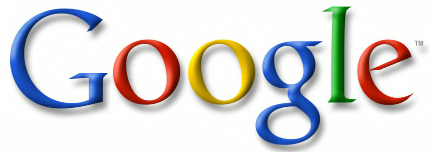

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THE OSTEOPATHIC LESION.

President's Address, Ninth Annual Meeting of the A. O. A., Denver, Col.

CARL P. MCCONNELL, D.O.

Osteopathic science has been taught for over a decade. During this entire period little has been accomplished in original scientific research work either to prove or disprove the theory of the osteopathic lesion. We have rested somewhat contentedly, and apparently in several instances have felt our theory proven, by exhibiting clinical evidence only. Beyond question clinical results are real results, in fact, indisputable evidence, and in this practical age no one may gainsay the force and logic of such factors. But clinical data is only one means toward the end of scientific therapeutic demonstration. From one phase of the problem it is an end product, a finished product of a medical system; specifically it is the portion that appeals to the layman, and answers the immediate questions of the physician.

Still clinical evidence does not contain all the data upon which the osteopathic theory has been built. Our physicians have paid strict attention to the experiments and investigation of physiologists and pathologists. Facts wherever found are always acceptable. Like other systems of healing our science is based upon "chemistry, anatomy and physiology—not a smattering that is impossible, but with the great principles based upon them."[1] Our interpretation of parts of these principles is not the same as the physicians of other schools; it is well known that the significance or meaning of a fact may be misinterpreted and the lesson to be learned misapplied.

We have been fortunate in having good theorists in the osteopathic school. Theoretical knowledge is a necessity, and it has been said a "theory, in its proper use, signifies the highest form of knowledge." Our theorists' writings have been one great means of presenting osteopathic science to the public. Then theoretical writing supplemented by practical demonstration have been media that have courted and won public favor. Even if theoretical knowledge represents so very much, we should remember that the framing of a theory does not imply that all the links of the logical chain have been supplied.

At no period of medical history have physicians of all schools felt more keenly the futility of medical methods and the lack of an all-embracing principle of medicine than at the present. A recent writer who claims to have discovered a principle that encompasses the entire field of medicine

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says: "We found, we may say, that the backbone of medicine was the absent factor, and that if the patient labors of so many great minds had not proven as useful in the development of practical medicine as they should, it was because they lacked such a fundamental frame-work to afford a fixed *nidus* for each discovery, wherein its true relation to other discoveries would at once become evident."[2]

Since the very conception of osteopathy its fundamental frame-work has not changed one iota as to principle, although the application of the principle has greatly broadened.[3] When Dr. Still proclaimed that "the rule of the artery is supreme" he gave utterance to a basic physiological truth. But only when he added that the living body contained all the attributes of a vital and physical mechanism did his teaching contain the germ of a comprehensive philosophy; this gave osteopathic medicine a backbone with a consequent fixed *nidus* for all existing facts and future discoveries. Hence, mechanical readjustment of the component parts of the vital body is the keynote of the osteopathic school of healing.

A study of symptomatological phenomena and of pathologic changes are only links of disease processes. Without question the physician should be conversant with these phases of perversion, but his knowledge must not stop here, for in the very order of things there is a first cause. Then if the cause of causes can be detected and its removal accomplished, the treatment of disease is placed upon a rational and logical plane.

This, then, is what the study of the osteopathic lesion brings us to—a consideration of the forces back of the disturbed function or of the diseased cell.

LESION DEFINED.

Broadly speaking, a lesion is "any morbid alteration in a tissue, whether attended by a recognizable structural change or not; but especially a change in which the continuity of some of the tissue elements is broken in upon."[4] There are many kinds of lesions expressing the tissue involved character of degeneration, locality of same, etc. But upon analyzing the medley of arbitrarily defined lesions the morbidly altered tissue must be first disturbed, generally speaking, through some alteration of the governing and controlling tissues of the body, viz: the nervous tissue. Here, then, in the broadest sense, should be the starting point of investigation. No one will question that with subsidiary tissues (subsidiary from anatomical and physiological grounds) a lesion may be initiated; still our premises first demand generalities before sub-division with the relation of the part to the whole are considered.

Dr. Hulett defined the osteopathic lesion as "any structural perversion which by pressure produces or maintains functional disorder."[5] The osteopathic conception of a lesion, functional disorder caused by pressure from disturbed structures, does not bring us into an absolutely new field. Medical literature of all ages contains references to diseases caused by pressure of tissues on blood vessels, nerves or other channels. But the osteopathic idea is an absolutely new one in the application of this principle universally. It simplifies and makes uniform the arbitrariness of present semeiology.

Thus the osteopathic idea that many diseases originate, primarily, from anatomically mal-aligned, mal-positioned, or mal-related tissues causing a

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blockage of vital processes, immediate or remote, is a theory inclusive of disturbances to all tissues. This principle is fundamental and is supported by the physiological truth that uninterrupted vital channels preserve health. It at once places the interpretation of a lesion in an entirely new light from preconceived medical concepts, and is analogous to and co-extensive with etiology.

The object of this paper is to bring data (anatomical, physiological, pathological, clinical and experimental) to bear upon this conception and interpretation of the osteopathic lesion. We do not intend to cover the entire field of the osteopathic lesion, for that would imply extensive time and space, in fact, practically the field of pathology. One medium has been chosen in our study of the osteopathic lesion which we believe presents a typical standard for all the media. Indeed, we have chosen a study of the effect of the osteopathic lesion upon the nervous system as offering the most important field for investigation, as the nervous system is conceded to be the governing and controlling medium of the tissues.

First, then, we should gather a few facts relative to the anatomy and histology of the nervous system.

Second, we should note what data there is bearing upon the osteopathic concept from the viewpoints of nervous physiology and pathology.

Third, what osteopathic experimental evidence we have to offer.

All of this should have a direct bearing upon the osteopathic lesion concept of the nervous system, viz: the effect of mechano-anatomical pressure upon the integrity of the neurone.

ANATOMY AND HISTOLOGY OF THE NEURONE.

The neurone is an elementary body or the physiological unit of the nervous system. The older anatomists placed much significance upon the difference in arrangement of the gray and white matter of the central organs. Knowing that the gray mass was made up of cells and the white matter of nerve fibers, the disposition of these parts received much attention. Recent study and investigation has shown that the gray and white matters are different parts of the same unit; the gray matter being the central body and the white fibers distal portions of the elementary body. Thus the location and grouping of the neurones are of vast importance.

Neurones are divided into two classes; the central neurone and the peripheral. This division is dependent upon their embryological origin. The central class of neurones belong to the central nervous system proper, their conductivity being in a centrifugal direction; while the peripheral class belong to the sensory system, and the direction and conduction is centripetal. The cell of the anterior horn of the spinal cord is a typical efferent root representing the first class; and the afferent root of the posterior spinal ganglion represents the second class.

Each neurone is inclusive of cell body, dendrites or protoplasmic processes, and the axone or axis-cylinder process. Thus the ganglion-cell with all of its processes, irrespective of their number, length, function, complexity and relation, is considered a physiological unit. This is the unit of the "neurone theory" and seems to cover more of the facts than the older "continuity theory," although a more recent view "rejects the neurone as the physio-

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logical unit and considers the fibrillary substance or the neuropile as the medium of nervous activity."[6] (For an exhaustive discussion and bibliography the student is referred to Barker's writings.)[7 8] Although it is stated that the fibrillary substance is present in the gray matter, the nerve cells, and in the fibers from the nerve cells, and that in the more highly developed animals the nerve cells are less numerous in proportion to the fibrillary substance (the ganglion cells being simply nutritional centers), for our purpose, a study of the osteopathic lesion, whatever data we are able to furnish will be patent irrespective of theories.

The *cell body* of a central neurone is variable in shape and size according to location and function. Its projecting processes present much of interest. The *dendrites* resemble the cell body in structure. In some of the neurones they are numerous. These vary in length and size, and their surface is rough and covered with granules called gemmules. Through the dendrite fine filaments pass into the cell body and on into other dendrites and into the axone.

The *axone* is a single branch arising from the cell body, although occasionally originating as far back as a dendrite. Few of the axones are long, as from the surface of the brain to the lower cord. The axone is straight, does not vary in size, and has a smooth covering which is very different from the protoplasmic processes. Along its course it gives off at right angles collateral filaments. It finally ends in a small tuft. On leaving the gray matter the axone becomes medullated to very near its terminus. Some axones split into two branches on nearing their terminus, with separate tufts for each branch.

The *sensory neurone,* as has been stated, develops in the posterior spinal ganglion. It is originally bipolar. At first the two branches are together for a short distance, when later it sends out an axone which divides into two branches. One of these branches extends peripherally and ends in the tactile corpuscles. The other branch passes inward through the posterior nerve root into the cord or brain axis. Within the cord this branch divides, one part passing downward and the other upward in the posterior columns. These branches give off at right angles fine collateral filaments which terminate in tassels within the gray matter of the posterior horn.

The nutrition of the neurone will be considered shortly, but it may be well to state here that the nutrition of both dendrites and axones are dependent upon the cell body.

It will be recalled that a nerve fiber is first composed of an axone or axis cylinder. Then surrounding this is the myelin sheath. The myelin sheath is a series of short tubes placed end to end. The node of Ranvier being a constriction at the point of joining of two tubes. If the sheath is broken the myelin, a fatty, semi-fluid substance, will run out. All nerve fibers (only the medullated) do not contain the myelin sheath. Most of the sympathetics contain no sheath. The sheath begins a short distance below the cell and terminates at the bifurcation of the axone fibrils.

Surrounding the myelin sheath is the sheath of Schwann. At first this connective tissue sheath is segmented, the constrictions being at the node of Ranvier. But in the adult it is continuous.

A bundle of nerves are the axones of the neurones. The connective tissue holding a bundle of fibers together is called the endoneurium, and

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connective tissue surrounding the entire bundle is the perineurium. Then the connective tissue binding several bundles together is the epineurium.

THE PHYSIOLOGY AND PATHOLOGY OF THE NEURONE.

From this brief resume of the anatomy of the neurone we will pass to some very interesting features of the physiology of the neurone. There is much in medical literature, especially in experimental neurology and in pathology of the nerves, that has a direct bearing upon the theorem of the osteopathic lesion.

We will pass over the usual elemental physiological teachings of nerve conduction, its nature and direction of the efferent and afferent impulses in their relation to various centers and ganglia, and the several functions of the nerve fibers and terminations.

The first point of particular interest is the nutritional supply. "The blood vessels reach the nervous structures by means of the pia mater. In the spinal cord arteries coming from the vertebral, intercostal and other arteries, and traveling along the nerve roots joins the pia mater, and then through the fissures and septa reach all parts of the cord; but the capillary network is much denser and therefore the blood supply much greater in the gray than in the white matter. The veins, also gathered up along the septa and fissures into the pia mater, those coming from the gray matter forming before they reach the external pia mater a conspicuous longitudinal vein on each side of the posterior gray commissure, pass from the pia mater to the large venous sinuses of the dura mater and so to adjoining veins."[9] This is the blood supply to the spinal cord and ganglia, in its gross form. Histologically in the nerve fiber "capillary vessels with free anastomoses run within the nerve, their walls lying adjacent to the individual fibers and thus affording a perfect nutrition."[10] It is stated that lymph spaces are within the nerve sheath but not among the fibers. Osmosis probably takes place at the nodes of Ranvier, as the myelin sheath interferes at other places, so that the axis cylinder is nourished from the surrounding circulatory fluids. (Also note next paragraph.)

A recent authority[2] states that "a neurone is directly connected with the circulation (via neuroglia-fibril) by one or more of its dendrites, which serve as channels for blood plasma." In fact "all the component parts of a neurone—cell body, dendrites, axone and axis cylinder—serve as channels for blood-plasma." * * * * "A neurone receives its nutrition and its oxidizing substance directly from the general circulation, and the blood which enters by way of the apical dendrites is distributed to the free dendrites and to the cell body." From the axone the blood "finds its way into a lymph-space connected with a vein, thence to the general circulation." Thus in reality a part of the circulatory system is that of the entire cerebrospinal system. Consequently "a quiet and steady flow of blood into the cellular structures, sustained by the tonic contraction of the arteries, and a stream of nervous impulses to the tissues coinciding in rhythm, perhaps, with that sent to the vessels, suffice to insure nutrition and to hold the structures thus supplied ready for active work."

Dr. Sajous tells us that nervous energy is liberated when the oxygen of the plasma and the phosphorus of the myelin are brought into contact. This

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demands, of course, an uninterrupted flow of blood plasma through the channels of the neurone as well as undisturbed ingress and egress of the nutritional fluids from the artery to dendrites and from axone to veins *via* lymph spaces. In other words perfect nerve activity is absolutely dependent upon anatomical integrity. Mechanical pressure upon a nerve disturbs its function immediately, and when the compression is released the nerve regains "its condition of moisture, which, during the squeeze has undoubtedly been diminished."[11] "If there is an imperfect blood supply or a deleterious substance of any kind in the blood, then the process of building up fails to take place, and the neurone can not resume its function."[10]

All neurologists are agreed that "nervous tissue is dependent for its integrity upon two things, blood supply and trophic influences. The nerve cell is solely dependent on a proper supply of blood, and dies when this is withdrawn. But the nerve fiber is more dependent on the trophic influence of the cell of which it is a prolongation. It dies when cut off from the cell, *but it can get along for a time with but little direct blood supply. On the other hand, if the nerve fiber is injured it reacts on the cell, leading to a partial but curable degeneration of the cell body.*"[12]*

Viewing that "a neurone is an autonomus organ as a source of nervous energy, and is supplied with blood-plasma through non-medullated neuroglia fibrils, which are continuous with the external covering of its apical dendrites," and that "Apathy's neuro-fibrils and the various net-works thought to be composed of nerve-fibers by Gerlach, Golgi, B. Haller and others represent one and the same system of neuroglia-fibrils, some of which contain myelin and blood-plasma and may, therefore, be considered as nerves, while others only contain plasma and are, therefore, blood-channels," it is concluded by Sajous that "each neuroglia-fibril is affixed to the wall of the vessel either directly or through the intermediary of a neuroglia cell, and therefrom extends to the main, or apical, dendrite or dendrites, of some neurone." Thus "a neurone receives its nutrition and its oxidizing substance directly from the general circulation, and the blood which enters by way of the apical dendrites is distributed to the free dendrites and to the cell-body."

The principal thoughts to be drawn by the osteopathist from these mere conclusions, which represent much experiment and study, are, first, nerve intactness is directly and absolutely dependent upon a normal circulation; second, neurones are intimately a part and extension of vascular channels; and third, it is self evident that any blockage, mechanical or otherwise, to either blood vessels proper or to neurones will vitally affect those tissues, nerves, that govern and control the life processes of the body.

One interesting point might be added here before we pass on to pathological evidence of considerable moment to an explanation of the osteopathic lesion. That is, it is claimed "the gemmules as peripheral extensions of the dendritic walls having for their purpose to increase, when erect, the area of myelin exposed to the action of the oxidizing substance of the plasma, and thus to render the dendrite functionally active: i. e., able to transmit or receive nervous impulses." Thus the gemmules project during functional activity, while during inactivity they recede, as, for example, during sleep.

* Italics Ours.

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or anesthesia. As for the axone part of the connection with that of the dendrite or another neurone it is said, though in apparent contact, they may be separated infinitesimally, and that through "vibration, which means rapidly alternating juxtaposition and separation of the bulbous end organs" is functional activity maintained. Consequently all the systemic axonal and dendritic end-organs are in a state of constant vibration, and naturally this is regulated by requirements and functions of tissue and organs. Again we must emphasize that uninterrupted blood flow is necessary to maintain function and life, which is the physiological basis of osteopathic science. Furthermore, *a priori* reasoning would indicate that the anatomic and physiologic mechanics would imply a mechano-etiology and a mechano-therapeutics. Let us see what pathological research has to offer.

The *pathology* of the neurone is an extensive field. The field is comparatively little developed; at best only fragmentary data can be given. Naturally, neuropathic investigation and experimentation is fraught with many difficulties.

In our pathological references we will mention such data as has a more or less direct bearing upon the osteopathic lesion theory. This necessarily includes a certain amount of general neuropathologic knowledge and especially the effects of traumatism on nervous tissue.

We know that nerve tissue is composed of nerve cells, nerve fibers, neuroglia, connective tissue, blood vessels and lymphatics; and diseases of the nervous system, functional or organic, are effects, directly or indirectly, of one or more of these tissues. The part that concerns us most are those primary or secondary changes of the neurone superinduced by pressure disturbances.

Dana places most weight upon inflammation and degeneration as causes of diseases of the nervous system. He argues, under inflammatory changes, that "inflammation, teleogically, is the reaction of the organism to an irritant. Wherever there is inflammation, there is irritation." Inflammation concerns, primarily, blood vessels, lymphatics and connective tissue. He says without microbe or tissue irritant there can be no inflammation. One probable exception is made, and that is with chemical substances as alcohol, lead and arsenic. Osteopathically this may be granted as far as it goes. No doubt microbic action is an important, but not necessarily a causative, factor in inflammation processes. There must be first the proper field leading up to this pathological change. Osteopathically and surgically this field is recognized—disturbed nutrition.

Degeneration, Dana says, means a gradual death of the parenchyma of the organ. This may be either acute or chronic, primary or secondary. Acute degeneration is due to cutting off of the vascular supply, direct injury, or to necrotic and inflammatory poisons. In chronic degeneration there is proliferation of connective tissue and sclerosis. When the process is due to inherent defect in nutrition or to some poison acting directly on cell or fiber it is termed primary degeneration. "A secondary degeneration is one that is due to a cutting off of nerve fiber from its trophic center, or to an injury or shutting off of its vascular supply." Neurologists freely admit that much is still unknown of the etiology and pathology of neuropathic disorders; and it is surprising how much they refer to injuries, cutting off

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of blood supply, etc., without continuing this line of thought. It seems evident that if they would only look at pathology from the angle of osteopathy much could be added to the store of neurological knowledge.

At the basis of organic changes there is disintegration and destruction of the cell, dendrites, and axones, or the axone alone may be involved in certain cases. This means chemically changed tissues. In interstitial inflammation mechanical compression upon the neurones may occur, due to an increase in the supporting substance (connective tissue and neuroglia), causing a serious degeneration in the neurone.—(Starr.) "Mechanic and inflammatory oedema causes degeneration and consecutive softening of the cord."[13] "Forcible interference of a nerve tract has the same effect as degeneration of a cord area."[14]

"The nutritive center of a neurone is in the perikaryon. The trophic influence emanates from the nucleus. If any part of a neurone be severed from its nucleus, the separated part dies. In case it is a medullated axone, which suffers solution of continuity, not only does the whole axone, distal from the lesion, undergo disintegration but the myelin sheath degenerates in the same area and the nucleated sheath of Schwann or neurilemma undergoes important modifications. These phenomena taken in their totality are usually designated as secondary or Wallerian degeneration."[8]

"If a motor nerve is cut, all the fibers in the peripheral end degenerate completely as far as the muscles which they supply, the central end either remaining entirely intact or perhaps, as a result of the trauma, degenerating as far as the first node of Ranvier. If a sensory be cut distalward from the spinal ganglia, all the sensory fibers of that nerve degenerate to the very periphery, though the portion of the nerve still in connection with the ganglion, as well as the central intramedullary continuation of the nerve, remain undegenerated. On the other hand, if a dorsal root of a spinal nerve is severed between the ganglion and the spinal cord, the portion of the nerve attached to the ganglion does not undergo degeneration, but that connected with the cord degenerates typically, not only in the portion outside the cord, but also throughout its whole intramedullary extent. This is proof which has been brought for the view that the cell bodies in the spinal ganglia are the trophic centers for the peripheral sensory neurones. Following upon Waller's investigations came the observations of Turck, which demonstrated that the same law holds within the confines of the central nervous system —for example, for the pyramidal tract. Since Turck's studies, a host of observations have established the general validity of the law for all groups of neurones. *When an axone degenerates the retrogressive process involves not only the main axone, but also its terminals, together with the collaterals belonging to it, with their terminals.*"[8]* This law is of the utmost value in studying the effects, especially remote effects, of a lesion, in the osteopathic sense, of the nervous system. This law, coupled with the conclusions of Dr. Sajous relative to the intimate association of the vascular system with the cerebro-spinal system, makes an interesting basis for study of the pathology of pressure and traumatic lesions.

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Pathological information is not lacking that mechanical pressure on nervous tissues causes degenerative influences. Indeed, there is considerable reference in various pathological anatomies and histologies that traumatic influences are frequent sources of disorders. But, of course, the wide applicability of this factor, in the osteopathic sense, has not as yet been recognized. Herein lies the tremendous field of osteopathic pathology.

"Among the most common causes of degeneration of the cord," says Ziegler, [15] "are traumatic injuries and gradual compression." He refers here to fractures and dislocations of the spinal column, contusion and concussion of the spine, and of cuts, stabs and wounds, as the traumatic causes of textural change and degeneration of the cord. He also speaks of the importance of compression of the cord from tubercular disease. Here compression may be caused by tuberculous proliferation in the epidural space, by tumors, and by caries. The compression may come slowly or rapidly. There is no sharp line between compression and crushing. In slow compression the degeneration is chiefly due to interference with the circulation of the blood and lymph.

The above statements by a pathologist with a world-wide reputation such as Ziegler enjoys is of the utmost value to us. That an important and extensive part of degeneration of the spinal cord may be caused by compression and crushing and by mere contusion and concussion, is of significant importance. If traumatic and pressure pathology play an important part in spinal cord degeneration the same influence certainly would be applicable elsewhere. Remaining tissues would not be exempt from this source of disorder. After all, the integrity of a tissue is dependent upon blood and lymph supply. Anything that affects these vascular systems, whether primarily or secondarily, directly or remotely, is at the foundation of pathology. This is the solid ground upon which the osteopathic conception of disease rests. It appears self-evident, at least theoretically, that to apply this mechano-anatomical pressure principle universally is logical.

Under degeneration and inflammation of nerves Ziegler says that "severe crushing and stretching have an effect very similar to that of section, and so also has continued compression, such as is occasionally caused by tumors, by the contraction of scar tissue, by inflamed lymph-glands, and the like. The interruption of conductivity does not, however, at once involve all the nerve-bundles, but rather tends to take place successively in the several strands." Here we have authoritative evidence that crushing, stretching and compression forces are causes of nerve degeneration and inflammations. This is essentially osteopathic in character. What is the difference in effect whether a nerve or blood vessel is obstructed by a tumor, scar tissue or a broken clavicle, a dislocated hip or a twisted rib? As to the potency of a lesion, is slow and partial compression of nerve strands from a lateral spinal curvature any different from tubercular cell proliferation? Does it stand to reason that the effects of a wrench or twist between two vertebrae, or the twist of a rib, are any less real than pressure on cervical sympathetic fibers to the eye from a fractured collar bone, or interference with ovarian circulation from a displaced uterus?

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When an Ericksen,[16] Page,[17] Clevenger,[18] Moullin,[19] Hilton[20] and Hamilton,[21] surgeons of most extensive practices, readily go on record that functional and organic nervous diseases may arise from contusion and concussion of the spine and from wrenches of the spinal column and rib tissues, it is not a tremendous gap nor an irrelevant step from their conclusions to the osteopathic theory. These writers and authorities, and especially Ericksen and Clevenger, in their respective treatises on spinal concussion, freely make note that they are greatly hampered from two causes; foremost, there have been practically few postmortems of the central and peripheral nervous systems to locate macroscopic or miscroscopic changes that one is warranted to believe, from symptomatic data, to exist. The reasons for this are that sufferers from these accidents are rarely examined post-mortemly, and the usual dead-house autopsy does not include a careful examination of the nervous system. Then, secondly, nothing is known of the dividing line between functional and organic nervous disease; still this is ot secondary importance in the way that a solution is dependent upon extensive autopsy and microscopical work.

This field is approached time and time again by the medical profession. Even as far back as the writing of Abercrombie (1829) and Sir Astley Cooper, reliable observations of the effect of traumatism is noted. But as usual, it is their wrong conception of etiology with a consequent employment of wrong methods that accounts for the lack of development of this important phase of medicine. Naturally, experimental physiology, from the osteopathic concept, must be the means for a solution of this problem.

It is hardly necessary to recall the effects of hyperæmia, thrombus, or embolus upon nerve tissues; or of exhaustion, or of toxines. These pathological findings are vitally a part of the osteopathic pathology, but still they are somewhat beside the point we are especially discussing, viz., direct mechanical pressure effects upon nervous tissue. However, the pathology of a thrombus or embolus, or hæmorrhage, œdema, and inflammation, hinges to a large extent upon mechanical factors, but we must, in this limited summary, remain close to a discussion of the osteopathic lesion in a narrow sense. Providing a sufficient osteopathic lesion exists it requires no greater stretch of the imagination to appreciate an ascending degeneration of the motor tract from it than often follows. a hæmorrhagic lesion. Still, often many cases of paralysis are secondary to heart, kidneys, etc., diseases of which a comparatively slight lesion was the inception. Here is where osteopathic lesions are of great moment—at the very inception of functional and organic changes, and which diseases so often run into secondary and remote disorders, in which the physician can only offer slight prophylaxis. Our query at this point deals more with the question whether osteopathic lesions are a tangible reality and whether slight mechanical disturbances have a definite pathology.

The Brieger and Ehrlich experiments of temporarily applying a ligature to the abdominal aorta, which is followed by acute necrosis of the cells of the lumbar cord, are of interest. These experiments, employing the Marchi staining, show that the degeneration process not only affects the cell bodies. but the entire neurone.

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"Degenerations of a secondary character may occur in those systems of neurones which are more or less dependent upon the peripheral sensory neurone system for their impulses."[22*] This, also, shows how far-reaching a degenerative process and its effects may be. When we remember that some axones are a metre or more in length, and then besides other more or less dependent (dependent for their impulses) neurones may be involved, a single lesion can be far-reaching. "Thus the cells of Clarke's Column may be affected, with resulting degeneration of their axones which make up the direct cerebellar tract. This degeneration extends through the restiform body to the termination of the tract in the cerebellum. The cells of the gray matter whose axones form Gowers' tract may be degenerated, with consequent degeneration of the fibers of this tract. In the medulla the cells of the nucleus gracilis and nucleus cuneatus may be affected, thus determining an ascending degeneration along the tracts followed by their axones." (Pathology of tabes dorsalis.) This may be explained in part by "dependent impulses," but probably, also, that the neurone, although in a morphological sense is a complete unit, still, physiologically, the neurone is a unit in a lesser degree. Apathy, Held, Bethe and Nisse, authoritative neurologists, claim that "in many cases axones pass directly into the protoplasm of another neurone and that the neurofibrils are sometimes continuous throughout a series of neurones."[22]

Ericksen cites a case of injury (reported by Dr. Lockhart Clarke) that resulted in locomotor ataxia. The post-mortem findings showed typical lesions of this disease. The posterior horns and all the posterior columns were exclusively the seat of the disease. Clevenger and Hamilton believe that locomotor ataxia may result from injury. Most syphilologists claim at least 98 per cent. of the disease is caused from syphilis. Possibly injuries of the spinal column excite latent syphilitic condition that develop locomotor ataxia. But this does not seem probable in all cases of the disease reported due to injury. Locomotor ataxia is a disease of fibers of extra-spinal origin in their intra-spinal course, and osteopathic lesions could have a very decided causative effect. When such authors as Ericksen, Clevenger, Hamilton and Landois, lay stress upon the molecular effects of spinal concussion, and Clevenger and Fox[23] upon injuries (from physical violence) to the sympathetics in front of the spinal column as causes of nervous diseases, the osteopathic concept must appear even more logical in comparison.

Certainly "the arterial blood supply of cord and the return venous and lymph circulation have peculiarities that predispose"[24] to disease; and, also, the fact that the cord is made up of "extra-spinal constituents (posterior columns) and of cerebral constituents (motor tracts) as well as special spinal substance (ganglion cells)" the susceptibility of the cord to many diseases, directly or indirectly, is greatly increased. Then "the blood vessels of the spinal cord are seemingly more susceptible to the injurious action of certain poisons taken into the system from without or generated within the body, than other vessels are." Especially is this shown in such diseases as gout,

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rheumatism, and syphilis. But is it not possible that the frequent and innumerable osteopathic spinal column and rib lesions that we find is one great reason for this peculiar susceptibility of the spinal cord blood vessels to disease? By maintaining the anatomical integrity of the spinal column, and eliminating drug poisons, would not important etiologic factors be removed? Through all this mass of data (anatomical, physiological, pathological, clinical, etc.) the question continually arises, what and where is the immediate effect of the osteopathic lesion? Is it without or within (or either) the spinal cord? Molecular and physical effects may result with the cord or sympathetic ganglia, involving function and possibly causing organic changes. But we have every clinical experience to believe many lesions are structural and resting within the extra-spinal tissues, although anatomical, physiological and even pathological data points to secondary effects of the cord and sympathetic processes. And still it is but logical to reason that these spinal column structural changes (osteopathic lesions) readily involve blood and lymph channels and neurone processes, both directly and indirectly, by pressure. Outside of osteopathic data reliable information is found in medical literature of these occurrences. Even when "deep massage to the muscles of the back promotes the flow of venous blood through the spinal vessels and their anastomotic branches," and, according to Starr, is the best means of relieving the congestion which is supposed to exist in the early stage of locomotor ataxia, what should we reasonably expect on carrying out the osteopathic theory to universal applicability? It really comes back to the point of a development of our pathology by experimental physiological means, and not altogether a defense of our principle. A principle must have defensible ground; we have the grounds tentatively supported by clinical data; it now remains to exploit our claims on other lines.

THE OSTEOPATHIC LESION.

We have taken Dr. Hulett's definition, that any structural perversion which by pressure produces or maintains functional disorder, as an acceptable description of the osteopathic lesion. This definition is inclusive of a wide range of etiological factors, but in our presentation here it is evident we are obliged to narrow our subject to a discussion of a typical osteopathic lesion in the sense that what is applicable as a type will to a greater extent include, at least by analogy, the essential features of all osteopathic lesions. In our experimentations, as will be seen, we have been investigating the phenomena resulting from rib and vertebral sub-dislocations of the splanchnic nerve area. The reasons for this are obvious; first, the mid-dorsal section presents a region for typical spinal cord and sympathetic segments and for ideal osteopathic lesions. Then besides, results of investigation are more positive, as an analysis of the stomach contents furnishes additional data. Also, the interlacing of the spinal and sympathetic fibers are not nearly so frequent in the dorsal area as in the cervical, lumbar and sacral areas; in a word, the pre-vertebral dorsal system is comparatively simple.

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Evidence bearing specifically upon the osteopathic lesion should include clinical evidence, physiological and pathological evidence, and experimental evidence. Owing to lack of time and the fact that it is a matter of common experience we will waive the clinical evidence.

In medical literature there is much fragmentary data pertaining directly or indirectly to the osteopathic concept of diseases. Clevenger has gathered much material bearing upon his idea of the pathology of spinal concussion. In his writings he has sought to establish a mechano-pathological interference with the sympathetics with consequent nutrient reflexes as the basis of spinal concussion pathology in distinction, for example, of the molecular-structural-change hypothesis of Ericksen. Clevenger, however, applies this line of thought to the phenomena following railway and other serious injuries only. Still the material presented bears directly upon osteopathic pathology.

The older writers, as Olliver and Abercrombie, considered the symptoms of spinal concussion due to inflammatory cord conditions. Ericksen said the primary effects of these concussions or commotions of the spinal cord are probably due to molecular changes in its structure. The secondary are mostly of an inflammatory character, or are dependent on retrogressive organic changes, such as softening, etc., consequent on interference with its nutrition. Stilling regarded spinal irritation the same as hypreæmia of the cord; Hammond as to anemia. Erb considered spinal irritation as located within the structures of the spinal cord; he does not believe "that the meninges are first to be affected, and the nerve-roots and the cord suffer secondarily."[25]

When emphasis[26 16] was placed upon the succulency and ready compressibility of the connective tissue plexuses that support the ganglia of the sympathetic, and due appreciation given that the sympathetic is, morphologically, simply a spinal nerve, whose three elements are the posterior root, the anterior root and the sympathetic root, a somewhat clearer understanding was had of the pathology of Ericksen's disease. There is probably a swinging elasticity, of a quarter of an inch or more in some parts, of the connective tissues, plexuses and contiguous tissues that inclose and support the ganglia. Then regarding the sympathetic as essentially a spinal nerve is very important from a pathological point of view.

These thoughts in a sense approach the osteopathic concept. At least the mechanical idea of structural tissue relationship and of possible mechanical disturbance of this relationship from injuries, jars, etc., is set forth. The point of lesion, however, results from shaking or jarring, or stretching of the tissues *in toto;* and the clear-cut mechanical mal-adjustment or mal-alignment is not suggested.

For example, it is said that the thoracic and sacral pre-vertebral rami are in the greatest danger from jars, as they are short and in close connection to the body of the vertebrae. The neck and psoas muscles afford extra protection to the sympathetics in their respective regions. The pelvic rami

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communicantes with spinal nerve roots are short; derangements may easily occur here.

Another writer, Hilton, says it is possible "the little filaments of the sensitive and motor nerves, which are delicately attached to the spinal marrow, may, for a moment, be put in a state of extreme tension, because, as they pass through the inter-vertebral foramina, they are fixed by the dura mater." He, also, says that it is impossible that the symptoms following "could be the result of anything but some structural disturbance; and they are, to my mind, the evidence of decided injury to the nerves or marrow, although what the injury may be is not ascertained." Clevenger has commented on "these views of Hilton's as being capable of extension to wrenches, etc., of the vertebrae, not only disturbing the precarious circulation of the cord, but by strains inducing more or less irritation of the nerve-roots and meninges, and, which seems to have been wholly lost sight of by all writers, lesions of the soft and poorly protected spinal sympathetic communicating fibers." Oppenheim says in referring to this subject "'that concussion and jolts of the body can unduly stretch and tear ligaments, muscles and other structures." Other prominent writers that have voiced the importance of spinal wrenches are Page,[17] Moullin,[19] Golebiewski,[27] and Hamilton, but space forbids our quoting them.

The gist of Clevenger's argument is that the pathological lesion in spinal concussion will be found in the pre-vertebral sympathetics. There can be no doubt that the osteopathic mechano-pathology is a fact. The thousands of experiences on the part of our fraternity, of course, is ample evidence, but in addition various medical writers, in a way, substantiate our claims. Whether or not there is a wide pathology is the point of interest to us. That there are definite macroscopic and microscopic changes can not be doubted. Thorburn [45] tells us it is perfectly obvious that certain vascular changes, caused by injuries to nervous structure, produce important effects on internal organs. Likewise Bailey[30] emphasizes the importance of injury to nervous tissue in causing various disorders. These works may be studied to great advantage as well as other recent literature and older writings like Mitchell's.[46] (We have placed considerable emphasis on some of the older writings owing to their historical importance, although a work like Bailey's is much more comprehensive.) All of this study, however, leaves one almost at the point he started from. It is very evident we must develop our pathology strictly along our own lines. The osteopathic lesion (primarily) can not be other than a traumatic factor; and one from a mechanical mal-adjustment viewpoint. The many writers on accident and injury to the nervous tissue constantly emphasize the effect of direct blows to and fractures of hard tissues and the like on the nervous structures. We would especially recommend the works of Bailey[30] and Thorburn[45] as two excellent books for osteopaths. Both writers approach the osteopathic concept, after a manner, in several phases and thus their contributions to traumatic pathology is invaluable. In this article we can only partly introduce a few of the many interesting points. After stating the results of our osteopathic physiological experi-

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ments, we will summarize some of the physiological and pathological data pertaining to the pathology of spinal concussion, as it is closely allied to the osteopathic.

A FEW EXPERIMENTS.

The more one studies the subject of osteopathic lesion the more evident becomes the fact that to get the true scientific insight of its pathology experimental physiology should be employed. After all is said we are obliged to come back to the point that research work is the cornerstone of science. Osteopathic science demands first hand investigation; in fact, this is the *sine qua non* in order to place our work beyond any question of empiricism. A fair percentage of all medical practice is empirical; that is, based on experience and observation; and the simple reason why medical practice is continually presenting a kaleidoscopic shifting is because various scientific methods of investigation are constantly revealing the futility of many phases of practice.

To make a start in what we believe is the correct direction we have attempted a series of experiments on dogs during the past year. Typical vertebral, rib and muscular osteopathic lesions have been produced on these animals, followed by a study of the effects of the lesions on organic function and of the immediate or direct effect of the osteopathic lesion to nervous tissue. Dogs were chosen for these experiments, as their vertebral, rib, nervous and organic anatomy presents many structural and physiological characteristics similar to the human. We are not intimating that our few experiments were exhaustive or approached perfection in any particular; indeed, exhaustive researches will require many years of work on the part of the profession.* But we believe what data we are able to present is absolutely reliable and is of such fundamental value as to be an inspiration for a continuance of this line of work. Although it is of a very elementary character and the time, one year, is a short period, some preliminary work as to technique and various methods have been sifted. To the best of our knowledge this is the first time experiments of this particular nature have been attempted. Every physiologist and pathologist knows full well how exceedingly difficult such experiments are, but there can be no question if we hope to place osteopathy on a thoroughly scientific foundation we will be obliged to exploit osteopathy on these and similar lines.

The dogs chosen for the experiments were healthy ones. A few hours previous to the operation in which we produced the osteopathic lesion the dog was anæsthetized, the stomach tube introduced and the contents of the stomach removed for analysis and at stated intervals after production of the lesion the stomach contents were analyzed. Regulation as to food and drink was secured throughout the period of experiments.

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* We are well aware of some of the imperfections of this address, but we feel that the presentation as it is, the address as a whole will act as an impetus in creating an interest in others for osteopathic pathological work.

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Dog No. 1. Under anæsthetic the dog's lower and middle dorsal region was sprung forward with fairly moderate force.

Six weeks later dissection revealed an anterior "break" between the tenth and eleventh dorsal vertebrae. Also, the fourth and fifth ribs on right side were sprung upward at the vertebral ends. Muscles and ligaments over and between injured vertebrae and ribs very tense and rigid.

Macroscopic hæmorrhagic spots from the size of a pin point to head of a pin were found in the sympathetics opposite the "break" and in the corresponding rami on both sides. Congestion of spinal nerves between the tenth and eleventh ribs.

Stricture in the lower third of the jejunum.

The miscroscope revealed pathological congestion of the above affected nerves, that is, an intracellular congestion.

See Cut I.

Dog No. 2. Three weeks after production of the lesions dissection showed the eighth rib on the right side and the seventh rib on the left displaced upward at the vertebral ends.

The muscles, superficial and deep, contiguous to the lesions, were rigid.

There was marked inflammation of the corresponding sympathetics and rami (macroscopically and miscroscopically).

Enlargement of the spleen to twice normal size.

See Cut II.

Dog. No. 3. Two weeks after operation dissection showed the fourth, fifth and sixth ribs on the right side dislocated upward at the vertebral ends.

The usual muscular tension and rigidity of the spinal ligaments in the area affected.

Marked inflammation and hæmorrhage of the sympathetic chain, the rami, posterior spinal nerves, the intercostal, the posterior and anterior nerve roots, the meninges of the cord for a diameter of a quarter of an inch surrounding the exit of the fifth spinal nerve on the right side, and along the corresponding anterior commissure. The pathological condition here was exceptionally marked. The dog was sick and inactive for a week following the first forty-eight hours after the operation.

Enlargement of spleen to over twice the normal size.

See Cut III.

Dog. No. 4. Sixteen days after operation dissection exhibited upward displacement of the vertebral ends of the fourth, fifth and sixth ribs on the right side.

Hæmorrhagic spots and congestion were found along the course of the fifth intercostal nerve, the ramus and the posterior ganglion. Slight inflammation of meninges at exit of the spinal nerve and of the anterior commissure.

See Cut IV.

Dog. No. 5. One week after operation showed lateral vertebral twist between third and fourth dorsals. Vertebral end of right third and fourth ribs sub-dislocated upward. The usual rigidity and tenseness of spinal column tissues. This dog lost much flesh and was very sick from twenty-four hours after operation to time of dissection.

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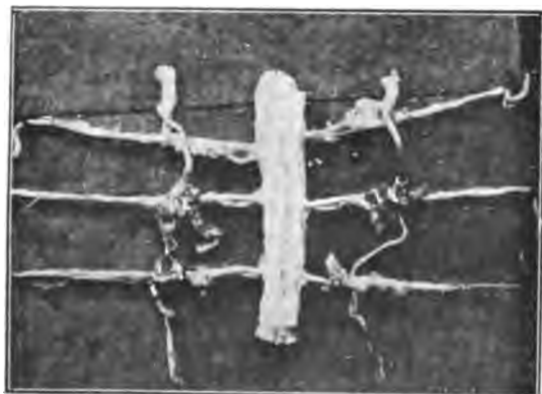
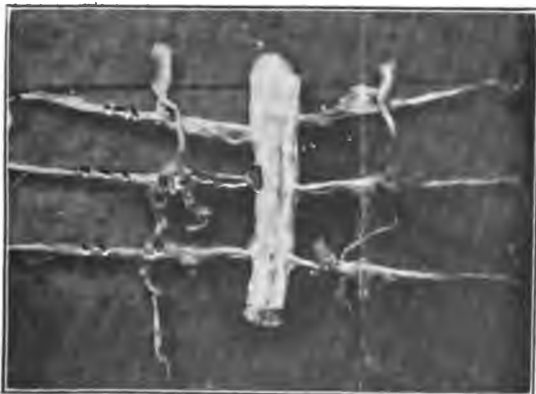
Cut No. I.

This cut, as well as the succeeding five, show clearly the position and relation of the lesions (pathalogical.) By referring to the paper the mechano-anatomical or osteopathic lesions may be found. The numbers to the left refer to the dorsal segments. It should be noted and remembered that we produced no complete dislocation, no fractures, nor did we lacerate any of the tissures whatever—simply an ordinary osteopathic lesion.

The six spinal cord dissections are photographs of the same dissection, although careful dissections *in situ* were made in each case. We were assisted in the experimental work by Dr. Frank C. Farmer, and careful notes were taken, so that we feel what little there is to offer is faithfully reproduced.



Cut No. II.



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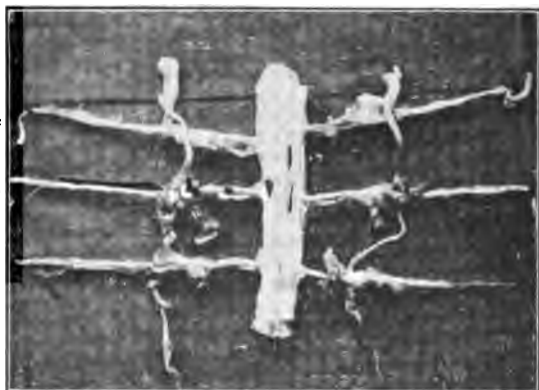

Cut No. IV.

Cut No. V.

Cut No. VI.

Stomach of dog number five, showing areas of ecchymoses, clearl; defined to the naked eye.

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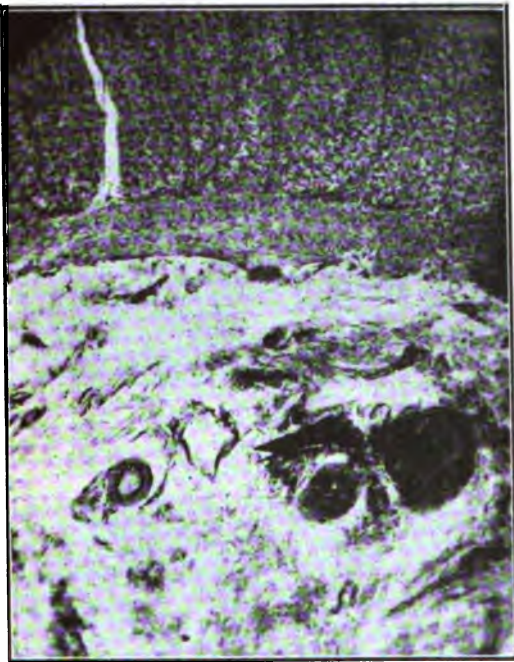


Cut No. VII.

MICROPHOTOGRAPH FROM WALLS OF STOMACH OF DOG NUMBER FIVE.

A passive congestion as shown by the extreme dilatation of the vein, the ecchymosis, and the actual hæmorrhage outside of the vein. This depicts lack of tonicity and early degeneration of the vessels.

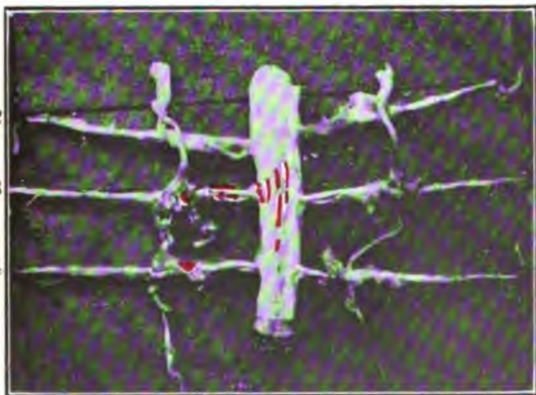
Dog number six exhibited sections similar to the above.

Cut No. VIII.

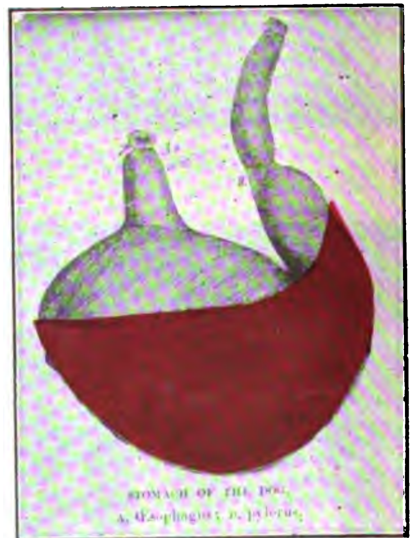
MICROPHOTOGRAPH FROM STOMACH WALLS OF DOG NUMBER FIVE.

An early parenchymatous degeneration as shown by the feeble stain taken up and in places by its complete absence. In a few places there is partial atrophy; this is limited to the glands themselves and is specially shown at the free ends. Under high power, cloudy swelling and degeneration of the base and nuclei can be seen.

Dog number six exhibited sections similar to the above.



Cut No. IX.



Cut No. X.

Stomach of dog number six, showing area of ecchymosis, clearly defined to the naked eye.

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Hæmorrhages and inflammation of the sympathetic, rami, intercostal third nerve on right side, and slight ecchymotic spots, size of pin head, along anterior and posterior nerve roots and in meninges at exit of roots. Also along the corresponding anterior commissure.

Stomach walls stretched (thinned and dilated). An area, over a square inch, near the cardiac end, and another area along the greater curvature were found noticeably congested. Microscope revealed marked intracellular congestion and ecchymosis of these patches; also beginning atrophy of the glands.

See Cuts V, VI, VII, VIII.

Dog. No. 6. Nineteen days after production of lesion dissection revealed vertebral twists between second and third dorsals and between fourth and fifth dorsals.

There was slight ecchymosis and congestion along corresponding rami, posterior ganglion, anterior and posterior spinal nerve roots, and the meninges at exit of nerve roots and along the anterior commissure.

Two-thirds of the stomach area, and especially at the œsophageal end, showed considerable congestion. The line of demarcation between congested and normal stomach tissue was marked. The stomach contained considerable regurgitated bile. The dog was ill, loss of appetite, excessive thirst and loss of flesh.

The microscope showed a similar pathological condition of the stomach as in number five. Microscopically the meninges of the cord were slightly congested.

The spleen was slightly enlarged.

See Cuts IX, X.

Careful chemical analyses of the stomach contents of the dogs before and after production of the lesions showed a marked difference in the chemical reaction. The following deductions as to the stomach may be drawn from the analyses and experiments:

1. The muscular action of the stomach is lessened.
2. The secretions of the stomach are decreased.
3. The physiological and mechanical functions of the stomach are retarded.

The microscope reveals intra-cellular congestion and ecchymoses of the stomach tissues, and beginning degeneration of the glandular cells.

Notes: (a). Two anatomical features relative to our experiments are worthy of special note; first, the sympathetic chain passes directly against and anterior to the head of the ribs (also, see Chauveau[28]), and, second, the spinal nerve makes its exit directly against and superior to the head of the rib. Owing to this second anatomical feature we purposely displaced upward the vertebral end of the ribs.

(b) The lesions we produced were typical and moderate osteopathic lesions; not severe dislocations nor fractures.

(c) With the exception of the second, fifth and sixth dogs the animals got over noticeable stiffness and soreness in a day or two, although the lesions were sensitive to touch similar to the wincing exhibited by the human.

(d) The macroscopic contrast between the injured nervous tissue and the

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pearly white normal nervous tissues was very noticeable. One should be guarded in their examination of some of the ganglia, particularly the posterior ganglion and of some of the cervical ganglia as they be normally reddish in hue.

(e) In all cases where the meninges or cord was involved a slight corresponding ecchymosis of the anterior commissure was noticed.

(f) Future experimental work should take into account the paths of degeneration in the nervous structures. The degeneration that we noted, of any of the structures or organs, was of short duration (early parenchymatous), thus substantiating the potency of the osteopathic lesion and ruling out a possibility of previous chronic disease.

The experiments revealed a similarity in every respect, relative to the pathology of the osteopathic lesion, viz., mal-adjustment of tissues produces primarily pressure phenomena as exhibited by congestion, inflammation, ecchymosis and hæmorrhage of the contiguous nervous structures. Thus the controlling and governing mechanism being involved not only do the injured neurones become disturbed in their functional integrity, but the collaterals with their terminals become also involved. Consequently the pathology of the osteopathic lesion may be far reaching and comprehensive, e. g., injury of the sensory neurone may not only involve the superior and inferior branches within the posterior column, but the collaterals and other neurones dependent upon the sensory neurones, impulses, etc. Much, of course, remains to be established—paths of degeneration, and the various pathological problems to be solved.

All of the physiological, pathological, experimental and clinical data, however, concurs in the theory that a physically disturbed anatomical is productive of functional and organic disorder absolutely independent of and in many instances primary to cell disturbance from auto-intoxication, dietetic lesions, hygienic abuses and the like.

Many writers, as Bailey,[29 30] Mickle,[31] Dana,[32] Da Costa,[33] Knapp,[34] Outten,[35] Strumpell, have striven to show in their writings bearing upon traumatic effects of the nervous system that traumatic hysteria or traumatic neurasthenia is not necessarily a clinical entity, which is probably true, although they are not questioning but there is a certain pathology here. But what interests us here is only a few are willing to admit that various injuries to the spinal tissues may give rise to an important pathology. Clark[36] says "slight anatomical lesions, minute ecchymoses, blood extravasations or bruisings, as part of the 'commotion' of the brain and cord from the accident" may give rise to functional nervous disorders, although he seems to think it of more theoretical interest than of practical importance. He does not place as much emphasis upon the importance of traumatic injuries to the central nervous system as some other writers. Still the discussion of this subject (in a broad sense) is considered, usually, under different etiological headings, viz., traumatic neurasthenia (as above), injuries to the vertebrae, cord, etc. Under injuries to the spinal cord Horsely[37] says pain may arise from pressure on the sensitive dura mater, or the nerve root may be implicated, or the nerve fibers from extra dural and extra spinous injuries. Likewise Gowers[38] tells us in spinal injuries how hæmorrhage may occur into the membranes of the cord itself, and how softening of the cord may occur, the anterior root

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fibers degenerate, and the usual ascending and descending degenerations may be found above and below the most damaged parts.

The above paragraph gives an inkling of the wide pathology that may follow traumatism—from traumatic hysteria and neurasthenia to visible injuries of the spinal column. Medical writers are not agreed as to the importance of the subject, but the fact is evident there is no experimental evidence and but little post mortem investigation for them to base an intelligent conclusion upon. It is claimed by Pell, Oppenheim and others[32] that post mortems in traumatic hysteria reveal neither macroscopic nor microscopic changes; this hardly approaches the subject here to any extent, for in osteopathic work, in the narrower sense, we are considering definite mechanical derangements only. Dana[32] does not believe in the practicality of molecular disturbance (spinal concussion) of the brain and cord, still he states that in injuries to the spinal column laceration of vessels or nerves may take place, which may be followed by reactive inflammatory changes, gliosis and syphilitic exudate. It is not the technical definition of spinal concussion (that is, molecular changes, traumatic hysteria, traumatic neurasthenia, transverse myelitis or some other result from the injury) we wish to discuss here, as stated elsewhere, but whether there is a definite pathology of mechano-anatomical injuries. Mickle[31] believes thoroughly that traumatism is a potent etiologic factor in mental disturbances; the cause varying from slight molecular changes in brain and cord to gross lesions of same, and acting either as excitant or predisponent.

To conclude provisionally as to the character of the osteopathic lesion in its relation to the nervous tissue we believe pressure from contiguous tissues produces intra-cellular congestion in transient and mild injuries, although this is soon followed by oedema, inflammation, ecchymoses and hæmorrhages where disorder is at all permanent or severe. Nerve tissue is certainly richly supplied with the blood elements either directly or indirectly through the direct introduction of the capillaries or through osmotic influence. Sajous' theory, as heretofore stated, relative to the direct continuation of the blood flow through the neuroglian fibril and the neurone is a novel one and from noting the logic of his deduction it seems to have merit. Then a neurones' conductivity or integrity being disturbed by congestion or inflammation due to anatomical pressure, as it undoubtedly can be, it is but a step in the pathological chain until dependent and collateral neurones are involved, for Barker informs us the impulses of dependent and collateral neurones are *dependent upon the integrity of higher and correlated neurones.* This opens a new and immense field for pathology.

We have seen how the sympathetic chain passes directly against and anteriorly over the head of the rib so that lesions of the rib readily induce neuritic and hæmorrhagic foci immediately corresponding to the mal-adjusted rib; then the nervous involvement may extend along the ramus to the spinal nerve with a resultant pathological nervous involvement to correlated neurones and to corresponding viscus life. We have, also, seen how the upwardly displaced head of a rib directly impinges the spinal nerve at its exit, as well as the twisted vertebra or other vertebral lesions impinges through contiguous tissue strain the spinal nerve in its exit. Whether the vertebral lesion actually lessens the caliber of the spinal foramen and thus

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obtsructs nervous conductivity, or there is induced a strain or bias on the immediate muscles and ligaments so that the firmly fastened fibrous tissue that securely surrounds and holds the nerve in its exit with a consequent interference of nervous force remains to be decided; we favor the latter probability, first, owing to the above anatomical features, and second, there can be but little motion in any one vertebral joint without straining contiguous tissues to a point of laceration, but the resultant strain and movement of several tissues will amount to considerable, just like the ultimate resultant effect at the focal point of several similarly mal-aligned, or gradually displaced, vertebrae will be considerable.

Dr. M. E. Clark informs us that it is his opinion, based upon dissection and clinical experience, that all nerves have a copious blood supply, and that practically in all pain the nerve is congested which is the cause of the pain. This is readily noted in sciatica, supraorbital pain, etc. Our dissections, experiments and clinical observations, as well as histological and pathological findings bear this out, although irritability of a nerve may be dependent, and often is, upon a lessened blood supply, we should remember the perverted physical state may be due to congestion and oedema and similar states where the nutrient supply is far below the normal. The ecchymotic and inflamed meninges at the superficial spinal nerve root and along the corresponding anterior commissure substantiates the thought that the osteopathic lesion affects the circulating fluids, by mal-alignment and mal-adjustment and contractured tissues, which in turn disturbs the functions of the neurone, or the recuperative power of *vis medicatrix naturae*, and of the compensatory forces in the body.

SOME CONFIRMATORY EVIDENCE.

Our experiments coincide, in a way, with the "nutrient reflex and sympathetic lesional hypothesis" of Clevenger. Clevenger bases his hypothesis mostly upon clinical and physiological data, comparatively little on pathological data, and not in the least on experiment in only so far as physiological revelation in the common physiological experiments supported his views. Of course, definite mechanical mal-adjustments in the ordinary osteopathic acceptance of pathological phenomena have not been approached in a comprehensive or even general way by either writers on spinal concussion or on allied topics. But the fragments of evidence that have been collected in support of mechanical injuries as causes of certain diseases is helpful confirmatory evidence in establishing the logic and science of osteopathic etiology.

So little is known of the pathology of the sympathetics that writers on nervous diseases are obliged to omit this part of pathology. Still, as Fox[23] has said "that the irritation in one organ can be reflected through a sympathetic ganglion as a center of a reflex arc is a fact that is the very essence of the pathology of the sympathetic nervous system," and some phenomena probably arise, not from reflex irritation, "but to definite abnormal condition of the peripheral nerves that affected the cord by lines of anatomical transmission." There is unquestionably a definite pathology of the sympathetics but very few experimentations and autopsy examinations have been executed.

According to Landois,[6] if a pressure or traction, or concussion of a nerve

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results in an interference with the conducting elements (the axis cylinders), the conductivity of the nerve ceases. If there is a permanent disturbance of the molecular arrangement of the nerve particles, the irritability of the nerve is lost. The conductivity or irritability of a nerve may be lost without manifestation of irritation when mechanical influence acts gradually. Within the intact body persistence of normal irritability in a nerve depends first upon normal nutritive processes and the blood supply of the nerve. Insufficient nutrition is usually followed at first by an increase in the irritability. The irritability ceases only after advanced disturbance.,

In osteopathic nerve lesions there is either an interference with the blood supply to the nerve tissues or else the axis cylinder is obstructed mechanically from direct pressure, stretching, concussion, or laceration. In any event it is the nutrition of the nervous element that first suffers, rendering conductivity abnormal. This means that blood disturbance from various causes is at the basis of osteopathic etiology. Inflammation probably in many instances is part of the history of these lesions. Thus nutrition is changed by certain exciting causes and by paralysis of vasomotors. Congestion and oedema due to obstructed vessels are important links in the pathological chain. Ranvier discovered that nerves become oedematous when the blood vessels supplying them were ligated. And then, traumatic alterations of the cord affects nutrition the same as nerve section. So much depends upon inflammation, and the factors that enter into flammation, and depends upon inflammation, and the factors that enter into inflammation, and not be amiss.

"1. Some source of irritation—cold, a blow, a burn, or a septic focus.

"2. The centripetal nerves, whether sensory or not, which are within reach of this irritation, are excited more or less violently.

"3. These nerves transmit to the vasomotor centres of the region the excitement which they have undergone.

"4. The tonic activity of these centres is disturbed and suspended more or less completely.

"5. Hence follows cessation or diminution of the tone of vessels that are subordinate to these centres.

"6. Consequently more or less considerable dilation of these vessels occur.

"7. But this vasomotor disturbance can only be considered as favoring the development of inflammation. It is only secondary in importance, and does not of itself suffice to make up the phenomena called inflammation. It places the vessels in a condition for easily and necessarily receiving more blood; it offers facilities for the emigration of leucocytes; but the initial phenomena of inflammation consists in the disturbance of the intimate nutrition produced in the organized living tissue. The vital condition of the tissues have been gradually altered by the previous state of its nutrition, and the peripheral resistance in the capillaries having been induced, the part is placed in a condition of vulnerability, and is ready at any moment to respond to morbid impressions. They may be reflex, as the impress of cold, or direct, as from the presence of germs; and the vasomotor action on the vessels, which without the previous alteration of the cell-nutrition would stop short at non-inflammatory congestion, is of enormous importance

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in determining the various stages and symptoms of the progress of inflammation, although independent, and unconnected directly with the initial phenomena."[23]

Following the inflammatory processes of nerves, there may arise stages of degeneration, connective-tissue proliferation, scleroses, pigmentation, etc., which reveals a tremendous field for study, observation and experimentation.

Relative to the importance of the sympathetic system we have reasons to believe that it is to some extent independent of the cerebro-spinal cord, and, although the cord is not independent of the sympathetics, if a wide range of pathology based upon osteopathic concepts can be discovered here, it opens up a large field for medicine in general and osteopathy in particular. It should not be understood that we are intimating that the osteopathic lesion is necessarily confined to the sympathetics but rather suggesting the probability that an important field of our pathology lies here; besides still farther suggesting that what is true and applicable to one part of the nervous mechanism is more or less true of all, for as Humboldt said, "the actual miracle of the universe is the invariableness of the law." Still, science stops where evidence stops, and we should not "accept the physiology of a part for the philosophy of the whole," we can, I believe, safely apply to a certain extent the pathology of a part of one body structure to all of that particular structure.

That there are definite lesions to the sympathetic alone no one will doubt. There is no decussation of the sympathetics and as a result symptoms appear only upon one side of the head and body; this would not be true in cerebral lesions. Oppenheim has said that the motor and sensory derangements in Ericksen's disease have nothing to do with the distribution of definite strands of the cerebro-spinal nerves. There is considerable physiological and pathological data to support this statement. The vasomotor nerves having their centres and courses of distribution, opens an immense field for investigation. Time does permit us to digress on this important point. Clevenger has well said "that lesions of the spinal ganglia or rami communicates while paralyzing and congesting the vessels in the immediate vicinity of the lesion, induce distant sympathetic phenomena upon irritation of cerebro-spinal nerves elsewhere, as pupillary dilation from sciatic stimulation." Myosis may result from lateral curvature of the spine; note the sympathetic disturbances in tabes dorsalis; Kesteven reported a case where a hæmorrhage destroyed the rami communicates of the seventh dorsal sympathetic ganglion, which caused loss of hepatic and renal tone, imperfect peristalsis, etc., the course of involvement being through the splanchnic to the solar plexus disturbing the balance between the sympathetic or vaso-constrictor and the cerebro-spinal inhibitory actions.

Many interesting osteopathic illustrations could be given but the foregoing show the trend of the importance of lesions to the prevertebral ganglia. Lesions affecting the cord circulation can readily disturb the functions of both spinal and sympathetic fibres, of both vaso-dilators and vaso-constrictors, of both afferent and efferent fibres., the same as lesions to the rami communicates can readily upset the balance of spinal cord functioning. According to Langley[39] the cord between the first dorsal and the sec-

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ond lumbar is of prime importance to the sympathetics for all motor and sensory tracts derived from the spinal cord and situated in the sympathetic make their exit here. Osteopathically we find extremely important lesions of the spinal column below the level of the cord; this would indicate that many causative lesions are to the nerve during or after exit.[40]

Vulpian in 1875 excited by the induced current a communicating branch passing between a ganglion of the sympathetic and the root of a spinal nerve and caused "constriction of the vessels that are visible on the surface of the cord in that part of its course which corresponds to the irritated nerve fibres." Likewise the same results followed when an intercostal nerve was irritated between the space where it receives a communicating branch of the sympathetic and of the spinal cord. The many isolated observations that could be given go to prove in a general way that there is a general dependent pathology of the cerebro-spinal and sympathetic nerves following direct anatomical channels and according to physiological principles. The efferent and afferent nerve roots with their corresponding neurones, and their contiguous rami undoubtedly will present a most interesting pathological picture when all the factors of osteopathic etiology are fully developed, for after all it is primarily a question of locating the origin of the disturbed nutrition and secondly of discovering the courses of anatomical conductivity and degeneration.

In this article all we hope to do is to show by very fragmentary references that there are good reasons to suspect a solid basis for osteopathic practice exclusive of so termed clinical empiricism. As has been repeatedly said there are many facts in medical literature supporting our claims, but there is nothing that even hints of Dr. Stills' philosophy that many diseases of various regions of the body are the result of external interference to the anatomical adjustment; still we should be cautious about too sweeping a statement relative to all diseases being due to external interference, for the body is a vital being subject to evolutionary and environmental forces and influences.

There is a wide margin for an osteopathic pathology based upon external mechanical interference alone. It is estimated that each spinal nerve of which there are sixty-two contain approximately eight thousand[41] strands, or say axones, and it is well known by physiologists and pathologists that all the fibers of a nerve cable are rarely involved *en masse* unless, of course, the lesion is a large one, but usually a few at one time. Then we should remember in connection with our pathology that an overworked function may result in a degenerative state of its controlling centres, or that body or other poisons may have a great influence in causing lesions; thus there may be some basis, but not a comprehensive one, for the applicability of medical gymnastics, that is, mechanical therapeutics for stimulatory and circulatory effects exclusive of osteopathy proper, and, also, for antidotal remedies.

To sum up the pathology of ramal lesions, which is as Clevenger suggests, "a lesion may be vascular, osseous, ligamentous, etc., and by extension or secondary implication destroy, or partially destroy, the nerve-root, or ramal. or ganglionary vicinity, and only make itself apparent when months had elapsed." Sympathetic lesions do not necessarily produce immediate symp-

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toms owing to the partial dependence of that system and to the cumulative effect of a lesion. The lesion disturbance may increase very rapidly and pass to an inflammatory stage or the congestive condition may persist for weeks or months. In these long standing cases positive degenerations are very apt to occur. The lesion may run into a carious, periosteal degradation, connective-tissue proliferations, arterial scleroses, etc.

Spastic conditions of the cord-vessels, according to this author, account for spinal irritations. In certain cases of concussion there may be sprain of the vertebrae and rib ligaments with a rapid disappearance of all congestion; Moullin, Hamilton and Dana also suggest that in some cases the spinal column tissues may be sprained. Owing to the spinal nerve-roots being more stoutly enveloped than the rami communicates, they are not as subject to irritation.

"Erb,[25] Berlin, and others suggested ecchymoses in the cord to account for the symptoms similar to those occuring in the sclerotic or retina when the eye was bruised. Transfer those small capillary extravasations to the ganglia bodies, the connective-tissue capsules, ligaments, and vertebral periosteum possible thereabout from a concussion, and the irritations are carried into the cord and will become as manifest as though located directly therein.

"Such extravasations may subsequently clear up as readily as they do in the eyeball. But vessel-rupture, hæmorrhage great or little is not necessary to the production of sensory troubles in that vicinity; irregular blood-supply from a deranged vasomotor region is fully sufficient. A turgescence, such as could readily occur from the blow or fall, whether the sympathetic strands or ganglia were damaged or not, would set up pain and general symptoms as readily as a swollen muscle can reflexly cause general disturbance."

Arterial scleroses may appear in after years, for degenerations are as likely to occur in the arterial walls as in voluntary muscles when cut off from "trophic" influences.

It may be well to state that the present attitude of the medical profession toward the subject of spinal concussion is a peculiar and vexed one. By the generic term concussion of the spine "is meant a more or less complete annihilation of the functions of the spinal cord, immediately consequent upon an injury in character, and unattended by any discoverable gross lesion."[42] The term concussion is becoming more and more limited in its application, due to the discovery that so-called "railway spines" often present definite sprain of muscles, fascial, and ligaments, and twists of the vertebrae with some probable cord or spinal nerve injury, or hæmorrhage into cord, membrane, or nerve sheath. The explanation that there is a molecular disturbance of nerve matter has been used as a hypothesis for the lack of a better one owing largely to previous comparatively inexact methods of diagnosis. We are not making an apology here for the use of the term but have employed it on the one hand according to the historical usage of older writers, but on the other hand in a much more important way (to us) as evidence that traumatism to the spinal colum, whether of the character of concussion to the cord, of sprains, of compression, or what not, is a very potent cause of disease and always has a tangible structural

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pathology. Consequently it matters not to us, just for the moment, whether spinal concussion in its narrow meaning is a fact or not. There may be no obvious structural defect in a few cases where the jolt or injury is received by the cord alone owing to certain anatomical peculiarities, viz., the small size of the cord as compared with the diameter of the spinal canal and the nature of its suspension by the denticulate ligaments and the spinal nerve-roots. Even spinal concussion in its generic sense may not exist. Still we believe there is almost invariably some structural change in the spinal column which affects, directly or indirectly, immediately or in after time, mechanically the blood supply or nutrition of the allied nervous elements.

Through all the mass of case reports from the older writers as Abercrombie, Griffin, Lindell, Webber, Holmes, Leyden, Bernhardt, Erb, Ericksen, and others, to present-day authors as Clevenger, Dana, Hamilton, Golebiewski, Bailey,[30] coupled with the definite experience of all osteopaths, there is certainly much data to justly hope for a comprehensive pathology based upon the fundamental principles of the osteopathic concept of disease. All physicians are realizing that instances may arise when the vertebrae may be considerably disturbed without necessarily producing fatal results or even very serious symptoms,[43 44] although all will concur that serious disorders are the rule, still the fact that vertebrae can be disordered with any degree of impunity has heretofore been much questioned. Therefore, we can safely state that the body structure can be mechanically, osteopathically, disturbed to the point of producing remote pathological effects. However, one salient fact always stands foremost, the importance of a lesion derangement rests primarily with the relation of the affected part to the whole.

Traumatic effects as revealed by osteopathic clinicians and by experimental evidence of the character of nerve tissue congestion, inflammation, and hæmorrhage, and finally degeneration and traumatic compression resulting in nerve-tissue ischaemia and degeneration as recorded by Landois and other physiologists as well as by osteopathic observations, and all evidence by our fraternity through the principle observed by Head that deep organs may be influenced by manipulation of cutaneous sensory nerves derived from the same segment of the cord, and, also, if the effect is severe enough, to collateral neurones, contains a tremendous field for study.

The objects of this address will be attained if first, we have shown that there is hope of a future scientifically demonstrated osteopathic pathology, and, second, if we have given a slight impetus to our fraternity in that direction, but through all our work let us remember the words that Darwin once expressed to Haeckel, "we must beware not to make science dogmatic."

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IMPRESSIONS OF THE DENVER MEETING.

Expressions from a Few Who Were Present.

The Denver meeting was the best we have held, but the programme was too full. I did not hear half the papers and those I did hear were not thoroughly discussed because of lack of time. I enjoy the full discussion of papers because the points are thoroughly brought out.

There was abundance of clinical material but no opportunity for all to see and discuss the cases. I hope the next programme will give ample opportunity for discussion. DAIN L. TASKER.

Los Angeles, Cal.

Since the meeting in Chattanooga in 1900, I have attended all the annual meetings of the National Association, and the meeting at Denver, was, in my opinion, osteopathically considered, one of the most instructive and entertaining of the meetings. The clinic feature was especially good, and Dr. McConnell's address blazed the way for an osteopathic pathology in the near

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future, and this will be one more of the many important things being done to put osteopathy in the highest rank in the scientific world, where it is sure to go. J. ERLE COLLIER.

Nashville, Tenn.

The wife of one of the most prominent among the osteopathic physicians characterized the Denver meeting as being a gathering where "every one was trying to find out what was right." Personalities were almost entirely obliterated. The true scientific spirit was shown on every hand, and on the convention floor was exhibited a tolerance of the opinions of others that will contribute much to make osteopathy the greatest science of the world. Probably at no other meeting have the members felt so well repaid for coming. The feast of instruction far surpassed one's capacity to receive. At the parting hour everyone declared that he would certainly attend the meeting next year at Put-in-Bay.

The arrangements and entertainment secured by the local committee far surpassed anything ever known before in the history of the Association. The meeting marks another milestone in the advance of our splendid profession.

St. Paul, Minn. C. W. YOUNG.

This was the first A. O. A. meeting I have had the pleasure of attending. It was a grand success in every way, it is true I cannot endorse one or more papers we had, but with that exception it was far beyond my anticipations. I would suggest more clinics at our next meeting. It was a grand privilege to meet the Father of Osteopathy, who blazed the path through the wilderness of skepticism and prejudice. It was he who stood like a Gibraltar in the storm of ridicule; it was he who stood the abuse of the old school of medicine; it was he who asked the help of none but God. He held that God had made man a perfect machine, and thoroughly understanding the anatomy of man, he had the key to health.

Words cannot express the debt we owe our Father Dr. Andrew Taylor Still. His name will go down in history as the grandest man of the twentieth century. He will be in company with such men of science as Huxley, Newton, Fulton and Edison. Therefore, there should be no surprise when we osteopaths get enthused. We feel elated to have the grand privilege of holding the Andrew Taylor Still banner high, with the motto inscribed thereon, *"Lesion Osteopathy; Pure and Simple."* WM. H. COBBLE.

Fremont, Neb.

The Denver meeting was the most harmonious and successful ever held. The well managed and hospitable reception of the Colorado Osteopathic Society, the able handling of the programme and the abundant supply of clinical material were all factors contributing to the satisfaction of those attending.

The most notable event and perhaps the one of greatest interest to the profession at large was the presentation by Dr. McConnell of absolutely scientific proof of osteopathic etiology.

Denver's location was doubtless responsible for the absence of many. The attendance, however, was between three and four hundred. There now being over one thousand members in the national organization and the place for

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the next meeting being centrally situated the attendance at Put-in-Bay should be greater than that of any former meeting. In order that this will not lessen the opportunity for bringing out the practical experience of those present, some change in the character of the programme may be advisable. A programme giving less time for theoretical and lengthy papers and more to discussion would furnish a greater extent of practical information than could otherwise be obtained. CHARLES E. FLECK.

Orange, N. J.

The Denver meeting of the A. O. A. was one of the best in the history of our organization. Not so large an attendance, perhaps, as some others, although very satisfactory; yet there was a noticeable spirit of unity which is unique in our history. I do not mean to infer that we were entirely of one mind. There were differences of opinion—widely different in some instances. Yet those very differences were the means of bringing out and unifying the best thoughts in our profession. It seems to me that there was more evidence in this meeting to show the stability of osteopathy, to establish the fact that there is a principle, a philosophy, in our science than in any previous one. A few mistakes were made in the programme, which all of us now can see. Yet is it not true that the discussions which they produced were the means of more thoroughly grounding us in the basic principles of the science? After having attended every meeting of the association since its organization, I am more thoroughly convinced than ever that many fail to appreciate the advantage offered by these annual gatherings. Another large class are the losers by failing to join. Let us all pull together for another year, so that we may make the Put-in-Bay gathering a record-breaker in quality and quantity. We have passed the thousand mark in membership. It ought to be two thousand. Begin plans now for next year. Then stick to the plans. Fraternally Yours,

Columbus, Ohio. M. F. HULETT.

As the A. O. A. is a working body composed of those thoroughly interested in osteopathy and generally willing to subordinate private interests to public osteopathic. The discussions, with one or two exceptions, showed a more in interest and influence. The Denver meeting was the greatest yet held. The programme was comprehensive and well carried out. The abundance of clinical material and the direct way in which most of it was handled were noticeable features. There was not much time wasted giving antiquated or purely medical theories, and the treatment proposed was generally purely osteopathic. The discussions, with one or two exceptions, showed a more thorough grasp of the osteopathic idea and practice than at any previous meeting. That osteopathy is able to cope with disease in almost every form was shown by the testimony of those who had been cured or helped as well as by the testimony of osteopaths.

President McConnell's address deserves special attention. We will all be glad to see it in print fully illustrated. It marks an era in osteopathic investigation on a scientific basis. It is hoped that it will act as a stimulus to work along that and other lines in our colleges.

The reports of the standing committees elicited as much interest as at previous meetings, but did not provoke so much discussion. The policy of

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the association seems to have assumed a definite shape, so that some of the former radical differences of opinion did not crop out in the reports or the discussions. But there was no evidence of lack of interest or any disposition on the part of the members to allow important measures to pass unnoticed. The man that wanted to be shown was in evidence. May he always be with us! E. R. Booth.

Cincinnati, Ohio.

TO THE MEMBERS OF THE A. O. A., GREETING.

The close of the Denver meeting marked the end of a highly successful year in the history of the A. O. A. It saw the membership above the one thousand mark, a fairly good balance in the treasury, and substantial advancement made along scientific lines. It should be the earnest endeavor of each member to make the coming year a better one for the Association in every respect. We must never be content to rest upon past achievements, but should resolve to press nearer to the goal each year.

More money will be put into our publication during the coming year than in the past. The Journal will consist of 48 pages monthly. Any member of the Association who has any idea to suggest that he thinks will be for the good of the cause, or who has learned any new scientific fact is urged to contribute it to the Journal. It is expected that four series of case reports will be printed, and all are urged to help in this work. The Year Book or Osteopathic Annual will be issued about January 1, and an extra effort will be made to have the directory feature of it as accurate as possible.

The educational work of the profession is progressing satisfactorily. In all recognized schools the three years' course will be operative this fall. The A. O. A. holds to its ideals and there will be no departure from the course it has mapped out. It will, so far as practicable and possible, exercise a wise and just superintendence over educational affairs. The relation between the colleges and the profession are harmonious. The interdependence of the one upon the other is recognized by all, and the A. O. A., through its committee on education, will work with the colleges in a spirit of mutual helpfulness.

For the first time the Association has agreed upon the provisions of a bill regulating the practice of osteopathy and will use its best endeavors to have it enacted into law in those states where legislation is needed. This bill will be printed in an early number of the Journal and it is hoped that all members will read it, think about, study it, and, if need be, discuss it during the coming year to the end that we may become united in sentiment and that our future legislation will be as nearly uniform as circumstances will admit. We have a year in which to prepare for a legislative battle, which we have every reason to expect will be fiercer and more stubbornly contested than any we have yet known. Let us fully agree upon what we want then build up our membership, put money in our treasury, and be prepared to get what we want. "In time of peace prepare for war."

There is work for each member to do. There are duties that devolve upon all alike. The duty that lies nearest at hand is to pay the annual dues. Let

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all do this at once and the vexed questions of back dues and reinstatement will be laid to rest. It is not given unto all of us to do brilliant research work such as Dr. McConnell announced in his masterly presidential address — work which well lays the foundation for a distinctly osteopathic pathology— but there are ways in which all can aid in scientific research work. Every member can, and should, carefully record all cases treated, and report the interesting ones to the department of case reports for publication. It will take a large number of these to positively confirm osteopathic ideas of etiology and diagnosis and they will suggest lines of work for research students. Then, again, by paying dues promptly and using every legitimate means to recruit our membership from the ranks of worthy osteopaths each member will be materially contributing to the resources of the Association. They will be supplying money to sustain and improve our publications, and will provide the nucleus for a fund needed to maintain research students. The latter is a work which the Association must take up, and the sooner the better. We have no wealthy members who are able to devote their time to such investigation, and inasmuch as the benefits derived from such labors inure to us all, why should not the profession in its organized capacity provide a living for those who are competent and willing to devote themselves to this work.

It is true that the A. O. A. has a higher mission than the mere acquisition of members. Its success is not to be estimated by the number of names on its roster, and yet there is such a vital relationship between the number of its members and the work it will be able to accomplish that it seems to me during the coming year, at least, that while no line of work should be neglected, our greatest efforts should be put forth in the direction of a largely increased membership. Increase of numbers means increase in influence as well as an augmentation of our resources, and influence and money are needed for the successful prosecution of any cause, however just and worthy.

Let us all work together during the coming year as never before. When we assemble again in annual meeting there should be at least twenty-five hundred names on our roster. They should be the names of osteopaths actuated by the sincere desire to place osteopathy where it belongs—in the front ranks of the therapeutic systems of the earth.

A. L. Evans,
President A. O. A.

Treasurer's Notice.

A. O. A. dues for the year 1905-6 are now payable. Will those who are in arrears please be prompt in making their remittance, as it is necessary to revise the roll of members, and the Journal list of subscribers soon. The constitution provides that all who fail to pay dues for the current year within three months after the annual meeting shall be dropped from membership. Much clerical work is involved in keeping the Treasurer's, Secretary's and Editor's lists correct. You can greatly assist them in reducing this labor to a minimum by a prompt response to this request. Send all remittances to the undersigned.

M. F. Hulett, D. O.
Columbus, Ohio. Treasurer.

A healthy old fellow, who is not a fool, is the happiest creature living.—Steele.

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APPLICATION FOR MEMBERSHIP IN THE A. O. A.

Dr. H. L. Chiles, Secretary A. O. A., 118 Metcalf Building, Auburn, N. Y.

Please present my name to the Trustees as an applicant for membership in the American Osteopathic Association.

I enclose Five Dollars ($5.00), the membership fee, with the understanding that it is to be returned in case my application is rejected.

In case I am elected to membership in the A. O. A. I promise to comply with the requirements of the constitution and to deport myself in accordance with the principles embodied in the code of ethics.

Immediately prior to beginning the study of osteopathy I was a resident of (town or city) .... (state) ....

where I was engaged in (business, vocation or profession) ....

.... at (street and No.) ....

....

I attended .... College of Osteopathy during my first semester, date.................................... I attended..............

................................College of Osteopathy during my second semester, date

.... I attended....................................College of Osteopathy during my third semester, I graduated from...........................

College of Osteopathy, date................................

I began the practice of osteopathy at...

I have since practiced in the following places...................................

....

....

....

....

....

....

....

I am now practicing at (street No., or office building and No.)...................

.... (town or city) ....

(state) .... Signature (as I wish my name to appear in the A. O. A. directory) ....

Note.—No application will be acted upon by the Trustees unless it is accompanied by the membership fee, such fee to be dues for the current year.

Each applicant for admission to membership must be vouched for in writing by two members of the A. O. A., who are residents of the same state as the applicant.

The above applicant is recommended by

1. ....

2. ....

Approved by the Trustees..

Date................................

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The Journal of the American Osteopathic Association

300-303 Miller Building, Chattanooga, Tenn.

Subscription Price, Five Dollars per annum in advance

Published by the American Osteopathic Association.

W. F. Link, Edythe F. Ashmore, Carl P. McConnell, Publication Committee.

A. L. Evans, Editor.

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All members of standing committees ex-officio.

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Chas. C. Teall, 1198 Pacific St., Brooklyn, N. Y.

September, 1905

The Denver Meeting.

"It was the best meeting we have ever had." This expression applied to our meetings is trite, but ever true. Why should we not learn from past experience and make each meeting better than the preceding one? Progress is the watchword of osteopathy.

The opening meeting on Monday night was well attended and the programme was carried out as announced, even to the address of welcome by Hon. Robert Speer, mayor of Denver, who, with the exception of Mayor Dockery of Kirkville, has the distinction of being the only mayor who ever extended a personal welcome to the A. O. A. In addition to the programme as published a male quartette sang several songs, one of which, "Vive La A. T. Still," was particularly enjoyed. The "Old Doctor" appeared at this meeting and made a brief address. He was received with unbounded enthusiasm.

All of the sessions were well attended, which demonstrated the fact that

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members were present not only to advance the cause of osteopathy, but to derive personal benefit from hearing the numbers on the programme.

Where several hundred alert, educated, thinking people are gathered together there are bound to be differences of opinion, and this meeting was no exception. It was noticeable, however, that all contested points were discussed with perfect good humor. It has been demonstrated that in osteopathic meetings personalities can be excluded, and men can differ without bitterness.

The principal points in the reports of the three standing committees were as follows: The Committee on Publication recommended that the JOURNAL be enlarged to forty-eight pages. It was recommended by the Committee on Education that the A. O. A. supervise the preliminary examination of matriculants in recognized colleges of osteopathy. The Committee on Legislation presented a model bill and recommended that it be adopted and that the A. O. A. use its influence to have the provisions of this bill embodied in future legislation. All of the above recommendations were adopted.

Dr. L. E. Cherry, chairman of the Committee on Prize Essay contest, explained the method adopted by the committee in grading papers and announced that it was found that Dr. A. L. Evans was the author of the winning paper, the subject being "What Is Osteopathy?" Owing to lack of time the essay was not read but will be printed later in the JOURNAL.

All of the proposed constitutional amendments were voted down in conformity with the recommendation of a special committee that had been appointed to consider them.

A resolution was adopted relative to the establishment of an Osteopathic Hall of Fame in the new hospital building at Kirksville, commemorative of those members of the profession who have rendered especially marked service in establishing the principles of osteopathy.

The election of officers resulted as follows: President, A. L. Evans, Chattanooga, Tenn.; First Vice President, John T. Bass, Denver, Col.; Second Vice President, Lena Creswell, San Diego, Cal.; Secretary, H. L. Chiles, Auburn, N. Y.; Assistant Secretary, C. A. Upton, St. Paul, Minn.; Treasurer, M. F. Hulett, Columbus, Ohio; Trustees, C. B. Atzen, Omaha, Neb.; T. L. Ray, Fort Worth, Tex.; Cora N. Tasker, Los Angeles, Cal.

Put-in-Bay, Ohio, was chosen as the meeting place for 1906 and the opening date for meeting, as fixed later by the trustees, is Aug. 6.

As is usual at meetings of the Association the Trustees held many sessions and found much to do in considering the reports of the committees, passing upon applicants for membership, auditing the accounts of the Treasurer, allowing bills, etc.

The committees provided for by the constitution were elected by the trustees for the ensuing year, and are as follows:

Committee on Publication, Chairman, W. F. Link, Edythe F. Ashmore, Carl P. McConnell.

Committee on Education, Chairman, E. R. Booth, W. B. Meacham, J. L. Holloway.

Committee on Legislation, Chairman, A. G. Hildreth, Dain L. Tasker, Chas. C. Teall.

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The Committee on Publication was directed to arrange with Dr. H. S. Bunting, Chicago, to publish the year book for the coming year.

That pride of ancestry which makes a person want to do the right thing, to live true to, and worthy of, the teachings of his parents and to keep the family name unsullied is a commendable trait. But such pride becomes ridiculous when one is continually harping upon it and seems to rely upon the deeds of his ancestors rather than his own for his position in life. In this strenuous work-a-day world people are not so apt to inquire who was your father, as what can you do?

Very similar to this is pride in one's alma mater, a commendable thing in itself, but apt to be overworked in professional life. No one can reasonably object to the exercise of a spirit of loyalty on the part of the alumni of a school, but pride in, and loyalty to that school is one thing and the attempt to belittle the alma mater of others is quite another thing. The result of such a course in professional life is bound to be the same as that occasioned in private life when one man reflects upon the ancestors of another, and that is—trouble.

There seems, unfortunately, to be a disposition on the part of a few in the osteopathic profession to create and foster the impression that their alma mater is the only real osteopathic school in existence. We do not, for a moment, believe that any school teaches such a thing to its students, albeit they each in their catalogues and advertising matter set forth, as they have a right to do, their individual and particular advantages, and doubtless each has these. It is possible that some schools are not what they should be in every respect, yet it is absurd to claim that any of them is the only school where osteopathy can be learned. The facts do not bear out any such idea. There are good otseopahts from all recognized schools as well as some poor ones, and we trust that this fact will become universally recognized and that each osteopath will be freely accorded the place which by his own ability, integrity and industry he earns for himself. Any clannishness or drawing of school lines will weaken that spirit of catholicity and feeling of brotherhood which ought to characterize our great profession.

We are informed that one-third of those recently applying for matriculation in the Massachusetts College of Osteopathy have been refused admission on account of poor educational qualifications. The educational qualifications of those who seek to enter our colleges should be most carefully watched. The best way to preclude the harm which comes to the profession through unqualified and ignorant practitioners is to guard the portals of the colleges. This college will henceforth require two years personal attendance of all M. D's., no matter from what school graduated. This, too, appears to be a proper regulation. A physician educated along entirely different lines will require two years to become fully imbued with osteopathic principles, and to acquire the osteopathic technique.

We will keep the address of Dr. McConnell, which appears in this number of the JOURNAL, in type long enough to give all who may desire copies of

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it in pamphlet form an opportunity to be heard from. If a sufficient number are wanted to warrant the expense they will be put in pamphlet form and sent post paid for five cents per copy. The address may be a little too technical for the ordinary layman, but it will certainly appeal to those who have any scientific attainments. Doubtless every osteopath would be glad to present a copy to a few such friends. Let us know at once how many copies are wanted.

It was our privilege while in Denver to examine the electrical illuminating device advertised in this number of the JOURNAL. Accuracy of diagnosis is the key note of osteopathic success and this instrument most certainly throws great light upon this important branch of our work. It is used solely for diagnostic purposes and we believe that it would prove a valuable addition to the office equipment of any physician.

The hospital which is now being erected by the American School of Osteopathy at Kirksville will probably not be completed before January 1. The building will be 79x108 feet, three stories, and will include a theater for general operations and rooms for private operations. It will cost between thirty and forty thousand dollars.

Only one session of the national organization of Osteopathic Boards of Examiners was held at Denver. Nothing of importance was accomplished. Owing to the lack of uniformity in the laws of the various states the members were about equally divided in opinion as to the advisability of discontinuing the organization.

Through a mistake of the printers, which no one regrets more deeply than the editor, the advertisement of the Massachusetts College of Osteopathy was omitted from the August number of the JOURNAL. It occupies its usual space this month and we expect to see that no such error occurs again.

Dr. Booth's book, "History of Osteopathy and Twentieth Century Medical Practice," is now being delivered to purchasers. We have received a copy but have not yet had the pleasure of reading it. We expect to have more to say about this work in the JOURNAL for October.

With this number the fifth volume of the JOURNAL begins. This volume will contain many valuable papers. We would suggest to members, therefore, that each number be carefully filed away so that at the end of the year they may be bound and preserved.

We print this month the impressions of several who attended the Denver meeting. We would be glad to continue this feature in the October number if there be any who care to contribute.

The Brown Palace hotel proved to be an ideal place for our meeting. The

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management generously gave us ample room for all purposes, and the service generally was excellent.

The secretaries of state associations would confer a favor upon us by notifying us, at least one month in advance, of the date of the next meeting of their associations.

The American School of Osteopathy has acquired the interests of the Atlantic School, formerly located at Buffalo. The latter school will be discontinued.

ASSOCIATION NEWS AND NOTES.

Now is the best time to begin the campaign for new members.

The absence from the Denver meeting of three members of the Board of Trustees, Drs. Melvin, Ellis and Gravett, was noted and much regretted.

An attendance of between three and four hundred members at Denver, considering its far western location, speaks volumes for the earnestness and loyalty of the A. O. A. membership.

A full report of the proceedings of the Denver meeting will be made up from the stenographer's notes, which have not yet been received, and will be published in the JOURNAL for October.

One notable feature about the programme of the Denver meeting was the number of comparatively new names on it and the excellent work that most of these members did. The A. O. A. has talent that it knows not of.

The prize essay contest will be continued. Those who have contemplated entering the contest, and we hope there will be many, need not delay work on their essays. The terms of the contest, names of judges, etc., will be announced in the October JOURNAL.

Those elected to membership in the A. O. A. since May 14, 1905, will have no dues to pay until the meeting at Put-in-Bay. From all other members five dollars is now due. This should be sent at once to the Treasurer, whose address appears in this number of the JOURNAL.

At the St. Louis meeting there were six members present who had attended all meetings of the A. O. A. The much regretted absence of Drs. C. M. T. Hulett, S. S. Still and Irene Harwood Ellis from the Denver meting cuts down the list of those who have attended all meetings held to date to three, viz.;A. G. Hildreth, C. E. Still, and M. F. Hulett.

We print this month the names and addresses of sixty-six new members elected at Denver. These names with their office addresses are included in

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the directory which accompanies this number of the JOURNAL. We want each member to look up his name and if there is any error in the spelling of name or address to send us the correction promptly.

Dr. McConnell, retiring president of the A. O. A., is the new member of the Committee on Publication and will have charge of the preparation of the programme for the next meeting. He will doubtless be glad of any suggestions that will aid him in getting up a programme, which it is hoped will be better than any that has yet been carried out.

In arranging for the meeting the osteopaths of Denver did themselves proud. The local practitioners seemed to work together in perfect harmony and the result was the best arrangements ever had at any of our meetings. There were more clinic cases on hand than could properly be presented, and in every way the Denverites proved equal to the occasion.

The sight-seeing trips which were arranged for by the local osteopaths seemed to be thoroughly enjoyed by all. A few seemed to think there was a possibility of their distracting attention from the work in hand. But we believe that the opportunities for social intercourse which they afforded and relaxation they permitted rendered the minds of members better able to receive and retain the good things in which the meeting abounded.

Dr. A. T. Still was in Denver to attend the sessions of the A. O. A. It was much regretted that he only felt able to attend one session, the opening one, on Monday night. While in Denver he was the guest of Drs. N. A. and Nettie H. Bolles. Through the latter he sent word to the Association that he feared he was becoming something of a "home-opath." We are glad to say that he reached home safely and is now feeling very well.

It has been suggested that the transactions of the annual meetings, including the papers, discussions and clinics, be printed in one volume as soon after the meeting as possible and distributed to the members of the A. O. A. The idea meets with much favor, but owing to the expense and other considerations it was not deemed practicable to undertake it this year, but it is more than probable that this will be adopted for future meetings.

Those engaged in the work of recruiting the membership, and we trust this will include every member, should remember that every person elected to membership before May 6, 1906, will receive a certificate of membership, the year book, and all the journals, directories, and case reports issued, or that will be issued, during the current year. Those elected after May 6, will only receive the publications issued after they become members, but will have their membership extended one year from the following annual meeting. Inasmuch as the latter will miss the report of the Denver meeting as well as most of the papers read there, discussions of them, as well as reports of clinic cases demonstrated, there is no reason why any one should defer joining the Association.

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We print this month a copy of the new application blank which was adopted by the trustees at Denver. It will be seen that it provides for going more deeply into the history of applicants than did the blank formerly used. In addition to the safeguards therein provided, the Trustees have decided to print the names of all applicants in the JOURNAL before voting upon them. This will give any member an opportunity to file a protest with the secretary in case unworthy persons seek admission to the Association. No worthy osteopath will object to the closest scrutiny of his personal and professional history, and the other kind—well, it is the other kind we want to look out for.

Including reinstatements there were 79 additions to the A. O. A. membership at Denver. Of these Colorado furnished 11, New York and California, 10 each; Missouri 9, Illinois 6, Iowa 5, Kansas 4, Nebraska and Washington, 3 each; Tennessee, Texas, Wisconsin and Pennsylvania, 2 each; Georgia, Oregon, North Carolina, Utah, Minnesota, Indiana, Michigan, Oklahoma, Alabama and Canada, 1 each.

Fifty one of these were graduates of the American school; 11 of the S. S. Still college; 6 of the California college; 4 of the Northern Institute; 2 of the Milwaukee college; 2 of the Southern school, and 1 each of the following: Pacific college, Philadelphia college and American College of Osteopathic Medicine and Surgery.

It has been suggested by several members lately that the names of the officers, trustees and constitutional committees should be kept standing in the JOURNAL, so that members having business with any of them would always have their addresses at hand. It is true that these addresses appear in the directory but as it is now issued only quarterly, and often becomes misplaced in the office of the practitioner, it will doubtless be found advantageous to adopt the suggestion. Accordingly the official roster will be made a permanent feature of the JOURNAL.

It should be borne in mind that dues should be sent to the treasurer, applications, together with the fee, should be sent to the secretary, while the editor, whose address will be found at the head of the editorial department, should be notified of all changes in the addresses of members.

Make the New Year Book Accurate.

Having been entrusted by the trustees of the A. O. A. at the Denver meeting with the arduous task of preparing a year book that will contain an official directory of all legitimate osteopaths in practice, I herewith urge the presidents and secretaries of all state osteopathic societies to lend me their prompt co-operation.

