here is a distinct encouragement for belief in a spiritual life.—Editorial in Columbus (O.) Citizen.

## NEW MEMBERS.

The following have been elected to membership in the A. O. A. since the June JOURNAL was issued:

J. H. Baughman, 512 Central avenue, Connersville, Ind.  
 J. Russell Fiddle, 57 Washington street, Chicago, Ill.  
 Erica Ericson, 208 Huntington avenue, Boston, Mass.  
 Joseph Ferguson, Fifteenth avenue and Eighty-second street, Brooklyn, N. Y.  
 J. R. Fink, Sistersville, W. Va.  
 Alice E. Howe, 156 Main street, Bangor, Me.  
 Nellie G. Long, 215 South Second street, San Jose, Cal.  
 Frederick H. Martin, 358 West Ninth street, Los Angeles, Cal.  
 Samuel B. Miller, 1060 Third avenue, Cedar Rapids, Ia.  
 J. Leroy Near, 2121½ Centre street, Berkeley, Cal.  
 Ernest Allen Plant, 407 Fay Building, Los Angeles, Cal.  
 Vinnie Emerson Turner, 455 Grand View street, Los Angeles, Cal.  
 Charles A. Wheelon, 103 Palace avenue, Santa Fe, N. M.  
 Sylvester W. Willcox, 253 Bacon Building, Oakland, Cal.

## REMOVALS.

T. J. Watson, New London, Mo., to Fifth and Main streets, Pueblo, Col.  
 W. Edward Reid, Worcester, to First National Bank building, Marlboro, Mass.  
 Truman Wolf, Kirksville, Mo., to 115 East Franklin street, Hillsboro, Texas.  
 J. B. and Mrs. J. B. Littlejohn, 497 West Monroe street, to Seventy-sixth street and Sag  
 inaw avenue, Chicago, Ill.  
 Addie E. Fish, Moscow, Idaho, to Pullman, Washington.  
 R. B. Wood, Colorado Springs, Col., to Fulton, Mo.  
 Genevieve V. Evans, 3925 Shenandoah avenue, to 816-817 Carleton building, St. Louis,  
 Mo.  
 E. H. Merkeley, 480 Clinton avenue, Brooklyn, to 36 West Thirty-fifth street, New York  
 City.  
 Gertrude B. Mawson, Philadelphia, Pa., to 4 DeForest avenue, Summit, N. J.  
 Sandford T. Lyne, 302 Bank of Commerce building, to 305-305½ same building, Kansas  
 City, Mo.  
 Harry M. Still, 19 East Thirty-eighth street, to 18 West Thirty-fourth street, New York  
 City.  
 Mary E. Hale, Baker City, Ore., to Merced, Cal.  
 Francis K. and Anna W. Byrkit, 755 Boylston street, to 803 Boylston street, Boston  
 Mass.  
 Coral Crain in removing last summer from Thomasville, Ga., to California, stopped for  
 a few months' vacation in Colorado Springs. Through an error the latter place is given  
 in our directory as her address. It should appear there as 45 South Marengo avenue, Pasa-  
 dena, Cal.

## "Too Much Operating."

Berlin, May 17.—Prof. Dr. Ernst Schweninger, leading physician of the great district hospital of Gross Lichterfelde, near Berlin, refers in his annual report to the subject of modern surgery in a manner which has created a sensation.

His conviction, he says, is that recourse is had to operations far too frequently nowadays. One disease after another is handed over to operative technique, and the way in which the physician is pushed on one side by the surgical handcraftsman does not seem to him right. Surgery, which sees nothing and knows nothing outside its own narrowly-staked-out province, forgets too often that other ways also lead to the goal.

"Step by step," continues Prof. Schweninger, "the physician has had to give way before the more fortunate surgeon, whose success is more quickly evident, and we must today quietly look on while frenzy celebrates triumphs where mechanism of the briefest and most generalizing inference takes possession of superstitious spirits."

Among the proofs adduced in support of his point of view, the professor states: "The functions of the spleen and the office of the appendix are unknown to us. Therefore they are unnecessary organs, and we cut them out when anything is wrong with them."

Prof. Schweninger also deplors the modern system of specializing in the medical profession. The man, he says, who devotes all his power of work, all his knowledge and capabilities to the treatment of only the eyes, nose, ears, skin, nerves, or other organs, runs a risk of losing feeling, and hence the power to treat human beings. He ceases to be a physician, and becomes a virtuoso.

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### THE PURIN BODIES.

C. A. WHITING, Sc.D., D.O., Los Angeles, Cal.

#### WHAT ARE THE PURIN BODIES ?

The purin bodies are a group of closely related compounds of which uric acid may be taken as a type. The name purin is derived from the Latin word *purum* (pure) and probably refers to the fact that purin itself is the mother substance from which all of the so-called purin bodies may be derived. Its chemical formula is  $C_5 H_4 N_4$  and to this as a nucleus various additions of atoms and radicals may be made, resulting in a large number of compounds having a general chemical and physiological resemblance to each other.

The most important purin bodies, so far as the physiologist is concerned, are hypoxanthin ( $C_5 H_4 N_4 O$ ), xanthin ( $C_5 H_4 N_4 O_2$ ), uric acid ( $C_5 H_4 N_4 O_3$ ), theobromin ( $C_5 H_4 N_4 O_2 C_2 H_6$ ), caffeine ( $C_5 H_4 N_4 O_2 C_3 H_6$ ), guanin ( $C_5 H_4 N_4 NH$ ), adenin ( $C_5 H_4 N_4 NH$ ), paraxanthin ( $C_5 H_4 N_4 C_2 H_4 O_2$ ).

There are hundreds of these related compounds, but the foregoing list includes those whose effects upon the human body is best known.

Hypoxanthin and xanthin are generally found together. They occur in urine in small quantities, but they are much more abundant in meat extracts. When prepared in a pure state they are in the form of a white or slightly grey powder, which is alkaline in reaction and which is almost insoluble in water, alcohol and ether. They form solubly crystallizable salts with most acids. Uric acid is to a very limited extent a normal constituent of mammalian urine. It is the chief nitrogenous constituent of the semi solid urine of reptiles and birds. In a pure state uric acid is a white, crystalline, odorless, tasteless substance and like xanthin and hypoxanthin is almost insoluble in water, alcohol or ether. It requires 15,000 parts of cold water and 1,900 parts of boiling water to dissolve it. It is needless to say that it is sharply acid in reaction. Theobromin is not normally found in animal tissues, but is abundant in the seeds of the theobroma, cacao tree, from the seeds of which chocolate is made. It is because of its presence in this popular beverage that it is of interest in this place.

Theobromin is a white, crystalline solid, slightly soluble in water, ether and alcohol and it volatilizes at a temperature of 290 degrees C without decomposition. Its reaction is neutral, but it forms salts with a number of acids.

Caffeine appears to be identical in composition with theine. Like theo-

bromin, it is not found in animal tissue. It is found in the leaves of the tea plant and in coffee berries. In a pure state, it crystallizes in long, silky needles, soluble in 80 parts of cold water and 33 parts of alcohol. It is slightly soluble in ether. Its reaction is neutral.

Guanin is a white amorphous powder, almost wholly insoluble in water, alcohol or ether. It is abundant in Peruvian guano and is found in small quantities in the pancreas, liver and muscles of animals.

Adenin is usually found in the form of flat crystals, with a lustre which reminds one of pearl. It is found in the liver and also in the urine. It is basic in reaction and forms salts with mineral acids. Both guanin and adenin play an important part in the activity of cells.

Paraxanthin is an isomer of theobromin which it closely resembles in its chemical, physical and physiological properties. It is to a very slight extent a normal constituent of urine.

#### WHAT IS THE PHYSIOLOGICAL EFFECT OF THE PURIN BODIES UPON THE HUMAN SYSTEM ?

The foregoing question is not an easy one to answer. It is probably true there is a wide range among individuals in regard to the way in which they are affected by the purin compounds. It appears that some people are affected very little, probably not to any appreciable extent, while others suffer very severely from their inability to excrete the purins which are ingested with their food. Physiologists recognize two sources of purin in the animal body. One source is the ordinary metabolic processes of life. Some of the purin bodies, uric acid, xanthin and probably some others, are formed whenever a cell is destroyed by any vital function. This is especially true of the cells of the pancreas, the liver, the thymus and other true glands. Purin which results from the natural metabolism of the body is called endogenous purin. Experience shows that the endogenous purins are nearly constant in quantity while exogenous purins are subject to wide variations. It will be readily noted that while it may be possible for us to free ourselves from exogenous purins, we can never free ourselves from endogenous purins.

This is only another of the very numerous instances, of the inherent imperfection of the animal body. From the very nature of things, no organism can ever develop to a higher state of perfection than that which enables it to do its work "well enough."

Dr. Alexander Haig traces a number of diseases to the presence in the body of exogenous purins. Among the diseases thus traced are epilepsy, asthma, gout, Raynaud's disease, rheumatism, Bright's disease and a considerable number of others. While it may not be safe to accept all of Dr. Haig's views without further investigation, it certainly is not safe to reject them until investigation has demonstrated their fallacy. Dr. Haig believes that owing to its slight solubility uric acid may accumulate in the blood, and that it may assume a colloid form which mechanically obstructs the capillaries, thereby raising the blood pressure. This form of high blood pressure is indicated when the color returns very slowly to the surface of the body after an area has been subjected to pressure.

The name Collemia has been provisionally used to indicate a marked excess of colloidal uric acid and urates in the blood.

It has been known for several years that a copious colloid precipitate will

be formed whenever a warm saturated solution of urates and sodium phosphate is cooled, or when it is rendered acid. This precipitate consists of a combination of acid-sodium-urate and uric acid. It is quite possible that such a precipitation may take place in the body when the blood is charged with uric acid or urates, and its alkalinity is temporarily diminished or neutralized by the ingestion of acids. In such cases the capillaries of the liver, spleen and other organs of the body will at once become clogged with the colloid urates, and an attack of gout or some closely allied disease will result. Under these conditions the blood is abnormally free from uric acid and urates. Careful experiments show that a filter saturated with urates will retain urates from an acid solution, which is far from being saturated. If a filter is partially saturated with common salt, for example, and a partially saturated solution of salt is then passed through the filter, the filtrate will contain a higher percentage of salt than the original fluid, but if the same experiment is tried after substituting a soluble urate for the salt and slightly acidifying the solution, the filtrate will contain a lower percentage of the urate than the original solution.