It is the universal wish of the profession that the next osteopathic directory printed will be accurate, up-to-date and complete. I am ready to make it so if I can enlist the help needed, both to revise the present lists and read the proofs I will submit in due season. Not only are the officials of state and local osteopathic societies urged to give their aid, but all public-spirited osteopaths who are willing to lend a helping hand. Is the list of your city and state correct as far as you know the facts?

Please make a note of all errors of omission and commission in the year book of 1905 and send the same to me promptly. If you see any name incorrectly spelled, initials wrong or address faulty, please send the correction to me, stating the number of the printed page of the 1905 year book on which the error is found. If your name is omitted or that of any other legitimate osteopath, also notify me, giving school, year and present address.

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The osteopathic profession has never yet produced a complete, authoritative and satisfactory directory. It is sorely needed. I pledge the profession to spare no time or toil to furnish it by January, 1906, if I may have the assistance of those whose help I have a right to expect. Faithfully and fraternally,

HENRY STANHOPE BUNTING, D. O., Editor.

171 Washington street, Chicago, August 24.

Insurance Recognition.

Members of the A. O. A. will be interested to learn that osteopathy has been officially recognized by a great insurance company. To the best of my knowledge no insurance company has up to this time ever asked for an osteopathic examination in the settlement of a claim. If I am incorrect I should like to be informed. In this case I was called by the company and informed that they had had several medical examiners' reports, but that they were not quite satisfied and wanted to break all precedents and secure an osteopathic examination. When it is stated that the claim was settled on the spot for exactly the amount recommended in the osteopathic report, there is no need of further comment.

Boston. RALPH KENDRICK SMITH, D. O.

EPITOME OF CURRENT LITERATURE.

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.

Thoburn and Gardner, (Brain, Vol. 26, 1903.) "Tumor of the Axis."

Report of a case of sarcoma of the body of the axis, growing very slowly over a period of four years, which compressed the cord on the left side between the second and third cervical vertebræ. The motor symptoms consisted in paralysis with marked wasting of the sterno-mastoid and trapezius on the left side and an affection of the left eye due to destruction of the left motor nucleus. The left phrenic nerve was completely paralyzed.

E. Barg. (Zeitsch f. Kun. Med., Vol. 50, No. 203), "Chronic Spinal Rigidity."

Chronic spinal rigidity—Describes some extreme cases of spinal stiffness due to muscular action alone. The stiffness prevented the patient from working and robbed him of sleep Flexion and extension of the spine are absolutely impossible and on percussion the muscles are at once thrown into a spastic condition. Under chloroform there was complete relaxation of the muscles. The author adds, "It is impossible that the stiffness and pain are due to hæmorrhage into the subarachnoidal space, with subsequent pressure upon emerging nerves, since occasionally blood is found on lumbar puncture."

Walton, G. L., in "Studies in Neurological Diagnosis," by Putnam and Waterman, Boston, 1902.

Report of a case. A man, a cook, single, age 35 years. On Jan. 3, 1885, fell backward down a flight of steps, striking his neck on the edge of a door post. Head thrown forward with chin elevated. In this condition when he entered hospital. Unconscious six hours. In bed a month. Entered hospital March 30. Complained of position of head, pain in back and shoulders and weakness.

There was a marked prominence over the fourth cervical. Projection felt in posterior wall of pharynx. Patient walked with spastic gait. Reflexes increased, grasp weak. No atrophy. On April 2, head was extended under ether. Position of vertebrae improved. Splint applied. No permanent improvement. Month later failing after two and a half months extension tried again, ten months after accident helpless, had to be taken to almshouse. Fifteen months after accident while taking lukewarm bath, ice cold water meanwhile being thrown on back with syringe, patient felt a sensation like electric shock. Next morning could rise in bed. Month later working in a restaurant. Three years after accident gait normal, reflexes normal, head held rather stiffly, no prominence in posterior pharynx.

Note long loss of function and yet recovery when pressure was removed.

Catalogues of the "American School of Osteopathy," and the "Pacific College of Osteopathy."

These two publications show a marked improvement in bookmaking as well as in the work offered in the courses. Query—Are pictures of gynecological clinics under full sail an essential part of a school catalogue?

Editorial. (British Medical Journal, July 22, 1905.)

"Osteopathy is one of the many inventions in the domain of quackery which testify

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at once to the ingenuity of the American mind, and the credulity of the American people. although as far as we are aware it has not yet found its way across the Atlantic, the system has many adherents in the United States and in more than one state they have attempted to secure legal recognition."

The editor then relates the story of the recent legislative campaign in Pennsylvania and then quotes at some length from Dr. Still's "Autobiography," and his "Philosophy of Osteopathy." He then quotes as pertinent the objection of the governor of Pennsylvania that the good of the system should not be withheld from the use of regularly qualified practitioners.

Littlejohn, J. M.: "The Theory of Lesions and Their Treatment." (The Osteopathic World, July, 1905.)

"How do we get these partial lesions, luxations or a complete dislocation. Outside of the one possible cause traumatic, the only way that a lesion can be produced is in connection with the soft tissues * * * I do not believe there is any other way in which the osseous lesion can be absolutely primary unless it is traumatic. But how does the ninth dorsal get out of place, supposing injury is excluded? Well, it gets out of place because the muscles, ligaments, tendons, etc., get into abornmal conditions contracted excessively relaxed, or in a state of mal-nutrition. * * * That being the weak point in the soft tissue, where you have tension or lessened tension, the vertebrae will get out of place by compensation, and that is the reason why you get these osseous lesions—not primary, but secondary."

PERSONALS.

Born, to Drs. L. E. and Grace Wyckoff, Los Angeles, Cal., Aug. 20, 1905, a son.

Dr. Chas. Hazzard has returned from Panama after a very pleasant and interesting trip.

Dr. V. P. Urbain is now associated in the practice with his sister, Dr. Mary Urbain, at Hamilton, Ohio.

Dr. H. M. Gifford, Louisiana, Mo., has recently recovered from an illness due to sapremia, which kept him from work about two months.

Anyone having a copy of No. 1, Vol. II, JOURNAL A. O. A., who does not care to bind it will confer a favor upon Dr. J. J. Schmidt, Danville, Ill., by sending same to him.

Dr. F. P. Young of Kirksville, Mo., who was taken ill at Denver, while attending the A. O. A. sessions and had to return to his home before the close of the meeting, is reported as entirely recovered.

Drs. Clara C. F. Wernicke and Orella Locke, of Cincinnati, have dissolved partnership. The former retains the office at 55 Haddon Hall. Dr. Locke has taken offices at 11 Cumberland Building.

Dr. George M. Laughlin has retired from the editorship of the *Journal of Osteopathy* in order to devote more time to study and to work in the school. Dr. R. E. Hamilton succeeds him as editor.

Drs. F. D. Parker and C. A. Upton, osteopathic physicians, have entered into associate practice, retaining the suite of offices occupied by Dr. Parker for the past eight years. 708 New York Life building, St. Paul, Minn.

Dr. R. H. Dunnington wishes to announce that he will not be associated with the Philadelphia College and Infirmary of Osteopathy as a member of the faculty the coming year, although his name appears in the catalogue of that institution.

Dr. Edythe Ashmore is now making an extensive tour of cities in the Pacific Coast states, and expects to gather a sufficient number of reports of cases from practitioners there to complete the material for series V of case reports, which she hopes to be able to publish soon.

Drs. L. C. Kingsbury, W. A. Willcox and A. U. Anderson, President, Secretary and Treasurer respectively, constitute the Osteopathic Board of Examiners for the State of Connecticut. They were appointed for a term of two years, beginning July 1, 1905. An examination will be held in Hartford Sept. 5, 1905. Blanks can be obtained of the Secretary.

Drs. S. A. and Irene Harwood Ellis have just returned to this country from an interesting voyage to the Orkney and Shetland Islands, Iceland, North Cape and Norway.

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Before resuming their practice in Boston they will visit in St. Louis, Kansas Cty and Kirksville. They expected to reach home in time to attend a portion of the Denver meeting, but were disappointed—a disappointment felt the more keenly by Mrs. Ellis because it was the first meeting she had failed to attend.

Dr. Ella D. Still of Des Moines, Iowa, has been invited to act as chairman of a Bureau of Orificial Osteopathy and to help prepare the programme, so far as it relates to osteopathy, for the meeting of the American Association of Orificial Surgeons, which will be held in Chicago this fall in conjunction with Dr. E. H. Pratt's clinic.

Mrs. Still took the course in orificial surgery under Dr. Pratt three years ago. This is the third time that she has been asked to take a place on the programme of this Association, but heretofore she has been unable to attend. We consider this invitation not only a compliment to Dr. Still, but a notable recognition of osteopathy.

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Supplement to the Journal of the American Osteopathic Association for September, 1905.

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APPLICATION FOR MEMBERSHIP IN THE A. O. A.

DR. H. L. CHILES, Secretary A. O. A., 118 Metcalf Building, Auburn, N. Y.

Please present my name to the Trustees as an applicant for membership in the American Osteopathic Association.

I enclose Five Dollars ($5.00), the membership fee, with the understanding that it is to be returned in case my application is rejected.

In case I am elected to membership in the A. O. A. I promise to comply with the requirements of the constitution and to deport myself in accordance with the principles embodied in the code of ethics.

Immediately prior to beginning the study of osteopathy I was a resident of (town or city) .... (state) ....

where I was engaged in (business, vocation or profession) ....

.... at (street and No.) ....

....

I attended .... College of Osteopathy during my first semester, date.................................. I attended..............

..............................College of Osteopathy during my second semester, date .... I attended.......................................College of Osteopathy during my third semester, I graduated from..........................

College of Osteopathy, date..............................

I began the practice of osteopathy at...

I have since practiced in the following places..................................

....

....

....

....

....

....

....

I am now practicing at (street No., or office building and No.)....................

.... (town or city) ....

(state) .... Signature (as I wish my name to appear in the A. O. A. directory) ....

NOTE.—No application will be acted upon by the Trustees unless it is accompanied by the membership fee, such fee to be dues for the current year.

Each applicant for admission to membership must be vouched for in writing by two members of the A. O. A., who are residents of the same state as the applicant.

The above applicant is recommended by

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2. ....

Approved by the Trustees...

Date................................

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A.—Helmer, John N., 128 E. 34th St., New York.
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A.—Meaker, Stanleigh R., Auburn Savings Bank Bldg., Auburn.
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At.—Whittemore, Arthur C., 511 Mooney Bldg., Buffalo.
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A.—West, John Allen, 144 East 22d St., New York.
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A.—Moore, F. E., LaGrande.
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N.—Snyder, O. J., Witherspoon Bldg., Philadelphia.
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A.—Bynum, H. R., Randolph Bldg., Memphis.
S.S.—Collier, J. Erle, Willcox Bldg., Nashville.
S.S.—Dorris, Florence, 223 N. Vine St., Nashville.
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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., 202 McTownlee Bldg., Knoxville.
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S.S.—Williams, Benton A., Gallatin.
S.S.—Williams, W. Miles, Willcox Bldg., Nashville.
S.S.—Williamson, W. L., Trenton.

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At.—Fink, J. R., Sisterville.

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The Journal

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OFFICIAL REPORT OF THE PROCEEDINGS OF THE NINTH ANNUAL MEETING OF THE AMERICAN OSTEOPATHIC ASSOCIATION, DENVER, COLORADO, AUGUST 14-18, 1905.

Evening Session, August, 14.

The American Osteopathic Association assembled in ninth annual meeting at the Brown Palace Hotel, Denver, Colo., on Monday, August 14th, 1905, at 8 o'clock p.m., and was called to order by C. P. McConnell of Chicago, president of the association.

The president made a few appropriate remarks and introduced Rev. Flournoy Payne, pastor of the Christian church of Denver, who pronounced the following invocation:

"Oh Lord, God, Thou who hast made man, we come to Thee tonight to thank Thee for every discovery in science, for every improvement in art. We thank Thee for all that tends to ameliorate the condition of man. We thank Thee for the healing art, for we believe that Thou dost desire that men should have sound appetites, well knit, vigorous, strong and able bodies, and well developed minds, and that within these there may be courageous and virtuous spirits, courteous and kind hearts. We come together tonight as healers of the body, and we believe this work has Thy divine approval. We thank Thee for this enthusiastic gathering of practitioners of the new method of healing. We pray that Thy divine blessing may rest upon this convention and the members thereof throughout the week, as well as upon the discussion and deliberation upon subjects which pertain to this great science. We pray, Heavenly Father, that the members may look upon their work as a divine calling, and as they go about healing, may they carry with them the influence and the atmosphere of Him who was the greatest healer of all. May they not practice healing merely for the money they make, but may they carry with them the desire to bless men. We pray that in all of these sessions there may be perfect harmony, and a fraternal spirit, and may the best working methods be disseminated among them in order that they may take home to their fields of labor that which will enable them to be more efficient in the days to come. Bless the people here assembled, and all the earth until Thy kingdom shall be established, and there shall be

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greater happiness, greater righteousness, greater health, greater strength and larger works of good than in all the earth. All these petitions we ask in Jesus' name. Amen."

The President: "I now take great pleasure in introducing to you Hon. Robert Speer, the mayor of this city, who will bid you welcome to Denver."

ADDRESS OF WELCOME.

Mayor Speer spoke as follows:

"Mr. President, and Members of the American Osteopathic Association—Denver should indeed be proud, for this week three national conventions are being held within her gates. The osteopaths come to 'rub' away her aches and pains, the Eagles to soar aloft with her cares and troubles, and the fire insurance men to take her risks from loss by flame. We are indeed proud to welcome you all to Denver, for we know that your presence will do us good, and we hope that your visit to this city and state will be the means of enlarging and broadening your views of the great west.

"I know little about osteopathy, but I have great respect for any organization which can and does relieve pain and suffering. The theory of your profession is most interesting. Having for its foundation our skeletons, you start at the beginning. You get in on the ground floor of our physical being. And while it is comforting for us to know that you can repair our defective bones, what a glorious thing it would be if you could supply the lack of backbone.

"If you could remove the cotton string which so many people use for that member, and replace it with the genuine article, you would never want for practice or for gold. You are to be congratulated that you give the poor overworked stomach a rest. To a layman it would seem that the nearer the bones are to the surface the easier it would be to produce results, so I am somewhat afraid I would be a poor subject. [The mayor was rather portly.]

"An allopath once said in speaking about medicine: 'Would you throw all medicine to the dogs?' The reply was made, 'Not if they were good dogs.' I would not say one word against the big, kind-hearted physician whose very words and presence does so much to help us on the road to recovery, for he is very careful when he selects his medicine to give us nothing that will hurt us; and our faith in him generally helps to bring about the cure. In your work you subtract from the sum total of human suffering, and therefore you aid in bringing happiness to mankind.

"I am glad that this session of your convention is held in our city, for you will find that our people are liberal and free from prejudice. No city in the union has more loyal or energetic citizens than Denver. We are building not only a city that shall be known all over this country for its beauty and business combined, but one that shall be known for the character and integrity of its people."

The speaker paid a glowing tribute to the material resources of Colorado and the character of her citizenship. He closed with the following words:

"I am personally grateful for this opportunity to extend to you the

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freedom of the city. I trust that this meeting may be both entertaining as well as profitable, and as you return to your homes you will always have pleasant recollections, kind words and good thoughts of Denver."

To these words of welcome President McConnell made the following response:

"It is with pleasure that we accept the hospitality of the city of Denver, so eloquently tendered through its chief executive. This is an honor, I am sure, each of us most gladly acknowledges, and we truly receive the welcome in the same spirit in which it is extended to us.

"Every osteopath has a peculiar and appropriate respect for the west. The force that gave osteopathy birth originated and developed in this wide expanse; and thus we all feel that the freedom and liberality of the western plains and mountains represent the spirit that gave the science of osteopathy to mankind.

"We know that the success of the west is largely due to two factors—courage and perseverance. All pioneer work is laborious. But were it not for the indomitable pluck and unshackled freedom of both the individual and the community the winning of the west could not have been other than a different story. Dr. Still's courage and untrammeled thoughts are but a part of these results. That we are proud of the resultant situation goes without saying. Originality plus scientific and logical deduction and induction is only another way to spell success and prosperity.

"We believe that osteopathy is and will be to physical mankind what the development of the west is and will be to the commercial, financial and social world—an evolutionary outcome of stale conservatism and fettered custom. And in saying this we speak and mean no disrespect to our fellow men, but simply imply that freedom from inheritance, from environment and from custom can best arise where cosmopolitan influences and unprecedented situations are part of the daily life.

"Again we thank you for this warm welcome and your most kind words, and we trust our future progress will warrant the generous confidence reposed in us."

The association was then favored with music given by the Orpheus Male Quartet of Denver, consisting of Messrs. J. E. Tompkins, Fred Butler, J. D. Stanley and W. D. Russell. Their first selection was "Mynheer Vandunck," by Bishop. Their next selection was entitled "Vive la A. T. Still," written by Carrie B. Taylor, which was adopted as the A. O. A. song.

WELCOME OF COLORADO OSTEOPATHIC SOCIETY.

Nettie H. Bolles, of Denver, welcomed the A. O. A. to the state on behalf of the Colorado Osteopathic Society. She spoke as follows:

"As is the custom the world over for the citizens of a city and state to extend its distinguished guests a welcome, so it is my pleasure and honor tonight on behalf of the Colorado Osteopathic Association and the Denver city organization to extend greetings and a most cordial welcome to the osteopaths assembled here from every part of our country.

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"But a few months ago in this room where we are now assembled Denver had the honor of welcoming the chief executive of the United States, President Roosevelt. Tonight we have the honor of welcoming one who to us is even greater than the president of the United States, Dr. Andrew Taylor Still, the Father and Founder of osteopathy. According to the papers a glowing tribute was paid President Roosevelt a few weeks ago by Miss Blake of New York, who responded to his address at the National Educational Association at Asbury Park. She said of the president: 'He is a greater teacher than any among us. We are teachers of children; he is a teacher of men.' So can we say of Dr. Still: He is a greater teacher than any among us. We are the teachers of the masses; he is the discoverer and teacher of truths. He is not only the guide, counselor and friend of us all, but the father as well. We all know that Dr. Still does not want any fulsome flattery on this occasion. It is easy to say of this science which he has developed for us, it is great, wonderful, magnificent; but let us avoid any extravagance of speech. We are here to compare and exhibit the results of our work. If satisfactory let us say, well done; if not, let us throw our mistakes and failures into the waste basket and try again.

"Many of you are having your first view of the mountains and your first experience in being so high in the world. In reality you are nearly a mile nearer heaven that you have ever been before, and although you are not all from Missouri, like the 'Old Doctor,' you have heard of the wonders and the surprises awaiting you, and you are here to be 'shown.' The banquet we invite you to will not be spread within the confines of four walls, but will be a feast unto the eye extending for hundreds of miles in all directions, including the snow-capped Pike's Peak on the south and Long's Peak on the north. Mother Nature will be our toastmistress, and the music will be furnished by her chorus of innumerable voices. Once again let us extend our welcome to Dr. A. T. Still, and to all his associates of the A. S. O., to the representatives of all our schools, to our profession at large, and to all the friends who have honored us with their presence tonight."

Paul M. Peck, San Antonio, Tex., responded to the addresses of welcome on behalf of the association. He spoke in part as follows:

"In behalf of the visiting osteopaths I am asked to respond to a delightful welcome. There is a world of meaning in that word. I wonder would we ever tire of being welcome?

"As I face this magnificent audience I am reminded of the good pastor who was distressed over a factional fight in his congregation, and he resolved to end it by preaching a sermon on 'The Dove of Peace,' taking for his text the scriptural passage, "And the Holy Ghost descended in bodily shape, like a dove, upon him.' He had arranged with his sexton to procure for him a beautiful white dove, which he was to use in emphasizing his climax by permitting it to descend from a hole in the ceiling at the opportune moment—a bright idea. His introductory remarks being concluded, he raised his arms, lifted his voice and called out: 'And behold! the Holy Ghost descended in bodily shape, like a dove, upon him.' But no dove appeared. He again repeated the text, but no dove appeared. Feeling somewhat uneasy he again repeated it, and the embarrassing silence which followed

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was broken by a voice from overhead: 'Yer riverince, the cat has gotten loose and has aten up the holy ghost. Shall I sind down the cat?'

"Now, Mr. President, I am frank to say that I had prepared a speech which I had intended to inflict upon this audience, but the eloquent speakers who have preceded me have stolen all my 'thunder,' and I don't know what to do about the 'cat.'

"However, this occasion affords me much pleasure to have the privilege of representing this great profession, and expressing our appreciation for the many kind words that have been said of us, and the warm welcome that has been extended to all osteopaths.

"It occurs to me that through the magnifying power of the rich and hearty welcome that the Colorado osteopaths have extended to us, this body has in contemplation the keenest of delights. Our pulse quickens in response to your first greeting. You have reversed the old idea that the greatest joy of a trip away lies in the warmth of the welcome received upon returning home. You have given us that delight at this end of the journey, and now we are independent of our wives, sweethearts and creditors far away.

"After a day's absence from the city a loving mother called her little daughter to her side and said: 'Your governess tells me you have been a naughty girl, that you have kicked her and even tried to spit upon her. I am afraid satan has put those ideas into your head.' 'Well,' said the daughter, 'maybe satan did prompt me to kick nurse, but I believe the spitting was an idea of my own.' Like the little girl, I have an idea of my own, and that is that nothing is too good for the osteopaths. So, in behalf of the visitors, permit me to accept your offer to show us the best you have.

"In the faces of the splendid audience before me, I recognize representatives of every state and territory in this glorious union. I see men whose early training represents every honorable calling in this life, men who were quick to recognize truth and progress, and who are now identified with us as enthusiastic practitioners. And the women—no profession enjoys in its ranks so large a number of grand and noble women who have been identified with and have played so great a part in the development of our science, and who have assisted in placing it in its proper relation in the family and before the public. I know of no influence more potent than can be wielded by this body of women towards further establishing the purity of the home, the safety of the nation and the betterment of conditions surrounding their kind.

"When our revered founder, Dr. Still, first gave birth to the thought—

I need not follow the beaten path,
I do not hunt for any path.
I will go where there is no path
And leave a trail,

the firm belief that he was right must have sustained him throughout the period of martyrdom and oppression.

"He was always ready to give more than he received, and he proved greater than any obstacle than ever confronted him. By reason of his simple yet logical ideas he has been able to help others bear their burdens. He has done his part in the world, and the thousands of people he has healed can testify of his marvelous skill.

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"If I were asked why we are osteopaths, I should say we are osteopaths because we are right. We are enthusiastic, because each day's experience and observation demonstrates that we are right, and gives us greater confidence.

"Right for a time may be overcome, wrong may seem to prevail, but we are told that the gravitation of justice is always upward toward the throne of God. So it seems to me that the poet must have had in mind the life of our revered founder when he wrote these words:

> Be noble, and the nobleness that lies
> In other men, sleeping but never dead,
> Will rise in majesty to meet thine own.
>
> There are loyal hearts, there are spirits brave,
> There are souls that are pure and true;
> Then give to the world the best you have,
> And the best will come back to you.

"Few great benefactors of humanity have lived to be granted the privilege of seeing their original ideas benefit those whom they have striven to help. Tonight we rejoice, with Dr. Still in our midst, in the triumph he has achieved. Daily, thousands reap the benefit of his teachings. Annually we meet and reaffirm our allegiance to his principles; steadfastly we strive for further advancement and greater accomplishment.

"Mingled with the pleasure of a beautiful mountain trip, the joyous reunion of old friends and the meeting of new ones, and the contemplation of a week of mental feasts, we cherish, to preserve for memories dear, the cordial welcome extended to us tonight, and deem this a fitting occasion for thanking you for this privilege, and bid you good night."

Introduced by President McConnell, Dr. Andrew Taylor Still, the founder of osteopathy, spoke in part as follows:

"How old is osteopathy? It is as old as the universe, because it is a part of God's law which runs not only through the human frame, but through all creation, and man is a miniature universe and it is our business to become acquainted with the astronomy of life. When you speak of osteopathy be careful what you say, because you were born osteopaths only according to the sense you have.

"When I commenced the study of osteopathy we began with anatomy. We could not get enough of it in one year, so we took another year. In the second year we introduced physiology and chemistry and so on. I am proud to say we have made some progress. For the world is going forward and osteopathy is recognized wherever people understand it.

"I am proud to be welcomed here. A great many people pity the Old Doctor for the trials he has had to bear. But I have had more fun than any negro ever had at a baptizing. When I die I don't want any of you to shed tears because of my earthly hardships. I have enjoyed life in the past and am enjoying life at the present to the fullest extent.

"I was in a railroad wreck the other night and got my neck hurt a little. But I have been in several wrecks during the last forty years. I have seen the wreck of confidence in pills and it didn't break my neck either. I have seen the time when pills were given without mercy, when

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the doctors poured down calomel, ipecac and castor oil and then asked the 'Lord to bless the means used for the patients' recovery.' Time was when disease was considered to be a derangement of the chemical apparatus of the laboratory of life. Consequently if we found the right chemical around we prescribed that. Now confidence in medicine is waning. And in yellow fever they tell us that to dose is to kill the patient. Only last week one of the United States surgeons in charge of the yellow fever epidemic at New Orleans said: 'As sure as you give drugs in these cases there will be a funeral.'

"But I am not here to abuse the medical men. No sir, I honor their ashes. They have done the best they could. They have done many good things—they have induced us to study anatomy and physiology. I am as old as the first physiology which was written by Mr. Carpenter, who says: 'I hope this book, though incomplete, will meet with the approval of your majesty, queen of England.'

"I am old, but I remember many things. I recollect when the pioneers traveled to this great country to do something; to open the arteries of commerce, to tear down these mountains and take out the gold and silver. I recall when the backbone of innumerable mules and oxen ached from head to tail bearing the burdens over the plains of Kansas and Nebraska in order to supply you people here in Denver with bread and meat. I remember when Denver was an infant and cried for nourishment.

"Back in 1857 and 1858 my right hand man in the Kansas legislature was John Speer, and he was true to his name. He had sense. He had a mind that was sharp as steel. He devoted his time and talent to help lay the foundation of the civilization and prosperity of this great western country. I am sorry to tell you that though he lives in Denver today his mind is gone and his body is going, for he is in his eighty-seventh year. But I shall always respect and revere the memory of my old friend, John Speer. He stood for freedom of country, liberty of thought and education in the highest degree.

"Now, ladies and gentlemen, I did not come up here tonight with the expectation of making a talk, but I always feel better when I get into good company, and I have been in good company all day.

"Mayor Speer, I welcome you into the osteopathic fraternity."

After a song by the quartet and an announcement that a reception would be held after adjournment, the meeting adjourned to 9 o'clock Tuesday morning, August 15.

MORNING SESSION, TUESDAY, AUGUST, 15, 9 A. M.

C. A. Upton—"I think that the time spent on the business part of our program should be reduced to a minimum, and that all resolutions and motions be referred to a committee called, Committee on Referred Resolutions and Motions, and when any resolution is offered, that it be referred to that committee for investigation and by it reported to the convention, and I therefore move that the President appoint such a committee consisting of five members."

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Motion carried and the President appointed as such committee, Chas. C. Teall, O. L. Sands, F. A. Cave, W. H. Ivie and P. H. Woodall.

The first paper on the program was, "Are the Osteopaths to be Swallowed Up?" which was read by J. T. Bass, Denver, Colorado.

E. D. Evers, Hackensack, N. J., not being present, S. J. Fryette, Madison, Wis., discussed the foregoing paper. He was followed by Oliver Van Dyne, Utica, N. Y., and C. E. Still, Kirksville, Mo., who spoke briefly.

The next subject, "Tubercular Knee," was then discussed and demonstrated by Frank P. Young, of Kirksville, Mo. He also presented a clinic case. This was discussed to some extent by E. W. Culley, L. E. Cherry and others.

A. L. McKenzie, Kansas City, Mo., then conducted a clinic on "Spinal Meningitis."

C. B. Atzen, Omaha, Neb., led the discussion of this clinic. It was further discussed by J. M. Rouse, Oklahoma City, Oklahoma.

The President being called out of the hall, J. M. McGee, the First Vice President, took the chair. P. H. Woodall, Birmingham, Ala., demonstrated a case of tubercular hip. Lena Creswell, San Diego, Cal., led the discussion.

President McConnell at this time resumed the chair.

During the meeting telegraphic greetings were read from the following absent members: C. M. T. Hulett, Mrs. A. L. Conger, F. N. Oium, "The Three Achorn's," Isaac Burk, Louise C. Heilbron. The latter two on behalf of the California College of Osteopathy and San Francisco Osteopathic Association, respectively.

The report of the board of trustees was read by Secretary Chiles. Later in the session, Friday, August 18, the report on motion of F. E. Moore, La Grande, Oregon, was adopted by a unanimous vote.

REPORT OF BOARD OF TRUSTEES.

To the Members of the American Osteopathic Association:

The work and progress of the association the past year have been satisfactory. There has been a continuance of the same conservative and permanent features that have marked our progress in previous years. Our influence is gradually being widened and our scientific development is being extended.

The first meeting of the Board of Trustees was held immediately after the adjournment of the St. Louis meeting July 14th, 1904. The following standing committees were appointed:

Educational Committee—Drs. C. M. T. Hulett, E. R. Booth and W. B. Meacham.
Publication Committee—Drs. W. F. Link, Edythe F. Ashmore and Chas. Hazzard.
Legislative Committee—Drs. A. G. Hildreth, D. L. Tasker and M. C. Hardin.

The above committees have executed their work most zealously and carefully and their reports are herewith submitted in detail as a part of this report.

Throughout the history of the association the Committee on Education has performed an invaluable service, the fruits of which each one of us are duly appreciative. The past year in educational matters will always be a notable one for we are now entering a period of advancement and stability.

The Committee on Publication has striven hard to approach its ideals. Two series of case reports have been published, which have shown considerable improvement over the previous series. The committee, and particularly Editor Ashmore, have always been handicapped in issuing these reports owing to a dearth of material submitted by the individual members.

During the past year there has been great activity in many legislative centers. Your committee has accomplished a great service here by not only freely advising and directing several campaigns but by personally aiding in a number of states. In nearly every

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instance the aid of this committee has been sought and whenever possible the committee has gladly helped.

In the early part of the official year a Transportation Committee was appointed composed of the following:

Drs. O. L. Sands, J. T. Lucas, F. E. Moore, J. T. Bass and C. E. Quick. They had an important work to do. And there is a satisfaction in knowing that the competition of the railroads to secure our patronage to Denver was keen.

The Committee on Necrology was appointed in the autumn, and comprises Drs. J. D. Cunningham, Clara T. Gerrish, Ernest Sisson, Grace B. Taplin and J. W. Hofsess.

Owing to the accumulation of a large amount of material that required personal discussion, it was deemed wise by the Board of Trustees to meet before the Denver Convention. This meeting was held May 28th, in Cleveland, Ohio.

It was considered best to have a Committee on Referred Resolutions and Motions appointed at the Denver meeting, to whom all motions and resolutions will be referred. The idea is to have all such questions referred to this committee without debate, and have the debate upon the report of the committee. It was thought that such a committee would save much needless discussion, and the president was authorized to appoint five members on this committee.

A motion was made and prevailed that the Legislative Committee draw up the essential features of a bill to be presented to states attempting osteopathic legislation and that they be urged to incorporate these general features in all measures presented to their legislatures. In this way the line can be marked out as to where the duty of the association lies concerning aid. The Legislative Committee has prepared such a bill which is incorporated in their report.

Eligibility to membership in the association was discussed at the Cleveland meeting under two heads as follows:

(a) Shall there be any change in the present plan of considering the application of only graduates of recognized schools? This matter was fully discussed in its various phases. It was pointed out by some of the trustees that there were men and women who graduated from schools which at some time in their career gave a fair course of instruction, that some of these schools for a time made a show of respectability, and that seven or eight years ago the difference between a recognized school and an unrecognized school was not so clear as now. Several of the trustees present thought that possibly some time in the future action should be taken whereby some of these on their own merits should be admitted to membership in the American Osteopathic Association, but no one was prepared to press the matter at this time. A motion prevailed expressing the sense of the trustees that at this time it was not wise to change the existing regulation.

(b) Shall the newly graduated, as now, be admitted to the association or shall a period not less than one year intervene between graduation and acceptance to membership?

Some of the trustees took the view that this amendment should be made, believing that the new graduate should enter a period of probation before being elected to membership. Others urged that just when a student graduates and enters upon his professional life is the time he most needs the safeguards that membership in the American Osteopathic Association affords him. The latter idea prevailed and it was concluded that the form of application blank be amended so as to incorporate in it a distinct pledge to be amenable to the constitution of the association, to conform to its code of ethics, and to abide by the rules and regulations it might formulate.

A committee composed of Drs. Evans, Ashmore and Link was appointed to draw up the above form of application.

In the case of the recent graduate it was decided to have a blank to be filled out by the applicant stating where his residence was prior to entering college and his former occupation, thus permitting an opportunity of investigation of his previous record.

It was decided by vote of the trustees to announce all applications for membership in the JOURNAL, and to hold all applications sixty days before announcing the applicant elected to membership. And it was agreed that the secretary furnish each applicant with a copy of the constitution and code of ethics of the association.

It was also decided to send the American Osteopathic Association Journal free to senior students of recognized colleges for three months prior to graduation. This is for the purpose of establishing an interest in and an enthusiasm for association work.

The secretary was instructed to secure badges for the Denver meeting such as were used at the last annual meeting for identification on the floor of the convention.

The itinerary relative to the official route and the special train was submitted by the transportation committee to the trustees at their Cleveland meeting and approved.

W. F. Link, the chairman of the Committee on Publication, then read the

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report of that committee, which, upon motion, duly seconded was unanimously adopted.

REPORT OF COMMITTEE ON PUBLICATION.

To the Board of Trustees of the American Osteopathic Association:

The Committee on Publication respectfully submit the following report:

Since the St. Louis meeting, in July of last year, thirteen issues of the JOURNAL have been printed ,at an expense to the association of $2434.85. This amount is made up of the following items:

Printing Journal, thirteen issues	896.75	
Printing Directories, four issues	76.75	
Printing Case Report Supplements, two issues	135.30	
Other printing and binding	37.75	
Total printing	$1,146.55	$1,146.55
Editor's salary, thirteen months		975.00
Clerk hire, twelve months		120.00
Compiler's fee two series case reports		100.00
Postage		86.20
Telegrams, messenger and drayage		7.10
Total expense		$2,434.85

The total expense for the twelve months, ending with July, 1904, was $2,015.12. The increase of $419.73 is made up of several items, chief of which are: (1) the additional month's expense included in this year's total, (2) clerk hire and (3) fees paid the department of case reports. The last two items were authorized by the board at the St. Louis meeting. Apart from these three items the publication expenses of the year have been about the same as last year's.

The Journal's earnings for the last year have been $568.76, as compared with $326.60 last year. Of this year's earnings $64.62 was derived from the sale of pamphlets, extra copies of case reports, etc., and $504.13 was from advertising. This item shows a gain of $233.88 over last year. Deducting the total earnings from the total expenses we have $1,866.71 as the net expense of the JOURNAL and its several subordinate publications, including the case reports and all other supplements. On the basis of our present membership this sum represents a per capita expense of $2.02, as compared with a per capita expense of $2.33 for last year.

The membership has grown from 725 last year to 921 at the time this report was made—a gain of 196. This is gratifying but it is still far short of what it ought to be. The larger our membership, the larger the circulation of the Journal and larger circulation means larger returns for advertising.

It is difficult, usually impossible, to get general advertisers interested in a journal whose circulation is less than 1,000. There is also an ethical consideration that limits the Journal's advertising field. For example, the bulk of the advertising that yields rich returns to the medical press is strictly excluded from the Journal.

But give us even 2,000 members of the association and we feel sure the returns from clean, unmedicated, ethical advertising will go far toward paying the entire cost of the Journal.

As was authorized by the board at the St. Louis meeting the directory of members was dropped from the body of the magazine, and during the past year has been issued quarterly as a supplement. The eight pages thus gained have proved indispensable, but they are not sufficient for the needs of the Journal for the coming year. We therefore deem it advisable to make a further addition of eight pages, making the Journal a 48-page instead of a 40-page publication.

We congratulate the association on the excellent record its official organ has made during the year under the management of Dr. Evans. He has discharged his difficult duty with distinguished ability and thorough loyalty to the association and the cause of osteopathy.

THE PROGRAM.

Little needs to be said of the program of this meeting. We think it is unmistakably osteopathic. Effort has been made to have the osteopathic idea predominant and pervasive. Subjects have been sought that are specific and practical.

It will be observed that clinics form an unusually large feature of this program. This

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is in accord with a growing sentiment that while academic essays on big subjects have their proper use and place, actual clinical demonstration and discussion are of paramount importance and interest in our meetings.

THE PRIZE ESSAY CONTEST.

The prize essay contest attracted but few contestants this year. Possibly it was not as well advertised as it should have been. Possibly many who have a gift for essay writing thought they hadn't time to try for the prize. Possibly the prize ($50) looked too small to the average osteopath. Possibly most of those who didn't try thought there was no use any way. Because, if all the members of the association were to compete, each one would stand only one chance in about 1,000 of winning. Be this as it may, only three competitors entered the lists and to one of these the prize and the honor of winning it will go. But we confidently venture the opinion that the winning essay alone will be regarded as fully justifying the contest and as well worth the prize.

THE YEAR BOOK.

The Year Book for 1905 is larger than last year's book. It sums up the osteopathic history of the year and presents gratifying evidence of progress in all that makes for the good of the profession. The book is not without its short-comings in point of accuracy, completeness and timeliness; but when it is remembered that two years ago we had no directory of the profession that could lay any claim either to completeness or accuracy the new year book is still something to be proud of, despite its defects. The delay in putting it on the press was due in part, at least, to the tardiness of officers of state associations in responding to the publishers' requests for information. The delay in distributing a large part of the edition was due to a mistake of the publishers. We have the statement of the publishers, Messrs. Dobbyn & Sons, that the books were held up in the postoffice for lack of sufficient postage.

THE DIRECTORY.

A fact that may not be appreciated without some explanation is a rather important change in the character of the directory of the profession as given in the year book. Last year under the rules governing the directory of 1904 a considerable number of names were admitted which should not have been on our professional roll. For example, there were those who had not complied with state laws governing the registry and license of osteopaths. There were those who had definitely quit the practice. There were graduates who had never entered the practice and who gave no evidence that they ever intended to.

Under the new rules proposed by the committee and sanctioned by the Board of Trustees the classes above enumerated, though relatively small, were eliminated from the year book of 1905; and that roll now includes only those who are understood to be regular, licensed, osteopathic physicians actively engaged in practice. So that while the directory of 1904 was open to the criticism of carrying the name of almost everybody that ever members of this association. We believe it justifies the suspicion that most of our practitioners in good standing as such in their respective states.

Another restrictive rule provided that those who were under the censure of a State Society for unprofessional conduct should be excluded from the directory, if such censure were approved by the Board of Trustees of the American Osteopathic Association. This rule adequately safeguards the practitioner's rights and at the same time recognizes an important function of the State Society. We believe that time will prove the usefulness of this rule.

CASE REPORTS.

Two series of case reports have been printed and issued this year as supplements to the Journal. Your committee have not been able to accomplish as much along this line as we hoped because we have not had the proper support from either the members of the association or the profession at large. Earnest, persistent solicitation has failed to bring the desired volume of responses.

By strenuous unremitting labor on the part of the department of case reports the committee was enabled to get sufficient material for two series of reports. We hoped to publish four series instead of two, and we ought to have had material enough for a score. The situation, from the point of view of the committee, is not at all satisfactory, and calls loudly for some good resolutions and radical reform on the part of the majority of the members of this association. We believe it justifies the suspicion that most of our practitioners do not keep anything like a complete record of the cases they examine and treat. It may be assumed that they keep a correct account of the patient's visits and the amount of his bill, but beyond that we fear the majority have no record worth mentioning.

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In this connection we put it up to the colleges whether they are doing their full duty in this matter. Are senior students strictly required to make full, careful notes of the cases they treat? Are they instructed what a case record should be? Are they so thoroughly imbued with the importance of the habit of making clinic records that when they enter practice they keep up the good work?

Why should the practitioner make and preserve clinic records? At the risk of being tedious we mention some of the reasons that occur to us.

First, for the practitioner's own convenience and guidance. No busy physician, no matter how prodigious his memory, can keep in mind a detailed picture of all the pathological conditions that belong to each of the cases he has in charge. Hence for purposes of ready reference and of study he should commit his cases to paper.

Second, for the purpose of noting the progress of his cases. Improvement is often slow and by imperceptible degrees; and when the patient exhibits a variety of symptoms depending on various lesions a comparison of the symptoms presented at examination with those exhibited after one or two months' treatment will often disclose a marked change for the better, which neither the doctor nor the patient can properly appreciate unless a record of the case has been kept.

Third, the practice of recording cases is an invaluable means of self-improvement to the physician as well as a benefit to the patient. If you have charged yourself with the duty of making a written record of a case you will give keener attention to its features as they present themselves at examination; your diagnosis and your location of the osteopathic lesions will be more exact, and consequently your treatment will likely be more specific and successful. You can at your leisure study and differentiate your cases more intelligently with the aid of the written record; and you will be less apt to get your cases mixed or confused—a contingency that may be not only extremely embarrassing, but injurious to your reputation and business.

Furthermore, lest the memory of your successes make you unduly conceited you may need the sharp discipline that comes of studying the records of your failures.

Fourth, no matter how remarkable a case may have been or how beautiful the progress to recovery may have vindicated osteopathic theory and practice it has little scientific value unless a careful record was made when the case was under treatment. An author's contemporary record of events may contain errors, but it is of infinitely more weight and value than his recollection of those events long after they occurred.

Finally, the whole series of basic sciences taught in our professional schools must be rewritten by osteopaths. We need a new pathology; we have only the elements of physiology. Even anatomy and symptomatology need much revision and adaptation. Etiology should be a science, but at present it has only the dimmest outlines. All these studies and others are to be carried forward, developed, recast and reconsidered from the osteopathic point of view.

For this great work our profession has the requisite talent, and some excellent texts by osteopathic authors have already been published, but sufficient materials of study—the result of original investigation, carefully verified facts, thoroughly tested observations—are as yet too scanty. Whence are they to come? They must come from the practitioner. They must be collected and made available for study. They must be published. This is the function of the department of case records. Will not the practitioner, at least the members of the association, recognize the paramount importance of the work and lend a glad hand?

We cannot all be great thinkers, great discoverers, great investigators, great diagnosticians, or even great practitioners, but we can all study our cases minutely, record them faithfully, and report them to this department, and in so doing be conscious of contributing in a most important way to the advancement of osteopathy.

Respectfully submitted,

W. F. Link, *Chairman.*
Edythe F. Ashmore.
Charles Hazzard.

George Still of Kirksville, Mo., then demonstrated a case of anterior poliomyelitis. The case was discussed by Eugene Pitts and others.

E. R. Booth, for the Committee on Education, read the report of that committee.

REPORT OF COMMITTEE ON EDUCATION.

Your Committee on Education begs leave to submit the following report:

The past year has brought its measure of change in the educational interests of the profession. The most of these changes mean development. Some may mean either devel-

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opment or retrogression, according to the use made of them, while the record of the year is not wholly free from cause for regret.

Advance is general in the educational features of legislation. The various states and state boards have responded promptly in the advance to the three-year course. In several instances amendments to existing laws have been secured, always affecting a raising of the standards. Proposed laws are being more carefully drawn. Beyond the simple legalizing of the practice of osteopathy, more attention is being paid to regulation, and more care exercised in determining the qualification of applicants for license. The inauguration of the three-year course of study has contributed materiallv to this result. Most of the state boards have adopted such regulations as will bring their requirements into conformity with the standard of this association. We should not fail in recognition of the great influence of our state boards upon our educational standards. This association may discuss and formulate and resolve, may adopt standards, appoint committees nd inspect schools, but the final test, the final decision as to who shall and who shall not be certified as belonging to the profession lies with the state boards, and as they are careful or negligent in discharging their duty they may make or mar our profession. They should receive our hearty encouragement in all efforts tending to improve the character and enhance the prestige of the profession, and to make it more worth while to be known as an accredited practitioner of osteopathy.

The personnel of the several state boards should be a matter of careful and earnest consideration by the state societies. Even where the law does not authorize the society to nominate, and it is always better that it should do so, it should use its influence to secure the appointment of competent, conscientious men. Is it not a mistake to ask men connected with osteopathic colleges to serve on state boards of examination? Circumstances might arise in connection with the examination and licensing of their own students that would be embarrasing to them and to the profession. It would seem to be better to select the members of the board from the ranks of the profession outside the colleges.

The three-year course of study is going into operation so smoothly and is so settled in our thought that we may be in danger of forgetting that this result is only possible because of such an amount of readjustment in curriculum and class work by the various faculties as can hardly be appreciated except from like experience. Our colleges are entitled to the greatest credit for this happy outcome of what was for long a very troublesome matter.

The standard of the American Association adopted at Milwaukee states in general terms what this association looks for in inspecting a college, and what it requires a college to show to receive recognition. Two years was too short a time to carry out that standard in full and as a result some subjects received a minimum of time and attention. It might be well to indicate where the A. O. A. will look for expansion to produce the three years' curriculum. It will be largely expansion of subjects already taught, giving more time and more care; less cramming and more digestion and assimilating by the student. Osteopathy requires an exhaustive knowledge of the normal body, and of it three questions mav be asked: What is it? What does it do? How came it to be? The answer to the first is found in anatomy, histology and physiological chemistry; to the second in physiology, physiological chemistry and physics. In these are revealed the perfect developed body, and they comprise what has heretofore been required in our colleges. The third question has only been touched upon very lightly. But form and function can be but imperfectly comprehended unless we know something of their genesis, something of the processes through which they are developed. This is a necessity to a clear understanding of the normal body. But in addition it may have for us a clinical value of its own. Medicine has paid but little attention to this, as it has little to do with drug effects, but the relations of the various tissues and organs to one another, and the lines of influence of one upon another depend upon embryonal homogeneity, or heterogeneity, may prove to be a rich mine of osteopathic truth. One term based on some standard text on embryology and a work like Verworn's General Physiology would be highly profitable. Greater attention should be devoted to a more detailed study of diseases and of diagnosis. We have allowed ourselves to be satisfied too easily with the logical sequences of the causal lesion discovered in structural examination, its correction by manipulation and the resulting cure, and have neglected the other half of diagnosis and prognosis which requires a determination of the effects of the lesion present and prospective. The clinical and pathological evidences of disease with microscopic and chemical examinations should receive more attention.

In no department is extension so important as in clinics. It is here that the physician is evolved from the student. A student may be letter perfect in text and recitation, but flounder hopelessly in a sea of difficulty when he finds that in practice the atypical is the usual, and that his typical text book case is an exceeding rarity. He should not only be required to handle cases throughout their course, but he should be drilled in a large number and variety of cases. It does not relieve a college of responsibility to shift the acquisition of this skill and experience to his own unaided efforts after he is in practice. His patients are paying for skill, not for experiments with themselves as the subjects. The incident of the oculist complimented for his skill replying, "Yes, but that skill cost a bushel of eyes," ought to have no counterpart in our profession. The student ought to have the possibilities

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of these errors pointed out to him by his instructor instead of realizing it first after some disaster in his own practice due to his ignorance. In a few colleges dispensaries have been established in thickly populated districts for the sole purpose of training in diagnosis, and have been found very profitable.

Some of the college announcements for next year indicate increased time devoted to surgery. It will be very easy to make a mistake just here. Principles of surgical diagnosis, antiseptics and anesthetics and minor surgery are enough in the three years. There is not sufficient time for a complete course in operative surgery and surgical technique, and a smattering will not only kill time needed in other subjects, but will fail to satisfy the good students and will make fools or worse of the others. The A. O. A. can not afford to lower its standard, but should insist that a regular course in surgery should be given only in an extended course giving ample time for the study of the subject as presented in the best colleges teaching surgery and adequate facilities for clinical practice in hospitals by personally performing the operations known as major surgery. We have always contended that surgery needed osteopathy, but the reverse is equally true. Osteopathy needs surgery. Each will help to develop the other, and neither can reach its highest efficiency except in co-relation with the other. When we call to mind the recent fight for recognition in New York, Pennsylvania and some other states we can see that the question of surgery will soon demand our attention and compel some decision. It is certain that we can not expect ultimately to be placed on the same plane as other schools of practice unless we meet equal (not the same) requirements. This is the situation that it is developing in many states and the sooner we get into line with it the better it will be for us. We have discussed this matter thus at length, not with a view to suggesting immediate action, but that in our future thinking and acting we may not unwittingly waste our energies in efforts apart from the natural order of our professional growth. We are now in the transition stage and are building for the future, not simply for the present. It is desirable that osteopathy should as speedily as possible come out in the full strength of its maturity prepared to meet all diseases without aid from any other school of practice. In actual fact we have already reached this position. There only remains the formal announcement of it. We go right on making elaborate provisions for teaching and practicing surgery in our schools: we have our chairs of surgery, our surgical text book, hospitals, all the facilities that are needed, invite the care of surgical cases, and yet when our students desire to qualify themselves as surgeons we are so inconsistent as to drive them from us and compel them to enter the medical profession in order to do our work. It would surely be much better to provide a place for them and keep them with us. But for the present an optional course for those who want to take up surgery would serve the purpose of an expedient to bridge over from the present condition to the future full professional maturity.

The Committee on Education at the meeting of the American Osteopathic Association in Milwaukee in 1902 discussed the subject of matriculation of students in osteopathic colleges and made recommendations concerning the entrance of students in those colleges. The report of the committee also contained the following, which was approved by the Board of Trustees and by the association itself:

"The committee would suggest that this association can control and unify the work of conducting matriculation examination to much better advantage than can the several colleges, and that it assume that work. A board of regents should be appointed by this association whose duty it should be to exercise a general supervision over the subject of matriculation, to pass upon the credentials of all prospective students, to formulate rules and regulations for the conduct of examinations, appoint examiners and make such other provisions as shall result in a practical and uniform system. The regents' certificate issued to successful applicants should be required of every matriculant in the college. This would not prevent any college making additional requirements in case it desired a standard higher than that of the association."

The inspector of the osteopathic colleges reported at the Cleveland meeting in 1903 the necessity of more stringent effort to secure a higher and more uniform standard of matriculation than was found in most of the colleges. He also reiterated the recommendation made in the quotation above. His report was approved and made the recommendation of the Committee on Education, the Board of Trustees and finally the association itself. As the inspetcor called special attention of each college to its defects it was deemed advisable by the Committee on Education to await developments and see if the colleges would not push forward toward the goal set by the profession and by the colleges themselves throught the action of the Associated Colleges of Osteopathy; hence, no action was taken and no report was made upon this phase of the work at St. Louis in 1904. It seems to the committee that the time has arrived when attention should be called again to this subject.

An effort has been made during the past year to secure more exact information concerning the actual practices of the colleges in maintaining the standards for matriculation, regular work and graduation as laid down by the A. O. A. in 1902 and 1903. Only four schools placed themselves on record by answering the questions propounded to all the schools; hence, the committee's knowledge of what the schools are doing is meager, and some of

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it mere hearsay. The information at hand does not warrant the conclusion that the colleges have attained the standard set by the A. O. A. A few informal complaints have been made to the committee, such as a student put out of one college under discipline, accepted by another without credentials and graduated by the second on completing the two years, including the time spent in the first college; students being graduated under 21 years of age; a student being graduated who spent more than 20 per cent. of the two years at home 100 miles from the college; low matriculation requirements; inadequate facilities for teaching, resulting in the habit of resorting to special teachers, and sometimes older but inexperienced students for training in manipulation, and the granting of diplomas upon insufficient grounds.

The question of the length of time physicians should be required to attend our colleges has not yet reached a satisfactory solution.* Past experience in most cases shows that a short course fails to produce the desired results. Two years' attendance would not be too much to require of a medical graduate, to unlearn his former mistakes, get the osteopathic idea and imbibe a proper appreciation of the osteopathic principle of therapeutics and of the independence of the osteopathic system. It might be well for the A. O. A. to provide for more careful investigation along these lines, and refuse membership to such as are clearly disqualified by reason of these or similar irregularities. It could also co-operate with the state boards in refusing to issue to them state licenses. If any college should prove especially and persistently flagrant the school itself could be refused recognition. These suggestions are made in a spirit of desiring the highest and most uniform results in our school product. If each school is to do its work entirely independent of what the others are doing and of any general supervision, governed only by its own ideas, or even whims or caprices, the osteopathic profession will become more and more a mixed company without cohesiveness, co-operation, or any common basis of thought and action.

The development of the college problem as far as organization and control are concerned, is not proceeding on the lines of progress that are necessary to build up great scientific institutions. The whole group of conceptions involved in the stock company plan of organization, the idea of a college being a subject of barter and sale, or that it must pay interest on the money invested, is utterly repugnant to and inconsistent with the true spirit of an educational institution. It is unfortunate that the ideals embodied in the original charter taken out by Dr. A. T. Still, have not always been adhered to in later school ventures, either at the American school, but that the possibilities of a college as a source of revenue, have too often been regarded as important. The goal we should be unalterably determined to reach, and which should be the paramount consideration in every case, is the endowed college. Under the present system, if a friend of osteopathy desired to present a building, a chair, a laboratory, a library, a sum of money, to a college, he would be deterred and repelled by the fact that it was adding to some company's "plant" and profits.

It was suggested two years ago that there should be a unification of the osteopathic colleges. Some plan of that kind is practicable, and would help to remedy some present defects. If our schools were properly correlated their relations to one another would be simplified, they would be relieved of an undesirable responsibility in reference to taking in undesirable matriculants from financial considerations. The question of an extended course to include surgery could be readily handled by having each of the colleges to continue just as it is with a three year course, except that the course of study should be so arranged as to make them harmonious and properly connect with such extended course. There would be no necessity for all the colleges to maintain such a course. A central college, or a central, an eastern, and a western one, could be fully prepared to give it to students desiring it, after completing their three years in any college. With all the colleges interested in that extended course, and preparing students for it much more would be accomplished in bringing about unity and harmony.

When the inspection of colleges was made two years ago it was tentatively suggested, and the A. O. A. provided by resolution, that it should be repeated in two years. Many changes have taken place since then and evidence of marked progress would be expected. The interests at stake make it worth while to consider the advisability of further work of this kind.

Respectfully submitted,

C. M. T. HULETT, *Chairman*,
E. R. BOOTH,
W. B. MEACHAM,
Committee on Education.

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* Some of the colleges still provide for matriculating two classes a year. With the three-year course this is a mistake. Classes should be matriculated only in September. In February, 1907, the last two-year class will be graduated, and after that there would be only the June commencement each year. [The foregoing was in the original report, but was not adopted, as will be seen from the discussion and motions.—Editor.]

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It was moved and seconded that said report be adopted.

C. A. Whiting: "I would like to inquire if by adopting it the convention approved the entire report?"

E. R. Booth: "That is my understanding of it."

C. A. Whiting: "I move to amend the motion by saying that we receive the report."

Motion seconded. And motion to amend was carried, and the original motion was held in abeyance.

Owing to the lateness of the hour the discussion on the final adoption of the report was postponed until a favorable opportunity presented itself.

The President then announced that the Colorado Association had planned an excursion for all the members present on the "Seeing Denver" cars, which would be in front of the hotel at 2 o'clock, and earnestly requested all members to participate in this outing, the Chamber of Commerce of the city of Denver furnishing same gratis.

Thereupon the President declared the meeting adjourned to meet at 8 o'clock p. m.

EVENING SESSION, 8 O'CLOCK, AUGUST 15.

Second Vice President, Nettie H. Bolles, called the meeting to order, and announced that the first order of business would be the reading of the minutes of the evening session of August 14th, and the morning session of August 15, 1905.

The secretary read the minutes of said meetings, which, on motion, were approved by the association.

The Rubenstein Quartet favored the association with two selections, also "Vive La A. T. Still."

Essie S. Cherry, of Milwaukee, Wis., then favored the meeting with a vocal solo entitled, "The Carnival," by Molloy, and after an enthusiastic encore, sang "The China Tragedy," by Clayton Thomas.

President Carl P. McConnell then delivered his address which was illustrated by stereopticon views.

Vice President Bolles: "Doubtless you have all been highly entertained by the illustrated address of our worthy President. He was assisted in its presentation by Rev .and Mrs. John C. Worley, of Yamada, Japan, who operated the stereopticon lantern. Dr. and Mrs. Worley have enjoyed some of the advantages of osteopathy, and in this manner have expressed their appreciation of it. They have further consented to entertain us with a short lecture entitled, 'A Fifteen Minutes Trip Through Japan,' illustrated with a number of highly colored stereopticon views."

Upon the conclusion of Dr. Worley's lecture, J. T. Bass stated that the Colorado Association highly appreciated the efforts of Dr. and Mrs. Worley, and moved that a vote of thanks be extended by this association to them, as well as the Denver Chamber of Commerce for the complimentary excursion given during the afternoon. The motion was carried unanimously.

A. G. Hildreth: "I move that the American Osteopathic Association select the first Monday of August of each year hereafter, as the permanent time for the opening of our annual meetings."

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This motion was seconded, and was referred to the Committee on Referred Resolutions and Motions.

The Rubenstein Quartet again favored the association with a selection entitled, "What's the Matter With the Moon Tonight," after which the meeting adjourned to meet at 9 o'clock a. m., August 16, 1905.

MORNING SESSION, WEDNESDAY, AUGUST 16

The president announced that the first order of business was a paper, entitled, "The Practical Conduct of Contagious Cases," by Frederick H. Williams, Lansing, Michigan. Owing to the absence of the author the paper was read by E. W. Culley, of Flint, Michigan. This paper was discussed by Hasseltine A. Burton, Denver.

The President at this time raised the question as to whether or not a nominating committee should be appoined, as the election of officers would be held tomorrow.

J. S. White, of California, moved, and motion was duly seconded, that a nominating committee of seven be appointed by the president, whose duty it will be to select one name for each office to be voted upon at this meeting.

C. W. Proctor moved to amend the motion by substituting the word "two" in place of the word "one," thereby making it the duty of said committee to present two names for each office to be voted upon.

C. W. Young, of St. Paul, spoke against the amendment.

K. W. Coffman, of Owensboro, Ky., spoke in favor of the amendment.

The amendment carried, as did the original motion as amended.

The president: "The report of the Committee on Education was read yesterday, and is now up for your consideration, and for action."

C. A. Whiting, Los Angles: "There were two points brought up in the report of the Educational Committee which seem to me to be worthy of consideration.

"The first one to which I refer is the suggestion that the colleges should be required to admit students only once during the year. It seems to me that that is a matter of internal house keeping. That is a question which of necessity the colleges must decide for themselves. In some states, as in California, the whole school system is based upon the idea of students being admitted into all of the higher institutions twice during the year. They graduate from the high schools of California twice during the year; they graduate from the normal schools twice during the year, and they are admitted into both of those departments twice during the year. So that it seems to me that it is only proper to allow the colleges to regulate that internal matter as seems best to them, and is most in harmony with the educational conditions of the state in which the college is located.

"The second matter is one of very much more importance to us. It is one that is directed to the higher education of the osteopath. Anything which will promote the cause of education should be very near to every one of us. The recommendation of the committee, as I understood it, was that an examining board should be appointed who should determine the qualifications of students about to enter upon their professional studies.

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If this board could with fairness judge of the qualification of students I should certainly be very much in favor of adopting that part of the committee's report, but no written examination can at all times indicate the real competency of a man or woman to take up a course of study. It has occurred to me that possibly it might be better to regulate that at the other end of the line. My suggestion would be that a committee, or examining board composed in part of members of this organization and in part of delegates appointed from the colleges should examine all graduates of osteopathic schools; that those who fail to pass the examination of this board should not be eligible to membership in this organization. It seems to me that a system of that kind would go farther than anything else toward equalizing the educational requirements in our colleges. Set the requirement as high as you please and make it uniform. Some have suggested that if this were done it might cut down the membership of the national association. On the contrary I believe that no proposition could be made which would be more likely to increase the membership of our association. And when it would be understood that an educational requirement was made for entrance it would be almost a disgrace not to be a member of the association, and those who are not members would not have much professional standing."

C. B. Atzen, Omaha, Neb.: "If the student is admitted into the school and he is to pay a certain sum of money for the privilege of being taught a certain profession, and possibly expends every cent he has in the world to accomplish that aim, and then at the very last hour when he imagines he is going out into the world to be recognized as a physician, he is to be branded as unequal and as unfit to be taken into this association, then the organization which has tolerated that procedure has done him an injustice, and that man or woman would have no equal chance, because if there was any competition in the community in which he or she lived that would be used against them. Therefore it would embarrass many of the graduates who would be as eager, and just as competent to practice the profession, just because they failed in passing the examination, as we all know there are some persons who can practice a profession much better than they can answer questions concerning it, and therefore I hope the last proposition will be thoroughly discussed before it is adopted."

C. W. Proctor, Buffalo, N. Y.: "I am in favor of ultimately coming to the abolition of the February class if it seems necessary to do it. The schools will take in one new class this year if this rule is adopted, and they will graduate two; that is, they will fall back one class. There will then be only three classes in the institution where there are now four. Next year they will be allowed to take in only one class and will graduate two; so the latter part of next year they will have only two classes in their institution. However, they will have to maintain a faculty for teaching two classes such as they now have for teaching four classes, unless they put in post graduate courses and those are sufficiently patronized to make up this equivalent.

"The Chicago University graduates four times a year; and the bare fact that two classes are matriculated in a year does not in any degree lower the standard of requirement. The standard of the Chicago Uni-

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versity is as high as that of any university in the land. The question is, can the schools do good work and take in two classes a year. It seems to me that for yet another year at least there can be no question about the ability of the schools to take in the two classes and do just as good work as they have been doing, and it seems to me that this requirement ought to be postponed until we are certain that it will meet with universal favor.

"While we are all anxious to raise the standard of the profession we should not at the same time adopt anything that will be too drastic for the schools. If you succeed in driving half a dozen schools to the wall, what particular advantage is it to the profession? We need schools the same as we need practitioners. There are some that seem to think, from the pressure that to some extent is being brought to bear on them, that it is not in harmony with the best interest of the profession to have schools, however, that idea is preposterous."

A. G. Hildreth, St. Louis: "I do hope that this association will go slow in its attempt to run the school business in our profession. I think we have a higher mission than to put our hands on the educational institutions of our own profession. I am unalterably opposed to our trying to dictate whether the colleges shall teach one or two classes this year, next year, or any other year. That is a matter for the school to settle and not for this association. It should make its membership so valuable that it would be the desire of every educational institution in our profession that their graduates should be eligible to membership in this association. Further that that I do not think we should go.

"When it comes to our appointing a board of regents to examine the matriculants for our colleges I am likewise opposed to it. We have no right to touch it. It has been said by some of the ablest men of our profession since this meeting assembled that the doors of our schools should be wide open to matriculants, but they should be very careful about the graduates and the issuing of their diplomas—there is the place to guard it; but never throw any obstacles in the path of any man who wishes to enter your college, because his opportunities might have been poorer than those of someone else. Give him a chance to educate himself if he wants to. I therefore hope this association will not recommend limiting matriculation to once a year, and I further hope that it will amend this report in such a way that you will not necessitate the appointment of a board of regents or a committee of that kind."

Kent W. Coffman, Owensboro, Ky.: "This association has never had anything more important before it than this question. The reason I say that is because of the fact that I have had some experience with the medical profession of the United States which has worked for two centuries to get its system to its present standard, and we as a profession are what the medical association was a few years after its organization, and the school question is before them today as the most important question with which they have to contend.

"It makes no special difference whether we have an American Osteopathic Association or not. It makes no special difference whether we have a state or county association, as compared with the school question, because in our schools the osteopaths are taught to compete with the allopath,

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the homeopath, the eclectic, and all the other "paths" of this country, and our school standard must be as high as it is possible to make it. Here is the dangerous question.

"I feel that the interest of osteopathy in the United States demands that someone speak upon it. We have not been rigid enough in our preliminary examination for matriculation. Why? If our osteopathic schools were chartered and supported by the state, which they ought to be, and which I hope some day they will be, then the matter of dollars and cents would be eliminated; but when we organize a school, osteopathic or medical, we put our money into it, we put our time and our talents into it, and we want it to win, and the tuition is the primary motive power of matriculation. That is true of the American Medical Society—that is true of any of our schools, and the result is that the temptation for dollars is so great that people are admitted to our colleges that never should be. Why, last year one of our osteopathic students came before the Kentucky state board of examination for admission and in an entire examination on 16 subjects he never used a single capital letter! The American Medical Society has ordered that every medical college in the United States shall not have the privilege of passing upon its applicants, but an independent board composed of educated men of their cities or towns shall examine the applicant and pass upon his fundamental competency. In the state of Kentucky we have appointed a professor who is above reproach, and who is thoroughly educated, and he is to examine every applicant, except those who enter the colored medical school of the city of Louisville, as to his preliminary qualifications, and if he is rejected he cannot enter any medical college under the control of the American Medical Society; and we want the standard raised that high because we are ahead of them in our system, and we want to continue to keep ahead of them."

Charles E. Still, Kirksville, Mo.: "I have been paying careful attention to the discussion in regard to educating the osteopath, and the school business. As you all know I am interested in the school business, and would like to say a few words along the line of school work. We have to learn to crawl before we can walk. I wish that we could have the qualifications for entrance as high as any institution in the country, but as we have to depend upon our receipts for our disbursements we must reach these things by degrees.

"If the members of the association, or if the association could get together and buy the schools and make one grand institution, and endow it, I believe that problem would be solved. I asked a man a short time ago how long he had been sick, and he said he had been sick since the beginning. I have been in the school business since the beginning and I think I know something about conditions as they exist. At the present time I cannot see any way in which we can have a board of regents to examine our students. If this board will pay the bills, then it is all right, but they will not. We have, on a number of occasions, tried to get the osteopathic schools on an endowed basis and put them in the hands of some one that would draw the reins as tight as they like—for instance, Dr. Turner Hulett, and Dr. Booth. Until that can be done I say do not hamper us in our effort to build up osteopathy. I do not feel like having the educational committee tell me just when I can open and when I can not."

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At this point the program was taken up and Jennie B. Spencer, of Des Moines, gave a report of a case of fibroid tumor treated by her in Des Moines, the clinic case she was expecting to demonstrate having failed to arrive.

The subject of fibroid tumors was discussed by C. E. Fleck, J. B. Littlejohn, Ella D. Still, W. W. Steele and Chas. E. Still.

Assistant Secretary, C. A. Upton, made the announcement that the Association for the first time in its history had succeeded in raising its membership to over a thousand members.

C. A. Whiting: "Brother William J. Hayden, of Los Angeles, Calif., was honored with a position upon the program of this meeting, but at the last moment he was unable to come. At his request I bring a gavel made of carved orange wood encircled with gold, and Dr. Hayden requested me to present it to the association for him. It will be a very proud day for us and I think a very pleasant day for you when this gavel shall, for the first time, fall upon some table in the city of Los Angeles."

"The president: "In behalf of the American Osteopathic Association it affords me much pleasure to receive this token, and I sincerely trust that some day the osteopaths of Los Angeles may have their wish gratified. I trust, Brother Whiting, that you will convey to Dr. Hayden our greetings, as well as our regret for his absence. All who are acquainted with Dr. Hayden know him to be a zealous worker and true to the cause of our profession."

M. F. Hulett: "I move that we extend to Dr. Hayden a rising vote of thanks for this beautiful gift."

Motion seconded and unanimously carried.

The report of the Committee on Education was again brought before the association.

H. E. Bailey, St. Louis, moved that the report of the Educational Committee be adopted, this was seconded by C. A. Whiting.

A. L. McKenzie, Kansas City: "I want to say a few words with reference to this report. There is danger, it seems to me, confronting this association. There is such a thing as attempting too much, to undertake what cannot be carried out. Every person has a motive for that which he attempts to do, and sometimes it is a good thing to consider motives. I believe in this report that the committee is attempting to go a little too far. There are rules and regulations that we already have that should be enforced before we attempt to go farther and take up something else.

"In this report the recommendation is made that members of schools should not be on the state board. That is a matter of opinion. Those who are connected with schools and are on state examining boards are in a position to learn some very important things that might be of benefit in raising the standard of the school.

"There is another thing I want to call your attention to. Those who are members of the board do not think they are having such an easy time and are not being paid very well for their time. Whenever they attend a meeting they do it at a sacrifice. From personal experience I want to say to you that I have learned some things that I would not have known had I not been a member of the board.

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"Now, with reference to the question of the term; that is whether you shall have one or two terms. I believe it should be left entirely in the hands of the schools. I believe it is right for this association to go out and say that these schools must come up to a certain standard, and if there is a law, that law should be enforced, and if you will take pains to carry that out then it will be a good thing.

"This association has forced certain schools into certain conditions against their wish. Whenever you do that you tempt them to disobey the law and do under cover what they would not openly do. Last year we had the question of the three year course before us. There was opposition to it. So whatever we do should be done openly. If we have a school and are going to advocate two years it should be so announced, and if we have a three year course it should be so regarded by all. But how do you expect to enforce the three year course when the two year course is not being enforced? And it is not, I know it. Whenever you begin to branch out and adopt rules that are questionable you run that risk, and the result is that schools are going to do those things that they should not do, and that are not according to the rules. I think that the committee should carefully investigate all of the schools. I think that when a school is established, they should investigate it and find out whether that school is living up to the rules, and if it is not coming up to the standard this association should so announce it; and if the school is doing its duty it should be announced, and when a school once gets recognition by the association it is just as essential to observe the actions of that school."

E. R. Booth, Cincinnati, Ohio, a member of the committee, spoke as follows: "The suggestions that have been made are merely suggestions. Now, with reference to the question of matriculating two classes a year. That is a matter of comparatively minor importance and I do not see why that should not be left to the colleges. It is a question that I would not undertake to defend. Under the present condition of affairs it seemed wise to the committee to give that matter more consideration. The committee came to that conclusion, so far as I could learn the opinions of the individual members of the committee, from the fact that in all probability the custom of admitting two classes a year has been greatly abused. Pupils have been admitted, as far as I could learn, at almost any and all times, from the first of September up to probably April or May. Now it seems to me that the colleges ought to take up that matter and act upon it.

"Here is the greatest difficulty that confronts this committee, and one of the greatest difficulties that confronts the association today. The colleges have laid down certain rules for their own government. I think almost every one of their catalogues gives certain requirements as to matriculation. Are they living up to those requirements? Two years ago it was demonstrated that they were not. Have the colleges since then made improvements in that respect? The committee had no means by which it could investigate that subject officially and make a report based upon trustworthy evidence. As the report says, we have a great deal of hearsay evidence with reference to this question, and much of that goes to demonstrate the fact that some of the colleges are giving little or no attention to the rules that they have laid down for their own guidance; hence so far as the reports that they send out to the profession and the world are concerned,

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they are little less than a farce. The question is whether we as an association are sufficiently interested in this question to take a hand in this matter and insist that something shall be done. It was decided three years ago that it was the province of this association to supervise this work, and the colleges were the very first to sanction the supervision by the association. As I say the American Osteopathic Association has not through its board of trustees, or through its educational committee, had the facilities by which the work could be thoroughly done. I want to call your attention to a point or two in support of the contention that I have made. I will read a small section of the report:

The Committee on Education at the meeting of the American Ostopathic Association in Milwaukee in 1902 discussed the subject of matriculation of students in osteopathic colleges, and made recommendations concerning the entrance of students into those colleges. The report of the committee also contained the following, which was approved by the Board of Trustees and by the association itself:

"The committee would suggest that this association can control and unify the work of conducting matriculation examination to much better advantage than can the several colleges, and that it assume that work. A board of regents should be appointed by this association whose duty it should be to exercise a general supervision over the subject of matriculation, to pass upon the credentials of all prospective students, to formulate rules and regulations for the conduct of examinations, appoint examiners and make such other provisions as shall result in a practical and uniform system. The regents' certificate issued to successful applicants should be required of every matriculant in the college. This would not prevent any college making additional requirements in case it desired a standard higher than that of the association."

"There have been criminations and recriminations by the colleges against each other, because they were not living up to the requirements as laid down in their own courses of study and this suggestion was made by the American Osteopathic Association.

The inspector of the osteopathic colleges reported at the Cleveland meeting in 1903 the necessity for more stringent effort to secure a higher and more uniform standard of matriculation than was found in most of the colleges. He also reiterated the recommendations made in the quotation above. His report was approved and made the recommendation of the Committee on Education, the Board of Trustees and finally the association itself.

"That was done without a dissenting voice, and the question is are we going to take a step backward today?

As the inspector called special attention of each college to its defects it was deemed advisable by the Committee on Education to await developments and see if the colleges would not push forward toward the goal set by the profession and by the colleges themselves through the action of the Associated Colleges of Osteopathy, hence no action was taken and no report was made upon this phase of the work at St. Louis in 1904. It seems to the Committee on Education that the time has arrived when attention should be called again to this subject.

"Here is the point to which I wish to direct your attention:

An effort has been made during the past year to secure more exact information concerning the actual practices of the colleges in maintaining the standards for matriculation, regular work and graduation as laid down by the A. O. A. in 1902 and 1903. Only four schools placed themselves on record by answering the questions propounded to all the schools, hence the committee's knowledge of what the schoools are doing is meager, and some of it mere hearsay. The information at hand does not warrant the conclusion that the colleges have attained the standard set by the A. O. A. A few informal complaints have been made to the committee, such as a student put out of one college under discipline, accepted by another without credentials, and graduated by the second on completing the two years, including the time spent in the first college; students being graduated under 21 years of age; a student being graduated who spent more than 20 per cent. of the two years at home 100 miles from the college; low matriculation requirements; inadequate facilities for teaching, resulting in the habit of resorting to special teachers, and sometimes

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older but inexperienced students for training in manipulation, and the granting of diplomas upon insufficient grounds.

"Now you can see from what has been stated here the difficulty under which the educational committee labors. We have spent much time in getting this information from the colleges, and in many cases, I am sorry to say, it has been impossible to get it. It has been said here that what an educational institution needs most of all today is to guard its exit rather than its entrance. That idea was first advanced by President Jordan of the Leland Stanford University some years ago. The college work and the character of the students who graduate is what we are most interested in.

"Personally I am not in favor of such a rigid examination for entrance to osteopathic colleges, or any other class of schools as some would require; but it is possible to have some uniformity; and I believe the difficulty under which the osteopathic colleges themselves are laboring can be very largely overcome by following the suggestions contained in this report. It does not mean that those who intend to enter an osteopathic school must go before this board of regents in San Francisco, or New York, or some place else to pass the examination. So far as most of the work pertaining to the entrance is concerned it can be done very much as it is done today. They can make their application to the several schools, as the committee suggests here. Let there be some uniformity of application and requirements, and let these credentials finally be turned over to this board of regents to pass upon so as to satisfy themselves that there is a uniformity of admission to the several schools; and then we would take away from the colleges the odium of almost constantly accusing the other fellow of doing what is improper.

"For a number of years I was examiner in the city of Cincinnati for the Massachusetts Institute of Technology. Supposing that a pupil wishes to enter an osteopathic college, and his credentials do not show that he is qualified, it is necessary for him to take an examination, and that is the same thing that colleges everywhere are doing. Every prominent college in the United States doubtless has examinations right here in Denver. We can do the same thing, and let the board of regents finally pass upon these matters, I believe you can find a board that will deal justly with that question.

"In this matter you should take into consideration many things. If I had to examine the papers of a person that had not been in school for several years, but who had other qualifications, I would expect him to be rusty on book knowledge, but he ought to be prepared to satisfy the committee as to certain fundamental requirements at least. As far as the American Osteopathic Association is concerned we do not know that there is any uniformity, or any definite standard, and no attempt has been made to ascertain the qualifications of those that are matriculating in our colleges. The question is, can we as a profession endure such a condition much longer. I doubt very much if we can.

"It has been suggested by one of the colleges that we could overlook the graduation requirements, etc. I think it would be a good thing. The committee on education has not seen any practical way of doing that without involving the profession in a vast expense. It could be done by following the suggestion that was sanctioned by Dr. Charles Still at Cleveland for the unification of all the schools into one grand college. All

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of the osteopathic schools have adopted the three year course under the guidance of the association, and I believe that the time is coming when all the colleges can be united so as to work together as one. The committee has not recommended anything of the sort yet. In the meantime we must maintain standards the best we are able to under existing conditions.

"I am free to say that it is remarkable the advance that has been made, the success the schools have attained; but there is no reason why we should not be doing much better. But mark you this, that the public and the legislatures in the several states are guarding this question very carefully. We may be inclined to ignore the standard set by the medical practitioners for matriculants in medical colleges, but as a matter of fact those standards are practically the standards that have been forced upon us and upon the communities in which we reside by the increased intelligence and higher education of the people. We know that is true in the state of Ohio from the discussion had there three years ago before the enactment of our law. The same question has been threshed out in Pennsylvania, New York and other states. We know that through the legislatures of the various states the people are demanding thoroughly qualified persons who shall engage in the art of healing, and it would be a great mistake for us with our eyes open to adopt a standard that would not meet with the approbation of an intelligent community.

"I believe in the appointment of a board of regents, if it can be done. I know there are difficulties in the way. I admit that the committee has not worked this out in detail. It will involve some expense. But I believe it will be an entering wedge to the accomplishment of the plan suggested here upon the floor this morning.

"It has been stated that the committee on education should have investigated these schools again this year. The committee was not empowered to do that. No action was taken. Remember that the committee on education is simply a sub-committee, a standing committee of the board of trustees and it is the board of trustees that carries into effect the rules and regulations of this association.

"One other matter and I am done. You remember that three years ago, two years ago, and one year ago, it was the almost unanimous opinion of the colleges and of this association that it was wise for this association to maintain more or less of a supervision over the colleges. The question is up to you, what are you going to do about it? Is it going to be done or are we going to recede from our former action. A little has been done, much has been accomplished, and I believe that much more can be done. I hope that this association will do no unwise thing and bind the hands, as it were, of the incoming board of trustees, thereby preventing them from taking such steps as have been authorized by the association year after year in the accomplishment of the desired ends."

M. C. Hardin, Atlanta, Ga.; "Facts are the things we want to get held of. I was a pioneer in the south as an osteopath. I had to contend with the medical forces as a pioneer as perhaps comparatively few of the doctors have in a new community. I was in the state of Georgia about a year before any other osteopath entered. During that time I had quite a fight with the medical men of that state.. On account of the publicity

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that was given me, on account of the fight I had with the medical men, and incidentally, by Rev. Sam Jones, who brought me into prominence by a letter which he wrote for the Atlanta Journal when the governor vetoed the osteopathy bill that had passed after I had been in that state but nine months, the osteopaths from the different schools seeking a place in the south would correspond with me, and in that way I received a great many letters from all parts of the country. I wish I had some of those letters here. They showed an utter ignorance of the very fundamental principles of the English language. They showed that the standards set up for matriculation in the schools were not followed as they should have been.

"The other thing is, that we have set a standard. It is an easy thing for us to criticise the schools, but we must remember that many of our schools in the earlier years were hard pressed in a financial way; they were laboring under the difficulties of establishing a new science, and a great many of the people who have been connected with the schools were not familiar with school life. They had never taught in schools; some had never run schools; and any man who undertakes a new thing must have some experience before he can do it as it should be. We all learn by experience. Now, we have had an experience of several years. But for the future we should set a standard that should be higher than that heretofore maintained. I do not believe in carrying it to the extent that the American Osteopathic Association shall dominate and dictate in every detail of school management. That is wrong. Such a spirit as that indicates that the schools and those in authority in them do not know how to run them, and that the American Osteopathic Association must deal with them in every little detail. We do not want any such thing as that; but what we do want is to have the ideas expressed in this report carried out in the proper spirit. The schools recommended this; they endorsed it, and I doubt not that they did it in the proper spirit.

"The expense of running a school is necessarily great, and sometimes, in order to meet their expenses they doubtless have taken in pupils that were undesirable. I have heard of pupils who did not have sufficient knowledge of the fundamental principles of a common school education who were turned away from one school and admitted into another. I do not konw how true it is. Whether it is true or not it should not be; and the only way this can be avoided is to adopt the recommendation and report of this committee. We want a higher educational standard. We have increased our term of study to 27 months. I like that spirit, but we must not press it too far. We should take into consideration the conditions of the school, and their financial burdens and problems; but the schools themselves have the right spirit, and there is no reason why the schools and the American Osteopathic Association cannot work together in perfect harmony. There has been no antagonism; we have one object in view. If the American Osteopathic Association has set the time students should study and has suggested the course of study they should pursue, then it should guard the college doors. This was recommended by the colleges, and is proper. I do not believe in making the standard too high or too low, but place it somewhere within reason, and then live up to it. This association does not want to hamper the colleges.

"I do not believe you can have two successful colleges running along in exactly the same groove. Each college will have its own individuality, and

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by no means should we destroy it. Let it exist, and I think as far as the spirit of the present educational committee is concerned it is unalterably opposed to anything that would injuriously affect the individuality of the schools in any way. I hope this report will be adopted."

H. T. Crawford, Boston: "What would be the effect provided this motion now before the association passed? Would that of itself constitute an appointive committee, and who would appoint it, or is it elective?"

M. C. Hardin: "If the board of trustees think the law ought to be enforced they can enforce it. I do not believe in enacting any law, or making recommendations that are not to be complied with."

Louisa Burns, Los Angeles: "I move that the report of the educational committee be amended so as to omit the paragraph relating to the time of matriculation each year."
Motion seconded by C. A. Whiting.

J. B. Littlejohn: "I want to say that so far as the questions that have been discussed here in regard to the influences that we are to bring to bear upon the schools, that we must be cautious. It is true that we must unify cur entrance examination. We must make provision for an entrance examination that should be fair and just, and to that extent I am in favor of the report, but there is one thing I wish to say, and that is, that it is not complete because it does not cover graduation. I believe that the principle of supervision should be carried throughout, and if that is done it would be immaterial whether I was a graduate of one school or another. I believe that any school that cannot teach the subjects sufficiently to allow a person to pass at the end of their school term, as is done in the other schools should be prodded up or go out of the school business. The time is coming when we will do that, and I believe that is a thought in advance for the educational committee to consider next year."

C. A. Whiting: "I am heartily in favor of the entire report of the educational committee with the expection of the matter of the time of matriculation."

"Leslie E. Cherry: "We should profit by the experience we had last year at St. Louis over the educational question. We had a vigorous discussion in which there was displayed some bitterness. That part of the report referring to the three year course was defeated. I voted to defeat it because I did not think it could be enforced. Soon after that meeting the American School which opposed that question adopted what the association fought for in that meeting. I believe this report is comprehensive and should be adopted and I further believe it will be a benefit to every school of osteopathy. I do not believe that it will be in any sense a hardship. I believe the regents' examination will not in any sense be too rigid. But we must remember one thing, we cannot enforce what is unjust. We cannot force anything on the colleges. I believe the report as submitted should be adopted."

The motion to amend by striking out the time of matriculation clause was carried.

The report of the Committee on Education as thus amended was adopted.

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Charles E. Still then gave a talk and demonstration on the "Technique for Reduction of the Different Forms of Dislocation of the Hip," after which the meeting adjourned until 9 o'clock a. m., August 17, 1905.

Practically all of the members of the A. O. A. availed themselves of the excursion over the Moffatt Scenic railway to Rollins Pass and return, leaving Denver at 1:30 and returning at 10 p. m. The afternoon was a most delightful one and the members had an enjoyable time.

Morning Session, Thursday, August 17

The secretary upon the opening of the session read the minutes of the evening session, August 15th, and the morning session, August 16th, which were duly approved.

President McConnell then announced the following members to serve upon the nominating committee:

Mrs. Ella D. Still, chairman, Howard T. Crawford, P. H. Woodall, Charles C. Teall, Ernest Sisson, and Janet M. Kerr.

The first on the program was a paper "Emergencies at Childbirth," by Jennie B. Spencer, Des Moines, Iowa.

L. O Thompson, Red Oak, Iowa, led the discussion of this paper. J. B. Littlejohn and C. H. Hoffman also spoke on the subject.

J. B. Bemis, of St. Paul, who was to have read a paper on "Diseases of the Rectum and Anus," was not present. H. E. Bernard, of Detroit, who was to lead the discussion spoke along the lines suggested by the subject.

A. G. Hildreth: "We are having one of the most enthusiastic meetings the osteopathic association has ever held. Many of us have come a long distance to visit this beautiful city, and we have been abundantly provided for. It therefore seems to me that with the length of the program before us, and with the number of subjects of vital importance to our profession that need full and free discussion along osteopathic lines, it would be a good plan for us not to try to crowd this program through by noon tomorrow, but if necessary to continue this session into tomorrow afternoon or tomorrow night, if necessary. I therefore move that the president disregard the time allotted the various subjects and clinics on our program, that he use his own judgment in the carrying of it out in order that ample time may be given the members to fully discuss the various topics before the meeting, and that we hold a session tomorrow afternoon, and if we are not through then to hold another one in the evening."

Motion seconded.

Edythe F. Ashmore spoke in favor of the motion, which was carried.

Some time was then spent in discussing obstetrical work from the osteopathic standpoint. This was participated in by Mrs. Chas. Cornelius, C. E. Still, H. E. Bernard, Mrs. Ligon and others.

Leslie E. Cherry, chairman of the committee on Prize Essay Contest, made the following announcement:

"There were only three essays submitted to the committee. We spent some time in arriving at a fair method of examining and marking them.

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The committee was ignorant of the names of the contestants, as the essays were handed to Dr. Link, who with-held their real names and transmitted them to us by mottoes corresponding with those names. We made up a schedule of points as the basis for marking them, for instance, strength, clearness, originality, logic and construction, which we marked on a scale of ten. These markings were made by the judges, namely, C. A. Whiting, A. Still Craig, and myself, at our respective homes before coming to Denver, so that all we had to do on our arrival here was to submit the marks and add the totals, and the one having the highest number was the successful contestant.

"I am glad to announce that the successful contestant was A. L. Evans, the editor of our Journal."

The successful contestant expressed his gratification at winning the prize and thanked the association for it. Being behind with the program the essay was not read, it being understood that it would appear in the Journal.

W. H. Cobble, of Fremont, Nebraska, then presented a clinic case of hemophilia. This was discussed by H. E. Penland, N. A. Bolles and C. H. Hoffman.

Wm. Horace Ivie, of San Francisco, Calif., then conducted a clinic on "Infantile Paralysis," which was discussed by Oliver Van Dyne, Utica, N. Y.

H. W. Forbes, Des Moines, Iowa, gave a demonstration of an osteopathic modification of the Lorenz operation. With his assistants he reduced a congenital dislocation of the hip. The patient was a little girl of seven years. The operation was apparently successful and the limb was put into a cast.

J. Erle Collier, of Nashville, Tenn., discussed the osteopathic method of dealing with these cases.

The meeting then adjourned to 9 o'clock a. m., August 18, 1905.

Morning Session, Friday, August 18

A. G. Hildreth, chairman of the Committee on Legislation, then read the report of the committee.

REPORT OF COMMITTEE ON LEGISLATION, WITH BILL APPENDED.

To the American Osteopathic Association:

Your Committee on Legislation begs leave to report:

That in the states of Vermont, Tennessee and New Mexico we have secured the enactment of new laws, repealing our old registration acts and creating osteopathic boards of examination and registration. Also the Hawaiian Islands have enacted a law which virtually gives us the same condition there; in fact, it gives us the same good effect, for all who now wish to practice in those islands are required to take their examination from the California osteopathic board, and all those who are legally entitled to practice in California are also legally entitled to practice in the Hawaiian Islands.

Nebraska repealed the independent registration act and passed a law which now requires the osteopaths to take their examination from the existing medical board in all subjects taught in our schools. We question the value of this change to our profession.

Indiana amended their old medical practice act giving us an osteopathic member on the existing medical board, our examinations being the same as medical practitioners with the exception of *materia medica*, which we are not required to take, but osteopathic therapeutics is therein substituted and given by our own member.

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In Pennsylvania and Utah our people secured the passage of bills, both of which were vetoed.

In Pennsylvania your committee was placed in the very unpleasant position of opposing the measure presented by the majority of the osteopaths in the state. We were compelled to do so upon the ground that such a law would be more injurious to the profession as a whole than beneficial to the comparatively few osteopaths in the state. Our principal objection was the four-year feature of the bill, which, if enacted into law, would have set a precedent hard to combat in other states where legislation is now in progress, and would have created a condition which we did not feel our schools were, or would be soon, in a position to meet, and which there was no demand for at this time. We trust that such a situation may never occur again.

In Montana a good amendment was secured to the existing independent osteopathic board law.

In Colorado our people amended a bad medical bill in such a way as to give us quite a good standing in the state, which was a good victory.

In West Virginia, North Carolina, Washington, Oregon and Delaware, our little handful of osteopaths successfully combated a vigorous campaign against us, holding their own and gaining good ground as regards educating the people as to what osteopathy is, and what we want and need.

In Delaware, one osteopath, Dr. Patterson, routed the enemy, and that, too, after the medical bill had passed the house and gone to the senate. Dr. Patterson's victory was a notable one, and demonstrates how ready the average legislature is to try to be fair when once acquainted with the facts.

In Texas, New York, New Jersey and Illinois the osteopaths introduced independent osteopathic examination and registration bills. In Texas, New Jersey and New York our people made good progress and a record that will strengthen our cause for years to come.

In Massachusetts and Illinois good work was done, but owing to a dissension in our ranks we failed to secure laws. In both states, however, at this time we are recognized in a way, which no doubt worked against us as regards a new law.

This makes seventeen states in all where our battle for better laws has raged during the past year, and while not victorious to the degree we would so much have liked, we have made substantial gains everywhere, a progress we should surely be proud of and satisfied with. We would much like to make personal mention of work done in almost all these states by men and women who have so ably defended our cause and have so earnestly and conscientiously done good work for the profession; to these people everywhere osteopathy is under lasting obligations. This has been a very strenuous year for your Committee on Legislation, for as our profession grows older new conditions confront us, and as we spread from state to state the demands upon us are more numerous. We are not only forced to combat the old enemy, but also have hard work oftentimes to keep our own people from going wrong—not but that their intentions are for the best, just as much as ours. This condition of affairs is due largely, we believe, to the fact that we have so far failed to work in perfect unison, and that conditions in individual states have had to do largely with this. Also due, we believe, to a difference of opinion among men of prominence in our own profession, combined with a desire to enact some kind of a law for the benefit of the practitioners in the state in order that they should be free from further prosecution and persecution.

We believe the time has come when the A. O. A. should adopt a uniform measure, and with this thought in view and following out the instructions of the Trustees of the A. O. A. at their last call meeting in Cleveland, Ohio, May 28, 1905, we submit the appended bill for your approval. We hope it will be adopted, and we earnestly urge our people everywhere to make haste slowly. We believe we have now reached a place in our growth where we can afford to demand what we want and if we can not get it now, wait and work and fight for what we know to be just and right and best for our science ,rather than to take just anything we can get.

Osteopathy has proven itself a giant among the schools of medicine when it comes to making inroads upon the legalized medical monopoly of this country, as well as in their field of therapeutics, and while it has made wonderful legislative progress, and has worked seeming miracles in curing sick people, nothing should be more gratifying to our profession as a whole than the fact that osteopathy has stood for freedom of thought and action and has laid the foundation for the broadest, highest, best kind of progress in the world of scientific medicine. No condition or circumstances should even for one moment tempt us to step aside from this grand pathway or in any way divert us from our high purpose—the ultimate emancipation of the American people, nay the entire civilized world, from the thralldom of an iron-clad medical monopoly which has so long been a stumbling block in the way of progress in the curing of diseases, and has been our worst enemy. Never let us forget this, and under no conditions let ourselves join with our enemy to fight some other school because it is new and that may in the end benefit suffering humanity. We believe that in states like Massachusetts, New York, New Jersey, Pennsylvania, Texas, Mississippi, and

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many more, where by court rulings and meager amendments to existing medical laws we are enjoying our liberty as regards freedom to practice our profession unmolested, that it is better to wait and grow until we can get a uniform bill on the line of the one presented to you, (which embodies the suggestions of your committee at Cleveland, and in our judgment is the very best thing for us), than to accept any other kind of legislation. This is said too, with a full comprehension of the conditions that exist in so many states flooded with quack osteopaths and with a thorough knowledge of the fact that conditions are very different in different states.

We trust that this measure will be adopted and that henceforth we may work as one man, for one high purpose alone, *justice*, justice not alone to our profession, but to the afflicted, suffering, sick of mankind throughout all time to come.

A BILL.

To be entitled: "An act to regulate the practice of the system, method, or science, of treating diseases, known as osteopathy, and creating a board of examination and registration for the regulation of the same, and providing penalties for the violation of this act."

Section 1. Be it enacted by the State of ——————————, that there shall be a State Board of Osteopathic Examination and Registration, consisting of five members appointed by the governor, in the following manner, to-wit:

Within thirty days after this Act goes into effect the governor shall appoint five persons who are reputable practitioners of osteopathy, selected from a number of not less than ten, who are recommended by the State Osteopathic Association, and this number may be increased to fifteen upon the request of the governor; and should there be no State Osteopathic Association, then the governor shall appoint only those who are recognized as reputable osteopaths by the American Osteopathic Association: the recommendation of the President and Secretary being sufficient proof of the appointee's standing in the profession: and said appointment shall constitute the first Board of Osteopathic Examination and Registration. Their term 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 thus created in the board at that time, from a number of not less than five who are recommended by the State Osteopathic Association: the term of said appointee to be for five years. A vacancy occurring from any other cause shall be filled by the governor for the unexpired term in the same manner as last above stated. The board shall, within thirty days after its appointment by the governor, meet in the city of——————————, and organize, by electing a president, secretary and treasurer, each to serve for one year. Thereafter the election of said officers shall occur annually. The treasurer and secretary shall each give bond, approved by the board, for the faithful performance of their respective duties, 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; and the president and secretary shall be empowered to administer oaths. The board shall meet in the city of——————————at the call of the president in the month following the election of its officers, and in July of each succeeding year, and at such other times and places as a majority of the board may designate. 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 diplomat in, osteopathy; the date of his or her diploma; and also whether the applicant was rejected, or a certificate granted. The record and registers shall be prima facie evidence of all matters recorded therein.

Section 2. Any person before engaging in the practice of osteopathy in this state shall, upon the payment of a fee of ten dollars, make application for a certificate to practice osteopathy to the Board of Osteopathic Examination and Registration on a form prescribed by the board, giving; *First*, his name, age, which shall not be less than twenty-one years, and residence. *Second*, evidence that such applicant shall have, previous to the beginning of his course in osteopathy, a certificate of examination for admission to the freshman class of a reputable literary or scientific college, a diploma from a high school, academy, state normal school, college or university, approved by aforesaid board. *Third*, the date of his or her diploma, and evidence that such diploma was granted on personal attendance and completion of a course of not less than four terms of five months each, and after 1908 of three terms of not less than nine months each in three separate years. *Fourth*, the name of the school or college of osteopathy from which said applicant was a graduate, and which shall have been in good repute as such at the time of the granting of his or her diploma, as determined by the board. The board may, in its discretion, accept as the equivalent of any part, or all of the second, third, and fourth requirements, evidence of five or more years reputable practice of osteopathy, provided such substitution be specified in the certificate. If the facts thus set forth, and to which the applicant shall

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be required to make affidavit, shall meet the requirements of the board, as prescribed by its rules, then the board shall require the applicant to submit to an examination as to his qualifications for the practice of osteopathy, which shall include the subjects of anatomy, physiology, physiological chemistry, toxicology, osteopathic pathology, osteopathic diagnosis, hygiene, osteopathic obstetrics and gynecology, minor surgery, principles and practice of osteopathy, and such other subjects as the board may require. If such examination is passed in a manner satisfactory to the board, then the board shall issue to said applicant a certificate granting him or her the right to practice osteopathy in the state of ——————————. Any person failing to pass such examination may be re-examined at any regular meeting of the board within one year from the time of such failure, without additional fee; provided, that any person having a diploma from a legally chartered school or college of osteopathy which was in good standing at the time of issuing such diploma, as defined 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, may, upon the payment of a fee of two dollars, be granted a certificate by the board to practice osteopathy in this state without examination, if application for such certificate is filed within ninety days after the passage of this act. Provided, further, that a physician's certificate issued by a reputable school of osteopathy to a graduate from a reputable school of medicine after an attendance of not less than two terms of five months each may be accepted by the board on the same terms as a diploma, and the holder thereof be subject to the same regulations in all other respects as other applicants before the board, provided that after the year 1908 they shall have attended two terms of not less than nine months each in two separate years. Provided, further, that the board may, in its discretion, dispense with an examination in the case; *first*, of an osteopathic physician duly authorized to practice osteopathy in any other state or territory, or the District of Columbia, who presents a certificate of license issued after an examination by the legally constituted board of such state, territory, or District of Columbia, accorded only to applicants of equal grade with those required in this state; or, *second*, an osteopathic physician who has been in the actual practice of osteopathy for five years, who is a graduate of a reputable school of osteopathy, who may desire to change his residence to this state, and who makes application on a form to be prescribed by the board, accompanied by a fee of ten dollars.

The secretary of the board may grant a temporary permit until a regular meeting of the board, or to such time as the board can conveniently meet, to one whom he considers eligible to practice in the state, and who may desire to commence the practice immediately. Such permit shall only be valid until legal action of the board can be taken. In all the above provisions the fee shall be the same as charged to applicants for examination, except to those who are practicing in the state at the time of the passage of this act.

The board may refuse to grant a certificate to any person convicted of a felony, or of gross unprofessional conduct, or who is addicted to any vice to such degree as to render them unfit to practice osteopathy, and may, after due notice and hearing revoke such certificate for like cause.

Section 3. All fees shall be paid in advance to the treasurer of the board, to be by him held as a fund for the use of the State Board of Osteopathic Examination and Registration. The compensation and expenses of the members and officers of said board, and all expenses proper and necessary in the opinion of said board to discharge its duties under, and to enforce the law, shall be paid out of such fund, upon the warrant of the president and secretary of said board, and no expense shall be created to exceed the income of fees or fines as herein provided. The salaries shall be fixed by the board, but shall not exceed ten dollars per day per member, and railroad and hotel expenses.

Section 4. 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, the same as physicians of other schools of medicine, and such reports shall be accepted by the officers or department to whom the same are made.

Section 5. 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 or she expects to practice. Until such certificate is filed for record the holder shall exercise none of the rights or privileges therein conferred. Said clerk of the county 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.

Section 6. 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 by fraud or misrepresentation; 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.

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O.," "D. Sc. 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 or terms, 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, or not less than three months, nor more than six months in the county jail.

The foregoing report and bill was discussed as follows:

C. B. Atzen, Omaha: "The criticism that Dr. Hildreth makes in regard to legislation in Nebraska, is on the whole, correct, but in order to thoroughly understand the condition in Nebraska it will be necessary to explain why the law was changed.

"We had a state organization there composed principally of the younger members, many of the older ones having dropped out, or neglected to take any interest in it, and the legislative committee that was appointed the year preceding the enactment of this law was composed principally of the new members. This matter was left to one or two resident members located in Lincoln to watch the legislature, and the rest of that committee relied upon them to look after the matter. No word was sent to anyone until the McMullen bill, that was introduced into the legislature under the guise of controlling the Christain science healing, but through implication would have illegitimatized the certificates that had been granted by the state to the osteopaths. We were ignorant of it until it had passed the house and was before the senate on second reading, and had been again referred to the committee on medical legislation, and it was up on its third reading when the osteopaths were informed that it had a direct bearing upon their law. We immediately proceeded to Lincoln and our interpretation of the proposed law was laid before the senate. Twenty-two had been pledged to the support of the measure, and when the true interpretation of the law was laid before them they refused to carry out the pledge they had made to the medical people, and told them that unless they would modify their bill and incorporate the osteopaths that they would not vote for the bill.

"After considerable struggling it was agreed between the osteopaths and medics that the osteopathic law that existed at that time be incorporated into the McMullen bill, but we were afraid because of the fight that was on with the Christain scientists that the bill might be torn to pieces, and we were afraid the bill would never pass without changes; and so we thought it would be better to make up a bill making it necessary to have an examination in Nebraska, and it was too late to fight them independently, because only a few days remained for the introduction of bills, and so we decided it would be better to get the bill in, and two years hence make the fight for what we want—either an independent board, or representation on the medical board. I merely make this explanation so you will understand our position in Nebraska."

E. Sisson, San Francisco: "My suggestion in regard to this bill is to take the appointing power out of the governor's hands. We have had several years' experience in California, and we think the best feature of it is that our state board of examiners is selected by the state association, and the governor, or Pacific politics have nothing to do with it. Our state society we believe is the most interested in having a competent board of examiners."

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T. L. Ray, Texas: "I think this bill as formulated by the committee is certainly an ideal bill, and I think the osteopaths who have some small objections to parts of it should bring those matters up in their particular states. The object of this bill is to give us a form so that we can all come near having the same law. The law we tried to secure in Texas is identical with this, with the exception of a few minor changes to suit our particular case."

M. F. Hulett, Columbus, Ohio: "The provision that an applicant may practice before examination is not right in principle. If a person is not competent to practice after examination he is not competent to practice before, and should not even be permitted to start to practice."

A. G. Hildreth: "The legislative committee which is composed of D. L. Tasker, M. C. Hardin and myself, discussed the very question mentioned by Dr. Sisson. The California law is a good law considering the present condition of osteopathy throughout the country. I would say that if you can pass a law in any state wherein the state association has the right, or can be empowered, to select the board that is all right. It is a good law, but on the other hand until we get these laws in every state we had better go slow, as we have some states without any state association, and some of our state associations are run very loosely.

"In regard to Dr. Hulett's remarks, I take issue with him, for the reason that men and women who spend two years, now three, of their lives in school, and after leaving school with a diploma in their possession, go to Ohio, Pennsylvania or New York, to enter into the practice of osteopathy and find that the board does not meet for four or six months, should not be compelled to lie idle that length of time, but they should have a certificate granted to them by the secretary, upon *prima facie* evidence, to practice until the regular meeting of the board."

T. L. Ray: "I move that the report of the legislative committee be adopted, as read."

Motion seconded.

A. Still Craig, Iowa City, Iowa: "I am unalterably opposed to our accepting a membership on any state board from this time on, for we are placed with a set of men that are not in accord with us, and being in the minority our influence is not felt. We are not even counseled with; but when we have a board of our own we can and will constantly reach out and do those things which improve the profession throughout the state; we can then look after the welfare of the members as they come into the state, and guarantee to every osteopath that comes into the state that he has a right to maintain himself on an independent foundation despite the influence of those practitioners that have fought us throughout our entire existence. I am therefore, in favor of a distinct board."

C. S. Kennedy, Cincinnati, Ohio: "Is that not inviting the most bitter opposition, because we might not make them believe what we say?"

A. G. Hildreth: "It does not make any difference. That objection has been brought time and time again and it has never interfered in any way with our passing laws."

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A. L. McKenzie, Kansas City: "I oppose the feature of the report with reference to the state association naming a number from which the governor should select the board. We had that same question up in our own state. I want to say first, that in your trying to get a bill through the legislature, or to make a law, you should carefully avoid introducing anything that will likely cause your bill to be vetoed, and whenever you attempt to limit the power of the governor you simply furnish him a reason for vetoing your bill."

Dr. McKenzie spoke further at some length against the provision limiting the power of the governor to appoint the board.

N. A. Bolles, Denver, Col.: "In beginning my remaks I would like to say a word or two in answer to Dr. Craig's suggestion. I understand that the effect of an osteopathic member upon the state board of medical examiners would be simply one vote in the action of that board. I understand that as a rule the state boards of medical examiners have little to do with health matters further than the granting of licenses. In a certain sense they have oversight, or control over the admision of practitioners in the state, and in that way have a slight influence in general health matters; but the state board of health as a rule has control of the health matters of the state. An osteopathic member, or two members, would have just as much voice, and no more voice than the same number of members in any other school of practice on that board. I would regard it as desirable that one or more osteopathic members of the state board of health should be appointed if possible, and so far as the state board of medical examiners is concerned, if osteopathy is to be brought under the power of the state board of medical examiners as to admission of practitioners in the state the osteopathic members should have the say as to what constitutes osteopathy; the homeopathic members of that board should have the say as to what constitutes an homeopath, and the allopathic members the same. That is, that responsible representatives of any school of practice should have the natural and proper responsibility of saying who are properly recognized members of their profession.

"I have had a little experience in legislative matters in our state. We have been struggling to get an osteopathic law in the state of Colorado ever since we have been here. It has come up in every session, and the same ground was threshed over, and we have been whipped every time we asked for anything wrong.

"Now there are certain rights that the individual citizens of these United States possess, and we have no business to try to take that from them. Every individual has a natural right to do all the good to his neighbor that lies in his power. He has no right to misrepresent himself, and we have a right to request our legislatures to punish him if he dares misrepresent himself, but not to punish him if he is doing as much good as he is able to do. A man has a right to cure if he can. He has no right to call himself a homeopath unless he has reached the standard of education and skill that the homeopaths consider proper in order to enable him to honor the name of homeopathy. We take the ground that the man who claims to be an osteopath without having reached that standard of education and skill that we set when we say that a man is an osteopath, is a fraud, and he has no right to call himself an osteopath. Has this man the knowledge and the skill to enable him to honor the name of osteopathy?

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If so let him call himself an osteopath. If so, don't you dare to touch him so long as he is not misrepresenting himself; you must allow him to do all the good that lies in his power. You should measure him by an examination. Let the examination include the subjects in which the graduate is supposed to be proficient. The graduate is supposed to be an osteopath. He is supposed to have reached that standard of knowledge and skill which enable him to honor our profession.. Let him be required to locate the various structures of the body and to recognize the normal conditions and the departures from the normal, and also to show his methods of the reduction of the lesions and the various measures that he should use in the proper handling of an osteopathic case.

"Our osteopathic bill at the last session of the legislature in Colorado fixed things in that way. It contained nothing that would prevent a man from using the name of osteopathy if he had passed an examination before the osteopathic board of examiners which included those things that I have stated to you; an examination embracing the theoretical, practical and clinical knowledge of osteopathic principles so as to determine not only his knowledge but his skill and his appreciation of methods properly applicable to osteopathic cases. We leave the way open for any man to cure by an osteopathic measure that he can use so long as he does not represent himself as being an osteopath. An osteopath means so much osteopathy, 80 per cent, 90 per cent, 95 per cent, or 100 per cent, whatever standard is considered proper by the profession. If he cannot pass the examination to that extent you have no right to touch him so long as he uses osteopathic principles and does good with them, if he does not say "I am an osteopath." If he simply tells the truth about himself, you let him alone. It is my unalterable position, so long as I understand the principle as I do now, that I will never attempt to lay hands on an honest man, and I hope that that will be the decision of our association."

Thereupon the president put the motion for the adoption of the report of the legislative committee, which was unanimously carried, and was so announced by the president.

Nettie H. Bolles: "I wish to bring greetings to the association from Dr. A. T. Still. You all know of his accident when coming to Colorado, and as a result of that he has been indisposed all week, and so this morning he left for Kirksville. He said rather laughingly last night, "I am afraid I am going to be a little of a 'homeopath,' I want to go home."

A. G. Hildreth: "Dr. Atzen, of Omaha, has just spoken to me about a matter which is very important for every one of us to know about, and which none of us should treat lightly. There was a bill introduced into the house of representatives at Washington on January 9th, 1905, and later into the United States senate, known as Senate File No. 7040, otherwise known as the "McComas Senate Bill." The purpose of the bill is to create a national board of medical examiners under the direction of the American Medical Association. Every one of you, together with your friends, should see your congressman and senators, requesting them to investigate this matter and to see that nothing is done to interfere with the growth and development of osteopathy. I would ask also that you in-

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vite the attention of all the osteopaths in your state to this matter for their guidance.

"While at this convention I received a letter from Dr. Robert B. Henderson, of Toronto, telling us that the medical people of Canada intend to amend their law so as to exclude osteopathy. He says that a committee has been appointed to draft an amendment to the present Ontario Medical Act, which will prevent any one other than regularly accredited members of the Ontario Medical Council from practicing in that province. The bill, which is to be introduced at the next session of the legislature, which meets in January, 1906, will no doubt be sweeping and specifically mention every known 'cult' including osteopathy. The Toronto osteopaths, therefore, ask that we extend to them our financial and moral support. Therefore if any of you have friends in Ontario, or have any suggestions to offer for the good of our cause in Ontario, kindly make them known to Dr. Robert B. Henderson, 48 Canada Life Building, Toronto, Canada."

M. F. Hulett, the treasurer, then read his report for the past year, and upon motion of C. E. Still, duly seconded, was unanimously adopted.

TREASURER'S REPORT, 1904-5.

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

Gentlemen—I have the honor to present herewith a statement showing the financial standing of the association at the close of the fiscal year 1905, together with all receipts and disbursements for the year:

RECEIPTS.

1904. July 9, cash balance on hand from last year			$2,021.93	
July 14, inside Inn. bal. postage on association circulars			8.93	
Oct. 12, C. E. Achorn, St. L. recept. com. fund unexpended			5.05	
1905. June 5, H. M. Vastine, unused appropriation to Cleveland			1.00	
1904. Dues paid for the year		$4,025.00		
July 27, B. F. Meacham, fee returned	$5.00			
July 27, Mary H. Conner, fee returned	5.00			
Aug. 25, D. L. Conner, fee returned	5.00			
Sept. 10, J. W. Henderson, fee returned	5.00			
Nov. 17, Mrs. G. D. Hulett, fee returned	5.00			
Dec. 4, Abbie S. Davis, fee returned	5.00			
1905. April 27, S. C. Matthews, fee returned	5.00	—$ 35.00		
Net dues received			$3,990.00	
Total receipts for the year				$6,026.91

GENERAL DISBURSEMENT.

1904. July 14, W. F. Link (Hope Bros.) printing programs, etc	$ 46.00
July 16, H. E. Bailey, arrangements com. exp. and clinics	38.70
" 16, A. G. Hildreth, clinics for St. Louis meeting	18.00
" 16, C. V. Kerr, inspecting California colleges	20.00
" 16, C. M. T. Hulett, inspecting schools, postage, etc	37.50
" 16, H. F. Goetz, arrangement committee, clinics, etc	33.50
" 16, Chas. Hazzard, postage	6.97
" 16, A. G. Hildreth, balance banquet Inside Inn	208.00
" 20, H. L. Chiles, secretary supplies	13.93
" 20, I. H. Ellis, services	150.00
" 20, W. S. Heller, stenog. St. Louis meeting	66.30
Aug. 4, Minnie Schaub, for Temple quartette	40.00
" 8, I. S. Colwell, copy press, etc., for secretary	10.50
" 9, Wm. R. Dobbyn & Sons, 208 copies Year Books	41.60
" 10, Gaut Ogden Co., osteopathic day programs	32.90
" 16, W. S. Heller, stenog. St. Louis meeting	110.00
" 24, H. L. Chiles, stamped envelopes for secretary	21.20

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Sept. 2, The Hamilton Press, stationery for secretary..............	8.50
" 2, Geo. M. Laughlin, St. Louis clinics......................	12.05
" 9, W. F. Link, publication committee expenses..............	15.86
" 24, C. A. Upton, stamps and stationery for assistant secretary...	11.75
" 24, W. B. Davis, expense education committee................	10.20
Oct. 7, The Hamilton Press, stationery for secretary...............	8.50
" 7, The Forbes Lith. Manufacturing Co., membership certificates	55.04
" 11, Eby & Stubbs, stationery for Dr. Ashmore.................	3.50
" 11, Wm. R. Dobbyn & Sons, 26 copies Year Books............	5.20
" 27, The Hamilton Press, stationery for secretary.............	3.00
Nov. 3, H. L. Chiles, postage, stationery, etc......................	50.08
" 3, The Hamilton Press, secretary supplies	5.50
" 9, W. J. Novinger, postage membership department..........	5.00
" 10, C. A. Upton, postage, ass't. sec........................	5.00
Dec. 13, Jas. W. Burrows, stationery for secretary..................	20.25
Dec. 15, W. F. Link, stationery publication committee..............	6.47
" 17, Ward & Co., letter file for secretary....................	35
1905. Jan. 10, I. S. Colwell, balance on typewriter for secretary....	60.00
Jan. 11, The L. E. Waterman Co...............................	45.60
" 21, W. F. Link, gold medal for Craig prize essay...............	15.25
" 21, A. S. Craig, for prize essay...........................	35.00
Feb. 20, E. F. Ashmore, for case reports..........................	62.79
Mar. 18, Journal Printing Co., 1,500 case reports..................	61.00
" 25, Kistler Stationery Co., stationery for vice-president.........	4.50
May 16, C. A. Upton, postage for assistant secretary..............	6.00
" 22, Wm. R. Dobbyn & Sons, 877 Year Books................	263.10
" 28, C. M. T. Hulett, legislative expense trip to Pennsylvania..	30.50
" 31, C. P. McConnell, trustees meeting, Cleveland................	24.00
" 31, E. F. Ashmore, trustees meeting, Cleveland.............	6.50
" 31, H. M. Vastine, trustees meeting, Cleveland.............	25.01
" 31, A. L. Evans, trustees meeting, Cleveland................	7.00
" 31, M. F. Hulett, trustees meeting, Cleveland................	4.15
" 31, A. S. Melvin, trustees meeting, Cleveland................	25.50
" 31, C. W. Proctor, trustees meeting, Cleveland................	8.85
June 6, A. G. Hildreth, trustees meeting, Cleveland................	39.10
" H. L. Chiles, transportation committee and Cleveland meetings	37.02
" 9, O. L. Sands, transportation committee Chicago meeting....	20.00
July 17, H. H. Gravett, trustees meeting, Cleveland..............	14.85
Aug. 1, Edythe F. Ashmore, August case reports................	55.61
" 3, Journal Printing Co., 1,500 case reports................	57.50
" 11, M. F. Hulett, postage and treasurer's supplies for year......	41.45
Total general disbursements	$2,071.63

JOURNAL EXPENSE.

1904. Aug. 18, A. L. Evans, August Journals	$143.89
Sept. 14, A. L. Evans, September Journals............	239.51
Oct. 11, A. L. Evans, October Journals................	163.82
Nov. 10, A. L. Evans, November Journals............	202.05
Dec. 15, A. L. Evans, December Journals..............	157.73
1905. Jan. 10, A. L. Evans, January Journals..........	176.89
Feb. 10, A. L. Evans, February Journals..............	157.83
Mar. 21, A. L. Evans, March Journals................	185.13
April 17, A. L. Evans, April Journals..................	148.91
May 13, A. L. Evans, May Journals..................	149.17
June 10, A. L. Evans, June Journals..................	168.15
July 18, A. L. Evans, July Journals..................	154.54
July 31, A. L. Evans, August Journals................	151.93
Total expense on Journal..........................	$2,199.55

JOURNAL RECEIPTS.

1904. Dec. 3, Advts., Jnls., and pmphlts sold..	$ 62.09
1905. May 17, Advts, Jnls., and pmphlts sold..	100.53
July 31, Advts., Jnls., and pmphlts sold......	101.01

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Aug. 3. Advertisements	75.00			
Aug. 8. Advertisements	21.67			
Total Journal receipts		$360.30		
Net cost of Journal			$1,839.25	
Net expenses for the year..................................				$3,910.88
Aug. 11. Cash balance on hand at close of fiscal year..........................				$2,116.03

Respectfully submitted,

M. F. Hulett, Treasurer.

Columbus, Ohio, August 12, 1905.

Accounts and vouchers examined and above report found to be correct.

F. E. Moore,
C. W. Proctor.
Auditing Committee.

Denver, Aug. 14, 1905.

The president announced that the association would now hold the election of officers for the ensuing year, and that the following offices were to be voted for: President, first vice-president, second vice- president, secretary, assistant secretary, treasurer and three trustees.

The following tellers were then appointed by the president:

C. B. Atzen, Omaha, H. T. Crawford, Boston, Ernest Sisson, San Francisco, and M. Lychenhein, Chicago.

Ella D. Still, chairman of the Nominating Committee, made the following statement:

"There is an unwritten law in our association that no one connected with schools should be nominated as officers of this association. We have, therefore followed that rule, and beg leave to make the following report: For president we place in nomination the names of A. L. Evans, of Chattanooga, Tenn., and L. E. Cherry, of Milwaukee, Wis."

L. E. Cherry moved that the secretary cast the vote of the association for A. L. Evans for president, but in view of the action of the meeting in instructing the committee to bring in two nominations for each office to be filled, Dr. Cherry's motion was held to be out of order.

The ballot was then taken which resulted in Dr. Evans receiving 85 votes, and Dr. Cherry 49 votes.

L. E. Cherry then moved that the secretary cast the unanimous ballot of the convention for A. L. Evans. The motion prevailed, and Dr. Evans was declared duly elected president for the ensuing year.

For the office of first vice-president the nominating committee presented the names of J. T. Bass, Denver, Colo., and P. H. Woodall, Birmingham, Ala.

The ballot was taken which resulted in Dr. Bass receiving 99 votes and Dr. Woodall 35. Dr. Bass having received the majority of all votes cast was declared elected first vice-president for the ensuing year.

For the office of second vice-president the nominating committee presented the names of Edith S. Cave, Boston, Mass., and Lena Creswell, San Diego, Calif.

The ballot was then taken which resulted in Dr. Creswell receiving 72 votes and Dr. Cave 59. Dr. Lena Creswell having received a majority of all votes cast was declared elected second vice-president during the ensuing year.

For the office of secretary the nominating committee having been in-

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structed to present two names for each office, presented the name of H. L. Chiles, Auburn, N. Y., twice.

Upon motion duly seconded and carried, Dr. Chiles was declared the choice of the association for the office of secretary during the ensuing year.

For the office of assistant secretary the nominating committee presented the name of C. A. Upton, of St. Paul, Minn., twice.

Upon motion duly seconded and carried, Dr. Upton was declared elected to the office of assistant secretary for the ensuing year.

For the office of treasurer the nominating committee presented the name of M. F. Hulett, Columbus, Ohio, twice.

Upon motion duly seconded and carried Dr. Hulett was declared duly elected to the office of treasurer for the coming year.

The committee presented the following nominations for trustees, three to be elected for a term of three years each: T. L. Ray, Ft. Worth, Texas; O. L. Sands, New York, N. Y.; C. B. Atzen, Omaha, Neb.; Cora N. Tasker, Los Angeles, Calif.; W. B. Meacham, Asheville, N. C.; E. W. Culley, Flint, Mich.

Wm. H. Ivie: "I move that the three receiving the highest number of votes be declared elected trustees for the coming three years."

Motion carried.

Fred W. Gage, of Chicago, was then substituted in the place of C. B. Atzen, as one of the tellers.

The ballots were then taken which resulted in the following number of votes cast: T. L. Ray, 92; C. B. Atzen, 82; Cora N. Tasker, 74; O. L. Sands, 58; W. B. Meacham, 48; E. W. Culley, 46.

T. L. Ray, C. B. Atzen and Cora N. Tasker having received the highest number of votes cast were declared trustees during the ensuing three years.

President McConnell: "The association will now consider the matter of the meeting place of our next annual meeting."

Morris Lychenhein, of Chicago, took the floor and extended an eloquent, and very pressing invitation to the A. O. A. to hold its next annual session in Chicago.

Secretary Chiles stated that he had a letter from the mayor of Saratoga Springs, N. Y., also one from the secretary of the board of trade of that city, asking the association to meet there in 1906.

Wm. Hartford, Champaign, Ill., spoke in favor of Chicago.

C. E. Still opposed the selection of any of the great cities as the meeting place of the association at the present time.

K. W. Coffman, Owensboro, Ky., extended a cordial invitation on behalf of Louisville, Ky.

Fred W. Gage, of Chicago, spoke against the selection of Chicago as the meeting place.

Charles C. Teall, Brooklyn, N. Y: "I have been asked to place in nomination a summer resort, and I do so for the reasons which have been heretofore urged. Secretary Chiles received an invitation from the management of the Hotel Victory, at Put-in-Bay, Ohio, for the American Osteopathic Association to meet at that place next year. He was requested to investigate the place as to its desirability, and he delegated me to do this. I spent two days there, and have an invitation from them."

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The letter which was read is as follows:

The Hotel Victory, Put-in-Bay, Lake Erie, Ohio, July 16, 1905.
T. W. McCreary, General Manager and Representative.

Dr. Chas. C. Teall, Brooklyn, N. Y.:

My Dear Doctor—The Hotel Victory has already extended to your association through your secretary, Dr. H. L. Chiles, an invitation to hold your 1906 convention with us. Inasmuch as you have visited our hotel, and are familiar with the location, its beauties, magnitude, and our facilities for caring for large gatherings, we wish to further present to the American Osteopathic Association, in this letter to you, a second invitation, and to state our rates as follows:

A rate of	$2.50	per day,	per person,	court side, fourth floor.
"	3.00	"	"	outside rooms, fourth floor.
"	3.00	"	"	court side, third floor.
"	3.50	"	"	outside rooms, third floor.
"	4.00	"	"	court side, second floor.
"	4.50	"	"	outside rooms, second floor.
"	4.50	"	"	first floor rooms.

Or we will name to you a flat rate of $3.00 per day, any room in the house, first come, first served, that is any room unoccupied at the time of arrival.

A charge of 50 cents per day, per person, extra, will be made for room with bath in connection with any of the above named rates. There are no baths on the fourth floor.

We wish to state that all rooms with a bath, in Hotel Victory, are in suites of two rooms with a bath, and we would expect parties engaging a room with bath to pay for the capacity of the rooms having bath, which is for two people in this room. We wish this matter as plain as possible with your members, so as to have no misunderstanding should you select Hotel Victory as your place of meeting for 1906. We are referring to the room having the bath, and not to the room connecting with same. In case the suite is let to a party so that those occupying the connecting room can have the use of the bath, we will charge them for the use of same. The price of the further room, where the parties have the use of the bath, is the same as the room having bath, although we do not demand that the capacity of this room be paid for, unless it is occupied by the number of people the capacity calls for.

It is our usual custom to exchange contracts with all organizations that meet with us, having same in due legal form, and we pride ourselves on living up to our contract in every way.

It will be our pleasure to extend to your association the free use of our band, orchestra, convention hall, ball room, committee rooms. We would also be pleased to give you, on some one night of your meeting with us, a specially prepared menu, with specially designed card, in honor of entertaining you at our hotel. We would also be pleased to entertain you at a banquet at a very satisfactory rate from $1.50 per plate and upwards, as per the selection of menu you make, and will guarantee the service.

Hoping to have you with us in 1906, I am, yours truly,

T. W. McCreary, General Manager.

Dr. Teall spoke further in behalf of Put-in-Bay.

H. E. Bernard, Detroit, Mich., said that he had expected to invite the association to meet in Detroit next year, but owing to the fact that one of their leading hotels was to be torn down and replaced by a modern structure of 1,000 rooms, he would defer his invitation until the latter was completed. He favored Put-in-Bay for 1906 and stated that he and Dr. Liffring, of Toledo, would furnish all the clinic cases needed for the meeting.

A. G. Hildreth went on record as favorable to Put-in- Bay.

M. C. Hardin, Atlanta, Ga., paid a glowing tribute to his own city, and it appeared that he was inviting the association there until he said: "I am speaking of Atlanta for the future, and to impress it upon your minds, but just now I am for Put-in-Bay. Atlanta is the best place for all the time, but Put-in-Bay only next summer."

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C. W. Proctor, Buffalo, N. Y., said that he had invitations for the A. O. A. to meet in his city from the Buffalo Osteopathic Association, the mayor and business bodies, but that they would be unselfish and invite the association to Put-in-Bay.

M. C. Hardin: "I move that the nominations close, and that the place receiving the highest number of votes be declared the choice of this association as our meeting place next year."

Motion seconded and carried.

E. R. Booth, Cincinnati: "I am in favor of Put-in-Bay. There will be no difficulty in getting an abundance of clinics from the neighboring cities. It is a convenient place for work and sociability, as well as rest."

M. Lychenhein: "In view of the feeling that prevails at this time, Chicago will withdraw in favor of Put-in-Bay."

K. W. Coffman: "Louisville likewise withdraws her request, and hopes that every member present will be sure to be at Put-in-Bay next year."

H. L. Chiles also withdrew the invitation extended by Saratoga Springs.

A. G. Hildreth: "In view of the fact that Put-in- Bay seems to meet with universal favor, I move that the American Osteopathic Association hold its 10th annual meeting next year at that place."

Motion seconded and unanimously carried.

J. D. Cunningham, Bloomington, Ill., chairman of the committee on Necrology, then read the report of that committee, which upon motion was unanimously adopted.

The report is as follows:

Your Committee on Necrology submits the following report:

Within the past year two members of our association have been removed from our ranks by the hand of death. It is fitting that we make recognition of our loss as individuals and as osteopaths.

Dr. Guy Dudley Hulett died in Kirkville, Missouri, October 29, 1904, aged 31 years and ten months. A man of broad culture and scholarly mind, he had been for four years a member of the faculty of the American school, a position which was in itself a recognition of his attainments and of the quality of his mind. Essentially a student, he employed in the service of his profession every resource of his fertile brain; and his published work shows that the profession has lost a worker fitted to hasten its advance, and humanity has lost a stalwart helper in its fight against the ills of flesh. Not only so—in his beautiful character there was spiritual uplift for all who came in contact with him.

Only a week after Dr. Hulett's death, Nov. 5, 1904, there died in Steubenville, Ohio, a still younger man, likewise of noble qualities and of brilliant prospects. Dr. Albert Joseph Bumpus was a member of the June class of 1901, of the American school. He had built up a large practice and a body of devoted friends in his chosen home. The pathos of his death at the age of 24, is enhanced by the fact of his great fitness to live.

In recognition of the loss to the association in these deaths, your committee offers the following resolutions:

Whereas, the mystery of death has taken from lives of beauty and helpfulness, Drs. Guy Dudley Hulett and Albert Joseph Bumpus: be it

Resolved, That the American Osteopathic Association deplores their loss to the association, to the profession, and to the public, and that the association hold them in grateful and affectionate remembrance. Be it further

Resolved, That the association extend to the bereaved families its sympathy in the deep and irreparable personal loss which they have sustained; and that a copy of this report be spread upon the minutes of this association.

Death has touched the association in another way during the year. The wife of Dr. J. L. Shorey, of Marquette, Mich.; Dr. Bertha Rhodes Lacy, wife of Dr. John C. Lacy, of Ottawa, Canada; and the wife of Dr. Mason W. Pressly, of Philadelphia, Pa., died within the year. Because of this your committee offers the following resolution:

Whereas, death has entered the homes of Drs. Shorey, Lacy and Pressly, members of the association, be it

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Resolved, That the association extend its sympathy to these members in their bereavement; and that copies of this action be sent to them and be recorded in the minutes of the association.

Respectfully submitted,

CLARA T. GERRISH,
J. W. HOFSESS,
GRACE B. TAPLIN,
ERNEST SISSON,
J. D. CUNNINGHAM, Chairman.

A. G. Hildreth: "I move that a committee of seven be appointed by the president whose duty it will be to carefully consider the constitutional amendments before this meeting and report their action thereon to this association during this session."

Motion seconded and carried.

Thereupon the president appointed as such committee the following: James L. Holloway, of Texas; H. M. Vastine, of Pennsylvania; C. A. Upton, of Minnesota; C. W. Young, of Minnesota; C. E. Fleck, of New Jersey; A. L. Evans, of Tennessee; and R. D. Emery, of California.

Ellen L. B. Ligon, of Mobile, Ala., then spoke giving in detail the osteopathic situation in her state under the present law and court rulings.

Secretary Chiles then read the following resolution:

Whereas, this association has suffered grievous loss by the death of some of our valued members, it would seem fitting that we take some action toward perpetuating their fame in a lasting manner; therefore, be it

Resolved, That the Board of Trustees be empowered to provide a tablet to be erected in the new Kirksville hospital, the names to be selected by the association with suitable inscription.

The above resolution was referred to the committee on referred resolutions and motions.

Clara L. Todson, Elgin, Ill., then read a paper entitled "The Non-Manipulative Part of Osteopathic Therapeutics."

This paper was discussed by C. W. Young, A. G. Hildreth and M. C. Hardin, after which the meeting adjourned to 2 o'clock p. m.

AFTERNOON SESSION, AUGUST 18

President McConnell called the meeting to order, and stated that the first order of business would be the report of the committee on referred resolutions and motions.

Charles C. Teall: "The committee on referred resolutions and motions make the following report:

"With reference to the resolution introduced by Dr. Hildreth that we select the first Monday in August of each year as the permanent meeting time for the beginning of our annual meetings, the committee finds that said resolution conflicts with our constitution and therefore recommend that it do not pass."

Upon motion duly seconded the foregoing committee's report was unanimously adopted.

C. C. Teall: "With reference to the resolution that the board of trus-

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tees be empowered to provide a tablet to be erected in the new Kirksville hospital, whereon we can perpetuate the names of our distinguished members who have spent their best years in our profession, I would say that it is no more than proper that we, as osteopaths, and as an association, should adopt this resolution. Dr. Charles Still has very cheerfully given the association permission to use any portion of the new hospital building in Kirksville for that purpose. Kirksville is certainly the proper place for this memorial, it being the birthplace of osteopathy, and I trust the association will take favorable action on the matter, and the committee recommends its passage. It will mean but a small expense, and will be a lasting memento to the members of our profession."

Wm. Hartford: "Would it be proper to mention the names that are to be engraved on the tablet?"

C. C. Teall: "The resolution provides that the trustees are to select them. My idea would be that the trustees report at the next meeting as to the cost of the memorial, and be prepared with an elaborate report, and at that time the matter could be definitely determined."

Charles Still: "Is the association to determine the ones that are to receive this recognition?"

The President: "I can hardly tell you, as that is an after consideration which has not been reached."

C. C. Teall: "It could probably be determined through the JOURNAL, and in that way every member of the association would have a voice in the matter."

Upon motion duly seconded the foregoing committee report was unanimously adopted, and the committee was discharged.

J. S. White, of Pasadena, Calif., then read a paper entitled "The Future of Osteopathic Education." In the absence of W. E. Buehler, of Chicago, this paper was discussed by H. A. Roark, Waltham, Mass.

In the absence of F. N. Oium, Oshkosh, Wis., Dain L. Tasker, Los Angeles, conducted a clinic on "Empyema."

Clara E. Sullivan, Wheeling, West Va., led in the discussion of this clinic.

J. B. Littlejohn, Chicago, and C. H. Hoffman, Kirksville, each gave a practical talk on obstetrics.

N. A. Bolles, of Denver, then gave a demonstration of the osteopathic and physical examination of a case of pulmonary tuberculosis.

W. B. Meacham, of Asheville, N. C., in the absence of W. J. Hayden, Los Angeles, discussed Dr. Bolles' demonstration of tuberculosis.

Dr. McGee then took the chair, President McConnell being compelled to go home.

Vice-President McGee stated that the next order of business was the clinic "Goiter," which was to be taken up and demonstrated by J. H. Hoefner, but as he was not able to be present, it was demonstrated and discussed by Ernest Sisson, of San Francisco.

Robert D. Emery, of Los Angeles, then took up the demonstration, "Physical Examination of a Case of Valvular Lesion and the Diagnosis of Valvular Lesions."

The meeting then adjourned until the hour of 8 o'clock p. m.

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Evening Session, August 18

Owing to a business engagement President McConnell was obliged to leave the city at four o'clock, and Second Vice-President Mrs. Nettie H. Bolles called the meeting to order at 8 o'clock p. m., and announced that the first order of business would be the report of the constitutional amendment committee.

C. A. Upton submitted the report of the committee.

The first amendment proposed to establish a definite date for the ending of the fiscal year. The second was designed to establish closer relations between the state and national associations. The third amendment empowered the trustees to elect graduates of unrecognized schools, under certain restrictions, to membership in the A. O. A.

After duly considering the proposed amendments the committee recommended that the first one be laid on the table indefinitely, and that the other two do not pass. The report of the committee was adopted and the presiding officer declared in each instance that the amendment was lost.

A motion was then passed discharging the committee.

Assistant Secretary Upton read the report of the committee on resolutions, and moved that said report be adopted and the committee discharged.

The motion was seconded and carried, and the president declared the report unanimously adopted.

RESOLUTIONS.

We, the Committee on Resolutions, recommend the following:

1. That the American Osteopathic Association, in its ninth annual meeting assembled, express its great appreciation of the hospitality of the Denver and Colorado osteopaths, whose ample provisions for our entertainment have made this meeting in many respects the most pleasant socially in the history of the association, as well as profitable from the standpoint of work accomplished for the science and profession. Manifestly everything was done by our hosts that could have been done for our entertainment and pleasure.

2. It is but just and fitting that this association express to the management of the Brown Palace Hotel its many thanks for its admirable facilities for the entertainment of our members, and for the guidance of other conventions that may hereafter meet in Denver we wish to say that the committee room accommodations of this hotel have proven absolutely ideal, being large, well ventilated, light and conveniently arranged, while the courteous treatment by the hotel officials and employes has been all that could be expected.

3. That the association expresses its sincere thanks to the press of the city of Denver for the courteous and liberal treatment extended to it, and the accurate reports given out during our entire meeting.

4. We also recommend that the sympathy and regret of the association be extended to Dr. F. P. Young for his enforced absence from our sessions on account of sickness which has overtaken him since coming to this meeting.

Respectfully submitted,

Henry S. Bunting, *Chairman.*
R. D. Emery.
R. L. Price.

Dr. Ernest C. Bond, of Montezuma, Iowa, then held a clinic on "Subluxations of the Innominate."

This clinic was discussed by Grace M. Nichols, Spokane, Wash., A. D. Ray, Cleburne, Texas, and others.

The association then had the pleasure of listening to Dr. Montgomery, who has practiced medicine for over thirty years at Navarre, Kansas. About a year and a half ago he had a form of paralysis brought on by a

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sprain in the back which gave him much pain and trouble until about a week ago, when he consulted an osteopath, Dr. John W. Shearer, of Abiline, Kansas, who corrected the lesion in the back, since which time he has been in normal health. Dr. Montgomery expressed himself as being highly pleased with osteopathic methods, as it had done for him what medicine had been unable to accomplish.

Vice-President Bolles then inquired if there was any more business to be transacted, and upon being informed that there was not, stated that the ninth annual meeting of this association was drawing to a close, and as the last ceremony was that of installing the newly elected officers,requested that they come forward for that purpose.

Thereupon the newly elected officers assumed their stations when Vice-President Bolles made the following remarks:

"Members of the association: I wish to introduce to you the officers who are to govern the affairs of this profession during the coming year. You have exercised excellent judgment in your selection, but they can accomplish very little without our concurrent effort and support. It is, therefore, necessary that we give them our loyal and earnest assistance in order that the association may grow and develop into larger usefulness and osteopathy become the foremost healing art in the world. With such assurance on our part, Dr Evans, on behalf of President McConnell and the association, I present you this gavel, and trust that you and the association may have as prosperous a year as the past has been. Dr. Evans will now make a speech."

The newly elected president upon taking the gavel, made the following remarks:

"I regret that I will be unable to fulfill the promise that has been made. You all doubtless have enjoyed the exercises of today, but if you are as nearly exhausted as I am I do not think you will want to hear a lengthy speech at this hour, and I can assure you you will not. I am unable to express my appreciation of the confidence you have reposed in me. I certainly would be less than human were I not touched by this occasion.

"It has been my fortune to be connected in an official way with this association since its organization, with the exception of one year, and then I was one of the publishers of the *Popular Osteopath,* the official organ. I confess that there have been times when I felt discouraged, the future seemed dark, on account of the indifference, apathy and lack of interest among members of the profession upon matters that so vitally affected them. But the past three or four years have wrought a great change. A different spirit has pervaded the atmosphere, and at this meeting that has been exemplified. This meeting has given osteopathy such an impetus that it would be impossible for any society or body of men to stem its onward movement.

"I assure you in assuming the duties of president of this association I shall have but one purpose in view and that will be the benefit of the association and its members. To succeed we must all work together and this I shall expect. I thank you all very heartily."

The association then rose in a body and in rememberance of the Founder of osteopathy, sang "Vive la A. T. Still," after which the president declared the meeting adjourned *sine die.*

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THE PRIZE ESSAY CONTEST FOR 1906.

In accordance with the action of the Board of Trustees at the Denver meeting, the committee on publication hereby announce the third annual prize essay contest.

The prize is $50, part of which will be paid to the winner in cash. The balance will be expended in the purchase of a gold medal to be presented to him.

Contestants may submit essays at any time up to May 1, 1906. But no essays received after that date will be entered.

The contest is open to members of the Association only.

The following conditions apply: Each essay must be typewritten; must contain not less than 2,000 nor more than 5,000 words; must not bear the name of the author but should bear some motto, or pen name, which is also written on a slip of paper with the real name and address of the essayist and enclosed in a sealed envelope accompanying the essay.

At the close of the contest, May 1, 1906, the essays submitted will be forwarded to the judges and the envelopes containing the name of the author and his pen name or motto, will be retained by the undersigned. The judges will have no knowledge of the identity of the authors and will judge the essays solely on their merits.

The judges will announce their decision at the next annual meeting of the Association at Put-in-Bay, Aug. 6, 1906.

The object of the contest is to stimulate original thought and research and to develop the osteopathic philosophy of health and disease.

Each contestant will choose his own subject.

All communications regarding the contest, and all essays to be entered in it, should be addressed to

WILLIAM F. LINK,
703 Empire Bldg. Chairman Publication Committee,
Knoxville, Tenn.

SOME COMMENTS ON DR. M'CONNELL'S WORK.

I hear much favorable comment on Dr. McConnell's work. W. J. NOVINGER.
New York, N. Y.

McConnell's investigations can not be too highly commended. They are epoch-marking. ASA WILLARD.
Missoula, Mont.

Mrs. Ellis and I are both delighted with the paper, as every one interested in the work should be. I consider it a milestone in scientific proof of osteopathic etiology.
Boston, Mass. S. A. ELLIS.

I enjoyed the article on "The Osteopathic Lesion." It is one of the best things I have seen in print in some time along osteopathic lines. H. A. GREENE.
Knoxville, Tenn.

I am glad to learn of your intention to reprint in pamphlet form Dr. McConnell's magnificent paper on "The Osteopathic Lesion." NORMAN D. MATTISON.
New York.

The Nebraska Osteopathic Association will meet in Omaha on October 6. instead of September 30, as previously announced. The change was made to take advantage of excursion rates on the latter date.

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A. L. EVANS, Editor.

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OCTOBER, 1905

New York will have to look to her laurels. California is a close second in the number of members in the A. O. A., and the Californians are at work.

It will be good news to the members of the Association that Dr. McConnell will continue his research work and that the result of it will be given to the profession.

Secretary Chiles will soon begin the work of mailing certificates of membership for the present year to all whose dues are paid. See to it at once that you are entitled to one of them.

Every assistance possible on the part of members of the profession should be given to Dr. Bunting in his effort to publish, by Jan. 1, an accurate directory of the profession.

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The early announcement of the date of the meeting at Put-in-Bay, Aug. 6, 1906, will materially aid the committee in preparing the program, as members will know how to plan to attend.

Those who have not paid their dues should do so at once. We do not believe that any member wishes to miss the benefits of membership, but in the past many have simply neglected to attend to the matter and have had to go to the trouble and annoyance of being reinstated. Send your dues at once to the Treasurer.

The third edition of Dr. Guy D. Hulett's "Principles of Osteopathy" will appear shortly. It is being issued under the direction of Dr. C. M. Turner Hulett, who has made some changes, mostly in arrangement. This book is a standard text on the subject and it is believed that it will continue to meet with that large measure of approval that marked its first appearance.

Dr. McConnell has set for himself the task of making the program for the Put-in-Bay meeting the best in the history of the Association. Those acquainted with his methods of work will be surprised if he does not succeed in his laudable undertaking. Already a provisional outline has been prepared and he proposes to keep at work until the most nearly perfect program possible has been evolved.

The New York Magazine of Mysteries for September advertises a "home and study course" in osteopathy by the Metropolitan College of Osteopathy, Chicago, Ill. It "insures equivalent of college training," issues diplomas, etc. This advertisement, it would seem, appears in the right place, for it is a "mystery" how a correspondence course in osteopathy can be the equivalent of college training. We had hoped that we had seen the last of these fake institutions.

While it was necessary to print 64 pages of this edition of the JOURNAL in order to give the full proceedings of the Denver meeting, we are obliged to omit some timely and interesting communications. We trust that contributors, understanding the necessity of this, will not fail in the future to send us news items and comments on matters of interest that are occurring in the profession. Henceforth we will endeavor to find space in each issue for all timely matter.

I would like to try osteopathy. Do you believe in it, and how shall I test its merits? I am troubled with rheumatism, and am told that it will cure me.

Osteopathy is the science of curing by bone and muscle treatment. It is said to be good. I have never tried it personally. Any good osteopath will soon treat you sufficiently for you to determine for yourself if it is good for your case.—Madame D'Arcy's Letters, in the Pittsburg *Press*, Sept. 3, 1905.

"Bone and muscle treatment," truly an illuminating definition! The advice, however, is good. If sufferers, unable to find relief in other ways, were in all cases referred to a "good osteopath" the world would be better off and the demand for osteopathic physicians would be greatly increased.

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We print this month the announcement of the prize essay contest for 1906 and the conditions that apply thereto. It will be seven months before the contest closes, this will give ample time for contestants to prepare their papers if they begin at once, as we hope a large number will do.

The following have been appointed to serve on the committee to pass on the merits of the essays and award the prize:

Dr. Geo. M. Laughlin, Kirksville, Mo., chairman; Dr. Percy H. Woodall, Birmingham, Ala.; Dr. Edith Stobo Cave, Boston, Mass.

We print this month a communication from Dr. Burleigh protesting against the torture of animals in research work. We print this because any sincere, conscientious member of the Association has a right to be heard on any professional matter that is of importance. We confess to a sympathy with the anti-vivisectionists. But as we understand it, very little suffering was entailed upon the animals in the methods pursued by Dr. McConnell. It is true their lives were taken. But it is true that most people every day eat of the carcasses of slain animals; perhaps some do this who revolt at the idea of sacrificing an animal for scientific purposes. They may say that eating the flesh of animals is necessary for the nourishment of their bodies. But it is more than probable that the animals, whose lives have been taken by Dr. McConnell, will have contributed more good to the physical well-being of humanity than if their bodies had been used for food—that is, supposing they had been fit for food.

To avoid unnecessary work on the part of the officers of the A. O. A. and to show the "division of labor" which prevails in the Association, as well as to insure prompt attention to business matters, we remark again that those who are now members should send their dues to the treasurer, who is alone authorized to give an official receipt therefor; applications and all correspondence with reference thereto together with the membership fee should be sent to the Secretary; while the editor of the JOURNAL should be notified of any change in address or of any error that may appear in the A. O. A. directory. Those who may want to buy extra copies of the JOURNAL, case reports, or any pamphlets issued by the Association should also address the Editor.

Send case reports to Dr. Ashmore, of the Committee on Publication, and any suggestions as to the program of the next annual meeting to Dr. McConnell, also of this committee.

A directory of the officers of the A. O. A. is now kept standing at the head of the editorial page of the JOURNAL, any of them will gladly reply to letters concerning the affairs of their respective offices.

We cannot too strongly urge the importance of strengthening our organizations. The signs of a coming conflict are too apparent to be overlooked, or to go unheeded.

The following from Dr. Atzen of Omaha, well states the facts in the case. We have similar reports from New Jersey, New York and other places:

"It is so necessary to get all the eligible members of our profession to join under one banner that in my opinion nothing should be left undone on the part of the officers and members of the A. O. A. to encourage non-

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members to join. For the opposition to our school, on the part of other medical schools, is constantly growing stronger, and the time is coming when it will be a matter of strength whether we will exist as a distinct school or not, and our salvation will be in having a strong organization capable of withstanding the strain of a pitched battle with the enemy

"I have here before me a report of the committee on "Public Policy and Medical Legislation" of the State Medical Association of Nebraska and the language therein is all that is necessary to convince any one that the fight is to a finish, and there is no use trying to compromise with them. They wish to crush us out of the world, and will resort to any means that will accomplish their aims."

None of the osteopathic colleges are endowed. While probably all of them are at present self-sustaining, they are not money-making institutions. Many of the ablest teachers are giving their time and talents to the work without adequate compensation. Many of them also are fully competent to serve humanity as no other class of persons can, if they could afford to devote all their energies to the development of the science. That the best work may be done, it is hoped that some millionaire may come forward and liberally endow one or more osteopathic colleges, taking every precaution to insure the development of the science and art of healing along osteopathic lines. It does not require the prevision of a prophet to see that such a person, probably next to Dr. Still himself, would become the most prominent figure of his generation in the advancement of the well-being of his race.—*History of Osteopathy and Twentieth Century Medical Practice,* Dr. E. R. Booth.

Here is something worth thinking about. It is quite evident from the passing of the small colleges and the statements of some who are connected with the larger ones that osteopathic colleges, conducted in accordance with the requirements of the profession, make no money for those who own them. Schools, good schools, are a necessity; the very existence of the profession depends upon them, and no one can reasonably be expected to continue to work for the profession in this way without due compensation. The profession, perhaps, is not now able to endow its colleges, though there are doubtless many in it who would make sacrifices to accomplish that end. As we say, it is worth thinking about. Possibly some one can suggest a plan. Those osteopaths who have under their professional care men or women of wealth who are philanthropically inclined would be doing an immense service to humanity if they would lead such persons to see that the endowment of an osteopathic college would confer a greater boon upon mankind than the founding of libraries or the support of literary colleges, beneficent as those things are.

The History of Osteopathy and 20th Century Medical Practice.

The advent of the science of osteopathy marked a revolution in the healing art that is now but imperfectly appreciated, even by those who are factors in that revolution In the future every important incident connected with its conception and growth will be of abiding interest. Dr. E. R. Booth, therefore, in his "History of Osteopathy," wherein he has made permanent record of many facts that could only be secured and verified at this time, has performed a service the value of which will be recognized and appreciated in an increasing ratio as the years go by. Not only has he made a permanent record of events in osteopathic history but he has put that record into such form as to make the reading of it a delight even to those who

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were already fairly familiar with the facts mentioned. To those unfamiliar with them but who have become interested in osteopathy this book must prove of intense and absorbing interest.

Dr. Booth possesses many of the essential qualities of the historian. He is a man of ripened judgment, and scholarly attainments. Himself a deep student of history he is enabled to judge of the relative value of facts and to assign each its proper place in the completed structure. While he is a man of decided opinions, those opinions are founded upon evidence and the deductions he makes are usually justified. Being of a judicial temperament he has, for the most part, made wise selections of the material that has gone into the record. Not only has he shown great capacity for detail work but a comprehensive grasp of the philosophy of his subject—qualities that are rarely found in the same mind.

A portion of the book is devoted to "Twentieth Century Medical Practice." This, too, is highly interesting. But there is one criticism that might be offered as to a part of it. In the chapter dealing with hydrotherapy, electricity, climatology, suggestion, etc., the author relies largely upon one witness, viz.: "Cohen's System of Physiologic Therapeutics," to prove the inefficacy of these methods. This would be all right but for the fact that he impeaches his own witness—a thing forbidden in courts of law—so far as its testimony relates to osteopathy. The legal maxim, *falsus in uno, falsus in omnibus* might be invoked against this witness, for there is scarcely a single truth in what it says of osteopathy.

But whatever may be said about that portion of the book devoted to twentieth century medical practice as *history,* the truth remains that it contains many important facts, and is a severe arraignment of and powerful argument against the dominant school of medicine. It contains truths that it were well for all men to know.

On the whole, the book is one that should be in the office of every osteopath. Indeed it would be all the better for osteopathy if it were in the hands of every layman. We believe the local societies and individual practitioners should see to it that a copy is in the reading room of every library in every town or city where an osteopath is located. The author makes a special price when books are bought for this purpose. The regular price is now $4.00 cloth binding, $4.50 half morocco The book is for sale by the author, E, R. Booth, D. O., 603 Traction Bldg., Cincinnati, Ohio.

NOTES AND COMMENTS.

Congenital Hip Case.

Miss Mabel Riess, age 7 years. Preparatory treatment began July 11, 1905. Hip was put in cast after the Lorenz method before the A. O. A. at Denver, August 7, 1905, about 12 o'clock, by Dr. Harry W. Forbes, with several assistants. Patient came readily from under the influence of chloroform by 1 o'clock. She was not sick, but had no appetite for the remainder of that day. Taken home in ambulance and lay in bed for five days. The first two days there was some pain in limb and hip. Otherwise there was no discomfort except that which came from lying in one position so long. On August 22 the cast was trimmed around the knee and the next day the child walked about the house and yard, the body being bent over so that the foot could come to the ground. Close measurement indicates that the left limb, i.e. the affected limb, is about an inch shorter than the right limb. The difference in size of the two limbs will account for some of the shortening, if not all. Report will be made later in regard to the outcome of this case.

CHAS. C. REID.

Denver, Col.

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More About Insurance Recognition.

It is always interesting to note the public recognition of the osteopathic profession, as in the case reported by Dr. Ralph Kendrick Smith in the September JOURNAL. In this connection the writer would like to report a case which recently came under his notice and care.

A young woman whom I was treating for spinal curvature, the result of a fall in early childhood, had made application for increased insurance. The M. D. who examined her (although he did not examine her spine) made an unfavorable report to the insurance company, diagnosing her case as tuberculosis of the spine. She immediately made application to another company for insurance. The examining M. D. in this case, knowing of the former M. D.'s diagnosis, and also learning that the applicant was taking osteopathic treatment, asked for a consultation with me. On relating my opinion and diagnosis of the case, the M. D. seemed well satisfied, as my diagnosis coincided with his own, and he did not believe the patient was a tuberculous subject.

I believe the time will come when the osteopathic physician will be looked upon as an expert diagnostician, and, when timely consulted, may render prophylactic aid, and thus avoid more serious results later, which might become irremediably established before a symptomatic diagnosis could be made. IRA SPENCER FRAME, S.D., D.O.

Philadelphia, Pa.

A Protest.

The illustrated address by Dr. C. P. McConnell printed in the September JOURNAL and read at the Denver meeting compels me to bear my testimony against the practice of torturing dogs and other helpless animals for the sake of increasing our knowledge, placing our system of therapeutics upon a scientific basis, or escaping suffering. My protest may be disregarded and I may be considered a fool, but I must bear my testinomy nevertheless. I should regard it as a great calamity, both for the world in general and for our profession in particular, if the sort of experimenting which Dr. McConnell has been doing, according to the above mentioned address, should become general with us:

I know that this practice is quite common among medical men, and I regard it as one of the darkest blots upon their profession, and I would fain, if I could, save our profession from following in their footsteps. I can not help hoping that Dr. McConnell followed, somewhat thoughtlessly, the bad example of the medical men and physiologists, and that those who praised and recommended his work did the same, and that when their attention is called to the matter they will see the cruelty necessarily involved in the practice and will cease all such experimentation. That this sort of thing has ever done any real good is far from proved. But even granting all that is claimed for it, it seems to me wholly unjustifiable, inexcusable and monstrous, and I am constrained to utter my protest now, while the thing, with us, is in its infancy.

In your address, after urging members to pay their dues promptly, you say: "They will be supplying money to sustain and improve our publications, and will provide the nucleus for a fund needed to maintain research students. The latter is a work which the association must take up, and the sooner the better." In regard to this I wish to say that if "research students" are to carry on such experiments as Dr. McConnell describes in his address, I could never consent to being made a party to it and could not conscientiously contribute to carry on such work. I feel very strongly on this matter and can not keep silence. I trust I am not the only member of the profession that holds this view and that others will speak out also, and that some, if not all, who have practiced or encouraged such "experiments" may come to see how hideous the practice is and join in its condemnation.

Knowledge and proofs that can not be obtained without inflicting suffering on helpless animals we had much better do without. EDWARD D. BURLEIGH.

Philadelphia, Pa.

COMMENTS ON DENVER MEETING.

Too much praise can not be given the osteopaths of Denver for the excellent management of details which led to the success of the meeting. They were on hand at all times and cheerfully gave their services whenever asked. Such painstaking may well be emulated by the committees who will assist in the organization of future meetings; in fact, no city should ask for a convention unless it can promise the individual attention of the majority of its practitioners for the week during which the A. O. A. meets.

Detroit, Mich. EDYTHE F. ASHMORE.

The recent annual meeting gave a mental stimulation to those in attendance which will project itself as a life force into our practice. While very few of us can take up

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the research work as thoroughly as Dr. McConnell, we can all help those who do by keeping accurate and scientific case reports, and thus help to prove the truth—lesion osteopathy. May we begin now for our next meeting and be able to tell what the lesions were and how we removed them. Our rapid growth demands facts, and facts by actual experience. LENA CRESWELL.

San Diego, Cal.

I was very much pleased with this gathering of the osteopaths. To my mind it was the best meeting we have ever had. There was variety sufficient in the program and for the most part those on duty showed that they had worked on their subject. I hardly see how we could have improved the meeting under all the circumstances. There was a fine attendance considering the distance most who attended had to come. The harmony of the meeting in every respect was a very gratifying feature. All in all it was good to be there. M. C. HARDIN.

Atlanta, Ga.

The Denver meeting was remarkable for two things: for the good humor constantly present and for the illustrated lecture by Dr. McConnell. There was not an acrimonious word passed during the entire week; in fact, the sprite of jollity seemed to have gotten into all the members (possibly superinduced by the altitude). Dr. McConnell's lecture was an epoch marker. Too much credit can not be given our modest ex-president for the originality and scientific spirit shown by his slides. Let none henceforth say "There is no such thing as scientifically demonstrating the truth of the osteopathic lesion theory." It has been done, thanks to Carl P. McConnell. I would suggest that our committee on transportation negotiate hereafter with the best railroads rather than with the second-class ones. A few dollars saved on transportation is no compensation for dusty roadbeds, poor porter service and longer running time. HOWARD T. CRAWFORD.

Boston, Mass.

The meeting of the A. O. A. this year at Denver was, in my judgment, a great success. The harmony existing was, in comparison with last year, very marked. The points of special interest were the attention paid to the papers and clinics as well as the enthusiasm manifested in the discussion of the educational and legislative reports.

In the matter of education it was gratifying to note the idea of scholarship and of preliminary attainments. I believe the report was significant in the foreshadowing of the four-year curriculum and the complete field of surgery. I do not believe osteopathy or osteopathic physicians will be complete without it. The trend of thought is a good indication of the future.

The bill outlined in the legislative report was good, although open to the objection that many states would not consent to the three-year phase of it.

Another pleasing feature was the able paper of Dr. C. P. McConnell, the ex-president. It was in the right direction. That is the kind of work required to make our science complete.

The principal criticism I should offer is, the time was too short to undertake with advantage what was laid out. I have always been a believer in doing what one sets out to do, and while I appreciated all courtesies shown by the Denver friends, I say with all kindness that we had too much time in proportion for sight-seeing and recreation. The scenery and everything else merited all the time, and more, than we gave them, yet it cut into our program considerably. We should have had another week. I should say again the meeting was a great success. JAMES B. LITTLEJOHN.

Chicago, Ill.

It has been my privilege to attend and participate in nearly a dozen meetings of the National Educational Association, which drew teachers from every section of the United States and Canada to the number of 10,000 and 20,000. It has been here that educational theories have been discussed, policies defined and results tested. Great leaders like W. T. Harris, Presidents Elliott, Murray Butler, and a host of others, have stirred enthusiasm and created an esprit de corps among the rank and file that have wrought marvelous results in the work of public schools, colleges and universities. To an outsider our Denver meeting may have seemed small and insignificant compared with these great national gatherings. Yet I never felt the thrill of a deeper interest, a more contagious enthusiasm, a stronger searching after truth than I did at this Denver meeting. President McConnell's address was particularly clear and cogent, out of well worn tracks and along lines drawn from laboratory researches. He has set a commendable and much needed high water mark for future presidents and other who may be assigned places on the programs. The one thing, however, that impressed me most was the expressed determina-

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tion of the great majority to adhere strictly to osteopathic philosophy and check with vigor any real departure from the fundamental tenets of our science. There was some work of a text-book character that indicated more familiarity with the views and practice of the M. D.'s than with our own, but these theoretical disquisitions created no sympathetic response whatever.

A characteristic feature of the meeting, and an invaluable one, was the clinical work prepared by the Denver committees. It is hoped that our future meetings may prove as profitable in this respect as this one.

Whatever we may have lacked in magnitude was certainly made up by enthusiasm. From present indications the Put-in-Bay meeting will be a record breaker in both respects, at least every member should strive to make it so. JAS. L. HOLLOWAY.

Dallas, Tex.

Minnesota Association Annual.

The Minnesota State Osteopathic Association held its fifth annual meeting Friday, September 8, at the Y. M. C. A. Building, Minneapolis. The meeting opened at 9 a.m. with the transaction of business and election of officers. About seventy were in attendance.

The constitution was amended so that the dues hereafter will be but $3 when paid in advance.

An appropriation was voted for the establishment of an association library.

Dr. Geo. L. Huntington was indorsed by the association for reappointment on the State Board of Osteopathic Examiners.

President H. H. Moellering in his annual address reported a prosperous year for the association, its activities having been varied and profitable. He urged more interest on the part of practitioners in the field in getting young men and women of the right kind to take up our work at the colleges.

Dr. C. W. Young made an enthusiastic report as state delegate to the Denver A. O. A. meeting.

Dr. A. G. Hildreth read a short paper on "Genuine Osteopathy," and then was kept busy for about an hour demonstrating treatment for "rib and upper dorsal lesions," and answering questions.

Dr. J. B. Littlejohn did a Lorenz operation for "congenital dislocation of the hip" on a child two years old at the Laurence Sanitarium. The case had been under osteopathic treatment for several months. Patient was under anesthesia about thirty minutes. Rapidity and deftness characterized the operation.

Dr. J. M. Littlejohn read a scholarly paper on "Physical Diagnosis of the Heart," illustrated by clinical records of twenty-three cases. Dr. Littlejohn is very optimistic as to the ability of an impaired heart muscle to recover itself under favorable treatment. The paper will be published.

Dr. Chas. E. Still kept the session very much interested in his discussion and demonstration on "Cervical Lesions and Hip Dislocations." Besides, the doctor spoke with overflowing enthusiasm on osteopathic methods in obstetrical cases. He was opposed to the habitual anesthetizing of the patient in these cases, declaring that osteopathy made it unnecessary.

The evening was marked by a social supper, at which Dr. L. M. Rheem toasted "Our Guests," and the guests responded in happy vein.

The guests were elected to honorary membership in the M. S. O. A., and Dr. A. T. Still was sent a congratulatory message.

The following officers were elected: President, B. F. Bailey, Minneapolis; first vice-president, C. W. Riches, Anoka; second vice-president, Arthur Taylor, Northfield; third vice-president, Wm. O. Flory, Minneapolis; secretary, H. C. Camp, St. Paul; treasurer, Victoria Anderson, St. Paul; legal adviser, J. C. Crowley, Minneapolis; librarian, K. J. Manuel, Minneapolis; trustees, C. W. Young, H. H. Moellering, E. O. Mecoy, St. Paul; Malie A. D. King, Fergus Falls; J. A. Herron, Minneapolis.

St. Paul, Minn. HERMAN H. MOELLERING.

Montana Osteopathic Association.

The annual meeting of the Montana Osteopathic Association was held at the Hotel Grandon, Helena, on Sept. 7, 1905.

The first event of the day was the address of President Willard, who interestingly discussed "Increased Recognition of Osteopathy; Duty of Practitioners to Public, Profession and Self."

This was followed by a report on the work of the national association meeting by Dr. Hogsett of Butte, after which there was a symposium on "Bright's Disease," by Dr. A. A. Allison of Anaconda and Dr. I. F. Rosencrans of Kalispell, this being followed by

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a general discussion. Dr. O. B. Prickett of Billings presented a valuable paper on "Methods of Disinfection and Sanitary Precautions in Smallpox," and reports of cases of epilepsy were made by Dr. D. D. Rieger of Red Lodge and Dr. Strong of Helena.

Dr. Charles Mahaffy of Helena conducted a clinic on "Spinal Irregularities," this being followed by general discussion on methods of adjustment.

The following officers were elected for the ensuing year: President, Dr. Asa Willard of Missoula; vice-president, Dr. Elizabeth V. Strong of Helena; secretary, Dr. Charles Mahaffy of Helena; treasurer, Dr. K. Virginia Hogsett of Butte.

At the close of the meeting the members of the association took a ride to the Broadwater and there concluded the day's program with a picnic and luncheon.

The examination of applicants for certificates to practice osteopathy in the state was concluded by the state board of osteopathy last evening. There were four applicants, all of whom were successful. The list follows: Dr. Celia Bowker of Great Falls; Dr. J. F. Stephens of Dillon; Dr. J. Rieger of Red Lodge; Dr. Cramb of Butte.

Clinics at Denver.

The Denver osteopaths supplied so many clinic cases that all could not be presented before the regular meeting. The following cases were demonstrated before good crowds in the ordinary of the hotel while the regular sessions of the association were being held in the ball room. Many of these cases were of especial interest and it is regretted that they were not stenographically reported so that they could be published in the JOURNAL during the year. A vote of thanks is due the demonstrators.

Fractured neck of femur, demonstrated by Dr. A. G. Hildreth; arrested development, Dr. M. C. Hardin; hyperalgesia of second toe, Dr. William Williams; hip dislocation, Dr. George Still; spinal curvature, Dr. Geo. M. Laughlin; chorea, Dr. L. B. Overfelt; cardiac asthma, Dr. Dain L. Tasker; neurasthenia, Dr. W. Miles Williams; infantile paralysis, Dr. H. A. Roark; deafness, Dr. J. Erle Collier; paralysis of leg, Dr. C. W. Young; scoliosis, Dr. E. C. Link; synovitis, Dr. W. R. Laughlin; ankylosis of hip, Dr. H. T. Crawford; ankylosed shoulder, Dr. M. C. Hardin; bronchial asthma, Dr. Eugene Pitts; cleft palate, Dr. A. Still Craig; pseudo-leukemia, Dr. H. L. Connor; scoliosis, Dr. A. G. Hildreth; ankylosed knee, Dr. H. W. Forbes; Bright's disease, Dr. C. W. Proctor; dislocated tibia and fibula, Dr. M. E. Brown; varicose veins, Dr. W. R. Laughlin.

A. S. O. Alumni Meeting.

The Alumni Association of the American School of Osteopathy held a meeting in the ordinary of the Brown Palace Hotel, Denver, Col., on the evening of Aug. 15, 1905. There was a good attendance. The vice-president, Dr. N. A. Bolles of Denver, was in the chair.

Dr. F. E. Moore, LaGrande, Ore., presented the report of the committee which had been appointed to revise the constitution. With a few slight changes the report of the committee was adopted.

The election of officers resulted as follows: President, Dr. M. C. Hardin, Atlanta, Ga.; vice-president, Dr. C. C. Cornelius, Carthage, Mo.; second vice-president, Dr. Carrie A. Gilman, Honolulu, H. I.; secretary, Dr. E. C. Link, Kirksville, Mo.; treasurer, Dr. Bertha Buddecke, St. Louis, Mo.; trustees, Drs. H. E. Bailey, St. Louis, Mo.; J. L. Holloway, Dallas, Tex.; Almeda Goodspeed, Chicago, Ill.; president and secretary *ex officio* members. ......

The Boston Osteopathic Society Meets.

Dr. Charles C. Teall was the guest of honor at the opening meeting of the Boston Osteopathic Society, held on the evening of September 19. His remarks on the practically unlimited field for pure osteopathy were right to the point, and voiced the feelings of his audience. Dr. Teall then led a clinic and a discussion of innominate lesions, which was of the greatest practical value.

The following non-resident osteopaths have honored the society by becoming associate members: Drs. Charles C. Teall, Carl P. McConnell, Charles E. Still, Leslie E. Cherry and Louise A. Griffin.

Our new society is working along the right lines, with every promise of becoming an important factor in developing scientific osteopathy. ERICA ERICSON, *Secretary*.

Boston, Mass.

N. I. O. Alumni Association.

The N. I. O. Alumni Association held their annual meeting and election immediately after the adjournment of the Tuesday, August 15th, session of the A. O. A. at Denver. The members met around the banquet table in the ladies' ordinary at the Brown

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Palace Hotel. President Leslie M. Cherry presided, with C. A. Upton as acting secretary. But little business was transacted, the hour being given over to reminiscences of old college days and a general discussion of the status of the graduates of the N. I. O.

Dr. C. W. Young of St. Paul was elected president and Dr. Grace M. Nichols of Spokane secretary for the ensuing year.

The meeting was considered one of the pleasant incidents of the Denver convention and the most successful meeting of the alumni. Plans were laid for a large meeting at Put-in-Bay during the A. O. A. convention next year.

South Dakota Osteopaths.

The South Dakota Osteopathic Association held its first annual meeting at Huron on Sept. 14, 1905. There was a good attendance. Several clinic cases were presented and discussed.

Officers were elected as follows: President, Dr. Alva M. Glasgow, Sioux Falls; vice-president, Dr. Winifred Atkinson, Mitchell; secretary, Dr. C. Steele Betts, Salem; treasurer, Dr. Walter Goodfellow, Aberdeen; chairman of board of trustees, Dr. Ella N. Farr, Pierre.

Greater New York Osteopathic Society.

The Greater New York Osteopathic Society held the first monthly meeting of its fiscal year Sept. 16, 1905, at the Fifth Avenue Hotel, New York City. The following program was carried out: President's annual address, Herman E. Hjardemaal; report of the Denver meeting, Chas. E. Fleck; observations of an osteopath in the Panama Canal zone, Charles Hazzard.

Welcomes New Doctors.

Dr. Warren B. Davis entertained the Milwaukee doctors of osteopathy at luncheon yesterday noon at the Milwaukee Athletic Club. The luncheon was given as a welcome to Drs. Louise P. Crow, O. W. Williams and E. J. Elton, who have opened an office in this city.—Milwaukee *Sentinal*, Sept. 5, 1905.

Chart of Vaso Motor System.

We are in receipt of a chart of the vaso motor system, designed by Dr. S. C. Matthews, 500 Fifth avenue, New York City. The drawing was made by R. Weber, and it is published by Henry Holt & Co., New York City. Price $5.00.

The chart is handsomely lithographed in eleven shades of color and admirably shows the anatomical relations and connections upon which is based the osteopathic idea of "lesions." It will prove invaluable in explaining the osteopathic philosophy of disease to the laity.

In addition to the colored cut above mentioned, another cut without coloring has been printed as a companion piece, so to speak. This gives the brain and spinal cord, with localization of functions in the brain; also four spinal columns, one perfect and three imperfect ones, the latter showing different degrees and kinds of deformity. This cut will enable the layman better to understand how slight twists and subluxations of vertebrae produce ill effects by bringing pressure of ligaments and muscles upon nerve structures.

PERSONALS.

Born, on Sept. 8, to Dr. and Mrs. Lee C. Deming, Los Angeles, Cal., a daughter.

Dr. Asa Willard is serving his third term as president of the Montana Osteopathic Association.

Dr. Edythe Ashmore has returned to her practice in Detroit after an extended visit in the west.

Dr. Frederick W. Sherburne, Boston, Mass., returned the latter part of August from a trip to Europe.

Dr. J. A. DeTienne has taken the practice of Drs. Chas. C. and Grace H. Teall at 1198 Pacific street, Brooklyn, N. Y.

The name of Dr. R. D. Emery, 331 Mason building, Los Angeles, Cal., was inadvertently omitted from the A. O. A. directory issued in September.

Dr. E. A. Montague and Miss May Richmond, both of Eureka, Cal., were recently married and are now spending their honeymoon on Hoopa Indian reservation.

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It is greatly to the credit of Secretary Chiles that he is as popular among his neighbors as he is with his professional brethren. That such is the case is evidenced by the fact that he has recently been nominated as a candidate for alderman in the ward in which he resides in Auburn. As the political party with which he is not affiliated has a majority of four or five hundred, there is not much danger of his being elected—a fact upon which he may cangratulate himself.

APPLICANTS FOR MEMBERSHIP IN THE A. O. A.

According to a rule recently adopted by the trustees the names of all applicants for membership will appear in the JOURNAL. If no valid objection to any such applicant is filed with the secretary within thirty days after publication, and all receive an affirmative majority vote of the trustees, they will be declared elected. Should objection be made to any applicant the case will be fully investigated before final action is taken.

Otis F. Aikin, 403 Macleay building, Portland, Ore.
Earl J. Carson, Wilson, N. C.
R. M. Cooper, Norton, Kas.
John L. Cramb, 31 Masonic Temple, Denver, Col.
Frank Edwin Dayton, 41 South Elizabeth St., Chicago, Ill.
Albert Louis Galbreath, 420 Pennsylvania building, Philadelphia, Pa.
Mary Giddings, 1106 New England building, Cleveland, Ohio.
Mary Marts, Cooper building, Watsonville, Cal.
Nannie B. Riley, 309 Second avenue, Rome, Ga.
Warren A. Rodman, Washington street, Wellesley Hills, Mass.
Dan B. Towner, 65 West Thirty-eighth street, New York, N. Y.
Edward F. M. Wenddstadt, Mills building, 15 Broad street, New York, N. Y.

REINSTATEMENT.

Robert Sidney Johnson, Idaho Trust building, Lewiston, Idaho.
L. B. Smith, 409 Oregonian building, Portland, Ore.

REMOVALS.

Lola L. Hays, Wyanet, to 1525½ Fifth Ave., Moline, Ill.
R. W. Bowling, Franklin, Ky., to 1418 W. Locust St., Des Moines, Ia.
Nellie A. Allen, Starr-King Building, to 207 Hyde St., San Francisco, Cal.
Loa E. Scott, 105 Arlington St., to 712 Rose Building, Cleveland, O.
L. K. Cramb, Morganfield, N. Y., to Butte, Mont.
Helen Marshall Giddings, 611 to 1106 New England Building, Cleveland, O.
A. B. and Evangeline Howick, Newton, Ia., to Sunnyside, Wash.
Lamar K. Tuttle, 30-40 W. 33d St., to 36 W. 35th St., New York City.
Elmer T. Hall, Watertown, N. Y., to 304-5 Lowndes Building, Atlanta, Ga.
Lee C. Deming, 413 to 301 O. T. Johnson Building, Los Angeles, Cal.
J. L. Holloway, Slaughter Building, to 435 Wilson Building, Dallas, Tex.
A. C. Moore, 204 Sutter St., to 397 Bush St., San Francisco, Cal.
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WHITE SWELLING OF THE KNEE JOINT.

Paper read before the A. O. A. at Denver by F. P. YOUNG, M.D., D.O., Professor of Surgery in the American School of Osteopathy, Kirksville, Mo.

While tuberculosis of the lungs and other organs was recognized at a very early period, a proper conception of joint tuberculosis is of comparatively recent years. The writings of Hippocrates in the fourth century B. C. gives a clear conception of tuberculosis.

Later the disease was written about by Aristotle, Dioscorides and Celsus, while from the excellence of his description, the clinical picture given by Aretaeus has remained classical even to this day. Through the succeeding fifteen hundred years little, if anything, new was added to the knowledge of this dread disease. Wiseman (London) in 1676 in a surgical treatise first used the term Tumor Albus or White Swelling. He maintained the disease was the result of scrofula.

Sir Benj. Bell in 1779 wrote a treatise on the Theory and Management of Ulcers, and a dissertation on White Swelling of Joints. He held the cause to be trauma, scrofula and rheumatism. But it remained for the genius Laennec to demonstrate the unicity of the tubercular process in the various parts of the body and in its various products, as in granulations, fibrosis, tubercles, caseous nodules, etc.

Many others wrote on the subject following Laennec, as Michet, Nelaton, S. Cooper, Benj. Brodie, Rust, Bonnet and others.

Rokitansky in 1844 demonstrated the identity of the tubercular process in synovial membranes and in the lung. Virchow and later Volkman pointed out that certain joint affections were the result of miliary tuberculosis. Villemin in 1869 proved the infectiousness of tuberculosis by inoculation. These observations were corroborated by Koster, and many other investigators.

We may then conclude that the fact was established that strumous diseases of bones and joints were tubercular prior to the discovery of the bacillus by Robert Koch in 1882. How Koch proved that all tubercular lesions were the result of the development within the tissues of the tubercle bacillus is a matter of history with which all physicians should be familiar.

Mueller and Cheyne demonstrated experimentally that joint tuberculosis could be caused by injecting tubercular material or a pure culture of the bacillus either into the joint or into the blood stream leading to the joint. Therefore we will conclude that certain lesions of joints must be regarded

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as tubercular in their nature and tendency and their microbic origin considered an established fact.

For a proper conception of this disease it is most essential to understand the pathology of tubercle. The limits of this paper will not permit of a thorough discussion of the pathology; only the essential features can be stated. The fate of a tubercle bacillus which enters the human organism is, that it is either destroyed by the phagocytic action of certain of the mesodermic cells, or, surviving these attacks, it finds lodgement, gaining a foothold, eventually multiplying and exciting pathological changes within the tissues. It is important to note the conditions necessary for this infectiou to occur. It is now generally held by pathologists that some one or all of the following conditions must be present in any case of infection:

1. A diminished resistance of the tissues.
2. An avenue of entrance for the germs.
3. The germs must be present in sufficient (usually very large) numbers.

Now in the case of tubercle the first of these conditions, "a diminished res ance of the tissues," is of the greatest importance since it is always present. It is brought about by certain inherited conditions and by the presence of certain osteopathic lesions affecting the nutrition of a certain area, viscus or organ, thus lowering the resisting power. These lesions, it is generally understood, consist of nerve and circulatory disturbances occasioned by displaced bones or by injury.

The germs enter the body by way of the respiratory mucous membrane, eventually getting into the blood stream. Some are destroyed, others find a place suitable for their development and there lodge. The tissue changes occasioned by the entrance and multiplication of these micro-organisms are characteristic.

Tubercles are formed, the essential histological elements of which are (a) leucocytes, (b) gaint cells, (c) epitheloid cells, (d) connective tissue recticulum.

Often but few tubercles are formed. In the case of the knee joint the primary seat of the disease is in the synovial membrane, in the connective tissues outside the joint, or in the articular end of one of the bones entering into the formation of the joint. When the disease begins in the synovial membrane great thickening occurs as the result of the formation of granulation tissue. Sometimes the synovial membrane is studded with tubercles. Occasionally, after developing these, masses of new tissue may become dislodged and rounded off, forming rice-grain, or melon-seed like bodies. The joint may be filled with them. Where there is a great tendency to the formation of granulation tissue as often occurs in the knee-joint, gelatiniform or pulpy degeneration is the rule. Pus often is not formed. Even though pus is not formed, caries of the bones and cartilages often occurs (caries sicca). At times the joint becomes filled with a turbid liquid —tubercular pus. The caries is then a suppurative form. Sometimes this joint affection is excessive and serous in nature, giving rise to a condition of hydrops articuli.

In advanced stages of the disease the tubercular process spreads from the synovial membrane to the articular cartilages and to the bones, which become eroded, or the disease may spread from the bones to the cartilages.

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These cartilages then undergo caries. When the bones are invaded masses may die (caries necrotica).

Later the disease may spread to the ligaments and connective tissues outside the joint, invading the muscles and tendons, all of which apparently become glued together. The formation of the granulation tissue which subsequently undergoes pulpy degeneration, and the gluing together of all the tissues, obstructs the return circulation, resulting in enormously distended veins and a spindle shaped joint. The spindle shaped joint is due partly to the enlargement of the joint and partly to atrophy of the limb above and below. When the knee-joint becomes greatly distended the synovial sac is pushed upward under the vasti muscles.

Distension behind in the popliteal space does not often occur. But occasionally Baker's cysts will form. These are due to a distension of the bursae (communicating with the joint), which are found beneath the tendon of the popliteus, outer head of the gastrocnemius and semi-membranosus muscles.

The pulpy degeneration may be so pronounced and the general enlargement of the joint may be so great as to give rise to pseudo-fluctuation. It is not unusual to find these cases treated as sarcomas. When pus form , it usually burrows upward, but may open out along the tendons of the inner or outer hamstring muscles. After rupture, pyogenic infection occurs. Some cases recover spontaneously, others may continue, general infection resulting in death. Some cases succumb to amyloid or lardaceous disease of the organs as the result of the pyogenic infection. White swelling of the knee-joint is very readily recognized in old cases. It is only during the early stages or in exceptional cases that the diagnosis is difficult. In doubtful cases, when possible, a microscopical examination of shreds of tissue will disclose the characteristic pathological changes and settle the diagnosis.

The frequency with which certain joints are affected is a matter of dispute. According to Senn the knee joint is more frequently affected than any other of the bones or joints except the spine.

In a large number of cases the order of frequency is given as vertebrae 23.2 per cent.; knee-joint, 16.5 per cent.; hip-joint, 14.6 per cent.; tarsus and ankle, 14.4 per cent.; elbow, 6.3 per cent.; wrist and hand, 6 per cent.; shoulder joint 1.5 per cent. In the New York Orthopedic Dispensary in two years 2,644 cases were treated. The order of frequency was vertebra, 1,024; hip, 1,178; ankle, 83; knee, 319; wrist, 7; elbow, 11; shoulder, 11; multiple joints, 11. Other statistics show a like difference. Statistics from children's hospitals uniformly show the knee-joint to be seldom affected, while metropolitan clinics for all ages show the knee to be more frequently affected. In children the disease nearly always begins in the femoral epiphysis and, perforating the cartilages, invades the joint.

In rare cases the disease occurs in the upper extremity of the tibia and even the patella. It is worth while to note that in children this disease most often is, first, bone tuberculosis, then it becomes joint tuberculosis. The symptoms of the disease are plain and readily recognized. There may or may not be a family history of tuberculosis. The patient has previously been in bad health, perhaps scrofulous, or the victim of skin trouble. There is usually a history of slight trauma. The disease may arise from infection

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of an old wound. It may be engrafted upon an old case of chronic synovitis.

The joint gradually enlarges and becomes sore and painful. Ordinary remedies are of no avail. As the joint enlarges the limb above and below atrophies because of non-use and poor blood supply. Thus the joint becomes spindle shaped, the muscles become stiff and often painful startings occur. The limb becomes lengthened because of thickening of the epiphysis and cartilages. The limb is then flexed because of the action of the hamstring muscles. And because of the action of these muscles and of the lengthening of the femur, dislocation of the tibia backward into the popliteal space occurs. The dislocation may be partial or complete. Because of the involvement of one condyle more than the other the tibia may be displaced inward or outward. As the disease progresses the tissues become glued together, the veins distended and the joint much enlarged and distorted. The bony landmarks are now quite obliterated. This disease may appear in the child, adolescent or adult. In the young adult the diseas usually begins in the synovial membrane or in the connective tissues outside the joint. In some cases the pain is of minor importance, while in others it is the most prominent symptom.

At times the disease may be localized in one corner of the joint or limited in the end of one of the bones. In these cases it is not unusual to find the patient walking about on the limb and experiencing not much pain.

The treatment of knee-joint disease may be conveniently divided into dietary, hygienic, manipulative and operative. A tuberculous patient should be well fed, not a great quantity at once, but often. Good, well cooked, substantial food will do a great deal toward helping nature. These patients require more food than a healthy individual. Hygienic measures are of greater importance than even manipulative measures in some cases. The benefits of the climate of Colorado in these cases is due largely to the increased hours of sunshine. These patients should live out of doors in the open air.

Unlike pulmonary tuberculosis, this disease is greatly benefited by a sojourn at the coast. A damp atmosphere seems to do some cases good. This is a disease in which we have no use for drugs. "Fresh air is an absolute necessity, cheerful surroundings and good food come next. With these aids we have little need for the materia medica." *(International Text-Book of Surgery,* p. 716.) An out-door life, even in cities, does much good, but in the country much more. It removes the patient from a germ-laden atmosphere. Along with these measures and not especially manipulative, may be mentioned rest. In the treatment of all tubercular joints rest is absolutely essential. To secure this fixation is often necessary. Fixation of the joint may be secured by plaster cast, splints of wood, felt, metal, leather, etc. The benefits secured by the use of fixation is as follows: Manipulation excites pain and inflammation. Rest lessens the pain and inflammation. The more inflammation there is the more likely will there be ankylosis. The less pain and the less inflammation the less likely will there be ankylosis.

Therefore fixation of the joint will lessen the likelihood of ankylosis by abating the inflammatory reaction. In case of the knee-joint, fixation does not do as well as in other joints. In most cases it is unnecessary.

In some cases the patient seems to do better without fixation. Extension, which is of great value in the treatment of some tubercular joints, is of no

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use here. Inasmuch as this disease manifests itself as a synovitis, arthritis or osteoarthritis, it is important in any given case to determine as far as possible the extent of the involvement. Manipulative or osteopathic measures are to be advised and relied upon where the bone is not involved. If the bone involvement is limited and the case is in a child, osteopathic measures should still be persisted in.

The extent of the bone involvement may be determined by an X-ray examination, also by tenderness manifest by pressure over the bones. The osteopathic treatment should consist of correcting spinal (lower dorsal, lumbar and sacro-iliac) lesions.

Malposition of the hip due to a contracted condition of muscles and fascia may often be corrected with great and almost instant relief of the urgent symptoms. Other spinal lesions which affect the digestive tract or serve as a cause of the general depleted condition of the system should be treated. In short, the patient's general health must be built up. But the treatment which is directed toward correcting the circulation and restoring normal conditions in the joint, should be given two or three times per week, and should be confined to the lower dorsal, lumbar and sacroiliac conditions. In knee-joint disease there is usually a posterior condition of the innominate upon the affected side. More or less spinal curvature is the rule. These conditions must be relieved.

In the treatment of this disease these questions arise: Shall I manipulate the joint; if so, to what extent? Is there danger of scattering the germs?

As a general rule the joint should not be manipulated. Any manipulation which causes pain and excites inflammation is harmful. The danger, then, of manipulation is mechanical injury. Manipulations and movement of the joint renders ankylosis more likely and will cause an extension of the inflammation. It is far better to apply a plaster cast than to manipulate the joint. Give nature a chance, since she must accomplish the cure if one is obtained. As has been stated, the plaster cast in the case of the knee-joint does not do well, and is to be advised against in almost all cases. In children the best results are obtained. In some cases pus may form, spontaneous rupture and healing follow without the use of antiseptics, or, in fact, any treatment. Where pus forms the abscess should not be opened until rupture is imminent or until pointing occurs, then a free incision should be made, the abscess cavity washed out with a 1 to 5,000 mercurial solution or a 1 to 60 carbolized solution. It is advisable in all cases to use antiseptic precautions. Daily cleaning of a tubercular abscess with a mild antiseptic will be attended with marked benefit. If erosion of the bones occurs good results may be still obtained. Manipulative measures are still to be persisted in. Operative procedures should not be advised in children except as a *dernier ressort*. In adolescents or in adults it is different. When erosion of the bones occur, surgical measures are to be advised at once. The chief reasons are that ankylosis will follow anyway. By extirpating the tubercular area general infection is impossible from this source. In general it may be stated that past experience shows osteopathic treatment has saved many limbs, restored useless members to useful, if not shapely, limbs. Further, it must be stated that osteopathic treatment wrongly applied in

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these cases may do irreparable harm. The operative procedures resorted to in this disease are erasion and resection.

In both instances the object is to remove all of the tubercular area or mass regardless of what tissues are removed. This necessarily results most times in permanent ankylosis.

A CLINIC CASE.

Dr. Young then presented a clinic as follows:

I have pleasure in presenting to you Mr. Graham. This clinic is not one of the patients of our school, but is of the medical profession, and we are deeply indebted to Mr. Graham in presenting himself at this time.

He is 37 years of age and presents a little hereditary condition. His mother died of tuberculosis. About ten years ago Mr. Graham, while riding a bicycle, in some manner wrenched his knee, he believed, and thereafter, it swelled enormously—a foot ball knee, due to the wrenching of the tendons of the quadriceps extensor. The tendon was partly jerked loose from its attachment to the tibia. That caused a serous effusion of the joint. This disappeared after a lapse of some time and he believed the knee was restored to good health. This happened when Mr. Graham was in Schenectady, N. Y. He did not know until after he came west that there was anything wrong with the knee except when he tried to use the limb to run a foot-power printing machine, and he discovered that he could not do it. That might have been due to the thickening of the attachment of the quadriceps extensors, but not particularly to any other condition of the joint. Sixteen months later while out in the mountains he contracted what he thought was rheumatism in the knee joint. Probably it was synovitis due partly to injury and partly to exposure. He never entirely recovered from that inflammation of the joint. He had no medical treatment at that time, because he was some seventy-five miles from a physician. Last September he took six weeks of vibratory treatment which in my opinion did him no good. After that he used hot and cold applications. The condition grew worse. The swelling moved up above the knee, and he described it as an enlargement above the knee. The muscle became thick, due to extension of the capsular ligament by the serous exudate. In October he consulted a regular physician, who put his leg into a series of plaster casts. He lives out of doors in his back yard under a cherry tree all day, and he thinks he is getting better. The pain is leaving the joints. All that is being done is simply rest. This clinic shows the lesions which I indicated in my paper. He has that condition of the innominate, and these lumbar lesions.

Now, what would I do in this case. In my paper I said that in adults where there was bone involvement of the tibia rest is to be advised. I do not know that there is any bone involvement here. An X-ray examination has never been made, and yesterday when I was talking to him I advised him to have it done. He ought to have a good picture taken of it. He has a latent tubercular condition there, and if he would happen to fall down, or someone would happen to get hold of that, he would get general tuberculosis. That is my opinion of this method of treatment. What would I do?

If I were treating this gentleman I would confine my treatment to the correction of the lesion in the lumbar and sacral region. I examined his spine yesterday, and he has other lesions. On palpation you can feel th-

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posterior condition of this innominate. What would I do? I would confine my treatment to this condition. Why? For the reason that if there is anything in osteopathy here is where his trouble is most likely. The vasomotors which go to the leg arise there, and if the nerves to the knee joint are involved the obturator, the anterior crural and the great sciatic which rise in the lumbar legion, some of which are in close proximity to the sacrum, would be effected by the subluxation of the bones. Therefore I would confine my treatment to this condition. Now, you see the disadvantage that Mr. Graham labors under, while he is getting rest in this knee joint, my opinion is that he can recover much more quickly if this condition were treated here. He may go along for some time. I expect he will, but his illness will probably be more protracted. As pointed out in my paper, it is well known that hygienic and dietary measures are of great value in these cases.

Dr. Culley: Do you think that he will recover from that and the lesion remain? Will there be any danger of that returning if the cause is still there?

Dr. Young: Yes. He may go along ten years and the condition return.

Dr. Culley: Do you think that that condition was the primary cause?

Dr. Young: Yes, that gives rise to the diminished resistance in the knee joint and produces initis; this being the point of least resistence, there the germs lodge.

Dr. Culley: That irritation to the knee joint might have been the cause of the infection?

Dr. Young: Irritation of the knee can cause it as I pointed out. It may be increased by synovitis.

Dr. Culley: Do you think that is primary or secondary?

Dr. Young: That is questionable in this case. It may be secondary.

Dr. Culley: In an acute condition, where no lesions exist in the spine or innominate, the reflex irritation from the acute condition may cause spinal or innominate lesions, and the patient would not get well if these spinal lesions remain untreated.

Dr. Young: That is a good point.

Dr. Culley: You speak of the X-ray examination. In case that was made in this case at present and it showed an infectious involvement of the bones, would not you recommend first to remove the lesions?

Dr. Young: Yes.

Dr. Cherry: Is there any danger of the osteopathic treatment intensifying the trouble?

Dr. Young: Well, that can be told from time to time by an X-ray examination. If the involved areas were larger, and it showed the area had extended, I would be in favor of removing the affected area. I often find in my practice that by striking the knee there will be a slight lesion produced here, which with time becomes exaggerated, and might be prolonged at first.

He is to be educated, not because he is to make shoes, nails and pins, but because he is a man.—Channing.

We are never so ridiculous by the qualities we have as by those we affect to have.—Rochefoucauld.

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OSTEOPATHIC SURGERY, INCLUDING TREATMENT OF FRACTURES.

Given Before the American Osteopathic Association at St. Louis, by J. B. LITTLEJOHN, M.D., D.O., Chicago.

There is probably no branch of science which has made more rapid strides within the past few years than surgery. It is world wide in its fame and justly so on account of its marked progression. There are some who claim that it has no place in osteopathic practice; in this they err as much as those who claim that it is a cure for all ills. I believe that surgery is osteopathic, that osteopathy is surgical, that they are in harmony with one another, that they are inseparable. I have no sympathy with those who from narrowness of mentality think we are breaking down the firmly established principles of osteopathy in claiming for surgery its complete recognition and absolute right to an equal footing with the so-called osteopathy of some. I believe they run hand in hand, that they are as closely related as members of our perfect and complete body organism. I have no sympathy with those who believe in surgery for the sake of cutting or who practice it simply for the lucre it brings. I do not believe that surgery is butchery or ever was intended to be so, whether some who practice it have such a motive or not. We are not judging and have no right to judge the motives of others. All we are interested in is the realm of practice.

IS SURGERY OSTEOPATHIC?