I made a number of experiments which seem to warrant the foregoing statement. The determination of the urates was made with Ruhemann's urinometer, and the results are probably accurate within a narrow limit. In my experiments I used three thicknesses of gray German filter paper. I shall present the results of only three cases: (a) Urine clear sp. gr. 1022, slightly acid; uric acid .078 per cent. After passing through a thin white filter paper .076 per cent. After passing through three filter papers, which were already heavily charged with urates, .051 per cent. After strongly acidifying with acetic acid, the same sample showed only .026 per cent. after similar filtration. (b) Urine clear sp. gr. 1019, slightly acid; uric acid .064 per cent. After passing through thin filter .061 per cent. After passing through three papers, similar to those used in (a), .042 per cent. After acidifying with citric acid .021 per cent; acidifying with acetic acid. 022 per cent. (c) Urine slightly cloudy with phosphates. Alkaline. sp. gr. 1017. Uric acid .059 per cent. After filtering through thin paper, uric acid .058 per cent. After passing through three papers as in (a) and (b), .54 per cent. After acidifying with acetic acid .023 per cent. It will be noted that the diminution of the urates is almost wholly dependent upon their acidity, or what seems to be the same thing, upon their being in a colloid state.

If it is true, as many able physicians suspect, that migraine is due to high blood pressure, resulting from collemia, the relief which is so frequently experienced from the inhalation of ammonia would be easily explained on the ground that by increasing the alkalinity of the blood, it made possible the rapid solution of the colloid urates which were clogging the capillaries. It would also explain the headache and the rheumatism and gout which follows the use of wines and beers, both of these being more or less acid. It has been suggested that fatigue which is not the result of hunger, may be due to the imperfect nourishment of the tissue owing to the imperfect circulation due to collemia.

#### SOURCES OF THE PURIN BODIES.

At the risk of some repetition, I now propose briefly considering the sources of the purins found in the body. As before stated, some are formed

in the body as the result of normal metabolism, and are known as endogenous purins, while others form a part of the food and are known as exogenous purins. The endogenous purins are practically constant for the same individual over long periods of time, while the exogenous purins are of course subject to constant variation with changing diet. It is quite possible that the slight daily variation in the endogenous purins may be found to have a periodic rhythm, though I believe no investigation up to the present time has established this. There seems to be no constant ratio between the excretion of the endogenous purins and urea, though in two individuals, I found it to run quite constantly between, purin bodies 1 and urea 2, and purin bodies 1 and urea 15, but as neither of these persons were well, I do not attach much importance to the results.

It is probable that every tissue of the body yields endogenous purins as the result of its metabolism, and if this be true, then those tissues which are most active would naturally yield the greatest amount. Of the several parts of the cell, the nucleins are by far the most rich in purins and within narrow limits the amount of endogenous purin found is the measure of nucleins destroyed.

So far as exogenous purins are concerned, they must be derived wholly from proteid foods, as it is obvious that none can come from either the carbo-hydrates or the hydrocarbons. The proteids may be divided into two groups, those which are practically free from the purin nucleus and those in which the nucleus is found. All meats are rich in purins, and this is especially true of the glands, like sweet-bread (pancreas and thymus) liver, kidney, etc., peas (including peanuts), beans and oats, among vegetables, are especially rich in the purin bodies, containing considerable quantities of xanthin. This is true to a lesser degree of asparagus, onions and mushrooms. Careful analysis indicates that eggs, cheese, butter and all of the milk products, as well as fruit and nuts, are relatively free from the purin nucleus. The same is true of the various preparations of corn and wheat. Tea, coffee and chocolate contain purin abundantly.

#### THE PRACTICAL APPLICATION.

The reader who has had patience to follow me up to this point will naturally ask: What practical application can I make of a knowledge of the purin bodies? The reply is that we can use all knowledge as soon as we know how to use it, but of course we must have knowledge before we can reasonably expect to make much use of it, and so far as the purin bodies are concerned, we have not by any means passed the stage of investigation. Indeed, many investigations, demanding time and patience and skill, are yet to be made. It certainly seems that even with our present limited knowledge, no thorough investigation can be made of a patient's metabolism without a careful study of his total nitrogen excretion, and this of course includes both his urea and his purin output. A study of this kind demands time and skill on the part of the physician, and his work is made more valuable if he knows the normal endogenous purin excretion of his patient. If the normal endogenous purin output of the patient is known and his diet is accurately known, it is an easy matter to ascertain whether or not any accumulation of purins is taking place in his body. This of course demands an exact knowledge of the percentage of purins in the food used by the patient



and the amount of food consumed, but fortunately, so many analyses of the principal food stuffs have been made that it is easy to obtain reliable data.

The determination of the purin excretion for any single day, or even for several days in succession, appears to be of little diagnostic importance. The real value of a careful estimation and study of the excreted purins will only come when it shall be recognized that it is as necessary and important to study an animated machine as it is to study an inanimate machine.

Careful investigations along these lines are being made in the Pathological Department of the Pacific College, and at no distant day I shall venture to present through the columns of *THE JOURNAL* not only the results but the exact methods of our work.

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### THE MENOPAUSE AND ITS MANAGEMENT.

PERCY H. WOODALL, M. D., D. O., Birmingham, Ala.

There are two critical periods in the life history of every woman—puberty, or the beginning of the menstrual function, and the menopause, or the cessation of this function.

In an ideal state neither of these periods are accompanied by disturbances of health, and patients are frequently seen passing through these crises with perfect comfort. Often it is possible to predict with a tolerable certainty the amount of derangement that will occur at the climacteric, as it is usually proportionate to the disturbance occurring at puberty.

Of these two periods the menopause much more seriously affects the individual's health. It is longer in duration and is accompanied by more decided structural changes than those occurring at puberty. These changes occur in organs that have been remarkably active for thirty years or more. With this great activity goes great liability to disease, and it is true that but few women approach the menopause without some form of disease of one or more of the pelvic organs.

The extremes of age at which the menopause occurs are given at twenty-two and eighty-two. Its usual time of commencement is between the forty-third and forty-eighth year. Its duration is one of its unfortunate features, being from a few months to five years, the average being from two and one-half to three years. Only in rare instances is its onset sudden.

While this period is physiological, it is attended by marked changes in all of the tissues concerned in the function of reproduction. These changes are atrophic in character. The uterus, the Fallopian tubes, the ovaries, the various tissues of the vulva, and as a rule the breasts, are decreased in size. The ovaries are often converted into a small mass of connective tissue, its original tissue having almost, and sometimes entirely, disappeared. The uterus is reduced in all its dimensions and is from one-third to two-thirds its normal size. Corresponding changes take place in the nerve tissues of the pelvis—not only in the hypogastric and pelvic plexuses, but the paths of conduction, the nerve fibres, and the terminal elements of nervous impulses are partially or wholly destroyed.

Two theories are advanced to account for the numerous disturbances arising at this time. One, and the least probable, is that the failure of the usual monthly flow causes a congestion, and to this the symptoms are attributable. The other, and most probable, is that which ascribes the symp-

toms to nervous reflexes. As before mentioned, the elements for the conduction and expression of nervous impulses are destroyed. These impulses, which have been passing to the pelvic organs constantly for thirty years, now have no avenues of conduction or expression, and recoil upon the solar plexus, from whence they are in turn reflected. These reflected impulses most profoundly affect those organs whose resistance has previously been weakened. This weakness is due, in almost every case, to lesions affecting such organs prior to the onset of the menopause. The pelvic changes, even when the pelvic health is perfect, cause the recoil of nervous impulses, and when there is previous disease of the pelvic viscera, numerous reflexes also originate here. Previous lesions affecting different parts determine the direction of the reflexes and the organs in which they are manifested.

Suppose an irrigating ditch. The fields to which it supplies water become abandoned in a short time, and the gates supplying these fields are one after another closed. The water, finding no outlet, overfills the ditch and finally dams back upon the source of supply. The tributaries of this source become engorged. Finally an overflow occurs, other fields are submerged and their fruitfulness or function impaired. This flood occurs into those fields whose barriers are most weakened. So the reflex of nerve force affects those organs most whose resistance has previously been lowered.

It is not within the possibilities of a short article to enumerate all the different symptoms occurring during the menopause and the locations of the offending lesions, and no attempt will be made to do so. The point is that the lesion is present and its removal is the great desideratum in the treatment.

If a woman entering the menopause has a cervical lesion, if reflex disturbances arise, we may expect them to be determined by this lesion. There may arise headaches, insomnia, restlessness, nervousness or disturbed mentality, evinced by irritability, loss of memory, apprehension, hysteria, melancholia, morbid fears, the culmination sometimes being in insanity. The general vaso-motor center may be disordered, causing flushings in various parts of the body or sometimes general hyperidrosis. Occurring lower in the cervical or upper dorsal regions, functional heart troubles result. Still lower, and the gastro-intestinal innervation is disturbed. Dyspepsia, constipation, mal-assimilation, anaemia follow, and in turn aggravate the existing condition.

It is not to be concluded that the pelvic organs themselves require no attention. Their condition in a great measure determines the volume and intensity of the reflexes. Much greater disturbance will arise from a displaced and chronically diseased uterus or ovary than from a normal one.

A word of caution is necessary. Because the disturbances at the menopause are so varied and often appear in remote organs, we sometimes commit the error of ascribing the symptoms of organic disease in these organs to the general disturbance of the menopause. Every organ expressing symptoms should be thoroughly examined and organic disease excluded.

More or less menstrual irregularity is expected at this time, yet every case of menorrhagia or metrorrhagia should be regarded suspiciously. This is the usual time and these the most common symptoms of the development of carcinoma.

In the management of these cases the correction of intra- and extra-pelvic

and spinal conditions is of supreme importance. Yet this is not all. This fact is illustrated by a case recently under observation. A patient, passing through the climacteric, extremely nervous and seemingly looking for trifles over which to worry, was told by her attending physician: "If you don't stop this worrying you will have to be sent to an insane asylum." Since then the most distressing feature of this case has been the morbid and apparently fixed fear of being sent to a state institution for the insane. Here truly a psychic lesion that manipulation alone cannot correct. The ideal specific treatment in these cases will not always give the best results, and disappointment often follows attempts to relieve insomnia.

The environment of such patients exerts an influence in relieving them. Cheerfulness in surroundings and companions must be secured. The patient is often deeply despondent and melancholy, and if a seed of hope can be planted and caused to burst and blossom great good will result. If there are any unfavorable points in the prognosis these should be told the relative most interested in the patient's welfare, but to the patient only the most hopeful features should be presented.

The diet is important. It should be full and nutritious and of a nature to combat anemia when present. Care must however be taken that the diet be not too abundant, for if such is the case, indigestion, overcrowding the excretory organs and auto-intoxication result. The excretory organs should be aroused by proper manipulation and an abundance of pure drinking water prescribed. Warm baths are especially to be recommended.

It should be remembered that but few women succumb to the dangers of the menopause, and notwithstanding its duration and distressing symptoms it is usually passed without seriously endangering life.

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### STIMULATION.

Paper read before the New England Osteopathic Society by GRACE B. TAPLIN, D.O.,  
Boston, Mass.

Since I have been practicing osteopathy I have often felt myself called upon to tell a patient that some drug they had been taking simply stimulated the nerves, and had no therapeutic value, or else its effect was to deaden the nerve so that it could not feel pain. After I had done this a number of times, and had also told numerous others that I could stimulate their dorsal nerves for increased bowel action or the vaso motors for regulating the circulation, I began to wonder if I had any good excuse for saying that chemical stimulants being harmful and untherapeutic, mechanical stimulation or inhibition such as I would give was not only not harmful but extremely beneficial. I kept wondering without doing anything to solve the problem until I went to St. Louis, and there, as some of you know, there was a paper on stimulation, and in the discussion which followed some one stated that the effects of stimulation that the other speakers had told of was not brought about by stimulation at all, but by the correction of tissues, by the manipulations which were intended for stimulation.

So we have two questions to solve, first, can an osteopath by his usual methods of stimulation or inhibition, so-called, produce increased or decreased activity of a nerve or an organ independent of the correction of lesions?

Second, if so, when, and to what extent is he justified in using stimulation or inhibition?

In 1650 Swanmerdam published his discovery that stimulation of the nerve may be brought about either by suddenly stretching the nerve, by shaking it, or by a sharp blow. Pressure gradually increased does not excite the nerve. Rapidly followed light blows or twitches applied to a motor nerve, by the tetanomotor, excites a series of contractions in the corresponding muscles which fuse more or less into a form of continuous contraction known as tetanus. When the stimuli are continued beyond a certain point temporary paresis is the result; and an extreme degree of stimulation causes a permanent paralysis.

Uxhull in his "Zeitschrift fur Biologie," published in 1894, asserts that a nerve may be excited, not only by bringing sudden pressure to bear upon it, but by the sudden removal of weights or a sudden lessening of tension. Long before this Kuhne called attention to the excitation of the sensory fibers of the ulnar nerve in the removal of pressure, and gave as a probable cause the irregular return of the semi-fluid parts of the nerve to their normal relations.

Likewise stretching of the nerve has been found to be a form of stimulation. The reason of this is that the stretching causes the outer sheath of the nerve to compress the myelin and this in turn to compress the axis-cylinder. Up to a certain degree of tension the irritability of the nerve is increased, but it lessens as soon as the strain is further increased. An extreme degree of stretching gives rise to permanent paralysis. Surgeons use this method occasionally when the nerve is in an extreme state of irritability. For example, in a case of neuralgia due to inflammatory fixation or constriction of nerve in its course, nerve stretching may be useful, partly by diminishing the irritability of the nerve, partly by breaking up the inflammatory adhesion.

Now these statistics which I have given, every one of which has been proven by experimentation, make it evident, first, that mechanical stimulation is a possibility; second, that it is not a child of osteopathy, but has been proven and used to some extent hundreds of years before osteopathy was given a name. But with the rise and development of osteopathy and the newly awakened interest in drugless systems which in part resulted from that development, these various methods have been subjected to investigation as never before through the study of literature bearing on the subject and the application of mechanical measures to diseased conditions.

We will not forget, however, that the methods used in producing these forms of stimulation are somewhat different from ours. We generally do our stimulating by a rapid pressure and relaxation over the area nearest to the nerve we wish to stimulate. The investigators whom I have quoted work for the most part on the bare nerve, and having found in their laboratory experiments that the nerve is very often crushed or injured by repeated shocks, they have devised appliances to avoid this as far as possible. Among those are the tetanomotor of Heidenhain which consists of a vibratory ivory hammer attached to an extension of the Neefs hammer of an induction apparatus which by a rapid succession of blows upon the underlying nerve develops a condition of tetanus lasting up to two minutes. Another is the apparatus of Uxhull which stimulates by shaking the nerve.

Surgeons stimulate the vagus nerve in order to slow the heart's action by tapping or cup-hand slapping the thorax, or by vibratory movements with the

flat hand on the chest wall. We get at it more directly by pressure in the neck. Probably not a few of you have tried pressure and relaxation on the vagus in the neck, if not to relieve an excited condition of the heart in a patient, at least as an experiment in college with some of your fellow students. Surgeons, in order to stretch the sciatic, lay the nerve bare. We do it equally well without any such process. And I don't suppose there is one among us but has done this.

How far osteopathic stimulation or inhibition is successful in increasing or decreasing function without removing causative lesions is another matter for consideration. I am inclined to think it is a question on which some of us have been too sanguine. We have to remember that experimental work is done mostly on the bare nerve and on lower animals, without regard to the saving of life or even health, while we can sometimes get only within several inches of the nerve we wish to effect, and such work must never exceed a few moments at a time and must never be so excessive as to cause severe pain to the patient, thus limiting considerably our power of producing an effect. Moreover, since many nerves cannot be reached they can only be effected reflexly and much of the stimulus must be distributed to other nerves than those for which it is intended. Then again, sometimes both accelerator and inhibitory fibers are bound up in the same nerve bundle.

However, that stimulation or inhibition to some extent can be performed independent of removal of causative lesions I think I can prove to you. Take for example a case of hiccough. The lesion is ordinarily a full stomach or intestine that presses on the diaphragm irritating the phrenic nerve. The hiccough is a spasm of the diaphragm caused by a stimulus from the phrenic. Strong, steady pressure on the phrenic in the neck will stop the hiccough. We still have the lesion remaining. Or take the case of the vagus which I have cited before. There may be no lesion to remove, the heart's action may be perfect. Still, stimulation of the vagus will slow it even to the point of stopping altogether. On the other hand we stimulate the splanchnics, we say, to produce increased action of the intestine—and authorities are not at all agreed that the splanchnics are accelerators to the intestine. In fact, more physiologists call them visceroinhibitors. What we really do is to stimulate the cerebro-spinal connection to the splanchnics, which causes decreased sympathetic action, and consequently less vascular constriction. The blood vessels dilate. This vaso-dilation increases the local venosity of the blood, which chemically stimulates Auerbach's and Meissner's plexi in the intestinal walls. It is the impulse from these which causes the increased peristalsis of the intestines. Doubtless it is possible that we correct some lesions when we stimulate in the back, but that the effect is not necessarily due to this correction is evident from the fact that a very strong stimulation may produce profuse diarrhea. If the effect was dependent on removing the causative lesion it should produce a normal condition and not an abnormal one. I have myself inadvertently produced this effect several times on children, who as a rule are much more susceptible to stimulation than older people.

Not only is it evident that we can stimulate or inhibit the activities of an organ through its nerves, without removing the lesions causing the disorders of that organ, but I think also, it is a question we ought to ask ourselves sometimes, if we are not really relieving a patient through stimulation or inhibition alone when we think we are doing it by removing a lesion. The fact that

sometimes patients seemingly get well without the lesion having been removed, and so soon as treatment is stopped the old disorders reappear, leads me to this conclusion.

If these things are so then how far is it right for us to make use of stimulation. Dr. Littlejohn in his address before the Royal Society in London says, in connection with this: "Herein lies the special value of the newer method of mechanical stimulation over the older method of drug stimulation. Chemical stimulation draws forth energy without supplying a new stock of energy, if the chemical stimulation takes place on an inorganic basis, that is, by the use of drugs; if it takes place on an organic basis, then the chemical organic substances are food, and as such supply the material for nutritive processes. Stimulation on mechanical basis has not only a stimulating effect, but also a replenishing effect, nerve stimulation and blood stimulation furnishing materials and nutritive matters and nerve force for new energy."

The first part of this statement I heartily agree with; the second, to a great extent has yet to be proven. That stimulation above a certain degree impairs the excitability of a nerve and may even cause paralysis seems to be some ground for a belief that mechanical stimulation is not more nutritive than chemical. We know that stimulation carried to a certain point produces inhibition. Let us ask ourselves why. Can we give any other reason than that the nerve is forced to give out all its energy in a short time, and so has none to carry on even the normal functions. There is no proof so far as I know that considering stimulation alone, the mechanical process is not just as harmful as the chemical. Is it not just as truly whipping a tired horse as is the other, which we so often talk about? Take the case of the rapid heart. Why is the heart beating more rapidly than it should? Clearly there is an increased resistance to the blood flow, and the heart must work more rapidly to keep up normal circulation. We are only going to add worse to bad if we try to make the heart beat more slowly. Take a slow heart and stimulate the cervical sympathetics. The heart beats more rapidly; but with us the question in the first place should have been why is it beating slowly. Plainly it is not getting the proper nutrition or the blood resistance is below normal, and it is beating as fast as it should under the existing circumstances. Why overwork it to make it beat the ordinary number of times in a minute? Truly, we may accelerate its action for a time, but if the condition is due to a lack of nutritive material, then it will only become exhausted the sooner if we oblige it to use all its energy at once. In the case of hiccough, to be sure, we can relieve it by inhibiting the phrenic. But why not relieve the cause by manipulation of the abdominal contents, thus removing the irritation from the diaphragm and doing away with the hiccough much quicker and in a much more rational manner than by pressing on the phrenic in the neck? Moreover inhibition of the phrenic limits the movement of the diaphragm, and thus causes a disorder in respiration.

Again we say the drugs M. D.'s give only deaden the pain and make the patient think he is being relieved of the trouble. Have we a right to do this any more than they? Not long ago a patient came to me with a face ache. She had had a tooth removed and had had constant pain since its extraction. I treated it and succeeded in relieving the pain. Fortunately, the pain reappeared after a day and I advised her to consult a dentist again. He removed the filling from the tooth next the one that had been extracted, and this is

what he found had occurred: When the tooth was removed the dentist had accidentally moved the next tooth enough to impinge upon the nerve. If I had continued treating the face a few times more I could probably have kept her free from pain, but while I was doing it that nerve would have died, and she would have had a nerveless tooth which in time would have ulcerated.