Surgery has always been spoken of under the two divisions, (a) principles, (b) practice, and it is with these we are more immediately concerned rather than a criticism of its position. The principles of surgery are certain well defined rules or axioms formulated after experience and experiment. The application of these rules or axioms is the practice of surgery. Osteopathy is the application of certain well defined rules or axioms known as physiology in the disordered state of an organ or body, the application, if you will, of the rules of life to the body in a diseased or disordered state. The same primal principle is the foundation of surgical practice, and has always been so. In fact surgery has much more closely followed the nature element than the medicine side of practice.

We want to establish the fact that osteopathy has the essence of surgery in it, that a basic cause lies behind the development of disease, and that in the cure or removal of this cause is the field of rational treatment. Applicable in all cases, sometimes simply manipulative, and at others, instrumental, or with surgical devices. We will do this by referring to certain diseases. Take inflammation for example, what is inflammation? It is a certain series of changes manifested in living tissues as a result of causes recognized as originating within or without the body. The changes manifested are seen in the vessels, in the blood, and in the surrounding tissues, along with certain general and constitutional symptoms. Again, take hyperaemia, if hyperaemia of a part is long continued it produces a similar series of results, so also do injuries to the nervous system and in a very effective fashion in repair of wounds.

If these changes are all seen under these different circumstances certainly there must be some underlying principle which governs them all. We ven-

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ture to say that that principle is inherent in the nervous structure, that inflammation, hyperæmia, repair of wounds, nerve injuries are different conditions depending on the changes of vessels of parts affected. This is shown by the experiment of nerve section described in our text books of physiology.

Bacteriology has demonstrated the relation of disease to physiological defects. For instance the old time honored experiment of irritating fluids being applied to the skin and being followed by typical pustular eruption, the pus not being true pus, not being inoculable, but simply an illustration of liquefaction of tissue from severe irritation, as compared with the liquefaction which takes place from specific purulent infection; also Welsch's bacillus so long known to have a residence in all skin, atrophied in appearance and dormant in function because the skin is healthy and vigorous, assuming activity when skin is irritated, no doubt explaining the "stitch abscess" and various other similar localized phenomena. In the same way the bacillus coli communis, a constant inhabitant of the intestinal tract without symptoms in health, readily assumes active states under disordered physiological conditions. Take as an example a lady lifting a friend felt a distinct "giving" in her back, leaving her "lame" and sore for a few days with local symptoms over her iliac region, followed in about nine or ten days with a purulent discharge from the bowels with complete abatement of symptoms. Recurring periods of a similar nature so far as the local pain and discharge was concerned was noticed for some time. The diagnosis made was recurrent appendicitis with supuration and drainage through communication with the bowels. These all disappeared after treatment and attention to primary spinal lesion.

Dr. Bernard Roth of London has given abundant evidence of the physiological side to surgical treatment. He has withdrawn from the old-fashioned support in cases of curvature of the spine and resorts only to physiological methods of building up and repairing loss of function. The essential feature in the treatment of these cases as practiced by him is the development of all the vital structures through the functional activity of the muscular fiber distributed and acting on or in the region affected. In this way has science brought its influence to bear on these hitherto dreaded tubercular conditions.

Dr. Lorenz further has established the same fact by his idea of treatment in congenital cases of hip dislocation. It is true that the Italian Paci first devised the idea of treatment which Lorenz modified to the extent of the position of the limb after reduction, but the fact of resorting to the physiological idea of treatment is the same.

We have so far kept in view the idea of non-instrumental interference. We want to go further. Surgery is an exact science when rightly applied, and demands correct application. We are all members of a noble profession, brothers and sisters striving for the good of humanity, and it is our bounden duty to give to that suffering brother or sister what science has placed within our reach. I am proud to think that our ranks are widening, that liberal minded intelligent followers, such as are here represented, are giving their support to the idea I have always contended for, a rational and conservative surgery. Long may you labor and great may your success be, for you are striving to supply the need of a pain-stricken race.

In no field of practice is the necessity for diagnosis so important. This

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fact is constantly brought home to us with greater meaning. A case in point will illustrate. Some weeks ago a patient came under my own observation where a diagnosis was made of a malignant condition, which was readily proven to be mistaken. The history clearly demonstrated the true character of the disease. It was a case of diffuse cellular inflammation with suppuration readily yielding to an open incision. It is fortunate that there can be no mistake in diagnosing these septic cases. Mickulicz has taught us how to differentiate. We cannot afford to scoff at science. We must avail ourselves of everything within our reach. He has shown us that practically beyond a doubt we can prove the purulent condition from the examination of the blood. It can only fail where the septic condition is limited by a dense wall, where the germ is dead or where the patient dies before the blood stream becomes generally affected.

I believe we must treat these cases by open incision, that failure to do so is criminal as well as non-osteopathic. The importance of this thought in appendicitis is immense. Diagnosis further is imperative in gynecological cases, tubercular cases and cases of a like character. I have had a case in my own experience of a so-called spinal meningitis yielding to the surgical treatment of ovarian cyst. Time fails us to go into these cases as we would, sufficient has been said to indicate that resort must be had to surgical means when the diagnosis indicates such a course.

TREATMENT OF FRACTURES.

The treatment of fractures has to be classified according to variety. We are chiefly interested for the present in the treatment of simple cases. The different methods available for the treatmnt of such cases are first, by absolute immobility; second, partial immobility; third, modified partial immobility, fourth, open incision. The first is the old-fashioned way of immobilizing a part by some kind of splint so applied that the part is at absolute rest. It was the custom to instruct in this way almost altogether, but fortunately as science progresses, as the mind becomes more broad the old stereotyped plan is being rapidly left behind.

The partial immobility is illustrated by the ambulatory system which has been in vogue and which has been found wanting. It was thought that "time" could be made by the treatment of cases in this fashion, that patients suffering from fractures of the limb could attend to business while the wound was repairing. The idea has not been found satisfactory in practice.

The method of modified mobility is not new. We all know of the interesting results shown in cases of fracture of the clavicle. Most of us know the benefit of treating fractures of the neck of the femur in the aged and feeble by mobility. Lucas-Championniere has demonstrated that manipulation properly applied in cases of simple fracture has hastened repair. It should be so if there is anything in science . Can a part bound up in splints be properly nourished or repaired as well as the part that is healthy and receiving its proper blood supply? Many oppose the principle, contending that it is impracticable, liable to be followed by defect and unscientific. It was always thus. All new methods have been so opposed, and yet where there was merit they progressed and eventually were adopted. Is not that the history of our science of osteopathy?

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The basis of Lucas-Championniere methods rests on the fact that nature requires certain essential conditions for the repair of tissues, and that these can be best supplied by the attention to the physiological needs of the part affected. The fundamental principle of his method is that limited movement assists in the process of repair, increasing the amount of callus, helping to solidify and increasing the rapidity of its formation. All of these being along the line of nature's method of overcoming the accidental disturbance in the continuity of the part involved. To exaggerate movement would retard repair, consequently movement must be carefully graduated. This graduated movement promotes the vitality of the limb, preserves the muscle, tendon, the articulation and prevents the development of atrophy.

The second principle is the application of manipulation to assist in repair provided it does not interfere with the proper support of the fractured bone or interfere with the process of repair. This method has been applied to fractures of the radius, clavicle, bones of the forearm, upper and lower extremities of the humerus, tibia and fibula, and such joints as the wrist, elbow and knee. He does not claim that splints are not required. He uses those in cases where it is necessary to keep the parts in apposition, but in all cases along with manipulation. The same principles have been applied to dislocations and sprains from an osteopathic standpoint.

The fourth method that by open incision is a newer method which has been applied in later years to certain varieties of fracture where the bones are separated. It is of value in those cases where it is difficult to keep approximated fractures of the patella or the olecranon. It would not be fair to take the position that it is necessary in all cases of such fracture as some surgeons do, but it would be unfair to the patient, to ones self and to humanity to allow a patient to suffer from a defect which could be overcome by a surgical operation perfectly safe and easily applied.

The above is a general review of the methods available for the treatment of fractures with special reference to the more modern principle as it is frequently applied by our more advanced surgeons. We hope the day is not far distant when the osteopaths will be as fully up to date and capable both of perfect diagnosis and perfect treatment as the practitioners of any school in the world, and this they can accomplish by their own effort, by their own achievement and by their desire to rise to the greatest height of scientific attainment within the reach of civilization. As the years go by it is becoming more necessary and before long we hope that every osteopath will be a physician in fact as well as idea.

ARE THE OSTEOPATHS TO BE SWALLOWED UP?

Address before the A. O. A. at Denver, by JOHN T. BASS, D.O., Denver, Col.

Are the osteopaths to be swallowed up? This subject suggested itself to me at St. Louis last summer in a conversation with our former president, Dr. Hazzard. We talked about the future of osteopathy, and he requested me to make some remarks on that subject at this meeting.

In looking over the history of the medical profession we find that on numerous occasions new schools of the healing art have sprung up, new dis-

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coveries have been made, and invariably they have drifted into the one school, the one system. I think that is practically true of the homeopaths. They tell me that there are only ninety per cent of the students in their colleges there was a few years ago. Therefore it seems to me that the tendency in everything—in education as well as in commerce—is to the trust plan, or to monopoly. Hence one of the dangers that seems to threaten our system is that of being swallowed up by the old school of practitioners. I have been told a number of times that it will be only a short time until the colleges of the old school will put in a chair of osteopathy, and that when they do that we shall see the last of our osteopathic school. I am not informed as to that part of the future of osteopathy, but one thing appeals to me in connection with the trusts. There is a trust in the healing art the same as in every other business. There are about 420 millions of dollars annually expended for the benefit of this trust. So you see it is worth while fighting for. The regular school does not want to give it up. They want to hold the monopoly in this healing art, and they are continually gaining in every possible way. They are seeking control of the eclectic, the homeopathic and every other system, bcause there is a money consideration there that they do not want to give up, and that money consideration does not stop with the doctors, but it runs on down through to the undertaker and coroner.

There was a time a few years ago when we died we knew we would die and be buried. Today it is not so. If your friends die you must get a doctor to see that they are dead and have him write a certificate to that effect, and he will charge you two dollars for writing that certificate; and then you must have a burial permit in order to be buried in the cemetery. A few years ago we had two cemeteries in Denver, and there was competition. Poor people were buried in one and the rich were buried in Fairmont cemetery. It was but a year or two until the cemeteries were consolidated, and they are one. The prices were raised. The way they are running affairs it will soon be cheaper to live than to die.

Dr. Carr, in his *Medical Talk,* says that there is only one homeopath left in Columbus that hangs his sign out as an homeopath. As I said before, the homeopaths are about out of existence. Their college here as a college will not open again.

I do not think, however, that all of the danger lies in the opposition. I am with our profession like I am with my patients. I tell them that the cure is from within and not without. The cure is within our own school, or in our own organization rather than out of it. And I think if there is any danger at all it would be from our own organization; and we ought at least to watch our own organization, and strengthen it whenever it is possible to do so.

There is one thing that always strikes me very forcibly and that is the difference between the osteopathic profession and the allopaths and other schools. I have noticed in going over this city that their signs do not specify to which school they belong. You cannot tell whether it is allopathy, homeopathy or osteopathy, or what not. It is simply doctor. As I said in the legislative fight, it always seems strange to me that they are not willing to advertise their goods. If a man has a horse for sale he states on his sign, "horse for sale," and everyone knows it is a horse that is for sale. And so in our fight last winter, we made a special effort to get that clause in the

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law which compels an applicant for a license to practice medicine in this state, to mention the system that he intends to practice, and the law will not allow him to practice any other system. They fought that very bitterly. As they said, that makes a class of the osteopaths; we being exempt from the law it places us in a class to ourselves, but the amendment carried, and that is the law today. I believe that that is right. I believe the public is entitled to that much protection. When I go into a doctor's office I have a right to know what method he is practicing, so that there may be no deceit or fraud.

Now, there is one thing that I would like to see. If the osteopaths are to be swallowed up I would like for us to hold 51 per cent of the stock. At one time it was the custom in this mining country for the English people to come over here and buy our mining claims and our companies. They bought the entire business. They soon found that a lot of dead and worthless stock was being unloaded on them and they discontinued the practice. So now when they come they only buy 51 per cent ot the stock, and that is all they need. They do not care for the other 49 per cent. And that is the way I figure it is with the medical profession; 49 per cent of their stock is dead, and if we are to be swallowed up let us have the other 51 per cent.

DISCUSSION OF THE FOREGOING ADDRESS.

S. J. Fryette, D.O., Madison, Wis.

I am interested in this question, because I feel that there is no danger of the osteopaths being swallowed up by anything. There is an element in the American people, and we might say, in human nature, which will never permit this. I cannot imagine any clique or association swallowing osteopathy and digesting it, and for this reason I do not think there is any danger ahead.

I was a druggist before I went into osteopathy; and I found out soon after beginning the study of that science that certain ingredients would mix. There seemed to be an affinity; and there were certain ingredients that would not mix. I could combine them, and shake them up, and I thought I would have a clear, smooth mixture, but after waiting a minute I found that they would settle.

It is the same way with osteopathy and anything else. It will not mix. There is no such thing as mixing osteopathy with homeopathy or allopathy or any other science, because our ideas, and our principles are entirely different. We work on a different basis. There is no question in my mind, or any osteopaths here, but what we are right. It is a science. You cannot put down right.

Glance over the United States and see what osteopathy is today and what it was a year, or three years ago. See how it is growing, and see how popular it is becoming. The people of our land are accepting it. Let me refer you to Madison, Wis. Who accepts osteopathy there? What class at that place do we depend upon as our patients? It is made up almost entirely from the educated people—the university professors. When a university professor comes to me and says, "I want to know something about osteopa-

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thy," I have to tell him what osteopathy is. He says that is a reasonable thing, that it is scientific, and he accepts it, and for that reason my practice is among that class of people, and I am sure you have all found this to be your experience.

We really have a hold on the people because we are convincing the brains of the world, and I feel that we never need to fear being swallowed up, or of ever mixing. I believe in being friendly and sociable with everybody. We have a fine lot of medical men in our city who are educated and intelligent, and they are my friends. Even patients will go to them, and they will say, you go to Dr. Fryette, he will do more for you than I can. But sometimes you find penurious fellows who are jealous of us and they will speak ill of us, but we have the better classes with us and will eventually get their patronage.

OLIVER VAN DYNE, D.O., Utica, N. Y.

The way the osteopath is to be swallowed up is in using too many things. Dr. Jacobi, who fought the legislative bill in New York this winter, in an address before the St. Louis Medical College said: "Ten years ago were I to go down Broadway in New York city I would find one hundred signs reading, 'Dr. ———, Homeopathist.' Today, if I go down Broadway I would not find one." Why? You go into a physician's office today, be he homeopath or allopath, and he will show you a laboratory of medicines, some of which are homeopathic and some allopathic, and he will tell you; I am in the field to cure my patients, my experience is that that remedy has been successful, and I have placed it in my stock in trade.

The osteopath being new has hardly a fundamental knowledge of just how far he can go. The medical practitioners are adopting the vibrator, so are some of the osteopaths. If the osteopath uses a vibrator there is nothing in the world to prevent the medical practitioner from saying to a patient, "I can give you an osteopathic treatment." If the osteopath uses the vibrator, and the medical profession is using the vibrator, will not history repeat itself and the osteopath be swallowed up? To my mind that is the greatest danger.

C. E. STILL, D.O., Kirksville, Mo.

In 1873, over thirty years ago, my father tried to give osteopathy to the medical profession, and I believe we owe much to the medical profession for ignoring us and not accepting our teachings. They would not have anything to do with us when there was but one man, and they could at that time have easily swallowed us up. And so it does not seem possible at this time, considering the array of ammunition and brains we have on our side to fight with, that we can be swallowed up by any other system. If osteopathy could not be swallowed up when there was only one man heroically fighting its cause it certainly cannot be when there are thousands of brave osteopaths now firmly established in every part of the United States.

Notions may be imported by books from abroad; ideas must be grown at home by thought.—Hare.

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TUBERCULAR HIP.

A clinic case demonstrated before the A. O. A. at Denver, by P. H. WOODALL, M.D., D. O., Birmingham, Ala.

We have before us a young lady, age 15, who, as you readily see, has an affection of the left hip. The history is about this: About three years ago there was a slight injury which came from persistent jumping. Following it there was a slight lengthening of the limb, which, of course, is the preliminary stage in tubercular trouble of the hip. Treatment corrected this lengthening, and she seemed to be getting along all right until in a few months suppuration developed at the joint. The pus burrowed down the limb and opened about midway between the hip and knee. This suppuration continued about five months or more. During this entire year in which the suppuration occurred the hip bone seemed to rise higher and higher until now there is about three inches or more of shortening on that side. I examined the patient in the clinic room and on a close examination that is about the difference in the length of the two limbs.

Under treatment for a few months this shortening has been greatly decreased—possibly half to three-quarters of an inch. Dr. Bolles has been treating the case, and finds that the hip is very tender, and at this time does not permit of severe treatment. We know that a tubercular bacillus is not a primary cause of tuberculosis. We know that the tubercular bacillus, like other germs, will not live in healthy tissue. So there must be some lack of nutrition of the tissue where this tubercular process begins.

In this case we find there was an injury, which of itself regardless of any osteopathic lesion may have been sufficient to have devitalized the tissues to the extent that the tubercular germs might develop. Preceding this injury there was in all probability a lesion, an anatomical irregularity at some point that would affect the innervation of the hip joint. I believe, from experience, when we examine a case like this that we find a lesion, a compensatory lesion, a secondary lesion, as in this case, the mother stated that when Dr. Bolles began treating her the spine was shaped like an S. What would you expect with one limb three inches higher than the other except an S-shaped spine, or a spine with considerable curvature. I find that the innominate bone on this side is at least undeveloped. In the developed condition it is rather difficult to tell just what its position is; but on a careful examination you will find that it is not as well developed as is the innominate on the other side. These lesions we may expect to find at the lower dorsal in the lumbar region at the sacro-iliac synchondrosis, or at the hip itself. There may not have been a sub-luxation, but there may have been a bruising of the tissue. Which occurred, I cannot say.

Given a hip and a lesion, and the presence of tubercular bacilli, and destruction of tissue ensues. This destruction of tissue is undoubtedly natural with these conditions, and in this case it was evidenced by swelling; it was evidenced by the outpouring of this purulent matter, and I believe now that we would find on examination of the bone, other than by the X-ray, that there is some destruction of bony tissue. Of course if that is the condition it militates against a cure. I believe nature has almost unlimited possibilities. It can do miracles, but if we expect nature with our aid to reconstruct

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that bone, whether it is the head of the femur, or whether it is about the acetabulum we are expecting too much, but still I know of no man who would set the confines to which nature might attain, and therefore in a case of this kind we hope.

In treatment I would advise first a correction of the lesion, whether it be secondary or primary. Bring the tissues as near to the normal as is possible. Then comes the question of manipulative treatment. I would have you make a distinction between rest and manipulation. I must take issue with Dr. F. P. Young, if I correctly understood him regarding the question of manipulative treatment. I would enjoin rest and at the same time I would give manipulative treatment. The hip joint being irritated, that irritation is necessarily reflected to the muscles controlling it. The muscles are contracted. Running between and through these muscles we have arteries. We know that pure blood is God's own antiseptic, and if these muscles are contracted they are hindering the supply of pure blood to this joint. Consequently I would manipulate that joint. I would, if possible, relax those muscles. I would let in pure blood. The danger of miliary tuberculosis I would grant you. I would like to know how many physicians in this hall have seen a case pure and simple of miliary tuberculosis. If you were treating a boil, an abscess or a carbuncle you have the danger of pyemia, but would you refrain from manipulating the tissues involved in that suppurating process? I would manipulate gently. I would not manipulate at any time sufficiently to bruise the tissues. I would relax the tissues by degrees. You have seen cases in which they have an unusual amount of fortitude. You are in danger of doing harm. I know that in some of my patients who are especially anxious to get the worth of their moneyI have put them to bed for a day or so, in order that they might rest. I would keep the patient from doing an unnecessary amount of walking, or any other exercise. I do not mean I would keep them all in bed, but in some cases it is necessary.

In all tubercular troubles you have a lowered vitality. If you confine your treatment to the local conditions and neglect the general conditions, and the matter of nutrition, I believe you will make a failure. So in a case of this kind the dietetic and hygienic treatment, as Dr. Young suggested, are both of utmost importance. Excuse the expression, I would "stuff" my patients. I would give them as nutritious diet as possible, and besides that I would feed them liberally with eggs, milk and cream, provided the digestive organs will stand it, or some form of assimilable fats.

Then you have the condition of the emunctories to look after. You have the condition of the liver and the spleen, owing to the mal-assimilation which is present in this case. You will have to look to the splanchnics, and so even in the absence of the lesions in that part of the spine throughout the splanchnics, I would thoroughly relax, and I would thoroughly spring that spine, giving as nearly free play of nerve force to the affected part as I could possibly do. That is about all the corrective work that is necessary. In different cases you must use your own judgment.

A few months ago a case of tuberculosis of the hip came to me. The mother had a tubercular hip, the father had pulmonary tuberculosis, two uncles died of pulmonary tuberculosis. The patient was troubled for six or eight months with a shortened limb—half an inch. The symptoms for which the mother brought the child to me was an extreme nocturnal pain. For three

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or four months the child had been crying, screaming, from one-half to two hours every night. It was a nightly occurrence with no intermissions. Under the circumstances the diagnosis was very easy. The treatment was about as I have outlined, and in two weeks there was a marked cessation of the pain, and in four weeks there was an entire absence of the pain, and the pain was not present again as long as I treated her. I treated the child four or five months, and would liked to have had it two years, but on account of the pecuniary circumstances of the family they discontinued it. I then proposed to treat her free, on account of the history of the family, but they were rather proud and would not listen to me. I believe it could ultimately have been cured.

This clinic improved for about two months, and after that the suppuration developed, and possibly had she not improved these two months she might be in a better condition now, as she indulged in an unusual amount of exercise during the period of improvement. So we never know in a case of tuberculosis what we have done. Possibly we have some tubercular bacilli that have become surrounded by fibrous tissue that are quiescent, and a slight injury to that part sets the tubercular bacilli into action five months, or five years afterward, and we have the same thing to go through with.

TUBERCULAR HIP.

Discussed by Lena Creswell, D.O., San Diego, Cal.

Regarding tuberculosis we find in some cases there is a predisposition which manifests itself in the lungs in the first generation and in the joints in the second generation. Other cases are of traumatic origin. In these cases, as osteopaths, we look for the causes, whatever they may be, predisposing, traumatic or otherwise. At all events, summing everything up the germ finds suitable conditions in which to develop and tuberculosis is manifested.

I will first take up the constitutional condition. The constitutional trouble is reflected to the periphery. In treating these cases we should give attention to diet, hygiene, exercise, climate, continual sunshine if possible.

For the local treatment of tuberculosis we must study carefully the individual case, and common sense must be our guide. Where a predisposition exists, and the tubercular bacilli comes in contact with this predisposed condition infection in all probability will result. The treatment then should aim to restore a healthy circulation to the parts involved, and through the phagocytes and solvent action of the blood stream we would aim to overcome the destructive process set up by the micro-organism.

In other cases farther advanced there is a stiffening of the ligaments and muscles which control the action of these joints. By looking after the spinal lesions carefully and also the local lesions of the hip we will be able to cause a relaxation of the muscles of the hip. In still other cases we might cause an ankylosis by the rest treatment, in which the joint must have fixation and immobility, so that there will not be a counter irritation.

Cases presenting akylosis are better without treatment, as there is a possibility of setting up an irritation and inflammation that may cause a breaking down of the tissues with a probability of general tubercular infection.

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As a last resort where there is broken down bone tissue, as well as muscle tissue, we should refer our cases to a competent surgeon—an osteopathic surgeon preferably. While readjustment is our keynote we should hold ourselves personally responsible for our cases, or let them alone.

SPINAL MENINGITIS.

A clinic case before the A. O. A., at Denver, Col., conducted by A. L. McKenzie, D.O., Kansas City, Mo.

After this subject, "Spinal Meningitis," was assigned to me I received a letter from Dr. Hazzard, of the program committee, in which he stated that I was not expected to write a paper on this subject, hence I shall speak extemporaneously.

In discussing a subject of this kind you can readily understand that it is out of the question for me to have a clinic present at that stage of this particular disease when it will be of most interest, therefore the clinics that we have must necessarily be chronic conditions, or the after effects. I saw two a few moments ago and made a partial examination.

I shall not discuss this question from the theory that we usually find in our text books, but will give you my personal observations. Those that follow me in the discussion may disagree with me, which, of course, is their privilege.

The meaning of the word implies an inflammation of the meninges, an inflammation of the membranes that surround the brain and spinal cord. I will not discuss this question from the standpoint that it is an infection. The cases that I have seen have not led me to believe that it is infectious or that it is contagious.

Now, the question arises, if there is an inflammation of the spinal cord or these membranes what has caused it. We understand there may be an inflammation of any other organ of the body. There may be an inflammation, for instance of the peritoneum, there may be an inflammation of the stomach; we may have appendicitis, or we may have gastritis, or some other inflammation. Now, we may also have inflammation of the spinal cord, and also the membranes, or the brain itself, and that is necessarily becoming a very serious disease from the fact that it is at the nerve center, and when degeneration takes place it must necessarily be very serious, and the seriousness of this disease depends upon the particular locality in which this inflammation takes place. It may be local or it may be general. If it is general it is not likely to last very long. The patient is not likely to live.

Perhaps I can explain my idea of this disease and its effect better by comparing it with another disease. Take, for instance, apoplexy, a hemorrhage into the brain. If there is an homorrhage in a certain part of the brain it may cause unconsciousness or it may not. It may cause paralysis of a certain part of the body. It may cause hemiplegia; it may cause loss of speech; it may cause blindness; it may cause deafness; in other words it depends upon the particular place in which the hemorhage appeared. If there is a hemorrhage at a certain nerve center, and that center controls the eyesight you understand that blindness will necessarily follow, and remain as long as the pressure of the blood upon that particular nerve center remains there.

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After a time it becomes clotted, and there may be a degeneration. If the blood clot cannot be absorbed, or if it goes on until degeneration takes place, there is a permanent loss of function of that particular nerve, and therefore no form of treatment can cure that particular case. If that hemorrhage happened to be in a part of the brain affecting one of the vital organs, death will ensue almost instantly.

The same principle applies to the subject of spinal meningitis. If the inflammation is localized, and if the point it affects happens to affect a certain nerve of the body that particular nerve becomes involved. For instance, if it is low down in the spine and catches the sciatic nerve and degeneration takes place, paralysis follows, and after a time the inflammation may pass away. If degeneration has taken place and the nerve is destroyed the patient will be paralyzed the rest of his life. If the paralysis is only partial it is possible to re-establish proper circulation and build up that nerve.

Now, you may pass up the spinal cord, take the different nerve centers, and in your examination and diagnosis you will readily be able to tell what part of the body becomes involved. It may affect the body like apoplexy. It may affect any nerve that is coming out from the cord. And from that standpoint you can readily understand that its seriousness will depend entirely upon the nature of the nerve that becomes involved. If it affects one of the nerves of the vital organs death will follow in a short time.

This inflammation, of course, may be of a very slight degree, and if you re-establish proper circulation you may be able to remove the effects. But usually if inflammation continues any length of time there must of necessity be a degeneration. It will pass from the membrane proper to the nerve centers, and therefore if the nerve becomes destroyed by degeneration or inflammation nothing can be done—and that is a matter of degree. It also depends upon the treatment that you give the circulation. If you re-establish the circulation in time, and the proper drainage is established, and the blood circulates and carries away the impurities you may be able to save your patient. Therefore it is a question of very quick work. You must be able to make your diagnosis quickly; you have no time to lose, as a delay of a few days may prove too late for you to accomplish anything by your treatment.

The inflammation will cause great pain; it will cause a loss of co-ordination; it will cause violent contractions; and as you understand, the first symptom, together with the severe pains, and the contraction that necessarily follows, is the drawing back of the head, the shortening of the cord, the contraction of all of the muscles along the spinal column, and that necessarily stops the circulation and lessens the chances for recovery. At the earlier stages when you are called in, when the pain is intense, and when all the various symptoms that go with this disease are present, you make your diagnosis, and if you can succeed in relaxing those muscles so that the circulation can be re-established you have a good chance to save your patient; but if it is the result of an injury, and there has been a lesion or slip of the vertebra, it is necessary to correct that at once.

Let us go back and trace the cause of this disease. There are very few instances in which a specific germ becomes the cause of any disease; it matters not whether it is tubercular or any other disease. In other words, if there is not a predisposing condition back of that; if there is not a lowered vitality; if there is not an interference with the circulation; if there is not

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something back of that which brings on this condition, there is no place for the germ to lodge and it will not be there. Therefore, in all cases the germ is a secondary condition. It is a scavenger of the body. It acts as the result of the lowered vitality, and is not the primary cause of infectious diseases.

I now come up to the main point, and that is, there is a cause for the lowered vitality. I intended to recite the causes that I had found, but time will not permit. If there is an overwork, an overexercise, a lowered vitality and a lowered nerve force, and at the same time a fall or strain on the part of the patient, excessively stimulating the nerve centers, this will tend to bring on an inflammation. In other words a stimulation when continued becomes an irritation, and the irritation may pass on to inflammation; or in this case there may be an exposure, there may be some blood trouble of a tubercular or syphilitic nature. There may be some disease of some other part of the body tending to lower the physical vigor. For instance, the arm is engaged until the nerve force is worn out, the stimulation has passed on to exhaustion and it has become an irritation, and becoming irritated it has lowered the vitality, and the result is, inflammation sets in. New then, after the inflammation has set in it may spread to adjoining areas.

This gentleman stated that in 1865 a tree fell on him, breaking his arm. Afterwards, while in school wrestling with one of his room mates, his back was sprained. Here the lumbar region is very much anterior and the lumbar muscles are contracted. His particular trouble is contraction. There is no room for the blood to get through. Our treatment for him would be simply a question of whether or not you can allay that irritation. You relax the muscles, but because of the irritation there it contracts again, and consequently the effects are temporary. You cannot continue treatment too long because the effects of the treatment produce an irritation, and therefore you should gauge your treatment. The patient is 50 years old, and it was in 1890 that this spinal trouble developed. There seems to be a difference of opinion as to whether or not he really had spinal meningitis. To touch him throws his muscles into a spasm. When this trouble first came on the irritation caused a writhing of his body, and now to touch him, to lay the hand on the lumbar muscles, and also about the fourth dorsal tends to produce the same effect, showing that there is an irritation there. I do not believe there is any inflammation in this case. I do not believe there is spinal meningitis. He may have had it. You understand in spinal meningitis we have a hardening and thickening of the coverings of the cord, and there is thickening of the tissues, and that leaves a source of irritation. This causes contraction. The resistance is so great that the least touch, or certain movement sets up an irritation there, and then he loses control of those muscles.

DISCUSSION OF SPINAL MENINGITIS.

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

The subject under discussion is difficult, because of the lack of definite knowledge as to the cause of this disease. Medical text books furnish us with little of definite worth, and the period of osteopathic history is as yet too brief to warrant us in making definite claims. We are therefore confined to reasonable theories, such theories as can be explained by reason of the

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anatomy and the physiology of the parts under discussion. The pathology of this disease so minutely described by medical text books is after all only a description of an effect produced by some remoter cause; and as the function of the osteopathic practitioner is not the treatment of an effect or pathology only, but the correction or the removal of the cause or etiological factor, little can be gained from our standpoint by the study of medical text books.

I interviewed a famous Omaha surgeon on the subject of the disease under discussion, and the only thought he volunteered was this, "be sure and make the lumbar puncture so as to be certain of the diagnosis." I pressed the subject no further as I felt that it was a hopeless task. The diplococcus intra-cellularis, which is the bacteria recognized as the cause of the disease by medical writers, is not in itself sufficient from our standpoint to account for the inoculation, even if we grant that an inoculation has taken place, for the predisposition on the part of the patient is not explained by the acceptance of the germ as the cause, as there must have been a reduction of vitality on the part of the tissues involving an etiological factor prior to the inoculation, and as I understand, this primary etiological factor must be found and demonstrated before we can give rational treatment.

In reasoning from a known anatomical and physiological standpoint upon the symptoms of this disease we are confronted with an hyperactivity of the cervical plexuses, manifesting itself in the retraction of the head with great muscular rigidity, not only of the muscles of the back of the neck, but also those anterior to the spinal column. As the muscles and their fascial insertions are virtually one structure we have both muscular and fascial contraction to contend with. Now, let us see if we can find some cause that might produce such a condition by eliminating the germ theory.

This disease usually makes its appearance in the early spring, and as a rule follows a severe winter. Three classes of individuals are usually subject to this disease; namely, children under school age, the younger school children and the adolescents. Those under school age prevented from going out during the severe winter, and the other two classes are confined to their school rooms. This has a tendency to reduce their physical vigor. In going to and from school the children are protected by heavy clothing to keep from taking cold. We have here perhaps the first, or primary predisposition, a reduced physical constitution. Following the severe winter early spring comes on with its gratifying warmth and sunshine, and the child neglects to protect itself with sufficient clothing, becomes heated and tired during out-of-door exercise, will stand where the cool wind plays upon its perspiring body, or throw itself upon the cold damp earth to cool off. The neck, which during the winter has been protected with heavy wraps, is the first to catch the chilling winds, and being delicate because of its previous protection, the nerves are excessively stimulated owing to the great change in climatic conditions. The activities in these sections of the spinal cord are increased by the physiological law that the activities of the spinal segment are governed by the number of impulses passing from its afferent nerves. This brings on muscular and fascial contractions in the corresponding motor areas. This muscular and fascial contraction will act as a physical impediment to the venous circulation of the brain, causing a passive hyperaemia of the head and upper part of the neck. This passive hyper-

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aemia is perhaps the first pathological factor or manifestation of this disease. This passive hyperaemia will produce the first incipient inflammation in these parts in which the circulation is interfered with. This circulatory impediment will prevent proper elimination in the parts involved. This will add a new factor in the form of chemical irritation due to lack of eliminating the detritus formed by the cell activities. This in turn will cause more muscular and fascial contraction in the area of the neck and face by irritation of the cerebral and spinal nerves, and the process goes from bad to worse. All that has been said so far is only an hypothesis. But let us see if we can make by this hypothesis a theory.

In an experiment performed by Dr. Hilton, described on page 31 of "Rest and Pain," a tight ligature is applied to the neck of a cadaver, the second and third lumbar vertebrae are removed without injuring the spinal membranes, the viscera are removed from the thoracic and abdominal areas, and the veins passing out of the inter-foramina in the thoracic region are severed. Pressure is made on the veins of the neck, forcing the blood upwards, This venous pressure causes a bulging of the spinal membranes where the lumbar vertebrae have been removed, showing the compensatory relation between the venous circulation of the brain and the cerebro spinal fluids of the brain and cord. Next he caused pressure to be made at the lumbar opening forcing the spinal fluids upwards, and an overflow of venous blood took place from the veins passing out of the intervertebral foramen, again demonstrating the compensatory relation between the spinal fluids and the venous circulation of the cord. These experiments clearly show that if the muscles and fascia of the neck are contracted that the brain will become hyperaemic, forcing the cerebral fluids through the foramen magendie into the subdural and arachnoid spaces of the spinal membranes, emptying out the water bed on which the brain rests, and allowing it to be pressed down upon the bony structures at the base of the cranium. This will explain the eye symptoms through irritation of the third nerve and respiratory and cardiac symptoms by irritation of the pneumogastric and spinal accessory nerves, giving us a fairly good anatomical explanation of the symptoms of this disease.

Now, if this reasoning is correct, what will be the duty of the physician? If the symptoms are primarily caused by circulatory disturbances involving both lymph and blood stream the most rational treatment in my opinion would be to assist the organism in the removal of the primary muscular and fascial contraction, so as to assist in overcoming this venous hyperaemia. Such corrective treatment should be given often, and if necessary the practitioner should remain at the bedside until he has evidence that his treatment has been effective in assisting the organism to again adjust itself to the environment in which it is placed.

When I began the practice of osteopathy, and a case came into my office, the hardest thing I had to overcome was whether or not I was using intelligent methods to correct the condition that came under my care. Just as long as I could convince myself from an anatomical and physiological standpoint that I was doing the right thing with a patient I had much more force, I had much more confidence, and I would do things that I would not have done had I had less faith in the method employed. So I feel that a discussion of this character will bring it clearly to the attention of the thinking

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osteopaths and will cause them to reflect and explain to themselves, first, what they attempt to do, and second, to put into execution what must be done, and then adhere to that line of treatment if convinced that it is the proper method. If I am not convinced that a certain form of treatment ought to be effective, I would possibly give one or two treatments in a day and let the case go, but if I am firmly convinced that my form of treatment is logical and correct, I would, if necessary, remain at the bedside, giving treatments as often as in my judgment is necessary, watching the case until the organism seems to be master of the situation. I would try to make the family feel at ease as much as possible. I would get the confidence of the patient, and thus make the conditions most suitable for recovery, and if I should fail, I would feel that I had at least done all that I could, and I would not feel that I had neglected to do what others might have done to benefit the case. Therefore the first duty is to convince yourself that you are using something that is rational and scientific, and that it ought to be effective, and second, put it into execution and have confidence that you will get results.

The foregoing was further discussed by J. M. Rouse, D. O., Oklahoma City, Okla.

In our city a child had cholera infantum and its life was despaired of, and my wife and I were called in as a last resort. We had worked out a theory, such as was presented to you by Dr. Atzen, and my wife, during the critical period, never left the bedside. As a result the patient recovered. The conditions confronting us at the beginning was paralysis from the waist down, nephritis, and blindness. All of these were overcome by degrees, and today the child is just as bright as others. I therefore want to corroborate what the doctor has said. We must have a theory of the case as presented, work along those lines, and by gentle treatment control the conditions.

ANTERIOR POLIOMYELITIS.

A clinic case demonstrated before the A. O. A. at Denver, Col., by GEORGE STILL, D.O., M. D., Kirksville, Mo.

The patient before us is 6 years of age. Following the injury he had an acute attack of so-called spinal meningitis for six weeks. The physician who named it that evidently understood the real nature of the case as he also called it infantile paralysis. It was treated by a medical doctor during the acute attack, and about six weeks after that it was treated osteopathically. The patient walked from the time he was thirteen months old until the acute disease, after which he could not walk until it was treated osteopathically for about six weeks, when he was able to walk to a certain extent. He was treated osteopathically for about a year and gradually improved in walking. At present the conditions are improving very slowly without treatment. There is beginning to be a filling out of the atrophied limb, the left limb being about half an inch at the calf, and three-quarters to one inch smaller at the thigh than the right limb.

Following these cases we always have atrophy of the back muscles and of the limb muscles on the part supplied by the nerves of the involved part; that is, not only the anterior, but the posterior branches of the nerves affected are involved. The muscles they supply show atrophy, and we have back lesions following this condition which did not exist before the condition,

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and which cannot be called the cause of the condition. Probably in this case there was some acute lesion, or there was an acute lesion at the time of the fall. The fall with the trauma that it produced caused an infection, or inflammation of the anterior horn cells of the spinal column, which caused an atrophy or degeneration of the anterior cells, which caused the disease commonly known as infantile paralysis. In this case there is only one limb involved. It is possible, however, for the entire four limbs to be involved. It is possible that some part of the back and abdominal muscles may be involved without any of the limbs, according to the part of the cord attacked. The commonest is either the brachial enlargement or the lumbar enlargement of the cord. The diagnosis on which we would exclude spinal meningitis is the fact that we do not have retraction of the neck, and the anterior poliomyelitis would not show it, while spinal meningitis would. Spinal meningitis will usually start in the upper part of the cord, and will always involve the upper part of the cord and run a more acute course. After the disease is once started and has affected a certain part of the cord, as a rule it does not extend whether the treatment is given or not. Following the disease this paralysis, if treated at once osteopathically, as the records show, will give much better results than if they are allowed to go on until there is a complete loss of reflexes, and when the inflammation has entirely subsided. If treated during the inflamed stage it may limit the degeneration of the nerve cells so that there would be only a granular degeneration. If that can be done we will not have loss of reflexes, and will not have atrophy. In this case as the patient stands up we see a considerable shortening. That might be due, following anterior poliomyelitis, to the fact that the ligaments of the hip were relaxed and the hip slipped out of place.

In this case a thorough examination shows that the head of the femur does not slip out of the acetabulum. If we reverse the setting of the dislocated hip and attempt to dislocate the hip we are unable to do so with moderate force. So the shortening is not due to the dislocation of the hip. However, the ligaments are more lax than on the other side. The muscles are much weaker, and the atrophy extends to the bony parts. Approximate measurements show that the tibia and fibula were shortened, but the hip is not dislocated. The reflexes are normal on the right side, in fact slightly exaggerated. On the left side the reflex is not present but it seems to be, because I push the knee and make a lever, but if I set it out this way and hold the muscle I can feel no contraction whatever, and as I tap the knee there is no patellar reflex, the muscle does not respond. If there seems to be any motion there at all it is due to the way I tap the knee. If one in making a patellar reflex holds these muscles, and gets a slight motion, but there is no contraction, one can be sure that the motion was due to the mechanical jarring of the limb and not to nerve reflex.

In these cases the prognosis is usually more favorable. In this case, laying the patient on the back, or setting him up, to examine the back, we find considerable involvement of the lumbar region. The ilium is in fairly good condition although slightly rotated upward on the left side. The lumbar vertebræ are somewhat anterior especially the fifth drops off, which is rather uncommon. However, following the poliomyelitis it is possible for the spinal ligaments to become so degenerated that these unusual lesions will occur, although the anterior fifth is rather unusual on account of the anatomical conditions, and occurs practically only in spinal cord involvement.

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The treatment in this case will be to correct these lesions, and an additional help will be to massage the limb. It never under any treatment will show thorough or final improvement, and will never be entirely well. We are sure of this because the nerve fibers are all degenerated, and they will not all regenerate; although the nerve fibers of the cerebellar tracts may partially take up this work, but not to the extent found in many other cases. The it is sometimes possible to implant a part of the nerves that go to one set of nerves will send shoots into these sets of muscles, and nerves will likewise regenerate. Any of those nerves which have cells which had not entirely become degenerated will send processes down the old tract just as you have after a section of the nerve, or as you have after a facial paralysis of the mild type, so-called "Bell's Palsy."

Hence this case under treatment will show a decided improvement, however, without treatment it will show some. But with any kind of treatment it will never show an entire cure.

The only other treatment outside of osteopathic treatment would be surgical, and in this case there is not a favorable condition for that. Sometimes where the anterior thigh muscles are involved and the patient cannot throw the leg forward, if the sartorius muscles has not been involved in the process it can be implanted into the patella, and in that way through the sartorius the patient may have some use of the limb. Also in paralysis, as of the arm, it is sometimes possible to implant a part of the nerves that go to one set of muscles into the affected set and get some results. In this case that would be practically impossible. The patient has some use of the anterior thigh muscles, so using the sartorius in such condition would be out of the question; otherwise, the treatment is plainly osteopathic, and if left alone it will show some improvement anyhow. The process at this time has passed the acute infection, it has gone into the chronic condition, and there will be a slight tendency for the nerves to regenerate whether they are treated or not.

Dr. Atzen: Is it not advisable to lengthen the heel and put a sole on the injured foot so as to keep the spine straight?

Dr. Still: It is. One must be especially careful in this and not have the sole too thick, or it will have a further tendency to dislocate the hip.

A Member: I had a case brought to me similar to this, except that the hip was dislocated and it was impossible to restore it.

Dr. Still: In that case there must have been an additional inflammation of the hip joint, which would alter the case entirely.

A Member: Is it not possible that the nerve cells may become so degenerated that a recovery is impossible?

Dr. Still: It is.

Dr. Pitts: I had a similar case in which I tied up the unaffected limb to make the patient walk on the affected side, and thus gave it thorough exercise, which was impossible without limiting the unaffected limb. In that case the muscles of the back of the leg were the principal ones involved. The unaffected limb was tied up and the patient forced to walk with crutches on the affected limb. In a year or two I was able to get great improvement, and in fact almost a total cure, as the patient can now play football, etc. There is, however, some atrophy.

A Member: Without the brace on the foot there is a tendency to make the angle of the neck of the femur with the ilium more acute, which will of course tend to cause a dislocation.

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NOVEMBER, 1905.

An Important Duty.

On November 18 the days of grace provided by our constitution expire. At that time the membership of all who have not paid their dues for the coming year will lapse. This means, to those who fail to pay, that no certificate of membership will be issued; no copy of the annual professional directory will be furnished; none of the case reports to be issued during the year will be mailed; the A. O. A. directory, to be revised and published with the December JOURNAL, will not contain their names; and that this is the last number of the JOURNAL they will receive. The failure to pay dues by November 18 means, either that those who fail will have to go to the trouble and delay of being reinstated, or that they expatriate themselves from osteopathy in its organized capacity and voluntarily become professional hermits.

It is inconceivable that any one of proper spirit in these stirring days of professional activity, of scientific advancement, of strenuous conflict with

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the forces that oppose us, will shrink from taking a man's part in the battle in which we are engaged. Never in our history has there been a greater need of active, united, organized effort than now; and never have the rewards of membership in the A. O. A. been more valuable than at the present time. The JOURNAL has been enlarged to 48 pages. It is just beginning the publication of the papers and demonstrations presented at Denver, which made that meeting the greatest in the history of the association. In addition to this, every effort will be made to present from month to month the latest and best thoughts of the profession. Surely no one will voluntarily surrender the privileges and benefits of membership. See to it that you do not do so through inertia. *Pay your dues now, it is the first and most important duty at hand.* To the individual it means little, but in the aggregate it means much to the association.

In view of the great work before us, the organized, powerful, and numerically greater organization that confronts us and contests our every forward step, is it too much to say to the members of our profession, that those who are not with us and for us are against us?

Some Present Problems.

Those who have not done so should read the reports of the standing committees which were published last month. Those who have read them would do well to read them again; for they contain statements of the policy of the association, as formally adopted, upon most of the questions with which we as a profession are called upon to deal.

The most important matter touched upon by the Committee on Publication will be found in that section of the report dealing with case reports. That subject is presented in a masterly manner, and so ably and thoroughly was the ground covered that nothing is left to be said except to express the hope that each member will act in accordance with the recommendations of the committee.

The question that is of the most immediate concern presented by the Committee on Education is the one relating to the appointmene of a Board of Regents, "whose duty it should be to exercise a general supervision over the subject of matriculation, to pass upon the credentials of all prospective students, to formulate rules and regulations for the conduct of examinations, appoint examiners and make such other provisions as shall result in a practical and uniform system." The report further states that "the regents' certificate issued to successful applicants should be required of every matriculant in the colleges."

Bearing on this point and showing the necessity of higher and uniform qualifications for entrance into our colleges, we make the following excerpt from a letter to the editor, written about three months ago by a prominent osteopath who has been identified with the educational interests of the profession. The letter was written in response to an editorial query, "Why should we have now less than 25 per cent of eligible persons in the A. O. A.?"

"I am constrained to lay the blame at the door of the osteopathic schools. In the past almost no discrimination has been shown in accepting applicants for admission to our schools. The chief object to be attained seems to have been to matriculate and graduate as large a number of individuals

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as possible with little or no regard to quality. It has been a go-as-you-please race or a hurry-up game instead of a process of careful selection and careful preparation of men and women for a life work. Persons with the most meager education imaginable have been received into the schools and what is worse have been pushed along and graduated without having done faithful work. What has been the result? Simply that there are in the field today a large number of persons who have no professional or scientific spirit, but who have, in larger proportion than anything else, a spirit of commercialism and self interest.

"The past is ancient history and would be hard to remedy, but what of the present and the future? Are the conditions different now? I think not. Our Committee on Education has done its work well, but no one has been given authority to see that its accepted recommendations are carried out. A person refused admission to one school may go to another and gain admission. A person refused promotion because of inferior scholarship may go to another school and be admitted and given credit for time spent and work *not done* in the former school. Can we expect to find a large amount of real deep and abiding respect for and interest in osteopathy and its institutions when such things are true. * * * * * * * * * * * * * * * I believe that the A. O. A. is sufficiently strong today that if it required, for admission to membership, graduation from a school which adhered to established rules for admission, attendance, course and grade of work done, all schools would get into line. Such a requirement would be a kindness to the schools individually and collectively, a ground work for a true professional advancement and in the end a benefit to mankind."

This work has been undertaken only after due deliberation, with the purpose of elevating the profession and removing a source of friction between the colleges themselves. The Committee on Education is now at work formulating plans to place the preliminary examination of matriculants in the hands of a Board of Regents. It seems plain that if proper co-operation is given by all the colleges the above mentioned objects will be accomplished and good result to all. It is most earnestly hoped and believed that no captious objections will be made by any one and that all will work together to make this plan effective.

The report of the Committee on Legislation contains many wise recommendations and none more important than that osteopaths stand for their rights—independent recognition, and steadfastly refuse to enter into any coalition to infringe upon the rights of others. The model bill presented and adopted should be studied, and we think it will be found, with but slight modification, to meet the requirements in practically all of the states.

The Hall of Fame .

A resolution was adopted at the Denver meeting of the A. O. A. authorizing the Board of Trustees to provide tablets in the new hospital building being erected in Kirksville,, whereon the deeds of our illustrious dead could be inscribed and their fame perpetuated. The resolution provides that the association shall select the names of those to be thus honored. The details for putting into execution the object of the resolution were not worked out, it devolved, therefore, upon the Board of Trustees to present a working plan.

As will be readily appreciated it was a matter of some difficulty to decide

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upon a method of getting nominations for this distinction properly before the association. Respect to the memory of our dead and consideration for the sensibilities of their living relatives and friends dictated that the names of those to be honored should be selected in as orderly and quiet a manner as possible, and at the same time ample opportunity be given for the full consideration of every name that might be proposed. It is highly desirable that the public exploitation of any name proposed that might not be deemed worthy of the distinction be avoided, and the chance of the selection of names degenerating into an unseemly contest be reduced to a minimum.

To compass these ends the trustees have decided to extend an invitation to all members of the A. O. A. to propose the names of deceased osteopaths who are deemed worthy of a place in the Hall of Fame. Nominations should be addressed to the secretary of the A. O. A. and be accompanied by a statement of the reasons why the nominee is entitled to the honor sought for him. During the year, or at the first opportunity at the next annual meeting, the trustees will consider the names proposed and report their affirmative conclusions to the association. By this is meant that only the names deemed worthy of recognition will be mentioned. The trustees will thus be acting merely as a nominating committee, the final selection being left to the association.

Nominations are now in order. Any member of this association who has a name to propose is at liberty to write to the secretary as above stated. This invitation is a standing one. No limit was set to the number who might be honored with a tablet in our Hall of Fame. It is obvious, however, that only those should be included in the list who have rendered some unusually distinguished and valuable service to the cause of osteopathy; otherwise, it would soon cease to be a mark of distinction and the object of the movement would be defeated.

The trustees will be prepared to report at Put-in-Bay on the approximate cost of the tablets as well as on other matters of detail that may arise.

Cerebro-Spinal Meningitis.

The following from the *Cleveland Medical Journal* for August, 1905, is of interest in connection with the clinic on spinal meningitis conducted before the A. O. A. by Drs. McKenzie and Atzen, an account of which appears in this number of the JOURNAL. These doctors present a rational theory and the measures they outline are infinitely preferable to the "do-nothing policy" spoken of below.

N. B. Foster, in the *American Journal of the Medical Sciences* for June, believes that in cerebrospinal meningitis there is no method or drug that has any apparent effect on the course of the disease. Efforts toward decreasing the suffering of the patient and preserving his strength is the most we can do at present. The patient should be isolated; the room should have free ventilation and be somewhat darkened. Restraint is nearly always necessary to prevent self-injury, and this is best effected by passing a folded sheet around the back of the neck, and under the arms anteriorly, the ends being tied to the sides of the bed. The ankles are thickly padded with cotton-wool, and bandages passed over this, and made fast to the bed. Of medicinal treatment the most important indication is for sedatives, and of these opium is doubtless the best. In some cases of extreme delirium, huge quantities of the drug may appear to produce no effect; bromides and chloral may be added to morphine, but his experience has been that there are cases in which the delirium and convulsive seizures can not be controlled by drugs in doses within the bounds of safety. Under such circumstances a do-nothing policy is best. The delirium *per se* is not an indication for treatment of any sort, but the ceaseless activity that attends it is very wasteful of the patient's vitality. Potassium iodid has been used largely in this disease, but he

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has never noted any influence on the course of the disease. He is convinced that lumbar puncture has a therapeutic, as well as diagnostic value. In all cases in which the symptoms have persisted for more than a few days, he is accustomed to perform lumbar puncture every two or three days. He has observed (1) lessening the delirium when delirium was present, (2) alleviation of headache, often to entire cessation, (3) awakening from a semi-comatose condition to consciousness, and an ability to rationally answer questions. One lumbar punction is not sufficient; the fluid slowly reaccumulates, marking the return of stupor and headache. It is a palliative means only, not a curative one.

Dr. McConnell's Address.

It was announced in the September number of the JOURNAL that Dr. McConnell's address would be kept in type a sufficient length of time to allow all who desired copies in pamphlet form an opportunity to be heard from. This was done and orders for five hundred copies were received. Six hundred copies were printed, these have all been sold. Sinc the pamphlets were printed and the type distributed many letters have been received, asking for copies of the pamphlet. To these, reply was made that the question of putting it again in type would be considered and announcement concerning it made in this number of the JOURNAL. After consultation with Dr. McConnell it has been decided not to do this. He says that his first article was only introductory, and he does not wish it to be understood otherwise. Dr. McConnell is now preparing a detail supplementary article which will include a pathological explanation of his own experiments supported by investigations of eminent physiologists as well as experiments on animals by osteopaths. This will be ready for publication in our December number. He is also continuing his experiments and it is probable that a few months later an entirely new article will be prepared, based on the preceding articles with some additional photomicrographs.

One, or both, of these articles will doubtless be found worthy of reprinting in pamphlet form. Due announcement will be made so that all who are desirous of securing scientific matter to place in the hands of their clientele will be afforded that opportunity.

Press dispatches, under date of October 5, state that "war will be waged by the New Jersey State Homeopathic Society against the recognition by legislation of the osteopaths unless they conform to the state regulations which require every physician to undergo an examination." All of which goes to show that the absorption of the homeopaths by the "regulars" is almost completed. They now see things through allopathic spectacles.

We apprehend that the New Jersey osteopaths do not object to "the state regulations which require every physician to undergo an examination." But they very properly resist the attempt to force them to be examined by their implacable enemies and to interpret physical laws according to antiquated medical ideas. The medical men have added largely to their legislative committee and are otherwise preparing for the contest.

The Trenton Times of October 20, states that the doctors, druggists and dentists are forming a mutual alliance in that city, one of the objects of which is, according to the *Times,* as follows:

> Another purpose of the organization is said to be that of combining to oppose the osteopaths. There was a lack of union effort in the fight waged against the osteopaths in last winter's legislature, and it is desired that this may be overcome for the future campaigns.

We cannot see what object the dentists would have in such an unholy

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alliance and we doubt whether they will enter into it. We think it would be much more appropriate to substitute the undertakers for the dentists.

The osteopaths have accepted the gage of battle that has been thrown down and we may expect stirring times in New Jersey during the coming year.

As will be remembered by all of our readers, *The Independent,* a weekly magazine published at 130 Fulton St., New York City, some months ago called attention to the fact that no American had ever received one of the Nobel prizes, and asked its readers to nominate those among our American scientists, authors and peacemakers whom they considered most worthy of this honor.

The result of this ballot, as given in a circular letter from the *Independent,* which we have just received, is stated thus:

> This invitation was most enthusiastically responded to by the osteopaths, who circulated petitions and postal ballots with such zeal in behalf of the claims of Dr. A. T. Still, as the American citizen most deserving of the Nobel Prize for discoveries in physiology and medicine, that all other candidates were soon "snowed under." We have already 18,000 votes in his favor, and they are still coming in by every mail.
>
> In consequence of the great interest shown in osteopathy we have asked its founder, Dr. A. T. Still, to contribute an article to *The Independent* on his discoveries, which will be published November 9th. In the following issue, November 16th, we will print a reply by a "regular" physician, and on November 23d we will report the result of the voting for candidates for the Nobel Prizes.

Of course this does not mean that one of these prizes has been, or will necessarily be, awarded to Dr. Still, but it is peculiarly gratifying and significant that he is deemed worthy of it by so large a number of his fellow countrymen.

The three numbers of *The Independent* mentioned above will be sent, by its publishers, to any address for 25 cents.

There is a widespread interest among non-members of the A. O. A. in the work of the association, and a great many inquiries as to how to proceed to become a member. That all members may be able to inform prospective members of the necessary steps to be taken we make this statement:

Blank applications may be secured of the secretary, assistant secretary, or editor of the JOURNAL. When properly filled out they should be forwarded, with the fee ($5.00), to the secretary. The trustees have reconsidered the rule recently adopted and applications are held only thirty, instead of sixty days. Every person elected to membership at any time prior to within three months of the annual meeting will receive all of the publications issued during the year, also a certificate of membership. Those elected within three months of the next annual meeting will only receive the publications issued after their election, but will have their membership extended to the following annual meeting. There is, therefore, no reason to delay joining.

Obviously the A. O. A. can not establish a scale of prices for osteopathic treatment, that being a matter dependent upon local conditions and sometimes upon the particular case. The scale of prices is always more or less elastic according to circumstances. But this does not make it less reprehensible for a physician to advertise in the newspapers to treat all cases in his office at one-half the fee usually charged by the physicians in his community.

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It is something of a problem as to whether any action should be taken in such a case and particularly when the offender is not affiliated with any professional organization, as is true in a case recently brought to our attention. Were it not in a measure a reflection upon the profession we believe it would be as well to pay no attention to such conduct for the physician is pretty sure to be accepted by the community at the valuation he places upon his own ability and services.

On page 83, of the JOURNAL for October, will be found the letter of the General Manager of the Hotel Victory at Put-in-Bay. This letter forms the basis of the contract which the A. O. A. has with the hotel management. Shortly after the Denver meeting the General Manager wanted to know which proposition the association desired to accept—members to pay according to room selected, or the flat rate of $3.00 per day, first come, first served. This was submitted to the trustees and they decided to accept the latter proposition. Therefore all that is necessary to be done to secure first class accommodations is to be early on the ground. It is hoped that this, and other good and valuable considerations, will be sufficient to cause every member who attends to be present on or before Monday morning, August 6. It should be stated that a special rate will be made all who remain as long as a week.

Some complications have arisen, the results of which are that Dr. Forbes and the teachers who went with him from Des Moines have severed their connection with the Pacific College of Osteopathy at Los Angeles, and have started another school in that city. We know nothing of the merits of the controversy that gave rise to this situation, but regard it as unfortunate. From past history we are led to fear that rival colleges in such close proximity will result in friction that will be detrimental to the best interests of the profession.

The JOURNAL is the property of the members of the A. O. A. It is published in their interests, hence every member should do his part in making it of the utmost value. Neither one man nor a dozen, if it were possible for them to devote their whole time to it, could make it as interesting as it would be if each member would contribute to its pages his best thoughts on professional and scientific subjects. We plead, therefore, for more active cooperation in this particular.

There has been some delay in getting the certificates of membership from the engravers, but they are now almost ready to be mailed. All members whose dues are paid for the ensuing year will receive a certificate within a short time.

It should be esteemed a privilege to be a member of the A. O. A., and a notice ought to be all that is necessary to bring the yearly dues. It ought to be true—once a member of the A. O. A. always a member.

Do not forget the prize essay contest for 1906. The terms of the contest and other information relative to it will be found in the October number of the JOURNAL.

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We have received a neat little booklet containing an historical sketch, directory of officers and members, and the constitution of the Texas Osteopathic Association.

Once more we want to urge members to notify us when they change locations. Do not depend upon some one else to do this.

Be sure that your name appears in the A. O. A. directory to be issued next month. It will if your dues are paid.

Treasurer's Final Notice.

A large number—over three hundred—of members have failed to pay dues for the ensuing year. These members must be aware that the constitution requires that their names be dropped from the roll if dues are not paid within three months after the annual meeting. Can it be possible that any one wants that done? The last day of grace is November 18. It is due the association that you "make good" at once. It is hard to understand how any practitioner can allow his dues to lapse. Patriotism for the cause would be a sufficient reason. But the benefits to be derived from membership far exceed the cost. We passed the one thousand mark in numbers at Denver. Are we going to take a backward step now, and fall again below that number? A prompt remittance will save the day.

Fraternally yours,

Columbus, Ohio. M. F. Hulett, Treasurer.

EPITOME OF CURRENT LITERATURE.

[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 as an index to the best work in our growing osteopathic literature.]

Sylvester, S. W. (Bulletin, September, '05)—Tuberculosis.

Report of a case: Young lady; temperature 102 2-5, throat wrapped in flannel, unable to speak above a whisper for several days; pronounced tuberculosis by M. D. The first treatment killed all the tubercle bacilli in her throat. After sixteen treatments nearly well. Atlas and axis to right, spine posterior, 6-10 dorsal. Conclusion: "The experience I have had with this case leads me to believe that the osteopath can cure ninety per cent. of the so-called tuberculosis cases."

Fassett, F. J. (Bulletin, September, '05)—Principles of Original Research.

We quote as follows: "Preliminary Reading—An essential part of any piece of research is a study of the previous work along similar lines.

"The 'Control'—This represents the habit of a mind, which, when it sees a result follow a possible cause, inquires, 'Could not that result have happened without that cause?'

"Consecutive Cases—To make the evidence of case reports perfect, the unsuccessful cases must be reported along with the successful ones. If the proportion of unsuccessful cases is small, so much the better; if the proportion of unsuccessful cases is large, the sooner we know it the better.

"A Circumscribed Subject—Any question which one may choose soon divides itself and sub-divides so that one must choose one sub-question for today and leave the others for tomorrow."

Procter, C. W. (Bulletin, September, '05)—Osteopathic Legislation.

We quote as follows: "We should recognize the fact that osteopathy has been an evolution. Our practice has been a limited one. We have been prepared for our practice; it is an inviting field; it is still only partly filled; the question rises, are we yet ready to include these other fields and compel all practitioners to prepare for them whether they wish or not?

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"It (the three years' course) was practicable and will be so demonstrated, but it is doubtful if there is a single school in the entire profession which is prepared to carry out a course of four years.

"The point I make is that we have a special field and that we can not wisely force the profession into a larger field before it is prepared."

McConnell, C. P. (Journal of Osteopathy, October, '05)—Why the Osteopath Is Successful.

Two influences, a positive one and a negative, account for the rapid growth and development of the science. The first is represented by the actual and inherent merits of the system, the attributes of which are scientific, practical and comprehensive. The second influence is a negative after the manner that prior medical systems have presented an incoherent practice with which both physician and patient were dissatisfied.

Hildreth, A. G. (Journal of Osteopathy, October, '05)—Genuine Osteopathy versus So-Called Broad Mindedness or Liberal Osteopathy.

We quote as follows: "Osteopathy stands today a monument to liberality, progress and scientific growth. It is the first treatment of disease outside of drug medication schools that has made itself felt in the legislative halls of the country.

"We have no time to waste in condemning other schools of treatment. We have no time to theorize, neither have we time to squander upon this man's ideas of massage, suggestive therapeutics, X-radiance, vibration and other side issues, for if they have a place among the curative agencies, in time they will occupy that place."

Willard, A M. (Journal of Osteopathy, October, '05)—Increased Recognition of Osteopathy.

Of the numerous stimulating suggestions in this article we mention the following:

The increased scope accorded to osteopathic practice places new responsibilities upon the practitioner. He should expand the field of his education. He should give greater attention to preventive as well as curative medicine. He should intelligently advise in matters of hygiene, sewerage, garbage disposal, water supply, etc. He should oppose the public exhibition of monsters and other physical deformities. He should not neglect his professional reading. He should grasp every opportunity to compare notes with fellow practitioners—and last, but not least, he should care for his own health."

Crow, E. C. (The Osteopathic World, May, '05)—Osteopathy versus Surgery in Biliary Complaints.

We quote as follows: "Taken in time and when the stones are small, osteopathic treatment will expel the stones or cause them to be liquefied; and more than this, it will overcome the trouble which leads to their formation. * * * No trouble of any kind ever arose in anybody's liver till some interference with the blood stream or obstruction of normal nerve activity took place and until the moment of such interference the bile has sufficient germicidal action to resist bacterial invasion."

Gibson, A. E. (Osteopathic World, September, '05)—Bread: The Staff of Life or Staff of Death.

The author sets forth the advantages arising from an exclusive nut and fruit diet and presents various arguments, historical, anatomical, æsthetic and economic, in support of his contention.

Elfrink, W. E. (Osteopathic World, September, '05)—The Illinois Osteopathic Convention.

The author attacks with considerable vigor three features of the recent meeting: First, the "effort to put up a good front" shown in the choice of the Auditorium as the place of meeting; second, "the banquet and the snobby full dress business" (The paragraph devoted to this item must be read in the original.), and third, "The overworked lesion fetish and the specific treatment bugaboo." Dr. Elfrink is editor of the *Vegetarian Magazine.*

Littlejohn, J. M. (Osteopathic World, September, '05)—The Theory of Lesions and Their Treatment.

In regard to osseous lesions the writer says: "Now as the nerves come out from the foramina they become interlaced with the soft tissues and any displacement of the bones, especially of the spinal vertebrae and of the ribs, means pressure or obstruction of some kind to these impulses that are going out along the nerve paths."

In regard to muscular lesions the author says: "The muscular lesion is either a displacement of the muscle or a contracture of the muscle or a tetanic state of the muscle or over-relaxation of the muscle." The author draws a sharp distinction between muscles in "contracture" and muscles in "tetanus," and holds that while muscles in contracture are relaxed by manual inhibition muscles in tetanus are made worse by manipulation and should be treated by heat and static electricity. The comparative clinical signs of contracture and tetanus are not made clear.

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Indiana Examination.

Below we give the questions given to applicants by the State Board of Medical Registration and Examination of Indiana at the examination held on Oct. 2, 3 and 4. There were nineteen osteopaths who took the examination. We have not learned how many were awarded certificates.

Spelling, penmanship and composition in all examination papers will be considered in the grading.

ANATOMY.

1. Name the inspiratory muscles.
2. What nerves supply the small intestines?
3. Describe the gall bladder, cystic and common ducts.
4. Name and locate the fissures and lobes of the brain.
5. Name and locate the bones of the face.
6. Describe the popliteal artery.
7. Name the muscles of the posterior scapular region.
8. Describe the radial artery and give its relation to the surrounding structures.
9. Make a drawing, showing the relations of the colon to the abdominal viscera.
10. Locate the Island of Reil.

Submitted by Dr. W. A. Spurgeon, October, 1905.

CHEMISTRY.

1. What is the specific gravity of healthy urine?
2. How would you test for (a) albumen, (b) bile, (c) sugar?
3. What is calomel?
4. What is the source of iodin?
5. What is the difference between chlorides and chlorates?

Submitted by Dr. J. M. Dinnen, October, 1905.

ETIOLOGY AND HYGIENE.

Give etiology and means of prevention of

1. Tuberculosis.
2. Yellow fever.
3. Pneumonia.
4. Typhoid fever.
5. Diphtheria.

Submitted by Dr. J. C. Webster, October, 1905.

MEDICAL JURISPRUDENCE.

1. Give post mortem appearance in case of poisoning by (a) opium, (b) strychnin.
2. What is the meaning of Medical Jurisprudence in relation to insanity and infanticide?

Submitted by Dr. J. M. Dinnen, October, 1905.

NEUROLOGY.

1. Differentiate compression and concussion of the brain.
2. Give symptoms and treatment of apoplexy produced by cerebral hemorrhage.
3. Give definition of dementia and give the more important forms.

Submitted by Dr. J. M. Dinnen, October, 1905.

OPHTHALMOLOGY AND OTOLOGY.

1. Give technique of introducing air into the middle ear through the Eustachian catheter for diagnostic and therapeutic purposes.
2. Give some of the peculiarities of purulent middle ear inflammations arising in the course of the infectious diseases.
3. Differentiate iritis from phlyctenular conjunctivitis. Give treatment for iritis.

Submitted by Dr. M. S. Canfield, October, 1905.

PATHOLOGY AND BACTERIOLOGY.

1. What are the pathologic factors in pleurisy?
2. What pathological lesions are present in pericarditis?
3. Give the pathology of acute gastritis.
4. Give the pathology and pathogenic factors in acute nephritis.
5. Describe the pathological conditions produced by Pott's disease.
6. What is the role of bacteria in intestinal digestion?
7. Describe the organism which is the cause of influenza. On what kind of culture media will this organism grow?
8. How would you differentiate the diphtheria bacillus from the pseudo diphtheria bacillus?
9. Describe, in detail, three methods of sterilization.

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10. How would you determine the presence of gas-producing bacteria in water?
Submitted by Dr. W. A. Spurgeon, October, 1905.

PEDIATRICS.

1. Define hyrocephalus, give prognosis and treatment.
2. Give causation and treatment of infantile leukorrhea.

Submitted by Dr. W. T. Gott, October, 1905.

PHYSICAL DIAGNOSIS.

1. Define cyanosis. Give commonest causes of cyanosis.
2. Give physical signs of aneurism of the abdominal aorta.
3. Give physical signs of pulmonary stenosis.
4. Name some causes for diminished vesicular breathing.
5. Give diagnostic results of physical examination of the liver and gall bladder.

Submitted by Dr. M. S. Canfield, October, 1905.

PHYSIOLOGY.

1. Name the changes the air undergoes in its passage through the lungs in addition to the loss of oxygen.
2. To what part of the nerve structures are impressions referred when pressure is made upon the nerve? Illustrate.
3. What is the effect upon the respiration when one pneumogastric nerve is divided? When both pneumogastric nerves are divided?
4. Explain *briefly* the function of the placenta.
5. What influence has the number of pulsations of the heart on the rapidity of the general circulation?
6. What action has the gastric juice upon (a) albumen, (b) casein?
7. Give the physiological explanation of muscular contraction.

Submitted by Dr. W. A. Spurgeon, October, 1905.

RHINOLOGY AND LARYNGOLOGY.

1. Give diagnosis, symptoms and surgical treatment of nasal polypi.
2. Give the symptoms and treatment of acute rhinitis.

Submitted by Dr. J. M. Dinnen, October, 1905.

PRINCIPLES OF OSTEOPATHY.

1. How would you treat a case of spinal meningitis?
2. Give treatment of varicose veins.
3. Give treatment of flux.
4. Give technique of correcting an anterior upper dorsal condition of the spine.
5. Give technique of reducing a depressed clavicle.
6. In Tic Douloureux what nerve is affected and how would you treat it?
7. Give treatment for coryza.
8. Give technique in abdominal treatment for constipation.
9. Name the five peculiar vertebræ.
10. Name two disorders caused by a tipped coccyx and explain how it may cause them.

Submitted by Dr. J. E. P. Holland, October, 1905.

THEORY AND PRACTICE OF OSTEOPATHY.

1. Give etiology, symptoms, treatment and prognosis of typhoid fever.
2. Give etiology, symptoms and treatment of enteroptosis.

Give diagnosis and treatment of diabetes mellitus.

4. Give prognosis and treatment of miliary tuberculosis.
5. Give symptoms and treatment of synovitis.
6. Give symptoms and treatment of cirrhosis of the liver.
7. Give prognosis and treatment of tabes dorsalis.
8. Give three causes of vertigo and give treatment and prognosis of each.
9. Diagnose and give treatment of the following:
   Age 35, pain sharp, tearing, shooting or lancinating in character, increased upon motion, shooting along course of the nerve into the hip, inner side of the thigh, calf of leg, ankle and heel at one or all of these points, paroxysms lasting from a few hours to one or two days, if this lasts long atrophy occurs.
10. Diagnose the following cases and give treatment:
   Age 20, onset sudden with chill and fever 103.2, sharp pains in medium-sized joints, profuse acid sweats, slight eruption and general nervous symptoms.

Submitted by Dr. J. E. P. Holland, October, 1905.

SURGERY.—(*Osteopathic.*)

1. Give symptoms and treatment of a Colles' fracture.
2. Give treatment of a fractured clavicle at the outer third.
3. How would you reduce a fractured humerus at the middle third?

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4. Name eight kinds of fractures.
5. Give symptoms of a sub-glenoid dislocation of the shoulder.
6. Describe an inguinal hernia.
7. What precautions would you take in opening a tubercular abscess?
8. Give symptoms and diagnosis of gall stones.
9. Give symptoms and treatment of peritonitis.
10. Give technique of circumcision.

Submitted by Dr. J. E. P. Holland, October, 1905.

GYNECOLOGY.—(*Osteopathic.*)

1. Differentiate metrorrhagia and menorrhagia.
2. Give technique of curettement.
3. Under what conditions is hysterectomy necessary?
4. Describe the uterus and ovaries.
5. Give symptoms and treatment of pruritis vulvæ.
6. What is meant by atresia of the vagina and give treatment.

Submitted by Dr. J. E. P. Holland, October, 1905.

OBSTETRICS.—(*Osteopathic.*)

1. What significance has the albumen in the urine of the pregnant woman?
2. What is meant by version and how would you perform it?
3. Of what is the lochia composed and how long does it usually last?
4. Give management of the navel string.
5. What is meant by the third stage of labor? Give management.
6. What precautions would you take during the early stages of labor?
7. What is mastitis, and how would you treat it?
8. Under what conditions is a Caesarean operation necessary?
9. Give all the relations of the uterus.
10. Give signs of pregnancy during the first three months.

Submitted by Dr. J. E. P. Holland, October, 1905.

NOTES AND COMMENTS.

I am not "unalterably opposed to our accepting membership on any state board from this time on," as the report credits me, instead of Dr. Hildreth, with saying. In fact, I am quite in favor of the suggestion made by Dr. Bolles a little later, which was brought out much more forcibly by him than in the published report, and which I think should be emphasized. That is, that we ought to neglect no opportunity to get a member on the state board of health, even when we have our independent board of osteopathic examiners.

The board of health and the board of medical examiners, while frequently composed of the same personnel, have separate functions. We should be represented on the former by one naturally selected from our osteopathic board. ARTHUR STILL CRAIG.

Iowa City, Iowa.

What Can I Do To Promote the Interest of the Association This Year?

The reports of the annual meetings of the American Osteopathtic Association show, unmistakably, that the association is making marked progress, not only in membership, but in work accomplished for the advancement of osteopathy. But are we doing all that we can and should do? Should we be satisfied with our present rate of progress? What can I do to promote the interest of the association this year? These are the questions that every member should ask himself or herself, and proceed to answer before delay causes indifference. When we consider the number of practitioners in the field, as compared with those who are members of the association, we are forcibly impressed with the magnitude of the work that might be accomplished if we could interest, say, three-fourths of all the graduates to the extent of becoming members of the association.

We are too prone to be indifferent about this matter, and many of us perhaps think that the loss is with the non-member entirely. This, however, is not the case; the association needs the effort and co-operation of all legitimate graduates in order to give it its greatest usefulness. Furthermore, non-members have but little opportunity to appreciate the advantages of membership, and are not impressed with the duty they owe the association by becoming members to the end that the practice and its influence may be extended.

As to how we may best accomplish this work: No method is perhaps equal to direct, personal work. It is not unreasonable to assume that every member of the association has at least one friend among his or her fellow practitioners, and with whom his or her

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influence would be effective. Are we doing our duty if we do not tell our friends of the advantages of membership, and remind them of their obligation to assist the association in promoting osteopathy? It certainly seems this would be an easy thing to do; and just think what the results would probably be. Surely the secretary would be very glad to mail one or more blank applications to anyone who will manifest sufficient interest in the matter to write him. Let us not wait until next spring to do this. There is no time as good as the present—it is so easy to neglect. Procure a blank at once, and write or speak to some friend, urging the importance of immediate action.

About case reports: There are many osteopaths, prominent in the profession and association, whose names never appear in the case reports. Are these reports child's play, or too trivial a thing for the best of us to engage in? Are we too busy? Poor excuse. These case reports are making history, and it seems that every osteopath who has the interest of the profession at heart would feel duty bound to contribute at least a mite.

Kansas City, Mo. S. T. LYNE.

New Jersey Osteopathic Society.

The New Jersey Osteopathic Society held its fifth annual meeting at Newark October 14, 1905. The program included the following titles: President,s Address, by Dr. Forrest Preston Smith of Montclair; "Osteopathic Treatment," by Dr. Charles J. Muttart of Spring Lake; "Osteopathic Legislation," by Drs. Clinton E. Achorn of Boston and Charles Hazzard of New York.

The following officers were elected:

President—Dr. Charles E. Fleck of Orange.

Vice-President—Dr. Violetta S. Davis of Newark.

Secretary and Treasurer—Dr. H. W. Carlisle of Paterson.

Indiana Osteopathic Society.

The regular annual meeting of the I. O. S. was held in the Claypool Hotel at Indianapolis October 6, with about thirty-five faithful, "unterrified" D.O.'s present. The president, Dr. F. H. Smith of Kokomo, was absent on account of sickness. Dr. J. B. Kinsinger, vice-president, called the meeting to order at 10 a. m. Routine business, including the election of officers, occupied the forenoon session.

The afternoon session was principally occupied with discussions and a short clinic. On account of the small number of osteopaths in the state it was not thought practicable to try to hold dictrict meetings, as some of our sister states do, but instead to rotate our mid-year meetings.

A motion carried to hold our next mid-year meeting (next April or May) at LaFayette.

A vote of thanks was tendered all retiring officers for their faithful services, and the secretary was instructed to write a letter of sympathy and regret to Dr. F. H. Smith. The secretary was also instructed to write a letter to Dr. H. W. Forbes congratulating him upon his success in the case and expressing our appreciation of his splendid demonstration before us last May in reducing a congenital dislocated hip.

Following is a list of officers elected:

President—Dr. J. B. Kinsinger, Rushville.

Vice-President—Dr. Kate Williams, Indianapolis.

Secretary—Dr. E. C. Crow, Elkhart.

Treasurer—Dr. Elizabeth M. Crow, Elkhart.

Trustees—Dr. O. E. Smith, Indianapolis; Dr. W. C. Hale, Indianapolis; Dr. W. A. McConnell, Marion; Dr. F. A. Turfler, Rensselear; Dr. Alice E. Houghton, Kendallville.

Monthly Meeting of Minnesota Osteopathic Association.

The regular monthly meeting of the Minnesota Osteopathic Association was held in St. Paul October 6, President B. F. Bailey presiding.

Dr. H. C. Camp resigned as secretary; Dr. Bertha W. Moellering was chosen as his successor. Dr. Camp also resigned his active membership in the association and was promptly put on the honorary list. He was one of the incorporators of the association and a loyal worker.

Drs. Katie J. Manuel and J. A. Herron of Minneapolis and C. W. Young of St. Paul were appointed a committee to put into operation the project of a circulating library of professional works.

On recommendation of the Board of Trustees the association voted to publish an association directory containing the names and locations of members, the association's declaration of principles, and other short statements about osteopathy.

Members were granted sixty days from October 18 in which to pay up arrears to entitle them to have their names appear in the directory, and thirty days from same date in

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which to pay $3.00 in advance for the year's dues; dues are $5.00 if payment is deferred longer than thirty days from October 18.

The meeting closed with an instructive clinical program.

Several lecture courses by out-of-state osteopaths have been provisionally announced for the near future. BERTHA W. MOELLERING, Secretary.

Program of Milwaukee Osteopathic Society for 1905-1906.

OCTOBER—Leaders: Drs. B. C. Childs and Warren B. Davis. Report of Denver meeting of A. O. A., and open meeting with clinic.

NOVEMBER—Drs. L. E. Cherry and Rose Klug. Congenital dislocation of hip. Compare osteopathic with Lorenz method. Informal lunch at cafe.

DECEMBER—Drs. E. J. Elton and Rose Williams. Free clinic in Milwaukee. Pediatrics.

JANUARY—Drs. Louise P. Crow and Abbie Davis. Obstetrics.

FEBRUARY—Annual meeting of Wisconsin Osteopathic Association.

MARCH—Drs. O. W. Williams and J. Foster McNary. Osteopathic surgery.

APRIL—Drs. Abbie S. Davis and W. D. McNary. Medical and osteopathic diagnosis compared. Clinic.

MAY—Drs. John K. Schuster and E. J. Elton. Etiology.

JUNE—Drs. S. A. L. Thompson and Essie S. Cherry. Open meeting, with informal lunch.

San Francisco Osteopathic Association.

The San Francisco Osteopathic Association held its regular meeting October 4 at the California College of Osteopathy, President William Horace Ivie presiding. The meeting was called to order at 8:20 p.m. Minutes of the preceding meeting read and approved.

Twenty-five members responded to roll call. Several visitors were present.

The resignation of Dr. Niel C. Bailey from the Program Committee was accepted, the chair to appoint some one to fill the vacancy at the next meeting.

The business of the association having been transacted a lecture followed by Dr. Frank L. Martin. This was a practical demonstration of the uses of the different instruments for examining and diagnosing diseases of the eye, ear and throat, with detailed instruction. Considerable discussion was indulged in by different members present.

An invitation was extended the association to be present at the Freshmen's reception at the College of Osteopathy October 7.

The meeting adjourned until December 6. LOUISE C. HEILBRON, D.O., Secretary.

New York Osteopathic Society.

The New York Osteopathic Society held its seventh annual meeting at Albany on October 25. There was a fine attendance and a most excellent meeting.

The business meeting was held in the morning. In the afternoon the following program was carried out:

Paper—"Our Shortcomings," Ernest C. White, Watertown.

Paper—"Pathological Conditions from Osteopathic Viewpoint," George W. Riley, New York.

Paper—"Prognosis," C. M. Turner Hulett, Cleveland, Ohio.

Officers for ensuing term were elected as follows:

President, S. W. Hart, Albany; vice president, Cecil R. Rogers, New York; secretary, George W. Riley, New York; treasurer, C. F. Bandel, Brooklyn.

Nebraska Osteopathic Association.

The Nebraska Osteopathic Association held an interesting meeting in Omaha on October 6. Thirty-two members were present. Drs. C. E. Still of Kirksville, Mo., and C. E. Thompson of Des Moines, Iowa, were present and addressed the association. At this meeting eight new members were added to the roster.

Dr. C. K. Struble read a paper on "Stomach Troubles," which was discussed by Dr. C. W. Little. A paper on "Osteopathic Promotion" was read by Dr. F. M. Milliken. This was discussed by Dr. A. T. Hunt. Dr. Emma Hoye read a paper on "Gynecology." Dr. C. B. Atzen spoke on "The American Osteopathic Association." and gave some reasons why osteopaths should be affiliated with this organization. A discussion of the "Future of Osteopathy" was led by Dr. N. J. Hoagland.

Officers were elected for the ensuing term as follows:

President—C. B. Atzen, Omaha.

Vice-President—Catherine Bowers, Lincoln.

Secretary—C. W. Farwell, Omaha.

Treasurer—Nellie A. Runyan, Seward.

The next meeting of the association will be held in Lincoln, date not yet determined.

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The October meeting of the Greater New York Osteopathic Society was held on the 21st at the Fifth Avenue Hotel, New York City.

The following program was presented:

Clinic—"Dorsal Scoliosis," Joseph Ferguson; Paper—"Some Experiences in the Treatment of Pelvic Disorders," Chloe Carlock Riley; Paper—"Are We Prepared for Emergencies?"—J. A. DeTienne.

PERSONAL.

Born, to Dr. and Mrs. Carl P. McConnell, Chicago, on Oct. 27, a son.

Dr. Percy H. Woodall is now revising and will soon publish another edition of his book on Osteopathic Gynecology.

The engagement is announced of Dr. Jessie H. Willard, 57 Washington street, Chicago. to Robert C. Cornett, Denver, Col.

Dr. H. P. Whitcomb, Burlington, Vt., is taking a post graduate course at the American School of Osteopathy, Kirksville, Mo.

Dr. Helen Marshall Giddings and her sister, Miss Margaret Giddings, of Cleveland, Ohio, recently spent three weeks visiting in the south.

I. J. Eales, D.O., Belleville, Ill., read an interesting paper before the American Association of Physio-Medical Physicians and Surgeons on "Osteopathy and Physio-Medicalism." The paper appeared in the Physio-Medical Record for August, 1905. This journal is the official organ of the above association.

The following representatives of the Chinese Imperial Government are in this country studying American methods of healing diseases: Drs. Tsui Ying Young, Surgeon-General Chinese Army, Ho Kan Yuen Fleet, Surgeon, Hai Chow, of the navy, and W. P. Chung. These gentlemen were recently in Philadelphia where J. M. McGee, D.O., had a pleasant interview with them and brought osteopathy to their attention.

The Passing of Quinine.

While the introduction of so many synthetic febrifuges of late years has had the effect of diminishing the use of quinine, the gross volume of the alkaloid sold did not really show a material decline until about a year ago, when the mosquito theory of the transmission of malaria had been quite generally accepted and acted upon. A recent traveler in Java reports a great depression among the cinchona bark planters at the decline in the consumption of the bark, and he reports that cinchona plantations are giving way, to a great extent, to tea plantations. In some sections of the island the bark of the tree begins to show a diminished yield of alkaloid after the tree has reached an age of about fifteen years. In other localities, however, where the soil is heavier and contains less of the lava detritus, which makes the soil light in some places, deterioration sets in when the tree raches the age of ten years, and it is in these latter sections of the island where the planters are uprooting cinchona plantations and replacing the trees with the tea shrub.—*American Druggist and Pharmaceutical Record*, Oct. 9, 1905.

Othello's Occupation Gone.

The remarkable success of the Japanese in the treatment of their wounded soldiers was due, so we are told by Surgeon General Suzuki, of the Japanese Imperial Navy, to the eschewing of drugs and to a careful attention to asepsis. Drugs have now been abandoned in the treatment of tuberculosis (almost), and our Japanese friends have shown us the advantages of eschewing drugs in military surgery, and if this movement goes much further the druggist will find himself, like Othello, without occupation. However, there will always be hypochondriacs among the old women of both sexes who will not forego the pleasure of drugging themselves, either with or without the co-operation of the physician, and there is probably no need for the retail druggist sacrificing his stock in order to get out of a decadent business—*American Druggist and Pharmaceutical Record*, Oct. 9, 1905.

There is no readier way for a man to bring his own worth into question than by endeavoring to detract from the worth of other men.—Tilletson.

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APPLICATIONS FOR MEMBERSHIP IN THE A. O. A.

In accordance with a rule adopted by the Trustees the names of all applicants for membership in the A. O. A. will appear in the JOURNAL. If no valid objection to any such application is filed with the secretary within thirty days after publication, and all receive an affirmative majority vote of the Trustees, they will be declared elected. Should objection be made to any applicant the case will be fully investigated before final action is taken.

Frank H. Avery, Union Savings Bank Building, Oakland, Cal.
Laura F. Bartlett, Alpena, Mich.
Charles A. Bennett, 42 Valpey Building, Detroit, Mich.
Arthur M. Breed, 426 Pine St., Corning, N. Y.
W. M. Byars, Kuhn Building, San Diego, Cal.
R. C. Dugan, 126 Vine St., Marion, O.
C. L. Fagan, Stuttgart, Ark.
Charles Whitman Hills, Masonic Temple, Dover, N. H.
J. Edwin P. Holland, 312 N. Walnut St., Bloomington, Ind.
L. C. Kingsbury, Catlin Building, Hartford, Conn.
Aloha M. Kirkpatrick, 319 W. Charles St., Baltimore, Md.
Fred C. Lincoln, 750 Ellicott Square, Buffalo, N. Y.
Geo. W. Mitchell, 147 N. James St., Rome, N. Y.
Mary C. Moomaw, 234 Central Park West, New York, N. Y.
Edward Oelrich, 476 Main St., Buffalo, N. Y.
Martin W. Peck, 26 S. Common St., Lynn, Mass.
William Robert Pike, 237 E. Ocean Ave., Long Beach, Cal.
Napoléon B. Rundall, Schluckebier-Gwinn Building, Petaluma, Cal.
J. Oliver Sartwell, 300 Essex St., Salem, Mass.
M. Antoinette Smith, 1220 Third Ave., Seattle, Wash.
Estelle T. Smith, 200 Bixby Building, Long Beach, Cal.
Marie Thorsen, 312 Bixby Building, Long Beach, Cal.
Clyde L. Thompson, 1584 Market St., San Francisco, Cal.
Eva R. Wardell, 250 W. 85th St., New York, N. Y.
Kate Williams, 419 State Life Building, Indianapolis, Ind.

REINSTATEMENT.

S. C. Matthews, 500 Fifth Ave., New York, N. Y.

REMOVALS.

D. L. Clark, Sherman, Tex., to Fort Collins, Col.
Ira Spencer and Elizabeth Bundy Frame, 116 N. Seventeenth St., to 1118 Pennsylvania Building, Philadelphia, Pa.
I. J. Eales, 123 W. Main St., to Ohms & Jung Building, Belleville, Ill.
Geo. H. Wood, Denver, Col., to 345 Gates Ave., Brooklyn, N. Y.
Truman Wolf, Hillsboro, Texas, to Iola, Kan.
W. R. Laughlin has opened an office at 508-9 Fay Building, Los Angeles, Cal.
Wm. Snell, 1731 N. Prospect, to 304 Fidelity Building, Tacoma, Wash.
W. C. Swartz, Carbondale, to 44 Vermilion St., Danville, Ill.
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THE OSTEOPATHIC LESION.

II.

CARL P. McCONNELL, D.O., Chicago, Ill.

A Study in Pathology.

If osteopathy is of any considerable value it is because its fundamentals rest upon sound anatomic and physiologic knowledge. Of course the tremendous value and good of clinical experience to every osteopath can not in the least be gainsaid.

The object of this brief article is to supplement somewhat in detail the paper on the subject treated in the September, 1905, issue of the Journal.

HISTOLOGICAL.

It may be well, first, to have the reader refresh his memory on a few additional points of anatomy and physiology not recalled in the first paper but germane to a clearer understanding of osteopathic pathology. These pertain, in particular, to the dorsal spinal cord, the corresponding afferent and efferent neurones and the sympathetic.

Although "the entire nervous system may be considered as an enormous tangle, formed by the interlacing of an innumerable number of neurones whose complex fibre paths place all portions of the body in communication with all other portions"[1]; still much careful study of the Wallerian degeneration method and the staining methods of Golgi, together with the myelinization method, has brought out of apparent chaos most of our knowledge of the intricate fiber paths of the nervous system.

Briefly, the principal tracts are as follows[2]:

Motor Paths: 1. The anterior pyramidal tracts, from the ganglion cells of the anterior horns of the same or opposite side. 2. The lateral pyramidal tracts, from the opposite hemisphere of the cerebrum to the motor ganglion cells of the anterior horns of the same side.

Sensory Paths: 1. The posterior tracts, made up of fibers from the posterior spinal ganglia which enter the cord through the posterior nerve roots and form the columns of Goll and Burdach, which extend upward, to terminal nuclei. From the ganglion cells of the terminal nuclei a second series of tracts arise and extend to the cortex of the cerebrum. A second group of sensory fibers enter the cord through the posterior nerve roots.

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These do not extend upward in the posterior column, but join the columns of Clarke, on the same level at which they enter. 2. From these last-named fibers are derived the lateral cerebellar tracts, composed of sensory fibers which extend upward to the cerebellum, crossing the crura cerebelli. From here a series of systems of nerve fibers connect with the cortex of the cerebellum.

A point that should not be overlooked as it aids us materially in understanding the pathology of osteopathic lesions is that there are not only neurones of the first order, for example, the peripheral sensory neurones entering as dorsal root fibers in the spinal cord, and the peripheral neurones of the cranial nerves, but, also, in contiguity with these there are neurones of the second order, or third order, or even higher. This is true of the spinal, cranial, and sympathetic nerves and their connections with and in the brain and cord.

Then in addition to the above tracts and nerve paths made up of efferent and afferent neurones of various orders, there are the so-called association paths. These are comprised of motor and sensory paths connecting the nuclei of various levels. They may be of either ascending or descending degeneration, although a number are called mixed fiber tracts, as they contain both ascending and descending fibers.

A few anatomical facts relative to the sympathetics should be given special emphasis:[3] The rami communicantes are, largely, fibers from the spinal cord, via spinal roots or cerebro-spinal nerves, which pass into the prevertebral ganglia. There are, also, fibers, in the rami communicantes which pass from the ganglia, sympathetic, into the cerebro-spinal nerves and accompany these toward the periphery. Again, the sympathetic nervous system consists "of peripheral branches which leave the ganglion chain at all heights, passing to the blood vessels, abdominal organs, glands, etc. These peripheral branches anastomose with branches of the cerebro-spinal nerves to form the sympathetic ple[illegible], in which, again, peripheral ganglia are found at various places."

[illegible] npathetic system sends branches to all parts of the body where [illegible] muscular tissue is present, especially to the muscles of the blood vessels, stomach, intestines, bronchi, lungs, urethra, bladder, and uterus."

"Medullated fibers from the rami communicantes may be found in the sympathetic. The cells of the sympathetic ganglia are generally multipolar, possess an axis-cylinder process and numerous dendrites.

"The fibers coming from the spinal cord—that is, most of the rami communicantes—enter the sympathetic ganglia as precellular fibers (Kolliker), to surround the cells of these ganglia with their end brushes. Here ends the neurone of the first order. The ganglion cells send out postcellular fibers which pass the periphery and branch in the unstriated muscular tissues, etc. They form with the original cells the neurone of the second order.

"Some of the precellular fibers run directly to the peripheral ganglia of the sympathetic reticuli (Langley). This is also true of the splanchnici."

It is said that nerve fibers from the sympathetic ganglia also enter the spinal ganglia and form pericellular arborizations about the cells of the second type. And "The ganglionic cell group is eccentrically placed as regards the axis of the nerve trunk, some funiculi apparently passing the ganglion without being in any way connected with its nerve cells."

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The principal difference between the sympathetic and cerebro-spinal ganglia is that the former have a larger number of non-medullated nerve fibers while in the latter the medullated constitute the greater number. There is an interchange of a few of the two types between the above ganglia by way of the rami communicantes.

It should be noted that, although we have what are called neurones of the first and second order, or projection and intermediary cells, and which are classed as centrifugal, centripetal, and association neurones, Apathy and Bethe have shown that an important element of nervous tissue, the neuro-fibrillæ, traverse "the nerve fibers as well as the ganglionic cells, their substance as well as their process, without there being any appreciable difference between process and dendrites."[3] This would indicate that the neurone as a histological unit did not exist, that these neuro-fibrillæ connect, continuously the entire nervous system; but this has not been proven for the higher animals. The relation of one neurone to another" is, as a rule, one of contiguity rather than of anatomical continuity."[1]

There are several ways in which this contiguous relationship of the neurones occur. It is by the end-brushes or terminal aborization (it is supposed the end-brushes are formed by the rapid separation of the fiber into its component fibrillæ interlacing with:

a. The end-brushes of neuraxes to other neurones,

b. The end-brushes of collaterals of other neurones,

c. The dendrites of other neurones, or

d. The terminal aborization may surround, basket-like, the cell body of other neurones.[1])

We will conclude these few notes on the anatomy by some reference to the lymphatic and blood supply.

The dura mater blood supply is not extensive, but relatively is richly supplied with lymphatics. These lymphatics "open into the subd[illegible]l and epidural spaces and are continuous with the perivascular and per[illegible]al lymphatics which leave the cerebro-spinal cavities in company with [illegible] and spinal nerves and the larger blood vessels."[1] In a word, the [illegible] the epidural space is continuous with the perivascular and perineural lymphatics and through them with the lymphatic vessels of the general systemic circulation; and the lymph of the subdural space is continuous with the lymphatic vessels of the dura, and through them with the epidural spaces and systemic circulation.

The cranial and spinal nerves upon their exit receive a covering of the three meningeal layers, which soon fuse together and blend with the epineurium of the nerve trunks. Fluid injected into the subdural space is readily forced into the lymphatics of the epineural and perineural sheaths.[1] This last point should not be confounded by thinking the subdural lymph is cerebro-spinal fluid. The latter fluid is in the anarchnoid space and is of a different chemical composition from lymph. It has been shown by experiment[4] that the cerebro-spinal fluid can not be forced along the nerve courses except in the fœtus and in certain pathological conditions. (This, however, is contrary to the teachings of Halliburton, Foster, and others.)

The pia mater is the typical vascular membrane. There are many lymphatics and blood vessels between its two layers. The pial septa are throughout the connective tissue to all parts of the brain and cord and supports the

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many blood vessels and perivascular lymphatics. The pia mater extends fibrous sheaths to the larger vessels, while neuroglia surrounds the smaller vessels and capillaries. The larger veins anastomose freely. The arteries are all terminal arteries.

The blood vessels and lymphatics of the ganglia are similar to those of the nerve trunks. The nerve cells of all ganglia are surrounded by a peculiar connective tissue capsule which forms a "complete investment for the nerve cell and are continued on to its processes, possibly becoming continuous with the neurilemma. The capsule is not, as a rule, applied to the cell, but leaves a narrow interval which is occupied by lymph or 'tissue juice'."[1] Then it has been demonstrated that within the cytoplasm of the nerve cell there are minute canaliculi which form an intracellular network, more abundant near the surface of the cell and which have been termed juice canaliculi (Holmgren).

The nerve trunks are, also, well supplied with blood vessels. The larger ones are in the epineurium, while fair-sized branches enter the septa to supply the funiculi. Then arteries and veins are found in the endoneurium, and which vessels are meshes of the finer endoneurium are, thus, in contact with the nerve fibers.

A final point as to the histology we desire to refer to is the neuroglia cells and fibers. These are found in both the grey and white matter. "The fibers radiate for considerable distances from their glia cells, and thus form a supporting tissue for the nerve elements. They are frequently in intimate relation with the blood vessels, on the walls of which many of the glia fibers, particularly the thicker or mossy cell variety, terminate in expanded plates, which, in some parts, form an almost complete outer membranous coat of the vessel."[1] (See article in September, 1905, Journal; also, Sajous[5]).

PHYSIOLOGICAL.

That "physiology teaches that motor, vasomotor, and secretory (and trophic?) impulses pass from the centers of the spinal cord and oblongata by means of the rami communicantes to reach the cells of the sympathetic ganglia, and from here the impulses pass to the second neurone, which transmits them to the periphery" every student knows. The sympathetics have a preponderating influence and control over the nutrition of the body. A few words as to the functions of the vasomotor nerves in particular will add a necessary link to the clear understanding of this outline of osteopathic pathology.

We are well aware that when conditions are normal the vasomotor center is in a state of moderate tonic contraction. The dominating center in the medulla oblongata as well as the various subsidiary centers throughout the spinal cord is subject to direct and reflex stimulation. The amount of gases contained in the blood circulating about the center and the state of the blood pressure have much to do with the state of excitation of these nerves.

When irritation of the center occurs there is contraction of all of the arteries with a consequent increase in arterial blood pressure, followed by a distension of the veins and the heart. In paralysis of the center there is a relaxation and dilation of the arteries, followed by reduction of the blood pressure. When subsidiary centers and fiber tracts are involved there are corresponding local disturbances.

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The vasomotor nerves supplying the viscera, the splanchnic, are the most important; and as this paper is confined to the pathology of the viscera and the dorsal nervous areas most of our illustrations will pertain to this section. These nerves are made up in part of medullated fibers and in part of non-medullated fibers, and in their course to the muscular coats of the vessels they are also partly mixed with ganglion cells. Those that do not pass to their distribution by way of the cranial nerves descend in the lateral column of the spinal cord to their subsidiary centers; and from here outward through the anterior roots of the spinal nerves into the visceral strands of the sympathetic ganglia.

It should be remembered that the vaso-constrictors are fibers which increase the tonicity of the vessels by causing contraction, while the vaso-dilators are fibers which inhibit the stimulus given to the vascular muscles. It is through control of the tonus of the small arteries and anterioles that the vaso-constrictors govern blood pressure, increasing or decreasing terminal resistance. The vaso-dilators by suspending the action of the vaso-constrictors control local blood supply, allowing the blood-vessels to dilate.

The vaso-constrictor center may be stimulated directly as follows: (a) An excess of carbon dioxide in the blood; (b) sudden anemia; (c) venous hyperaemia; (d) poisons, and reflexly; (a) through "pressor" afferent nerve fibers; (b) through "depressor" efferent nerve fibers.

The vaso-dilators parallel in a general way the vaso-constrictors; in the same strand with vaso-constrictor, motor, and sensory fibers, or separately. "All vaso-motor fibers are efferent; the afferent members of the reflex circuit is represented in part by the blood supply of the center in the case of the vaso-constrictor center. This condition is possible in that case because the influence of the vaso-constrictor system is for the most part general, but the local action of the vaso-dilator system makes direct stimulation of the vaso-dilator center practically impossible. As no afferent vaso-dilator fibers have been found, it is probable that the afferent member of the circuit is represented by the sensory nerve coming from any given locality."[7]

Hence through the vasomotor fibers and the cardiac augmentor and inhibitory fibers (although in this article we have not specifically spoken of the cardiac control) we should remember that an adaptative co-ordination of the activities of the circulatory organs is necessary for perfect health. The regulation of temperature, of secretion and excretion, of supply of food and oxygen to working organs of general blood pressure, of local blood flow are thus accomplished. A lesion to the medulla center, to some subsidiary spinal cord center, to some sympathetic center, as well as some cardiac innervation disturbance may be the inception of a disordered circulatory activity where there is neither perfect co-ordination in time nor a controlled force.

It is stated[10] that irritation of sensory nerves, particularly if intense and long continued, causes dilation of the vessels in the areas innervated by them; and, also, irritation of the muscle nerves by pressure has a depressant effect. A few state that all sensory nerves contain both pressor and depressor fibers.

Here we wish to call the reader's attention to two excellent papers[8 9] written by osteopaths who are doing experimental laboratory research work. These experiments were performed upon fifty or more dogs, cats, and rabbits. In connection with this article we will refer to only one or two points.

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Stimulation (mechanical) in the mid- and lower dorsal regions irritates and increases peristalic action and vaso-constriction in the stomach and intestines. Inhibition produces the opposite results, relaxes the muscles both of stomach and intestines, decreases peristalsis, and causes dilation of the blood vessels.

These experiments are of the greatest value to us, physiologically, by giving a clue in explaining osteopathic etiology and pathology, and thus making our therapeutics more practical and specific. We should not, however, overrate the relative values of stimulatory and inhibitory treatment as compared with the readjustment treatment. Not but what the former is of considerable practical importance, but here I wish to emphasize the fact that it really gives us a wide scientific demonstration of the pathological effects on a physiological plane of various osteopathic lesions.

Landois informs us that the veins are controlled by the vaso-motor nerves. That on the whole, the venomotors pursue the same course as the arteriomotors and the sweat fibers. As to the dependence of the lymphatics upon the nerves, irritation of the peripheral extremity of the splanchnic nerve the receptacle for the chyle generally dilated. Irritation of other sympathetic fibers caused contraction of the thoracic duct and receptacle; and, the irritation of the thoracic cord of the sympathetic is followed by dilation or contraction of the thoracic duct.

We will not consider here, specially, other motor fibers, other than the vasomotor, nor the remaining centrifugal nerves, secretory and inhibitory, with the exception of just a word as to the trophic. Anatomically and physiologically certain of these trophic fibers are known to exist; but as to their end organ nothing is known. Trophic disorders may accompany affections of the vasomotor nerves as well of trophic fibers direct as shown by the following:

"Paralysis of the vasomotors gives rise in addition to vascular dilation and local increase in the blood pressure, also to increased transudation from the capillaries. In consequence of the loss of the muscular activity in the vessels the blood stream becomes slowed and stagnates; as a result, the capillaries are dilated and the slowly moving blood in them becomes markedly venous, so that the skin acquires a livid color. Further, normal transpiration is interfered with, so that dryness of the epidermis results, and often also desquamation and fissuration. Passive hypermia, a tendency to occlusion of the capillaries and to the formation of thrombi in the veins, together with the passive transudates and edematous swelling, are not rare, also the normal growth of the hair and the nails is readily interfered with, the skin exhibits increased vulnerability and the nutrition of all of the remaining tissues may suffer. In consequence of long-continued irritation of vasomotor nerves the amount of blood passing through the affected vessels becomes diminished, and it may be conceived that, as a result, nutritive disturbances occur in the parts to be supplied. Tangl found on long-continued faradic stimulation of the spinal cord a reduction in oxidating processes in the tissues, as a result of which gaseous interchange, and finally also the bodily temperature, fall markedly."[10]

Apropos of the above, and of our work in particular, although it should, strictly, come under the pathological section the following from Landois relative to pathological disturbance of the vasomotors is of great interest to

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the osteopath. He says that the appearance of sudden hyperemia, with transudation and ecchymoses in individual thoracic or abdominal viscera must likewise be referred to an angio-neurotic origin. That certain observers have noted hyperemia and extravasations of blood in the lungs, the pleuræ, the intestines and the kidneys, after injury of the pons, the striate body and the optic thalamus. Also injury to the lumbar cord has caused extravasations of blood into the capsules of the kidneys; and that intermediation of the nerves relaxed the pulmonary vessels, inducing attacks of asthma.

In addition to the above it is known that irritation to the splanchnic sympathetic causes disturbances with the intestinal gland secretion, with the mucous membrane, and, in a word, to all the cellular tissues.

PATHOLOGICAL.

It is refreshing to study Oppenheim's[3] pregnant article on the traumatic neuroses. Under pathologic anatomy the following is significant: "Schmaus has shown that shocks to the spinal cord which are not combined with gross anatomic lesions may produce death of the nerve fiber or swelling and degeneration of the axis cylinder, medullary distintegration, etc. Bickeles has also shown that blows on the head of an animal can produce a medullary degeneration of the nerve fibers of the medulla and cord, which are only recognizable by Marchi's method. Such observations show the necessity of caution in one's decisions; they may be particularly adapted to throw a light upon those phenomena which are not psychogenic. Later investigators also (Vilbert, Knapp, Crocq, and others) have been inclined to favor the presence of minute material alterations."

The various traumatic or accident injuries to the nervous system have been termed neurosis, because a pathological basis to these disorders has not yet been found. The assumption, as Oppenheim says, is that functional disorders indicate molecular alterations. The only research, he says, has "only been a few autopsies, but these were generally negative"; and Dana[11] tells us the autopsies held by Pell, Oppenheim, and others were in cases of traumatic neurasthenia only. "A few observations, however, have shown that shocks which did not produce a direct lesion of the central nervous system caused a disease of the cerebral vessels, especially the capillaries, even arteriosclerosis, hyaline degeneration, and endarteritis obliterons; and it is not improbable that some of the symptoms, as, for instance the persistent headache, attacks of vertigo, and vasomotor disorders, are due in some cases to these alterations (Kronthal, Friedman, Koppen), though I consider it more probable that these changes are only results of the repeated vasomotor disturbances," says Oppenheim. And further this writer expresses himself that he believes the traumatic neuroses are the result of both psychic and physical shock; and that molecular alterations upon the cerebrum are produced by disturbing the psychic, motor, and sensory functions and those of the special senses. Still he emphasizes that "finer material lesions (upon the walls of the blood vessels, degeneration of the medulla of some fibers, etc.), are present, and form the basis of some phenomena." (See, especially Mickle and Clevenger in our former article).

The osteopathic lesion is an anatomic lesion and there is considerable scope between physical shock lesion on the lesser or molecular side and clear-

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cut osteopathic and definite traumatic lesions on the other. The shading of one into the other undoubtedly presents many degrees of pathologic alterations, but in all there are definite structural alterations from molecular and fine capillary changes to macroscopic changes; and probably in time many of them can be demonstrated through the medium of the microscope. The osteopathic sense of touch discovers various very tangible lesions, the results of many of these lesions being functional and not organic changes; still a continuance of these osteopathic or anatomic lesions shades into various demonstrable pathological lesions.

Many writers continually strive to explain that traumatic neuroses, traumatic hysteria, etc., is so largely dependent upon psychic effects, auto-suggestion, and such involvement of cerebrum or periphery as to evoke only cerebral molecular alterations. This probably presents one phase of the question, but as osteopaths we should note that in all of the medical study the structural, the anatomic body, is not investigated from the mechanical, the osteopathic side. Osteopathy premises that the body is a vital and physical mechanism subject to derangements, structural alterations, and functional changes, as results of violence on the mechanical plane, as well as disturbances on the psychic and biochemic planes. Here we are particularly interested in the mechanical viewpoint.

Virchow in his essay on "Specificker and Specifickes" said, "One may pay ever so great attention to anatomical, morphological, and histological study; one may spend further time in the research of indispensable and requisite fundamental principles of knowledge; but should one on that account declare that they are the only sure methods, that they alone are to be followed, that they alone are authoritative? Many important phenomena of the human body are purely functional, and although one may seek to explain them by a mechanical hypothesis as occurring through fine material, molecular changes, yet one must never forget that they can never be considered from an anatomical standpoint." Our technically osteopathic etiology and diagnosis is anatomical; indeed, the anatomical condition is the basis of all diagnosis, still it should be complemented by the functional or physiological. The anatomical is definite; it deals with types; there are certain organic changes. From the functional side, we must consider the individual; there are no general outlines. Every physician knows that all physiological knowledge has been obtained through material laboratory research; all medical science is based upon material, laboratory work. Osteopathic etiology and diagnosis predicates an anatomical therapeutics and *a priori* an anatomical pathology.

If there is not a demonstrable osteopathic pathology the entire fabric is nothing but a mere fancy or at best an incidental phase to medical therapeutics, or in other words our treatments are only a physiological part, explanatory on the grounds of mere stimulation and suggestion. A study of the physiological in contradistinction to the anatomical as Virchow has pointed out is well. No one will question the importance of the functional side, and is, as Rosenbach would say, where largely the predisposition of the individual comes in. But a demonstration of osteopathy on anatomical, morphological, and histological grounds through the medium of pathology forms the only nucleus, the hope, of an appeal of our system, as a demonstrated fact, to the world of science. Like all previous physiological and

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most scientific medical knowledge this avenue lies through the research laboratory.

Now, how can an osteopathic vertebral or rib lesion, for examples, so disturb a viscus to the point of actual organic change? Is it probable that an organ can be distantly affected by a subluxated rib, pressing or irritating a nerve fiber tract? Then, can referred injuries be actual and potent injuries?

It is well known that destruction of the areas from which nerve fibers originate or forcible interruption of the nerve evokes degeneration of the nerve tract, whether they are efferent or afferent fibers. This is true whether it is a motor area of the cerebrum or any point of the motor tract downward, the basal ganglia, the medulla, or cord that is destroyed; or whether it is a sensory tract that is interrupted in its course from periphery to center. Thus, injuries to the neurone of the first order of the sympathetic from ganglionary or ramal interruptions are just as real and potent and far reaching as injuries to Golgi cells of the first type whose function is to connect distant parts or the second cell types of Golgi that serve to place neighboring neurones in close physiological relation.

Explanatory of this Adami gives us valuable information on the part played by the nervous system in causing referred inflammation and other pathological changes in his well known essay[12] on "Inflammation." As inflammation is the dominating process in disease we feel that any facts bearing upon this process are particularly cogent. All have probably seen Adami's definition of inflammation—"The series of changes constituting the local manifestation of the attempt at repair of actual or referred injury to a part, or, briefly, as the local attempt at repair of actual or referred injury." He tells us that "centrifugal impulses alone, apart from any local injury, may originate a succession of phenomena of inflammation in a part"; and " in all probability a nervous and central origin must be ascribed to some, at least, of the sympathetic inflammations seen to occur in areas supplied by the other branches of a nerve supplying a part primarily inflamed; and again in areas supplied from the same region of the brain or cord as the inflamed organ." Other inflammatory changes, of course, may occur independently of centrifugal nervous influences, and the vessels may react independently of central influences.

There is no doubt but that the central nervous system is capable of modifying the process of inflammation. Adami informs us "it would appear that when the vaso-dilators alone are called into action the successive stages of the process are accelerated. When the vaso-constrictors alone are acting the process is retarded."

Not only may centrifugal impulses originate an inflamation in a previous healthy and uninjured tissue but is it important to note that in inflammation affecting a viscus an "inflammatory phenomena may be sympathetically developed in regions innervated from the same area in the brain or spinal cord."

Space does not permit us to detail the various examples and animal experiments that have led up to these conclusions, although it is of interest to add that from the factors that have afforded a great probability that inflammatory changes can originate directly from the nervous system the "clearest

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proof" has arisen through experimental hypnotic suggestion. (See Adami, p. 112).

The classicl symptoms, which every one is familiar with, are frequently but the beginning of extension of inflammatory processes and of generalized disease. We know that congestion of the vessels cause the redness, that exudation of fluid and corpuscles from these vessels cause swelling, that the local increased amount of blood causes heat, that irritation of the nerve terminals causes pain, and that through the abnormal condition wrought by the above changes there is functional disturbances. Under certain situations some of the above symptoms may appear wanting but we are assured that a minute examination of the tissue will reveal the above succession of changes in every instance.

From the above pathological changes there may occur many changes dependent upon either regeneration or degeneration, the character of tissue involved, and the extension of the disease into a more severe type or into a general disease. The exudation of fluid, diapedesis, catarrhal and parenchymatous inflammations, necrosis, suppurative processes, etc., hypertrophy and hyperplasia and various other changes present a long list of disturbances that may arise from the predominating factor of disease termed inflammation.

In the case of osteopathic lesions, physical injuries, it is well known that the inflammation is due to the damage inflicted upon the cells of the tissues; and these damages may be referred directly or reflexly by the way of nerve fibers. The nerve fibers of special interest to us in this study are the vasomotors and the trophic, for they control nutrition. And if it can be proved that vertebral and rib lesions, for example, can so affect these nerves and lead to passive congestion, diapedesis, inflammatory exudates, and various degenerations of visceral tissue a new and wide field of pathology is opened up. As to the experimental evidence that may be offered to establish proof of the validity and import of the osteopathic lesion we reserve for the next section on experiments. It is true careful and pains-taking post-mortems upon the human body, from the osteopathic viewpoint will be invaluable evidence; but this problem can not entirely, nor probably in the main, be approached from the side of the autopsy alone, for a full study must necessarily include many finer shades of physiological changes, a careful review of the various tracts involved, the exact character of both the anatomical and pathological changes produced, and the many symptoms, signs, and chemical changes evolved can be determined in their totality, only, from the biochemic and physiological sides in conjunction with the resultant pathological, and not from the anatomical and pathological alone.

Whether an irritant is physical, bacterial, or chemical no satisfactory distinction can be founded on the duration of the irritation. Even suppuration can be produced by chemical irritants, so pyogenetic property is not necessarily confined to micro-organisms. But what is of great moment to us is to know that a local irritation of the nervous system may lead, apart from "direct reflex action, to changes of nervous origin, in the region of injury and in the reflexes affecting associated regions, the higher centers; and through them the system at large, may become affected by paths that it is not always easy to trace." (A chapter of intense interest that should be developed in the osteopathic experimental laboratory is the effects of me-

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chanical injury, anatomical lesions, upon the blood. Leucocytosis, apoplasmia, blood inspissation, and the chemical break-down of lecithin as found in the presence of choline in the blood are a few of the changes that have been noted following inflammation and nerve degeneration).

Thus in osteopathic pathology the chapter of greatest interest lies in the effect of the lesion upon the controlling and governing tissues, the nerves, of the body. It is through these tissues that many diseases become extensive and general, i.e., prolonged involvement of these tissues is a necessary link in the pathological chain, although, of course, metastasis, for example, a resultant, is by way of vascular channels. The lesion may be directly to blood vessel or lymph channel but one of the immediate disturbances is to neurone integrity, and an important medium of extension should the disorder become general in effect is the nerve tract. It should be understood that we are not attempting to offer an explanation for the etiology of all diseases, nor even an explanation or pathology for all diseases of osteopathic origin; we are limiting ourselves for the present to those disturbances of the nervous system as explained in the introduction to our former article.

A final point of interest that we will mention here is that experimental evidence[8-9-12] indicates that uncontrolled action of the sympathetics after injury or section of the vaso-dilators "hinders or prevents the manifestation of the ordinary processes of inflammation, and by preventing the destruction or removal of irritant matter favors necrosis of the tissues." And section of all nerves to a certain tissue "permits the inflammatory process to run a more rapid course; section of the sympathetics (vaso-constrictors) alone has the same effect." We should continually remember that inflammation is a reparative process and repair is dependent upon favorable and unfavorable conditions. Frequently the reaction is disproportionate to the strength of the irritant. In addition to the above direct effects of vasomotor, or possibly trophic fibers, following injury to them we have to consider that this master tissue is dependent upon efficient supply and quality of blood, for if these are lacking nutritive derangement or cell-degradation and death will follow. "Mechanical injury (to vessels) produces death of the tissue by inducing blood stasis, and by its direct effect upon the tissue elements"; so if the injury is severe enough tissue necrosis causes complete arrest of the part; "but those remoter causes which consist in the weak defense of the organism against injury, although subsidiary, are quite as important."[13] Consequently, we have continually emphasized the importance of the anatomy and physiology of the nervous system from the standpoints of neurones of the various orders, primary, secondary, etc., or dependent, and collaterals, that certain neurones are dependent upon others for their stimuli; and, also, the importance of extensive blood and lymph supply to cell, and nerve fiber. Hence, two main factors of impaired nutrition of tissues are:

1. "Absence or recession of the normal physiological stimulus."
2. "Deficiency in the quality or quantity of the blood and lymph supply."[13]

(The third important factor is inherent defect of the cell elements to nourish themselves, therefore premature decay).

EXPERIMENTAL.

Although it is stated upon high authoritative evidence, and from the expe-

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rimental viewpoint, that local physical injury is an important and potent cause of nervous and vascular disorder, and that following these physical injuries both direct and referred disorders, of much moment, may arise, it remains to be proved whether the field is an extensive one. This, then, brings us to an experimental field; a field that is postulated thus:

1. That the body follows definite structural relations and is influenced by mechanical arrangements in its morphology.
2. That the integrity of tissue depends upon structural freedom of nutritive courses.
3. That the above predicates a structural etiology as exact and precise as structural relations are important to nutrition.

The *modus operandi* of the experiments we are conducting is as follows:

Healthy dogs are selected. A chemical analysis of the stomach contents is made first. Then the experimental osteopathic lesion is produced; this is done under anesthesia in order to thoroughly relax the tissues, prevent injury to the animal, and to facilitate the experiments generally. It requires very little force to sub-dislocate a rib or vertebra if done intelligently with due regard to the mechanics of the tissues operated upon. We produce no laceration of ligamentous or of muscular tissues, although, undoubtedly, the direct effect of the lesion is due to blood stasis from compressed and ruptured capillaries or from nerve impingment e.g. contraction of spinal muscles upon afferent fibers, and from this the efferent and afferent neurones are nutritionally or functionally involved. But the dogs are not mutilated, and, of course, in our autopsy work the dogs are immediately and quickly killed under anesthesia. Every few days chemical analyses of the stomach contents are made.

These anatomic lesions are purposely made in certain directions (see first article) in order to impinge upon the sympathetic fibers or the spinal nerve, although most probably any lesion would impinge or iritate, if not by direct pressure, by traction.

The post-mortems (a great advantage is gained by immediate study and preservation of fresh tissues, that can not be attained in dead house autopsies) reveal petechial, ecchymotic, and inflamed areas. macroscopically, in he nerve tissues contiguous and corresponding to the lesion. And the corresponding skeletal muscles are much contracted. Some of the ecchymotic, haemorrhagic, and congested spots may be artefacts, but certainly a nerve fiber inflamed for two or three inches is not an artefact, and, furthermore, the pathological findings, microscopical, in stomach and meninges of cord are not artefacts. Here hæmorrhages are mostly by diapedsis, not by rhexis; neither are these pathological changes of a chronic character, for the degenerations are of an acute perenchymatous type (thus barring perious disease): and furthermore these degenerations were not caused by anesthesia. In all instances results were definite and not misleading.

Figure VII, former article, as revealed by the microscope exhibits an extreme passive congestion, so marked that the blood is congested in both vein and artery. Here is hemorrhage, by diapedesis, into submucosa and muscularis, which indicates atony of the vessels, extravasation of fluid and early degeneration of the vessel walls. This condition, as well as others, being of such an acute character excludes possible previous disease. An interesting

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pathological picture is presented to the student of which the further study of local detail pathology does not vitally concern our general outline.

This is referred injury from traumatic damage caused by the third and fourth right ribs being sub-dislocated upward at their vertebral ends. It is evident the physical injury involved the sympathetic neurones. The vessels became dilated through vasomotor paralysis, and congestion, extravasation, and hemorrhage resulted. In this case there was decided motor involvement of the stomach for it was stretched, thinned and full of dry undigested food, which, also, shows paralysis of secretory nerve fibers.

Figure VIII exhibits an acute parenchymatous degeneration with beginning atrophy especially noted at the free margins of the glands. This is a condition frequently seen upon microscopic post-mortems of the human stomach. This clearly depicts a change easily dependent upon serious affection of the vasomotor nerves or of the trophic nerves. It shows, of course, a nutritional derangement, a referred one, and productive of grave possibilities. This is a degeneration that has resulted in a disturbed function of the cells and has so long continued that the cells have died; in fact, the dead material as seen under the microscope is being cast off from the free surface. It is due to both a structural and chemical change in the protoplasm of the cell or fiber, the tissues become swollen and indistinct in outline and structure.

In these cases the microscope shows intracellular congestion of the nerve fibers with degenerative effects; and the blood vessels of the meninges of the spinal cord passive congestion in some, and in others, additionally, extravasation of leucocytes, and inflammatory exudate. These changes, also, are vaso-motor ones. Still, some of them are effects of direct pressure on nerve fiber between cell and periphery, or reflex by way of sensory irritation.

Golgi has shown that the protoplasmic processes of the neurone serve a nutritive function by absorbing the necessary products from the lymph space in which they lie. We have already noted how richly supplied with lymph the neurone is, from the "tissue juice" of the cells to the lymph spaces of the funiculi and of brain and cord. There is an alteration in the number and complexity of the protoplasmic processes and the neurone reverts to the embryonic character and type, followed by degeneration beginning in its terminals and collaterals, when the cell undergoes degeneration. So in all likelihood when nutrition is impaired the most remote parts of the cell are the first to suffer. This opens a broad vista to us when we appreciate that a lesion to a primary neurone may result in functional or organic change in dependent secondary neurones and neurones of higher orders, to collateral neurones, and to association neurones, and to any or all neurones dependent upon a primary or others for their impulses, function and stimulation. Cohnheim states, "Nor is it all important whether the failure of a muscle to contract or of a gland to secrete be caused by defective innevration or by occlusion of its duct." The abeyance of functions may be a cause of disorder. Tissues require a physiological stimulus in order that their nutrition may be up to the normal; so instead there may be poor functioning without actual degeneration of all the neurones. Owing to the ramifications and interlacing of all parts of the body with each other, it is not surprising that extensive and generalized disease

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may readily result from some local injury to motor, vasomotor, trophic or secretory fiber, or to some association tract, in addition to the extension of disease from other causes.

Verily, the potency of an osteopathic lesion comes to the simple point as to whether or not it may be severe enough to cause sufficient local damage to make it an etiological factor. To the student, for the various details of this outline we refer to the texts; we are attempting to follow out a general logical outline only.

It should not be understood that we are entirely wedded to the idea that the osteopathic lesion must necessarily be an osseous lesion, that pressure from bone upon nerve fiber or vascular channel is the all-essential. Undoubtedly, a muscular or membraneous lesion can be an important factor of etiology; this is well illustrated, clinically, by a contracted muscle impinging afferent nerve fibers and thus disturbing the functional equilibrium of the spinal segment. Also, a prolapsed or strained viscus, or an organ dietetically or chemically injured, or abused, can exert a tremendous reflex disturbance upon spinal nerves and centers and even cause extreme contraction of spinal muscles. These facts, in this paper, are taken for granted; they exhibit the therapeutical value of stimulation and inhibition. Here we are concerning ourselves with the wider, more important and characteristically osteopathic field of definite and specific anatomical derangements of which the osseous forms the basis and is an easily demonstrable type, covering a wide and divergent scope. (A point of interest and an observation given for what it is worth, is: We have found in at least most of our experiments that ecchymosis and inflammation apparently was originated at the point of greatest pressure or impingement, or traction of the rib or vertebra upon the nerve tract. This refers to the spinal nerve at its exit and the sympathetic, not the efferent fibers supplying back muscles.) The spinal curvatures, the stiff spines, the straight spines, etc., also, can not help but have their focal points causing disturbance of nervous equilibrium, of circulation, and of consequent pathological inceptions. The more we study nervous architecture and physiological compensation the more comprehensive will our osteopathic philosophy be. (And, by the way, an important work to be done is the development of the mechanical phase of the osteopathic lesion—the mechano-anatomical, through laboratory work.)

Hyperæmia and anæmia play an important role as resultants of osteopathic lesions. It is difficult, and, unless these circulatory changes have been prolonged, impossible to detect them upon post-mortem. These changes, hyperæmia and anæmia, bridge an important pathological section between functional and organic disorders. Prolonged hyperæmia is usually exhibited by the tissues looking redder after death, and the tissues are apt to be edematous. An extension of vessels with blood may be noted on microscopic examination, or the vessels may appear normal. Still prolonged hyperæmia generally leads to hemorrhage, transudation, pigmentation and hyperplasia, or through pressure to atrophy, and sometimes death, of the tissue. Anemia may show the characteristic paleness, and when long continued the microscopic changes are atrophy, fatty degeneration, and even tissue death. It is worthy of emphasis, again, that these changes are not necessarily confined in the immediate vicinity or in contiguity, only, of the physical lesion, but they may be referred injuries, as well, to a distant

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tissue or viscus; and there is not necessarily any characteristic line of demarcation, as to nature, between physical, chemical and bacteriologic noxæ, it is the prolongation of the action of the irritant that is a huge factor in the severity and extension of disease. The extent of cell involvement and destruction is of final importance, not the inceptional importance, whe na summary (not etiological) of damage done is made. The blood vessels and their nerve control can not be otherwise than significant in the pathology, for through these nutrition to a large extent is controlled, although other channels, the lymphatics, and other nerves, the secretory and trophic, are necessarily of great significance. We are told by physiologists that the important physiological and pathological points to be developed are relative to protoplasmic motion and semi-permeability,[14] and metabolism; but in our work suffice it (at present) to be demonstrated beyond doubt that the upsetting of cell equilibrium and even cell death can and does arise from the osteopathic lesion.

The pathology and pathologic anatomy of the sympathetic are still largely unknown, although a number of observers have found positive lesions. That there is a pathology no one will doubt, but we should remember the sympathetic is not so independent as a number may think. The sympathetic controls, to a large extent, vegetative life, still there must be a close interdependence of the cerebro-spinal and sympathetic nerves, as revealed by embryology and histology. Onuf[15] does not agree altogether with Kolliker (see Anatomical Section) that most of the afferent (sensory) fibers of the sympathetic originate from cells of the spinal ganglia. He claims the cells of origin are within the ganglia or plexuses of the sympathetic system. The larger number of the afferent fibers terminate in Clarke's column. The efferent fibers of the sympathetic arise from certain cell groups of the spinal cord (see Onuf). We make just mere mention of the angioneuroses and the trophoneuroses, diseases of the sympathetic nervous system, that there is a pathology of the sympathetic (see Oppenheim). In these diseases there predominates two principal groups of symptoms dependent upon paralysis and upon irritation of the nerves. There may be a combination of irritative symptoms with paralytic ones, for contraction of blood vessels may occur in lesions which cause only a partial break in continuity.

Halliburton's[15] recent experiments on animals in order to study the degeneration and regeneration of nerves are of interest. He took a series of cats, divided both sciatic nerves in the upper part of the thigh, and at varying intervals killed the animals, collected the blood and examined both the blood and nerves histologically and chemically. The following table of his presents a result of this interesting study:

This throws a light on the pathology of nerve degeneration and regeneration. The injury, although a complete severance of fibers, is a physical one. It shows an interesting pathological insight into osteopathic pathology of lesser or greater degree.

Halliburton remarks, "we see from the foregoing table that the nerves remained excitable up to the third day, and were chemically and histologically healthy. Beyond this date early signs of degeneration set in; the amount of phosphorised material in the nerves slightly dropped, and the amount of choline in the blood slightly increased. On or about the eighth day, the Marchi reaction became strongly marked. This date is coincident with a

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great drop in the amount of phosphorus in the nerves, and with the appearance of a large quantity of choline in the blood." He further says the Marchi reaction remained at its acme up to the thirteenth day, and the amount of phosphorus in the nerves became less and less. In our experiments we have gotten marked passive congestion, hemorrhage by diapedesis and acute parenchymatous degeneration of the stomach walls and glands within seven and eight days. Halliburton says that the eighth day is coincident with a great drop in the amount of phosphorus in the nerves; Sajous says that nervous energy is liberated when the oxygen of plasma and the phosphorus of the myelin are brought into contact.

In Wallerian degeneration, Halliburton says, changes occur in all three parts of a nerve fiber. The medullary sheath presents the most marked change, a fragmentation into irregular droplets of myelin. The axis cylinder undergoes a corresponding break-up, upon which depends the loss of

Days After Section	Cat's Sciatic Nerves			Condition of Blood	Condition of Nerves.
	Water	Solids	Percentage of Phosphorus in Solids		
Normal 1-3	65.1 64.5	34.9 35.5	1.1 0.9	Minimal traces of Choline present.	Nerves irritable and histologically healthy.
4-6	69.3	30.7	0.9	Choline more abundant.	Irritability lost: degeneration beginning.
8 10 13	68.2 70.7 71.3	31.8 29.3 28.7	0.5 0.3 0.2	Choline abundant.	Degeneration well shown by Marchi reaction.
25-27 29	72.1 72.5	27.9 27.5	Traces 0.0	Choline much less.	Marchi reaction still seen, but absorption of degenerated fat has set in.
44-60	72.6	27.4	0.0	Choline almost disappeared.	Absorption of fat complete.
100-106	66.2	33.8	0.9	Choline almost disappeared.	Return of function; nerves regenerated.

function. In the neurilemma there is a multiplication of its nuclei; and in the nervous system where there is no primitive sheath an overgrowth of neuroglia occurs.

Halliburton's study of nerve regeneration is an interesting one. He concludes "that the activity of the neurilemma cells has some relation to the development of new nerve-fibers." He says the neurilemma activity appears to share with phagocytes in removing the broken-up myelin droplets. The distal portion of the nerve trunks subsequently elongate, and look as though they were connected end to end, thus leading to the formation of what appear like embryonic nerve-fibers. "To suppose that they really form new axis-cylinders would be against the views of Waller and the older physiologists, who taught that the axis-cylinder is essentially the branch of a nerve-cell growing distalwards from the central stump. Among recent writers, Howell and Huber, who have used both histological and experimental methods of observation, have arrived at the conclusion that although the peripheral structures are active in preparing the scaffolding, the axis cylin-

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der, the essential portion of a nerve fiber, has an exclusively central origin." His own experiments on monkeys and cats, though at present incomplete, support this view. "The manifest activity of the neurilemmal cells is related in some degree, probably nutritionally, to the successful repair of a divided nerve. In situations like the central nervous system, where the neurilemma does not exist, not only is the removal of degenerated myelin a very slow process, but as is well known, regeneration does not occur."

Another notable point in connection with these experiments: A monkey's arm was rendered immobile by the division of a number of the upper posterior roots. Thus the anterior cornual cells, from which the corresponding motor fibers originate, are not subjected to stimuli from the periphery, and the arm is as much paralyzed as if the anterior roots had been cut. A histological examination of the posterior cornual cells in the cervical region showed they were atrophied, and that there was a considerable overgrowth of neuroglia tissue in the posterior horn. "Further examination of these spinal cords showed, however, that there had been a considerable number of small hemorrhages, sufficient in some cases to cause degeneration in various descending tracts in the cord. It therefore became quite possible to explain the effects observed by this complication. We are inclined to think that the hemorrhages are not due to mechanical injury of the cord during the operation, but are to be explained by the loss of support in the cord tissue which follows degeneration of the entering posterior root-fibers." (In connection with Halliburton's presentation there are some highly instructive and exceptionally good photomicrographs.)

A final statement to this supplementary article, we believe that sufficient data, experimental and other, has been offered, in the two papers, to fully warrant a strong and probable likelihood that a definite and extensive organic osteopathic pathology exists; that there is, at least, a partially demonstrable pathology no one will doubt. It is not for us to leap to conclusions; we can well afford to abide our time for continued experiments and experience, resting assured in one respect, at least, that clinical results are real and most important results, even if not scientifically demonstrable results in many instances.

SUMMARY.

1. Histology exhibits that the neurone is richly supplied with both blood vessels and lymph channels. That all parts of the body are in intimate and dependent relations each with the other through the medium of the nervous system.

2. Physiology teaches that the cells are very sensitive to altered vascular conditions, that the actual vitality of the cell is most dependent upon the integrity of the nucleus and of the fibrils, although the blood supply of the nerve fiber (axone) is comparatively insignificant (but not the nutrient supply to nerve centers) oxygen is essential, and the seat of oxidation is in the tissues and not in the blood.

That the neurone is a governing and controlling, a master tissue, keeping all tissues and physiological processes in close and dependent harmony.

3. Pathology reveals that all disease changes are really an attempt on the part of the organism toward repair and health; a condition wherein local and remote tissues are called into action through immediate and compensa-

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tory changes to restore health. And that disease characteristics are largely dependent upon structure and function of tissue, and degree of irritant.

That physical, as well as bacteriologic and chemical noxæ may disturb distant tissues and organs, through the medium of the nervous system. And all curative processes are dependent upon nutriment, inheritance and environment.

4. Experiments substantiate these physiologic and pathologic theories; and, germane to the osteopathic conception of pathology, the physical injury is a real and demonstrable etiological factor.

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THE PRACTICAL CONDUCT OF CONTAGIOUS CASES.

Paper Prepared by FREDERICK H. WILLIAMS, D.O., Lansing, Mich. Read before the A. O. A. at Denver.

The time allotted for this paper does not permit me to touch upon the treatment of any one of the contagious diseases, nor will it permit me to consider the diagnosis or prognosis of these cases.

The care of contagious diseases is an important subject for us to discuss, although in the past the majority of practitioners have had their time so fully occupied with their non-contagious cases that they have not needed to give the subject of quarantine much attention.

There has been some dispute as to the exact significance of the word contagion; according to Gould, contagion is the transmission of diseases from person to person, either by direct contact or by means of some intermediate agent. The word infection is given a more elastic meaning by the same authority, which defines infection to be the transmission of diseases through the medium of air, water, etc. Dr. F. A. Grigg, in a recent article, quotes from many writers to show that the list of contagious diseases should include smallpox, varicella, pertussis, mumps, measles, scarlet fever, rubella, diphtheria, erysipelas, typhus fever, tuberculosis, gonorrhea, trachoma, glanders, pyemia, septicemia, parasitic skin diseases, relapsing fever, plague (in various forms), anthrax, leprosy, hydrophobia; and that the infectious list should include tetanus, trichinosis, hydatid cyst, malaria, syph-

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ilis, typhoid fever, cholera, yellow fever, dengue, influenza and acute cerebro-spinal meningitis.

Osler in his text-book only speaks of six contagious diseases. Strumpell, the great German authority, places measles only on the contagious list, and since authorities differ upon this point we are left somewhat at sea, unless we regard the words contagious and infectious as synonymous, as is done by European writers.

In the consideration of this topic, I think it matters little whether a dangerous or communicable disease is conveyed from one person to another directly, according to the definition of contagion, or through air, water, or other media as infectious diseases are, for the majority of the contagious diseases are both contagious and infectious. In this paper I have chosen to regard these two words as synonymous, and to direct special attention to the various possible methods of preventing epidemics or pandemics.

Osteopaths have erroneously been credited with having so little regard for facts as to ignore the entire subject of bacteriology, upon the theory that disease germs are harmless when they are in healthy blood. When we concede that a germ is far less harmful when in living, healthy blood than in bad blood we only point out the fact that danger lurks around when the pathogenic germs are present, for one may be perfectly unconscious of the blood discrasia, or almost by accident, perhaps, have his physical resistance reduced by pneumonia, grip or some other debilitating disease, and then suddenly fall a victim to consumption. As we have no barometer which can give us a physical rating while we wait, the theory is robbed somewhat of its logic.

There is not one of us who willingly drinks from the same glass as the coughing consumptive, or eats with relish the loaf of bread from the hands of the syphilitic baker. The babe was never born with blood so pure that he was immune from ophthalmia neonatorum.

In such cases the physicians should feel as much responsibility for the protection of the well as for the care of the sick. "An ounce of prevention is worth a pound of cure."

The first duty of the physician, after making the diagnosis of a dangerous communicable disease, is to isolate the patient, and as quickly as possible place a notice upon the premises to warn and protect the public. All schools of medicine are bound in this respect by the same laws of health and sanitation. The health laws of most states require local boards of health to enforce a quarantine, and placard smallpox, diphtheria, scarlet fever, cholera, measles, whooping-cough and other dangerous, communicable diseases such as yellow fever, leprosy, etc., which are only prevalent in certain climates.

Only a sufficient number of persons should be admitted to the sick room to care for the sick. All papers, letters or other articles coming from the sick room should be disinfected. In the case of diseases such as cerebro-spinal meningitis, diphtheria, scarlet fever, measles, consumption, influenza, whooping-cough, typhoid fever, etc., in which the mouth or nasal secretions are capable of communicating the disease, the secretions should be received in a receptacle containing chlorinated lime, or, better still, the secretions may be received upon soft cloths and burned. In typhoid fever or cholera cases, the urine and dejecta should be disinfected with 2 ounces of chlorinated lime in one pint of water and allowed to stand one hour. I wish to

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emphasize the importance of this precaution, by referring to the Alma and Cornell epidemics. In June the students of Alma college partook of contaminated ice cream at a banquet; as a result about sixty students developed typhoid fever, seven of the cases being fatal and many more at the time of this writing are not expected to live. It is quite probable that this epidemic was caused by a single case which was badly managed. We have none of us forgotten the typhoid epidemic at Cornell University two years ago, which was due to a contaminated water system, and which caused the sickness of about one thousand students, eighty-eight of whom died. The source of contamination in this case was traced to an ignorant Italian laborer, who lived in an unhygienic manner on the bank of one of the water reservoirs.

After the period of convalescence the patient should be sponged with a 1:3000 bichloride of mercury solution, particularly if there has been desquamation. Thorough disinfection of rooms should be insisted upon. If all unnecessary articles of furniture such as carpets, hangings, upholstered furniture, have been previously removed, this task is easy. Neither steam, formaldehyde nor sulphur can be used with the patient in the room, as their use in sufficient quantities to act as disinfectants would be destructive to human life. This knowledge should do away with the old and farcical method of spraying the room, placing saucers under the bed, etc. To thoroughly disinfect a room, wood work should be washed with a solution of 1:1000 bichloride of mercury. Cracks about windows and doors should be sealed with strips of paper pasted about them with flour paste, which can be easily washed off afterwards. Sulphur dioxide has the objection of being a bleacher in the presence of moisture and formaldehyde is much more efficacious and agreeable. 250 cc of 40 per cent. formaldehyde should be used for each 1,000 cubic feet of space in the ordinary sick room, and the room kept closed twelve hours. The Betz disinfector is here for your inspection. The large disinfecting apparati in the municipal quarantine stations such as on Hoffman Island, New York, where it is often necessary to disinfect the belongings of five hundred emigrants in a short time, consist of steam autoclaves and vacuum apparatus, together with formaldehyde vaporizers, shortening the time necessary from twelve hours to twenty minutes.

DISINFECTANTS.

No. 1. *For Rooms, Wood Work or Furniture*—250 cc. of formaldehyde vaporized in a disinfector for a room containing 1,000 cubic feet of space and the room left closed for twelve hours. A cartridge has been prepared containing a package of potass. permanganate and one of formaldehyde, which, when placed in a 10-quart pail with a little water decomposes with evolution of formaldehyde gas, doing away with the necessity of a vaporizer.

No. 2. *For Excreta, Cesspools, Etc.*—Chlorinated lime, 2 ounces; water, 1 pint. The above quantity for each stool should be left one hour. Bichloride not good, as it is decomposed by hydrogen disulphide.

No. 3. *Hands*—(a) Formalin, 6 ounces (formalin is 40 per cent. solution of formaldehyde), water, 1 gallon; or (b) hot 1:2000 bichloride solution followed by rinsing with plain alcohol.

No. 4. *Carpets, Rugs, Bedding, Etc.*—Steam disinfection in wash boiler

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when possible, or formaldehyde disinfection in a small closed room, or, carbolic acid, 7 ounces, water, 1 gallon; or, lysol, 5 ounces, water, 1 gallon.

No. 5. *Woolen Clothing*—Formaldehyde disinfection in a closed room or 1:2000 bichloride for twenty-four hours, or 1:20 carbolic acid for twenty-four hours.

No. 6. *Sputum*—Lysol, 5 ounces, water, 1 gallon.

No. 7. *Cotton and Linen Clothing*—Steam or boiling one-half hour or 1:2000 bichloride twenty-four hours.

LEGAL REGULATIONS.

One of the most important phases of this subject is that relative to the legal regulations in the various states. The physician who would protect his professional standing does not want to be found without definite knowledge concerning the health laws of his state. It is an easy matter for any practitioner to address a letter to the secretary of the health board in his state asking for their published pamphlets, thereby fortifying himself in this respect. Intelligent people are quick to discern whether their physician is performing his duty or not, and their confidence has much to do toward creating professional prestige.

There are a few legal points which hold good in nearly all states. The infected sick can not be transferred from one locality to another, without a permit is granted by the local board of health, and also the board of health in the township or city of intended removal. Disinfection should be observed at both places. This permit and proof of disinfection is necessary before railroad companies will transmit persons or articles known to have been infected.

In order to transmit corpses of the recently dead, authority must be obtained from the local health officer, and in the case of a disinterred body, before the secretary of the state board of health can issue his permit he must see the certificate of the attending physician, and must have a permit of the health officer from which, and the health officer to which place the body is to be removed, and official assurance that the body has been disinfected and placed in a hermetically sealed casket. This is in accordance with the rules of the American Association of General Baggage Agents.

The personal safety of the physician should not be forgotten in cases of smallpox, scarlet fever, diphtheria, etc. It is well to protect oneself, his other patients and their families by wearing an antiseptic suit, which is slipped on just before entering the house at each call. The suit which is here for your inspection is made by the F. S. Betz Co., and has been impregnated with a 1:200 solution of bichloride and dried, leaving the antiseptic in the cloth.

The courts of Montana and Wisconsin have held that where a physician, going from a patient with smallpox to other patients, carried the contagion, he was liable to the latter in damages. The courts of New Hampshire and Maine hold that where the physician advised that a wound was not dangerous, and septic poisoning followed in another member of the family who had assisted in dressing the wound, there was cause for action against the physi-
watching out for the safety of ourselves and the public.
cian. It behooves us, then, in the care of these cases to continually be

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In closing this paper, which is necessarily short for lack of time, I have only been able to touch lightly upon important topics, but if it has served to stimulate the spirit of precaution and suggested ways and means of preventing epidemics and pandemics, my efforts have not been in vain.

DISCUSSION OF THE PRACTICAL CONDUCT OF CONTAGIOUS DISEASES.

By H. A. Burton, D.O., Denver, Col.

The practice of medicine was once described as the "practice of educated common sense." There are few more difficult fields in which to exercise "educated common sense" than in attempting to guide the public in the management of contagious cases.

Perhaps no other branch of medicine occupies so much thought of the medical profession as this class of cases. The physician who studies nature carefully, who makes himself thoroughly acquainted with the physiologic and pathologic processes of the human organism, acquainting himself with all the changes that take place in the body, will be successful when success is possible. When people understand that disease is a vital struggle of nature in self-defense, they will cease to fear it. They will fear only the causes, and instead of trying to suppress the symptoms will endeavor to remove the causes.

Dr. Still says: "Our success as osteopaths, in treating erysipelas, depends altogether upon good nerve action, blood supply and normal drainage. Train your guns on the blood, nerves and lymphatics of the fascia and stop the cause at once. Health permits no stoppage of blood in either vein or artery, the intercostal nerve and blood supply must be normal or disease will follow stagnation of fluids. When we have adjusted the physical to its normal demands, nature universally supplies the remainder."

Diseases are results of neglect of some hygienic law or the transgression of some other. The individual, if he would have health, should not reduce his vitality or derange his digestion by eating too much or too litttle or by submitting to fear or excitement or any other condition which will diminish the normal resisting power. He should not permit work, pleasure nor social relations to interfere with his physical well being. He should be well clothed, properly fed and comfortably housed. Provide thorough and systematic ventilation from cellar to garret, care being taken to have free access of air under floors of houses which have no basements or cellars and to supply complete drainage. History tells us that sanitary measures methodically carried out are invariably followed by improved health and a decreased death rate. Before the streets of London were paved the inhabitants were as great sufferers from periodic fevers as are those of the most rural districts in our own country.

Sir Sidney Waterloo, formerly mayor of London, lost eight members of his family by diphtheria. "A penalty I paid," he said, "for being a wealthy man and having in my house all the modern conveniences, which, when it was too late, I discovered were defective."

In all cases of infectious diseases, the importance of using pure water freely should not be overlooked. Dr. Elmer Lee says: "My theoretic pre-

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vention of smallpox, other than by vaccination, is the physiologic use of water introduced into the system through the mouth. Such is my conclusion based upon four thousand clinical experiences in the use of hydriatics." Mosny showed that the death rate from enteric fever in Vienna diminished from 11.5 per 10,000 to 1.1 per 10,000 after the introduction of water from the neighboring mountains.

The very best preventive of all diseases is a condition of well nourished physical purity, combined with a mental and bodily alertness that leads to the enjoyment of good health.

A contagious case should be reported to the health officer at once, and the patient should be removed immediately to a quiet, airy and sunny room. When possible, it is well to have two rooms, one opening into the other, so that the patient may be relieved of the monotony of the sick room by changing; a porch on the eastern or southern side is desirable, so when the day is fine he may be taken into the open air. The room should contain but little furniture; there should be no carpets or bed hangings; in fact, everything which is not conducive to the comfort of the patient should be removed. As soon as the symptoms show themselves, the patient should be put to bed. It is well to have two single beds in the room so that he can be changed from one to the other, especially when he is treated with the cold pack. He should rest on a spring mattress, with a mackintosh placed beneath the sheet. The temperature of the room should be kept between 60 and 65 F. In hot weather the temperature may be artificially reduced. All individual contact should be prevented by isolation, segregation or quarantine; there should be absolutely no communication between the infected and the uninfected.

Cleanliness is the chief antiseptic—systematic cleanliness should be practiced by thorough disinfection of the patient, sick room, all instruments, vessels and other apparatus or clothing used; by allowing no unclean or infected fabric or vessel to be taken from the room until rendered aseptic. When sponging the trunk and lower extremities, a little vinegar may be used in the water, occasionally; the mucous membrane of the mouth may be kept clean with a boric acid gargle. Special care should be taken to prevent formation of bed-sores, washing the nates and adjacent parts with weak spirits of camphor; as soon as erythema appears water or air cushions should be used.

The importance of keeping the emunctories of the body in order should not be lost sight of. This may be done by free use of water, both externally and internally, and osteopathic treatments, endeavoring to correct the lesions which may be obstructing the free flow of blood to these parts, for "perfect health is the natural result of pure blood." It is known as a physiological fact that certain fluids of the body, as blood, serum and gastric juice, when in normal condition, are germicides; such being the case, whatever helps to keep these fluids in a healthy condition will serve to fortify the system against the bacterial or infectious diseases.

Good nursing is of the highest importance. It means to the physician accurate and systematic information at his visits; to the patient, it means quietude, gentleness, neatness and diminished suffering. The physician should give definite and explicit directions. General directions on the part of the physician and general reports on the part of the nurse are inadmissible.

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The diet should be nourishing, easily assimilable and given frequently. Milk holds the first place among fever foods; broths, soups, clam juices, etc., may be used. In typhoid fever cases, solid food is not to be administered until the evening temperature has been normal for a week.

A knowledge of statistic technique should be regarded as a fundamental part of the equipment of the osteopathic reasoner just as fully as equipment in chemic, bacteriologic and clinical methods is deemed essential at present.

With improved hygienic precautions and more scientific methods of treatment, typhoid and malarial fevers no longer bring consternation to our homes; the specters of tuberculosis and diphtheria are beginning to pale and show evidence of vanishing, the terrible sequelæ of scarlet fever are not so frequent under the efficient hands of the osteopath.

TECHNIQUE FOR REDUCTION OF THE DIFFERENT FORMS OF DISLOCATION OF THE HIP.

A Demonstration before the A. O. A. at Denver, by CHARLES E. STILL, D.O.

I have been interested in the school proposition this morning, and consequently have not given much thought to this subject. If there is one disease more than another that has placed osteopathy where it is at the present time it is the treatment of dislocated or partially dislocated hips. I remember some fifteen or sixteen years ago that osteopathy was almost exclusively confined to the reduction of dislocated and partially dislocated hips. I remember quite well being at Hannibal, Mo., on one occasion, and the morning paper came out in large black headlines stating that Dr. A. T. Still and sons, the "lightning bone setters," will be in town for ten days. Since that time the osteopathic treatment has greatly expanded, and at the present time we are treating all forms of diseases. The truth is that osteopathy today stands where it does because of the mistakes of the medical profession. If they had been correct in their diagnosis there would not be at the present time such enthusiasm over the practice and science of osteopathy.

We find that about 80 per cent. of all dislocations of the hip are back of the acetabulum— about 50 per cent. on the dorsum of the ilium and 30 per cent. sciatic—about 11 per cent. is the obdurator, and about 7 per cent. the pubic, and about 2 per cent. is the central dislocation, which last is the dislocation that we are unable to do anything for. Take, for instance, a case where there is tuberculosis, a weakened condition of the bone, a honey-comb acetabulum, and a jar of any sort on the great trochanter will have a tendency to break through into the pelvis. We have only been able to determine such dislocations to a certainty by the use of the X-ray, which has greatly assisted us in being able to ascertain exactly the condition of the joint.

Everyone has his peculiar way of determining what the dislocation is, and how to reduce it. I have my own. It is a compilation of many others. I have seen my father do a great many reductions. I have taken what I could from him and followed him as best I could. Therefore my way may be awkward to you, as my father's treatment of many cases was very awkward to me. It is a bad practice to imitate others. We can, by seeing special manipulations and special mechanics applied, formulate our own system. We have often heard the expression, a case well diagnosed is half cured. If we know the condition and understand the situation then we can work intelligently; if we do not, we are applying mechanical therapeutics as a masseur.

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These masseurs and mechanical therapeutic people treat without any object in view, and may get relief, but they do not cure anybody.

These two cases that have been presented to me can not be successfully treated today. They are not, in my judgment, ready to be reduced. I have not examined this boy that is now before us. A history of the case was furnished me. The doctor who reduced the dislocation wanted to know how much longer general treatment should be continued. There are many cases we can not cure, but even in those cases we are able to relieve to such a degree that we feel pleased with the results of treatment.

I want to use Dr. Kidwell to show you how I get at a dislocation. We have found mistakes that have come from all forms of examination. I had occasion to treat a man some time ago who was a clinic in the Kansas City Medical College. He was exhibited on three or four occasions and they failed to locate what we call partial dislocation—the one that has made us what we are and which has brought us before the people. It need not be entirely out of the socket.

Dr. C. B. Atzen: When you speak of a partial dislocation what position is the joint in?

Dr. C. E. Still: It may be held in that position by the muscles. The bone may be in the socket. Some of the very best cases that we have had, and one that many of you will recall, was that of Mr. S. P. McConnell of Council Bluffs, Ia., that I treated a few years ago when he was on his way to Chicago to have Dr. Murphy remove the leg. We found partial dislocation and reduced it.

Dr. C. B. Atzen: What was the cause of the intense muscular contraction?

Dr. C. E. Still: It was due to injury. I have been very successful in judging if the leg is out of position by having the patient assume this position (indicating). The one that is out of position necessarily is abnormal at the hip joint, and we expect a little more rigidity on the lame leg than on the normal. In other words, we compare them and put them down in this position. If one resists a little more than the other we assume that one is out of position. It indicates that they are not alike. If the same pressure is exerted on each of the feet when they come down we conclude there is no trouble with the hip, there is no contraction, no relaxation. We then want to determine as to the general difference. You may pull the wrong leg sometimes if you have not applied some test. In the dorsal position, if this leg can be forced down without undue resistance, and the other leg resists this effort, then there must be something wrong with that leg if the former leg is normal. Now the patient is placed in a prone position. In this position we can tell what position the bone assumes. If the head of the bone is in the socket it is impossible to feel both ends. You can not feel the trochanter and the head of the bone if the hip is in the socket; but if it is not, taking the leg in this position, and carrying it across, you are bound to feel both the head of the bone and the great trochanter at the same time. Now, I take the patient in this position. I have had some cases where you could not tell, and then we resort to taking the picture, but in most of the cases we can come to a conclusion by taking some position like this. I fancy that most everybody here has some way of their own which to them seems best, and if you have, then follow it. Do not follow something shown unless you consider it better than your own way. My brother and Dr. Hildreth differ

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with me in their mode of treatment. Ont person can work best by having the patient sit, another lying, and so on.

This (indicating) is bound to expose both ends of the bone if it is out of position. If it is below, above, or in front, you can make your diagnosis alike by comparison of the skeleton, but if it is in the sciatic notch, or if it is centrally dislocated this test will be of no avail. You can try it to ascertain whether it is in or out of the socket.

Now, what is the best mode of operation. Every man likes his own way the best. I flex the leg. If it is of recent injury, a traumatic dislocation the result of a recent injury, and it is either partial or complete we can get at it best in this way. This is my way (indicating). It gives me a chance to put the weight of my body on the knee and bring it in this position as I come down, as I straighten the leg to extend it, and this rotation gives me an opportunity to force the head of the bone into the colloid notch. We of course have to resort to different methods in mechanical therapeutics. We might have a case in which one hundred attempts of this character will fail.

You may have to apply counter traction so as to lift the head of the bone out of the position that it has assumed. In recent cases we seldom have to resort to that process. The treatment of a dislocated hip is a very difficult one if the hip is entirely out of position, but the ones that have made us trouble are the ones that are partially dislocated, and also partial dislocation of the innominate bones. Those are the ones we come in contact with most. If I have a case today to reduce before this audience it must be a partial dislocation in order to be successful; and every man that sees that case will want to know why his case could not be reduced at the same time, and just as rapidly. They do not take into consideration that one is a complete dislocation and the other is partial. It is the partial that is usually overlooked. Take the leg in this position and twist it like that. The right hand is on the trochanter in order to watch the way it moves. I also take some in this manner, as it gives me a chance to bring a great amount of pressure on the leg as we go down in that way. It gives us a chance to keep the leg on a twist for a backward dislocation, and this gives it a little jar when the bone goes into position. These are the kinds of operation we resort to most; but in exceptional cases we have to use various means to bring the bone into position. We may have to give an anæsthetic. We may have to treat for months to break up adhesions, as in the case of a Miss Critchfield that we treated for two years before we succeeded in breaking up the adhesions. We gave her up two or three times, but she said she tried everything else and received no relief, and after three years' treatment the adhesions were broken up sufficiently so that she had the free use of her limb. Doubtless some of you know of the case. Those are the tantalizing ones, and if the patient has not a great amount of perseverence, more so than the doctor, you will not keep them long enough to benefit them. As long as we notice improvement we should continue.

A Member: Do you always rotate the knee outward?

Dr. C. E. Still: I may not always do it. Sometimes I get the knee in this position and rotate outward on the foot. It is the different positions of the foot that give us a clew as to the exact condition of the dislocation. Take it in that way and you will guide the muscles to their proper position. Remember that the dislocated muscle will make as much pressure on the nerves as the dislocated hip. It may not shorten the leg, and may not

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lengthen it, but it will produce a great deal of pain. Many times we have found that the severe pain that is present in knee trouble is only the muscles out of position. They make a pressure on some nerve that is making the cry at this point, and while I am dwelling on this subject I want to show you one of my blunders. I had a case some fifteen years ago, before there was any school of osteopathy. I though the hip was out of joint, because at that time everything was hips, hips, hips. I had pulled that man's leg until I was ashamed to meet him, and finally gave it up, and he was going home. During that time my father had been away and he came home just as the patient was leaving the city, and as he came in he saw an old soldier walking down the street with a limp, and when my father meets an old soldier he always asks what regiment he belonged to. In the conversation that followed he told my father that he had been down to the house and that his boys had been trying to correct the trouble in his leg, but were unsuccessful, and that he was now on his way home, as there was nothing that could be done for him. Well, father said, let us go back, and they came back, and father called me out and asked what was wrong. I said that was what I wanted to know. He had the man pull off the bandages around the foot, which was badly swollen, and father took hold of the big toe. I spoke up and said there was no trouble in the big toe. Now that was two and a half feet from where I tried to locate it. He said, we will see. He made an examination and found that the man had kicked something and in doing it he bent the toe forward, which stretched the ligaments between the sesamoid bones out of position. There he was, going home to have his leg amputated, just because I treated the hip, nearly three feet removed from the cause of the man's trouble, but fortunately met the old gentleman. Since that time I have made it a practice to examine both of the big toes.

We can not be too careful in our examination. If we are not satisfied there examine the spine. There are conditions that will produce pain that are obscure. Some of the lesions are very obscure.

In a normal, healthy person all the bones must be in their proper place according to the osteopathic teaching, and if they are not, and the patient comes to you and you can not give him a specific treatment because of your ignorance of the lesion at the base of the trouble, and you give him a so-called general treatment without getting results, and then the patient goes to some one who is capable of locating the specific lesion that is producing the trouble, you will be placed in an embarrassing position. Commence at the periphery of the nerve involved and go upward through its route until you have found where the cause of the disturbance lies.

A NOTE OF WARNING.

JAS. L. HOLLOWAY, D.O., Dallas, Tex.

There are some things in the medical world of which it would be well for us to take heed. It is a wise saying that "In time of peace make ready for war." And while war in any sense is repugnant to most of us, we can ill afford to be blind to the fact that, as a school of therapy, we are just entering one of the bitterest campaigns that we have yet experienced. I hope I am not an alarmist, nor am engaged in an attempt to incite others to an attack upon imaginary wind-mills under the delusion that there are real enemies when none actually exists. The publicity given osteopathy through the press, on the platform, before the footlights, in addition to that already given by

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reason of legislative action and court decisions, has awakened our allopathic friends as they have not been aroused since Hahnemann issued his dictum, *"Similia similibus curantur."* If I did not have implicit faith in the ultimate triumph of the right, if I did not believe that justice though blind will have her dues, that our people demand and will have a "square deal," for one, I would hesitate to throw down the gage of battle. For we must remember that it is 4,000 D. O.'s against 150,000 M. D.'s with a network of organizations in every town and hamlet in the United States, possessing all the machinery of municipal, state and national boards of health, jealous of any encroachment upon rights and privileges to which, by reason of age, they hold themselves inalienable.

In the matter of securing legal recognition, osteopathy has made a phenomenal record. But henceforth, every inch of vantage will have to be gained by a contest far more stubborn than any hitherto undertaken.

The chairman of the organizing committee of the American Medical Association, Dr. John N. McCormack, is making a tour of all the states with a view of cementing their forces preparatory to amending or repealing objectionable laws, securing new legislation conforming to their demands, or preventing the passage of measures inimical to their supposed interests. As an evidence that such is his true mission, I quote a few statements from the press report of an address recently delivered in Dallas. After deploring the fact that out of 150,000 drug practitioners in this country, 80,000 do not read a medical journal and 50,000 never attend a medical meeting, he goes on to say: "Medical men should enter politics. They should go to the legislature. There is much work for them there. What does the lay mind know of the proper means to keep proper sanitary conditions of our rivers, and cities and canals?" Is it not true that the doctor politician, as we know him today, has exercised his talent more to secure laws whereby the so-called 'irregulars' may be excluded from the bedside of the sick than he has in securing comprehensive measures of general sanitation? To those who know the real intent of this campaign, ostensibly waged in the interest of the people, the veil of subterfuge thrown around this question of "the sanitation of our rivers, cities and canals," is so thin that deception is wholly unmasked, and behind this patriotic sentiment stands revealed an unmistakable purpose to throttle by legisation those who repudiate drug medication. But to quote further. In addressing the clergy he said: "The clergy as a class do a world of good. No one more fervently acknowledges that than I do, but we should all work together. Our laws should be amended. I consider Alabama an ideal state in this respect for the medical fraternity play such an important part in the making of her laws. The time will come within the next generation when we will all work together for the common good so that the medical profession will be the great force in our affairs." The fact that in the eyes of Dr. McCormack the Alabama law is the ideal for all states, gives one a pretty fair idea of what would become of osteopathy if the goal of his ambition is attained. It was in Alabama that the president of the State Medical Association declared, two years ago, that "physicians should go into politics so that aspirants for office who guard the interests of osteopaths and other specialties not approved by the regular physicians, may be eliminated from attendance in the halls of the legislature."

It may refresh the memories of some, and be news to others, to know the

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attitude Dr. McCormack has assumed toward osteopathy from the first. As secretary of the Kentucky State Board of Health in 1896, upon representations based on a visit he made to the Kirksville school, and an examination of some of its graduates, he was instructed by that body to bring action against Dr. Ammerman and wife for practicing osteopathy without a certificate. "The grand jury heard both sides of the controversy and not only refused to indict, but it required a personal appeal from Judge Goodnight (the presiding judge) to prevent them from indicting Dr. McCormack for perjury." (Booth's History, page 177.) In the case against Dr. Nelson in 1898, made famous by the rank decision of Judge Toney (reversed later by the supreme court of the state), "Dr. McCormack testifies that the osteopathic treatment of disease is positively dangerous in most of the diseases which they profess to cure, and that in his judgment to license Dr. Nelson would be dangerous to the health, limbs and lives of those citizens who might be treated by him in most instances." (Booth, page 179.) In 1904, before the state legislature, Dr. McCormack led the opposition to the Kentucky osteopathic measure but gracefully gave his approval when no other course was open.

A very significant statement, evidently inspired, appeared in one of our local papers after Dr. McCormack's departure, to the effect that there would be held soon a conference among the lawyers, clergy and doctors to discuss the question of "expert testimony" and "the relation of the pastors to the sick room." This was innocent enough, but the statement following, from a shrewd political doctor, that the primary purpose of the meeting "would be to devolve some plan which would result in the passing of laws that would redound to the good of the citizenship at large," is unmistakable evidence that the Alabama idea is vigorously at work. It takes no prophetic vision to read in this unwonted activity the real purpose of the great organization of which Dr. McCormack is the representative, viz., the stifling of this young Richmond of osteopathy.

Are we ready to take up the gage of battle. If not, it is high time that full preparation be made.

Committee on Necrology.

The following members of the A. O. A. will constitute the Committee on Necrology for the present year: Dr. Roger E. Chase, Tacoma, Wash., chairman; Evelyn K. Underwood, New York; C. W. Young, St. Paul; Bessie A. Duffield, Nashville; Ira Spencer Frame, Philadelphia.

Members of the A. O. A. are requested to notify the chairman, or some other member of the committee, of any deaths occurring among members of the Association or their families.

The crusade against patent medicines which is being made by *Collier's Weekly* and other journals is a hopeful sign of the times. It is an open question which is the more harmful in their effects, patent or prescribed remedies. If the former are the more widely used and easily obtained the latter are the more powerful. It is only a step, therefore, from a war on patent medicines to a war on drugs in general. The medical profession has always condemned patent nostrums, yet it is quite evident that its false teachings, that something should be "taken" for every ill, is responsible for the gigantic trade in patent medicines.

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DECEMBER, 1905.

Doctor Walsh Versus Doctor Still.

If all osteopaths, and those interested in osteopathy, could read the three numbers of *The Independent* for November 9, 16 and 23, respectively, it would be all the better for osteopathy. In the issue of November 9, Dr. A. T. Still has an article on "The Principles of Osteopathy;" on the 16th, a reply by Dr. James J. Walsh, a "regular" physician, appears, and on the 23d the result of the popular vote taken by *The Independent* on candidates for the Nobel prize is announced, which result is highly pleasing to the friends of osteopathy, as Dr. Still—his friends having put him forward as a candidate for the prize offered the one having made the greatest discovery in physiology and medicine—received 22,061 votes, and, as *The Independent* expressed it, "snowed under" all other candidates. His claims, we are informed, will be pressed before the Court of Award.

Dr. Walsh complains that Dr. Still employed fifteen hundred of his two thousand words in telling "what every medical student knows at the end of his second year." But inasmuch as Dr. Still was not writing for medical

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students, but for the benefit of the laity, it was by no means inappropriate that he should have devoted considerable space to the fundamental facts of anatomy and physiology as they bear on his theories. We are not saying that Dr. Still might not have stated more fully the fundamental theories of osteopathy, but Dr. Walsh is the last man who should complain of this, for in five hundred words Dr. Still has given Dr. Walsh a bad half hour and stated truths that he has failed in two thousand words to controvert.

The learned doctor very accurately gets at the gist of Dr. Still's theories when he states in effect that in lesions of the vertebrae he finds the exciting or predisposing cause of something like 95 per cent. of diseases. His effort to disprove or discredit this by expressing wonder that such causative factors should have been overlooked by "regular" physicians "all down the centuries" is without weight as argument, since he admits that such is the case.

What he considers a *coup de grace* is administered when he cites the effects of Pott's disease in distorting the vertebral column and in changing the structural relations of the vertebrae. Instead of these subjects being radically diseased he states they "are usually quite healthy." In these cases we find an illustration of an osteopathic precept, albeit it is not an osteopathic discovery—the healing power of nature. It shows the supreme effort nature constantly puts forth, unaided and uninfluenced by drugs, to adjust itself to changed conditions of structure and position and how, ultimately, in a measure, she succeeds.

Unfortunately for Dr. Walsh's argument he states that persons with humped backs often suffer from what is called the kyphotic heart, because of the mechanical difficulty it experiences in performing its functions in its crowded quarters. Exactly what an osteopath would expect. He further says that if the tubercular process should begin over again, "then, of course, they are likely to fall victims." Why "of course?" The osteopath would say because of the interference with the blood and nerve supply, which is a direct predisposing cause. It is a fact, however, noted by osteopaths and we presume by all physicians, that untoward results are not always apparently directly proportioned to the grossness of the lesion. But this does not prove that the lesion was not the cause of the effect noted. For a more complete and convincing discussion of this point the reader is referred to Dr. Guy D. Hulett's book, "Principles of Osteopathy."

Doctor Walsh does not say that interference with the blood and nerve supply of organs or tissues on account of lesions at the vertebral foramina is impossible; nor does he say that organs and tissues are not dependent upon their blood and nerve supply for health, yet his argument seems to indicate that he takes the negative of both these propositions. Does he really wish to assume such a position?

Dr. Walsh complains because Dr. Still mentions cures performed by osteopathy as evidence of the truth of his theories, and says that "it is always to the cures effected by him that every quack and charlatan in medicine appeals." Does the good doctor want to make it appear that cures effected is proof of quackery? If so, does he not make quackery respectable? Many will agree with the Missouri legislator who said he would rather be cured by a quack than killed by a regular.

The "reply" to Dr. Still closes with these words: "If the osteopaths will but pass the ordinary state board examinations in medicine the regular pro-

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fession will be only too willing to let them practice the cure of disease as they think best."

Dr. Walsh, like all of his professional brethren who have taken up the pen against osteopathy, misses the real point of the matter. Since he evidently read Dr. Still's article he should know that the difference between "regular" medicine and osteopathy is not merely one of therapeutics. He should see that osteopathy is a new philosophy of life. Facts which adherents of the different systems know and recognize in common have a different significance for each, and the passing of the "ordinary state board examinations in medicine" woud be no fitting test of one's ability "to practice the cure of disease" as an osteopath. So long as the profession to which Dr. Walsh belongs insists that our fundamental theories are wrong, so long must osteopaths insist upon independent recognition.

Legislation.

Events in osteopathic history have moved with such rapidity that we have sometimes been confronted with conditions before we were ready to meet them. A dozen years ago there were few in the profession, even the most optimistic and enthusiastic, who would have dared to prophesy such a proud, prominent and permanent position for osteopathy as it now occupies. Partly on this account and partly because of the necessity of attaining some sort of recognition for osteopathy as a school of healing, some of our early essays at legislation are now found to be inadequate for our present needs. This much may be said without adverse criticism of the heroic self-sacrificing efforts of the pioneers in this line of work.

Legislative matters have in recent years received more consideration, and the result of the careful thought of the profession has culminated in a bill, recommended practically without dissent as to its essential features, by the A. O. A. at its last meeting. There was no objection to the idea of independent recognition. Taking conditions as they now exist practically in every part of the United States, it would seem that there can be no valid objection to this policy.

The necessity for uniformity of legislative regulation is apparent. There should be uniformity of preliminary requirements for those who take up the study as well as for graduation in our schools. There should be uniformity in the examinations of the various state boards, as well as in the matter of the credit to be given by one state board to the examination of the boards of other states. A physician duly licensed in one state is no less competent after ten years of practice, though he might have difficulty in answering the technical questions of a state board. He should not be subjected to that annoyance and embarrassment should he desire to locate outside the state where he was first licensed; all of these, as well as many other important things, are provided for in the A. O. A. bill.

We believe, therefore, that in all future attempts at legislation the essential provisions of the A. O. A. bill should be adhered to.

We would with all possible earnestness urge upon those of our profession who have legislative matters in charge, to stand firmly for independent recognition along the lines of this bill. Be chary of compromises. If experience is to be credited as a wise teacher we should have learned the lesson that the opposition to osteopathy is implacable and no compromise

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advantageous to it will be allowed. We should be very careful that in grasping at the shadow we do not miss the substance.

The New Directory.

This month we are sending out as a supplement to the JOURNAL the quarterly directory. It has required an immense amount of labor to compile this edition. There have been a large number of removals during the past quarter, a goodly number of new members have been added and over one hundred names have been dropped on account of failure to pay dues. We have taken infinite pains with the directory, and we believe it is correct. If each member will look at his name and notify us of any error, and if all will promptly report to us changes in address the directory can be kept strictly accurate, and with a minimum of labor.

Out of a membership of one thousand there were one hundred and fifteen who failed to pay dues. Quite a number of these delinquencies were due to ill health and other misfortunes; in some cases it was probably carelessness, while perhaps others, for reasons satisfactory to themselves, desired to discontinue their membership.

In the following states there were no delinquents: Arizona, Delaware, Indian Territory, Louisiana, Maryland, North Carolina, North Dakota, Oklahoma Territory, South Carolina, South Dakota, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming. We still retain one member each in England, Scotland and the Hawaiian Islands.

The largest loss in a single state occurred in Missouri, where sixteen dropped out. It is worthy of note that Ohio, which had fifty-nine names in the September directory, loses but one through failure to pay dues.

Since the directory was issued in September thirty-nine new names have been added and twenty-eight applications are now pending, hence the net loss has not been great, though we are slightly below one thousand members. From reports received from various parts of the country we are assured of a large increase before the year closes, but the greater part of it will likely be gained within the three months preceding the meeting at Put-in-Bay.

The Foe of Plague.

It is likely that Professor Behring has indeed found a substance that will make the human body immune to the attacks of the bacilli which produce the several forms of what is popularly called consumption. His is good news, perhaps the best that has ever come at a given moment from the laboratories of science. But, taken by themselves, all these preventives and cures are subordinate in importance to the never-sensational progress of sanitary science. Professor Wallace noted that no sooner did science discover a remedy for any particular disease of great distinctive effect than some other disease pushed forward to maintain the general average of mortality from disease. Why? Because the cause of all diseases, the conditions that made the tissues of the body easy prey, were unaffected.

That cause? Those conditions? Bad air; bad water; bad food; utter lack of proper care of the body. It doesn't matter especially what is the name of the disease that carries a man off; the central fact is that he is dead. And the great truth always to keep in mind is that he would have lived, though the plague raged around him, had he kept his body strong.—*Saturday Evening Post.*

With a justifiable measure of doubt as to the reality of Prof. Behring's "substance" being able to confer immunity from consumption, and by reading our own interpretation into what constitutes "proper care of the body" osteopaths can pretty generally indorse the above. It is an augury of better things, too, when great lay journals like *The Saturday Evening Post* are so constantly teaching such doctrines.

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Within the past month our attention has been called to four cases of unethical advertising on the part of members of the A. O. A. There is, perhaps, no other way in which an osteopath can bring such general discredit upon his profession as in the practice of resorting to fake methods of advertising. That there may be no excuse for such exhibitions in the future we reproduce here section 6 of article I, chapter II, of the code of ethics:

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.

The cases above mentioned have been referred to the Committee on Education, whose duty it is, under the constitution, to take cognizance of such matters.

Through an error of the binders one form was duplicated and one omitted from a few copies of the November number of the JOURNAL. Unfortunately this was not discovered until after the edition had been mailed. So far as we have had notice subscribers have been furnished with properly bound copies, and it is our desire that all who receive a defective one should be thus supplied. We request that imperfect copies be returned to us—a one-cent stamp will carry them. The binders will be able to correct the error, and it is expected that every copy of this edition will be needed.

In our October number mention was made of the advertisement of a correspondence course in osteopathy which appeared in *The New York Magazine of Mysteries* for September. At that time the matter was referred to the chairman of the Committee on Education of the A. O. A., who at once took it up with the publishers. Dr. Booth, we are pleased to state, wrote us recently that he had received a statement from them that henceforth no such advertisements would be carried in their magazine.

The excellent article in this number of the JOURNAL from the pen of Dr. McConnell will not be put in pamphlet form. But the doctor has now in preparation an article which will appear in a few months which will be arranged and adapted for that purpose. It will give the result of several additional experiments the author has recently made and will be illustrated in a manner similar to his article in the September JOURNAL.

Secretary Chiles has recently finished the task of mailing certificates of membership to all who are entitled to them. We trust that all who received them will comply with the request contained in the letter which accompanied them. If any person who thinks himself entitled to a certificate failed to receive one he should at once write to the secretary. The delay in mailing was caused by the engravers and not by the secretary.

With this issue appears a new form of blank for case reporting, which may be clipped from the JOURNAL, or, using it as an outline of inquiry, reports may be written upon other paper. This blank has been prepared by Dr. Ashmore especially for reports of cases of infectious diseases. For the

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aid of the speaker upon acute respiratory diseases at the meeting at Put-in-Bay, a contribution of reports bearing upon these conditions is urged.

We print in this number the proposed program of the next annual meeting of the A. O. A. This has not been unalterably determined upon, and is printed at this time to enable any member who may have any suggestions to make, an opportunity to be heard. Dr. McConnell, who has the matter in charge, will be glad to receive any suggestions from any one in regard to the program.

On November 20 we mailed over 300 sample copies of the JOURNAL to non-members of the A. O. A. in the western states, whose names were furnished us by members interested in the advancement of the cause. We are always glad to co-operate in this way.

Osteopathy in the Encyclopedias.

Under the above caption Dr. Herman H. Moellering, of St. Paul, in the *Osteopathic World* for October, discusses an interesting and timely question. He points out the fact that three of the leading encyclopedias do not contain a word about osteopathy and shows that at least in one other the subject is treated in an unsatisfactory manner. Had he consulted more encyclopedias possibly he would have been able to put others in the latter class.

Dr. Moellering makes the following good suggestion:

It seems to me that what we need is some clear, concise and *authoritative* statement of the subject, with which to approach all encyclopedia publishers in anticipation of future publications. Such a statement should not be too abstract or involved; it should be pointed and comprehensive of the facts, so that he who runs may read and understand, for these are the works consulted by the laity as authorities.

The A. O. A. through a committee to be appointed or now existing, would seem to be the proper medium through which to get adequate representation in these publications. Such a statement of osteopathy can be better shaped by several minds than by one, and its draft might even be submitted to the A. O. A. Trustees for approval, and might also be published in the A. O. A. JOURNAL for any possible criticism.

There is no doubt but what publishers or editors of reference works, after understanding the import of the A. O. A. in matters osteopathic, would give the greatest of heed to any advance of this nature, and be at least materially guided thereby.

Inasmuch as a definition of osteopathy to be printed in encyclopedias involves the question of publication, is educational in its nature, and should also deal with its legal aspects, the matter is respectfully referred to a joint committee composed of the three constitutional committees of the A. O. A. of which the chairman of the Committee on Publication is designated as chairman. In the May and July (1902) numbers of the JOURNAL many excellent definitions of the science are recorded and will afford a working basis for the committee. But as subjects are treated more in detail in encyclopedias it will doubtless be found that in addition to a definition, it should be treated historically and descriptively, as well as a science and an art. It is not to be expected that the last word will be said on the subject, but it is hoped that the best possible statement may be formulated for the purpose intended. It is suggested that the committee report through the JOURNAL the result of their labors, and if deemed desirable the Trustees of the A. O. A. may later act on the report.

A. L. EVANS, President A. O. A.

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Proposed Program of the American Osteopathic Association, at Put-in-Bay. Ohio, August 6th to 10th, 1906.

MONDAY, AUGUST 6.

1:30 p.m. to 5:00 p.m.—Reports of Committees—Publication Committee, Educational Committee, Legislative Committee.
Treasurer's report.
Trustees' report.
Routine business.
8:00 p.m.—Reception.

TUESDAY, AUGUST 7.

9:00 a.m to 1:00 p.m.—Symposium of Practical Treatment (clinic demonstration of technique):
(a) Cervical Region.
(b) Dorsal Region.
(c) Lumbar Region.
(d) The Pelvis—Sacrum, Coccyx, Innominata.
(e) Ribs and Vertebrae correlated.
General discussion.
8:00 p.m.—President's Address.

WEDNESDAY, AUGUST 8.

9:00 a.m.—Practical Dietetics. General discussion.
10:00 a.m.—Osteopathic Applied Anatomy. (Demonstrations with clinic. Informal discussion.)
11:45 a.m.—Paper: "The Enlarged Prostate and Allied Tissue Disorders."
12:10 p.m.—Business.
8:00 p.m.—Alumni and class reunions.

THURSDAY, AUGUST 9.

9:00 a.m.—Pediatrics.
(a) Infant Nursing.
(b) Osteopathic Treatment of Infant Disorders.
(c) Prophylactic Treatment of Children.
General discussion.
10:30 a.m.—Emergencies.
(a)..Hemorrhages.
(b) Unconsciousness or Insensibility.
(c) Fits or Seizures.
General discussion.
12:00 m.—Paper: "Osteopathic Lesions in Acute Respiratory Diseases."
12:20 p.m.—Prize Essay (announcement).
12:20 p.m.—Business.
8:00 p.m.—Alumni and class reunions.

FRIDAY, AUGUST 10.

9:00 a.m.—Osteopathic and Surgical Diagnosis. (Demonstration with clinics.)
(a) Pelvis (gynecological).
(b) Abdomen.
General discussion.
10:30 a.m.—Practical Talk: "When is a Surgical Operation Advisable?"
11:00 a.m.—Business. Election of officers, fixing next meeting place, installation, adjournment.

ASSOCIATE PAPERS.

1. Conjunctivitis.
2. Iritis—Etiology, Pathology and Treatment.
3. How Osteopathic Lesions Affect Eye Tissues.
4. The Treatment of Eczema.
5. What Osteopathy Has Done With Tumors.
6. A Few Cases of Mental Diseases.
7. Purulent Discharges From the Ear.
8. The Menopause.
9. Pronounced Insomnia.

Dr. O. G. Stout, president of the Ohio Osteopathic Society, recently sent a strong letter to the osteopaths in that state, urging membership in that organization and in the A. O. A. He gave many good reasons why they should identify themselves with these bodies and keep up their membership in them. Such efforts can not fail to be productive of good.

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NOTES AND COMMENTS.

Attempts of M.D.'s to Develop a General Fear of Osteopathic Manipulations.

If our medical brethren would content themselves with open, outspoken opposition of the honest sort, osteopathic triumph over the pill chest and hypodermic needle would be hastened. Opposition which does not come under that head is instanced by the efforts of medical men to create the impression that a patient runs much personal risk in subjecting himself to the manipulations of the osteopath. So much of this has come to the writer's knowledge during the past year and from so many different sources that it furnishes grounds for the suspicion of concerted action along this line on the part of the radicals of the medical profession.

Not having been able to pooh! pooh! the public from choosing to get well by means of what they termed a delusion and a fad, they will now say booh! and try to make of the osteopath a bogy man.

Recently a young married woman suffered a miscarriage. After getting up she had a "bad back." The spine could scarcely be touched, it was so tender. She was given treatment for her condition by a reputable M.D., and after a little time was told that she could go to the Portland fair, as she did not seem to improve much and the visit to the fair would probably help her. About this time she again became pregnant. While on her trip and at the fair she was treated by several osteopaths, and got better for a time. Then she returned to her home in Butte, Mont. Ever since becoming pregnant, which was about two and a half months before the time she returned to her home in Butte, she had been very nervous and hysterical. After being at Butte a few weeks she was sent to her mother in the east. A month later she died there. The M.D. in attendance said it was cancer of the spine, the inference being that she had had too many osteopathic treatments.

A gentleman in another locality was just recovering from typhoid fever and wanted very much to have an osteopath. He wanted him in the first place, but the M.D. was called while the gentleman was delirious. The M.D., while pretending to be a personal friend of the osteopath, said that he would consider it very unwise for the gentleman to "run the risk" of having an osteopath until he grew strong.

Recently a lady was taken to the Sisters' hospital at Missoula, Mont., with an abdominal abscess. One of the physicians who examined her, and who understood that she had just been under the care of an osteopath, stated to outside persons that the abscess was due entirely to the writer's manipulations. The abscess was a development of a month. Two other M.D.'s had examined her during that time and they had not discovered it. The osteopath was called and asked to examine the abdomen. He discovered the abscess. He *had not treated her for five months*, except for a headache. The lady's friends were aware of this and also of the fact that she and her family openly gave the osteopath credit for saving her life. The effort of the M.D. to make capital of the matter was generally recognized and just as generally condemned. However, had it first reached those not knowing the circumstances or aught of osteopathy, it would have done harm. Instances like the above could be multiplied indefinitely. I might mention that in a certain abdominal operation performed by the last referred to M.D. some time ago, the wound did not heal and was later reopened by other physicians. I am informed that the removal of a goodly sized piece of sponge from the abdominal cavity facilitated the healing process. If all of the people who have died under "successful operations" were buried in one grave yard, the subtle and underhanded opposition of some medical men to osteopathy might not be lessened, but it might make them wonder how much longer the supply for operating material was going to last.

ASA WILLARD.

Missoula, Mont.

Philadelphia County Osteopathic Association.

The Philadelphia County Osteopathic Association held its regular monthly meeting Wednesday evening, November 8, 1905, in a hall at 1414 Arch street, Dr. J. Ivan Dufur presiding. After the transaction of the current business an interesting program was enjoyed.

The first paper, an article on "Nephritis," by Dr. E. D. Burleigh, was a careful study of the acute and chronic forms.

The second paper, "The Osteopathic Lesion in Nephritis," by Dr. Myron H. Bigsby, was especially fine from an osteopathic standpoint.

The articles were ably discussed by those present.

The meeting adjourned until December 5, 1905.

ABBIE JANE PENNOCK, Secretary.

When preparing the report of the New York Osteopathic Society, held last month, which appeared in the JOURNAL for November, we were not in possession of the names of the trustees elected. They are as follows: Drs. Ernest C. White, Watertown; Ralph H. Williams, Rochester, and Charles Hazzard, New York.

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Vermont Osteopathic Association.

The sixth annual meeting of the Vermont State Osteopathic Association was held in Barre, Vt., October 25 and 26, at the office of Dr. L. D. Martin, president.

On Wednesday evening the members were most hospitably received by Dr. and Mrs. Martin at their home, where a pleasant social hour was enjoyed, followed by discussions on topics of interest.

On Thursday, after an informal program, the following officers were elected and the meeting adjourned: President Charles G. Wheeler, Brattleboro; vice-president, Rose Cota, Burlington; secretary and treasurer, Harry M. Loudon, St. Albans; executive committee, Samuel M. Knowles, Montpelier; Herman K. Sheburne, Rutland; William W. Brock, Montpelier. H. M. LOUDON, Secretary.

California Board of Osteopathic Examiners.

The following constitute the California State Board of Osteopathic Examiners: Drs. Wm. J. Hayden, Los Angeles; Dain L. Tasker, Los Angeles; C. A. Haines, Sacramento; Isaac Burke, San Francisco, and J. Strothard White, Pasadena. Dr. Hayden is president, Dr. Haines treasurer and Dr. J. Strothard White, 315 Slavin Building, Pasadena, is secretary.

The following action was taken by the board some time ago and will be of interest to anyone contemplating locating in the state: "It has been resolved by the California Board of Osteopathic Examiners that certificates will be granted only to those who have had a three years' course of study; and certificates will not be issued to those who are not located in the state."

Maine Osteopathic Association.

The regular monthly meeting of the Maine Osteopathic Association was held September 30 at the office of Dr. V. D. Howe, Portland. After the regular business meeting the evening was spent in discussing cases of gaseous disorders of the stomach.

The October meeting was held with Dr. George H. Tuttle, Portland. Dr. George D. Wheeler of Melrose, Mass., was with us and conducted a clinic, presenting two cases of spinal curvature and two with dorsal lesions. The meeting proved both interesting and helpful. One new member was gained, Dr. Lillian Wentworth of Augusta.

SOPHRONIA T. ROSEBROOK, Secretary.

Lecture by Dr. McConnell.

The following invitation was recently mailed by members of the Chicago Osteopathic Society to their friends:

"The Chicago Osteopathic Society requests your presence at a lecture and scientific demonstration on osteopathic therapeutics entitled 'The Osteopathic Lesion,' by Dr. C. P. McConnell, at Kimball Hall, corner Jackson Boulevard and Wabash avenue, Thursday evening, November 23d, at eight o'clock."

The event was largely attended and much interest was manifested.

PERSONAL.

Born, on October 11, 1905, a son, to Dr. and Mrs. D. L. Conner, Phoenix, Ariz.

Born, on October 27, 1905, a daughter, to Dr. and Mrs. A. D. Morrow, Richmond, Mo.

Dr. Janet M. Kerr, Grinnell, Iowa, is in Kirksville, Mo., taking a post graduate course at the A. S. O.

Dr. C. W. Proctor, Buffalo, N. Y., is enjoying an outing in Central America—the first real vacation he has taken in years.

Dr. Jesse Knight Dozier, Middletown, Conn., was married to Miss Agnes Harris of Middletown, N. Y., in the latter city on November 1, 1905.

On December 5 Dr. Chas. C. Teall, accompanied by his wife and son, will go to Altamonte Springs, Fla., where the doctor will enjoy a well-earned rest.

Dr. George Laughlin has been appointed medical examiner for the Missouri State Life Insurance Company of St. Louis. Dr. Laughlin is the first osteopath ever appointed as examiner for an old line life insurance company. The appointment was made by Mr. E. P. Nelson, president of the company.—*Kirksville (Mo.) Journal*, Nov. 23, 1905.

A new edition of Dr. Charles Hazzard's "Practice of Osteopathy" will be ready about January 1, 1906. This will be the third edition of the work, which will be entirely re-written and considerably enlarged. The value of the work will be much increased in view of the added years of experience in the practice of osteopathy which the author enjoys, as well as of the important advancements which the science of osteopathy has made since the publication of the second edition.

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REMOVALS.

Earle S. Willard, Norfolk, Va., to 35 S. 19th St., Philadelphia, Pa.
E. J. Elton, Kenosha, to 507-8 Wells Bldg., Milwaukee, Wis. (Dr. Elton divides his time between Kenosha and Milwaukee.)
Mrs. T. E. Purdom, 1327 to 1331 Troost Ave., Kansas City, Mo.
Harry M. Loudon, Enosburg Falls, to 189 S. Main St., St. Albans, Vt.
Eugene Tiberghien, Agra, to Hill City, Kan.
A. Still Craig, Iowa City, Ia., to Maryville, Mo.
H. W. Forbes' address is 685 W. Lake St., Los Angeles, Cal.
C. H. Spencer's address is 687 W. Lake St., Los Angeles, Cal.
T. C. Morris, St. Catherine, to La Plata, Mo.
Neville E. Harris, Port Huron, to 206 Paterson Block, Flint, Mich.
Florence A. Brock, Chicago, Ill., to Lake View, Washington.
John Allen West, 144 E. 22d, to 40 E. 25th St., New York.
J. A. Root, 308 W. 7th, to 2124 Sassafras St., Erie, Pa.
H. E. Penland, Eugene, Ore., to Kirksville, Mo.
J. S. Gaylord, Binghamton, N. Y., to Muscotah, Kan.
Geo. S. Warren, 245 Wall St., to 18 Pearl St., Kingston, N. Y.
Edward Storrs Bickford, Elyria, to Oberlin, O.
Genevieve F. Laughlin, Chillicothe, Mo., to 12 W. 93d St., New York, N. Y.
Cara S. Richards, San Francisco, to 29 Masonic Temple, Denver, Col.
Effie E. York, Oakland, to 901 Eddy St., San Francisco, Cal.
J. B. Kinsinger, 312 W. 2d St., to 228 W. 5th St., Rushville, Ind.
Mary J. Smith, Hot Springs, Ark., to 1240 Park St., Bowling Green, Ky.
Chas. H. Gano, Washington, D. C., to 1007 Arrott Bldg., Pittsburg, Pa.
H. L. Maxwell, 846 Centre Ave., to 304 N. 5th St., Reading, Pa.
Homer Woodruff, El Paso, Tex., to Mexico City, Mexico.
G. L. Noland, 537 College St., to 212 Baker St., Springfield, Mo.
Mrs. Lou T. Noland, Carthage, to 212 Baker St., Springfield, Mo.
W. A. Atkins, Clinton, to Bloomington, Ill.