In speaking of stimulation we must not forget the reaction which always succeeds stimulation or inhibition. This has been proven in the physiological laboratory, and we can observe it in the treatment room. Stimulate the vagus so that the heart beats more slowly—as soon as the effects of stimulation are over the heart beat is faster than before stimulation. We stimulate and produce a temporary acceleration of peristalsis of the intestine. Unless we relieve the structural conditions this temporary acceleration is followed by a period of lessened bowel activity, much the same as in the case of a cathartic. Fortunately, however, we ordinarily do enough corrective work along with our stimulation so that this recoil is unnoticeable.

Another objection to stimulation and inhibition is that we have no way of telling with our sense of touch when we have stimulated all the nerve will bear, or how much it needs. How much pressure shall be employed in order that the exact amount of increase of function shall be produced no one knows, for no two nerves are just alike and no two persons' conditions are just alike. For this very reason the mechanical stimulus is seldom used in the physiological laboratory. However, I would be the last to say that we should never use stimulation or inhibition. I have known it to keep up the functions of life while some crisis was being passed too often to say that.

Stimulation in itself may remove a cause of disease. I have known obstructions in the bowels so great that the necessity of an operation was feared, and producing such tenderness that direct manipulation was impossible, to be removed by stimulation. Mal-adjustment of the fluids of the body, through fright or shock, may be adjusted by proper stimulation of the vaso-motors. Stimulation of the liver or gall bladder may cause them to force out gall stones or other obstructions.

Sometimes it is justifiable to stimulate the heart's action. There are cases of heart disease which can not be cured, but stimulation at the time of heart failure may save the patient's life. There are other cases where removal of the cause is impossible, and it is a matter of our own judgment whether we shall stimulate or inhibit.

I am at this time treating a woman under such conditions that it would be folly from any point of view to expect her to get well or even better. It seems to me to be not only justifiable but my duty to inhibit to relieve pain, to stimulate visceral function, or to do anything that will make the few remaining weeks of her life more endurable.

Sometimes we remove lesions and unless we aid the mechanism by a little stimulation or inhibition there is no ready result. For example, the cause of headache is very often in the nerve connections to the stomach, or uterus in women, and we realize it and treat the cause, but we generally help things along by inhibitory treatment of the neck.

And as Dr. Hulett says in his *Principles of Osteopathy*, "in some cases it may be advisable for the osteopath to place himself on the same plane with the old school physician and treat the symptoms as they arise, for it is to be noted that a symptom may in some cases seem to be a distinct hindrance to

normal processes of repair. With reference to pain, while it is of value to the organism in numerous ways, its great intensity in some cases renders it a distinct disadvantage, and inhibition may become helpful by lessening the nerve disturbance, thereby giving the organism a better opportunity for repairs; an excessively high temperature becomes a menace to the life of the individual and direct treatment for purposes of lowering that temperature may be called for; the rapid waste of the fluids of the body in certain diarrhetic conditions contributes to an undue weakness and may be prevented by inhibitory treatment; in case of excessive vomiting where no longer irritant material is ejected the nervous disorder permitting it may be adjusted by inhibitory treatment."

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### OUR RELATIONS — A PLEA FOR CHARITY AND VIGILANCE.

Read Before the Iowa Osteopathic Association, May 26, 1905, by ARTHUR STILL CRAIG, D. O., Iowa City, Ia.

"Charity suffereth long and is kind." "Eternal vigilance is the price of liberty."

I feel that now is the time above all others when we as a profession must think of, discuss and decide upon professional policy. What shall be our relation to each other, to the profession, to other branches of the healing profession; the relation of our state and state association to other states and state associations, and of these to the national. We make no pretense to an exhaustive consideration but proffer some suggestions.

In the infancy of our science we could pursue each his own methods. Our individual idiosyncrasies were not of so much moment. Now professional standards are pointing, a code of ethics has been framed and legislation is rapidly crystallizing. Our laws are all new and we are seeing their defects. We see that our state law recognizes us not as osteopathic physicians but as osteopaths.

There is a tendency on our part in endeavoring to profit by the experience of our predecessors to ape medical practices as to ethics, laws, etc. There has probably never been a time when these were so unstable and changing as at present. We ought to be able to anticipate some of these changes, and if both parties are to reach the same goal we should be there first. Other states are adopting reciprocity clauses in their laws relating to practice. Do we need them?

The time will ripen at any session of the legislature when our law must be altered. When it is attacked we should be prepared, not to loose but to strengthen it. We should be always watching and be agreed on a law as nearly a perfect model as we can evolve, and have this to work from. Some of these matters will be considered at the national association. Our time for their discussion is *now*. The more preliminary work done before the national meeting the more can be accomplished at that meeting.

When our next legal fight is passed let us at least be represented on the board and let us be recognized as physicians, and, on the side, let us be worthy of that recognition. Let us be broad, practical physicians. Our state must not fall into what seems to be the error of our sister state association in requesting the resignation of so able a member as most of us know Dr.



Hinckle to be on what at this distance seems to be inadequate grounds. The consensus of opinion of our profession is that but for very exceptional cases drugs are not advantageous or necessary. If one is qualified to use them and believes that drugs are more frequently beneficial than does our composite body; if he at the same time believes in osteopathy, talks osteopathy, writes osteopathy and uses osteopathy; if such an one does nothing to discredit our profession, let us not withhold from him the hand of fellowship. Is it not as permissible for him to use drugs as electricity, vibration or other adjuncts? I trust Iowa will never be put on record as indiscriminately proscribing other methods than the commonly accepted manipulations of osteopathy.

When ours becomes the predominant school of practice let us never look back on a record of having discredited investigation. Personally at present I have no desire to use drugs or these other methods, but I should not want association rules in my way should I find anything of the sort advantageous to me.

Reverting again to the law, let us have reciprocity. The problem of reciprocity is bothering our medical brother just now. It should not be difficult. I notice that the Montana law admits those to practice from other states which have similar educational requirements, who have passed the state examination of those states. Those who have done the necessary school work but who are allowed to practice by virtue of their having been practicing in the state at the time that state law was passed are excluded from Montana except upon examination. The framers of this law thought that they had solved a knotty problem, as the class thus excluded had "no claim on the state" from residing there. They have not solved it correctly. There are other elements to be considered besides the claim of the applicant upon the state. By such a law the state might exclude some men who would be valuable to it. These law makers have failed to recognize the value of practical experience as an educator. Which is of more value, a few years of experience or a few book questions of more or less unpractical import? My idea, which I have not heard advanced in connection with medical qualifications, is this: that, say some three or five years of practice may substitute for some examination qualifications.

Iowa must not be a dumping ground for poorly qualified practitioners. Iowa should welcome the qualified practitioner of stability even though he has not passed a state board examination. Let us not have our state open to those who may migrate into some other state to be present when a law is passed that they may avoid examination, but if they have been practicing in a state under a good law for a certain number of years, even though the standard may not be quite as high as ours, open the door and let them in without examination. It might be possible that we would get some considerably below the average of those practicing in the state, but the average of our acquisitions would not suffer. ▲

Iowa suits me. I intend to make it my home, but if after I have practiced here for the next twenty years I should wish to move to some milder or perhaps more invigorating climate, or for any other reason should wish to remove to some other state I want no state examination to stand in my way. I hope at that time to be as well qualified to practice as the young man with the fresh sheepskin, but a catchy examination with all the new tricks might go hard with me.

The framers of our national constitution evolved a document that **has** needed but slight change in more than a hundred years. It is time that **we** should begin to build for posterity. It is time for our slipshod experimenting to cease. We should be preparing our state societies for merging into the United States of osteopathy, we should be willing to yield something of our authority to the central government and be prepared to hold the proper measure of authority within ourselves. We should build broad as the constitution, be willing to concede equality and freedom, all the liberty to one consistent with the liberty of all.

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## OUR FAILURES ; THEIR LESSONS.

**A Symposium before the American Osteopathic Association at St. Louis.**

*(Continued from page 396, July number.)*

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### A FAILURE AND ITS LESSON.

CLARA C. F. WERNICKE, D. O., Cincinnati, O.

I regret to say this is not my only failure, but one of my many interesting ones.

A married woman aet 37, of temperate, regular habits, who had been troubled with a spasmodic twitching and dropping of the upper eyelid on the right side for four years, most marked when she became tired, came to me for treatment March 9, 1903. Previous to that time she was under the care of an oculist whose treatment consisted of hypodermic injections of strychnine and morphine in the region of the eye, administering cathartics and having the patient wear various kinds of glasses. On examination I found the entire spine very rigid, third cervical vertebra to the right and extremely tender, 7 C and 1 D anterior but not tender, and symmetrical, posterior curve beginning at the 6 D. The only branch of the third cranial nerve involved is the levator palpebrae as perfect function exists in the remaining eye muscles supplied by the same nerve as well as the iris. I at that time diagnosed it as being due to a nutritive disturbance of the nucleus or nest of cells beneath the aqueduct of Sylvius from where that branch has its origin, hoping to reach the cause by correcting the 3 C. or perhaps the 7 C. and 1 D., thus affecting the circulation to the brain. But when the patient had been under my care one year, having had eighty-seven treatments with a marked improvement in the bony lesions and all tenderness had disappeared, with the eye still in the same condition, I felt that the key to the trouble had not been located. I then looked for reflex disturbances, when the patient asked me if it were possible for an ulcerated tooth to cause the trouble, saying the first upper molar on the left side became ulcerated shortly before the eye showed any signs of weakness. I asked her to have the tooth extracted, but after consulting three dentists who all refused, saying there was no possible chance for the eye to be affected by it, I made an examination of the pelvic organs, found a slightly anteflexed uterus, and although she never had pelvic pains or menstrual disorders, I corrected the organ with negative results. I then asked another dentist to extract the tooth, who did so willingly, and he found the root was being slowly absorbed.

The eye became markedly improved. But two months have passed since and the gum has not healed, indicating I must continue my search for the cause. And the lesson learned is always to give a guarded prognosis no matter how simple the case appears. I would like anyone present to tell me why I have failed? Is the irritation within the cranium somewhere along the tract of the nerve, or on the jawbone in the region of the tooth? I might add here that the lid would be in a perfect condition for a period of ten days, then again the ulcer would form and the lid would close.

Two years ago this patient ridiculed osteopathy and now, regardless of the failure in her own case, is willing to be treated as long as I think there is any hope for recovery.