APPLICANTS FOR MEMBERSHIP IN THE A. O. A.

In accordance with a rule adopted by the Trustees the names of all applicants for membership in the A. O. A. will appear in the JOURNAL. If no valid objection to any such application is filed with the secretary within thirty days after publication, and all receive an affirmative majority vote of the Trustees, they will be declared elected. Should objection be made to any applicant the case will be fully investigated before final action is taken.

John Stephen Allison, Monrovia, Cal.
G. E. Arnold, Postoffice Bldg, Albion, Mich.
D. Arthaud, Washington, Iowa.
James S. Bach, 704 Temple Bldg., Toronto, Can.
Ernest W. Bush, Com. Nat. Bank, 14th and G Sts., Washington, D. C.
Alice B. Chaffee, 1200 W. 9th St., Los Angeles, Cal.
W. A. Cole, Tama Bldg., Burlington, Iowa.
Ralph M. Crane, 220 W. 59th St., New York, N. Y.
Sara B. Detwiler, McLean Block, Guelph, Ont.
George Betz Dresbach, 157 University Ave., Palo Alto, Cal.
Gertrude Forrest, Albia, Iowa.
Edward N. Hansen, 4514 Forbes St., Pitttsburg, Pa.
Frances A. Howe, Springville, N. Y.
G. Percy Long, 309 Shelton Ave., Jamaica, N. Y.
R. C. Malcomb, Com. Nat. Bank, 14th and G Sts., Washington, D. C.
Jennie Krepps Manuel, 1141 Turk St., San Francisco, Cal.
Elvira Mekimson, Riggsville, Ill.
Lurena Resner, Riggsville, Ill.
Edward L. Schmid, East Patrick St., Frederick, Md.
I. E. Scobee, 220 Main St., Nevada City, Cal.
Frank Pierce Smith, Caldwell Bank & Trust Co., Caldwell, Idaho.
J. Walter Skidmore, Corinth, Miss.
J. N. Walker, 214 Tama Bldg., Burlington, Ia.
Archie Robert Waters, 4th and Broadway, Chico, Cal.
E. E. Westfall, Mt. Pleasant, Iowa.
H. D. Sweet, 267 Glen St., Glens Falls, N. Y.

REINSTATEMENT.

R. B. Henderson, 48 Canada Life Bldg., Toronto, Can.
J. A. Thompson, 105 Colonial Arcade, Cleveland, O.

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Tennessee Board of Examiners To Meet.

The next meeting of the Tennessee Board of Osteopathic Examiners will be held in Memphis on Friday and Saturday, February 9 and 10, 1906. For application blank and other information address

J. Erle Collier, D.O., Secretary,
502 Willcox Bldg., Nashville, Tenn.

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Address "OSTEOPATH," care of the Journal of the A. O. A.
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THE NON-MANIPULATIVE PART OF OSTEOPATHIC THERAPEUTICS.

Paper Read Before the A. O. A. at Denver, by CLARA L. TODSON, D.O., Elgin, Ill.

In comparing the older systems of medicine, as to the teaching of their colleges and the practice of their graduates, it appears that they are nearly identical, except as to the administration of drugs. During the college life the followers of the different systems have the same opportunities to observe in hospitals the cause of disease, to watch the technique of surgical operations, have experience in minor surgery, and in assisting at major operations. The dispensaries give them an opportunity to observe and treat all classes of acute diseases, the out-patient department presents experience in chronic diseases and the treatment of wounds, fractures, etc. The teachings in hygiene, hydrotherapy, electro-therapeutics, dietetics, climatology—in fact nearly all non-drug treatments—are common to all, and accepted by all as a legitimate part of their practice. More today than at any period in the history of medicine investigations are encouraged in these lines. More and more are the embryo physicians brought to see that there is a great field in therapeutics entirely outside of dosing. This is due partly to the fact that the people are learning to rebel against the use of drugs and seeking some more reasonable method. This fact recognized by the medical profession, they are compelled to be ready to meet the demand of the public.

Osteopathy, the latest development of schools of therapy, differs from the others. How far does this difference go? Is it that the adjustment of misplaced structures takes the place of the administration of drugs, and aside from that osteopathy [illegible] all the forces found in nature f[illegible] the aid of man? Or does it m[illegible] correction of lesions cove[illegible] osteopathy and the use of any means ou[illegible]e of that spells treason to [illegible]nce? That is to say, is there any non-manipulative part of osteopath[illegible] therapeutics?

This is a question which should be considered thoughtfully and conclusively. If we are to take the stand that osteopathy in its restricted sense is the only genuine article, and there can be no progress except in the direction of anatomical lesions, then we shut ourselves out from wide possibilities, we label outselves "bigot" at the start. We take the same stand which we condemn so bitterly in medical circles. We lose sight of our high calling—the attaining and preserving the health of the people in the quickest and surest way—and give ourselves up to a narrowness which is contrary to the principles of science, of humanity and of common sense.

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The believers in a liberal religion are supposedly the most broad-minded and tolerant. But the fact remains there are none more rabidly bigoted than some who make claim to most enlightened phases of liberality. A teacher in a Universalist Sunday school said he would rather see a daughter of his dead than going from the Universalist to the Episcopal church—bigotry written large.

The tale of the bigotry of medical men is a long one. Harvey's experience of persecution has been duplicated many times. Hahnemann and his followers were attacked on all sides, and ostracized by the "regulars." Not only was the simon-pure homeopath badly treated, but such members of the "regular" school as found some good in homeopathy were treated worse.

Dr. Still and his followers have fared no better at their hands. All down the history of medicine we see the same attitude: "Think as we do (or at least do as we do) or we will, if we can, discredit you with the public, the profession and the law makers."

Too palpably do some in our own ranks exhibit the same characteristic. There are those who want to establish a creed—a dogma—to say: "There is only one way to the osteopathic heaven—the straight and narrow way of the correction of bony lesions by the hands. Any who add to or take from this shall be Anathema."

There is one notable instance which illustrates perfectly this point. You all received last October copies of a correspondence between a certain vibrator company and officers of the New York State Osteopathic Society. The vibrator company quotes the *Journal of Osteopathy* as follows: "When the vibrator man tells of the wonderful exploits of his machine, then the anatomist may ask him to prove his statements by demonstration;" he states his claim, and asks the privilege of proving his statements by demonstration in their presence.

Just here let us digress a little. In the early days when Dr. Still first satisfied himself that he had discovered something new in medicine, he approached medical practitioners and professors in medical colleges, trying to interest them in his discovery, that the new ideas might be included in the curriculum of the colleges. But his proposition was treated as almost every innovation outside the infinite variations in dosage have been treated. He was not even given an opportunity to prove that there was any value in his discovery.

Now to return to the vibrator man. He received two replies to his proposal—a courteous one from the president pleading the short time and full program and regretting his inability to grant the favor; the other from another officer saying: "I certainly will use my influence against any such movement on your part to appear before the New York Osteopathic Society."

The attitude of the osteopaths was practically identical with that of the medical men. An over-weening loyalty to the chosen profession blinds to the main point at issue, viz: not "what can we do to best advance the interests and prestige of our science," but "what can we do to best advance the broad science of healing, and bring about the highest possible degree of health to all to whom we hold the relation of physician?" If we do not have this for our aim and work, and study to this end, we are false to ourselves and to the trust reposed in us.

There can be no good reason for refusing to "be shown." We have all

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heard many times the statement that it is impossible to change the contour of the spine by manipulation. We have only needed opportunity to disprove the statement over and over again. We have no more right to say, without first investigating thoroughly, that a misplaced vertebra can not be replaced through the use of a machine than a medical man has to deny our claims.

Let us pray to be delivered from bigotry; let us take the affirmative attitude—that we believe the fundamental principle that perfect health is freedom from obstruction to the body processes, and that disease can be best treated by finding and removing such obstruction. But let us seek every aid in nature which will hasten the removal of obstruction.

This presents a wealth of resource. Nature is kind to her children if they will study her laws. Exercise, diet, water, heat, cold, electricity, rest, change of environment, climate, right thinking, even the earth itself are efficient aids to the careful physician. We can use them to advantage, and the proper application of these aids should be an important part of the curriculum of our colleges.

Exercise.—Theoretically, to insure perfect health, the bony structure must be in perfect alignment. But that this is not absolutely necessary we must all admit. There are people enjoying a remarkable degree of health whose spines are not perfect. Doubtless all of us have examined spines which showed malpositions at more than one important nerve center, yet the functions of the organs which should be affected are to all appearances perfect. The only explanation of this is that these lesions mark weak spots in the spine, indicating the organs which are almost sure to be affected if for some reason the vitality is lowered. They are the most vulnerable points in the citadel of the body.

The good that is being done by the various physical culture magazines is incalculable. They are awakening the interest of a fair proportion of the people in the indisputable truth that well-directed exercise is one of the greatest factors in attaining and maintaining health. That it will correct lesions and change the contour of the spine is proven in the best gymnasiums; and the osteopath who does not insist on regular and systematic exercise in conjunction with his treatment in a large majority of cases, especially for people of sedentary habits, will not accomplish the correction in the shortest possible time. That systematic exercise without other therapeutic measures has often cured chronic diseased conditions is beyond question. However, bigotry enters here also. A professor in an osteopathic college said he formerly frequently prescribed exercises to his patients. But he had quit doing so, as some of them gave the credit of their improved health to the physical culture rather than to osteopathy. Another case of overweening jealousy for the honor of osteopathy. Maybe the physical culture did do the most good.

Air.—The most important of nature's aids to health is pure air. And the best way to get it absolutely pure is to be right out of doors. The so-called "fad" of sleeping out of doors is coming to be looked on as a most sensible arrangement. In our little town of 26,000 inhabitants twelve people are sleeping on porches, with only wire screens to obstruct the free passage of air. It takes but a few days for one who tries this plan to realize the benefit. It is a specific for insomnia, a great cosmetic, a flesh

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builder and an all-round benefit. There is no reason why this plan should not be followed through the winter. One lady in our town slept comfortably on a porch last winter when the thermometer registered 30 degrees below zero. It may not be feasible for all to go to such lengths, but every physician should make it a point to instruct his patients in the necessity for deep breathing, and plenty of pure air, especially in the sleeping room.

Water.—The results obtained at the Batttle Creek Sanitarium and similar institutions are sufficient proof of the efficacy of water as a factor in treating disease. But those who best understand the therapeutic use of water say that as much harm can be done by its wrong use as good can be accomplished by its right use. Therefore it behooves us to make a study of this subject, in order that we may give correct advice for the use of water. A few instances of its successful use may be noted here. A case of delay menstruation, with symptoms of decline and threatened tuberculosis, was corrected by daily hot sitz baths. It took a year, but it was effective—and cheap.

A case with symptoms of incipient ovarian tumor. In connection with osteopathic treatment fomentations applied several times daily an hour or more at a time were of great assistance in hastening recovery.

Sprained wrist. Immersion of the part in water kept at the highest bearable temperature, two or three hours at a time daily, with a very small amount of manipulative treatment, brought quick recovery.

Cold compresses for sore throat, varicose veins, rheumatic joints, etc., are a simple matter, but very helpful, and we should make use of them.

A case of sciatica was cured in three weeks with no other treatment than daily douching the hip and thigh with hot water direct from the bath-tub faucet.

These items only go to emphasize the aid that the right use of water may be to the physician.

Diet.—There are many dietaries published. Undoubtedly they are of use: But the works that reach the gist of the matter of proper eating are Dr. Dewey's "No-Breakfast Plan and the Fasting Cure," and Horace Fletcher's "A-B-Z of Our Nutrition." Their theories and arguments are practically alike, but Fletcher goes into a scientific study of proper eating, with the benefits which follow. It would be well if his book was included as a text-book in our colleges. The point of his teaching is contained in one page, as follows: "Be sure that you are really hungry. Wait for an earned appetite, if you have to wait until noon. Then: Chew, masticate, munch, bite, taste everything you take in your mouth (except water, which has no taste) until it is not only thoroughly liquefied and made neutral or alkaline by saliva, but until the reduced substance all settles back in the glosso-epiglottidean folds at the back of the mouth and excites the swallowing impulse into a strong inclination to swallow. Then swallow. * * * Never forcibly swallow anything that the instincts connected with the mouth show any disposition to reject. It is safer to get rid of it beforehand than to risk putting it into the stomach.

"Irresistible desire for physical exercise will follow, as a matter of course, probably fruiting in useful accomplishment by the same invitation of healthy impulse which causes children to play tirelessly.

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"Do right your feeding of the body. Nature will do all the rest for you aright."

How we eat is much more important than what we eat.

Fasting as a therapeutic measure is a proven good. A lady had made an appointment to begin osteopathic treatments, but was delayed in doing so for a week and meanwhile decided to try fasting for chronic headaches. She fasted for three days and was thereafter free from headaches, though she had previously suffered every week.

Fasting is osteopathic, in that it removes obstruction to the healing processes of nature.

Raw food is being exploited as a cure for many conditions. A man in Elgin started five years ago on a system of exercise, bathing and raw diet. He absolutely cured himself of chronic intercostal neuralgia, rheumatism, and obesity, which had reached the stage of constant shortness of breath and threatened apoplexy. Raw food removes obstruction by prevention, which is always best.

Climate.—That climate is a factor that even osteopathy is not always able to overcome is proven often. We occasionally see a line in our periodicals advertising a practice for sale, as change of climate is necessary to the health of some member of the physician's family. A Chicago osteopath who suffered with a chronic throat affection is free from it in a town about one hundred miles from there. One of my classmates was kept in a state of imperfect health by a malarial tendency while living in Mississippi. Since his sojourn in another state he is in practically perfect health.

Such instances could be added to indefinitely. They indicate that we should make a study of the science of climatology and make use of its aid.

Sexual Purity.—One of the most sacred duties of the physician is that of advising concerning the sexual side of life. The importance of this subject is beyond computation. Many physicians give advice to young men which is absolutely contrary to common sense and right, and which when followed is sure to lead to distressing results to the man himself, and may end in endowing his children with a taint that manifests itself in most appalling forms of diseased conditions. Every physician should earnestly study this subject, and do what can be done by one to let light in upon a side of life where light is sadly needed.

Vibration.—Osteopathy is adjustment of the body tissues, with a view to removing obstruction. It is accomplished by manipulation with the hands. If it can be accomplished by the aid of other measures, the principle is still intact. Orthopedic surgery is in reality osteopathic, in that the purpose of its work is the correction of displacements. I have taken occasion to look into the claim that misplaced bones can be replaced by the use of a vibrator. Having the statements of men whom I know personally as truthful, honorable men, that such has actually been accomplished, sometimes after osteopathy alone has not succeeded in doing so, I say vibration if wisely and properly applied is osteopathic. We should learn what of good there is in it, and take advantage of it.

Thought.—It is interesting to notice how frequently medical men explain cures of cases where they had failed by a sneering mention of "suggestion," "hypnotism," etc. Not many of them will admit the possibility that suggestion may be a factor in the cure of their own patients. The effect of the

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mind on the body functions is something that no one can deny who has given the matter the least study. How far it can be utilized only the future can prove. We all do know that a worried state of mind, anger, fright, interfere with the digestive process. If a physician can remove that deleterious state of mind, is he not removing obstruction? Then may not suggestive treatment be considered osteopathic? At least let us not decry and sneer at those who claim to help the sick by suggestion, but be willing to learn what can be done along that line.

Electricity.—While the scope of X-rays as a therapeutic agent is as yet a matter of question, there is no doubt that it is of great value in certain skin conditions. So far as it is now understood, the action is supposed to be germicidal—that is, antiseptic. Antisepsis is admittedly osteopathic. There can be no possible objection, then, to its use. Therefore the sneers directed at practitioners who have an X-ray equipment come with poor grace from one who recommends the use of even the simplest antiseptics.

Many other aids could be mentioned. The great essential is that we look at these matters from a scientific and humanitarian standpoint—not a selfish one. It is a *principle* we are striving for, and we must in justice to our selves and our science apply the principle broadly. With our three years college course, there is time to study exhaustively along the line of all natural methods. Ours is an extraordinary opportunity. The world is waking up to the fact that prevention is better than attempting to cure after disease has fastened upon the system. We have only to demonstrate that we are fully qualified as guides to this end,—that we are not merely "rubbers" but are physicians in the highest, truest sense. Then the prediction so often made by our friends will come true, and osteopathy will take its place as *the* school of healing.

DISCUSSION OF THE NON-MANIPULATIVE PART OF OSTEOPATHY.

C. W. Young, D.O., St. Paul, Minn.

I presume you remember the time years ago when on some moonlight night you stood at the front gate and looked into the eyes of someone with whom for the first time you realized that you were in love, and you remember the sensation of joy that ran through your entire being when you shook that hand. I had a similar sensation of joy when I for the first time shook the hand of our founder, Dr. Andrew Taylor Still. I know of no man in the country who has more sunshine in his heart than Dr. Still. If you do I would like to see him. I know of no man who has the skill, who has the vigor, who has gained the achievement, and who is out of doors so much and receives so much sunshine direct from heaven as our founder, Dr. Andrew Taylor Still.

In the History of Osteopathy there is a picture of the old doctor standing by the well drinking from a bucket in his shirt sleeves. It is the picture I love the most. The doctor in his autobiography says that he loves nature; that it is the true source of joy; that it makes a man glad that he is a man. The other night we heard him state that osteopathy embraces the entire universe. Do you want anything broader than that? The old doctor stated, too, that he was sorry, and hated to hear us speak of the trials, tribulations

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and sufferings of his early life, and you heard him state most emphatically how he enjoyed his life, and how much fun he had in it. We dudes, with our patent leather shoes, and our silk ties, cannot understand those things. We think that a man, unless he is after money, and filling his pockets with it, and stopping at palatial hotels, cannot be happy. Dr. A. T. Still in my opinion was telling the exact truth, and knew what he was saying.

It is only as we sacrifice ourselves, and work for the good of humanity, and have for our thought and purpose the good of our fellow beings, that we can ever obtain the real joy of life. That is the divine philosophy we should know and master, and if we have that philosophy of life we will have but little difficulty in advancing the cause of osteopathy, and in being true to its principles. I tell you there are very few who understand that philosophy and practice it. If there were more it would wonderfully help the school question. If the financial question was not considered we would have no trouble over the question of matriculants. We would not have poor graduates. Some come to Minnesota from the school of our founder scarcely able to write the English language, and unable to write a letter that is in any way correct from the standpoint of English. I do not mean this as harsh criticism toward Dr. Charles Still's school or any other school, but simply as a suggestion, hoping that it may hereafter be corrected. I trust he will not feel ill toward me, as I say it in the most friendly spirit, but I feel this is a very important matter.

Up to the time of my father's death I had not shed a tear for 25 years, but the other morning when I was thinking of the wonderful good our profession has brought to humanity my eyes became filled with moisture. My father died a slow death of torture extending over a year and a half, as the result of a biting, stinging cancer, and I want to stop that suffering if I can. They told me at Milwaukee, when I said I cured a case of paralysis by fasting, a case of consumption by the aid of hygienic measures, a case of constipation by the aid of suggestive therapeutics, they told me of the wonderful things that were done at Kirksville.

Now, I do not want to be prejudiced. Anybody challenging my statements, I want to be shown. I am ready to be, and for that reason I went down to take a post graduate course. It was all I could afford. I studied in St. Louis last summer six weeks and I tried to be shown. I studied the manipulative part of osteopathy intensely during the past six years. I have been devoting greater attention to the study of these things than I have to getting a large practice, and I try to absorb all the information there is to be had.. I learned through Dr. Laughlin how to set the atlas. I went back home and relieved a patient suffering from an atlas lesion.

When I was in Milwaukee I was the father of a boy. I left my wife in charge of a medical doctor. There was a laceration of the perineum, and after I arrived home there was puerperal fever. I learned in Kirksville how to correct those things. When the next boy came he came like an express train, but we stopped him at the right place, and there wasn't any laceration in the perineum, neither was there puerperal fever. The wife sat up on the third day, and was able to walk about on the sixth or seventh day, and we have the dearest baby you ever saw, and as time goes on my faith in the old school medical science is gradually decreasing. And so I would like to see osteopathy revolutionize the whole world. We are such a diseased class

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of people. I do not think the osteopaths themselves will stop pneumonia or typhoid fever so long as they rely on manipulation alone. I think we will have to do as the old doctor did. He seems to be brighter and happier and enjoy life more than some of us younger people, simply because he knows how to get close to nature and live next to her. It is my belief that the healing system will not be revolutionized until we do as Dr. Still told us the other night—acquaint ourselves with the astronomy of life. We must understand the fundamental principles of human life, the necessities, the life essentials. Take the plant. We do not talk about injecting drugs into it; we do not talk about electricity and vibrators. When a plant is sick we talk about sunshine and water, and stirring the soil. They say out here in Colorado they can raise three and four crops a year by artificial means, and that each year the crops get better. If we work in accordance with the laws of nature we certainly will develop the human being. It is grander and more perfect than its forefathers. I believe that death short of one or two hundred years is unnatural. I believe most of us are dying of slow torture, simply because we do not understand the laws of nature and do not obey them.

The science of osteopathy is new; the manipulation of the body is new. It is one of the great features of nature's therapeutics. We have come to the conclusion that manipulation is only a part of osteopathy. Bony lesions and their treatment have done wonders for the relief of suffering humanity. We will never forget it. There is no one that believes in those things more sincerely than I do. We have an opportunity such as no other body of men ever had. And so I say we should devote our time to the attainment of osteopathic knowledge, and to the study of clinics and learn to cure the sick. We are iconoclasts when it comes to the science of anatomy, physiology, symptomatology and diagnosis. I do not believe in the present condition of affairs, that the most efficient physicians can come from those who do not have an education, and this education means the most resplendent opportunities that we have ever had, if we use them to the best advantage, as the old doctor told us the other night. If anything is demonstrable we should adopt it. Let that be our motto: demonstration must be the foundation. You must show people, and if I was not in a position to show you with reference to the position I take I would certainly feel greatly humiliated. I know in my own case, in the case of my family, and my own patients, I am simply amazed and astounded at the results produced through the instrumentality of osteopathic principles, and I trust that we may continue in our work of relieving suffering humanity.

DISCUSSION OF FOREGOING PAPER — CONTINUED.

A. G. Hildreth, D.O., St. Louis, Mo.

I have enjoyed Dr. Todson's paper very much, as well as Dr. Young's remarks, but I cannot allow this opportunity to pass without saying a few words pertinent to the subject under discussion. I realize as well as any man in the profession the position that some of us older members occupy; I realize that we place ourselves where a great many people may imagine that we are narrow in our views, for the simple reason that they do not comprehend the true situation. You do not understand Dr. Charles Still, myself, and dozens

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of others that I might mention, who stand so unequivocally for osteopathy in its purity and in its individuality.

We are not saying by the position we take that there is no good in the vibrator and other methods of treatment. There is a wonderful field before you in teaching people how to live as well as to learn to know how to cure them when sick; and we are not saying that these things are not beneficial, but we are saying to you that you cannot be a carpenter, a merchant, a banker, or study half a dozen other professions and be successful in all of them. I am here to say to you without hesitation that no man or woman need tell me that an inanimate mechanical appliance can be put on these living bodies of ours and accomplish the results that the independent educated finger guided by an intelligent and well-balanced brain can produce, and you know it. You may just as well tell me that the pianola can bring out of the piano that harmony and that quality of music that you can produce by the fingers. All mechanical devices lack animation, life and soul.

Recently there walked into my office in St. Louis a man who handed me his card, and said he was representing such and such a company that manufactures and sells radiance appliances.

I looked at him, and smiled when I said: "Brother, there is no need of your wasting your time here, for I would not give you 15 cents for a carload of those instruments for my use. Now, do not misunderstand me. I am not saying there is no good in X-radiance."

He said: "Doctor, I am at a loss to understand you; don't you recognize the medicinal value of X-radiance?"

I said: "I do not know, but I personally believe we have a treatment that is eminently better than X-radiance."

He said: "I am selling great numbers of these machines to the members of your profession."

"Yes," I said, "to my sorrow. Now, my brother, let me explain my position. I am not fighting X-radiance, for I recognize the value of it, and its utility in locating foreign substances and fractures in the human body; but I would not give much for the osteopath that could not diagnose a fracture or a dislocation without one."

He pulled his chair up closer to me, and we conversed for nearly half an hour, and finally he told me I was right. I said to him, I believed that the average osteopath, and the average practitioner of medicine throughout this country has no business with those things, for the reason that in most instances they cause more harm than they do good. In other words, I claim that the man who professes to use X-radiance for the purpose of alleviating human ailments should carefully study the power of the force with which he is dealing before he turns it on the human body. This gentleman said that there was not to exceed four or five men in the United States that he considered competent, or who had mastered the subject of X-radiance, and who he felt were competent to use it at this time, and yet he was selling the machines.

Dr. Todson's paper was very thoughtfully prepared, and I want to compliment her upon her efforts, but those of you who are coming into this profession from year to year ought not to condemn those members of the craft who have stood up like men to uphold the principles taught by that grand old man, whom we love to honor, who stood before you the other night in the sim-

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plicity of truth, yet with the strength of a Hercules, a living example of what one life can accomplish when spent for principle. He fought and suffered, yes, and has spent his life for osteopathy. Do not condemn us for upholding those elementary principles that mean everything to this profession, and that he has given the best of his life to develop. You all witnessed the dramatic scene, and never in my life have I looked upon a thing more beautiful than the "Old Doctor" when he stood before you and asked you not to pity him, but to rejoice with him because he had gained rich pleasure from the battles he had fought, indicating that the heritage he was leaving to the children of men was ample pay for all his pioneer hardships.

In what I am saying I am undertaking to help you, my brothers and my sisters, to carry on that grand work along the line which he has taught and that means most to the people of this earth and the profession to which we belong. He was the instrument in God's hands in giving to the world the greatest science that was ever known. Our papers and our periodicals are full of articles in reference to the limitations of this science. Why, it is not the practice that is limited, it is the brains of the men and women who profess to be osteopaths that are limited when they fail to get results, and they should not lay it to our profession.

Another thing I wish to mention. Dr. Charles Still the other day spoke of the case of Miss Critchfield, who was cured of a dislocated hip after three and one-half years' treatment. It was a wonderful result, but was accomplished by perseverance, both on her part and on the part of the osteopath. He also said, when you feel that you are not getting results then you should quit the case and not continue the treatment, and I wish to take issue with him on this point, for there is not a man living, not even his father, that has reached the point where he can say he has reached the limit of his profession, because there is more in nature and osteopathy than we have ever imagined. We know not ourselves as yet what we can cure, and the above case is a good example of this fact. I am not asking you to take all of those cases that come to you promiscuously and promise to cure them, God forbid, but in the Lord's name give to them the only opportunity they have of getting well, because yours is that opportunity, and in the great majority of cases they come to you, not in vain, for you either help them materially or cure them entirely.

That girl, Miss Critchfield, walked down the hall one day after spending two years at Kirksville, and said to me, "Dr. Hildreth, I am going to quit osteopathy, I am going to Dr. Sayre of New York City."

I said, "Miss Critchfield, no man who has known of your loyalty to this profession, and the length of time you have spent with us in order that we might alleviate your suffering, can say to you not to go, because you have certainly been extremely patient, but I could not let you go and feel that I had done my duty, did I not say to you, if you leave this institution, in my judgment, you will leave behind you the only opportunity you have of getting well."

She looked at me for a moment and said: "Dr. Hildreth, if you feel that way I shall stay right here."

Time ran on for another year and a half, and Dr. Harry Still set her hip. I wish you could have seen her, and watched her walk up and down that old historic hall of the old school building and infirmary at Kirksville. She could

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not talk. Her expression was between a laugh and a cry. It was a memorable occasion for us all. More than one may have shed tears of joy—I can't say how many. Had we said quit, we can't do you any more good, and had Dr. Harry Still given her up at the end even of three years, that girl would have been a hopeless cripple for life.

Dr. T. L. Holme, of St. Joseph, came to the meeting of the Missouri State Association, held at Springfield in June of this year, and consulted the members, including myself, in regard to a case he was treating of Bright's disease in its last stages, where the patient was very short of breath, and almost totally blind. His limbs were so swollen that they had to be bandaged their entire length. Dr. Holme asked our advice as to the continuance of the treatment.

I said: "Doctor, by all means continue your treatment, if that man dies stand up like a man and shoulder the responsibility. Your school is equal to it and able to meet it; go home and give him all you have."

I said this, mark you, with a full knowledge of how we are censured if a patient dies under our care, and because I believe we have reached the place where we should do our duty no matter what people say, that we should give the patient every chance they have to live.

Since coming to this meeting I met Dr. Holme's sister, Dr. Hurst, of St. Joseph, and her brother, Dr. Holme, of Tarkio, Mo., and his sister said to me, my brother sends this message to you: "At the convention that met at Springfield, Mo., in June, the only man that would recommend that I continue the treatment of that man who had Bright's disease, was yourself; that the patient had been to see Dr. Billings, of Chicago, for his diagnosis and prognosis, a man with an international reputation as a diagnostician, and he had said that he could not live two months, and you were the only man among the osteopaths at the Missouri Osteopathic convention that advised him to continue our treatment, and doctor, my brother says to tell you that the man today is able to walk down to his store and is getting well as fast as he can."

My brothers, listen:. It is my knowledge of case after case like such as these described, and the fact that osteopathy stands not only by the dying patient but by you as well if you but do your work as you should. These facts I say are what make me so radical in the position I take and occupy today as regards genuine osteopathy. And I simply want to drive into the heart of every man and woman within the sound of my voice the thought, nay better still, the fact, that you have within yourselves a knowledge, a profession, the possibilities and opportunities of which have never been reached or imagined, and I, through this association, seek to assist you in order that you may become more skillful, and that you may go from this meeting to your homes stronger in your ability to combat disease, and with a greater knowledge of your own capabilities.

Therefore, I say again, do not scatter your energies; not but what the various devices are good, in a way, but do not condemn those of us who stand unflinchingly for that principle that we know has made us what we are. Blame not your profession, should you fail in your work, but blame yourselves.

In conclusion let me say that no gathering has ever been more royally entertained; no assemblage of ours has ever met with a warmer reception

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than the one tendered us here by our Colorado friends. We have not only gratified our social desire, but we have feasted our souls as well, and I hope when the gavel falls on the last act of this great meeting, it will have fallen upon the action of a convention that means more to this profession than any convention ever held; and as we depart and scatter throughout the length and breadth of this land, oh! may we go to our homes and offices with greater confidence in ourselves than we have ever possessed before; with a greater knowledge of the all in our own profession; and a diminished desire to hunt the limitations of our practice, and a greater desire to know its possibilities.

DISCUSSION — CONTINUED.

M. C. Hardin, D.O., Atlanta, Ga.

I do not wish to occupy much of your time, but I wish to get as much in what I say as I possibly can. Unfortunately I was out when this paper was read and have only heard the discussion of it, but as it is an important one I would like to say a few words.

A great many of our osteopaths are like the medical doctors; they do not know the difference between massage and osteopathy. They have never learned the difference. I have taken some pains to investigate these things. I have read several books and articles on massage and Swedish movement cure, and other methods of similar nature, and have fused these things in my mind until, to my own satisfaction, I can differentiate one from the other.

When a man buys a vibrator and puts it in his office, that is his own business; but if he has one in his office and tells his patient that he is going to give him an osteopathic treatment with it he then and there declares that he does not know the difference between massage and osteopathy.

I got on a car one day in Atlanta to go to College Park, a small suburb about eight miles out, to see a patient, and as the car was rather crowded I paused a moment looking for a seat, when a rather portly nice looking gentleman asked me to have a seat with him, and as I sat down he said, "I ought to know you; I have seen you on the streets quite often." I told him my name and in turn he told me his. He then said, "Do you live out this way?" I told him that I did not but was on my way out to College Park to see a patient. He said, "You are a physician, then? You are not Dr. Virgil O. Hardin?" (He is a medical doctor of our city.) "No, sir, I am M. C. Hardin," I said. "Oh, yes; you are the osteopath; I have heard quite a good deal of you." He then entered upon a disquisition on osteopathy. He said that he thought osteopathy was a good thing in some ways, but it was limited much more than we thought in its application. "The only objection I have to it is that you fellows try to take in the heavens and earth with the thing. You claim to treat everything acute and chronic, when it is really quite limited in its proper application." I said, "When you talk like that I know you do not know anything about osteopathy. You convict yourself of ignorance by your statements." "Well," he says, "I happen to know something about these things myself. I am a physician." "I had supposed as much already," I injected. "For a number of years I was at Hot Springs, and while there in practice I used massage and Swedish movement cures myself and I certainly know something of these procedures."

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"By the way," I said, "since you mention that, I want to ask you a question. What is massage? I want to get a definition." "Well," he said, "it is a kind of rubbing and kneading of the body." Then, said I, "If a man goes down to a bath house here in the city and takes a bath and then has a bathroom rubber to rub him down, he rubs and kneads the body. Do you call that massage?" "Well, no," he said, "I would not call it massage." I said, "What, then, is massage? How do you differentiate it from a bathroom rubber?" "Well," he said, "one of them knows the anatomy and the other does not." "Then," said I, "suppose the fellow that knows the anatomy gives the same rubbing and kneading that the bathroom rubber does, is that massage?" "Well," he said, "no, I do not know." "Well, now," said I, "give me a definition of massage that will differentiate it from a bathroom rubber; I want something that differentiates." "Well," he said, "I will tell you; while I have practiced these things some, I don't know that I can give any better definition than that." I then told him that since I had associated his name with that of a physician, I knew who he was and had heard of him frequently because he was a man of some prominence in his profession. But I did not let him off at this. I went further with him and asked, "Now, I want to go a little further and ask you, What is the difference between massage and Swedish movement cure?" He said, "One is mechanical and the other is not." I said, "I thought both were mechanical." "Well, I mean," said he, "that one is done with the hand and the other is done with a machine of some kind." I then asked, "You have heard of the vibrator; now, is that kind of treatment massage or Swedish movement?" He said, "Swedish movement." Then I retorted, " I knew you did not know what you were talking about. You had better own up that you are at sea in these things and do not know them well enough to talk intelligently about them in a technical way."

And is it not so? Down in our city they have schools for trained nurses and they teach these nurses the theory and practice of massage. But who are their teachers? They are the leading doctors of our city. They place in the hands of these nurses a small treatise on massage. (I possess a copy of this book). These girls read that book, go into the wards of the city hospital and do their best to apply what they read in the little book. I have talked with some of these nurses and asked them questions about massage, and they know nothing about it. Why should they? It is not their fault. Who shows them how? Not their teachers, for their teachers, as a rule, never studied massage, never gave a treatment in their life, cannot define it technically, would not know it from any other kind of manipulation or mechanical treatment if they were to meet it in the middle of the street. Put the question to them and you will find it out as I have done on many occasions when they have mentioned the matter in my presence in a way that I could but ask them about it. Then if they know nothing about plain, ordinary, common massage, in what respect, pray! are they qualified to give us or the public the information that osteopathy is only massage? I have given you the substance of our conversation and now I want to give you a short definition of these terms, massage and Swedish movement cure.

If I should give you a short definition of massage, in a few words, I should say, massage is systematic exercise given to the body for the purpose of benefiting the health, wherein the patient is passive to the operator, whether the

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operator be a machine—mechanical massage,—or whether it be manual—done with the hand.

I cannot here give you references to substantiate my definition, from authorities on this subject, but I will illustrate. We have what they call a surgical institute in Atlanta, in which there are certain kinds of appliances used for the purpose of giving mechanical massage. One, for instance, is a machine where you put your foot in a stirrup; it is set in motion and vibrates your foot. Another one is where you lie down on an upholstered table, somewhat like one of our treating tables, which has an opening in the center through which an upholstered ball or pad revolves. You lie on this table so that your abdomen will come over this opening and this kneading machine works on your body. Both of these are illustrations of mechanical massage.

My definition of Swedish movement cure is as follows: Swedish movement cure is systematic exercise given to the body for the purpose of benefiting the health, wherein the patient is active with the operator, whether the operator be a machine or some apparatus for taking exercise, or whether it be done manually by resisting some effort of the operator on the body.

To illustrate this: Place the patient upon an operating table, for example, lying upon his back with his lower limbs flexed. Now, while in this position with his knees held tightly together let the operator endeavor to forcibly separate them, or if his knees are widely separated let the operator forcibly endeavor to pull them together while the patient resists his efforts by endeavoring to keep them separated. This very exercise was given me by one who is an expert in massage and Swedish gymnastics. This he gave me among other things as an example of Swedish movements while he was treating me. Again, suppose the patient has sime lung trouble; he goes into a gymnasium under the instruction of some one who has studied this with reference to benefiting the health. He is placed on a rowing machine. The instructor says, "We find that under certain conditions where the chest is affected, by using this machine, it develops the chest and makes better circulation." (Notice in this the patient is active with the machine). The instructor requests him to exercise so much this forenoon, so much this afternoon, and then perhaps increases it after a few days. Thus he is taking exercise under the instructions of a man who has studied this method with reference to benefiting the health. Now, these are illustrations of what is meant by Swedish movement cure or gymnastics. By these illustrations and definitions I have distinguished and differentiated these things from each other and both from bath room rubbing. All this physical culture movement which has come into such popular favor in recent years is nothing more nor less than an extension of the application of Swedish gymnastics.

I am not condemning these things. I hail the day when they are becoming popular. It augurs much for us. We are pre-eminently the people who apply mechanics to diseased conditions and the people are coming to know it. The consequence is that when there is to be any application of mechanics under these conditions the people want us. A gentleman in my city was sick. His family physician after trying very much of the pharmacopeia upon him finally said to him one day, "I have concluded to have you moved to my sanitarium and give you some mechanical treatment with my vibrator. I really think this is what you need. When he was gone and before the

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day was over this gentleman called his physician to the telephone and said, "On your visit to me today you said you thought I needed mechanical treatment. Since you have so decided I have concluded to call Dr. Hardin, the osteopath, whose special method of treatment is by mechanical methods." This he told me on my first visit to him.

Osteopathy is a science; osteopathy is a principle, or a set of principles, and the man that can apply it here and apply it there to conditions as they arise in the body, is practicing osteopathy. That man is not an osteopath who takes a little Swedish movement, a little massage and physical culture, a little hydrotherapy and a little, gentle suppository and all that sort of thing, for a case of constipation, and at the same time feeds his patient enough olive oil to bull the market on this commodity in Paris. I would call them olive oil specialists. They never cure their patient although they may fatten him on olive oil. I have had some such patients who had been so served at the hands of an osteopath come to me for treatment. Of course they were not cured. As long as they practice in such a way they are not osteopaths. They have failed to get the idea in their minds, and being filled with all these heterogeneous ideas they fail to apply the principles of osteopathy. If you will take this principle called osteopathy which proclaims that man is a machine and that it is our business to keep this machine properly adjusted, you have, perhaps, the best working idea of osteopathy that can be given in a few words.

Patients have often asked me this question when I was treating them: "Suppose I was suffering with something else than this I have, would you treat me then just as you are treating me now?" At first that seemed to me to be a very foolish question, but I soon saw the difficulty in the patient's mind and have answered this question in this way: There are two answers to your question. Suppose that I have broken my watch and I take it to a watchmaker and he mends it. After a while I break it again in a different part and take it back to the same man to fix. I ask him if he is going to fix it this time just as he did before. This, too, looks like a very foolish question, but he will say, "In one sense I do, and in another sense I do not. In the sense that I apply the principle of mechanics to it I mend it in the same way each time, because it is only a machine and however it may get wrong the principle of mechanics applied to it will correct it, if not worn out, for the principle of mechanics is just as broad in its application as the needs of the machine. But in the other sense I mend it differently in each instance for I only work on that part which is wrong. Osteopathy is just as broad in its applications to this machine, our body, as are the needs of the machine, and, therefore, unlimited in its applications to disease. Hence, osteopathy is within itself a complete system of therapeutics. But you say we need surgery. That is true, but what is surgery other than an application of mechanics which has for its object a readjustment of the abnormal relations of the tissues of the body and is, therefore, itself only an expression of the very principles of osteopathy? It belongs legitimately with osteopathy. Osteopathy in its relations mentioned here is appropriately called bloodless surgery. Of course it depends upon the man behind the application of the principles of osteopathy as to what results may be had in a given case, but if the best results are not obtained it is not necessary to charge it to the limitations of this science which in the theory of its applications reaches all conditions of

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the human body. The limitations lie with the head and hands that apply it usually.

I am tired and disgusted of hearing of this idea of bringing in a little osteopathic hydrotherapy, a little osteopathic olive oil, a little osteopathic electricity, a little osteopathic physical culture, a little osteopathic sunshine, a little osteopathic air, and a little osteopathic dietetics and a little osteopathic vibrator and calling it all oseophy. What is the difference between osteopathic physical culture and common, plain, every-day-in-the-week physical culture? What is osteopathic olive oil, anyhow? Air is a free commodity; you cannot monopolize it. Sunlight is likewise free. It may be a good thing to use a little water now and then. I do so myself. All doctors of all schools use it. Why, or for what reason, should we call it osteopathic any more than allopathic or homœopathic? Physical culture is all right, but why call it osteopathic physical culture? Every school of healing of every age has always advocated systematic exercise. Why should we claim it as peculiarly osteopathic? These things are the common property of every school of healing. They belong equally to all. Some of our people seem to get the idea that if they teach their patient how to eat, and drink, how to take a bath and how to exercise, that this is osteopathy. That is not osteopathy, it is hygiene. It belongs to osteopathy and is a part of osteopathy only in the same sense that it belongs to every other scientific school of healing. I am differentiating one school and system from another, and it is no differentiation to say that hygiene is a part of osteopathy.

Dr. Hardin takes his seat when a member says: I would like to have you give a definition of osteopathy which will exclude the other manipulative systems?

Dr. Hardin: I will gladly do it. That is a part of my speech I forgot. My time is so limited that it will be hard for me to comply, for already my few minutes have grown into a long time. The chairman is getting anxious to adjourn this body for lunch and you are just as anxious to get to that lunch. Well, a moment is an indefinite time anyhow, and I will go on if the chairman will permit.

The Chairman: It seems to be the will of the convention that you go on.

Dr. Hardin: Now, I stated that massage and Swedish movement cure were the same except that in one the patient was passive to the operator and in the other he is active with the operator, but both of these are applications of mechanics to the body for the purpose of benefiting the health.

Osteopathy is also an application of mechanics applied to the body for the purpose of benefiting the health wherein the operator looks upon the body as a machine whose structural relations he is to bring to a normal requisite. The purpose of osteopathy is not to give exercise, but to readjust mal-adjusted conditions in the body and thereby establish and maintain order and harmony therein. The exercise that a patient may sometimes get in taking a treatment is merely incidental to the treatment and not the purpose of the operator to give it; however, we may recommend exercise and all other hygienic measures. Osteopathy is one thing; exercise and hygiene are other things. They are not osteopathy nor a part of osteopathy except in the same sense that they are homeopathy and allopathy. We have no monopoly on them as belonging exclusively to our system of therapeutics. In other words osteopathy is the science of adjusting the bodily relations of the tissues when

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any structural defects exist therein. Compare this definition with the definition of some of these non-manipulative people: Osteopathy is the science of manipulating water, olive oil, and electric vibrators, absorbing sunshine and breathing air and taking physical culture.

Massage and Swedish movement cure know absolutely nothing of *readjustment,* the one word that expresses more osteopathy, perhaps, than any other word in our vocabulary, while *this is the one underlying principle of osteopathy.* If I should name one sentence that means osteopathy more than any other it might be expressed in Dr. Hulett's language: *"Structure determines function."* Look on the human body. It is like an engine. When the engineer gets into his cab and takes hold of the different levers, and moves this or that appliance, he knows at once whether the machine is in order or out of order; but if I got into that cab and took hold of the same levers and manipulated them as nearly like the engineer did as possible, I would not know whether it was in order or not. What is the difference between us? It is one of knowledge; he knows all about that machine, knows what relation one part should bear to the other; I know nothing about it. The engineer stands in the same relation to the engine that the osteopath does to the human body.

A Member: As an operator on the body, can you ascertain what is in the patient's mind in the same manner that you could any material thing that you are handling, such as an engine?

Dr. Hardin: I do not understand you. Can I get his thoughts by feeling of him?

The Member: Yes.

Dr. Hardin: I can to some extent. I examine a person, the condition of his spine, and note the location of any lesions, the sensitive condition and all that, and I say to the patient, "You've got the blues," and he answers, "Yes, that's right, I've got the blues."

The Member: Probably you are a phrenologist, or a palmist?

Dr. Hardin: I do not claim it. I have never studied those things, but I work to replace the defective relations that I find in the body. Dr. L. S. Brown had one of the finest illustrations in an article some time since that I have ever seen, showing how the osteopath gets at these things. He said a blind man reads what is written in his book by running his fingers over its printed pages. So, too, the osteopath puts his hands on the human body and, as he runs over it he reads what is written there if he knows his business. Do not understand me for a moment to say that we do not want to talk to the patient. We need all the light we can get. I am not excluding any light at all. But if we are practical osteopaths we know that we can run over a human body in the way I have indicated and can tell the patient something of his conditions without his saying anything.

This was one of the ways I worked some years ago when I was in the legislature down in Georgia. I was alone in the state, the pioneer, and had been there only nine months. I closed my office and went over and got acquainted with the brethren in the legislature. I found them grouped about here and there in the hotels and boarding houses. I would single out one that had some ailment, talk to him, invite him to my office and treat him. Then I told him I wanted him to get those other fellows from his boarding house to my office. For this purpose I kept my office open on Monday,

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Wednesday and Friday nights from 8 o'clock on, so long as they cared to remain. I got out my skeleton and set him in their midst. I stood there and talked and explained osteopathy to them. They got interested; they asked me all manner of questions. I answered their questions and gave them such a clear idea of osteopathy that no one could come along and convince or prejudice them with the idea that osteopathy is massage or Christian science. When I had finished my talk I would ask one of them to lie down on my table and I would tell him what was the matter with him. Then I would, perhaps, take another and do likewise. I then explained to them how I was enabled to tell them these things. They were impressed by its simplicity and common sense. This was the method I pursued. When I got ready I had my bill introduced and got it through both senate and house with large majorities.

Massage is a good thing. I am not talking against Dr. Owens with his vibrator. Many people get well by it, but because Dr. Owens is an osteopath and people may get well from taking treatment with his vibrator, this is no reason to conclude that vibration is osteopathy. There is no exercise in osteopathy for the purpose of getting exercise, but we recommend exercise and some other of Dr. Young's hygienic measures that he calls osteopathy. Dr. Young is very broad and liberal with these things. He wants to take the universe in and call it osteopathy,—leaves no room for any one else.

Dr. Young: But did not Dr. Still say the other evening that osteopathy is as wide and comprehensive as the universe?

Dr. Hardin: Certainly, but he was speaking of man. Man is a universe within himself. Dr. Still is a poet as well as a philosopher. He was not playing with the stars and planets. The human body is a universe within itself—a machine complete in all its appointments, and as I told you a moment ago, whenever or however that watch may be broken, it had to be mended by applying the principles of mechanics to it; and by applying the principles of mechanics and nothing else beyond our hygienic laws to this body of ours, —and this includes surgery,—we correct the defects that exist. This is the complete thought that I wish to impress upon your minds. Thank you.

PROGNOSIS.

Paper Read Before the New York Osteopathic Society by C. M. TURNER HULETT, D.O., Cleveland, O.

In the beginning of osteopathy principles were unrecognized. If the laws of nature were operative in bringing about the evident results, it was in a way so foreign to all previous experience and all preconceived conceptions of the nature of disease and the consequent necessary methods for its cure, that Dr. Still was solemnly admonished for his rejection of the "divinely appointed" medicinal remedies for disease, and was warned with sincere and horrified solicitude, that his course could only mean a league with the prince of darkness, and a perilous jeopardizing of the eternal welfare of his immortal soul. But in smiling indulgence or flashing scorn of their ignorance, Dr. Still held to what he knew to be truth. At first he had simply a few manipulative tricks which he added to his physician's armamentarium. Experience and observation led to increase in number and

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range of applicability of these "tricks" until it suddenly flashed upon his mind that they were but expressions of a principle, a law of life, and from that moment began the development of the science and practice of osteopathy. It was a new principle. It worked. Treatment applied in accordance with a diagnosis having sole reference to the finding of a structural lesion as a working point, gave a high rate of favorable results. Conditions before considered incurable, yielded like magic to the inherent recuperative forces of the organism, released by correction of the lesion. It seemed to be in accord with the known laws operative in the human organism. It stood the test of modern biological requirements. Growing, extending, expanding; approving itself daily in new and untried conditions, necessitating a revising and restating of anatomy, physiology, pathology, the symptoms, in the terms of the new concept, entailing a prodigious amount of labor and research; is it any wonder our attention has been absorbed by one side only of the problem, that we have neglected the question of the limitations of osteopathy. In our enthusiastic faith in what it can do we have neglected to consider what it cannot do. Nature's rebuffs and admonitions when we have been presumptuous in attempting the impossible have been ignored. We have taken a sort of self-effacing pride in ascribing all our failures to our own ignorance, to our inability to "find the lesion." We have said that "osteopathy can do anything, but there are yet many things which osteopaths cannot do." "You don't know what you can do till you try," has been taken to justify "trying" anything and everything with but little regard to determining beforehand what the probabilities are. This has fostered a sort of cut-and-dry method which is unscientific, unprofessional and even dishonest. We were dazed by the wonderful march of events in the earlier progress of osteopathy, and did not see the error in the assumption that the future would show a continuance of the past movement, which we fondly thought was to cease only when the domain of osteopathic structural adjustment was universally established as coincident with the domain of disease. Pathology and pathological changes in the organism received scant attention, because supposed to have but small place in relation to osteopathic therapeutics. Intermediate conditions were ignored, and "cause" and "cure" too closely related. In practice to "find and correct the lesion" was thought to be tantamount to a cure, and if cure did not result, the fault must perforce lie with the practitioner.

Not that this mental attitude has been an unmixed evil. Far from it. The human mind is so constituted that it clings to the old and is chary of the new. Osteopathy, like every new idea that gains a place in human thought, must needs at first be over-emphasized in order to bring about the psychological readjustment necessitated by its advent. But this stage in the history of osteopathy is passed. The truth of its basic principles is established. Nevertheless our final failure will be none the less complete if we do not keep pace with the advance our own efforts have accomplished, and turn our attention to defining its relations to already known truths. Just where it applies and where it does not apply, just what it will cure and what it will not cure, in brief, its limitations, have received but little discriminating attention. We have allowed a sort of enthusiastic indolence to cause us to ignore our failures, to lose much of value we might have derived from them, and to confine our thought and effort to the one line of structural examination for lesion, neglecting all the many clinical, chemi-

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cal and microscopic aids to exact diagnosis and intelligent prognosis. We have allowed the real importance of the lesion and the almost universal need of its correction in the cure of disease to vitiate our sense of values, and to cause us to overlook other conditions which are only sometimes present, and while secondary in order of time, may be of prime importance in relation to the final effects and termination of disease. Perhaps an instance from my own experience will serve to illustrate my meaning, as it is a typical example of the mental methods into which we have allowed ourselves to drift, and of the too limited scope of our thought and investigation in the routine of our work. A case of chronic gastritis in a man forty years of age, of many years standing, in which I was given every opportunity. After nearly a year of treatment I gave it up and sent him away with nothing better than the hope of minimizing his troubles by care in diet. But he did not need to come to me for that. He had learned that already, in years of bitter experience, and theoretically, from the standpoint of a perfect science I ought to have been able to determine the real condition in the beginning and to have saved him the time and expense of that year's treatment, and my profession the discredit of a failure. I made a statement of this case to a company of practitioners, and asked for their experience in similar cases, with their conclusions as to causes of failure. The sum total of discussion on so prolific a subject was the remark by one of our best practitioners, "You didn't find the lesion." True, that was one among several possible explanations of the result in my case, but it was not very illuminating. Not a word about irreducible lesions, about crippling structural changes in circulatory and nerve mechanisms caused by the lesion, about conditions of sclerosis in the stomach walls, about atrophy and obliteration of the gastric glands, about arrested development of the sympathetic system, about a great many conditions which in certain cases may be incurable, and not a word of experience in detecting such cases, and being able thereby to make a correct and intelligent prognosis. The complete mental obsession by the one factor obscured everything else, and "You didn't find the lesion" was all-inclusive and final. This criticism does not apply to that company only. It applies to the profession, and the exception to our position by other schools that we had no pathology has been well taken. The universality of the power of self-restoration of function as exemplified in the constant vital adjustments involved in the maintenance of a mobile equilibrium in the organism, the power of function over structure as so expressed; the failure of automatic adjustment in some cases of derangement of the less vital structures, such derangement constituting an obstruction the effects of which we call disease; and the need and efficacy of corrective intervention to overcome the derangement of structure, resulting in restored normal functioning and cure of the disease, form the basis of a system so complete, logical and satisfying that we have been prone to ignore its limitations and to neglect to inquire as to the significance of the word incurable in relation to that system. Sometimes, in the fervency of our early ardor, when so many of what had been formerly regarded as incurable cases were restored under osteopathic administration, we were disposed to think that the word had no place in our vocabulary. We are learning, however, that it means only a shifting of the line of demarcation, and that we have in this as in all other departments of medicine, our own problem to work out, and that the whole field of the natural history of disease, of its

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pathology and its effects, cannot be disregarded and disrupted and a part thrown away except at our peril, but that as we are doing in the field of etiology, nosology, diagnosis, and treatment, so in this we must revise, reclassify and restate, according to the osteopathic philosophy and in osteopathic terms.

What and where are the limits beyond which correction of lesion or restoration of function is not possible? This question states the problem and its answer would cover the whole field. The answer cannot even be outlined in this discussion, but some of its most obvious and salient points may be profitably reviewed. For the present purpose the question of lesion or no lesion, of disease due to lesion or to other conditions, as abuse, may be disregarded, as the conclusions will apply equally in any case; so, for convenience, the lesion may be taken as the starting point.

The subject of incurable abnormalities in the organism may be studied from two viewpoints. The first would more clearly illustrate the osteopathic method of reasoning by considering the location of the abnormal condition with reference to the causative lesion. True, it is very rare for structural change to be confined to one point, the usual rule being that a number of structures are involved in the disease process, but in order to systematize our thinking we may conceive of three regions in which change resulting from lesion may be found.

The first would be in those structures involved directly in the lesion itself; the character and extent of change in osseous structure and articulation, and articular surfaces; modification of direction and tension of ligamentous and fascial attachments; variation in muscular tone; displaced viscera; overgrowth of tissue, as in tumors. The question of the irreducible lesion is one which has hardly been touched upon. Indeed from a cursory review of the literature and teaching on the subject of the lesion it would appear doubtful whether we really recognize such a condition. Or if it is recognized that entire correction of structural conditions is not possible, it is usually stated that the disease may be cured through the partial correction of the lesion supplemented by the power of the organism to adapt itself to changed conditions, and function thereby restored to normal, even though operative through abnormal structure. That these statements are true in the great majority of cases is abundantly proved by the clinical experience of every practitioner. But experience also shows that some cases do not get well, and it is only reasonable to admit that this may sometimes be due to a lesion which cannot be corrected. Such a lesion would be one which involved or had resulted in gross change in shape and relation of the more inert, less vital tissues, bone, cartilage, ligament and similar supporting and connecting structures. A marked osseous distortion, degenerative contracture of ligaments, or fibrous or fibro-cartilaginous hypertrophy of other connective structures, or even scar tissue resulting from traumatism in muscles, which have existed for a long time, may resist all manipulation, so that the disturbance of function so caused may continue in spite of all our efforts. This is a field of osteopathic pathology which is, so far as I know, practically unworked, but is one of the very highest importance to us, as an experimental solution of its problems would add greatly to our accuracy in diagnosis and prognosis.

The second region would include intermediate or connecting structures affected by pressure from the lesion. The most important of these is the

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nervous system; then the arteries, veins, and lymphatics; and contiguous viscera. The lesion effects as we find them in this region are so universal, so far reaching and so distinctively osteopathic, that we are prone to overlook everything else and to regard all success or failure in our work as hinging upon what we accomplish here. Of the three divisions we are now considering, this is by far the most important. We judge of the effectiveness of our efforts to reduce the lesion by the degree to which pressure effects on vessels or nerves are diminished; and we abide in the faith that the terminal organs whose functioning is impaired by this shutting off of nerve or blood supply, will, upon its restoration, be enabled to again take their normal part in the vital activities of the organism. Here again clinical evidence demonstrates the correctness of osteopathic reasoning, and we are safe in pinning our faith to this principle, if we remember the fact that it has certain limitations. Pressure may be so severe or long continued as to cause degeneration and atrophy in the impinged tissue to such a degree that it is beyond the possibility of repair and could no more be restored than could a new limb after amputation. Dr. McConnell's splendid work during the last year has suggested the answer to some of the problems presented in this connection, and at the same time has revealed a multitude of new problems, and thereby shown us how much there is for us to do before we can give a really intelligent reason for our faith. In all of his experiments there was inflammation and congestion, and in all but one there was actual hemorrhage. These conditions were found not only in the spinal cord, the meninges and other connective tissues, the neurilemma and neuroglia, but in the substance of the nerves and nerve cells the microscope revealed intracellular congestion. His longest experiment period was six weeks and the shortest one week. From his paper there seem to have been no differences between these referable to age of the experiment. The oldest was still in the acute stage. It would be interesting to trace the course of such experiments through lengthening periods of time, with a view to determining under what conditions the point is reached beyond which it is not possible to restore normal functioing. This much at least is true. A certain degree of congestion may have opposite effects on different grades of tissue. It will first impair the function, and later cause atrophy and degeneration of the higher vital tissues, in this case the nervous structures, and in less degree the vessels and lymphatics, while the metabolism of tissues of lower grade will be less impaired or even stimulated, and as the higher tissue disappears, nature will fill the breach with the lower grade connective, "scar" tissue. When this has occurred there will be permanent crippling which no treatment will remedy, and such a case will be an incurable one, for nature never reverses the process, tearing down low grade and replacing it with high grade tissue. A scar remains except that the superabundance of tissue first provided may be reduced to the actual requirements of the condition.

The third region would include the terminal structures or viscera supplied by the impinged nerves or circulatory channels; the end organs, whether near or remote, that are affected by the lesion. Dr. McConnell's experiments are particularly satisfactory in their conclusive demonstration of the effect of lesion on remote organs. The congestion, hemorrhage, and ecchymoses in the spinal structures could be plausibly accounted for by an objector on the basis of direct traumatism. But his finding of recent pathological change in remote organs cannot be so explained. The dilation and thinned

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walls in the stomach; the lack of tonicity and degeneration of vessels; the congestion, hemorrhage, cloudy swelling, parenchymatous degeneration, and atrophy of glands; the enlargement of the spleen to twice its normal size; and the stricture of the jejunum, require no argument as evidence of the effects of spinal lesion impinging on the nerve or blood supply of these distant organs. Here again applies our problem of diagnosis and prognosis. Given a lesion causing circulatory and nutritive disturbances in the chief gland-bearing portions of the stomach walls, of sufficient severity and age to permit of completion of the degenerative processes, with excessive proliferation of the connective tissue elements. You would then have what is sometimes found, a stomach devoid of secretory glands, with walls an inch thick composed of fibrous connective tissue. Correcting lesions till doomsday would produce no appreciable effect on such a condition.

The other viewpoint from which incurable changes or abnormalities in structure may be studied, is at once more general and more specific, and has reference to the nature of the pathological processes by which restoration of normal function may be permanently prevented. Dr. Guy D. Hulett had planned a chapter on Prognosis to be added to his work on Principles of Osteopathy. He had reduced to written form only the outline, and my pleasure in incorporating it in this paper is overshadowed by my regret that we are deprived of his complete elaboration of the subject. His outline is as follows:

Diseases may be incurable on account of the following conditions.

I. From Destruction of tissue, as in:

1.—Valvular disorders.
2.—Tuberculosis, (pulmonary).
3.—Gangrene.
4.Floating kidney.
5.—Degeneration of Cord.
6.—Dementias.
7.—Cerebral Hemorrhages.

II. From Construction of Tissue, or New Growth, as in:

1.—Cirrhosis.
2.—Scar Tissue in Organic Heart Trouble.
3.—Arterio-sclerosis.
4.—Rheumatism.
5.—Otitis media.
6.—Cataract.
7.—Hypertrophies.

III. From Overstretched, or Atonic Tissue, as in:

1.—Gastrectasis.
2.—Bronchiectasis and Emphysema.
3.—Aneurism.
4.--Splanchnoptosis.
5.—Lax Spines.

IV. From Imperfect Development of Tissue, as in:

1.--Idiocy and Cretinism.
2.—Astigmatism.
3.—Congenital Disorders.

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V. From Exhaustion of Tissue, as in:
1.—Fatigue Neurosis.
2.—Neurasthenia.
3.—Overworked Organs.
4.—Tetanus.
5.—Cholera.
6.—Meningitis.
7.—Pneumonia.
8.—Uremia.
9.—Syphillis.
10.—Narcomanias.

VI. From some Miscellaneous Conditions, as in:
1.—Diabetes.
2.—Obesity.
4.—Neurosis.

Each of the diseases referred to in this outline will suggest to the mind a distinct pathological process, differing according to the organs and tissues involved, but all fraught with the possibility of impairment or destruction, of the organ or the organism. Somewhere in the course of the process there is a critical point. If the progress of the degenerative forces can be arrested before this point is reached, the self-restoring power of the organism will bring it back to normal again. If this point is passed and essential structures are destroyed, restoration is then impossible. This critical point is located by the old schools with reference primarily to the state of the peripheral organ involved. We locate it with reference primarily to the causative lesion and secondarily to the peripheral organ. Our pathology is not different from theirs, it is only more extended. It reaches farther back to include the lesion, which we find to be the starting point. Let me emphasize the remark that it "includes the lesion." We have sometimes fallen into error in application, in our nomenclature at this point. With reference to this line of thought the word lesion has been made something of a misnomer. At least it has led to a wrong conception. We have been inclined to separate the disease and its cause, to think of the pathology as beginning beyond the lesion. It will be seen at once that this will put the lesion into the region of the normal. But a normal organism contains no lesion. In fact the word lesion is only an arbitrary term by which we designate the first step in a pathological process, which is exactly alike in kind with all the other steps in the process. From the very first microscopic,—ultra-microscopic,—beginnings of variation from the normal, through all the chain of events to its final termination, the patholgical process is a unit, with a direct sequent relation throughout. Beyond the critical point where self-restoration is impossible, lies the domain of surgery. If the abnormality is a menace to the organism, it is the surgeon's business to remove it, if that can be done so as to save the life.

Prognosis is the last accomplishment of medical learning. It is the culmination and crystallization of all that is known of disease. A knowledge not only of the causes, course, effects, and possible termination of disease conditions, but also of the history of therapeutic results under all known conditions, is necessary to its intelligent formulation. It is a necessary part of practice. True, it would be possible for us to treat our cases as they came, with no thought or regard for what the results might be. Not

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only would it require greater persuasive, even hypnotic, powers than most of us possess to satisfy our patients on such a basis, but it would be neither science nor sense. An intelligent prognosis is a necessary element in our practice. But a guess is not a prognosis. An opinion based on unwarranted assumption is not a prognosis. A statement that "the lesion in your case is thus and so, its effects being the disease afflicting you, and when this lesion is corrected you will get well," may be a gross fraud on your part, and a delusion to the patient. Only when we can know all the conditions, causative and sequential, with their possible complications and terminations, together with a full history of therapeutic results in a large number of similar cases, and carefully analyzing and weighing these various elements, are we prepared to really make a prognosis.

What then are we to do? In actual practice we would fail to even approximate this result in a large proportion of cases, becuse there is so much that we do not yet know. The best we can do is to bridge the gaps in our knowledge empirically and if we do this with a clear recognition of the empirical character of this part of our work, we can avail ourselves of all that is known, and we will be free from blame for any untoward results flowing from the region of the unknown. Our duty to our patients requires us to be messengers of hope. We must be optimistic always so far as to be able to recognize and utilize every reason for hopefulness however small, which may be presented, at the same time avoiding the other extreme of deceiving ourselves as to the possible gravity of adverse conditions.

In the meantime two lines of work present themselves as correctives of our shortcomings in this respect. The one is that our schools should devote more time and attention to pathology osteopathically interpreted. No doubt this statement would raise an issue with some in our profession, but if the objections are carefully analyzed they will probably be found to apply not so much to the subject as to the old method of interpretatin, and an osteopathic pathology would be just as is an osteopathic anatomy, the whole subject revised and restated from our standpoint.

The other line of work has been most admirably conceived and put in the way of execution by the Publication committee of the American Osteopathic Association, with Dr. Edythe Ashmore to be credited with the honor of its actual accomplishment. This systematic record of cases will furnish a basis for estimation of therapeutic probabilities in our practice which will grow in value as it grows in size. When a sufficient number of cases have been reported it is to be hoped that they will be tabulated in such a way as to show percentage results under the various conditions presented. But to be worth anything this should include both successes and failures. Heretofore only successful cases have been reported. The next step in the development of this admirable work should be to remedy this defect. There is no work in which our national association is now engaged which promises more for the future than does this, and it deserves and should receive the active support of every practitioner in the field.

The subject of this paper is a very broad one. We may never be able to make always a correct prognosis in every case coming to us, certainly not until we know vastly more of the secrets of life than we now know. Nor, on the other hand, should we refuse to do what we can when we cannot do all we would like to do. But in many respects we might do more than we are doing in use of the knowledge already available to us, as well as in striving to perfect ourselves in that which is still to be gained.

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"A NOTE OF WARNING."—ANOTHER VIEW.

K. W. COFFMAN, D.O., Owensboro, Ky.

In the December JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION an article from the pen of Dr. James L. Holloway, sounds a note of alarm which, in my opinion, is quite opportune and yet quite inopportune. In this article I shall not come to the defense of Dr. J. N. McCormack, because it is Dr. McCormack, but because of the fact that I am more than sure that the position of Dr. McCormack is greatly misunderstood.

I have been intimately associated with Dr. McCormack, both in times of peace and when the storms of war were raging high, and to some extent I feel that I know the aim of the gentleman so often quoted. That aim is to bring the medical professions up to that high standard which they should by all means attain. I feel safe in saying that the only aim that Dr. McCormack has in this life is to prevent disease and cure it; that may seem too broad but my association with him on our State Board of Health warrants this assertion. That which is mostly needed in all branches of the medical profession, is thorough qualification. The standard now is, and at all times in the past has been, too low. Too many schools are out for the cash, with the result that too many unqualified physicians are before the public with license to kill instead of license to cure. There is no class of men more alive to that fact than the medical profession. Schools have sprung up all over this country looking to tuitions as the chief end. The result is, that those who see suffering humanity in the hands of inefficient physicians, feel that the time has come for something to be done. As the school is the source from which we get our physicians, the school is the head of the profession, therefore must be the highest type of educational authority. The schools can not be brought up to the highest standard from the school point of view. Therefore, that standard must come from the people. The people can speak only through legislation. Legislation is a result of education and as the people are primarily the legislature, therefore the people must be educated in advance of the legislature. Dr. McCormack is fully alive to this potent fact, and is at work along that line. What allopathy needs is education, what homeopathy needs is education, what osteopathy needs is education and what eclecticism needs is education. These facts being true, who is better qualified for the great task than the dominant school—allopathy? While I may be mistaken as to the motives of Dr. McCormack, yet I feel sure that a higher standard of qualification is the only end in the work now so ardently advocated by him. If osteopathy had never been discovered, Dr. McCormack would have been at work along this same line.

We need not feel uneasy in regard to the examinations. Our people pass them as successfully as other schools. What is wanted in the United States, is such a standard of qualification for the practitioner of all the schools, as shall be taught by all schools, that graduates of any school may go before an impartial Board of Examination nd Registration and thus show such proficiency as shall entitle him to practice his special branch of the profession without detriment to suffering humanity. This is the aim of Dr. McCormack. It should be the aim of every physician in this country. We, as osteopaths need not be alarmed, the people will see that we get the recogni tion we so justly deserve. We must therefore keep up our part of the cam-

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paign of education. While we number but 4,000 practitioners, and the allopaths number 150,000, yet all wanting the same thing, why should we fear an educated public? There is nothing too good for the human race. Osteopathy offers its part of relief, then who shall say that osteopathy, because it is young, shall not be enjoyed by those who need it?

I see in the near future a greater opportunity for osteopathy than ever enjoyed by it in the past. Let our schools go higher, higher and higher in the qualification of its students until we shall stand at the limit of the qualification of physicians. "Eternal vigilance is the price of liberty," therefore, I would say to the osteopaths all over this great country, get in line and be ready to fight at a moment's warning. Stand up like men in this great crusade of education. Join the State and the National Associations. See that we have legislative committees whose duty it shall be to see that we get such legislation as will advance the qualification of all physicians and we will have done our duty, and a better class of physicians will be our reward.

Then we will not need separate boards of examination and registration, but with one impartial board standing at the threshold of qualification, passing upon the qualification of applicants of all schools, shall forever guard the public against imposition. Then it will be that we will have reciprocity between all the states, yea, all the world, and the medical profession will have attained its highest proficiency.

Medical Law Sustained by Alabama Supreme Court.

In the JOURNAL for August it was announced that Dr. Greenwood Ligon, of Mobile, Alabama, had been indicted for practicing medicine without a license. In the lower court judgment was entered against him on an agreed state of facts and an appeal was taken to the supreme court of the state. A short time ago we learned that the judgment of the lower court had been affirmed.

We have not seen the opinion of the court and do not know the process of reasoning by which the learned judges arrived at the conclusion that a law which compels the practitioners of one school of healing to submit to an examination by a board composed wholly of members of a hostile school is constitutional. Nor do we know by what rules of construction they decided that a law, passed presumably in the interest of public health, which does not test a physician's knowledge of therapeutics is reasonable and a proper exercise of the police powers vested in state legislatures.

Collier's Patent Medicine Articles.

Every osteopath should secure the copies of *Collier's Weekly* for October 7 and 21 and November 4, and read therein the articles on patent medicines by Samuel H. Adams. By all means every osteopath should read the articles for October 21 and November 4, and every other person that he can get to read them he can credit himself with just that much service done to mankind. These articles are the most complete and far-reaching expose of patent medicine chicanery that have ever been accessible to the general public. The manner of securing testimonials and the gigantic combination of the nostrum interests of the whole country to influence legislation is clearly exposed.

The illustrations, reproductions of contracts and patent medicine advertisements which accompany the articles most forcefully reinforce the statements made. One illustration showing by a row of partly filled bottles the amount of alcohol in a number of the leading patent medicines is particularly impressive and would doubtless convey quite a shock to some total abstainers who would not dream of drinking a glass of beer, yet take their morning bracer from a nostrum bottle. ASA WILLARD.

Missoula, Mont.

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Mrs. Ellen L. B. Ligon, Y. M. C. A. Bldg., Mobile, Ala.
F. E. Moore, La Grande, Oregon.
C. W. Proctor, 897 Ellicott Sq., Buffalo, N. Y.

One Year Term—
Miss Edythe F. Ashmore, 42 Valpey Bldg., Detroit, Mich.
A. S. Melvin, 400, 57 Washington St., Chicago, Ill.
Harry M. Vastine, 109 Locust St., Harrisburg, Pa.

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January, 1906.

Graft.

It has often been said that this is the day of graft. Ample evidence has accumulated of late that this is true of the business and political world; and no doubt, if we looked below the surface, we would find it measurably true in professional life. However this may be there is abundant cause for rejoicing in the fact that a moral reformation is sweeping over the land. Principles of elemental honesty, inherent in the people, are asserting themselves. It is true that these reform waves are somewhat spasmodic and there is a possibility that the ebullition of righteous indignation will expend itself and the people again be thrown off their guard. However, we believe that even if this should be the case it will be found, after the wave has receded, that we are on a little higher ground than when the movement began, and that principles of old fashioned honesty will be held in higher esteem and be adhered to more closely.

As citizens we should, of course, lend our aid to every movement for the advancement of the right, but as osteopaths our chief concern should be to keep our profession free from the evils of graft. This does not

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mean that members of the profession should disregard ordinary rules of business. It does not mean that our practitioners should not charge and collect reasonable fees for their services. Indeed, that is one way to keep up the standard of the profession. But it should be our purpose to prevent, so far as possible, the entrance into the profession, of grafters; men without sense of professional honor and with no real regard for the science which they espouse. If we should unhappily ever find that we have those in our ranks without consideration for the interests of humanity, who are in the profession merely to prey upon the misfortunes of their fellows; who resort to the methods of fakirs to add money to their bank accounts, then the displeasure of the profession should be visited upon them and all recognition withdrawn. If men will bring themselves, and so far as their influence extends, their profession, into disrepute, it should be known that they do so without the countenance of those institutions and organizations that are representative of the best in the profession.

In like manner, if there be those who, in the name of osteopathy, would conduct any professional institution, school, hospital, infirmary, publication, association or society along the lines of graft they may expect scant professional courtesy and no recognition.

This much is said more in warning than because of a condition. We believe that the grafter in osteopathy is as yet a negligible factor, both as regards numbers and influence. It will be recalled by those who attended the Denver meeting that Dr. K. W. Coffman said in a speech there, "Graft will get into the A. O. A." Doubtless he meant, or would include in the statement, that it will get into the osteopathic profession. The verification of that prophecy can be prevented—and can only be prevented—if each member will do his duty.

Graft and corruption in high places is being rebuked. Decency, good citizenship and common honesty is being exalted. It is a most propitious time for prophylaxis. In this good hour, at the beginning of the New Year, let us resolve to keep our profession free from contaminating influences. Let us advance our standards and strive for the attainment of our highest ideals.

The news columns of the *Daily State Gazette*, published at Trenton, N. J., in its issue of December 5th, records the fact that the legislative committee of the New Jersey Medical Society met in Trenton on December 4th, and that it was concerned with plans to prevent the passage of a bill legalizing the profession of osteopathy. We quote the following paragraph:

"It is the intention of the old school doctors to supply legislators with facts and figures about the new cult, to the end that the old school be protected."

"Facts and figures" are what the osteopaths want placed beforet he legislators, but unfortunately past experience, even in New Jersey, demonstrates the fact that we cannot rely upon our medical friends to perform this service. That it is not likely that the people will be deceived by the kind of "facts" presented by the medical legislative committee is shown by the following excerpt from an editorial comment which appeared in the *Trenton Times,* osteopathic doctors, they will scarcely go to the enemies of the new school December 6th:

"When the legislators come to consider a bill giving recognition to the for facts upon which to base their action."

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The *Daily State Gazette* of the same date, in an editorial comment, gives evidence that the selfishness underlying the lordly assumption the "regulars" make of all wisdom and authority in healing matters is understood by the laity. It says:

Yesterday afternoon there was held in this city a meeting of the committee on legislation of the New Jersey State Medical Society. . .

It was announced that one of the incidents of the meeting was an action taken by the committee concerning the framing of acts whose object is the "protection of the profession."

There is something about this phrase that looks suspiciously like an attempt to forestall any prospective legislation on the part of the osteopathic school. The very fact that the medical society feels that it is necessary to prepare for war in times of peace indicates that a rival is recognized as being, to say the least, dangerous.

In matters of professional policy we know of no higher authority than the A. O. A. When it, after due deliberation, has made a formal pronouncement on any such question we believe that its mandates, so far as possible, should be observed. This is but one reason, however, why we favor the independent osteopathic board of examination and registration as recommended by the A. O. A. at Denver. We believe that the view point of medical and osteopathic practitioners is so different, when considering the various subjects in the curriculum of their schools, and the same examination for each is not practicable. Each might be able to answer the questions submitted, but such an examination might fail of its real purpose—the determination of the candidate's fitness to practice his profession. Further, we believe that independent recognition gives to the osteopathic profession a point of vantage from which it could more easily obtain amendments to regulative statutes, should conditions demand a change.

We wish once more to call attention to the prize essay contest for 1906. Those who may wish to compete would do well to begin work at once, since the contest closes on May 1st. It is to be hoped that a large number will submit essays in this contest. The judges are Drs. George M. Laughlin, Percy H. Woodall and Edith Stobo Cave. The prize is $50.00, part of which will be paid in cash; the balance will be expended in the purchase of a gold medal to be presented to the winner. For full particulars in regard to the conditions of the contest, see the JOURNAL for October, 1905, or write to the Chairman of the Committee on Publication, Dr. W. F. Link, 703 Empire building, Knoxville, Tenn.

Included among the advertising pages of this issue of the JOURNAL is a blank for a report of a case of a constitutional nature—diabetes, gout, arthritis deformans, rickets, rheumatism, etc. The editor of the case reports for the A. O. A., Dr. Edythe Ashmore, of Detroit, receives frequent requests for reports of results in the treatment of these diseases. For the aid of those inquiring and for the elaboration of the literature upon the subject, she has prepared this blank. All practitioners have had more than one case of a constitutional disease, and it is hoped that a large number of reports will be filled and sent to Dr. Ashmore.

The Committee on Education and the Board of Trustees are at work earnestly but cautiously in an attempt to devise plans for carrying into effect the expressed will of the Association on educational questions. The problem is a difficult one and will require time for its satisfactory solution. Every step

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will be carefully considered and nothing revolutionary attempted. The mutuality of interests between the schools and profession is recognized, and for that reason it is hoped and believed that a plan of co-operation will be effected whereby the interests of each may be advanced.

During the past three months we have been sending the JOURNAL to the senior students in all the recognized colleges that will graduate classes this month. We trust that the students who have read it during this time will have learned enough of the purposes of the A. O. A. and the benefits it confers upon its members, that when they are located for the practice they will take the necessary steps to become affiliated with it. Thus they will not only be benefited, but will be helping to advance the best interests of their chosen profession.

We take pleasure in acknowledging the fairness shown to osteopathy by the publishers of the *Encyclopedia Americana*. In the edition of this valuble publication recently issued the subject of osteopathy is treated by one of our able representatives, Dr. Mason W. Pressly, Philadelphia. We hope to be able to print in our February number that portion of Dr. Pressly's article dealing with the scientific phases of the subject.

Legislation From Two View Points.

In the *Journal of Osteopathy* for December there are two articles on legislation that we regret we have not space to reproduce entire. Dr. F. P. Young takes the position that it is better for osteopathy to demand equal recognition with other schools; that, "other things being equal, a mixed board representing all schools of healing is best." He argues that many of our present statutes make of the osteopath a "limited practitioner."

Dr. Young argues his point well. No doubt, "other things being equal," the composite board would more nearly approach the ideal. Yet when we argue from the standpoint of the ideal we might say that there should be but one school of healing, and that it should teach only the truth, that all error should be eliminated; then there would be need only for one board, and that not a mixed one, for there would be but one school of healing from which to select it.

In the same number of the *Journal of Osteopathy* mentioned above Dr. George M. Laughlin points out the necessity of dealing with the conditions as they actually exist. He says:

"So long as the medical profession occupies a bigoted, know-all-that-is-worth-knowing position; so long as regular medicine has a knife up its sleeve for osteopathy; so long as osteopaths are required to accept inferior positions on examining boards in order to get any recognition whatever, then the composite board is impractical."

We would not have far to seek for evidence to prove that Dr. Laughlin has pretty accurately defined the present attitude of regular medicine toward osteopathy. If that be true we think there can be no doubt that our present efforts should be concentrated in the direction of securing independent recognition. This will afford unhampered opportunity for development and evolution along osteopathic lines; more thorough preparation for surgical work; in short, it will hasten the advent of the one ideal school of healing, by giving us the largest liberty in working out our destiny.

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We give our unqualified endorsement to the following, the closing paragraph, of Dr. Young's article.: "A thorough discussion of this subject cannot but do good. It is certainly of the most vital importance to the whole profession."

The Anti-Patent Medicine Crusade.

Who has not been interested in the crusade against patent medicines that has been going on during the past year?

We suppose the honor of inaugurating the crusade in a large way belongs to the *Ladies' Home Journal*, which in a series of articles exposed to its readers the fraudulent character and evil effects of most of the popular nostrums.

In the summer *Collier's Weekly* came to its aid in a powerful series of articles on "The Great American Fraud." It undertook in a more thoroughgoing and drastic fashion to show up the rottenness that permeates the patent medicine business. The series is not yet ended, and copies of this journal containing the series should be possessed by every osteopathic practitioner. They afford the most valuable collection of facts about patent medicines and the patent medicine business we know of.

In an important way nearly all of the leading monthly magazines are helping on the crusade by rejecting patent medicine and quack advertisements. Some of these have not wholly purged themselves of the evil, but by the end of 1906 we may reasonably expect that it will be as easy for a camel to thread the eye of a needle as for a patent medicine concern to get an advertisement into any of the leading monthlies of general circulation.

The one great stronghold that remains to the patent medicine men is the newspapers, but as the crusade goes on even these must yield to the rising tide of intelligent public sentiment against nostrums and quacks.

It is hardly necessary to point out that the annihilation of the patent medicine business is a consummation devoutly to be wished by the osteopath, and by every other enlightened well wisher of the human family. And the process is one in which we can all assist with a good conscience in various ways. For example:

(1) We can persistently and tactfully explain to our patients and friends that the perunas, the sarsaparillas, the swamp roots, the lydia pinkham compounds, etc., are chiefly, essentially and intentionally alcoholic tipples. That the effects of headache powders almost invariably depend on the deadly acetanilid; that soothing syrups and cough remedies are usually opiates.

(2) We can write to the magazines and newspapers that come to our tables and criticise the objectionable advertisements; point out the evil results that legitimately flow from them, and induce our patients and friends to do likewise. In other words, we can help to create public sentiment and make it effective.

(3) Finally, we can encourage, support and subscribe to those publications that represent the best ideals in their advertising department.

Indeed, the osteopathic profession, by reason of its convictions, and by its knowledge as well, ought to be in the forefront of the movement against the patent medicine evil.

The success of the movement means much to the osteopathic profession, but it means more to humanity, which we serve.

Knoxville, Tenn. W. F. LINK.

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NOTES AND COMMENTS.

A Melange.

The experiences of Dr. Asa Willard, as related in the December JOURNAL, call to mind a recent incident in which the principals shall be nameless for good and sufficient reasons. A prominent public man died during the summer after a short illness, being attended by several well-known medics who frequently gave out interviews on the case. At first it was stoppage of the bowel; then appendicitis, and they were about to operate; later it was an abscess of the liver, and finally, pus in the plura, for which an incision was made. The distinguished patient did not rally well and news came that the wound would not heal. A post-mortem was the finality which disclosed gangrenous appendicitis, with the fossa filled with pus. It is worthy of notice that the result of this examination was not given to the public press, to show how the mighty were confounded in their diagnosis and how faulty their treatment. But to the application of the story. After the obsequies a public man asked one of the medics for some information on the case. "Well," said the doctor, "you see, he was unfortunate enough to take osteopathic treatment last winter, and from injuries received his illness and death resulted." "Stop," thundered the questioner, "stop, and never dare repeat that again. That man frequently spoke of the benefits received from osteopathy. Now, if I ever hear of your repeating that lie again I will take the matter up and on my own responsibility bring an action against you for criminal libel." This happened in a public place before numerous listeners. To date, the story has not been retold.

Legislation is in the air. Different states must meet different issues, but there is one point never to be overlooked. Don't take what you don't want simply because you can get it. We have now all the liberty we could ask for, why barter it off for restrictions which take away that liberty and give nothing in return. The practitioner needs individual protection less than any of the various interests involved. In a word, all a law can do for him is to give the right to sign a death certificate. That is a minor matter compared to the safeguarding of osteopathy itself; its elevation to the dignity of a science and a place in the world's affairs.

The schools must be always considered and impossible standards not forced upon them. Their interests are vital to the profession and we should fight for them. The public is entitled to protection and it was for them that medical laws were first enacted. Let us not lose sight of that fact.

The bill adopted at Denver is a safe one to follow and osteopaths of any state can rejoice at having it enacted. It would be well, however, to add a definition of osteopathy to it. That is required in New York, and Montana found it necessary to amend their law after several years trial. It is easily added and makes assurance doubly sure.

Most laws have, and all laws should have a "Thou shalt not" as regards drugs and surgery in the present state of the art. The reduction of a dislocated hip is surgery. Why not, then, the correction of subluxations and complete displacements such as the osteopath deals with daily. A definition would save any possible quibble as to the scope of our work.

Objections are sometimes raised to osteopathic laws that forbid osteopaths to practice surgery, on the ground that we shall soon have osteopathic surgeons. No doubt we shall in time, but not until our schools are endowed and equipped with hospitals for the thorough teaching of that important art. Heaven forbid that we be guilty of adding to the already too numerous crowd of half-baked surgeons. When we are ready with the qualified man there will be no difficulty in making his place by law. It is a source of strength with legislators that such restrictions are asked for, and limitations voluntarily set.

If a surgeon who nimbly removes our unnecessary organs is great, how much greater the man who saves the operation, the organ, and perchance the patient's life. After seven years I can count on the fingers of one hand cases sent to the surgeon. There was no difficulty in finding the right one, either, and being shown every courtesy.

One of the most frequently discussed points is that of the separate or joint board. There can be no doubt as to the desirability of the former, but. on the other hand, insistence on it would bar legislation forever in many states. The multiplication of boards is one reason given, and they also say that we treat the sick and should show qualifications same as other schools. One thing is certain, if we go in on even terms it should be convincing to the public. Get the separate board if you can, but if you cannot, a fair representation on a joint board works well, as can be shown in several states.

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Let's not go "legislation mad" and have it at any price. If we lose this year, get together the next day and prepare for another fight. Defeat of this sort is not the worst thing which could happen; all the time this is a powerful public educator, not to say advertiser, and in time we will wear the opposition out. Again, it makes a compact state society, save the few inevitable drones, and one that will do things. CHAS. C. TEALL.

Altamonte, Fla.

EPITOME OF CURRENT LITERATURE.

[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 as an index to the best work in our growing osteopathic literature.]

Pearce, J. J. (Osteopathic Physician, November, 1905)—Laboratory Demonstration of Osteopathic Principles.

Direct manual stimulation and inhibition were applied to appropriate spinal regions and the effect observed upon the rhythm and circulation in the viscera. Experiments were conducted upon quite an extended scale upon the heart, intestines, and kidneys, and interesting and valuable deductions drawn. To give an example of the general method of procedure, we quote as follows: "The animal being anaesthetized beforehand, the anterior thoracic wall is opened by cutting away portions of the sternum and ribs, so that the heart is fairly exposed. Placing the fingers at the cervico-dorsal juncture, a stimulating movement by a make and break pressure for a brief period (about six breaks) is immediately followed by a rapid increase in heart beat, a very visible tensing of the whole muscular substance, and an appreciable narrowing of the cornary vessels. Cessation of the manipulation is followed by a gradual decrease in all the above mentioned conditions until the normal rate is reached. If the stimulation is prolonged beyond a few applications of the make and break, the effect gradually reverses, and slowing relaxation of muscle, and dilation of the coronary vessels occurs. Inhibition at the same place produces exactly the reverse action."

Still, G. A. (Journal of Osteopathy, December, 1905)—Reply to the Article of Dr. Walsh.

The series of articles by Dr. Still and Dr. Walsh, which appeared in recent issues of the New York Independent, are reproduced in the December JOURNAL of Ostopathy. They may not be of essential scientific importance to the profession, but the reply of Dr. G. A. Still to Dr. J. J. Walsh. "Adjunct professor," etc., is so deserved and thorough an application of ridicule and withal spread with such art and smoothness that it should be read by every osteopath.

Young, F. P. (Journal of Osteopathy)—Fair Legislation.

We quote as follows: "The intent of medical law is not to protect the practitioner, but to protect the public. There can be no valid reason why the osteopath shall not be recognized equally with any other physician. The writer greatly regrets that the American Osteopathic Association should have adopted as an ideal bill one which on its face is a confession of weakness, and which makes the holder of a license under such a law a limited practitioner. The osteopath is supposed never to have heard of actinomycosis, malignant pustule, septicemia, pyemia, surgical tuberculosis, tetanus and similar diseases. The sooner the laws are framed requiring all those entering upon the practice of osteopathy to take an examination in general surgery the better it will be for the profession in general. I believe none of our schools, or their graduates, would be hurt by such requirements. Other things being equal, a mixed board representing all schools of healing is best. Candidates can just as readily pass the examinations, and it gives the additional advantage in that it places all physicians precisely upon the same level. The only argument which can be advanced against a mixed board is that the candidate cannot secure justice. It has not yet been shown in any instance that this is true. I believe if we had representation on the various medical boards, and our graduates were permitted to take the examination, they would experience no trouble in passing. What should be sought is equal recognition."

Crenshaw, J. H. (Kansas City Osteopath, December, 1905)—Torticollis.

We quote as follows: "The patient often describes the sensation as 'a slight desire of the head to go on one side.' The Sterno-Mastoid muscle after a few months of this violent 'exercise,' as we might call it, becomes very much hypertrophied. In those cases where there are no bony lesions treatment will consist of inhibition to the nerve supply of the affected muscles; inhibition of the Spinal Accessory nerve will have its influence upon the Sterno-Mastoid and Trepezius muscles, as the motor nerve supply to these muscles comes

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from that nerve. When one is dealing with a bony lesion better results can be obtained if one will inhibit the action of the Sterno-Mastoid muscle before endeavoring to move the vertebræ."

Potter, Minnie F. (Kansas City Osteopath, December, '05)—The Diaphragm.

We quote as follows: "Improper breathing is suicide." "For this deep breathing the diaphragm is mainly responsible." "When this muscle is weak all is weak." "When this muscle is weak the massaging of the abdominal contents, caused by its contraction and relaxation, is enfeebled; the blood circulation to and from the abdominal and pelvic cavities becomes impeded. From thus interfering with Nature's vital forces arise such pathological conditions as indigestion, biliousness, constipation, diseases of the kidneys, female disorders of various kinds, etc. Again, when this muscle is weak only a portion of the lung area is properly supplied with air. We have, following this, impoverished blood, weakness of heart and lungs." "The osteopath should be a teacher as well as physician. Tell your patients how to care for the body. Impress upon them the importance of 'deep diaphragmatic breathing.'"

Eighth Annual Meeting of the Colorado Osteopathic Association.

The eighth annual meeting of the Colorado Osteopathic Association was held December 18th, in room No. 325 Charles Building, Denver, Colorado. The meeting was called to order by the President, Dr. J. T. Bass. The minutes of the previous meeting were read and approved. This was followed by the President's address. He briefly stated the work accomplished during the year, giving the report of the entertaining of the American Osteopathic Association, and legislation accomplished.

The report of the Treasurer was heard. It was moved that the full Treasurer's report be included in the printed report.

The following persons were elected to membership: D. L. Clark, Ft. Collins; V. S. Richards, Denver; L. H. McCartney, Denver; and M. W. Bailey, Denver.

The following officers were elected to serve for the ensuing year: President, J. T. Bass, Denver; First Vice-President, R. B Powell, Monte Vista; Second Vice-President, Mary N. Keeler, Loveland; Secretary, Nettie Hubbard Bolles, Denver; Treasurer, G. W. Perrin, Denver.

The following resolutions were adopted:

"Whereas, the Colorado Osteopathic Association is under great obligation to various people for favors extended and labors performed; be it

"Resolved, First, That we express our hearty thanks to Dr. B. D. Mason for the use of this excellent hall which he has so kindly extended to us for this meeting; to the Denver press for the courtesies in the past and its attention given to this meeting; to Dr. H. W. Forbes, and to the parents of the cases operated on for their consent to the operations being performed before this body; to the committee of arrangements having in charge the preparations for this meeting.

"Resolved, Second, That this Association owes much to its President, Dr. J. T. Bass, and its other present officers, for faithful and earnest labor performed in the interest of osteopathy in this state, in legislative and other battles, and that we express to them our hearty endorsement and appreciation for what they have accomplished, and with sincere thanks for their arduous labor in our behalf.

Respectfully submitted,

W. S. Warren,
Mary N. Keeler.
Vera S. Richards.

The following program was presented:

Paper, Congenital Hip, by Dr. C. C. Reid, Denver.

Demonstration and operation upon actual cases, Dr. H. W. Forbes, Los Angeles, Calif.

Clinics for examination were presented by Dr. Mary Keeler, of Loveland; Dr. E. E. Conway, of Colorado Springs; Dr. R. B. Powell, of Monte Vista; and Dr. C. C. Reid, of Denver.

A general discussion followed, which was of much interest to all present.

Paper, Concentration of thought while treating, by Dr. D. L. Clark, of Ft. Collins.

In the evening the annual dinner was given at the Hotel Savoy, with the following program of toasts:

J. T. Bass, Denver, Toastmaster.

N. A. Bolles, Denver, "Legislation in Colorado."

Chas. C. Reid, Denver, "Osteopathy vs. Homeopathy."

L. H. McCartney, Denver, "Our State Organization."

L. S. Brown, Denver, "Our Future."

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Martha A. Morrison, Greeley, "A. O. A. 1906."
Vera S. Richards, Song, "Sunrise."
Maude McIlvain Sanders, Denver, "The Social Side of Our Profession."
H. W. Forbes, Los Angeles, Calif., "Ethics."
Geo. W. Perrin, Denver, "The 'Old Doctor.' "

NETTIE HUBBARD BOLLES, Secretary C. O. A.

Western Pennsylvania Osteopathic Association.

On Saturday, November 25, some thirty or forty osteopaths from the western portion of Pennsylvania met by invitation of the Allegheny County Osteopathic Association, hoping by such an organization to be of greater service to the state association with and under which we expect to work and also be enabled to conduct meetings more instructive and helpful to the practitioners of this section of the state than could be accomplished by small local associations.

In this effort we were greatly aided by Dr. O. J. Snyder of Philadelphia, president of the state association, who had been invited for that purpose and to make an address upon such points as he deemed might be of interest and benefit. Dr. Snyder spoke at length upon "The General Trend of Modern Therapeutics, Past Legislative Lessons and Legislative Prospects," which was presented in a very able, courteous and convincing manner and aroused much enthusiasm and good will.

After his lecture, Dr. Snyder replied to many question that were asked him by the audience especially relative to our last legislative fight, which resulted in a better comprehension of the situation and difficulties that confronted us at Harrisburg than could have been obtained in any other way by those who did not actually participate in the fight, by personal attendance at Harrisburg last winter. This was followed by a vocal selection by Miss Combs, accompanied by Dr. Florence Brown Stafford on the piano, after which refreshments were served.

The program was concluded by effecting a permanent organization and the election of officers which resulted as follows:

President, F. R. Heine, Pittsburg; vice president, Florence Brown Stafford, Pittsburg; secretary, F. J. Marshall, Pittsburg; treasurer, Robert P. Miller, Washington.

EXECUTIVE COMMITTEE.

M. S. Irwin, Washington; E. D. Rogers, New Castle; S. W. Irvine, Beaver Falls.

PROGRAM COMMITTEE.

A. Vernon, Bradford; C. C. Wright, Charleroi; Julia E. Foster, Butler.

The meeting adjourned at 12:30 a. m., subject to the call of the president and executive committee.

F. J. MARSHALL, Secretary.

Philadelphia County Osteopathic Society.

The regular monthly meeting of the Philadelphia County Osteopathic Society was held December 5, 1905, at 8 p. m. in College Hall, Thirty-second and Arch streets, West Philadelphia.

Following the transaction of the evening's business, the following program was enjoyed:

C. W. McCurdy spoke on "The Relation of School and Practititioner." He discussed the subject under the following heads—the relation *socially* of school and practitioner, the relation *educationally*, and the relation *professionally*.. Dr. McCurdy has been connected with college work, one might say all his life, and it would be difficult to find one of our profession better fitted to speak on the above subject.

Dr. Mason W. Pressly, Jr., read a paper giving the other point of view, "The Relation of Practitioner and School." He emphasized the necessity of case reports being returned to the colleges.

A lively discussion followed touching topics of general interest brought out by the speakers.

ABBIE JANE PENNOCK, Secretary.

South Western Iowa Osteopaths Organize.

The call of the osteopaths of Southwest Iowa was heartily responded to, and on December 5 a goodly number met in the parlors of Drs. Wagoner & Wagoner, Creston, Ia., and formed a permanent organization. The following officers were elected for the year: President, S. H. Runyon, Creston; Vice-President, J. H. Osborn, Villisca; Secretary and Treasurer, L. E. Wagoner, Creston; Trustees, R. J. Gilmore, Mt. Ayr; Kathryn Roberts, Bedford; and A. E. Dewey, Atlantic.

The following subjects were discussed:

Malnutrition, by Dr. Gilmore; Gall Stones, by Dr. Forrest; Paralysis, by Dr. Wilson;

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Locomotor Ataxia, by Dr. Roberts; Unilateral Hemiopia, by Dr. Gardiner; Neurasthenia, by Dr. Gordon; Appendicitis, by Dr. Dewey; Uraethritis, by Dr. Runyon; Tumors, by Dr. Wagoner; Slipped Innominate, by Dr. Osborn; Meningitis, by Dr. Carpenter; Rheumatism, by Dr. Wyland; Dry Chronic Catarrh, by Dr. McAfee.

The Association adjourned to meet again the second Tuesday in May, 1906, at Creston.

Louisiana Osteopaths Organize.

The osteopaths of Louisiana began the work of effecting a state organization in October. On December 11 they met and formally organized. . The following officers were elected:

President, W. A. McKeehan, New Orleans; vice-president, E. E. Tucker, New Orleans; secretary and treasurer, G. Hamilton Lane, 108 Bourbon street, New Orleans.

The following are the charter members:

Cecil Hewes, R. W. Conner, Delphine Mayronne, Henry Tete, Cora L. Lane, S. M. Trowbridge, W. A. McKeehan, G. H. Lane and E. E. Tucker.

Seattle Osteopaths Organize.

An organization of the Seattle, Wash., osteopaths was effected November 4, 1905, to be known as the King County Osteopathic Association, composed of twenty-five members and officered as follows: President, L. M. Hart; Vice-President, Antoinette Smith; Treasurer, Florence McGeorge; Secretary, Roberta Wimer.

Program Committee—W. J. Ford, F. J. Feidler, I. J. Parker.

Committee on Constitution and By-Laws—Margaret Eck, Marion Peterson, W. A. Potter.

ROBERTA WIMER, Secretary.

Dr. M. E. Clark in Maine.

Friday, Dec. 1, Dr. Marion E. Clark spent the afternoon in Portland, Me. The Maine osteopaths kept up their reputation as good workers by keeping him busy every minute of his stay. A clinic had been arranged for and the informal discussion of each case opened up new ideas and gave us stimulus for deeper thought and more careful attention to these cases. We wish these visits might be more often repeated. SOPHRONIA T. ROSEBROOK, Sec.

Ohio Osteopathic Society.

The Ohio Osteopathic Society met in Columbus December 30, 1905. An excellent program had been arranged, but the meeting was held too late for a full report in this number of the JOURNAL.

Andrew Taylor Still, son of Dr. and Mrs. C. E. Still, died at Kirksville, Mo., on Dec. 3, 1905, as a result of a secondary attack of laryngeal diphtheria. The entire profession is saddened by this event and sympathizes deeply with the parents and grand parents in their bereavement.

PERSONALS.

Dr. Esther Whittaker, Perry, Illinois, is taking a post-graduate course at the A. S. O.

Born, Dec. 4, 1905, a son, Audrey Carl, to Dr. and Mrs. A. C. Moore, San Francisco, California.

Dr. George H. Tuttle, Portland Me., recently purchased residence property at 743 Congress street, where he also has his office.

The engagement is announced at Stevens' Point, Wisconsin, of Dr. Laura A. Leadbetter to Dr. Milbourne Munroe of Newark, N. J.

Dr. J. Ivan Dufur and Miss Rosabelle Josephine Bates were married in Philadelphia on Dec. 7, 1905. They are at home in that city at 35 South Nineteenth street.

We had a pleasant visit with Dr. J. M. McGee on December 9. He was with a party of distinguished Pennsylvanians, which included the governor, who dedicated, on that date, a monument in the Chattanooga-Chickamauga National Military Park to one of the Pennsylvania regiments that participated in the campaigns in this section during the civil war.

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APPLICANTS FOR MEMBERSHIP IN THE A. O. A.

In accordance with a rule adopted by the Trustees the names of all applicants for membership in the A. O. A. will appear in the JOURNAL. If no valid objection to any such application is filed with the secretary within thirty days after publication, and all receive an affirmative majority vote of the Trustees, they will be declared elected. Should objection be made to any applicant the case will be fully investigated before final action is taken.

Ben S. Adsit, Franklin, Ky.
Marie Neeley Adsit, Franklin, Ky.
M. W. Brunner, 815 Cumberland street, Lebanon, Pa.
Emma Compton, Whitewright, Tex.
Hugh W. Conklin, 17 West McCamly street, Battle Creek, Mich.
W. S. Corbin, Kirksville, Mo.
Harriet M. Doolittle, 230 North Gary street, Pomona, Cal.
Sara J. Duncan, 1325 Hoover street, Los Angeles, Cal.
Eva M. Hunter, P. O. Block, Livingston, Mont.
Harry R. Foote, 7 Shafterbury Square, Belfast, Ireland.
James W. Forquer, 1109 New England Bldg., Cleveland, Ohio.
Martha A. Hamilton, Minden, Neb.
Allen W. Hitchcock, 418 George Street, Vallejo, Cal.
Halladay, R. S., Triole Bldg., Galesburg, Ill.
W. W. Johonnot, 245 Grand Street, Newburgh, N. Y.
Jessie B. Johnson, 704 Grant Bldg., Los Angeles, Cal.
T. Simpson McCall, 32-35 The Spurling, Elgin, Ill.
Reuben Marlin Mitchell, New Boston, Texas.
Robert B. Morris, Franklin, Ky.
E. M. Olds, 601 Wilner Bldg., Green Bay, Wis.
Dana B. Rockwell, 409 Union Trust Bldg., Los Angeles, Cal.
J. Fred Wood, 20 West Third Street, Williamsport, Pennsylvania.
S. W. Tucker, 511 Loan and Trust Bldg., Durham, N. C.

ERRORS IN DECEMBER DIRECTORY.

Despite our best efforts the following errors were made in the directory published in December. We will take pleasure in correcting them in the next issue of the directory.

The names of the following members in good standing were inadvertently omitted:

E. E. Beeman, 500 Fifth avenue, New York City.
E. M. Herring, 18 West Thirty-fourth street, New York City.
E. D. Evers, Hackensack, New Jersey.
Joseph A. Coldwells, 903 South Broadway, Los Angeles, Calif.
Mark Shrum, Lynn, Mass.
James P. Bridges, Charlestown, Mo.
R. B. Wood, Fulton, Mo.
Truman Wolf, Iola, Kansas.
R. F. Graham, Batavia, N. Y.
W. L. Roberts, Germantown, Pa.
Joanna Barry, 454 Porter avenue, Buffalo, N. Y

The following names should have been omitted:

B. J. Jones, Napoleon, Ohio.
G. D. Herring, 25 West Forty-second Street, New York City.

We give below the correct addresses of members which were erroneously given in December directory:

B. W. Sweet, 122 West Tenth Street, Erie, Pa.
G. L. and Lou T. Noland, 212 Baker Block, Springfield, Mo.
F. A. Brock, The Hyson, Apartment A-1, Tacoma, Wash.
Walter Rhodes, Rose Dispensary Bldg., Terre Haute, Ind.
F. G. Whittemore, 511 Mooney Bldg., Buffalo, N. Y.

The name of Kathryn Huston appeared twice in the Ohio list, and the name of Napoleon B. Rundall twice in the California list—obvious errors.

The name of G. B. Ward, Marshalltown, Iowa, appeared also, by error, in the Colorado list.

We would be glad to have the correct addresses of Edwin L. Harris, formerly 517 Upper Second Street, Evansville, Ind., and Homer Woodruff, Mexico City, Mexico. Mail addressed as above does not reach them.

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REMOVALS.

G. T. Coffer, New Burnswick, N. J., to 25 West Forty-second Street, New York City.
Arthur A. Basye, Houghton, Mich., to 309 City National Bank Bldg, Greensboro, N. C.
George H. Tuttle, 686 to 743 Congress Street, Portland, Me.
Helen M. and Mary Giddings, 1106 to 810-811 New England Bldg., Cleveland, O.
Frederick and Anna B. Woodhull, Philadelphia, Pa., to 411 Granger Block, San Diego, California.
J. W. Banning, office address 748 Ellicott Square, Buffalo, N. Y.
C. W. Kingsbury, Davenport, Iowa, to 14 Pierce Bldg., Boise, Idaho.
Josephine L. Pierce, Black Block, to The Elektron, Lima, O.
Emma Gardner, Richmond, Ind., to Columbus, Kansas.
A. H. Davis, 123 Fall Street, 'Frontier Mart," to 15-16 Gluck Bldg., Niagara Falls, N. Y.

Radium Again Lugged Out.

Although most of the leading physicians and surgeons who have carefully investigated the radium treatment of cancer report adversely upon it, and such bodies as the British Cancer Research Fund have stated their disbelief in its efficacy, cases of cure continue to be reported.

Last night Dr. W. H. Dieffenbach, before the Homœopathic Medical Society of the County of New York, announced that of six cases treated by him at the Flower Hospital but one failed to recover. The method employed was that of coating celluloid rods with radium solutions and inserting them directly into the diseased tissues. This treatment, it will be remembered, was announced several months ago, and attracted considerable attention because of the claim that a case at the Flower Hospital had already been cured.

There is no apparent reason why the Dieffenbach method of applying radium should be any more effective than its predecessors. At any rate, if radium acts simply as a caustic (like silver nitrate or the actual cautery), as many surgeons believe, the method of applying it can only cause a varying severity in the burn, with no qualitative difference in therapeutic effect.

Radium as a cure-all has been so widely advertised, and thoroughly tested, and frequently discredited, that except when accompanied with the strongest proof its further exploitation deserves little attention.

It is time the doctors hunted up another elixir vitæ to pound the tom-tom about—*New York Globe*, Oct. 13, 1905.

Tennessee Board of Examiners To Meet.

The next meeting of the Tennessee Board of Osteopathic Examiners will be held in Memphis on Friday and Saturday, February 9 and 10, 1906. For application blank and other information address

J. ERLE COLLIER, D.O., Secretary,
502 Willcox Bldg., Nashville, Tenn.

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New Years Resolutions.

Resolved, that with the new year I will discard all slip-shod business methods for which physicians are notable.

Resolved, that I will keep some kind of a record of each case, recognizing that these will be invaluable both to me and to the profession.

Resolved, that all these records shall be in permanent and easily accessible form.

Resolved, that while I will use ethical methods in practice building that these shall be **methods** in the true sense in order that each penny may count.

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The Journal
of
The American Osteopathic Association

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WHAT IS OSTEOPATHY?

ARTHUR L. EVANS, D.O., Chattanooga, Tennessee.

Prize Essay, A. O. A. Contest for 1905.

I do not expect to answer the question expressed in the title of this paper. I do not mean even to attempt to write a technical definition of osteopathy. A definition implies so much more than a mere explanation or description that the boldest might well pause before essaying it. It will be generally agreed that Prof. Ladd of Yale College, an eminent authority, was right when he said, in effect, that the proper definition of a science is the latest and most difficult achievement of that science. This must necessarily be so when we consider that a definition means "determination of the limits;" that it is "designed to settle a thing in its compass and extent." Osteopathy, like other sciences, did not spring full panoplied into the world, like Minerva from the brain of Jupiter. It is, and must continue to be, the product of growth, development, evolution. If this be true it would be presumption now, after but fourteen years of history, brilliant though that history has undoubtedly been, to undertake to define its limits and settle its compass and extent. It is highly important, however, if we would have osteopathy achieve its highest possible destiny, that we have a proper conception of its scope, its potentialities, and that we set our faces unflinchingly toward the goal of making those potentialities, actualities. To contribute my mite to that mass of matter consisting of statement of conditions, expression of opinions, and discussion of concepts from which our common ideal for osteopathy is to be evolved, is the purpose of this effort.

What osteopathy is, and is to be, will depend very largely upon what its representative practitioners desire it to be. The stream does not rise higher than its source. No man is greater than his ideals. Neither will any profession or science accomplish a greater purpose, fill a larger sphere, than is represented by the composite ideas, hopes and ambitions of its devotees.

It is well, then, at the outset of this discussion, to take note of some of the conceptions of osteopathy that have been and are held by its practitioners. Before going into that, however, it may be premised that the illustrious founder of osteopathy, Dr. A. T. Still, has always maintained that osteopathy was a new philosophy of life; that it contained the germs of truth, the principles of which, if properly understood and applied, would eventually

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supersede the older systems of medicine; that he had laid the foundation for the ideal system of healing. That he did not claim more than this or that he did not mean, when he first proclaimed his discoveries to the world, that the system was perfect, complete in every detail, may be gathered from the following remark found on page 376 of his autobiography, published in 1897: "For twenty-one years I have worked in osteopathy, yet I keep my throat ever ready for the swallowing of new things that constantly appear in it." While he believed that the principles of osteopathy, which include rational surgery (and he has spoken of surgery as a useful and necessary science), were all sufficient in the realm of healing, yet he evidently did not believe that ten or twenty months' study in an osteopathic college in which operative surgery was not taught, fitted one to successfully treat all possible conditions brought about by disease or accident that physicians meet in a general practice among all kinds of people betwen birth and old age. It can hardly be supposed that the early day practitioners, those who had ten months' instruction, or less, in anatomy, physiology and the philosophy of osteopathy, together with training in its therapeutics, conceived that they had a system that covered the field of healing. I do not by any means say that they did not, many of them, make a great success in the class of cases treated; nor that there are not those among them who, by reason of practical experience and having kept up the habit of study, are not now successfully covering as wide a range of diseases in their practice as are those who have since taken a longer course of study. I am simply trying to determine what conception of osteopathy was held by its early practitioners—what hopes and ambitions they entertained for it. It is true that as early as 1901 Dr. J. Martin Littlejohn, in a masterly address delivered before the American Osteopathic Association at Kirksville in that year on the subject, "Osteopathy an Independent System Co-Extensive with the Science and Art of Healing," took the position obviously indicated by his subject. But it must be confessed that little was done in a general way to put into effect the ideas he advanced.

About three years ago there appeared in the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION twenty-two definitions of osteopathy, prepared by as many leading osteopaths of the United States. These were of great interest, as they showed the different points of view and were useful in stimulating thought on this great question. Great ability was displayed in the writing of these definitions, but it is doubtful if any one of them, as presented, would have been agreed upon by all or even a majority of the profession as an absolutely correct and authoritative definition of the science. These definitions disclosed the fact that there was a wide difference of opinion as to the scope and implications of osteopathy. Some of them limited the science to its distinctively new ideas of etiology and therapeutics, while others added to those ideas collateral truths that would make the osteopathic system co-extensive with the field of healing.

A little later, in the same year, at the meeting of the American Osteopathic Association held at Milwaukee, Dr. H. E. Bernard, in a paper read before that body, declared that "There are some who do not show any osteopathic lesions by examination. Their disease comes from either heredity, worry, severe mental shocks, infection, abuse of stimulants and narcotics, or abuse of the sexual or digestive functions. In these cases, if you

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care to take them, the treatment must be general. But I have found that the treatment, as a rule, is very unsatisfactory in patients who do not show some specific lesion." A little further along in his paper he declared that he was "beginning to doubt the advisability of taking them at all."

This idea of osteopathy, if acted upon by all of its practitioners, would make of them veritable fair weather physicians, or, at the best, specialists—specialists occupying a unique and important field, it is true, but necessarily a limited one. It is not probable that a majority of those present believed with Dr. Bernard, but I do not recall that there was any general protest against his position. This merely shows that three years ago opinion as to the scope of osteopathy had not crystallized.

It will be remembered that at the meeting of the same organization in Cleveland two years ago, a most earnest and spirited discussion of the so-called "adjunct" question took place. While it is true, in my opinion, that the proper relation of measures other than manipulative to the distinctive therapeutics of osteopathy was not in all cases properly set forth by those who favored their use, I am not less of the opinion that it is true that to act upon the logical conclusions to be drawn from much that was said by those who condemned their use would force osteopathy into the manipulative or movement-cure class of therapies. It must be concluded, therefore, that even so late as two years ago we were not ready to agree upon the answer to the question "What is osteopathy?"

But throughout all the earlier years of osteopathic history the process of evolution had been at work, and when the greatest meeting of members of the profession ever held assembled at St. Louis one year ago, the sentiment favorable to the extension of the course of study in our colleges and a consequent broadening of the conception of the science had become practically unanimous. The demand of the profession that osteopathy should henceforth stand for a deeper basis in knowledge, a higher culture, a broader and more thoroughly effective preparation than ever before, was answered by the announcement made a few months later by the colleges that had not previously announced such fact, that after September, 1905, the compulsory three years' course would be effective.

So while there is much evidence that there has been considerable growth among the rank and file of the profession in the direction of a higher conception of what osteopathy should be, and really is, yet there have been occurrences within the past few months that demonstrate that there are those within our ranks who, if their utterances are to be construed as reflecting their real opinions, do not yet conceive of osteopathy as an independent and complete system of healing. As one example illustrating this statement I wish to refer to some arguments advanced by a distinguished osteopath of national prominence, Dr. Charles C. Teall, of Brooklyn, which appeared in the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION for October, 1904. A little later the same ideas were further elaborated by him in an article published in the *Osteopathic Physician*. It will be recalled that about that time considerable space in our publications was being devoted to a discussion of the mechanical vibrator. In the former journal, in referring to an advertisement which emanated from a vibrator concern which he considered unfair, he closed with a criticism and expressed the fear that members of the profession might be "misled by the thought that 'leaders of the pro-

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fession' were dissatisfied with the work of their hands and had resorted to the skill and judgment of an inanimate machine." In his communication printed in the latter journal he coined the phrase "ten finger osteopathy." It is not my purpose to discuss the vibrator *per se*. It, like other devices, will find its place according to its merits. It is the conception of osteopathy contained in these communications that I criticise. It will not be possible to reproduce here these articles in full, which I regret, as they were fairly representative of much that was published at that time. I think the inference is clearly deducible from them that the writer believed that the use of any instrument, device or agency, other than manipulation with the hands, was unosteopathic; that purity of therapeutics demands that osteopathic treatment should be administered solely with the ten fingers. I shall pass over the fallacious reasoning implied in the phrase "resort to the skill and judgment of an inanimate machine"; that is too apparent to need refutation. It is no doubt true, as Robert Collyer once said, that "a man's best friends are his ten fingers." This is especially true of an osteopath, and yet it is not necessarily true that they should be his only friends. Last winter I treated a man of advanced years suffering from myelitis. The lower limbs were paralyzed. The nervous mechanism of the bladder was affected and there was retention of urine. Owing to the nature of the malady the nerves would not respond to osteopathic treatment. Neither ten fingers nor twenty would avail to draw the urine from that bladder. Its retention meant cystitis and uraemic poisoning. A catheter was used. Was it unosteopathic?

The person who reaches out for a larger field of usefulness should not necessarily be regarded as dissatisfied with his past achievements, but unsatisfied that he can not accomplish more. On this subject, in its relation to the matter under consideration much could be said, but two quotations give it in so much clearer light than I can do that I prefer to give them. F. W. Robertson has said: "Whoever is satisfied with what he has done has reached his culminating point—he will progress no more. Man's destiny is to be not dissatisfied, but forever unsatisfied." Thomas J. Hudson, LL.D., in his great work, "The Divine Pedigree of Man," in speaking of the two primordial instincts, self-preservation and the evolutionary instinct, defines the latter as "the instinct which impels the organic world onward in the path of progressiveness." Speaking further of the evolutionary instinct he says: "This instinct, broadly speaking, is the impulse toward improvement, as distinguished from the impulse to preserve. In the lower animals it was expended largely in the improvement of physical structure as a means of ameliorating the conditions of environment. In man it lies at the root of all efforts towards improvement and progress in every department of human activity. It is, in short, that constant, impulsive force or energy which renders every normal human being unsatisfied with present conditions. Its absence in any field of human endeavor leads to stagnation, arrested development, senile conservatism and consequent atrophy."

Can it be that any considerable number of osteopaths are lacking this primordial instinct? If we may speak of a science as having instincts I would say that osteopathy should possess both the instinct of self-preservation and the evolutionary instinct. We must preserve as well as develop. Hence I can understand and even applaud the motives of Dr. Still and those who have stood closest to him in the early and formative period of osteopathy in

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insisting upon a strict adherence to the distinctive principles of osteopathy and to its distinctive therapeutics as applied in practice. This has served to rivet what was absolutely new in the domain of medicine firmly in the minds of osteopathic practitioners until now it has become, to use a phrase which was much current a year ago, "firmly and irrevocably established."

It is never wise to undertake to build the superstructure until the foundation has been laid. Had Dr. Still not maintained his system indepedent from others until its principles had been fully exemplified the probability is strong that the great truths he discovered, which constitute a priceless boon to humanity, would have been lost to the world.

I admit that in the propogation of a new philosophy there is danger of moving too rapidly, of attempting things before the conditions are ripe for them. There is a possibility of the enthusiasts in a new cause becoming possessed of that "vaulting ambition which o'erleaps itself." On the other hand, when once the foundation has been firmly laid, any failure to go forward will, I believe, in the language of Dr. Hudson above quoted, result in "stagnation, arrested development, senile conservatism, and consequent atrophy." In my judgment the time has come in the history of osteopathy when we must advance. To do this our conception of the science must be broadened. We must determine whether we want to practice the science of healing, or a branch of that science.

The danger of a restricted conception and application of osteopathy is to my mind clear and imminent, and may be thus briefly stated: The title which many of us claim to the entire field of healing will be invalidated in the courts of public opinion and science, and we will be given only a temporary lease upon a limited portion of it to hold under the superior title of regular medicine, with the possibility of the rendition against us of a final and permanent decree of ejectment. I am not alone in this opinion. Dr. Charles Hazzard, in an excellent paper read before the New York Osteopathic Society and later published in the *Journal of Osteopathy* for November, 1904, in speaking of the future of osteopathic education, said in part: "The next few years (how few I can not 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 can not 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."

As an illustration of how this inferior position for our science may become established I need but refer to the late legislative battle in the state of New York. The argument against our bill, which provided for an independent examining board, was summarized by the *New York Medical Journal* in its issue of April 1, 1905, in five brief paragraphs, the substance of which was,

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that osteopathy was simply an agent or method used in the treatment of disease, and that it was a branch of medicine. The assumption that osteopathy is a specialty, a branch of medicine, really begs the whole question and could have been readily answered had we lived up to our opportunities. But such argument being advanced in a state where one of the principal organizations representative of the science had made it a part of its organic law, that no one should be admitted to membership in it who made use of any method other than that which is peculiar to and distinctive of osteopathy, gave added force to the arguments of our opponents. Indeed, he must be a skilled intellectual gymnast who can successfully balance between these two propositions: (1) That osteopathy is a complete and independent science of healing applicable to the whole range of human diseases; and (2) that it consists solely in the detection and removal of anatomical lesions and that such removal must in every case be accomplished with the hands of the physician.

What is distinctively new in the osteopathic philosophy of disease, that which gives character to it and differentiates it from other systems has, in my opinion, best been told by that industrious and capable young scientist, whose early death we all so deeply deplore—Dr. Guy D. Hulett. His definition first appeared in the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION for May, 1902, and has since been further elaborated by him in his great work, "Principles of Osteopathy." This is his definition of osteopathy: "A system of therapeutics which, recognizing that the maintenance and restoration of normal functions are alike dependent on a force inherent in bioplasm, and that function perverted beyond the limits of self-adjustment is dependent on a condition of structure perverted beyond those limits, attempts the re-establishment of normal function by manipulative measures designed to render to the organism such aid as will enable it to overcome or adapt itself to the disturbed structure." His idea of the osteopathic lesion, as distinguished from the surgical and pathological concepts, is expressed in these words: "Any structural perversion which by pressure produces or maintains functional disorder." Of the treatment Dr. Hulett thus speaks: "Removal of structural disorders constitutes the treatment." The foregoing by no means embraces the sum and substance of his important teachings, but I believe it to be the essence; that it contains the fundamentals, as it does the fundamental theories, of osteopathy itself. Most assuredly the above statements announce a great philosophy and open up an important field of practice. It lays the foundation for the great healing system of the future. It implies principles of etiology, diagnosis and treatment that no osteopath may ever disregard.

But we may, and should, ask ourselves in a spirit of perfect candor and of common honesty, in the light of present-day knowledge and past experience, is osteopathy, *as above defined and limited,* capable of rendering to disease-stricken humanity in all its various aspects and phases, its most effective relief? Does it offer the speediest and surest hope of permanent restoration to health in all the various cases to which a physician may be called? The answer can not be unqualifiedly in the affirmative. We might pick our class of cases and answer yes with abounding confidence, but this leaves us short of the goal to which we aspire. The question might be stated thus: Does osteopathy cure one hundred per cent. of its cases?

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Certainly not. This will never be possible. But osteopathy ought, making due allowance for the deficiency, for the limitations of the individual osteopath, to cure approximately one hundred per cent. of curable cases. Does is do this? I apprehend that every osteopath who has been in the practice any length of time has had an occasional experience of seeing patients that they had failed to cure get well through some other agency. This does not to my mind imply the failure of osteopathy, but it does argue most potently for an enlargement of its scope, for a broadening of our conception of it.

What must we do to be saved? How is it to be done? Dr. Hazzard says: "Education alone is the solution of the problem." This I think is correct. But I feel sure that there would be little disagreement among osteopaths that this education ought not to be what is commonly spoken of as medical—we ought not to go to medical schools for it. It is true we must appropriate much of the knowledge that has been gathered by practitioners of regular medicine, but we must approach this information from our own view point. We must make it osteopathic. We must interpret the phenomena observed by them according to our own theories. Much has already been accomplished in this direction by our capable observers, thinkers and writers along the lines of gynecology, obstetrics, surgery, physiology and anatomy. What is, perhaps, our greatest need—an osteopathic pathology—has yet to be attempted.

Of course we must add operative surgery to our equipment; not that every osteopath must be an operative surgeon. It is said that less than ten per cent. of medical doctors ever perform major surgical operations. A much smaller per cent. would be sufficient for a system like osteopathy, that so materially lessens the necessity for operations. It is quite probable that if five per cent. of our practitioners were fully capable of performing necessary operations and the rest of them were able to do minor work and were well qualified to diagnose operable cases, that we would be relieved of the necessity of turning such cases over to surgeons of the so-called regular school.

Education can further help us by enabling us to make a more thorough and accurate diagnosis of disease. There should be included in the osteopathic curriculum every method known to science that will aid us in determining the seat and extent of the pathologic processes, the stage of the disease, and in short all that can be known about it. The importance of this and the necessity for, were emphasized by Drs. McConnell and Meacham in their remarks at St. Louis preliminary to the clinics they conducted on valvular diseases of the heart and pulmonary tuberculosis, respectively, when they reported practical failure, due to defective diagnosis, to collect from the profession data of value and reliability concerning these important diseases.

Dr. Carl P. McConnell, in an address delivered a few months ago before the Greater New York Osteopathic Society, discussed under the heads of cosmic forces, heredity, predisposition, environment, hygiene and sanitation, and dietetics, questions with which it would be well if we were all more familiar. He and other leaders of the profession have recently pointed out that the osteopath should be better qualified in the field of preventive medicine than any other physician.

A very intelligent and observing layman once said to me: "One great trouble about you osteopaths is that you know so little about sick folks, their

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management, how to make them as comfortable as circumstances will permit, what they should eat, etc." With many of us I am of the opinion that this observation is justified. How could we know much of sick folks? Many of us went from avocations where we rarely saw or thought of sick people to an osteopathic college, where for twenty months we crammed text-book knowledge, treated chronic cases in the clinic department, and saw few acute cases. Small wonder we betrayed awkwardness when called to the bedside of the acutely ill. We learn by doing, and the osteopathic physicians of the future must have large hospital experience and actual practice in those things which give confidence to the physician and beget a like confidence in the patient.

It need hardly be said that we would not expect *materia medica* to be added to our course of study. We would omit this not by reason of any fanatical opposition to drugs, for osteopathy wages no special war upon them nor upon those who prescribe them except as it is incidental to a fight against ignorance and disease. We oppose the internal administration of drugs because we believe that the greater part of the contents of the pharmacopœia are, so far as their therapeutic use is concerned, unavailing, unnecessary, unscientific, unosteopathic, and unsafe. It is possible that in those rare cases of unbearable and otherwise uncontrollable pain (in nearly seven years of practice I have seen two or three such) we might find it necessary to administer an analgesic, a right which would come to us with the acquisition of surgery.

There is one important thing that education must do for us, and this will apply to those of us who are in the field as well as those who will enter it in the future, and hence the colleges can not be expected to supply the need in full. I refer to an enlarged conception of osteopathy. We need to get a much clearer distinction between its philosophy and its therapeutics. These are often confounded. Possibly the definition heretofore quoted from Dr. Guy D. Hulett would need amendment in one important particular. Where he speaks of "manipulative measures" I think we might properly make it read "manipulative and other rational measures." The word manipulation primarily implies work with the hand. There is danger to osteopathy in placing the emphasis upon manipulation. It makes the means to be employed greater than the end to be gained. It subordinates the philosophy to the method. In an address, which breathes the spirit of advancement, delivered a few months ago before the Greater New York Osteopathic Society, and bearing on this very point, Dr. C. M. T. Hulett said: "We have sometimes assumed that, it being true that digital manipulation, the removal of lesion, is osteopathic, the converse is also true, that osteopathy comprises simply the 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 conditions."

What is needed in the osteopathic profession today as much as anything else is a revival of intellectual honesty and a new declaration of intellectual

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independence. We need that intellectual honesty and moral courage which will prevent a man who does not believe with his whole heart in the osteopathic philosophy of health and disease, from assuming the title of osteopath. We need no less that honesty and courage which will cause the osteopath to say, if he believes it, that osteopathic manipulation is not sufficient to accomplish all that may be compassed in the realm of healing. We should be independent enough to tell the truth as we see it and to practice it as we preach it. We should avoid cant, bigotry, and, so far as possible, sectarianism. I believe that no one should, by common consent, be regarded as belonging to a superior order of osteopaths because he boasts that he employs no method in his practice other than manipulation.

I believe the time has come when any agency, method, instrument, appliance or teaching that may be in harmony with the basic principles of osteopathy, its precepts and axiomatic truths, that will tend to relieve cases we do not now successfully treat, that will shorten the course of disease, mitigate its suffering, or prevent its inception or return, shrould be recognized as osteopathic. It does not matter that any of these things may have been recognized as of value by others. Goethe has said that "The most foolish of all errors is, that clever young heads think that they lose their originality when they recognize the truth which has already been recognized by others." We should have a better reason for rejecting any valuable aid than the one once advanced b y the *Journal of Osteopathy,* namely, that it existed "before osteopathy was born." Because we have the pearl of great price, therapeutically speaking, we need not refuse to add to our collection other gems that may be found hidden in nature's recesses or that occasionally gleam out from a mass of rubbish.

I make no plea for an indiscriminate use of the various methods that have been exploited by enthusiasts who believed that they had the whole truth. I am sure that some osteopaths have made mistakes in imagining that some particular thing that assisted them in getting results in an individual case was foreign to and greater than osteopathy. Indeed, the pernicious and reprehensible thing about the use of so-called adjuncts is that some misguided osteopaths make of some method or device a commercial asset; use it for advertising purposes; magnify its office; exalt it above its worth; make the unpardonable blunder of placing the means employed superior to the philosophy upon which it is based. And it is as possible to do this with manipulation as any other measure that may be used.

There are extremists in the profession who hold it treason to osteopathy ever to use anything in the treatment but the hands of the osteopath. On the other hand, there are some who without thought of the application of fundamental principles to the art of healing would make use of various and conflicting methods that would make of osteopathy a veritable hotch potch—an aggregation of fads. In these divergent views we have the Scylla and Charybdis of osteopathy. We can avoid the rocks of either extreme by getting a firmer mental grasp upon the philosophy of osteopathy, recognizing that it is indeed a philosophy, and differentiating it from any mere manner of applying its therapeutics.

It would not be practicable within the limits of this paper to undertake to correlate with the fundamental and distinctive principles of osteopathy other truths which are our common heritage and which are essentially osteopathic.

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But for an osteopath who is well grounded in the fundamentals of the science, and who has a broad conception of the office, responsibility and duties of a physician together with plenty of common sense the task will not be difficult. Of course that osteopath will look first and last for the "osteopathic lesion," for oftener, perhaps, than we even now know, it is responsible, primarily or secondarily, as an exciting or predisposing cause, of morbid manifestations. We know, however, that there are contributory factors, and experience has taught us that it is not possible in every case to correct the lesion at once, meanwhile the patient may be suffering. It is the office of a physician to relieve pain. If application of heat to the sensitive area will relieve suffering it is just as much osteopathic as the setting of a vertebra. Since food and drink are our only internal medicines it is possibly of more importance to the osteopath than any other physician to know when food should be withheld, what should be given, in what quantities, and at what intervals. The giving of an enema of water to relieve an impacted bowel may be just as specific a treatment as straightening a twisted rib. In cases of nerve exhaustion, knowing that only a certain amount of nervous energy is generated, it is not unosteopathic to insist upon the patient resting until his stock of vitality is sufficiently replenished to restore health. Then there are those fleshy, lazy persons of sedentary habits, who habitually over-eat and come to us with bad stomachs and livers, who should be taught, and so far as our authority extends, made, to take systematic exercise. In those distressing cases where gloomy thoughts, anxieties, fear and worry seem to prevent a restoration to health, we should not hesitate, so far as possible, to implant more hopeful thoughts, minimize the anxieties and fears and instill cheerfulness and such hope as is consistent with a reasonable prognosis. It is now held by some osteopaths that some of our manipulative procedures, such as abdominal treatments, and those that have been called stimulation and inhibition are not distinctively osteopathic, but few will argue that they have not been helpful, sometimes in relieving congestion and pain, sometimes in other ways. There is reason to support the argument that they are in fact osteopathic, but though they are merely palliative, are our patients not entitled to the relief they can get in this way while waiting for results from the specific curative treatment? If, however, these measures be nothing but massage then the physician should not be too dignified to give massage when it is indicated. If there be any instrument or mechanical device that will materially aid in correcting abnormality of tissues, that will get results more quickly than the hands, and that will widen our field of usefulness, then it is osteopathic in principle and we may use it.

I would not want anything I have said to be understood as detracting one iota from the just fame and glorious record osteopathy has made in the field where its position is unique, where it holds undivided sway without a rival and without a peer. It has been, in my judgment, the most important and beneficent single contribution, judged by its results in the field it occupies and in its revolutionizing influence upon therapeutics, that has ever been made to the science of medicine. But I would have it go on and extend its great philosophy over the entire field of medicine and into all its ramifications. I want to see osteopathic concepts take hold upon and dominate preventive medicine. I want to see its practitioners understand hygiene, sanitation,

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disinfection, questions of public health—in short I want to see osteopathy supersede all other systems of healing.

When such a conception of osteopathy is entertained by the great majority of the profession, when with singleness of purpose they shall unite in their efforts to realize for it the high destiny to which its transcendent worth entitles it, then will the time be at hand when the impartial lexicographer of science may approach the task of writing the definition of osteopathy. He will not say of it—as has the American Illustrated Medical Dictionary—"A system of medicine in which diseases are treated by manipulating the bones." He will not call it a branch of medicine, a specialty, but it is my fond hope that he will write after the word osteopathy, not *a*, but *the science of healing,* for then will it indeed compass the field of healing and extend to its uttermost bounds, then will its limits be defined only by the resources, capabilities and powers of the finite.

ANTERIOR POLIOMYELITIS.

A CLINIC CASE.

Conducted by WM. HORACE IVIE, D.O., San Francisco, Cal.

The cases of anterior poliomyelites that are brought to us are of both the acute and chronic forms, each of which present conditions which are of special interest. In the demonstration of this case, we will consider the usual and the unusual course of the disease from the beginning to the end, the treatment adapted to the conditions as they change, and the prognosis as the disease progresses. The patient is Ruth Graves, aged six years. Two years ago next month, she suffered from a slight attack of tonsilitis accompanied by fever and pains in the limbs and back. On the second day the paralysis, consisting, as far as can be learned, of an almost total paralysis of both legs from the hips down, was noticed. The pain continued for about a week but without any alteration in the extent of the paralysis. The case was seen upon the appearance of the paralysis and received treatment once every day for a week, then twice per week for some time and then intermittently until the present.

The improvement noticed so far has been principally in the condition of the hips and as far down as the knees with practically very little improvement below that point. The paralysis now present involves chiefly the extensors of the toes in both legs. You will notice that deformity exists in both feet, that in the left being organic, due to structural shortening, and in the right due to the passive condition of the paralyzed dorsal flexors of that foot. There is also slight deformity at the knees, due to crawling.

In order that a child can develop this disease it is necessary that the motor cells in the anterior horns of the spinal cord be affected to the extent of atrophy, degeneration or death, by an inflammation or a very profund alteration in their blood supply. The usual cause for this inflammation is an infection which may or may not have its principal focus at the affected point in the cord. In this case it was the tonsillitis with its accompanying toxemia.The most usual infections are those originating in the digestive tract. The site of the inflammation is usually unilateral and usually involves the

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lumbar enlargement of the cord most severely with the cervical enlargement as the next most involved area. We always look for lesions affecting the circulation of these parts, they are not constant, however. Over half of the cases occur in children under two years of age, and bony lesions are rarely found in those cases; the condition being possibly, or more probably, that the paralysis comes on following an infection, complicated by a sharp bend of the spine which might have been caused by the position of the child in lying, or by muscular contraction due to sudden chilling of the body, etc. The infection, however, is not necessarily present in all cases. In this case originally great muscular rigidity of the back was found but no bony lesions were discovered excepting a posterior condition of the lumbar region, but as this posterior condition is found in a great many small children, the fact of its presence is not to be given too much weight.

May I venture to suggest that where such severe results follow a slight infection, that we may expect to find a lesion located at such a point as will interfere with one or more of the anterior root arteries which join and supply the anterior spinal plexuses. As there are only five or ten of these anterior root arteries (Dana), the lesions affecting them can be located throughout a wide range of the spine. In a great many cases we find that the correction of lesions well up in the dorsal and even in the cervical region have increased the amount of improvement well beyond that received from the correction of the lumbar lesions alone.

We will now pass to the treatment of the acute conditions. The treatment should be directed first to the overcoming of the infection and the promotion of resolution in the spinal cord at the earliest possible moment, and secondly to keeping the paralyzed members in the best possible condition. Treat the infection as you would any other infection, reducing the diet to the least possible allowance for a week or ten days, and paying strict attention to the emunctories of the body, etc. To promote resolution, correct the lesions both muscular and bony and relax the muscles of the spine daily; move every vertebra to the limit of all of its possible motions, flexion, extension, rotation, and lateral flexion, at least once every day for at least a week; and help to overcome stasis by keeping the child off of its back, turning it from side to side and letting it lie on its stomach as much as possible. The limb to be kept in the best condition, should be kept warm; should only be treated gently; should be kept in a natural position by the use of sand bags and clothes cradle, thus beginning early the prevention of deformity; the paralyzed muscles should not be kept on a stretch, as that will retard any possible improvement; stimulating baths and rubs should be given frequently; daily manipulations, say after the first week or ten days, by the nurse, the mother or a masseur, have been found to be of great service, and the regular physicians have made use of the galvanic current, which is a tonic current and the only variety of electrical treatment to be used, with the idea of keeping the muscles of the limbs in the best possible shape so that if there should be any regeneration of the nerve cells that they would have a fairly good muscle to act upon. Of course massage and electricity do not affect the cause of the paralysis, which is a central lesion. Osteopathic treatment is the ideal treatment for the acute condition.

Should you get the case later than the first week, or during the stage commonly known as the stationary period, which may last for six weeks, or later,

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during the stage of improvement, which under medical treatment may last a year but most usually six months, you should adapt the foregoing treatment as the case would indicate. Some parts of the foregoing treatment can also be adapted to the chronic cases, which with the exception of those conditions due to deformity will, with all other cases seen later than the acute stage, have for the basis of their treatment the increased restoration of circulation to the affected area of the cord, the regeneration of all possible nerve cells, the education of all nerve cells, nerve tracts and muscles to their greatest possible point of efficiency and the prevention of deformity, especially during the growing period.

The circulation to the cord is influenced best by the removal of the lesions and the continuation of the spinal treatment indicated above, namely, the moving of the vertebrae in all directions to the limit of motion three times per week.

All reflex irritants such as a hooded clitoris or adherent prepuce should be removed.

Now that the nerve cells have been given a chance to regenerate through improved nutrition, the best thing to do is to force them to work if possible. To do this, the so-called resistance exercises or educational movements are to be strongly recommended; the idea being to take the limb and place it in a given position and then ask the patient to fix all of her attention on the limb and to earnestly attempt to hold it there while you move it, or to keep making the attempt while you move the limb through its whole range of motion in that direction. These movements should be calculated so that the resistance of the child will exercise the group or groups of muscles that are affected. In order to demonstrate more thoroughly the nature of these movements, I will take the legs and place them together, the child being in the recumbent position, and ask her to hold them there by the use of the adductor muscles while I endeavor to separate them. You will note that there is considerable power left in these muscles which is somewhat unusual.

It is advisable to teach the mother or nurse how to give these exercises and instruct her to have the child go through them every night before going to bed, continuing until each group of muscles that will respond at all is slightly tired. The physician should also use these exercises as part of his regular treatment, for very often he can get much better response from the child than can the mother. In one of my cases of six years standing, and which had had some six months prior to my taking charge of the case three months of excellent osteopathic treatment without results, the institution of these resistance exercises, added to her regular treatment, caused her to walk inside of a month and a half. She had previously been unable to bear her weight on her limb and Dr. Lorenz had given it as his opinion that she would never do so. While the walk is accompanied by considerable limping, still it is a walk. She is still slowly improving.

Sometimes when the muscular power remaining is very slight, voluntary muscular response can be best secured while the child is in the bath, the water offering support to the limbs. The child must be taught to use every bit of muscular power it has left and to develop it to the utmost.

I only advise treatment to be given intermittently, one month out of three, or three months out of six; the mother to see that the child keeps up the exercise during the intermissions. The child should at least be kept under obser-

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vation during the growing period, or until the disease has done all the damage it is possible for it to do to the organism.

Mechanical supports, jackets, braces, etc., have been used by the orthropedic surgeons with much success, but are only to be used intermittently if the case will permit. They, with moving the joints of the limbs to their greatest limit of motion daily, are to be advised for the prevention of deformity.

If you are not fortunate enough to get the case before it reaches the chronic stage you are very likely to find it presenting deformity just as this one does. The deformity may be due to a number of causes, acting singly or together, among which might be named atrophy, force of gravity, stretching of muscles during acute attack, increased activity of some muscles causing muscular adaptation and structural shortening, crawling, walking on all four limbs, the weight of a too heavy body, and flail joints from practically total paralysis of all muscles controlling the joints.

If you get the case in time, prevent the deformity by the methods outlined above, if not, all the best treatments for the deformities themselves, with the exception of passive stretching, what benefit can be gotten through an added circulation to the limb and what improvements in the motor force you can secure, are surgical; fixation for the flail joints and tenotomy, tendon transplanting and mechanical appliances for the contractures.

Attacks of anterior poliomyelitis are of themselves very seldom fatal, so our prognosis deals mostly with functions and depends primarily upon the extent of the destructive process in the cord, and secondarily upon the treatment of the weakened or diseased parts. The paralysis is usually as great the first day as it ever will be and is greater than it will eventually be. How much less it will eventually be depends upon the rapidity and extent of the resolution in the involved area of the cord. Now as osteopathic treatment affects the circulation to the cord faster and better than any other system of medicine we would naturally expect that resolution would be more perfect and that the paralysis due to inflammatory conditions around the necrosed area would subside earlier than the statistics of older schools would warrant us in expecting. It is an open question just how far resolution can take place under the influence of the much more perfect circulation following our treatment. The treatment of the affected member occupies a very important place in the prognosis and practically all the attention of the regular physicians has been directed to developing the weakened member to the limit and then using, by tendon transplantation, the muscles that have remained intact or have been strengthened to take the place of those whose function has been lost.

The osteopath should have the same surgical procedure in mind to be used after his case has reached its limit of improvement, and as he can do so much more for these cases the final results should be correspondingly good.

There is hardly any case, old or new, for which something cannot be done by appropriate treatment, but there is practically no record of a perfect cure in these cases under any system of treatment.

I shall not consider electrical diagnosis as an aid to prognosis because most of you are not equipped to employ it.

Dr. C. W. Young: What would you advise with reference to a shoe in that condition?

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Dr. Ivie: The talapes equinovarus is so slight that it may be successfully combated by the use of spring-heel shoes with soles higher on the outside than on the inside. These are preferable in such cases as this, to leather or steel supports inside the shoes. Tenotomy may be necessary, however, before the shoes could be used.

DISCUSSION OF ANTERIOR POLIOMYELITIS.

OLIVER VAN DYNE, D.O., Utica, N. Y.

The question of diagnosis is important. If we were to take Osler for it, there would be no use of treating infantile paralysis, because he claims it is incurable, unless you have it in the acute stage a few hours after the disease begins. Although this disease is considered incurable by medical writers, I am so thorough a believer in osteopathy that I think if we diagnose these cases right, and do not get discouraged because the medical books say they are incurable, that we will find a way of curing them.

The very first thing that Osler says in regard to it is this: It was supposed to have been caused by a poison which had the selective affinity for killing the cells in the ventral horns of the spinal cord. He says, more recent discoveries indicate that it is caused by embolic or thrombotic conditions of the blood vessels in which these cells are starved. If these cells are starved why are they not like a plant that you put down in the cellar in the fall. It loses its color; it looks like a dead plant, and you leave it there through the winter, and bring it out in the spring, and it comes to life. If these cells are starved why is there not a possibility of bringing them back to life? Well, you say the cells are dead. How do you know it? They do not respond to electrical stimulation. Must they respond to electrical stimulation if they are not dead? No. I will tell you. While studying osteopathy I got a position, through a political pull, as receiving clerk in the Cook County Hospital in Chicago. I did not go in as an osteopath, and if they had known I was an osteopath they would not have allowed me there at all. As it was I had a chance to see cases come in and sent to their respective departments and treated, and post-mortemed a great many of them. I well remember a case coming in one day of a man who had been working in the white lead works. He had been carrying a heavy keg of lead from the wagon to the platform, he missed his footing and fell between the steps. They brought him in, and Dr. John W. Murphy, one of the best surgeons in the United States, was the surgeon in charge that day. He examined the case and said: "Well boys, what is the matter? Is he going to get well?"

They had their battery there, and were making a thorough electrical examination, and there was no response from the waist down; and every one would say naturally, from what we understand, that there was no hope of his getting well.

Dr. Murphy said: "Two years ago another man came here with an injury from that same place. There was no electrical response upon examination; he was supposed dead from his waist down. For three months we kept him in the hospital; he suffered pain, and all of a sudden he began to improve, and in six months he was well and is now at work again. I cannot explain it, and do not pretend to."

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Recently there appeared in the medical magazines an article by Dr. J. Monroe Liebermann, of New York City, in which he says that through the use of the ultra violet rays he is able to cure any so-called hopeless cases of locomotor ataxia, and he gives a record of 36 cases. These cases were supposedly incurable from all the means of electricity, etc., but he has been able to cure them by the use of ultra violet rays. You ask how, he cannot tell you. He says: "I do not pretend to know, but I know the people walk again."

A man was brought into Bellevue Hospital suffering from a gun shot wound at the fifth cervical vertebra. It was a typical case of Brown-Sequard paralysis. He got well, in spite of paralysis, and the doctor in charge who was giving the case to the medical magazine, said, there is a standing opinion among people that injuries to the spinal card are incurable. However, the fact remains that when we trace out these cases the majority get well. In our present state of knowledge there is no use talking; we know very little about the regeneration of cells and fibers of the spinal cord. Our pathology which we get from the medical profession is a praiseworthy pathology. It is a good thing to study. We must study these books; but they do not apply to the pathology of osteopathy. I might illustrate by this figure, take a large handsome tree growing in the park: The artist would look at it and say it made a beautiful picture, while the lumberman would see no value in it because there was no merchantable lumber there. There is nothing wrong with the pathology of the medical profession, but it does not apply to our osteopathic ideas. And until we can have what Dr. McConnell began the other night on that canvas; until we get our osteopathic pathology which will deal with the osteopathic condition of the spinal cord from which we can make an osteopathic diagnosis, we must grapple around in the dark and look at these cases and feel that we are going to have trouble, because the medical text books tell us there is no cure for them. I believe these diseases will be curable under osteopathic manipulation.

In closing I want to say just one word. If we cannot believe in the medical pathology, what are we going to do? Well, for the present I would say this: see with your individual eyes; feel with your own individual hands; use your own individual brains; do not promise your patients too much, but by all that is good have the greatest confidence in the world that the science which you practice is able to produce great results and I believe you will get them.

OSTEOPATHY.

MASON W. PRESSLEY, A.B., Ph.D., D.O., Philadelphia.

[From the Encyclopœdia Americana.]

Osteopathy, a method of treating diseases without drugs, which relies upon the intrinsic powers of the body, where these are made free to act according to their specific constitution, by means of the mechanical engineering of the living machine in its affected parts, and their restoration to the normal condition, relation, and action. Its essential point of departure from the chemical method is the biological postulate that the sole and sufficient remedies for the

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cure of disease are within the body, and that these may be made operative by anatomical adjustment. It holds that the drug method is merely external, prescriptive, and regulative, an empiric form imposed upon the content or life-processes of the body; that all cure must be intracorporeal, without imposition of an external form on the concrete processes of life. This brings therapeutics upon the plane of biology rather than of chemistry. It establishes a biosis, which is of the essence of growth, repair and cure. If disease be considered as maladjustment to environment through defective action and reaction in the bodily mechanism, then cure would necessitate a detection and correction of such structural defect. There is a provision within the organism by which it may rise superior both to heredity and environment, until it meets and masters the conditions of its environment. This provision is selective adaptation.

By osteopathy the old postulate of evolution that life is a struggle because it proceeds from a poverty of resources, and that, consequently, only the fit may survive before the insurgent pressure of environment, is set aside, and a new induction, discovered from an investigation of the life-processes, is enthroned in its place, and the contention is made that life is a progress due to a surplus of supplies, and that the unfit do survive when made free to act in possession of their own constitutional endowment in relation to any habitable environment. This biological position makes clear a line of demarcation between osteopathy and all the accustomed theories of medicine. It emphasizes the following principles as of paramount import in the study of each and every part and power of the body: (1) Its organizing design; (2) its elemental potentiality; (3) its structural integrity; (4) its functional activity; (5) its mechanical adaptability; (6) its readjustive and restorative possibilities.

Osteopathy posits its entire claim to rationality and efficiency upon its philosophy. It is a critique of chemical medicine, maintaining that its principles, pharmacopœia, and practice are foreign to the body and antagonistic to its own processes. Not only is osteopathy biological, but its philosophy is teleological. It rehabilitates the philosophy of design that was set aside by the assumptions of materialistic evolution, and lets nature speak and act for itself under the categories of a theistic evolution. Osteopathy co-operates with nature in given cases of deformation, as in disease, by manipulating her own mechanisms and the sources of supply without extraneous chemical aid. The powers of bioplasm, cell, tissue, organ, and system, in their myriad transmutations and differentiations in the human body, are minutely and exhaustively studied and pressed into service in relation to the complex laws of stimulation, action, and reaction; just as the inventor of locomotives calculates the tensile strength of iron, brass, copper, steel, and other materials, and fits each pipe, crank, and wheel to its intended function. Osteopathy postulates life as its basal principle, out from which all organization and structure proceed. There are certain inner actions which are superior to and sovereign over all reactions and constitute the essential impulses and initial conditions of all growth, repair and cure. These inner actions constitute the substance of life, while the adjustment of these actions constitute the forms of life. Neither forms nor substance can be supplied *ab extra* to the body. Osteopathy takes both its materials and its methods from life itself. Its processes and its products are internal and constitutive, while

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the materials and methods, the processes and products of all chemical medicine are arbitrary, external and prescriptive. Osteopathy reasons that all organized bodies exist as such by virtue of a final cause; that purpose rules as a law governing all facts in organic nature; that in organized bodies nothing is in vain. In virtue of this osteopathy conceives animals and plants as subject to diseases, for disease takes place when the parts do not fully answer their purpose, when they do not do what they were made to do and ought to do. Osteopathy reasons that if a structure is made and endowed to do a specific work, and this structure may be known as capable of doing it, if it has ever done it under any conditions, and it does not do this work under a change of conditions, and these conditions are known, and the degree of defection from its proposed work may be diagnosed, the question only remains, Can the structure be made to do the work it was constructed to do, and may the conditions marking its failure be controlled to the end of restoring the original and specified functions? This question, osteopathy contends, is not settled by a formula of chemistry or a prescriptive or legislative jurisdiction, but is one purely judicial and executive, interpreting the meaning of the organism or structure, and eliciting its own operation. It is not competent to make a law alien to its constitution and enforce it upon the organism contrary to its own spontaneity, however plastic it may be in a crippled condition; but rational and scientific procedure would dictate that the law already there be revived and set into operation by adjustment of the oppugnant difficulties.

The cause of the particular mode of existence of each part of a living body resides in the whole, and presides over the whole, while in dead masses each part contains the cause within itself. This explains why a mere part separated from an organized whole generally does not continue to live; why, in fact, an organized body appears to be one and indivisible. Continuity and contiguity of relation of each and every part of the body, or a complete correlation of all the parts, is the prime condition of continuity and harmony of action. Every element of the body, even the most infinitesimal, exists and acts according to an established norm, and the whole body, being the sum of all the parts, realizes a full and finished ideal only when the norm of each is fulfilled in correlation with all the others. The method of procedure in osteopathy therefore is the procedure of nature, and its power as a therapeutic agency is based upon its knowledge and skill in the modes of nature's operations. The discovery and application of osteopathic ideas is coeval with the great discoveries of physics, chemistry, biology and physiology. Indeed osteopathy is the rigid and scientific application of biology and physiology directly to the problems of pathology and therapeutics. It is also an application of anatomical mechanics. It emphasizes the anatomical ideas and utilities. The mechanical contrivances most conspicuous in man constitute the chief study of osteopathy, together with the purpose of their being and the normal laws of their action. This places osteopathy abreast of all the searching investigations into present physics, chemistry, and biology. Osteopathy seeks, with crucible, reagent, and dynamometer, to resolve all things in the body into a unity of substance and of force, and by the laws of its own constitutional action to establish its true relation to heredity, habitat, and habit. The whole body must gravitate or have weight, without which it could neither stand securely nor exert its powers on the bodies around it. But for this, muscular power itself and all the appliances which are related to that

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power would be useless. As the body must have weight to have power, so must it have a skeleton, in which also are the most admirable and remarkable adjustments and adaptations.

From the lowest form of organized living substance—bioplasm—to the fullest and firmest tissue—bone—osteopathy investigates, studies and reasons. Form, structure, functions, relations, and purpose are the categories of its science, and as every science should take its differentiating principle, and even its name, from the essential body of its facts, so osteopathy takes the bones as its essential and nominal factor. The bones constitute the frame-work of the body. They give it location, position, locomotion, resistance, form, relation, action. Every other tissue is so related to the bones that their position and action depend on them. The bones are landmarks by which all explorations may be made. They constitute a system of movable architecture, by which all other parts, from the most fluid to the most fixed, may move or may be moved. Every other tissue, in its position, composition, action, and destination, stands related to and dependent upon the right relation and action of the bones. The bones are not merely architectural, but architectonic. The bones give structural unity, the union of all the parts of the body which springs from the principles upon which the body depends. The bones supply the mechanical basis which secures to all the other tissues their orderly functions. The name osteopathy is therefore scientific and significant. It is descriptive of the science, and embodies the master idea of the science, as it does also of the bodily structure. Having ascertained the form and law and power and purpose of the organic bases of the body, having viewed these in their relations as a whole ,having seen how these relations are discharged in the united action of the body, and having embodied all these in its name, osteopathy proceeds to the great questions: Is the law of life and disease and death within the body or without it? Shall the law of the organism dominate the law of environment or be dominated by it? Shall the body assimilate the world to itself, or be assimilated to the world? Is the principle of initiation and spontaneity superior to the state of passivity, reaction, and plasticity? Is the body a product to be reacted upon by the formulations of the apothecary, or a process capable of action through its own potencies? If the body is autotoxic and may produce within itself worse pathological conditions than can be produced without it, is it not also autotonic, and may it not reduce those pathological conditions? If the body is autobiological and autochemical and can produce better formulations within its own laboratories than can be made in the commercial laboratories, why may not the body be autotherapeutic? If there are conditions of self-sufficient production, why may there not be conditions of self-sufficient reduction in all the processes that tend to disease or health? If the body in a state of health is *de facto et in re* a biogen, and with a change of condition may become a pathogen, as in typhoid infection, and in turn may reconvert to a biogen under a reversal of conditions, why may not the sciences of pathology and bacteriology be considered merely as abnormal physiology, and pathogenic micro-organisms be perverted biologic entities? If design and purpose dominate function, and function determines structure, what is the one and only thing to be done? If purpose abides as an unchanging factor, then the only thing to be done is to manipulate structure in order to the maintenance of function.

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So osteopathy holds that structural integrity is the one condition of functional activity. The four factors to be considered are: (1) Function or purpose; (2) power as the efficient agent; (3) mechanism, by which power is expressed; (4) manipulation, by which the mechanism expresses its power in proper action. Physiological chemistry constitutes one of the most important of osteopathic disciplines, but osteopathy defines this organic chemistry as the chemistry which the living organs make, and not the chemistry that makes living organs. There is no such chemistry. There is therefore nothing in the chemistry of drugs that can initiate, imitate, supplement, or supplant, aid, keep, or rightly stimulate the life of the body or any of the life-processes. Such chemistry is dead; it not only cannot cure, but it is contrary to the law of cure. This is confessed both in the formula of allopathy and that of homœopathy. The *contraria contrariis curantur* of the one means, Give a poison contrary to the physiological conditions of the body. The *similia similibus curantur* of the other means, Give a poison similar to the pathological condition of the body. Both are contrary to the body. Osteopathy works concordantly with nature. As disease is produced in the circle of the natural working of the body, it must be reduced in the same circle. There is unity of substance and force both in health and disease, and this is the unity of nature; so cure must be effected by that which is natural to all the conditions; and therefore osteopathy says *naturae naturis curantur.*

Osteopathy develops its science into the etiology and symptomatology of disease, and shows how these stand related to anatomical integrity and adjustive manipulation. It reasons that a normal flow of blood is health, for the life is the blood; that any obstruction to such a flow is possible disease; that removal of such obstruction is scientific cure. It studies the blood under the conditions of normal flow, obstruction, congestion, chemical change and toxæmia, infiltration, inflammation, suppuration, absorption, and resolution. The motor mechanism of the body is studied under musculature, and this is viewed under the conditions of excitability, extensibility, contractility, elasticity, tonicity, rhythmicality, resistibility, flaccidity, rigidity, clonus, and tetanus. The power is studied as related to the brain and nerves, and these are possessed with receptivity, conductivity, acceleration, inhibition, reorganization, redistribution, modification, transmutation, and intensification. As to direction and function nerves are classified as afferent, efferent, electrical, chemical, trophic, motor, and sensory. Nerve-ganglia and plexuses and centres are aggregations of nerve-elements, and have all the powers resident in the body. These centres are subsidiary to the brain (q.v), and communicate with it by means of three systems, the cranial, the spinal and the sympathetic. Each organ and tissue is controlled by these systems. Osteopathy holds that the entire body, in its blood, muscle and nerve systems, will act according to its design when free from obstructions. It has found that structural integrity is the one condition of functional activity, and that any obstruction to any force or fluid of the body constitutes the typical lesion that precipitates disease. These lesions may be osseous, ligamentous, muscular or nervous. Such lesions are due to the compressions, concussions, contortions, compactures, contusions, congestions, constrictures, contractures to which the body in a gravitational world is constantly subjected. The detection of these lesions is made by a trained tactation (*tactus eruditus*) and a careful anatomical, physical, and (when necessary) microscopical and chemical examination. The predispos-

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ing as well as the exciting cause is carefully sought, and the causal conditions are considered more important than the resultant symptoms. These lesions are corrected, and nature is made free to act according to the normal. The stimulation that osteopathy uses is primarily physiological or natural, without the aid of mechanical appliances, heat or cold, drugs or batteries, and yet it is strictly mechanical, thermal, chemical and electrical. The rationale of this stimulation is illustrated in the following manner: (1) Everything in the body moves or may be moved through the leverages of the bones and other movable structures—this is osteopathic mechanics and provides a wide range and variety of mechanical stimulation; (2) all motion, molar or molecular, liberates heat in proportion to mass and degree of motion—this is thermal stimulation; (3) all heat is a chemical action—this gives great scope of chemical stimulation; (4) the action of nerve on muscle is electrical—osteopathy holds to the electrical interpretation of physiological phenomena. It eschews the use of batteries and radio-activity upon living tissues, for the reason that these agents result in electrolysis, and this is biolysis. For the same reason it rejects chemicals as proper agents, because the result is chemolysis. Osteopathy holds to bionomy, autonomy, and automaty in all the resources of cure, and in a physiological sense osteopathy is autopathy. When necessary, it uses the customary non-chemical aids, such as packs, stupes, fomentations, etc., and in emergencies, when the organism is in imminent danger or intolerable pain, it would invoke the use of antidotes, anæsthetics, and antiseptics, though this would be exceptional. Osteopathy is scientific chirurgics. It is adjustive, fixative, manipulative surgery, and when incisions and excisions are necessary it proceeds in the usual way of operative surgery, though its methods make the use of the knife unnecessary in most cases.

Osteopathy would expound and apply the true philosophy of manipulation. While the hands are used, it is not this alone and chiefly that distinguishes its method of operation, but the idea and purpose that lie behind the manipulation. The end is production, and yet even this is not aimless and tentative, but definite and calculable. That is to say, the operator works to produce specific results, and holds that this production is a matter of law. An osteopathic operation is fundamental and actual production, and this production is according to known and demonstrated laws, and manipulation is the method by which these laws become evident and effective. Its intelligence consists in its perception of a new relativity between power and function. Osteopathy discovered (1) a simple fact or general law of power; (2) a correlated fact or specialized law of production; (3) an adapted mechanism through which the power produces the desired result of health; (4) the process of manipulation, by which the mechanism is fitted to the power to produce the conditions of cure. All progress is made by realizing the relativities between power and function, and manipulating the factors. In the animal realm, as in lower realms, the most potent forces are manipulated; that is, the law of production operates in changing both forms and functions. The trainer of animals demonstrates this. His methods are manipulative, and his results are marvelous. New functions are developed from the old powers, and so great is the production that specific changes which are permanent and transmissible are secured. This is the law in the breeding of animals. The consummations of both science and art are reached through the laws of productive manipulation. The

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artists who realize their ideals and become masters in music, painting, song, oratory, literature, have specialized power, and they put it to use—this is function. They achieve the relation between them, and manipulate instruments, paints, voice, and language, and secure great ends. Then, too, men manipulate men. Youths are fitted—manipulated—for army, navy, bar, pulpit, politics. There is still loftier and more wonderful function which all may exercise in or upon the sphere of the higher nature—the task of transforming and reforming, that is, to all intents and purposes, truly forming each his own inward nature. This power seems greatest in overcoming an established habit. Anybody who breaks through a customary state or habit, already inwoven with the intimate fibres of his own life, is a man *par excellence.* All these processes demonstrate the powers and possibilities of productive manipulation. There is, therefore, known to us a power which can originate actions and functions, a clear spring of volitional creativeness, and manipulation is the scientific means of its arousal, development, and consummation.

SAFEGUARD THE FUTURE.

A paper read before the Ohio Osteopathic Society by CHAS. HAZZARD, Ph.B., D.O., New York City.

We, the present generation of osteopaths, who represent osteopathy as it is today, who, so to speak, got in on the "ground floor"—just when the world was hungering for new therapeutic systems, and was ready, therefore, to welcome us with open arms into a vast and fruitful field of labor, where we have ratted around since very much at will; we who, as individuals, stumbled, or blundered, or happened, into this sublime domain, rubbing our eyes in wonderment at what we saw going on about us, at what we saw accomplished by osteopathy, and at what we found ourselves able to do; we anon ask ourselves, What of the future? What will the future otseopath be like? What will be his education; what will he be able to accomplish? What will osteopathy itself be then, in the far years to come, after the hand of time has wrought its changes? Will it still exist as an independent and mighty therapeutic system, or will it exist, as an entity, at all?

These are not, or should not be, the questions of idle dreaming. They should be continually before us as issues which demand attention, for the future depends upon ourselves. We, the osteopaths of today, represent a truly remarkable movement; one which has no parallel in history. Most of us, doubtless, are unqualified to judge of the greatness of this movement, even though our acts form part of it. We are peculiarly in the position of Newton, who compared himself in his search for truth to a little child upon the seashore, finding now a prettier shell, now a smoother pebble, while the great ocean of truth lay all undiscovered before it.

The great question is, Can we meet the *test,* or are we destined to go the way of so many therapeutic innovations, whose history is one long story of rise and fall?

What of the future? We are not assured of the permanency of osteopathy as a separate school because of the fact that our people are now, as a whole, active, enthusiastic and successful, on purely osteopathic lines. The ques-

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tion for us is not how we are succeeding in the present, but how we are building for the future. Are we puttitng into our system all the vital constituents needed to maintain its perennial freshness and its individuality for all time? Are we laying foundations for a superstructure which shall grow to greater and greater excellence and perfection as the years go by? We must prepare for the time to come, when the days of youthful enthusiasm (and of youthful inexperience, as well) are gone by; when the old stock has died out.

It is absolutely necessary that we build now most wisely and well; that we omit no essential element from the structure, nor include in the foundations any poor stone, that shall decay and crumble under the assaults of time. We therefore clearly see that not only must we choose with rigid scrutiny all our material, but we must not omit any essential.

While we can not wisely take the position that all drug substances are always useless in the *treatment* of injury or disease, we are yet unquestionably correct in our position that the use of, and dependence upon, drug medicines for the *cure* of disease, are founded upon a false hypothesis.

We must eschew drugs as not only for the most part useless, but as dangerous. For this our system will be more stable, and the world much better off.

But we may use all non-drug remedial agents to assist nature; all upon fundamental osteopathic principles. I do not say that we should all, now, branch out into the use of many therapeutic agents, but, on the other hand, we must not be too narrow in laying the limits to what shall be included in our great system, the magnitude of whose future we can now little more than conjecture.

To my mind it is as important, in the building of an all-sufficient therapeutic system, to include all that contributes to its sufficiency, as it is to omit all that detracts from its soundness and individuality.

To my mind, the greatest issue that has ever confronted, or does now confront, us, is this one of being separate. We must be great enough and broad enough to stay separate for all time. To accomplish this is no small task.

We are not yet entirely secure in our position as an independent and sufficient system of therapeutics, nor at all sure that we shall not, in a few years, be treading the path that is today being trod by homeopathy as a system of medicine. This school remained separate and successful for many years, though the fight of the "regulars" against it never ceased. But it is now rapidly losing its identity. The old stock seems to be dying out. The enthusiasm of youth has waned, the desire for separateness is going. They mix not doses alone, but join hands with their quondam enemies against us.

The tendency in some quarters manifest, to mix up osteopathy with medicine is marked, and it bodes no good to us as a separate school. There are many in whose minds a combination of drug medicine and osteopathy would constitute the ideal system of therapeutics. But to my mind such a union is both theoretically and practically impossible. Every fundamental tenet of osteopathy declares against it. Our school could not long maintain its identity were such a union brought about, nor should it under such circumstances, for it would mean simply that osteopathy had become a mere adjunct to regular medical therapeutics. There would then be no need of a separate

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school of osteopathic medicine. We must remember that osteopathy has grown and prospered by replacing drug remedies with something different and better, and that there is today a greater sentiment, in the public mind, against the use of drugs than ever before. Not only does growing public opinion pronounce against their use, but many wise and independent minds in medical ranks have for years been declaring against their use. The individuals, and the schools who sand for medical osteopathy, constitute one of the greatest dangers against the separateness and independence of osteopathy. Let every precaution be taken by the profession against this danger.

As related to these considerations the question of osteopathic education is of paramount importance. At the present time the state laws are such that it is necessary for our schools to give a partly medical course, in order to prepare their students for the examinations which they must pass in order to practice osteopathy legally. While this is a regrettable state of affairs, which time may do much to remedy, it is none the less a distinct danger, and one that constantly tends to set up medical ideas and medical standards to the detriment of the purely osteopathic. To counteract these tendencies, every effort should be made to render the courses in our schools so distinctly osteopathic that every graduate may be firmly grounded and established upon osteopathic principles. No seasoned and competent osteopath feels that he needs to depend upon drugs. But the young and inexperienced often lack confidence in themselves, do not know the efficiency of purely osteopathic measures, and are therefore tempted to depart into devious therapeutic paths.

Every state osteopathic law should definitely provide against the use of drugs by the osteopath. We should see that the laws to be enacted so provide, thereby again safeguarding the separateness and independence of osteopathy.

A wise attempt has been made by the American Osteopathic Association and the schools to increase the efficiency of our educational course, but this, I fear, is so far of little avail in the making of better osteopaths, for if I read the catalogues aright, the major portion of the third year added to the course is devoted to medical subjects and specialties, which can be of no great value, but rather only detrimental to the young osteopathic graduate. We seem to have made the gave error of increasing the medical, rather than the osteopathic, portions of our already somewhat paradoxical course of education. We have thus, instead of providing for the moulding of these young osteopathic minds more particularly, and for a longer time, upon osteopathic lines, as we so greatly needed to do, apparently set about to spoil in the making this fresh output of osteopaths, which we looked to have added to us as elements of strength.

Our Association, and our school authorities, must surely see the great danger to osteopathy that lurks in this method and habit of continually setting up more medical ideals and medical standards to hamper these young osteopathic minds.

We must learn, right speedily, that those are the things *not* to add to an osteopathic course; that these medical subjects in our courses should be reduced, as fast as possible, to the bare necessities required by the unfortunate situation of our state laws, which require osteopathy to be a sort of "medicos on the half-shell" in order to be admtited to the practice of osteopathy under the law; and to make better osteopaths we must teach more and better osteopathy, instead of more medicine to the detriment of osteopathy.

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Our educational course is hardly any better a means of osteopathic education today than it was ten years ago, with all our additions to it, if we can in any wise judge of it by its fruits, for the osteopathic graduate of today is no better an *osteopath* than are the "old graduates" of the days before all this medical "ginger-bread work" was tacked onto the course. In fact, we send them out, so it seems to me, more hampered in mind, more befogged in ideals, than before. This certainly cannot go on much longer before the infant osteopath shall have "died a-bornin'," so far as the osteopathic part of him is concerned. But legally, in every way, he will be an osteopath, with all the rights and privileges of such. We are in danger of creating a mongrel system that will have no claim to separate existence.

Teach more osteopathy in the third year of the course, and let it overflow the first and second, as well. Make our new osteopaths more osteopathic and less medical. If we do not do this, we court a great danger to the future of our science.

There is enough in osteopathy, pure and simple, to occupy any mind, no matter how brilliant, for the short space of three years, before it is able to grasp the full beauty and perfection of the principles wrought out, with such pain and labor, through so many years, by our "Old Doctor" Still.

It is going to keep us all busy every minute to occupy fully the broad field that a glad world so gratefully throws open to us. Our every energy and every thought should be bent to this great end; to occupy our field, to occupy it fully, to fill it with the best possible kind of osteopathy, to fight the ceaseless battle for the human race against disease and death.

Some are saying that the wonderful days of osteopathy now are past; that we no longer hear of the remarkable results produced by its methods; that we are now settling down to a reasonable and calm contemplation of osteopathy as a fixture in the therapeutic field; one of many ways, and about on a par with the others.

If this be so, be it to our shame! If we are settling down thus, it is a settling down to respectable mediocrity only. The wonderful days should not be ending; they should be but beginning. It is, alas, true that many wonders are no longer performed, but it is my conviction that we are poorer osteopaths than we used to be in those days.

If I cannot, in my old age, look about me upon many wonderful works of many great osteopaths, I fear I shall have a bitter feeling within me that we have fallen far short of the glory that ought to have been ours.

By all means let us make better osteopaths. Let us fit and prepare them to do wonderful things. Let us get ready to occupy our full field for all time.

The security of our future depends much upon the thoroughness of our educational course. It is important that a good quality of men be attracted to our schools. It is just important that those of poor quality be kept out. Hitherto, perhaps, this has not been practicable, but with conditions such as they have been, it is a great evidence of the true excellence and natural worth of our science that the personnel of our profession has continually grown better and better. Yet, occupying the position that our science does today, it is more imperative now than ever before that we secure quality rather than quantity of students in our schools. Said an important lawyer to me: "What you people need is intelligent men—really intelligent men." Noth-

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ing is more true. We need men of a high order of intelligence to insure the proper performance of the high duties that are to devolve upon the future osteopath in the development and upbuilding of osteopathy in the manner in which she is destined to grow. Osteopathy must, perforce, occupy a high place in the world, and she must be worthily represented in the personnel of the profession. We need ingenuous men, who were born to be osteopaths.

It is but right that we should now be devoting some thought to the need of gradually increasing the entrance requirements, as well as the general excellence, of our courses. A step in the right direction has been taken by the American Osteopathic Association in setting on foot a movement to establish a committee of Regents, one of the duties of which is to aid in enforcing higher entrance requirements. I do not myself believe in any attempt to coerce the schools in these matters, nor do I think this step was taken by the Association in any such spirit. But it is well that these things become the object of care upon the part of the organized profession, and that it show itself ready to co-operate with the schools to aid in bringing about a higher status of our educational system. Doubtless, also, the attempt at enactment of new state laws will in the future begin to emphasize the need of maintaining a higher standard of entrance requirements. It is also certain that the intelligent opinion and healthy sentiment of the profession will favor this for the sake of the future of our science.

In the same vein, we may comment upon the desirability of strengthening our course throughout. As I said above, I do not believe in teaching medical specialties from medical text-books in order to fill out a longer course. To be sure, all these various branches should be taught, in due proportion, but all should be done from an osteopathic standpoint. As yet, I believe we are prepared to touch upon the subjects only rather briefly, and could well spend more time in osteopathic clinics lectures, osteopathic practice and applied anatomy, and the like.

I feel also that a greater effort should be made to equip the osteopathic graduate for careful scientific diagnosis of disease. Too much importance cannot be attached to osteopathic diagnosis as now taught, but it should be reinforced by a more thorough knowledge of the general methods of diagnosis, as important to the osteopath as to any true physician. In addition to urinalysis, he should be carefully taught the use of the stethoscope, and of all the physical methods in examination; he should be taught to make blood tests, and to examine the sputum, vomitus and stool, and he should be trained in the habit of making the most detailed and scientific examination of every patient; the habit of careful scrutiny of each one of the evidences of disease, no matter what its form. No other one thing will contribute more to the success of the practitioner than will the habit of making extremely careful diagnoses. Carelessness in diagnosis is inexcusable, often almost criminal, but it is appallingly common among well educated physicians.

The equipment of the individual osteopathic practitioner must be complete. This must be given to him by the osteopathic school. It must send him out into the world as a "whole doctor," ready and able to compete with any doctor from any other school.

The "word of mouth" method of transmitting osteopathy is no longer in vogue. The principle of the science is no longer handed down from father

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to son, as were the traditions of yore, but these principles have been formulated into an orderly body of classified knowledge—a science. These have been consigned to the printed page, which shall preserve them and transmit them to the posterity of our profession. Time, and the mature judgment of the future osteopathic profession, ripened by the experiences of accumulated years of painstaking and scientific labor, shall come to sit in judgment upon them, saving what is true and good, but casting away the superficial and the false.

We cannot overestimate the importance of the literature of osteopathy, for upon it much of our hopes for the future of the science must rest. This literature has had a quick, but a healthy, growth. While much of it is crude (and we might add, even imaginative), yet, upon the whole its quality is good. One of the most virile characteristics of the science is seen in the quick, strong, healthy growth of the literature of osteopathy. It will do us good. It will lead to better things, and, if one may venture a forecast of the future of our literature, I may say that it will continue to grow more scientific. The present trend is, fortunately, toward research work. Dr. McConnell's work in this line, while it is, as he himself says, merely introductory, is in itself a great achievement, but its far greater value lies in the direction and impetus which it gives our thoughts and labors. True, had McConnell not done this piece of work, some one else would have done it. But when, we do not know, and to him belongs the great credit of having first, and in an excellent and most truly scientific manner, pointed out the way which it is absolutely necessary for us to follow, for we have much to learn. McConnell inaugurated an epoch in our history. I will make bold to say that had not McConnell, or some one like him, done this work, we would today be very far behind our present position, for his step took us over the dividing line between empiricism, pure theory, and even imagination (all of which may have their proper places and proper uses in our system)—and pure science. We are tonight upon a higher plane, we breathe purer air and see with clearer vision than we did before.

And further, let me say that should such work have been destined never to be accomplished—had it been in the nature of the case that osteopathy should never bring forth a man who was to do this work—had it been in the nature of things that osteopathy was incapable of this scientific demonstration of her fundamental truths, we may feel, so it seems to me, that her future was not assured; that her future existence as an entity, as an independent system, was at least doubtful.

But osteopathy was capable of this demonstration of scientific truthfulness and worth within herself. Her future is assured. But little, to be sure, has been, so far, accomplished in this realm of pure science, but the way has been pointed out; the view of truth has been laid bare. We need now have no further question about the solidarity of the science, nor about its future existence as an independent system. In my own mind I am satisfied of this as never before.

This means much to us, but it imposes upon us a great responsibility. We may give a great impetus to the science by encouraging, in every way, the spirit of research, by setting to work upon these lines our men who have scientific temperament, insight, ability, and training. This will be a great

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work, and will call for the very finest scientific equipment and ability. If well done, it will take rank with the highest quality of scientific research done by any man in any land.

Naturally, but few private individuals or practitioners will be so fortunately located as to be able to take up this work alone. It is necessary that such work be done in the schools, where the men engaged in this research will be able to have well equipped laboratories, and all the facilities for carrying on such investigations. . They must have comfortable and permanent positions upon the faculties, and must be allowed considerable time, free from other duties, to devote to this work. Such men will be well worth having upon any faculty, and the schools retaining them will find them well worth having. No doubt, in time, these men will come to occupy endowed chairs in our leading institutions, and research laboratories will be equipped for them.

To return now, to my attempt to forecast the future of our literature. I may say that we must, in the future, but how soon I cannot tell, produce a *new* pathology. This has often been mentioned before. It is, of course, but a corollary of the foregoing statements regarding research work, but it means that, as a definite line of work, the whole wide range of the field of pathology must be gone over with the utmost detail, and in the most painstaking manner of scientific research. It does not mean that some one man is going to sit down in his study and write up this subject. That is clearly impossible. It means that many men, through many years, are going to gradually bring to light, by their research studies, the facts of disease in the light of osteopathic truth. This will be done only little by little. There will be added a little to what is already known of the true facts of pathology; there will be taken away little or much that shall be shown to now exist as misconception; here again will be added the newly discovered facts in the pathology of diseases now little understood, and in many instances there will be an entire rewriting of what is now recognized as the pathology of certain diseases. For example, much of the pathology of diseases of the brain; of insanity especially, will be rewritten; much that will be entirely new will be added to the pathology of eye diseases; for paralysis agitans a whole pathology will be supplied to fill the total lack of one at present; for the diseases of the nervous system in general much must be supplied that is now lacking, and much must be rewritten that is now commonly accepted. Many diseases will come to be regarded from an entirely different pathological standpoint, as are now, for example, hay fever and asthma. When we come to consider the fundamental pathological processes or changes in the relations of tissues to each other, the fundamentals, namely of osteopathic etiology; we find that the discovery by osteopathy of an entirely different set of causes at the bottom of the causation of disease, gives to what is now known as actual truth regarding the pathological processes in disease, an entirely new setting; that it gives an entirely new significance, and in time all of these now known facts will come to be crystallized about these newly discovered fundamental truths, in a new and intelligible and truth illuminating body of knowledge.

The New Pathology—But this new pathology will be the product of an evolution, not of a revolution. It will be a gradual transformation, with much hewing and fitting of the pathology of today. It is a work that will

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occupy the lifetime of many men and many generations. We are prone to be too sanguine in expecting to see presently issue from press a brand new pathology that shall set the world right in this matter.

Dovetailing with this will be the production of the new etiology and the new symptomatology which are necessitated by our new conception of disease. Much useless and cumbersome timber will be cast away. Symptoms will all become more intelligible; classifications of disease will become much simplified. Meanwhile our own practical work with disease will become much more definite and effective. We now have a slovenly way amongst us of generalizing entirely too much regarding the causation as well as the treatment of diseases. We must be more specific, more scientific in our everyday work. One lesion, now, covers entirely too many pathological sins. The great new work upon *The Practice of Osteopathy* will not be written just yet. He who writes it must know much of the new symptomatology, the new pathology, the new etiology, of disease that are to be evolved in the coming years. I do not say that we all must wait to write until all this other work has been perfected. On the contrary, he whom the spirit moves to write, let him write. It will all help, if it be true, and the whole matter is one of evolution.

The new anatomy, too, must be written. While anatomy is now a definite and well formulated and well perfected science—it is not, from an osteopathic view-point, in the best shape. The Osteopathically Applied Anatomy of Clark; Osteopathically Classified Anatomy of Laughlin; the special compilations of anatomical facts with reference to osteopathic lesions and causes of disease, pointed out in various works, constitute a valuable body of anatomical knowledge, not new but newly classified and newly interpreted, that forms a valuable nucleus for an osteopathic compendium of anatomy, such as I hope to see some day embodied in a new osteopathic anatomy.

Considering, then, that we osteopaths, a few thousand in number, have embarked upon this medical-world transforming mission, it behooves us to take solemn thought for the future. We are, indeed, like Newton, children upon the seashore of truth, but we know that the vast ocean is there, and we have a Columbus-like spirit and determination in embarking upon it, and braving the bitter opposition of the ever-present bigot, to discover new lands of healing.

Let us organize and do enthusiastic work together. This makes good osteopaths, too. No one can be active in our various excellent osteopathic societies and lose his osteopathic bearings. We help one another.

Let us keep together; learn of each other; support each other. Nothing can withstand the progress of triumphant osteopathy, when represented and enforced by a valiant, enthusiastic, and perfectly organized profession.

The great thing is to produce nothing of which, if it comes into broad light, you will be ashamed, and then whether it does come into broad light or not, need not much trouble you.—Matthew Arnold.

Some men can never relish the full moon out of respect for that venerable institution, the old one.—Douglas Jerrold.

The highest function of conservatism is to keep what progressiveness has accomplished. —R. H. Fulton.

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THE INDEPENDENT BOARD.

A. G. HILDRETH, D.O., St. Louis, Mo., Chairman of the Committee on Legislation of the A. O. A.

This is no time to differ in opinion or waste in discussion, but rather the time to work—the time to present a solid front, with but one object in view, and that justice. Justice to the profession, justice to those who wish to patronize us. Aye! And better still, justice to all mankind. We are seeking a kind of legislation never sought before by the medical world; the kind that is based upon the belief that the all of scientific discoveries in medicine has not yet been made, and with a desire to encourage, not throttle, some other system because it is new. Yes, one with a broader and more liberal spirit—one in common with the tenets of the people of this glorious republic of ours—freedom to all.

At the last meeting of the American Osteopathic Association held in Denver, the association endorsed by almost a unanimous vote the bill providing for an independent osteopathic board as the best kind of legislation for our profession to seek at this time. This kind of legislation is eminently fair to every one. It takes away none of the rights or privileges of any of the schools of medicine—a thing we do not want to do. It adds no burden to any of the states granting us these laws, for the reason that we pay every dollar of expense we create, and do not ask for a penny from any person or state, other than comes from our own profession. The argument that it creates and multiplies the board system is not well taken when it adds no burden to the states' taxation. A state should have no higher ambition than that of furnishing to its people all the safeguards necessary, and especially all possible relief for suffering humanity.

The reason we have asked for these separate boards is because we were forced to do so by the old schools, who fought us so bitterly that we could secure no other kind of recognition; in fact, at first they did not want us tolerated even, but wished to legislate us out of existence, just as they wished to do with the eclectics and homeopaths.

And right here let me say that nowhere and in no state have we ever been opposed in our efforts, either to practice our profession or to secure just laws, except by members of the older schools of medicine. The eclectics and homeopaths have joined forces with the allopaths to fight us. They belong to the trust now and have seemingly forgotten their fight for justice a few short years ago.

Now when they find that they can not wipe us off the earth, they are beginning to say: "Oh, the osteopaths are good fellows, but if they wish to practice they should qualify as we do and become one of *us,* or one of *our* monopoly." They would like to control us, and if they could satisfy us by giving us one member on a composite board of from five to seven members they could do so.

We now have independent boards of examination and registration in some eight or ten states, and find that that kind of law works splendidly, for several reasons: First, because it produces no friction with the other schools of medicine; we do not interfere with their practice, nor the regulation

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of the same, and neither do they with ours. Second, we know in these states that those who are licensed to practice our profession are thoroughly qualified, not only on subjects common to all schools, but in our therapeutics as well. Third, we know, too, that no other persons can, or will, guard qualifications and standards of our profession as will men who have at heart not only the highest good of the cause they represent but the interests of the people who wish to patronize them as well.

Knowing all these things as we do by experience, it behooves us to stand up like men and demand justice, for we know the independent boards are just, and we should accept nothing short of them. We have now reached the point where we are not persecuted as of old, and there is but one state in this union in which we can not practice, and that being the case we have no right to accept just anything merely because we can get it. We must have what we know is best and just, and must fight until we get it. In the states over-run by quack osteopaths it is better to wait even there than to accept a law that will hamper our growth, for the reason that the people will not be long in detecting the quack, and as time goes on, the genuine will keep adding to our list of loyal friends until it is only a question of little longer wait when our friends' demand for justice for all will become so strong it must be allowed.

Two points in our laws should never be lost sight of: First, the independent board, and second, a just, broad-gauged reciprocity clause. The first we know to be best, and the second we knew to be just, and it should be in all laws of all states of all schools, because as men grow older, and after being out of college for a few years, no matter how efficient when graduated or how valuable their services from the standpoint of practical experience, they could not after five or more years pass a technical examination; necessity may, even in the evening of life, compel them to make changes, and such conditions should be cared for.

Now, let us drop discussions and all go to work and stand by the recommendation of the A. O. A., and, too, by what experience has taught us to to be the best—the separate board.

Nephritis.

F. C. Shattuck, in *Medical News* for July 29, says that drugs are absolutely powerless to affect the kidneys in nephritis. Hence the necessity for treatment without medicine. The kidney in nephritis needs rest more than anything else, but absolute rest is impossible because the rest of the system would not stand it. There must, however, be just as little kidney function demanded as possible. This limitation of kidney function must be kept up for as long a time as is possible without injury to the individual. He believes that for twenty-five years the almost universal acceptance of a rigid milk diet for nephritis was a mistake. The other mistaken notion was the use of too much water. Water was considered to be the best diuretic, and caused a flushing out of the system. Unfortunately, however, the water did not always find its way out through the kidney, and consequently there was an increase of blood pressure which made conditions worse than they were before. The most important thing in the treatment of nephritis is careful individualization. In theory a treatment may be very good, but works very badly in practice in a particular case. Diet lists in general find their best resting place in the fire. Other organs must always be considered as well as the kidneys. The doctor must be his own prescriber of foods as well as of drugs. Von Noorden has shown that it is an error to give too much water, even in nephritis, when there is no dropsy. It leads to a strain of the left ventricle. In all cases the amount of fluid ingested must be regulated by the amount of urine excreted. As soon as there is any tendency to accumulate, then the amount of fluid taken must be lessened.

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FEBRUARY, 1906.

The Question of Professional Charges.

The question of charges for professional services rendered by osteopaths has lately been discussed by several prominent practitioners in a symposium on that subject, which appeared in the December number of *The Bulletin of Atlas and Axis Clubs.* The question of the value of professional service in general has attained added interest of late on account of the publication of some correspondence which appeared in the *New York Globe* of January 12, under the caption "Is $1,000 a Moderate Fee for a Twelve-Minute Operation?"

It appears from this newspaper account that Dr. Robert T. Morris, a surgeon of New York city, performed, in twelve minutes, a successful operation for gangrenous appendicitis upon the son of a wealthy lady for which he rendered a bill of $1,000. The lady regarded this as an overcharge and in a letter to the surgeon so informed him. The correspondence between Dr. Morris and the lady, also letters from three prominent surgeons of different cities, in which the opinion was expressed that the

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charge was moderate, together with comments on the matter by Dr. Morris, were published in the *Medical Record* and copied therefrom by the *New York Globe*. It made quite interesting reading.

The editor of the *New York Globe,* in commenting on the matter, among other things said: " * * * There is a very general feeling among the laity that surgeons over-charge their patients. The surgeons are almost equally unanimous in feeling that they are not paid enough."

The editor then goes on to say: "It seems to us that the surgeon's attitude is supported by the stronger arguments. He spends many years at hard study and low pay in attaining the proficiency which makes his greatness; he does a dozen operations for the poor to one of the $1,000 type, and his services are requisitioned to save the most valuable possession of mankind, viz., life. For all of these reasons it seems no more than just that the rich man should pay an advalorem tax based on his means rather than one calculated from a specific time rate, such as a union wage scale of so much per hour."

It certainly ought not to be a cause of complaint, but of thankfulness, rather, on the part of the patient and his relatives that the surgeon was able to do in twelve minutes all that was necessary to be done to save his life. That was the object for which the surgeon was employed, and it would seem evident that the service was worth far more to the patient than if he had spent a week on the operation. Dr. Morris, in commenting on this case, spoke of the great advance in surgical science in recent years, and among other things said: "Five thousand dollars would really have been a fair charge in the case under discussion, and the mother would not have hesitated much about paying that amount for an automobile or for a small pearl necklace. Things have changed since the days when the kindest hands did the wrong things for patients, and that was not so very long ago. * * * "

Now granting that this operation was absolutely necessary and taking into consideration the wealth of the patient's mother, there are many people who would agree with the surgeon as to the fairness of a five thousand-dollar charge. We think it pertinent, therefore, to ask what would have been a fair charge in the following case treated by an osteopath. It is illustrative of much of the work of osteopaths. The case was cited by Dr. George T. Monroe in an article contributed to the symposium above mentioned printed in *The Bulletin:*

"To be scientific is right.

"But science less sense is madness. As an eminent example call to mind the treatment accorded President McKinley by those intensely scientific men. As a less eminent example, a fellow practitioner was called to see a man condemned to an operation for appendicitis. The M.D. who had preceded him had 'done all he could for him.' Gave him opium to quiet his pain and food to 'keep up his strength' in spite of no bowel movement for several days. A little sense mixed with hot water, a fountain syringe and the osteopath's hands, cleaned out the impaction by the pailful. No operation. Science vs. sense."

In this case the osteopath probably received no more than three dollars, while if an operation had been performed the bill would doubtless have

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been one thousand dollars. It would seem that facts like these fully justify the discussion of the question of charges for professional service by the osteopathic profession. Surgeons all recognize the grave danger attending an operation wherein the abdomen has to be opened. As one surgeon quoted by the *New York Globe* expresses it: "It may mean a brilliant recovery or it may mean an early and distressing death." Is it not clearly apparent, then, that the skill of the physician who, in many cases, obviates the necessity for an operation and restores his patient to health should be even more amply rewarded than the surgeon?

Is it not possible that a majority of us have erred in adopting, by common consent, a system of charges based on so much for a treatment, as a barber would charge so much for a shave, or to render a bill at so much per month on the same basis that a janitor is paid? There can be no arbitrary scale of prices fixed that will apply in all cases and in all communities, and the tendency of the profession seems to be toward the belief that there should be no attempt at such a thing. Perhaps the most equitable system would be to graduate the charge in each case in proportion to the value of the service rendered to the recipient; this to be based upon the income or earning capacity of the patient.

It will doubtless be found that the question of charges is, in a measure, a matter of evolution, but it is nevertheless important, and we think might properly receive more attention at the hands of the profession.

The Board of Regents.