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### A FAILURE AND ITS LESSON.

ULYSSES M. HIBBETTS, D. O., Grinnell, Iowa.

Some one has said that "To err is human." Some, perhaps most, failures are due to ignorance; others are due to causes over which we may not have full control; still others are due to causes which we could, but through lack of foresight we do not, control. One of the last named was the cause of my failure in the case which I will now describe.

A young man, a farmer by occupation, had been confined to his bed for seven days with what his physicians called appendicitis. There had been no movement of the bowels for that length of time, although he had been given heroic doses of pills and oil. His physicians advised an operation and made the necessary preparations to perform it, but his friends insisted that he first try osteopathy and I was called to attend him.

I saw him first about 7:30 p. m. and gave a treatment that made him quite comfortable. He slept for about two hours, when I gave him another treatment with such good results that he had a complete evacuation of the bowels and the pain was so nearly relieved that it could only be felt upon pressure over the points affected. This was accomplished within five hours from the time I first saw him.

I called the next morning and found that he had slept well all the latter part of the night. I gave him a light treatment, told him to keep quiet during the day, and left instructions with the nurse that he should have only a light fluid diet. He slept most of the day and when I called in the evening he was feeling very much better. His temperature and pulse were normal and he had had another movement of the bowels.

The patient rested well the second night and on the following morning had a keen appetite, but I continued his diet as on the previous day, milk and broths. He had been used to sleeping in his underwear instead of a gown, these he had on when I was called. The second evening after I took charge of his case the nurse without saying anything to me gave him a bath and instead of putting on his undergarments, which he had been used to wearing, replaced them with a nice, cool gown. This was in July and very warm. A young gentleman friend of his slept in the bed with him the following night and becoming too warm unconsciously removed the covers from both sleepers with the result that my patient on the following morning had a cold. During the day intestinal neuralgia developed which I was unable to relieve. A med-

ical physician was called who administered morphine for several days before the pain subsided. I lost the case and osteopathy was credited with a failure.

I attribute this failure to my lack of foresight in not giving definite instructions to the nurse for his care after the crisis had passed. Its lesson to me was this: Never leave a case, no matter how competent you may believe the nurse to be, without definite instructions concerning minor details as to the care of the patient, and take nothing for granted. Those people were enthusiastic over the young man's improvement, we all were, and forgot, for the time, that he was far from well. No bath should have been given him at that time. No change of clothing should have been allowed under forty-eight hours from the time he passed the crisis. And, finally, no one should have been allowed to sleep with him.

**Program of the Annual Meeting American Osteopathic Association,  
Denver, August 14-18, 1905, Brown Palace Hotel.**

**MONDAY, AUGUST 14.**

8:00 p. m. Call to Order. Opening remarks by the president, Dr. C. P. McConnell, Chicago, Ill.  
Invocation. Rev. Flournoy Payne.  
Address of Welcome. Hon. Robert Speer, Mayor of Denver.  
Response. President McConnell.

*Music.*

Welcome of Colorado Osteopathic Society. Dr. Nettie Hubbard Bolles.  
Response. Dr. Paul M. Peck, San Antonio, Texas.

*Music.*

Informal Reception.

**TUESDAY, AUGUST 15.**

9:00 a. m. Paper: "Are the Osteopaths to be Swallowed Up?" Dr. J. T. Bass, Denver, Colorado.  
9:15 a. m. Discussion, led by Dr. Ernest D. Evers, Hackensack, N. J.  
9:35 a. m. Paper and Demonstration: "Tubercular Knee." Dr. Frank P. Young, Kirksville, Mo.  
9:55 a. m. Discussion. Led by Dr. W. L. Buster, Mt. Vernon, N. Y.  
10:15 a. m. Clinics.  
(a) Spinal Meningitis. Dr. A. L. McKenzie, Kansas City, Mo.  
10:30 a. m. Discussion, led by Dr. C. B. Atzen, Omaha, Neb.  
10:45 a. m. (b) Tubercular Hip. Dr. P. H. Woodall, Birmingham, Ala.  
11:00 a. m. Discussion, led by Dr. Lena Creswell, San Diego, Calif.  
11:15 a. m. Business: Reports of Officers and Trustees.  
12:00 m. Paper. "The Non-Manipulative Part of Osteopathic Therapeutics." Dr. Clara L. Todson, Elgin, Ill.  
12:15 p. m. Discussion, led by Dr. C. H. Conner, Albuquerque, New Mexico.  
12:30 p. m. Paper. "The Osteopath in Emergency—Osteopathic First Aid to the Injured." Dr. F. LeRoy Purdy, Boston, Mass.  
12:45 p. m. Discussion, led by Dr. I. J. Eales, Belleville, Ill.

**TUESDAY P. M. OUTING.**

Excursion on the "Seeing Denver" cars.

**WEDNESDAY, AUGUST 16TH.**

9:00 a. m. Paper. "The Practical Conduct of Contagious Cases." Dr. Frederick H. Williams, Lansing, Mich.  
9:15 a. m. Discussion, led by Dr. H. A. Burton, Denver, Colo.  
9:35 a. m. President's address. Dr. C. P. McConnell, Chicago, Ill.

- 10:15 a. m. Clinics.  
 Gynecology. Dr. Jennie B. Spencer, Des Moines, Iowa.  
 10:30 a. m. Discussion, led by Dr. Chas. E. Fleck, Orange, N. J.  
 10:45 a. m. Business.  
 11:30 a. m. Paper and Demonstration.  
 (a) Technique for reduction of the different forms of dislocation of the hip.  
 (b) Reduction of a dislocated hip—actual case. Dr. Chas. E. Still, Kirksville, Mo.  
 12:00 m. Discussion, led by Dr. E. J. Elton, Kenosha, Wis.  
 12:20 p. m. Paper: "Diseases of the Rectum and Anus; Correlated Diseases, and Their Treatment." Dr. J. B. Bemis, St. Paul, Minn.  
 12:45 p. m. Discussion, led by Dr. Herbert Bernard, Detroit, Mich.

## WEDNESDAY, P. M. OUTING.

Trip over the Moffatt Scenic Railway.

## THURSDAY, AUGUST 17.

- 9:00 a. m. Paper "Emergencies at Childbirth." Dr. Jennie B. Spencer, Des Moines, Ia.  
 9:15 a. m. Discussion. Led by Dr. L. O. Thompson, Red Oak, Iowa.  
 9:35 a. m. Prize Essay.  
 10:00 a. m. Clinics.  
 (a) Hemophilia. Dr. W. H. Cobble, Fremont, Neb.  
 10:15 a. m. Discussion, led by Dr. H. E. Penland, Eugene, Ore.  
 10:30 a. m. (b) Empyema. Dr. F. N. Oium, Oshkosh, Wis.  
 10:45 a. m. Discussion, led by Dr. Clara E. Sullivan, Wheeling, W. Va.  
 11:00 a. m. (c) Infantile Paralysis. Dr. Wm. Horace Ivie, San Francisco, Cal.  
 11:15 a. m. Discussion, led by Dr. Oliver Van Dyne, Utica, N. Y.  
 11:30 a. m. Business. (Election of officers. Fixing place of next meeting.)  
 12:15 p. m. Paper and Demonstration. "An Osteopathic Modification of the Lorenz Operation." Dr. H. W. Forbes, Des Moines, Iowa.  
 12:45 p. m. Discussion. Dr. J. Erle Collier, Nashville, Tenn.

## THURSDAY, P. M. OUTING.

Trip to Leyden: Coal City of the Foothills.

## FRIDAY, AUGUST 18.

- 9:00 a. m. Paper. "The Future of Osteopathic Education." Dr. J. S. White, Pasadena, Cal.  
 9:15 a. m. Discussion. Led by Dr. W. E. Buehler, Chicago, Ill.  
 9:35 a. m. Paper and Demonstration. "Osteopathic and Physical Examination of a Case of Pulmonary Tuberculosis." Dr. N. A. Bolles, Denver, Colo.  
 9:55 a. m. Discussion, led by Dr. W. J. Hayden, Los Angeles, Cal.  
 10:15 a. m. Business. Installation of officers.  
 11:00 a. m. Clinics.  
 (a) Spinal Irritation. Dr. Oliver G. Stout, Dayton, Ohio.  
 11:15 a. m. Discussion, led by Dr. Lora K. Barnes, Chattanooga, Tenn.  
 11:30 a. m. (b) Goitre. Dr. J. H. Hoefner, Franklin, Pa.  
 11:45 a. m. Discussion, led by Dr. Ernest Sisson, San Francisco, Cal.  
 12:00 m. (c) Subluxations of Innominate. Dr. Ernest C. Bond, Montezuma, Iowa.  
 12:15 p. m. Discussion, led by Dr. Elizabeth Broach, Atlanta, Ga.  
 12:30 p. m. Paper and Demonstration. "Physical Examination of a Case of Valvular Lesion; the Diagnosis of Valvular Lesions." Dr. Robt. D. Emery, Los Angeles, Cal.  
 12:50 p. m. Discussion, led by Dr. J. C. Rule, Stockton, Calif.  
 1:00 p. m. Final Adjournment.

## FRIDAY, P. M. OUTING.

Visit to the Mint, Smelters, etc.

## SATURDAY, AUGUST 18.

All day trip around the famous "Georgetown Loop."

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

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AUGUST, 1905.

## About the A. O. A.

On April 19, 1897, the American Osteopathic Association, or as it was known until 1901, the American Association for the Advancement of Osteopathy, was organized at Kirksville, Mo. At its organization it was composed chiefly of students of the American School of Osteopathy, though a large proportion of the practitioners then in the field became members. The object of the organization was expressed in the preamble to the constitution, written by Dr. Pressly, from which we quote: " \* \* to conserve, consolidate and propagate the therapeutic science and practice of osteopathy and to secure for it a compact and complete organization, a commanding recognition, a pervasive influence and a professional *esprit de corps* among its students and practitioners. \* \* "

Like all young organizations entering upon a great work, with no precedents to guide it, where every problem was a new one, it had its difficulties, perplexities and struggles. There is small occasion to wonder that some became discouraged when they saw how much there was to be done and how little there was with which to work. It was not strange that some inquired in all seriousness, "What utility has the A. A. A. O.?" But in looking back over its eight years of history we can see few mistakes, except possibly in some matters of routine, and it is almost a matter of amazement that so much has been accomplished in giving direction to what has become a great profession. Every knotty problem arising was attacked with courage and judgment and the approximately correct solution found.

It was early realized that the future of osteopathy depended more upon the thorough preparation of its practitioners than upon any other one factor, and that this preparation depended upon the character of the schools. Accordingly the association began an unceasing warfare upon pseudo schools. The legal steps taken and the sentiment thereby created has resulted in the closing of the doors of all the diploma mills and the raising of the standard in all legitimate schools of osteopathy. The influence of the A. O. A. in securing proper relations and co-operation between the profession and its professional schools has undeniably been great.

While in its early history the association had no great amount of funds to disburse, it devoted a goodly portion of its revenue in assisting to secure for osteopathy proper legal recognition. During the year 1900-1901 this policy was abandoned because it was believed that the small sum available

for such purpose could be used to better general advantage in other ways. More practitioners were then in the field and there was not the same necessity for outside assistance in the various local fights. While direct financial aid has since been withheld in legislative work, yet unquestionably the association has, through the assistance rendered in such matters by its committee on legislation, and its publications, exerted an appreciable influence upon legislation.

Scientific research and investigation have been materially fostered by the association. The programmes of the annual meetings have been such as would be creditable to any scientific body. The improvement in the character of the scientific papers presented from year to year has been remarked by many readers of the *JOURNAL*, and no doubt the knowledge that these papers are to be published and become a part of the permanent literature of the profession stimulates their authors to do their best.

The work undertaken by the association, of publishing case reports, while it has not been as widely supported by the rank and file as it should have been, is the beginning of a much needed movement, and it is believed that it has already accomplished great good in leading practitioners to note more carefully the various manifestations of diseases and to record more accurately the history of their cases.

The influence of the association has also been exerted in those matters having to do with the relations of practitioners to each other, to the public and to the profession—in short, in the domain of ethics. Even before the formal adoption of the code, which occurred last year, the association had in disciplining some of its members given formal notice that grossly unprofessional conduct would not be tolerated by the profession in its organized capacity. The very fact of the profession being young and the science new made it possible for hurtful breaches of professional etiquette to occur, and it is probable that in no other way has the salutary effects of organization been more profoundly felt than along the line of ethics.

A backward glance at some of the phases and stages of the association's growth, it is believed, will not be uninteresting at this time. It would at first appear that a larger per cent. of practitioners were members in the early days of its history than at present. This may be accounted for by the fact that at the organization and for two years subsequent thereto, students were admitted to membership. Being organized at Kirksville, where a great majority of the students of osteopathy at that time were in attendance, the opportunity for personal solicitation in membership work was greater than it has been at any time since. The membership fee, which constituted then as now the first year's dues, was only one dollar. The collection of this fee was not always insisted upon before election to membership, hence it is probable that a number whose names appeared as members never paid even this fee. At that time members were considered in "good standing" for two years after their last dues were paid. It is not therefore surprising, under the circumstances, that the directory of members, published by authority of the association, showed 523 members in good standing in June, 1900. Neither is it convincing that there was actually at the time that many paying members of the association. In fact the weight of evidence is against such a conclusion, for at the meeting at Indianapolis in 1899 the dues were fixed at \$5.00 per annum. The treasurer elected at Chattanooga in 1900 received from his predecessor but \$263.78, and as there were no unusually heavy expenditures

during the year 1899-1900 it is evident that a majority of the 523 on the rolls of the association were members in name only.

Concerning this part of the history of the association the following excerpt from an historical sketch of the A. O. A., written by Dr. C. M. T. Hulett and published in the JOURNAL for September, 1901, is of interest. He says: "In number of active members this year records the low water mark in the history of the association. Two factors contributed to this result, lack of professional loyalty and lack of information on the part of practitioners of what the association was doing." There is little reason to doubt that the patent "lack of professional loyalty" was chiefly due to the lack of information of what the association was doing. Loyalty to any worthy cause is increased by information concerning that cause. Indeed there can be no high degree of loyalty to an institution where there is ignorance of the purposes and practical workings of that institution. It was evidently more than a coincidence that during the year 1900-1901, which Dr. Hulett says recorded the "low water mark" of the association, that it had no official organ. Beginning in January, 1899, the *Popular Osteopath*, a private journal, was the official organ of the association. But in June, 1900, its publication was discontinued, and the year following there was no medium of communication between the widely separated members. And, though the association was most ably officered, there was no regularly appearing journal, read by all members, through which the officials could keep in touch with the membership. Matters of common interest could not be discussed. The valuable papers read at Chattanooga were for the most part never published. As a result of this, interest languished and the membership decreased alarmingly.

At the meeting in 1901, held at Kirksville, the revised constitution was adopted and the JOURNAL OF THE A. O. A. was launched. We believe that this meeting marked the beginning of a new era for the association. As an evidence of the apathy prevailing at that time in the organization it may be said that when the prospectus of the JOURNAL was issued, on August 1, 1901, although this was almost one month after the Kirksville meeting, but thirty-five members had paid their annual dues! A month later, when application was made to have the JOURNAL entered as second-class matter, seventy-five had paid. The number gradually increased during the year until at its close 189, including new members, had paid, and a total of \$1,259.75 was taken in by the treasurer during the year. At the opening of the succeeding annual meeting, held at Cleveland in 1903, there were 412 members, whose dues were paid for the year and the treasurer of the association had collected from all sources \$2,599.56. At the beginning of the St. Louis meeting there were 725 members, whose dues were paid for that year and the treasurer's report showed that from all sources he had received \$3,912.60. This is exclusive of two items, one a refund from the associated colleges for expense of inspecting colleges; the other from the sale of "Osteopathic Day" invitations, neither of these items being regular sources of income for the association.

At the present time there are 921 members in good standing, and the term "good standing" now means dues paid, for in accordance with an amendment adopted at St. Louis all whose dues are not paid within three months following an annual meeting are dropped from membership and from the directory. The report of the treasurer for this year is not yet completed but it can be stated that he has received from all sources during the year approximately \$4,300.



All of this shows a continued and healthy growth during the past four years, and yet it must be conceded that the total of members is not what it should be. The percentage of increase ought to be much greater. It is difficult to understand why any osteopath who has a fair practice remains outside of the association. The direct tangible benefits are now so apparent that self-interest dictates an alliance with it. It is not now as it was in the days before 1901. Then no motive but that of loyalty to the cause and a sincere desire for its advancement existed for keeping up membership. Now besides that most worthy motive and the satisfaction that comes from having a part in a great beneficent humane movement, there is the additional motive, which it must be confessed seems more powerful—self-interest, the drawing of good dividends on the investment. For five dollars paid annually members now receive the *JOURNAL* monthly, the directory—containing the name and office address of each member quarterly—case reports semi-annually, a copy of the year book and an engraved certificate of membership.

The A. O. A. is a co-operative institution. The larger its membership the greater its revenues will be, and the more money available the greater benefits will accrue to each member. It would therefore seem that present members would not rest content with merely paying their dues but would use their best efforts to increase the membership, the influence and the financial resources of the association. We ought to have a larger *JOURNAL*, and more case reports. We ought to be able to sustain scientific research workers. The time is at hand when the association should agree upon a bill suited to our present needs, one the provisions of which would apply uniformly in all states so far as circumstances will admit, and then send our ablest representatives and as much money as is necessary for legitimate purposes into those states where legislation is demanded and fight until success crowns our efforts.

Why should we not have a more "compact and complete organization"?

There are nearly four thousand men and women eligible to membership in the association and we have less than 25 per cent. of them. The A. O. A. is not a repressive institution. It requires of its members the acceptance of no dogma. It does not undertake to shape the creed of any one. It allows the greatest individual liberty of thought and action consistent with the purposes of its existence. It stands for toleration, investigation, advancement. It only asks that its members be consistent, loyal and ethical practitioners of osteopathy. Let us get together at Denver and make that meeting the beginning of a new and more glorious era in our history. Let us go forward to the accomplishment of those things which by united effort we are capable of accomplishing.

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#### Commercialism in Medicine.

W. L. Conklin, M. D., of Rochester, N. Y., has a good article in the *New York Medical Journal* for July 1 on "The Scientific Spirit Versus Commercialism in Medicine." He defines "commercialism" as "the *domination* of the commercial spirit; the enthronement of the almighty dollar; the determination of value by placing everything, tangible or intangible, in one pan of the balance and gold in the other."

The writer deplors the fact that there are those in his profession who, "though holding to strictly ethical methods themselves, are disposed to excuse or even commend commercialism in others and to look with favor upon the

application by the profession in general of commercial methods and maxims to the practice of medicine." Dr. Conklin quotes the following as the substance of an opinion held by some of those referred to above:

"The only difference between the physician who advertises and the one who does not is that the former has the greater degree of courage." To this he makes reply:

"But is it, after all, a question of courage?

"Perhaps there is no one step the physician can take which will do more than newspaper advertising to commercialize the practice of medicine. Why has it always been frowned upon by all who have any regard for ethical practice? Is it not because there is a fundamental difference between practising medicine and selling dry goods? The merchant can make definite statements, positive promises, in his advertisements. The doctor can make no positive promises if he adheres to the truth, but what advertisement would be worth the paper on which printed if it did not contain positive promises? The alternative to the doctor who advertises is to lie, and the bigger the lies the bigger the returns. Then, too, the merchant advertises his goods while the doctor advertises his brains, and it is a curious fact that, as a rule, the amount of gray matter is in inverse ratio to the length of the advertisement.

"It always has been the case and always will be, in medicine as in other vocations, that the truly great man is modest and unassuming. The modest and unassuming advertisement of a great man would not bring him any business."

#### Local Arrangements for Denver Meeting.

From a letter dated July 17, from Dr. J. T. Bass, Denver, president of the Colorado Osteopathic Association, we learn that the local arrangements for the A. O. A. meeting are all well in hand.

The committees have been appointed and are working hard to insure a good and profitable time to those who attend. The clinic feature has received especial attention and it seems reasonably certain that there will be no disappointment on that score.

As has been announced the Brown Palace Hotel will be the association's headquarters. The sessions will be held in the ball room, which is capable of seating five hundred people. Four rooms for use of committees will also be provided by the hotel without charge.

Nominal rates at the hotels will prevail. We learn that the Brown Palace has already taken as many reservations for the period of our meeting for moderate priced rooms as they care to contract for, but have still a number of higher priced rooms. There are a number of hotels in that vicinity where rooms can be had at moderate prices, and as there are numerous restaurants where meals can be secured at reasonable rates no one need hesitate to attend on account of the expense.

Perhaps all members of the A. O. A. have received a copy of the folder gotten out by the Chicago Union Pacific and Northwestern Line. This gives a list of Denver hotels and their prices. While it is desirable that reservations should be made before the date of the meeting, yet members of the reception committee will meet osteopaths upon their arrival and assist those to get located who have not made reservations.

#### "Allopathic Ignorance, Impudence and Cowardice."

Under the above heading Greenwood Ligon, D. O., of Mobile, Ala., vigorously pays his respects to the medical fraternity of that state in a two-column article published in the *Mobile Daily Herald* of July 2, 1905.

It appears that at the last session of the grand jury held in Mobile the medical men succeeded in having Dr. Ligon indicted for practicing medicine

without a license. Although he has been practicing there for five years this is the first time that a grand jury could be induced to find a "true bill" against him.

Dr. Ligon points out the unfair working of the law and shows that a license from the board, by reason of the fact that no examination is given in *materia medica* or the therapeutics of any system, is nothing but a farce, and is no evidence of the competency of its holder. It is hoped that Dr. Ligon will triumph in his contest for simple justice.

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#### More Clinics.

Medical societies of all schools are, in their meetings, paying more attention to clinics than formerly. The suggestion has been made that the elaborate scientific papers prepared for the annual meetings of the A. O. A. should be read by title and printed in the JOURNAL, giving more time to clinics, discussions and business. The western members expect to show at the Denver meeting that the clinic feature is capable of being made more practical than it has heretofore been. Of course papers prepared for the Denver meeting will be read in full, the program having been prepared with that in view. The suggestion above is for subsequent meetings and is mentioned only as a matter for consideration.

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#### A Suggestion.

Permit me to offer a suggestion for the purpose of securing a possible greater utility of the capital A. O. A. case reports. If they were printed on one side of the paper only, those who, like myself, file case reports and magazine clippings together alphabetically, could get more good out of this very valuable department than at present. Of course it would be still more ideal from our standpoint if each report was printed on a separate slip of paper, but I judge this might be found impracticable.

R. K. SMITH.

The suggestion offered by Dr. Smith, if adopted, would doubtless add to the value of the case reports. While it would considerably increase the cost of publication yet the matter is worthy of serious consideration.

Verily osteopathy has "arrived." Its friends are now justified in regarding it as an established institution. Newspaper writers are dealing with it as with all other institutions worthy of attention, and generally when they deal with it in a serious vein they do so with intelligence. The funny men and pert paragraphers are now turning their attention to it. For several thousand years the "regular" doctors have afforded them material upon which to work. It is therefore a hopeful sign that osteopathy is regarded as of sufficient importance to engage their attention. The jokes so far turned out, it is true, are rather bungling and far fetched, yet they serve the purpose of advertising osteopathy very well, and after a little more experience and practice with the subject we may expect these professional or amateur jokesmiths, as the case may be, to execute rather more artistic jobs than they have yet done.

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We trust that those who have accepted places on the program of the Denver meeting of the A. O. A. will recognize the title which the association has to the papers which are read before it. In past years a few have been guilty, thoughtlessly, no doubt, of a breach of etiquette in allowing their papers to be printed in advance of their publication by the association. We hope there will be no occasion for complaint on this score again.

Attention is called to the advertisement of the **Electrical Specialty Manufacturing Company**, of Allentown Pa., which appears in this number. It would seem that the equipment which they advertise might be of great value to an osteopath from a diagnostic standpoint. Those attending the Denver meeting would do well to investigate its merits.

This number completes the fourth volume of the **JOURNAL**. For the convenience of those who may wish to have it bound we print a title page and index. It is so arranged that it can be taken out and placed at the beginning of the volume.

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**To All Who Expect to Attend the Denver Meeting.**

It will certainly make for the comfort and pleasure of all who take this trip to travel in parties, and at the same time it will give the profession the distinction and credit it cannot get otherwise. There will be no traveling identification badge, as so many seem to object to wearing them, but it will be an easy matter for us to meet with our professional brethren if we will arrange parties and use as far as possible the same roads.

Parties have been arranged to use special trains from most parts of the country. For the country east of the Mississippi river most people will go through Chicago or St. Louis. From both of these places large parties will be moving and special trains will be run. If any one cannot get proper information about tickets from his local agent, or if there is any help I can render in getting parties together I am at the service of any who may call upon me.

This trip is going to be a delightful outing; the program will make it a most profitable meeting, and the side trips, reduced to a minimum of cost, will give us an idea of the great Rockies that we shall not be able to get again for twice the cost. It will not be the strenuous meeting of former years, where one had to work himself to death to avoid missing something, but there will be ample time to visit the many attractions the people of Denver intend we shall enjoy, and it will be likewise a time for renewal of acquaintances and general sociability. It speaks well for our people that our past meetings have been so well attended. Let us lose none of the reputation we have made for being alive to every opportunity that is offered us to improve ourselves, for there can be no greater opportunity than in such a meeting as we shall have in Denver.

If you are going to Denver see your local ticket agent at once, and find out if he has the ticket forms in accordance with the rate made for the occasion of the Eagles and the osteopaths at Denver August 14. If you wait, you may not get the rate, as he will not make the rate if he has not the ticket. Tell him what the rate is according to the full instructions in last issue of the **A. O. A. Journal**.

If you want to see Colorado Springs, Manitou, Pike's Peak, etc., without extra railroad fare, you must have your ticket read to Colorado Springs, or Pueblo, instead of Denver, if Denver is the first of these three points you reach. That is, if you go in from the north and return the same way, your ticket must read not to Denver, but to one of the other points, or you will have to pay fare to take the trip to Colorado Springs or Pueblo; at the time of purchasing the ticket the cost is the same. Going into Denver from the north

as the Chicago, Northwestern and Union Pacific, or Rock Island, or Burlington, returning over the Santa Fe, you can get the ticket to Denver, as the Santa Fe runs through both of these places returning. Going in from the south, as over the Santa Fe, or the Texas roads, of course tickets will be purchased to Denver. *You must specify when you buy your ticket just what road you want to go over and return by, as no change can be made afterwards.*

It would be well to engage your sleeper and hotel accommodations early. The Brown Palace is the official headquarters and the sessions will be held there, but there are others near at hand and any of the Denver osteopaths will look after it if asked to do so.

*You must ask about your tickets at once. If there are no calls for them the agent may not get them. See to it now.*

Auburn, N. Y.

H. L. CHILES, *Secretary.*

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#### Vacation in Convention.

From now on until the cool weather we shall be having conventions of workers of all kinds at convenient places in all parts of the civilized world. Conventions local, sectional, national, international, conventions of farmers, artisans, lawyers, bankers, railway men, manufacturers, doctors, teachers, editors, mothers, fraternal orders. The regular vacations of a great majority of our active citizens will be spent in convention.

As the care of the health ought to be and can be a matter of every day in the year, and as the idle vacation is usually spent in anything but a soundly healthful way, the new system is altogether well. The important thing about a vacation—when hard work has really earned it—is a complete change. And what could be a completer change than that from looking at one's life occupation in the close, strained way of the daily routine to looking at it in the relaxed, easy, broad way of the convention of all pursuing the same vocation? —*Saturday Evening Post.*

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#### For Those Going to Denver.

We trust a special effort will be made on the part of those from the east and middle west who are going to the Denver meeting to go on the osteopathic special from Chicago. Either Dr. A. S. Melvin or myself will be pleased to hear from those contemplating making the trip, and we will gladly arrange for reservations on the special if you so desire.

CARL P. McCONNELL, *President*

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#### ASSOCIATION NEWS AND NOTES.

If you fail to attend the Denver meeting the loss is yours.

During the year just closed there has been a net gain in membership of 196.

Let each member bring the application of a non-affiliated osteopath with him to Denver.

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Do not forget the event, the place, the date: The meeting of the A. O. A. at Denver, August 14-18, 1905.

Bring your case reports with you to Denver and talk them over with Dr. Edythe Ashmore, editor of the case reports.

The trustees of the A. O. A. and chairman of the committees on education, publication and legislation are reminded of the meeting at the Brown Palace, Denver, August 14, at 10 a. m.

Members of state boards of osteopathic examiners should bear in mind the meeting of the National Association of Osteopathic Examiners, which has been called to meet in Denver at 8 o'clock a. m., August 15.

Osteopaths who are non-members of the association who may be at Denver during the meeting should be reminded that they may there and then become members with all the rights and privileges thereunto appertaining.

It is probable that no banquet will be had this year at our annual meeting. If it is ultimately decided to omit that feature of entertainment some other social function of equal or greater interest will no doubt be substituted.

Three amendments to the constitution have been proposed and will be voted upon at Denver. Look them up and read them again carefully, and be prepared to vote when they are brought up. One appeared in the JOURNAL for May, the other two in the July number.

It appears that there are some members of the A. O. A. who have not yet received the copy of the year book for 1905. Some error has evidently been made by the publishers in mailing, and in order that the matter may be properly adjusted those who have not received a copy are requested to notify the secretary, Dr. H. L. Chiles, Auburn, N. Y.

During the past twelve months we have chronicled over one hundred and sixty removals or changes in addresses of members of the association. At this ratio there have been about six hundred and forty changes of address during the past year in the profession. When we consider that many changes are never reported it can be appreciated how difficult is the task of keeping an accurate professional directory, particularly one that is issued annually.

New York heads the list of states in the matter of members in good standing in the A. O. A., she having 106. California holds second place with 86, but is closely pressed by Illinois with 77, and Pennsylvania with 74 members. Massachusetts, Ohio and Missouri are pretty even matched with 59, 58 and 57 members, respectively. Should any one wish to verify these figures they must take into consideration the new members added and removals made since the last directory was issued.

The business of the association will be facilitated if members will bear in mind the following points: Applications for membership, together with fee, should be sent to the secretary, Dr. H. L. Chiles, 118 Metcalf building, Auburn, N. Y. Members should send their annual dues to the treasurer, Dr. M. F. Hulett, Wheeler block, Columbus, O. Notice of change of address should be sent to the editor of the JOURNAL. The address of officers, and members as well, will be found in the directory, which is issued quarterly.

We take it for granted that no one now in good standing in the association wants his membership to lapse. We would suggest therefore that in order to prevent such a contingency occurring, through inadvertence, that each member who goes to Denver take an extra five dollar bill along and hand to the Treasurer. This will settle the matter for another year and save the association something in postage. It is true that this works the Treasurer pretty hard, but he has gotten used to that and will arrange to take your money and give you a receipt for it.

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One pleasing feature in connection with the Denver meeting, and one that illustrates the growth of osteopathy, is the attention we are receiving from the railroads in the matter of special rates, advertising, etc. The Chicago, Union Pacific and Northwestern line and the Nickel Plate road have each gotten out special folders for the occasion, the latter having a good cut of Dr. Still.

As we go to press we learn that rates have been secured from points in territory of Southeastern Passenger association and are as follows from principal cities therein: Atlanta, \$41.25; Chattanooga, \$37.40; Nashville, \$31.35; Memphis, \$25.00; Knoxville, \$39.90; Birmingham, \$32.75; Jacksonville, \$52.45; Savannah, \$47.95; Mobile, \$40.35; Asheville, \$41.25; Montgomery, \$38.55; New Orleans, \$38.50; Richmond, \$33.75; Jackson, Miss., \$32.75; Lexington, Ky., \$31.65.

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The suggestion has been made, and, so far as we have heard it discussed, received with favor, that some resort, located centrally with reference to the osteopathic population, be selected as the meeting place for the association in 1906. Put-in-Bay Island, situated in Lake Erie, sixty miles from Detroit, and the same distance from Cleveland, has been mentioned tentatively as a good place for the meeting. It is said that it is easy of access, that rates at the hotel, which is one of the largest in the United States, are reasonable, and that the bathing, fishing, etc., is excellent. The JOURNAL is not committed to the idea of holding the meeting at a resort, and certainly no particular resort, there are many delightful ones available. We merely mention the matter because it is pretty certain that this idea will be advanced at Denver and we want the members to think about it.

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#### **An Osteopathic Hall of Fame.**

The Pantheon at Rome was erected by Agrippa in the year 726, and after man vicissitudes still stands a monument to the wonderful genius of the ancient Roman builder. In it are the tombs of Italy's statesman king, Victor Emanuel, and his murdered son, Umberto. It is the intension of the government to make this a Roman Westminster Abbey, enshrining and perpetuating for all time its illustrious dead. While standing under this dome looking up through an immense circular opening in the center and the only means for light to enter I was struck with the idea that we should have an Osteopathic Pantheon to keep green the memory of those who have fallen from the ranks and whose devotion to the cause has entitled them to a place in the hall of fame. Kinksville will ever be the Mecca of the osteopath now that there is no question of removal of the A. S. O., and no place is more fitting for this shrine than it. Why should not provision be made in the new hospital or in the Memorial Hall for tablets recording the name and deeds of our venerated dead? After a century of neglect the United States government has paid tardy recognition to the fame and memory of her first great sea fighter, Paul Jones. Let us begin now with this sacred duty and show that we are not like republics, traditionally ungrateful. This labor of love can be no more fittingly performed than by the American Osteopathic Association, which, while devoting its time and energy to the upbuilding of the science, should pause in its labor and lay a wreath on the bier of its fallen workers. An appropriation from the

treasury for tablets to be erected in some place to be designated would not be out of place, the names to be selected by the association. The fitness of thus honoring the memory of Henry E. Patterson, that genius of organization and pioneer in teaching and practice, cannot be questioned. He was a charter member of this association and worked faithfully for its upbuilding. For another of the elect, who is more fitted than Guy D. Hulett, stricken in the fullness of his powers yet leaving a lasting monument in his work and writings? Both these men were martyrs to the cause. Their zeal was greater than their strength, and their lives were the penalty. Greater fame can no man have than he who layeth down his life for a cause.

There is no time like the present for a good deed. Let's think this idea over and be prepared to act at Denver.

Brooklyn, N. Y.

CHAS. C. TEALL.

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### Important Notice.

The St. Louis delegation to the A. O. A. convention in Denver have arranged to leave St. Louis Saturday morning, August 12th, at 9 o'clock, and will go via Wabash to Kansas City and Union Pacific from there to Denver. Those desiring to join this party can do so, and can have their berths reserved or get any information wanted by writing Mr. H. M. Dressell, city passenger agent Wabash railroad, corner Olive and Eighth streets, or to either of the following named members of the local committee. Let us hear from you at once.

DR. W. H. ECKERT.

DR. H. L. CONNER.

DR. A. B. KING.

DR. A. G. HILDBRETH.

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At the meeting of the Tennessee Board of Osteopathic Examination and Registration, held at Nashville July 7 and 8, sixty-seven certificates were issued and one refused.

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### PERSONAL.

Born, on June 30, to Dr. and Mrs. H. B. Sullivan, Detroit, Mich., a son.

Dr. Geo. H. Snow and Miss Glenadine Calkins were married at Kalamazoo, Mich., July 3, and will reside at 1014 South Park street, that city.

Dr. Charles Hazzard sailed on July 20 to Panama, to be gone about one month. He is the guest of Mr. T. P. Shonts, chairman of the Isthmian canal commission.

Kendall L. Achorn, B. S., D. O., is now associated in the practice of osteopathy with his parents, Drs. C. E. and Ada A. Achorn, at 178 Huntington avenue, Boston, Mass.

Dr. Charles C. Teall has returned from his European trip and as usual is thinking about the interests of the A. O. A., as his excellent suggestion about the "Osteopathic Hall of Fame," which appears in this number, bears witness.

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### NEW MEMBERS.

The following have been elected to membership in the A. O. A. since the July *Journal* was issued: Hester Lavinia Beck, 2157 Pacific avenue, Alameda, Cal.; A. May Benedict,, 2513 N. Main avenue, Scranton, Pa.; James P. Burlingham, Canandaigua, N. Y.; William Craig, Ford street, Ogsdenburg, N. Y.; Frances M. Eller, 111 N. Frederick street, Oelwein, Iowa; Chas. H. Hoffman, Kirksville, Mo.; E. S. Manatt, Brooklyn, Iowa; Jesse E. Matson, Ingram Block, Eau Claire, Wis.; Jennie M. Usher, 71 Haight street, San Francisco, Cal.

### REINSTATED.

Robert D. Emery, Los Angeles, Cal.; Linda Hardy, Hiawatha, Kansas.

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### REMOVALS.

Edward D. Burleigh, 618 to 706 Perry building, Philadelphia, Pa.

Chas. H. Spencer, Des Moines, Iowa, to Gilbra, Ohio.

Ida D. Webb, Ridgway, to 4601 Wayne avenue, Germantown, Pa.

Rose E. Breitenstein, 121 South Union, to 120 William street, Rochester, N. Y.

Anna K. Aplin, 354 Jefferson avenue, to 213 Woodward avenue, 46 Valpey building, Detroit, Mich.

P. L. Bathrick, 923 to 822½ Congress avenue, Austin, Tex.

John A. Bell, Hannibal, to Farmers' Bank building, Butler, Mo.

F. G. Whittemore, 170 St. James place, to 511 Mooney-Brisbane building, Buffalo, N. Y.

Nellie M. Cramer, Eldorado, Kan., to 308-11 Deardorff building, Kansas City, Mo.



**Bring Data of Cases to Denver.**

For the purpose of publishing Series V. of case reports early in the fall, it has been arranged with Dr. Ashmore that all case reports brought to Denver shall be prepared there and to produce a detailed report time will be set aside for a review of the data. The Committee on Publication are desirous that all practitioners coming to Denver should take note of this matter and bring several records with them. Those who are unfortunate in being away from the meeting are urged to send their contributions of reports for Series V. early.

————— T H E —————

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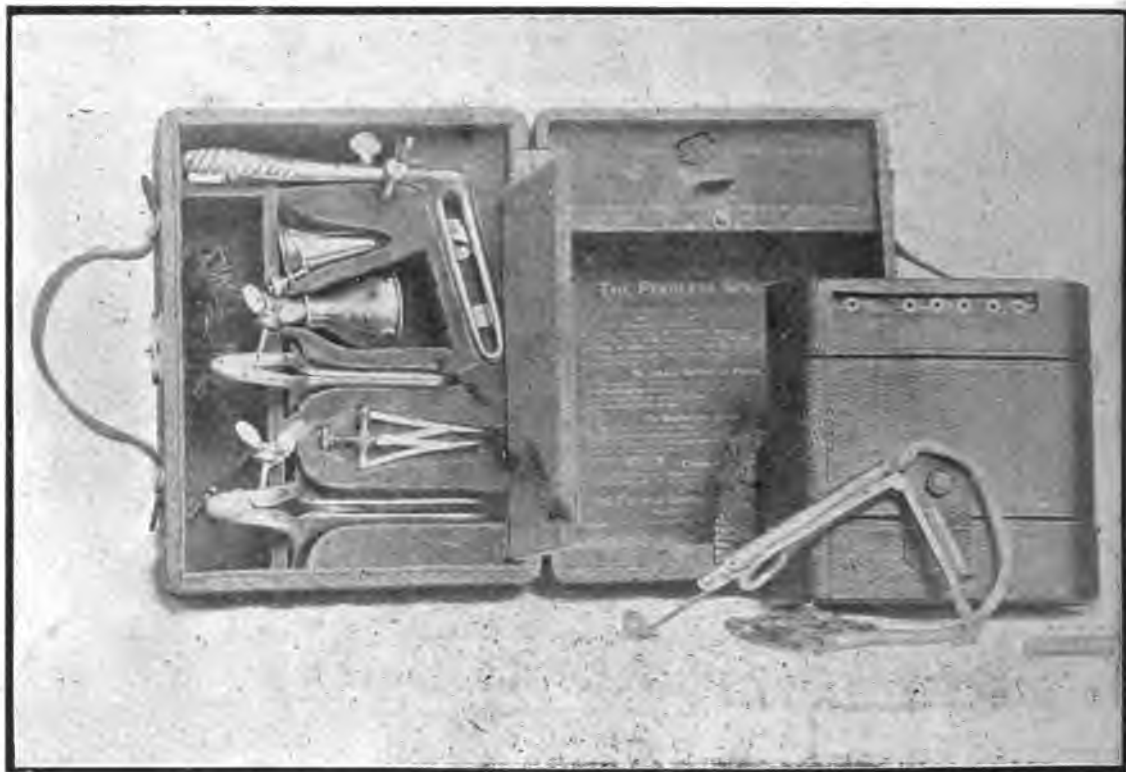
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### IMPORTANT NOTE

These goods will be on exhibition at the coming convention of the A. O. A., at Denver, Colorado, in August. Special prices and terms to members attending this meeting.

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