The report of the Committee on Education of the A. O. A. submitted at Denver contained the following recommendation:

> "The committee would suggest that this association can control and unify the work of conducting matriculation examinations to much better advantage than can the several colleges, and that it assume that work. A Board of Regents should be appointed by this association whose duty it should be to exercise a general supervision over the subject of matriculation, to pass upon the credentials of all prospective students, to formulate rules and regulations for the conduct of examinations, appoint examiners and make such other provisions as shall result in a uniform and practical system. The regents' certificate issued to successful applicants should be required of every matriculant in the college. This would not prevent any college making additional requirements in case it desired a standard higher than that of the association."
>
> The inspector of the osteopathic colleges reported at the Cleveland meeting in 1903 the necessity of more stringent effort to secure a higher and more uniform standard of matriculation than was found in most of the colleges. He also reiterated the recommendation made in the quotation above. His report was approved and made the recommendation of the Committee on Education, the Board of Trustees and finally the association itself. As the inspector called special attention of each college to its defects it was deemed advisable by the Committee on Education to await developments and see if the colleges would not push forward toward the goal set by the profession and by the colleges themselves, through the action of the Associated Colleges of Osteopathy; hence, no action was taken and no report was made upon this phase of the work at St. Louis in 1904. It seems to the committee that the time has arrived when attention should be called again to this subject.

The first paragraph above was quoted from the committee's report made to the A. O. A. at Milwaukee in 1902, and reiterated in the report made at Cleveland in 1903. Both of these reports were adopted, but owing to the fact that other educational questions of seemingly overshadowing importance were before the meetings when these reports were submitted, the rec-

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ommendation concerning the Board of Regents received but little attention; but at Denver the matter was fully debated and again adopted.

There were several advantages brought out in the discussion on the report of the committee that it is believed will accrue to the profession from placing the preliminary examination of matriculants in the recognized colleges in the hands of a Board of Regents. It will remove any possible temptation that might come to any school to admit, for financial reasons, those who are manifestly unfit to enter upon a professional career, and it will preclude the possibility even of suspicion that such a thing is being done. It will insure not only uniformity of requirements for matriculation, but uniformity of methods for determining whether applicants meet those requirements. It will remove a possible source of friction between the schools by making it impossible for one denied admission to one school, on account of inadequate preparation, to gain admission to another. It will tend to give osteopathy greater prestige with an intelligent public by showing to the world that only those who are qualified may even enter upon its study.

After the close of the Denver meeting the matter was further considered by the Committee on Education, and after due deliberation it recommended to the Board of Trustees that a Board of Regents of five members be chosen; two to serve three years, two to serve two years, and one to serve one year, and that these members be selected from different portions of the country. These recommendations were adopted by the Trustees and about two months were consumed in the selection of the board. The deliberation of the Trustees finally resulted in the selection of the following persons to serve on the board: Dr. Chas. C. Teall, representing the eastern portion of the country; Dr. C. M. Turner Hulett, the north; Dr. Carl P. McConnell, the central; Dr. Gertrude L. Gates the west, and Dr. Percy H. Woodall the south. It was determined by lot the length of term each should serve. It fell to Drs. Teall and McConnell to serve three years, Drs. Hulett and Woodall two years and Dr. Gates one year.

The high character and recognized ability of the members of this board, as well as their interest and experience in educational affairs, ought to disarm whatever of opposition may have existed to the purposes sought to be accomplished by its appointment. It yet remains for the board to organize. When that is accomplished the Committee on Education and the Board of Regents will formulate rules for the government of the latter, and plans for carrying into effect the objects for which it was created. Every step, as heretofore, will be carefully considered. It is expected that conferences will be held with the schools in order to determine the most practicable methods of accomplishing the desired results. After these preliminary details are agreed upon they will be submitted to the Trustees for their approval. This will naturally consume considerable time, but it is a matter of much importonce, one that affects the future, and whatever time is needed to guard, so far as possible, against mistakes will be taken.

It is expected that the Osteopathic Directory for 1906, which is being compiled, edited and published by the Osteopathic Publishing Company, Chicago, will be ready for distribution to the members of the Association by February 15.

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The Surgical Treatment of Menstrual Disorders.

Under the above caption Henry C. Coe, M.D., New York, contributed an excellent article to the *New York Medical Journal* of January 6, 1906. The following excerpts show the trend of his ideas and give hope that another surgical fad is passing:

> The sharp curette, properly described as one of the most useful and at the same time one of the most dangerous instruments in the armamentarium, has become so familiar to the general practitioner that he is too apt to employ it at the slightest provocation without weighing sufficiently the indications and contraindications. * * *
>
> We need not touch upon the accidents and unpleasant after effects of divulsion and curettement, which have been often noted by every gynæcologist. Aside from perforation of the uterine wall, permanent amenorrhea sometimes follows even a judicious use of the curette—a phenomenon that has never been satisfactorily explained. * * *
>
> The reaction against the wholesale extirpation of normal or slightly cystic ovaries which occurred many years ago was succeeded by a general resort to 'conservative' surgery, which, though a long step in advance, was itself carried to extremes. The same ovaries which were formerly removed were punctured, burned, resected and otherwise tampered with, when (as we now know) they had better have been left alone. * * *
>
> In this brief resume of a most fruitful theme we have been obliged to omit many interesting points which are still under discussion. Our aim has been simply to emphasize a fact which has long been the opinion of those who seek to read the signs of the times—that there is a distinct reaction against gynæcology as a purely surgical specialty, and a tendency on the part of thoughtful observers to recognize general causes of local symptoms and to direct their treatment accordingly.

Dr. Byron Robinson, Chicago, in an article on "The Sharp Curette Within the Uterus," printed in the above mentioned journal for January 20, 1906, speaks even more emphatically of the evils brought about by the use of the sharp curette. The article should be read in full, but we can only give a few excerpts:

> * * * In the realm of gynæcological surgery no more cruel and dangerous instrument has been invented. It is cruel because it inflicts untold damage and misery on the genital tract and adjacent pelvic structures, as well as causing numerous deaths without accomplishing relative benefit. In general, curettage of the uterus is as irrational, unnecessary and harmful as it would be to curette the nasal mucosa. * * *
>
> * * * The endometritis for which a curette is required is largely a myth. How many recognized gynæcologists can in consultation present in a concrete subject sufficient reasons (except for diagnosis) to perform curettage safely, either to their own satisfaction or that of their colleagues? In my own experience of twenty years, devoted exclusively to gynæcological and abdominal diseases, I have found that the curette has done far more damage than benefit; in fact, I have made a living from the damage inflicted on patients by the curette in the hands of colleagues.* * *
>
> The abuse and misuse of the curette may be observed in: (a) Puerperal subjects (abortion, miscarriage, labor) distributing infection and emboli; (b) non-development and atrophic uteri (inflicting wounds, atria for the distribution of the infection); (c) in uterine myomata (hemorrhage and producing wounds for infection); (d) in sterility (inflicting wounds for the distribution of infection); (e) in endometritis (gonococcus, streptococcus), producing wounds which exacerbate and distribute the existing infection; (f) in uterine perforation.

Dr. Robinson does not say that the curette should *never* be used, but he does say that "there is no operation in gynæcology that requires more skill, knowledge of pathological conditions, or extensive experience than curettage." He speaks very strongly against those who "from avarice or ignorance of the real pathological condition are known as inveterate 'curretters.'" Dr. Robinson concludes his highly interesting paper with this sentence: "Practically the currette has done more harm than good."

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Recognition of Central College of Osteopathy Withheld by A. O. A.

On November 27 and 28, 1905, Dr. Jas. L. Holloway, having been authorized by the Trustees of the A. O. A., inspected the Central College of Osteopathy, located at Kansas City, Mo., and duly reported to the Committee on Education. This committee prepared a detail report, which was submitted, on January 8, to the Board of Trustees of the A. O. A. The report, while it mentioned some commendable things in the management of the school, showed that it was inadequately equipped for scientific instruction. The closing paragraph of the committee's report follows:

In view of the above facts, the Committee on Education of the A. O. A. most respectfully recommends that the Central College of Osteopathy be not recognized by the American Osteopathic Association till such time as it becomes adequately equipped for the scientific and practical demonstration and presentation of the subjects recognized by the A. O. A. as necessary to the thorough education of an osteopathic physician; nor till such time as it may become so fully established as to give reasonable evidence of permanency. This recommendation is made not only in view of the facts set forth in the above report, but in accordance with the following statement made by the A. O. A. at its meeting in Cleveland in 1905: "No new school should in the future receive the commendation of the A. O. A. before first laying the plans before the Board of Trustees, presenting unmistakable guarantee of stability, and securing the sanction of the Board before entering upon its work."

The report and recommendations of the committee were approved by the Trustees.

Dr. Teall to Inspect Schools.

The Trustees of the A. O. A. have chosen Dr. Chas. C. Teall to inspect the osteopathic schools, and he will perform this service and be prepared with a report before the meeting of the A. O. A. at Put-in-Bay next August. Dr. Teall, being temporarily out of the practice, will be able, without sacrifice of personal interests, to devote all the time necessary to a thorough performance of the duties appertaining to the position. We confidently look for a valuable report from him.

Committee on Transportation.

The following have been appointed to serve on the Committee on Transportation for the Put-in-Bay meeting: Drs. H. L. Chiles, Auburn, N. Y.; Wm. Horace Ivie, San Francisco; H. S. Bunting, Chicago; A. B. King, St. Louis; H. A. Green, Knoxville, Tenn.; S. A. Ellis, Boston, and H. H. Moellering, St. Paul. Dr. Chiles is chairman of the committee.

The osteopaths of New Jersey have prepared a bill which will be introduced in the legislature at an early day. The bill provides for an osteopathic board of examination and registration, and has many other excellent features. It is a measure that should be enacted into law, and we are assured that no compromise will be accepted which involves the sacrifice of the independent board. We feel that this is the proper position to assume. The osteopaths of New Jersey are protected in the right to practice by a court decision, and though this permits fake osteopaths to prey upon the public and to injure the fair name of osteopathy, yet it is

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better to endure this for a season than to be placed in a position where they must submit to the domination of their open and avowed enemies.

The good that would result from the systematic reporting of cases cannot be too often nor too strongly impressed upon the profession. It is one excellent means of aiding in the preparation of an osteopathic pathology, of which we stand in such great need. This is a work in which every member of the profession can, and should, assist. The fact that Dr. Ashmore, the editor of case reports for the A. O. A., has been unable up to this time to collect one hundred cases since series IV was issued in August last, shows a condition of apathy on the subject on the part of the profession that is almost alarming, and calls loudly for reform.

We regret that the notice of the meeting of the Boston Osteopathic Society, held in November, which was furnished us by the Secretary, Erica Ericson, was misplaced in our office, and hence was omitted. This was the meeting at which Dr. M. E Clark of Kirksville was present He delivered a course of three lectures on gynecology and obstetrics, which was greatly appreciated by the Boston Society.

We are informed that the Massachusetts Osteopathic Society at its last meeting decided by a majority vote to attempt to secure the passage of a bill providing for an osteopathic board of examination and registration. The prospects of success appear to be favorable.

NOTES AND COMMENTS.

An Imposition on Osteopathy and the Public.

For some years osteopaths and their friends have been deeply interested in the securing of a law giving the profession just legal recognition in the state of New York. The subject is important, of much importance, but to my mind there is a case set for trial in the circuit court of La Crosse, Wis., which is of more importance to the maintenance and furtherance of the good name of osteopathy than would even be the securing of the most ideal legislation in the Empire State.

The case is that of the State of Wisconsin vs. E. J. Whipple. Whipple is accused of practicing osteopathy without a license, under the name chiropractic. The case came up in the county court in October and Whipple was convicted. He appealed to the circuit court and the case is set for February. It is doubtful if one-fourth of the osteopaths in the profession are aware of the contemptible manner in which osteopathy is misrepresented by these so-called chiropractors. It is represented as a sort of massage or Swedish movement, while its true principles are appropriated and heralded as the basic principles of chiropractic, supposed to have been discovered by one D. D. Palmer of Davenport, Ia., according to his own claims, in 1895. This same Palmer runs a diploma factory and grinds them out in from three to nine months. He has three different courses, a three, six and nine months' course. Seems to be run on the same plans used by gypsy fortune tellers. Adjust the hot air to the amount of graspable circulating medium. I would suggest that every osteopath write to D. D. Palmer, Davenport, Ia., or have some friend do so, and secure a copy of the "Chiropractor" and some of his "copyrighted" literature, which is being spread broadcast over the country. After reading same you will then feel in the mood to give Dr. A. U. Jorris of La Crosse, who is bearing the brunt of the contest for justice, your assistance in every way—from moral to financial.

Dr. Jorris had a hard fight, and an endeavor has been made by one newspaper at least least to place him in the position of trying to get rid of the competition of a rival school of the healing art. Osteopathy has never asked for especial privileges, has never tried to

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curtail the just rights of others, and it is to be hoped that her record will ever be as clean as it is now. But if all that is necessary for the charlatan to do to fake osteopathy is to call it by some other name, then all our osteopathic laws are absolutely useless in either keeping up an intelligent profession or protecting the people. The public is fair when it understands, and this case is the opportunity to make them see what is being done. The decision will establish a precedent. Its importance can not be over-rated.

Missoula, Mont. ASA WILLARD.

EPITOME OF CURRENT LITERATURE.

[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 as an index to the best work in our growing osteopathic literature.]

Fryette, Harrison H. (Journal of Osteopathy, January, 1906). The Physiology of the Appendix.

"The colon, like the mouth, contains as many as seventy-two varieties of bacteria always ready to take advantage of an opportunity to enter the small intestine through the ileo-cecal valve. Here is where that much maligned and unappreciated little warrior, the appendix, keeps guard." "Corpe describes the secretion of the appendix as being a lubricant, a powerful germicide, and about four ounces per day in amount." "To remove an appendix that is not diseased, when we have these facts established, is both unscientific and unsurgical."

Banning, J. W. (Journal of Osteopathy, January, 1906). Osteopathy in Diseases of Children.

This article necessarily treats of such a wide range of diseases that no adequate impressions can be given by brief quotations. The subject is practically handled. We would urge all to read it.

Murray, C. H. (Journal of Osteopathy, January, 1906). Osteopathy for Accidents.

"Many are now hopeless cripples and invalids who would be enjoying good health today had a competent osteopath been called when the accident befell them. Others have been obliged to suffer great pain and financial loss for many months which would have been entirely obviated had the osteopathic physician had an opportunity to begin his corrective work sooner. I affirm that an osteopath should be called at once, because we have so many illustrations of the incompetence of the ordinary physician in finding, much less correcting, the minor subluxations caused by accident to the spine, even when the symptoms, as described by first-class works of their own school of diagnosis, would indicate that the spine was affected."

Muttart, Charles J (Journal of Osteopathy, January, 1906). Osteopathic Manipulation.

"Our success has naturally increased our popularity in the public mind." "Our practice is based upon a sound philosophy." "It only remains for us to be so thoroughly grounded in our principles that we may give to our patients the best there is in our science." "There are skillful and unskillful osteopaths as well as skillful and unskillful surgeons." "Osteopathy is being retarded by some of us who give too harsh treatment." "We should not attempt the reduction of a bony lesion until after giving a few preliminary treatments to thoroughly relax the surrounding tissues."

(Bulletin, December, 1905). Professional Charges.

This pertinent subject is discussed by five "Noble Skulls" from different parts of the country. The consensus of opinion seems to favor a flexible general basis of charges varying according to community and the skill of the physician. From this general basis such "special" charges may be made as will do justice to the individual needs of the patient. That even charity cases should be made to feel the charge.

Loudon, Guy E. (Bulletin, December, 1905). Case Reports (Threatened Hemiplegia.)

"He heard a distinct snap in region of atlas." "In about ten minutes his right arm began to feel queerly." "Next, his right face began to tighten up and the muscles were paralyzed temporarily and the skin tingled. The right side of the tongue was involved to the mesial line, and actually was drawn to the right. The lips tingled and the tongue

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and lips could not be moved sufficiently to make speech articulate. The right side and leg were lastly involved." "There was a dull ache in the occipital fossa. All these symptoms kept up until an osteopathic treatment succeeded in correcting the atlas lesion, when in a few minutes was as well as ever. The attack lasted about one hour."

Michigan Osteopathic Association.

The Michigan State Osteopathic Association held its sixth annual meeting December 30 at the Morton House, Grand Rapids. At 10:30 a. m. the president, Dr. E. W. Culley, called the meeting to order, there being about forty osteopaths in attendance. The minutes of the previous meeting were read and approved. The president made a splendid address.

The program presented was: "Diphthria," Dr. C. B. Root; discussion led by Dr. J. Martin Littlejohn. "The Principles of Osteopathy," Dr. J. Martin Littlejohn of Chicago, which, as an address, was intensely interesting and full of progressive thought. "Cause of Disease," Dr. E. Ellsworth, Schwartz. A heated discussion was had here as to the "primary lesion" in certain infectious diseases. "Progressive Muscular Atrophy," Dr. G. H. Snow; discussion by H. E. Bernard. Symposium, "Experience in the Treatment of Neuralgia," led by Dr. J. O. Trueblood. "Diseases of the Eye," Drs. W. S. Mills and R. B. Peebles. General clinic conducted by Dr. Samuel R. Landes, Grand Rapids, and H. E. Bernard, Detroit.

Officers were elected for the ensuing year, viz.: President, Dr. W. S. Mills, Ann Arbor; vice-president, Dr. R. B. Peebles, Kalamazoo; secretary, Dr. A. D. Glascock, Owosso, and treasurer, Dr. R. A. Glezen, Kalamazoo.

Owing to the unpopular proceedings of a D. O. in the state to force himself into the office of State Board Examiner, the Association took up his case for consideration, which resulted in hot criticism and a unanimous expression "against any man seeking the office," but rather, "to let the office seek the man." Four new members were admitted to the Association. Next meeting will be held in October at Battle Creek. Fraternally,

A. D. GLASCOCK, D.O., Secretary.

Ohio Osteopathic Society.

The eighth annual meeting of the Ohio Osteopathic Society was held at Columbus, December 30, 1905, with a program of unusual interest. The program was as follows: "Minor Surgery," Dr. C. M. T. Hulett, Cleveland; discussed by Dr. C. C. Hazard, Washington Court House. "Non-Manipulative Treatment in Osteopathy," Dr. W. N. Coons, Medina, O; in the absence of Dr. Coons the paper was read by Dr. C. V. Kerr, Cleveland. "Dysmenorrhea," Dr. Eliza Edwards, Cincinnati; discussion by Dr. W. S. Peirce, Lima. "Tuberculosis," Dr. A. W. Cloud, Canton; discussion by Dr. Clara A. Davis, Bowling Green. "Gastric Neurosis," Dr. R. H. Singleton, Cleveland; discussion by Dr. D. C. Westfall, Findlay. "Spinal Lesions," Dr. M. E. Clark, Kirksville, Mo. "Safeguard the Future," Dr. Charles Hazzard, New York city. This, together with President O. G. Stout's "Annual Address," made the day one of much value to all present.

Officers for the ensuing year were elected as follows: President, E. W. Sackett, Springfield; vice-president, Eliza Edwards, Cincinnati; secretary, M. F. Hulett, Columbus; treasurer, W. S. Pierce, Lima; executive committee, president and secretary *ex officio*, R. C. Dugan, Marion; E. H. Cosner, Upper Sandusky; H. E. Worstell, Canton; F. E. Corkwell, Newark; Chas. E. Marstellar, Youngstown.

D. C. Westfall of Findlay was recommended for appointment on the state examining committee.

The executive committee of the society was authorized to take such measures as seem wise to aid the arrangements committee of th A. O. A. in insuring a successful meeting at Put-in-Bay.

Minnesota Association News.

The Minnesota State Osteopathic Association at its December meeting voted a letter of condolence on the death of Urania Jones Morgan, D.O., of St. Cloud, Minn.

At the January meeting Dr. C. W. Young gave an instructive talk and demonstration on "Specialized Exercises."

A committee on revision of constitution and code of ethics was appointed.

Drs. J. B. Bemis of St. Paul, J. Y. Ernst of Faribault, J. W .Hawkinson of New Ulm, Helen H. Fellows of Minneapolis, have been received as new members of the state association. Dr. H. C. Camp of St. Paul was transferred from the honorary to the active list. Dr. Geo. L. Huntington was appointed to the Minnesota state osteopathic board for five years from January 1, 1906. Dr. Huntington was indorsed for reappointment by the Minnesota State Osteopathic Association at its annual meeting. He is secretary and treasurer of the board. BERTHA W. MOELLERING, Secretary.

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San Francisco Osteopathic Association.

The following is the program for the meeting of the San Francisco Osteopathic Association to be held on the afternoon and evening of February 10 in that city at "Fraternal Hall," Odd Fellows building:

"Medical Gymnastics," Dr. James C. Rule. Discussion, led by Dr. W. C. Bean.
"Osteopathy, First Aid to Nature," Dr. Mary V. Stuart. General discussion.
"Lumbar Lesions," Dr. S. F. Meacham. Discussion, led by Dr. S. W. Willcox.
"Cervical Lesions," Dr. Ernest Sisson. Discussion, led by Dr. Chas. F. Ford.
"Clinical Demonstration," Dr. A. C. McDaniel. Discussion, led by Dr. Henry F. Dessau.
"Gynæcology," Dr. Effie E. York. Discussion, led by Dr. Susan Orpha Harris.
"Rib and Dorsal Lesions," Dr. J. W. Henderson. Discussion, led by Dr. Myrtle E. Herrmann.
"Clinical Demonstration," Dr. Isaac Burke. Discussion, led by Dr. S. D. Cooper.

New England Convention.

On Saturday, March 17, in Boston, will occur the second annual convention of the New England Osteopathic Association. President A. L. Evans will come from Chattanooga for the event, and there are indications that an excellent meeting will be had. There will be a morning and afternoon session and a banquet in the evening.

Dr. Evans will be the guest of the Massachusetts Osteopathic Society on the evening of March 16. The Massachusetts society cordially invites the visiting New England osteopaths to come to this meeting, as it will be a notable prelude to the convention.

FRANK C. LEAVITT, President.
MARGARET B. CARLETON, Secretary.

Louisville Osteopathic Association.

The Louisville Osteopathic Association held its third annual meeting Friday evening, January 5, 1906, at the office of Drs. Pearson & Bush, and elected the following officers for the ensuing year: President, Silas Dinsmoor; vice-president, Lillie Collyer; secretary and treasurer, M. E. Pearson; trustees, H. E. Nelson, R. H. Coke, C. W. Barnes.

The association revised and strengthened its constitution and is doing good work, with the prospects for still better work for the coming year. M. E. PEARSON, Secretary.

The Vermont Osteopathic Board.

Those wishing to take the examination for a certificate to practice osteopathy in the state of Vermont are requested to communicate with the Secretary of the State Board of Osteopathic Examination and Registration. Dr. William W. Brock, 134 State St., Montpelier, Vt.

PERSONALS.

Dr. Jesse K. Dozier, Middletown, Conn., has opened an office at 224 Orange street, New Haven, Wednesdays and Saturdays only.

Dr. A. G. Hildreth will be the guest of honor at the annual banquet of the Greater New York Osteopathic Society on the evening of February 17, 1906.

Our attention has been called to press dispatches of recent date which told of the fact that five persons in the home of Dr. C. A. Whiting at South Pasadena, Cal., were overcome while at dinner from the fumes of gas from a water heater. One of the family was able to get to the outer air and summon help. Fortunately no one was critically ill, though all felt severe effects from the experience.

Through a personal letter from Dr. Bynum of Memphis, Tenn., we learn that his seven-year-old son has entirely recovered from an attack of diphtheria. His daughter, five years old, who was in and out of the sick-room, did not contract the disease, a fact due, as the doctor believes, to prophylactic osteopathic treatments given her at the time the boy was ill. The doctor adds: "It is needless to say that we had nothing but osteopathic treatment all the way through, believing, of course, that there was nothing that would be more effective."

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REMOVALS.

J. J. Schmidt, Kirksville, Mo., to Danville, Ill.
Geo. W. Perrin, 18 Steele Block, to Suite 33, Steele Block, Denver, Col.
J. W. Banning, Buffalo, N. Y., to Citizens Trust Bldg, Paterson, N. J.
N. B. Barnes, Meridian, Tex., to Trinidad, Col.
E. C. Bond, Montezuma, Ia., to 706 E. 4th St., Waterloo, Ia.
Mary E. Taber, 302 S. 5th St., to 214 W. Jefferson St., Kirksville, Mo.
A. Duke Durham, Fredericton, N. B., to 86 High St., Medford, Mass.
D. D. Towner, 65 W. 38th St., to 156 Fifth Ave., New York City. Dr. Towner also has an office at 1182 Bushwick Ave., Brooklyn.
Carrie A. Gilman, 752 King St., to 308 Boston Bldg. Honolulu, H. I.
The correct address of Matthias Houk is corner Ave. A and Main St., Kingman, Kan.

APPLICANTS FOR MEMBERSHIP IN THE A. O. A.

In accordance with a rule adopted by the Trustees the names of all applicants for membership in the A. O. A. will appear in the JOURNAL. If no valid objection to any such application is filed with the secretary within thirty days after publication, and all receive an affirmative majority vote of the Trustees, they will be declared elected. Should objection be made to any applicant the case will be fully investigated before final action is taken.

Sam Bradshaw, Newnan, Ga.
Dan H. Breedlove, Valdosta, Ga.
Exie L. Burkart, Marshalltown, Ia.
William R. Dozier, Atlanta, Ga.
Louise A. Griffin, Hartford, Conn.
Alice A. Lazenby, Long Beach, Cal.
Lucy Leas, Akron, Ohio.
Katherine F. McLeod, Newcastle, N. B., Canada
J. Clinton McFadden, Pomeroy, Wash.
L. Kate Morse, Los Angeles, Cal.
Jas. E. Owen, Indianola, Ia.
Millicent Smith, King City, Mo.
Louis C. Sorensen, Toledo, Ohio.
Edward J. Thorne, Los Angeles, Cal.
Mary Wheeler Walker, New Bedford, Mass.
T. L. Herroder, Glens Falls, N. Y.

Believe me, my good friend, to love truth for truth's sake is the principal part of all perfection in this world and the seed-plot of all other virtues.—John Locke.

Not only to say the right thing in the right place, but far more difficult to leave unsaid the wrong thing at the tempting moment.—Sala.

Convictions that remain silent are neither sincere nor profound.—Balzac.

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The Journal

of

The American Osteopathic Association

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THE FUTURE OF OSTEOPATHIC EDUCATION.

Paper Read Before the A. O. A. at Denver, by J. STROTHARD WHITE, D. O.,
Pasadena, Calif.

That osteopathy has had a most wonderful success, and that its growth has been almost marvelous, are facts, accepted by all, even by its enemies; and those who have taken no other interest in it, awakened by this advancement are now asking: "What is this new science?" It is with honest pride that every practitioner of osteopathy can point to its unique position, on the same plane with the regular profession of medicine, and listen with interest for the present opinion of the M. D. who a few years ago predicted that osteopathy would soon find its level among the masseurs and Swedish movement curists.

This success is due first of all to Dr. A. T. Still, who is to be greatly praised and honored for the present position of our science; his hard work and study gave the profession a good start; the A. O. A. has occupied a very important place and has done a wonderful work for the advancement of osteopathy, true to the name of the association; the Associated Colleges of Osteopathy have had much to contend with and have done some thankless work in the upbuilding of our colleges; to the A. C. O. and to our educators, as a representative of a class of practitioners, I want to say that their labor has been highly appreciated, for they worked hard—behind the scenes—with new problems and no precedent to guide them; they also are deserving of great praise.

We are all somewhat familiar with the advancement of osteopathic education; in the lengthened schedules of the associated colleges the increasing importance given to different methods of diagnosis, and the better preliminary qualifications required.

The list of studies in the catalogues has been added to, until it includes nearly everything that can throw the faintest light on the condition of the patient; attending this increase in the list of studies there naturally arose a plea for a longer course, which, owing to the earnest efforts of the teachers in our colleges and the A. O. A., is now a reality.

The teachers in the osteopathic colleges have made this demand because they have seen graduates going out to practice who were severely lacking in some branches of education, and with the increased schedule of studies, they see that there has not been time to give the student more than a gen-

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eral idea of the various subjects; and they know that the colleges will suffer greatly if they do not send out well educated men and women, capable of performing any of the duties of the physician. But the teachers in the osteopathic colleges have not been alone in this demand for a longer course; there has been a crying need among the profession for better education.

Although the most important characteristic of osteopathic practice is the manipulation, the converse is not necessarily true that osteopathy is manipulation; and although the organs of the body are affected by lesions of certain parts of the spine, it is not necessarily true that a lesion of a certain part of the spine always affects the same organ; for instance, a patient reported to me that an osteopath had alarmed her considerably by saying that her kidneys were diseased, because he found a lesion of the second lumbar vertebra; there had been no examination of the urine, but after such examination I found the urine normal, which condition is not likely with diseased kidneys. Why did not that osteopath tell his patient that she had a diseased uterus, or pancreas, small intestine, bladder or rectum, all of which are somewhat affected by lesions of the second lumbar vertebra? Such mistakes are becoming less common, for we are more careful of our diagnosis, making use of other methods to verify the diagnosis of a discovered mechanical lesion.

In the April number of the JOURNAL of the A. O. A. Dr. McConnell, our president, gives us some good reasons for further education, in his article on "Limitations of the Osteopathist," and he says that "the remedy wherein our work may effect the greatest possible good, lies in more thorough education."

Our future education must be such that will give to each graduate the right conception of all that osteopathy means; it must be such that the osteopath will be respected and looked up to in his community as being capable in all branches of therapeutics, able to take any position in the sick room, and as well prepared as physicians of other schools to undertake any public duty; although there are not many who care for public positions, every physician should have the education which would enable him creditably to discharge the duties of such, for it would be truly embarrassing if an osteopath were asked to take such a place and had not the necessary qualifications.

The osteopath must be prepared to meet all the exigencies arising in the practice of the family physician, for osteopathy is not a specialty, but a complete system, the principle of which is applicable to any condition; he should not only be prepared to meet any emergency, but should be capable of giving such advice regarding the care of the body, the clothing, diet, habits and occupation, that he will be called upon, as the source of valuable information in preventive medicine, which is the physician's truest work.

From the standpoint which I have briefly outlined, that osteopathy is not a specialty, confined to a certain class of cases, but a complete system of therapeutics applicable to all cases, What course of training and study is necessary, to prepare the student for the duties and responsibilities of his profession, and for a position of refinement and culture in the community which he chooses for his home?

The primary necessity, of the osteopathic student, which should be required by our colleges is, better preliminary qualifications.

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It is greatly to be regretted that the question of finance has necessarily entered so largely into the management of our colleges that the student's adaptability to practice osteopathy has not been given much consideration, if he had the money necessary to pay his tuition. Natural ability is often equal to education, and this neglect in the proper selection of students has been the cause of many failures in all lines of professional and commercial life.

No doubt many of you are familiar with the story of the young farmer who thought that he had a special call to the ministry, because of a dream in which he saw the letters P. C. printed all around him, and which he thought meant to Preach Christ, but he was later reminded by some friend that perhaps the letters meant to Plough Corn.

The prospective osteopathic student should be examined or give satisfactory evidence of a good academic education, either by examination or diploma from a high school or academy. This will raise the standard of study in our colleges as much as making the course longer.

More attention should be given to the health of the applicant for osteopathic study, for the osteopath needs a strong body as well as a strong mind. Many failures are due to poor physiques.

But the remedy for our omission in these matters lies as much with the practitioners themselves as with the colleges. One prominent educator in osteopathy complains that "our colleges are suffering severely from the enthusiastic support of their alumni" and that "the average practitioner of today is too willing to attend to his own practice and to leave all the educational work and problems to some one else;" he also predicts that as the condition now stands "there will be a steady decadence of the schools and a decrease in their number." This is a grave warning to us and should arouse the profession to greater efforts to advance the success of the colleges; for our interests are so interwoven that the elevation of one raises all; if the colleges graduate highly educated men and women who are properly qualified to perform the duties of physicians the profession will be elevated and strengthened, but if incompetent physicians are sent out the general standard of the profession is lowered and weakened; thus it behooves the profession to take more interest in the colleges, even for selfish reasons.

There is a class of practitioners who honestly believe that in helping the colleges, by sending in new students, they are injuring themselves, in that those students will graduate in a few years and be their competitors. I believe that those osteopaths do not appreciate the size of this great country of ours, not to say anything about those countries across the water. There may be a local crowding of osteopaths in some few places, but some competition will benefit them all, by forcing them to do better work, and as osteopathy becomes better known in that community the practice of all will increase; but there are so many places which have not been fortunate enough to secure a resident osteopath, that the colleges may be kept busy for the next twenty-five years, at their present rate, without making the supply exceed the demand; for every *good* osteopath will help to increase the practice of those already in the field, while every poor graduate will injure the practice correspondingly.

The first studies which are absolutely essential to the osteopathic physi-

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cian are *anatomy* with its near relative ***histology, physiology*** and physiological *chemistry.* Physiology in its broadest sense constitutes one of the chief studies in the education of the physician, and all rational physiology is based upon, anatomy, histology and chemistry. It is without doubt the best plan in our course of study to give the student a thorough foundation in the normal structure and conditions of the body, and then proceed to the study of the abnormal conditions.

Our success in any case depends so largely on the *diagnosis,* that increasing importance must be given, in our schools, to all the different methods of diagnosis, which tend to give us a better picture of the patient's real condition. It is true that, in some cases, a urinalysis or a blood examination may not change the manner of treating the existing lesion, but the prognosis is made so much clearer by those tests that a more definite statement can be made to the patient, who might be encouraged to persist in the treatment which would otherwise seem discouraging. It is probable that few physicians will have the time or the inclination to carry on their own laboratory diagnosis, but every one should have at least sufficient training to enable him to understand clearly and definitely the significance of the report of the pathologist.

It is claimed by some that we are in danger of going too far in the study of other methods of diagnosis, and are liable to overlook the osteopathic principle of the mechanical lesion, with the distinctive method of diagnosing it; but that principle can not be overlooked by those who are daily seeing the wonderful results of its application, and we will raise a name for ourselves as being most thorough in diagnosis, and remember that anatomy and physiology are the same as when Dr. Still first threw aside his medicine case, and that cures can be accomplished in the same manner now as then and by the same principles.

The greater importance, given at the present time to laboratory methods of diagnosis, is plainly illustrated by the fact that in the post-graduate course given by the American School of Osteopathy this year, more time is given to laboratory work than ever before, and in this special course, more time is allotted to this study, than to any other, except clinical osteopathy.

Surgical study is an essential part of the physician's education, because there are some cases in which surgery offers the only means of cure, and to be "all 'round" physicians, which is our ambition, a course in surgery is necessary, and must be more and more thorough in osteopathic colleges. In order to prevent our students from going to the old schools when done with ours, we must broaden our curriculum to include those branches which our graduates deem it necessary to go to the old schools for. We need osteopathic surgeons, even if it necessitates a four-year course of study, though our aim is, to eliminate the cutting operations as far as possible, when it is necessary to resort to surgery, it would be much better to call on one who has had a good training in the osteopathic idea of the cause of disease and not so much love for the surgical operation.

The extended study on so many different subjects in the osteopathic colleges, will give rise to more thorough investigation and study in pathology, a subject which has been somewhat neglected in our schools; to know the real condition of an inflamed organ, its size, shape and altered position, is a great help in treating it, but we will study pathology more, as it appertains

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to the osteopathic lesion, the actual condition of the tissues surrounding a subluxation of a bone, the actual condition of the tender nerve effected by such a condition and the effect on the organ supplied. We know that "such and such" conditions exist, but to be truly scientific, as we claim to be, we must understand more fully the "whys and wherefores."

There will be more care taken in selecting teachers who are especially adapted to teach the various subjects in our colleges, and the curriculum should be so arranged that the student will have a progressive course of study from the normal to the abnormal.

An essential feature, which we have lacked, in our education is the hospital and bed-side training, where the student can have actual practice in the acute diseases, and I have no doubt that our future osteopathic colleges will adopt this method of training as soon as possible to arrange for it, as some have already done.

There is a part of osteopathic education which has been given more attention by the American Osteopathic Association than by the colleges themselves, but will I hope, in the near future, occupy an important place in the senior year of the college course; I refer to the keeping of complete records of the cases treated, and I am glad to say that there is a great improvement in this line of work; but though much has been done in making case reports, the practical value of a great many of them is greatly lessened, because of the unscientific method of reporting; mere assertions are substituted for facts, and cures are reported of badly diagnosed cases.

Professor Karl Pearson, a noted scientist of England, is author of the statement that "half of our scientific data already collected is worthless" being partly inaccurate.

I do not believe that such a broad statement can be made of osteopathic reports, but this example of the failure, to use much of the collected reports of other scientists, on account of inaccuracy in keeping those reports, will, I hope, stimulate our osteopathic educators and practitioners to the importance of teaching our students to make reports which are accurate in the smallest detail. It is well enough to know that a case was cured, but to know how that cure was effected is of vastly more importance in our practice.

That the profession has done a wise thing in adopting a longer course of study, is conceded by all, and the action is being applauded by the friends of osteopathy all over the land. But there are those among us who believe that the length of our course should be four years, or the same as the medical course; for if we desire to hold the same standard of education, it is natural that it will take the same time, as our students are not usually of any higher average to start with.

With the increased time which our students must spend in the gynecological, obstetrical and surgical clinics in order to become duly qualified, our course of three years of nine months each is crowded for time, so that the student is obliged to do some cramming in order to get through.

More time being necessary under those conditions, it is immaterial whether it is added on at the end of the course, or at the beginning; in other words, by requiring a higher standard of entrance qualifications less time will be required by the student in some of the elementary branches of the first term work, and the time of the course will thereby be virtually lengthened.

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The future of osteopathic education is of such importance to all of us that we must keep more in touch with our colleges. There are constant changes necessary, and the problem of always changing for the best is the work of the practitioner as well as the educators, and, I believe, we must demand that our teachers are well adapted to the work; that the students are wisely selected, and not allowed to enter our colleges regardless of their qualifications; and that the course of study must include everything that appertains to the functions of our bodies, normal and abnormal.

Some osteopaths think, perhaps, that that principle will endanger true osteopathy, but it seems to me that further study and investigation will only tend to prove osteopathy, and make the truth in it more evident, and will raise the science up on a firm foundation of strong facts and proven theories.

Discussion.

In the absence of Dr. Buehler, to whom the discussion of this paper had been assigned. Dr. H. Alton Roark, Waltham, Mass., discussed Dr. White's paper as follows:

I heartily agree with all that Dr. White has just stated. There is, however, one matter that should be brought to your attention with some additional force, and that is in reference to keeping clinic records. A great many students have been allowed to go through the schools without keeping any clinic records, simply depending upon their memories for the facts. That is a mistake. Every student should be not only encouraged, but required, to keep a strict clinic record of every case treated. The management of the school that I am connected with has arranged a systematic plan of keeping clinic records. When a patient comes in for clinic demonstration, and for examination, he is first examined by the instructor of the clinic and then, by the student, and when that clinic comes up again another similar record is made by either that student or another, and in that way not only a record is kept, but a comparison is being made in order to ascertain how successful they have been. You can in that way determine what has been done in the case, and whether you have perfected a cure, and you can give the different students in that class the advantage of the work that has been done. If you have made a failure tell us what you have done, and why you have failed, and then begin over. So I say, if we begin the practice of keeping clinic records in our schools we will soon perceive the importance of their value, and continue the practice after we graduate. Now with reference to case reports. The loose manner in which the osteopaths have kept these records is a sad reflection upon the osteopathic profession. I think we should insist upon these records being kept in the clinic departments of our schools so that when the student begins the practice he will have formed the habit of keeping them; and when Dr. Ashmore calls for clinic records and case reports we will be in a position to assist her. I told Dr. Ashmore today that I had made new resolutions in this respect, and I trust every one of you will do likewise.

Truisms, whether they lie in the depths of thought or on the surface, are at any rate the pearls of experience.—George Meredith.

To be thrown upon one's own resources is to be cast into the lap of fortune.—Franklin.

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HÆMOPHILIA.

A Clinic Case before the A. O. A. at Denver, conducted by Dr. W. H. Cobble, Fremont, Neb.

This clinic before us is a boy aged four years He was examined July 25th, 1904. There was no history of heredity. Ecchymosis was first seen about the age of five months, around the body where handled for lifting. At about the age of eleven months these symptoms were very numerous. The joint symptoms, however, were not seen until about the age of 3 years. These were seldom at first, but increased in frequency and severity until July, 1904, when he was first brought for treatment, at which time he had had three joint attacks in six weeks. There were no new joint symptoms for a month. He had two in September, two in October, and one in November, but all very slight. He was treated for three months, and seemed so well that the mother discontinued the treatment until July, 1905, when he was suffering from a severe attack in the left innominate, and the father feared chronic lameness.

The mother tells me that she had this boy examined by three or four specialists who pronounced it rheumatism, but Dr. Hilton tells me they did that because it was a rare case and they did not want to tell her the true situation.

Now, you can see these spots from where many of you sit. This is getting well, and you can feel it under the skin. Also this one under the chin here. He ran against a table at one time and broke the mucous lining in the mouth and the hemorrhage continued three days. You can see the lesions here, and from what Dr. Clark says there is an anterior condition at the seventh, and there is a posterior down in the dorsal and lumbar regions. I do not think the innominate has anything to do with this condition. There is also a little trouble in the cervical region. On the left the second is lateral.

If I were treating this case I would bend the neck this way and exert a little pressure here in order to remove that anterior condition. Dr. Hilton tells me in treating the case she at first had to be very gentle. When the child was five months old the mother noticed in lifting it that where she took hold of it, she left blue marks. Dr. Hilton is present and any questions you may ask she will answer.

A Member: How long has the case been treated?

Dr. Hilton: The case was treated three and a half months last fall beginning the middle of August and it was not treated again until a month ago, since which time he has had treatment.

Dr. Burns: Is there any theory connecting the lesion with the symptoms? What is the relation between this disease and these lesions? Is it a matter of acquirement or inheritance?

Dr. Hilton: I think it is difficult to tell whether the lesions, the anterior and posterior lesions found in the back have been acquired or not. The child stumbled around as all children do, but I presume in all probability it was an inherited weakness, or a weakness which came very early. But the anterior lesions in the middle dorsal side seem to be sufficient to produce this mal-nutrition and this poor condition of the blood.

Dr. Burns: Is there a history of any other cases of hemophilia in the family?

Dr. Hilton: There is not.

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Dr. N. A. Bolles: Such a case as that came under my care eight years ago, but it was due to heredity in the family, and it went on down through two or three generations, so, of course, the lesions could not account for it entirely, although there were lesions in that case, because the body was weak. The patient is some 17 or 18 years old and is overcoming it to a great extent.

Discussion.

DR. H. E. PENLAND, Albany, Oregon.

From the limited number of cases that have come under osteopathic treatment, owing to the rarity of the disease, we are not warranted in drawing many conclusions, however, a brief statement of our limited experience may be of some benefit to the profession.

Haemophilia is an improper composition of the blood, in that when external to the vessel walls it will not coagulate, as it naturally does; or it is a weakness of the vessel walls, allowing internal or external hemorrhage to occur abnormally. I do not, however, consider the latter theory as applied to haemophilia, thus excluding many supposed cases that are truly post-mortem hemorrhage, menorrhagia, uterine hemorrhage due to tumors, vicarious menstruation and epistaxis, which are relieved by the proper surgical or osteopathic treatment. So we will only consider those cases where composition of the blood is the chief cause.

The agents that form blood clots are fibrin plus red corpuscles. The fibrin is formed by a chemical change that takes place as soon as the blood becomes exposed. Calcium salts plus prothrombin equals fibrinogen ferment; fibrinogen ferment plus fibrinogen equals fibrin. The prothrombin is the product of the break-down of the polyhuclear white corpuscles. So an excess of white corpuscles in the blood in a case of hemophilia would not especially indicate a pathological condition. The pathological condition must be a deficiency of some constituent of the blood, or a wrong proportion, and whichever it is we are unable to supply the deficiency except by a constitutional treatment to build up the whole system and the blood mass. Outside of the faulty composition of the blood there is a sympathetic and vaso-motor disturbance, as will be shown in the following case report and treatment.

The treatment of haemophilia can best be illustrated by an actual case Mrs. R., age 51. The pulling of a tooth was followed by hemorrhage of gums and uterus, lasting some two weeks. She experienced a similar troubl twice before in her life, once at 20 for six weeks, and again some ten years later for three months, but the third time she thought there would be no uterine hemorrhage as she had passed through the menopause, but before the dentist had extracted the second tooth the uterine hemorrhage commenced. This was a very peculiar coincidence, showing a complication of weak vaso-motors as well as lack of fibrin in the blood. I saw the patient the same day. She was very weak from loss of blood; the hemorrhage of the gums was practically checked the first day, but the uterus was quite persistent. I ordered an ice pack all around the pelvis, at the same time treating the cardiac spinal center to regulate the weak heart and quiet the patient. I also gave a strong treatment over the sacrum in order to effect

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the vaso-motor to the uterus. In two weeks the patient was able to sit up without hemorrhage. Thereafter the treatment was continued over the nerves supplying the liver and spleen, especially the spleen, as that organ is principally concerned in the manufacture of blood corpuscles, as well as the marrow of the flat bones, such as the ribs, so that they can have normal intercostal circulation. In these cases we should pay attention to the general circulation and keep the patient in the best of health, prescribing proper food, an abundance of sunshine and other hygienic conditions. In this case we cannot say how much credit should be given our treatment, but it certainly was a great improvement over prior treatments, owing to the quick recovery in the last attack.

We can secure but meager history of cases treated osteopathically, as most of them die in infancy. The best treatment for the small hemorrhage, such as a scratch, or of the gums, or any place that is accessible, is to press the edges of the wound together with artery forceps and apply adrenalin chloride, which has a strong vasoconstriction effect, and will stop the bleeding in many cases, and may be the means of saving life, and thereafter osteopathic treatment should be given to strengthen the patient, as above stated.

DR. C. H. HOFFMAN, Kirksville, Mo.

From the symptoms of this case, such as tenderness of limbs, periosteal swelling, sponginess of gums, and haemorrhages, I am inclined to regard this case one of infantile scurvy rather than of haemophilia.

The lesion in the dorsal region so frequently reported in cases of haemophilia could account for the disturbances, for in that disorder we have some nutritional disturbance manifesting itself in a pathologic diminution of coagulability of the blood. This impairment is due to an anomaly in that fermentation process which becomes active whenever the blood leaves the vessel. It is debatable whether an absence or insufficiency of fibrin ferment constitutes the cause of the disease, and possibly the lime salts necessary for coagulation are not present in sufficient quantity. The principal manifestation of the disease consists in the fact that it is difficult to control the slightest traumatic hemorrhage like one resulting from the extraction of a tooth; also that external or internal hemorrhages may occur spontaneously from time to time. It appears to be in most instances a disease, the predisposition for which, is transmitted by heredity. It is a noteworthy fact that the male members of a family do not transmit a predisposition to the affection to their descendants if their wives are members of healthy families, while on the contrary women in haemophilic families generally remain free from haemophilia although they transmit a tendency toward the disease to their male descendants.

The best treatment known besides the correction of the lesions is preventive, that is, to guard the individual against the infliction of wounds. The use of adrenalin hydrochloride has not been attended with any good results, because that drug has no power to increase the coagulability of the blood. Another method employed to arrest the capillary oozing is the cautery. Of late years gelatine has been highly recommended as food and remedy to

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arrest bleeding. There is no denying the fact that this substance possesses the property of increasing the coagulability of the blood. It should be dissolved in boiling water and fed to the patient at frequent intervals.

EMPYEMA.

A Clinic Case Before the A. O. A. at Denver, Demonstrated by DR. D. L. TASKER, Los Angeles.

We have here a very interesting case involving conditions such as are not commonly met with in the practice. It was to have been conducted by Dr. F. N. Oium, he not being present, it was given in my charge.

The history of the case, as it was given to me, is as follows: This patient is 57 years old and has had one child. She was first examined osteopathically March 1st, 1905, from which time she has had about two months' treatment. In 1899 she was injured in a wagon accident. During the past two years she has had five or six abscesses on the left side of the back in the region of the sixth to tenth ribs. In December, 1904, she had pneumonia, followed by an abscess in the left pleural cavity. There was an opening made between the fifth and sixth interspaces on January 17th, and very free drainage followed, it not being necessary to insert a tube. The discharge was very free until May, when it was less. She had no treatments since May 6th, and the discharge is now as much as it was in March. During March she had thirteen treatments; April, six; and in May four. The abscess in the back was opened April 15th. The patient of her own accord had the treatments discontinued. The specimen of bone which I now hold in my hand fell out on the 9th of August; one also fell out near the end of April. This is a small splinter of bone from one of the ribs, which was ejected through the fistulous opening in the back.

We have here the history of an accident with the development of this present condition, but on careful inquiry I obtained a little past history, which leads up to this condition. At the age of 18 she had pleuro-pneumonia. She lay for three months on the left side without changing her position. She never had a sick day from that time up to the time of this injury, and seemed to have made a complete recovery, but the history of that early infectious condition would lead us to conclude that the accident has merely resurrected an old process. You all have had experience along that line, knowing the great compensatory power which nature has in overcoming diseases of the lungs and heart. In all probability at the time she suffered with pleuro-pneumonia at the age of 18, when she lay in this dependent position, always on the left side, there must have been considerable irritation—how much we do not know. If we could have a history of the sputum analysis made at that time it would clear up much of the uncertainty which now exists. I am unable to give you any analysis of the discharge from these wounds, not having made one, I am therefore unable to say whether the pus which is coming is what you might call sterile pus, or one due to pus organisms; or whether it is the resurrection of the old tuberculous process. She informs me that at one time after this attack of pneumonia of recent origin she

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coughed considerably, and much of the material looked white, and of the consistency of jelly. It might have been possible that at that time there was a fistulous opening through the pleural cavity into the lung area, and thereafter discharged in that manner. At the present time there is no cough. All the material is discharged through these openings. The patient is in good health and suffers no pain, and her nutrition is evidently good.

Before going further I would like to have you observe the position and character of the openings underneath the breast. The pus instantly disappears upon lifting the breast, as you observe. The opening is quite sore, and a considerable amount of pus is constantly passing through it. The other opening is low, it being below the tenth rib. When the one opening discharges freely there is a less discharge from the other, and vice versa. They are compensatory to each other, there being a sinus which extends between the two. Whether the sinus extends deeper than the interspace of the ribs is difficult to say. By passing a probe between the ribs, in all probability it would pass into the pleural cavity, and by percussion, and by the use of the stethoscope, is determined the fact that the amount of respiration is slight except in the extreme apex of the lung, and hardly involving the whole of the upper division of the lung on the left side, whereas it is entirely dull in the lower lobe of the left lung, and there is no sound whatever, the heart being displaced to the right; therefore we have considerable evidence of a considerable accumulation of pus in the pleural cavity.

What is best to do in a situation of this character? We have here evidence of necrosis of bone. As stated one piece of bone came out in April, and another a short time ago, and she feels that still another is coming. With reference to the small opening in the back, it was opened with a sterilized needle, and as soon as it was opened freely the piece of bone came out. In my experience I have been able to follow but one of these cases through its entire course, and that was in 1890. I also observed Dr. Nicholas Senn, the great surgeon, operate upon one. He resected the rib and maintained drainage through a point about equivalent to this exterior opening and maintained it ten months, using a silver tube in the back. The case has completely recovered, and the gentleman is now practicing medicine in this western country. I saw a case operated upon two months ago where the rib was resected, and it taught me much concerning the formation of the pyogenic membrane in the pleural cavity. Wherever the infected focus may be, nature immediately works to wall it off through the leukocytes, and in many of those cases they will carry these pus bags for a considerable time with no evidence of constitutional involvement.

This patient has no chill or fever, none of those symptoms which indicate the absorption of poisonous material. There is complete drainage. This pus pocket is no more a part of her than in a certain sense of you or me. It is outside of her circulation. The surgical treatment, as many of you have observed, consists of the resection of the rib at the proper point, and in case the pus does not come instantly the surgeon inserts his finger (never the probe or sound because he cannot feel) and determines the adhesions formed, and merely lays open the pus pocket. He has to do it by tearing the adhesions with the finger. The authorities say that is the safest and best way of opening up the pocket. After the free drainage is established there is nothing else to do but to maintain the drainage and as far as possible cause

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healing from within. In this, two methods are used. One consists in a complete cleaning out of the cavity, draining it as far as possible, then washing it out with sterilized water, and then using a solution of carbolic acid as a cauterization of the tissue to bring about physiological granulation. Physicians, however, have told me that they never have seen a successful healing as a result of it. The other method consists of inserting the drainage. I have seen three different forms of drainage inserted. In 1890 I saw the silver tube used, and in the last case I observed rubber tubes were inserted. and sterilized water was forced in them to clean out the wounds. A surgeon of long standing told me he did not believe in either one of those methods, and if the pressure from within became very great the pus should be removed by aspiration, and not by washing, because the extra dilation and force of the water is harmful to the tissues, thereby introducing no new element of any nature in the healing process, which, as you all understand, is in harmony with our osteopathic ideas. Nature is equal in those cases to the complete solution of the trouble, and if any healing takes place it will take place from below and gradually work towards the fistulous opening.

There are two things to be observed in these cases. One is, as soon as the bone gives evidence of disease, the safest thing is to have resection of the bone, thereby disposing of this diseased tissue. In the last year I had two cases where this was necessary, and they have shown great improvement. The other is to keep up nutrition, and as soon as we have established this free drainage in the front and back, nature will take her course. The patient is feeling so well, however, that in all probability she feels like pursuing the last course. Her nutrition is good, and as long as the drainage is perfect there is practically no danger of reinfection of the healthy tissues of the body.

What I would like to know is, how intense is the infection in this case, and what does it consist of? Is it a bacterial infection, or is it an effort of nature to slough off this material? Is it the result of the splintered bone, or direct infection of bone? Those are questions which I cannot answer because of lack of laboratory analysis. As far as treatment is concerned it is a very difficult matter to manipulate a case of this kind, because naturally nature is attempting to form, or has already formed a pyogenic membrane within the pleural cavity which is continually expelling these pus cells in large quantities, and in all probability is becoming thicker, and has this fistula formed back and forth for the protection of the individual. Nature is curing the case. If we could work in harmony with it, and use so much manipulation as would tend to enhance the heart action, she would be benefited by it and we could dispense with the surgical part of it, because the patient is absolutely in no danger at the present time. The only danger could come from the stoppage of these openings, and as long as we have the two openings, and they act compensatory to each other she is in no danger.

The question is, whether by manipulation, raising the ribs, etc., we will get a sufficiently increased circulation to repay us for the amount of irritation which we will set up. On that question I can speak advisedly from one case. It was a case which came from the Klondike, a miner, whose whole side was contracted as the result of one of these conditions, and that man, with a fistulous opening in the back was able to do hard manual labor under ground in cold, damp weather, and under all sorts of conditions, and he

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claimed he was not sick, yet it continued to discharge. They treated him in the Klondike about three months and he was very well satisfied with it. He told me that after the first month's treatment he felt somewhat sore, and he felt constantly inclined to take a deeper breath, as though he must constantly use a new place which he had not been using before; therefore it was evident to my mind that a compensation was set up, and the pus cavity grew less and less. Then the next thing, he said he felt more buoyant. That is a sign of an improved circulation, and of better heart action; therefore, the treatment seems to me, judging from my observations, to work more in the line of compensation. If we could follow a case of this kind through, from its inception year after year until absolute healing takes place, then we could speak with much certainty regarding it. However, I really do believe the patient in her present condition is in no danger whatever and should be treated osteopathically continuously year after year until the healing process is complete, for I firmly believe the healing will take place from the bottom.

A Member: Why do you think the healing will take place from the bottom?

Dr. Tasker: If this opening was higher in the back I would say a surgical operation is practically a necessity, but as it is, the opening is low enough to drain the entire pus cavity. In all probability the pleura has grown together below this point. I judge that, from watching surgeons operate with the finger following these different pus canals in the pleural cavity. Sometimes the canal is no larger than a needle, sometimes as large as a pencil, and it has been necessary to break that down until it is large enough to pass your finger through; but in this case nature formed the drainage without any assistance from the surgeon, and therefore nature has done as much as the surgeon could do.

Discussion.

DR. CLARA E. SULLIVAN, Kansas City, Mo.

We understand that oftentimes empyema is not to be taken as a separate and distinct disease, but only a case of sero-fibrinous pleurisy that has gone into pus formation. Given this kind of an empyema, we will expect to find all the symptoms and physical signs of a sero-fibrinous pleurisy. To these may be added a little more bulging of the intercostal spaces, the sub-cutaneous veins may be very distinct, and the heart and liver may be a little more displaced in empyema than in a sero-fibrinous effusion. The greater weight of the fluid would have a tendency to cause this last difference. A general development of pallor and weakness, together with sweats and irregular fever, gives us a picture of septic infection not easily mistaken.

Next to this development of sero-fibrinous pleurisy into empyema we have a purulent pleurisy arising as a secondary inflammation in various infectious diseases, among which scarlet fever takes the lead.

The connection of pneumonia with empyema has been given some study of late years, and it has been found that many cases of empyema come on very insidiously in the course, or during convalescence, of this disease. Lastly, we have empyema resulting from local causes—fracture of the rib, penetrating wounds, malignant disease of lungs or oesophagus, and perhaps, most frequently of all, perforation of the pleura by tuberculous cavities.

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The bacteriology of empyema is of some importance, but we leave that to the study of specialists.

The morbid anatomy in each of the types is the same. In an empyema post-mortem we usually find that the effusion has separated into a clear greenish yellow serum above, and the thick, cream-like pus below. The fluid may be of different degrees of thickness, but it has a heavy, sweetish odor. The pleural membranes are greatly thickened and the lung tissue compressed. The prognosis of the three different types would in all probability differ. The prognosis of empyema developed from a sero-fibrinous pleurisy would be most hopeful, as the vitality of the patient would not be so much depleted as in a case resulting from some infectious disease. A case resulting from a wound would probably be least hopeful, as it would be in danger of becoming infected. Any and all of these types may go forward to recovery if properly treated, and we have come to that most interesting part.

The two main objects in treatment is to promote the absorption of the effusion and to prevent its formation. In order to accomplish this, rest in bed with a light diet is necessary. All authorities say withhold too much liquid diet, as this helps to deplete the blood serum from other tissues, thus makin gless for the effusion. Keep the bowels, kidneys and skin active, that they may assist in this serum depletion.

The lesions one would expect to find would be rib and vertebral along the area of nerve and blood supply to pleura. These should be corrected if existing. Muscle contractures over rib and in lung and pleura areas should be thoroughly relaxed, thereby helping in the release of nerve force and blood supply, so much needed in this disease.

After having done all this it may be necessary to treat empyema in a surgical manner. If so, it should be treated as an abscess and free drainage kept up.

The pleuritic pain in the costal muscles compels restricted movements of the ribs, and also limits the respiratory functions of the diaphragm. These painful cramps and stitches are independent of the pain arising alone from the inflamed pleural surface, and the diminution of the respiratory movements is due to a particularly contracted state of the muscles of the chest, as is demonstrated by the fact that the patient cannot draw a long breath; hence one may reasonably conclude that nature has so distributed nerves to the pleura as to enable that serous membrane to control movements of the adjacent costal surfaces, and thus insure its quietude during the stages of inflammation or repair.

Hot and cold water applications are both advantageous in the treatment of this disease, and should be used according to the directions of the physician in charge.

In the supremacy of self-control consists one of the perfections of the ideal man.—Herbert Spencer.

He who would do a great thing well must first have done the simplest thing perfectly. —Cady.

Every duty which we omit obscures some truth which we should have known.—Ruskin

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CONGENITAL DISLOCATION OF THE HIP.

A case operated on before the A. O. A. at Denver by H. W. FORBES, D. O., Los Angeles.

I now show you a little girl with a congenital dislocation of the left hip. Nothing wrong was noticed with this hip until the little girl began to walk, at the age of 16 or 17 months. The hip was then examined but nothing wrong was found with it, either by the parents or the physicians, except an occasional limp, which increased, as it always does in these cases. They afterwards discovered there was something wrong, but it was only quite recently that a diagnosis showing complete dislocation of the hip was made. She is almost 7 years of age.

In all congenital dislocations that I have examined, the head of the bone is not only moved upward, but is also moved backward, and the backward displacement of the bone is what produces the anterior curvature of the lumbar region—lordosis. To compensate for the backward displacement of the head of the bone there is an anterior curvature of the lumbar region. To compensate for the upward displacement of the head of the bone there is always a lateral curvature that develops.

In measuring the legs in this case we have the pelvis straight, the limbs parallel, and measuring from the anterior superior spinous process of the ilium to the internal malleolus, we find a difference in length of one and three-quarter inches. In examining for a dislocated hip we draw a line (Nelaton's) from the anterior superior spinous process of the ilium to the most prominent point on the tuberosity of the ischium. If the hip is in place this line will cross the upper border of the great trochanter. If the hip is dislocated the great trochanter will be above this line. In this case we find the great trochanter almost two inches above this line. Draw a horizontal line around the body on a level with the anterior superior spinous process—Bryant's line. In this case the great trochanter touches Bryant's line. We will now draw the same lines on the sound side. Here you see Nelaton's line crossing the upper border of the great trochanter. These measurements are sufficient to establish a diagnosis. You can feel the head of the bone, the great trochanter, and can outline between the two a short neck. In some of the congenital dislocations there is almost an entire suppression of the neck. It seems as though the head and neck have been decidedly flattened. This has some neck. The head of the bone in this case is not much larger than you would find in a normal case. In some cases we examine we find a very great enlargement about the head of the dislocation. You can see as she stands. Here is the upper border of this great trochanter on a level with the anterior superior spinous process. Now you can see a decided difference between the hips by looking at them. Here is the upper border of the great trochanter on a level with a horizontal line drawn over the anterior superior spinous process. The hip is normal. The patient has been treated one month, but for the purpose of operation I would have had her treated much longer.

(The patient is then removed, is placed under an anesthetic and brought back.)

You can now see the amount of shortening of the flexors, and the hamstring tendons. This must be elongated sufficiently to allow the foot to be

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placed on the table by the head of the patient. These muscles extend from the tuberosity of the ischium to the tibia and fibula, and with the head of the bone two inches above the acetabulum it means that the hamstring tendons are that much shorter. The adductors are likewise shorter by an inch and a half. The short flexors of the leg and the adductors of the thigh are among the chief obstacles to reduction in this case.

We find that preliminary treatment of from two to ten months makes the reduction more easy. This case has been treated but one month. I have, however, reduced cases without any preliminary treatment, but when it is possible I prefer from two to six months preliminary treatment.

There are two ways of elongating these muscles. I have used both. One is by longitudinal traction, and the other is by making taut the shortened muscles and striking them a sharp blow with the border of the hand. We make a circle of two or three inches in diameter, manipulating deeply about the head of the bone while the longitudinal traction is maintained. After you have the dislocation reduced, to get it in sufficient abduction is the next point. The leg must be put in almost complete abduction—abducted almost to a right angle. Unless it is abducted thus in a cast the head of the bone will slip up; but with the limb abducted, and the cast applied, the only way the head of the bone could move up would be to have the femur move through the side of the cast, which would, of course, be quite impossible. Another advantage with the limb in abduction almost to a right angle, each time the child steps in walking it drives the head of the bone into the acetabulum.

In operating on these cases probably the chief danger is that of breaking the bone. Cases over five years of age are not reduced with ease, no matter how long the preliminary treatment. After the head of the bone is reduced it is necessary to grind it down into the acetabulum in order to be sure that you are exciting a sufficient inflammation to produce a stable joint. The patient is now turned on side and Nelaton's line is drawn, and is found to pass just above the great trochanter, proving that dislocation had been reduced. We have this nicely reduced.

Now, in breaking these lesions, instead of using the border of my hand while I have the limb under strong longitudinal traction, I grasp the tissues about the thigh and press them firmly down to the bone. In this way the fascia lata is broken enough to allow the leg to be abducted. The ductors are elongated.

I have an apparatus to hold the patient on the table, but I much prefer trained assistants to any sort of bandage to hold the patient down. I believe there is less danger of breaking the bones, where you always know exactly the amount of work you are doing.

I now have the dislocation completely reduced, but the adductors are yet too short. After reducing the dislocation and abducting it, we put on a thin union suit, lisle thread, made close fitting. Over that we place a thin roll of interlining, so-called sheet wadding. We buy it in sheets and cut it into bandages three inches wide. Over this we roll the plaster cast. I always incorporate in a cast a longitudinal strip of binder's board. Occasionally we use the extending force of four pulling. The skin in the groin is rarely if ever long enough to prevent tearing. There is a fairly good socket here, enough so you can tell distinctly when the head of the bone slips in and out of it.

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I consume two or three times as long as do many of the surgeons to reduce these dislocations, but in doing so I believe there is less danger of breaking the bone, as the muscles are then in better condition, and there is not the element of shock that there is in the quick, abrupt reductions. The child will be able to get up in six or seven days, and be able to walk in three weeks as fast as she could before. (Applying bandages.)

The leg on the dislocated side is never so well developed as the other. The leg itself is about half an inch shorter than the other. The younger the cases the more perfectly they recover.

The oldest case I ever operated on for congenital dislocation was at the age of 12 years. The results are fairly satisfactory, a decided improvement, but not to the degree it is in younger children, for at the age of five our success is quite perfect. In applying the cast and keeping the bandages in place is almost as difficult as it is to reduce the dislocation. To get the cast on with the leg properly abducted, and in place, is rather perplexing. The pelvis is straight, the anterior superior spinous processes are on the same level. The leg is completely abducted. The toe is turned slightly outward. I used to turn the toe altogether outward, but I find it better not to rotate it completely outward, about in that condition (indicating.)

Some have asked in what way the technique of this differs from the technique of Dr. Lorenz. I never saw Dr. Lorenz operate, and therefore I do not know personally. Usually I do not need to pound the adductors. The patient does not take the anesthetic well, and I am anxious to hurry. I have a wooden brick that I often place under the trochanter, which is used as a pry. I do not make as thick a cast as some. I use two and a half and three-inch bandages. You may begin bandaging either on the trunk or on the leg. I roll it comparatively tight and snug, as the plaster casts in setting expand. Usually about the hip there is a considerable swelling, which comes out over the labia, which will be somewhat blackened from the extravasated blood. The foot does not often swell. Out of eighteen or twenty cases, I remember but three or four in which there was swelling of the leg or foot, but if it should, it will subside in three or four days. Incorporate this board, which is wet, in your cast, letting it grasp the inner and the outer condyle of the femur.

This cast will be trimmed in four or five days up to the knee. I trim the casting in front and behind the knee to allow free flexion and extension of the joint.

We operate on the dislocations resulting from tuberculosis of the hip. In fact, I have had about twice as many cases of tuberculous dislocations as congenital. In these you have a stiff joint with adduction to the flexion, and one to five inches shortening. After three to ten months preliminary treatment we operate. The operation is similar to this with the exception that I use more traction. The hip is brought down and the upper end of the femur is placed in the location of the acetabulum. It is then placed in a cast for four months. After the removal of the cast they walk on the leg quite well. A high shoe is not needed. In the course of a year they usually develop some flexion and extension, a little abduction and adduction. One case I operated on three years ago has considerable movement.

A Member: Is there any danger of producing a general tuberculous condition?

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Dr. Forbes: There would be in an acute case. I do not operate until one year and a half, or two years and a half, after all symptoms of the tubercular process has subsided. There would be some danger in manipulation of a tuberculous joint during the first stage.

A Member: Did you hear the famous click that Dr. Lorenz has spoken of?

Dr. Forbes: We always hear the click when it returns to the acetabulum. We not only hear it, but we feel it. I heard it today.

A Member: When you first had the femur in the acetabulum and measured it and found you had to give another treatment, did it come out when you treated the second time?

Dr. Forbes: No. If the patient should come out from under the anesthetic the muscles would draw it up.

During the time the cast is being worn the muscles will atrophy. This may be largely prevented, at least much may be done to prevent it, if daily longitudinal traction is made on the leg. After the cast is removed they should have from four months to two years treatment, or else the results will not be altogether satisfactory. One great advantage we have over the medical profession in dealing with these cases, is the apitude we have for giving the preliminary and after treatment.

After the cast is removed the muscles are manipulated deeply and the femur is carried in flexion and extension. I do not use any manipulation to overcome the abduction; the child walking on it will overcome it rapidly enough. Dr. Reid, who procured this case, has been treating it for several weeks; and in order to have it ready for operation at this meeting has not made any charge for the preliminary treatment. After putting the cast on, and while it is still kept wet, we use the knife to trim it down.

(Time consumed, 45 minutes.)

Discussion.

The foregoing was discussed briefly by Dr. J. Erle Collier, of Nashville, Tenn.

The operation performed by Dr. Forbes is, in my opinion, bloodless surgery, or as near so as it is possible to be. The differential consideration of bloodless surgery, osteopathically viewed, from that of the Lorenz method is principally the preparation of the patient before the operation. The osteopath spends as much time preparing the case as is necessary to relax the muscles and ligaments and regenerate the nerves before attempting to interfere with the bony lesion. Therefore the patient is in a much better condition to have the head of the femur replaced in the acetabulum, the patient is given a better chance to get well, with less chance of having a stiff joint than would be the case if the hip was placed in position without any preparation, as is done in the Lorenz operation.

The osteopathic treatment given the patient after the operation to keep up a free flow of blood to the affected part is an advantage that only could be obtained through our method of treatment. This makes the osteopathic method nearer the rational, natural way, and on a safer and more commonsense anatomical and physiological basis.

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THE OSTEOPATHIC AND PHYSICAL EXAMINATION OF A CASE OF PULMONARY TUBERCULOSIS.

A Clinic case before the A. O. A. at Denver Conducted by DR. N. A. BOLLES, Denver.

The lady, Miss ——, tells me that she is suffering with weak lungs. She is unmarried; height 5 feet 8 inches; age 27; weight 117 pounds. She took a cold in her throat one and a half years ago, since which time it has been dry and irritable. She had stomach trouble two years before this, and has some yet. She came to Denver last August, and improved, but retrograded upon going to work, which is that of a stenographer. She still coughs in the morning and during the day, but has no night sweats. The sputum has never been examined for tubercular bacilli. Her left ear began to discharge last July a year ago. She had coughed some for three or four years.

I will first examine the throat. I am asked to demonstrate a physical and osteopathic examination. In the event of having good daylight I desire to examine the back of the pharynx, and will ask her to stand near the light while I do so. I find in looking at the back of the pharynx a condition of unnatural pallor, accompanied with injected appearance of the smaller blood vessels. They appear rather redder than normal, while the general surface of the mucous membrane itself is rather paler than normal. It seems to indicate that some kind of irritation is in process there, permitting the growth of connective tissue, with consequent partial obliteration of some of the capillaries. It may be the index of the beginning of the formation of tubercular tissue in these parts. In the absence of good daylight we will use the endoscope. We will use the tongue depressor.

This case seems to be one that is below par. It is probably fair and right to a case of this nature that we take some precautions in the use of the instruments, and it is not fair to the patient to expose her to anything which is liable to do her injury; therefore I will make some effort toward sterilizing the instrument by the use of ordinary grade alcohol. For that purpose I saturate a piece of absorbent cotton with alcohol and go over the parts of the instrument that are liable to come in contact with the mucous membranes, giving it time to evaporate so that the patient may not be annoyed by the alcohol. I now light the lamp of the endoscope and examine the mouth as I did before by the aid of the natural light, and this gives me an excellent light continuously, so I can see that there are some of the smaller vessels still to be seen in the stage of injection, which I could not see by the aid of the daylight alone. There is also a little more of the appearance of redness in the back of the pharynx than I saw the first time.

I will next proceed with the examination of the neck. This demonstration is both physical and osteopathic, and I combine the two in my method of going at the work. I do not go over the case and make such an examination as is generally given in the books on physical diagnosis, and then go over the case again with the osteopathic view in question. I wish to ascertain causes and conditions as nearly as possible at the same time, and make my examination complete as I go along. It is so much more convenient for me to examine the neck in a thoroughly relaxed state, that I will ask the patient to lie on her back on the table in order that I may have all the cervical muscles relaxed. I like to begin at the lower part of the neck in my ex-

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amination, and in my methods, of course, I am not attempting to give you a model procedure. I state my method in order that you may know what it is, and adopt it if you like. I therefore begin at the lower part of the neck at the back of the cervical region, examine the cervical vertebrae by way of the spinous processes first, noting any deviations to one side or the other in the main. I find the spinous processes first, noting any deviations to one side or the other in the main. I find the spinous processes of the axis deviated to the left of the median line. The muscles in that region are materially contracted on both sides, but more especially on the left side. Going a little higher I find more of the same condition in the sub-occipital region, and in going further upward and comparing the transverse processes, or lateral processes of the atlas with the mastoid processes of the temporal bone, I find the left end of the atlas forward in its relation to these mastoid processes. This would seem to have a material relation to the complaint that she makes in regard to her left ear.

In examining cases of this kind I consider it very desirable and necessary to look for lesions that may affect any of the nerves of the tissues that are supposed to be involved. I therefore consider it important to look for anything that would involve the pneumogastric nerve, and the neck is a good place for the examination and discovery of such conditions. This condition of the atlas doubtless has a relation to the trouble with the ear, but it may also affect one or the other of the pneumogastric nerves, especially if I find any abnormal condition in front of the transverse processes of the cervical vertebrae. If there is any difference, I seem to find the tension a little greater on the left than the right, especially in the lower part of the neck. It seems to me not likely that the pneumogastric nerves are much affected by this condition, in so far as their influence upon the lungs is concerned; if so, it would appear to be in the region of the second and third cervical vertebrae rather than elsewhere.

I now ask the patient to sit. I prefer having her sit with the back to the light, but for your sake I will turn her back to you. There is an apparent slight irritation of the sixth and seventh cervical vertebrae to the left in their relation to the first dorsal. In going down the spine at the eighth dorsal vertebra. I find an apparent slight rotation of the seventh dorsal vertebra. I judge of this principally by the transverse processes. I do not like to depend altogether upon the spinous processes for a diagnosis of these conditions. The spinous processes are likely to be deviated to one side, and to be deformed by the traction of any continued contracture of the muscles attached to these points. I do not therefore depend upon the spinous processes for the diagnosis of this condition; but if I compare the apparent prominence of the transverse processes on either side and above, as in this case, the seventh dorsal vertebra is anterior on the right side, judging by the transverse process, and at the same time posterior on the left side, judging by the left transverse process. I conclude that it is a left rotation of that vertebra. That is to say, the anterior portion of the vertebra has moved to the left and the posterior portion of the vertebra has moved to the right. Or, to express it otherwise, the right transverse process is forward and the left transverse process is posterior. The general flexibility of the spine is a desirable point to look after. I find upon making circumduction of the

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spine, causing the hip and shoulders to move around in a circle in either direction, that the flexibility in the dorsal region is less than that which I usually find in the average case that comes to me for examination. I find, upon running my fingers up and down the spine, that there is a left deviation of the spine in the middle dorsal region, left deviation from a straight line. It seems to me that this condition has a relation to the stomach trouble that she has been complaining of.

I will now ask her to turn around in order to examine the chest. I like to stand behind my patient in one part of the examination and look down over the chest, because it gives me an idea of the antero-posterior thickness of the chest, so that I can get some idea of the flatness, depression or elevation of the sternum which may have occurred, and also the anterior portion of the ribs. I find that there is a slight degree of flattening as well as stooping of the shoulders in this case. Upon examing the ribs I find considerable tension in the first intercostal space on the right side. Upon asking the patient the effect of the pressure, if any, in going over the first, second and third intercostal space, I find that the points where the muscular tension is great are points of sensitiveness, and such pressure as would not hurt a normal person, she tells me is quite painful and sensitive to her. I am inclined to think that in such a condition there is a diseased process going on in this neighborhood, possibly in the pleura or lungs themselves. Upon comparison of the left side I find some of the same conditions, but not so marked. At the first intercostal space on the left side she complains of some sensitiveness, but not in the second. In comparing the resistance of the chest to pressure I find that there is a greater resistance on the the right than left in the upper half of the chest.

Now, to aid me in determining something of the conditions themselves, I will ask the patient to repeat the words so often used by stenographers, "Now is the time for all good men to come to the aid of their party." She repeats that sentence while I am diagnosing. The object of this is to get the vocal fremitus. In this case it is increased in the upper half of the right chest. It indicates some consolidation of the tissues in that region, probably due to the tubercular disease going on in that region. In examining this region by percussion I compare the two sides. In the healthy subject the normal percussion resonance is found on the right side, in the subclavicular region. In this case it is more dense there than in other parts of the chest. On the left side the heart normally interferes with the normal percussion resonance, and we will expect it to be somewhat duller in the normal case than the corresponding portion of the other side. The percussion note here indicates that there has been a thickening of tissue on the right side. As a means of disproving or corroborating this observation, I will apply the stethoscope or phonendoscope, also for the further purpose of discovering any other abnormal sounds that may be revealed by auscultation. I will ask the patient to breathe regularly, moderately deep, and so easily as not to cause her distress.

In the sub-clavicular region on the right side I find a decided whistling, much more noticeable upon expiration than inspiration. It is a very fine sound, resembling a whistling, and it is observable on both inspiration and expiration, but more marked on expiration. Upon going below the level of the fifth rib I do not get any of this sound. In going up and down the back

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on the same side I find similar sounds at the same levels. I find no such sounds on the left side, neither in the front nor back.

Upon examining the neck I find little or no enlargement of the cervical lymphatic glands. In examining the arm pits for the condition of the axillary glands I find no enlargement. Very frequently in cases of pulmonary troubles we do find that enlargement. The fifth rib on the left side is turned so that in the axillary line there is a marked contraction of the intercostal muscle between the fifth and sixth ribs, drawing the fifth rib down at that point, making the intercostal space quite narrow, and when I examine the anterior end of this space I find it rather wider than normal. There is a lack of tone in the intercostal muscles at that part, allowing the deep depression to appear during inspiration. These conditions in the immediate dorsal region would seem to have a marked bearing upon the digestive organs.

I will now ask the patient to lie on the back while I examine the region of the solar plexus, the liver, and the digestive organs of the abdomen, because these organs are of importance in connection with the problems of nutrition. Nutrition is a vital point in pulmonary tuberculosis. A moderate degree of pressure in the region of the solar plexus does not elicit much tenderness. There is more marked tenderness in the region of the gall bladder and of the bile ducts. A moderate degree of tenderness a little lower down in the region of the upper lumbar lymphatic glands. These conditions would readily point to disturbance of the bowels and inability to properly absorb and take care of the products of digestion, thereby interfering with the proper nourishment of the patient.

I will speak of one or two more points. In cases of this kind I find it more desirable to make an X-ray examination of the chest. For this purpose it is desirable to remove all clothing from the chest and expose the patient to the action of the X-rays, placing the Crookes tube at such a distance as to give a good, clear shadow of the ribs on the fluoroscope from the other side, on having the patient breathe deeply. Ordinarily there are liable to appear in the early stages, or before the beginning of the disease, dark spots due to passing hyperemia. If the patient were in the habit of breathing deeply, or exercised in such a way as to call for active respiration, these spots would disappear before your eyes if the patient now breathes deeply while you are making the fluoroscopic examination. If they do not so disappear it indicates to me that fibroid processes are going on there, and that the tubercular process is active at that point, and the greater or less persistence, or greater or less extended area in which these spots are found, would be a logical index of the greater or less extent of the process.

In a case of this kind, then, having practically concluded the examination, I will form my conclusions as to the desirability of osteopathic treatment. There is no question but that the lesions mentioned should be corrected. The patient's habits should be inquired into; the question of daily exercise should be taken up; the question of the condition and activity of the digestive organs and proper regulation of diet should also be gone into. These are questions that do not properly come in the physical and osteopathic examination of the case, but they are points which I feel it my duty to speak of, inasmuch as they are of much value in the study and treatment of cases of this kind.

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If, after repeated examinations, I find in any one of these examinations the tubercular bacilli, I conclude tuberculosis is present. If, after half a dozen or more examinations, an absence of bacilli is found, I still think tuberculosis is present if I find other symptoms that indicate it.

Discussion.

(In the absence of Dr. W. J. Hayden, Los Angeles, Dr. W. B. Meacham, Asheville, N. C., discussed Dr. Bolles' demonstration.)

I come from a tuberculosis resort, something similar to Denver, but I did not come to this convention as an expert on tuberculosis, and what I say is based largely upon observation rather than experience, as I have examined in the neighborhood of 200 pulmonary cases since I have been in Asheville. There are, however, two points I wish to speak of. One is the difficulty of diagnosing incipient pulmonary tuberculosis. I feel like making this point emphatic because, having had my attention attracted to this disease after graduation, I find that my instruction in college was inadequate. I find from the cases that have been sent me by other osteopaths that their diagnosis has been the same as my own before this subject was brought especially to my attention. Several cases, in fact, I should say a dozen, have been sent to me that indicated incipient pulmonary infection which had been previously diagnosed as malaria, to account for the slow rise in temperature. The others were diagnosed as a lesion of the ribs interfering with the phrenic nerve, to account for the condition; and some diagnosed it as a generally run down condition following grip; still others diagnosed it as bronchitis, and very few, I think only two cases, that ever came to me in Asheville were diagnosed properly by osteopaths (as the only attending physician) as cases of pulmonary tuberculosis, indicating to me emphatically the necessity of our profession studying the diagnosis of incipient pulmonary tuberculosis. I wish to say, however, that if you wish to treat successfully pulmonary tuberculosis you must get the case in its incipient stage; therefore you see the importance of early diagnosis in this disease that rests with us as a profession. I wish to emphasize one point here, and that is the subject of temperature. It is not always that we find an elevation of temperature in these conditions, but quite as frequently do we find a subnormal temperature with scarcely a rise of two-fifths, or three-fifths of a degree above normal. That is one thing you must watch for.

Another point in the diagnosis of incipient pulmonary tuberculosis that I would have you watch for is this: A lesion of the thorax is not indicative of the presence, nor is the absence of the thorax lesions proof of the absence of pulmonary infection. In the 200 cases that I have examined I think I can say that not more than 15 per cent. ever showed any connection between the costal thoracic lesion and the pathological spot on the lung. Not more than 15 per cent. of the cases that I have examined ever showed direct connection between the lesion and the spot pathologically involved.

Another thing I wish to state is this: For some unaccountable reason tuberculous women are very liable to become pregnant. There is no condition more unfavorable to tuberculosis patients than pregnancy. I should advise in all cases that the doctor should take every precaution possible to avoid those complications in the treatment of this disease.

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Now, then, as to the treatment of the disease. Avoid any violence to the thorax that would tend in any way to break down the lymphoid wall, or the wall that is built up around the infected area. A violent twist or exercise intended to correct a thoracic lesion is liable to produce hemorrhage, to break down nature's wall and allow a further spread of that infection of the lungs.

The chief treatment of tubercular cases is to enhance assimilation so as to build up the strength. Milk is a very good diet. Proper treatment must be given to the digestive tract so as to avoid either extremes of constipation or diarrhea.

TUBERCULOSIS.

Wm. J. Hayden, D. O., Los Angeles, Calif.

(Dr. Hayden was to have discussed Dr. Bolles' demonstration, being unable to attend, he sent the following paper:)

The process of respiration consists in the interchange of gases between the blood and the air. The object of respiration is to supply the oxygen necessary for the oxidation processes of the body, as well as to remove the carbonic acid formed within the body. The essential structure of the lungs is extremely simple; a thin membrane, richly supplied with blood vessels, exposed on both sides to the air, the blood being kept in movement and constantly renewed by the heart and the other forces of circulation, and the air, by the bellows-like action of the thorax. Defects of respiration may therefore be produced in three ways: By defects in the supply of blood to the vesicles of the lungs; by defects in the respiratory organs themselves. Most of the so-called diseases of the respiratory organs are associated with definite anatomical changes in them, which constitute their pathological anatomy. The most frequent cause of these changes are conditions affecting the nerve control. When there is a break in the normal continuity of nerve energy to any structure, there is at once a condition of lowered resistance; and on the one side of what should be an evenly balanced mechanism, you have abnormal function. The lower the resisting power of an organ, the greater the degree of the change that takes place. On this basis, both acute and chronic changes in tissue can be accounted for. From all irritation the respiratory organs may gain a normal equilibrium, if the irritant is not too profound; this may include bacterial irritation, though a difference is encountered. Bacterial irritation has that power to increase its irritability through its own development and growth, at the same time reducing the resisting power of the individual through the inhibitory effect the toxines they generate have upon the nervous system.

The most far reaching and profound infection with which the respiratory mechanism of man can be deranged, is tuberculosis. At least one-half of all the people have it at some time, and a misfortune in the study and treatment of the disease is that the symptoms do not appear in the beginning of the affection. There must be considerable burrowing and an appreciable spreading of the bacilli before indications of the disease are manifested. Evidence of progress of the disease is little understood by the patient, until some organic change takes place or disturbed function of parts, or some parts

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dependent upon it, lowered vitality or hemorrhage—the patient does not seek consultation, thinking he simply has a cold. In a majority of cases, the first symptoms noticeable to the patient is lowered vitality, expressed by a loss of weight, strength and appetite; digestion may be poor, there may be diarrhoea or constipation, and there may be in the beginning a cough with a hemorrhage. The patient may be uncomfortable with a cough, with possibly some pain in the chest wall or pleura; while the cough is troublesome, it is one of nature's reserve functions—whose purpose is to relieve the respiratory passages of the offensive material, and it often tries to brush away irritations which it is powerless to effect. When the body is infected with the poison of the disease, and the pus affection at all marked, elevation of temperature will be recognized as an evidence of the infection. If the pus infection is considerable, the fever is likely to rise rapidly and to be announced by a chill. The temperature is highest in the afternoon and evening, and as it falls, the patient may have what he terms "night sweats." When this condition is reached, his vitality is often much reduced and he begins to acquire a cachectic condition. No two persons present the same clinical picture; one coughs more, while another gets sick faster; some raise great quantities of pus and have the most remarkable rales of all kinds, yet hardly cough at all; others cough on the slightest provocation, and cough violently to raise small particles of phlegm. It is a significant symptom of the disease if the patient coughs on taking a deep breath, which indicates that there is phlegm in the bronchial tubes, the inspiration having drawn it into the smaller tubes whose surface is normal and so produces greater irritation. The patient usually coughs more if the infection begins near the outer surface of the lung. The cough often tires the chest; otherwise it does not hurt the system, but when it keeps the patient awake nights it is a misfortune. Indigestion of various forms is a symptom of tuberculosis—particularly when there is fever. Most patients eat little and of things they like best, which are usually foods that are least nourishing and digestible, and refuse foods that make tissue. We have been taught in the past to believe that fever is extremely hazardous to life; we know now that such is not the case—one may tolerate fever for a long time with little harm. Some patients actually gain in weight with a moderate daily fever. It is the thing that produces the fever that destroys life; it is the tuberculosis and pus products that poison the system and end life—not the fever. There is a popular notion that night sweats are destructive and they must be stopped; this perspiration, if it means anything at all, is helpful by ridding the system of poisons. Patients may declare the night sweats are killing them, but it is unproven that the sweating does any particular harm. The patient may be dying; if he is, it is from that which is producing the night sweats. Sweating evacuates a lot of saline and effete matter and water and salt can replace the needed elements to the blood. The recovery from phthisis leaves the lungs damaged; as a consequence, the patient is always somewhat short winded—particularly if he exercises, also the changes in the lung tissue changes the sounds of auscultation and percussion. There are always some physical signs and changes in tuberculosis of the lungs, but it is difficult to associate them correctly, as our methods are more or less indirect. If one side of the chest expands more than the other, we know there is something inside that impedes its free

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movement; if one side has sunken a little, we suspect that some disease of the underlying tissue has caused it; we look at the body and see at the lower part of the chest some organs move up and down farther on one side than the other—we argue possible adhesions of the pleura; when we see or feel the heart pulsating through the chest wall, not where it is seen to beat ordinarily —but above or between the second or third ribs, that tells us that the heart is either very large or that the wedge shaped portion of the lung that covers it has disappeared—so we look for contraction of the left lung. We must keep in mind in our physical examination that this disease thickens the connective tissue of the lung, then hardens and contracts it, then dissolves the tissue in places—hence cavities; the semi-fluid substances, disturbed by respiration, produce the various sounds we call rales or ronchi. We recognize that the sounds that belong to health have changed when the lung is diseased. Examinations of this character and by postmortem study teach us that certain pathological changes produce certain physical signs, that are in the main what we might logically expect. Using the lung as a sound-transmitting body, placing the hands over the chest, while the patient is speaking, when the lung tissue is thickened the vibrations are increased; if the fremitus is less than normal we suspect fluid in the pleural cavity, or closure of some of the bronchi. However, it is not always safe to say that, because there appears to be a reduced fremitus in a particular place, the bronchi are obstructed; the disease may be on the other side, and cause increased vibration. Percussion and auscultation are arts that can be of little benefit without great practice, and then only to the individual physician. So long as people think, see and hear, differently, so long will individuals travel different paths to reach the same conclusions. A percussion note does not sound the same to every individual, nor auscultation convey the same pitch, yet we may reach the same conclusion as to the condition of the tissues involved, and will be just as competent to advise the patient. However, if you percuss lightly, you will elicit sounds showing the condition of the surface of the lung; if you strike heavy blows, you will make sounds in which the deeper portion of the organ is more or less involved. If you direct the patient to open the mouth and breathe naturally without noise and then percuss over a region that is more or less infiltrated, you will find the abnormal sounds more pronounced. With this method, percussion in front and near the clavicle elicits sounds of higher pitch than with the ordinary method. If the lung is surrounded with fluid, the percussion tones are changed by posture. The ear applied to the chest is better than any instrument for auscultation. If an instrument is used—one that is best adapted to the ear and one that conveys to the ear most accurately the lung tones is absolutely essential. A stethoscope that would be perfectly adapted to one person, may not be used with any satisfaction to another. The phonendoscope magnifies the chest sounds beyond the power of any stethoscope and preserves their quality to a remarkable degree. The first sound usually searched for is a trifling dullness on percussion, but that is not the first that will be found; the first is usually an expiratory sound a little louder and longer than normal. The normal sound of expiration is a little gentle puff, which, because it is short and gentle, we say is low in pitch; when the tissues of the lungs begin to thicken the expiratory sound is usu-

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ally heard to be slightly prolonged—so seems higher in musical pitch, while the inspiratory sound may be more rude and possibly suppressed to some degree. As the disease progresses fibrosis increases, there is more thickening of the trabecular matter in the region of the affected area, and an extension of the respiratory signs just described. When the lower line of deposit in an apex may be at the level of the second rib, the signs that have been mentioned are now exaggerated over the apex, but the fibrosis may extend down perhaps to the fifth rib; if you see the patient in the first few months—the first few signs mentioned are usually at the very apex, with possibly a few rales; at the end of another few months, if the disease progresses, there is more thickening indicated by more tubular breathing and less, rather than more, of the pure inspiratory vesicular murmur; you find now that the evidence of fibrosis has extended far below the fifth rib, and the prolonged expiration shades off at this point to the normal sounds at the bottom of the lung. There are few and many rales—depending upon the amount of fluid dicharged into the bronchi; if cavities begin to form, there are gurgling sounds as the patient breathes—if they get larger, the amorphic sounds of true empty cavities are heard. When there is a distinct percussion dullness with patulous bronchi, there is a peculiar expiratory sound that is always important to be distinguished; it is a loud, prolonged, often rather hissing sound of high pitch—the sound appearing to be near the ear, while the inspiratory sound is shorter and fainter and devoid of the quality of true vesicular murmur. This is the true extreme bronchial breathing and is exactly what you meet with in lobar pneumonia over the region of consolidation; once heard, it can never be forgotten and it means that the lung is consolidated around patulous tubes. Remember that all sounds produced by phlegm are things that come and go, and that we may have all sorts of rales today and none tomorrow. It is not always safe to say that a person has tuberculosis of the lungs, because he has any or all of the chest signs so common in phthisis; it is necessary to search the sputum in every case for bacilli—once found, they should never be expected to disappear so long as purulent expectoration continues, unless this comes from the inside of an old cavity. An early diagnosis of tuberculosis of the lungs is impossible, unless we appreciate a truth that is often overlooked, and that is, the disease may exist for some time before there are any signs or symptoms; our only course is to be on the alert for the first evidence of its existence. Tuberculosis of the lungs is so apt to simulate other diseases, that we are often left in a quandary—especially when the typical signs in the chest are absent. It frequently simulates mild typhoid or malaria; it resembles fever produced by infection through a pus focus, or a leaking cyst somewhere in the body that produces no local signs. Loss of weight, debility, cough and indigestion, should always lead to suspicion of tuberculosis and, in case of prolonged low fever, we should promptly suspect the disease.

The prognosis is of the greatest importance to the individual: "Will I recover?" is the intense question asked the physician. Years ago it was thought that relatively few people had the disease; any of you who have witnessed many postmortems, recognize the fact that few fail to show tubercular deposits somewhere. A large proportion recover, yet the disease kills more than thirty times as many people as variola and scarlet fever, about

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twenty times as many as typhoid and nearly ten times as many as diphtheria. However, the death rate is declining, especially in communities where repressive measures are in vogue. The prognosis in individual cases depends upon the foregoing influences. Heredity, which means an inborn resistance or non-resistance to the disease; the actual resisting power as shown by the history of the case is the ability to limit the lesion by process of fibrosis; to avoid pus infection and therefore fever; to keep up body nutrition and avoid emaciation, to maintain secretion and excretion; if the showings in these several ways is good—so is the prognosis. Most cases die that lack enough resistance to recover under rest and best hygiene. There are certain physiological peculiarities that stamp people as probably deficient in normal resisting power to tuberculosis; among these may be a fastidious appetite, distaste for meats—especially for fats; inability to take stimulants without signs of cerebral or gastric disturbance from even small doses. Those who keep in good vigor are likely to avoid the disease; people who need to learn this lesson belong to all ages and conditions of society. The cardinal point is to keep well and normally strong; breathe the best and cleanest air possible and avoid the bacilli of tuberculosis. The kind of lives many young people lead predispose to disease; if they enjoy work, they overdo it and go without sleep, they neglect disturbances of digestion and elimination, they stimulate either because they like stimulants or because they are invited to take them; as a result, they live much of their time below their proper physiological standard—so cannot resist infection. The chief factor in the recovery of non-surgical tuberculosis is the power of their own physiologic resistance. One of the great obstacles to successful treatment is the widespread notion that the treatment may be short—that good results may be obtained quickly; the truth is, the disease is long and chronic and the treatment must be long and sustained and of such a character that it may be endured and borne for a long time. Much of the treatment in the past has been haphazard; one of these is to send patients to a different climate, another is to keep them at home and dose them with cod liver oil, guaiacol, or creosote—this is the smallest part of the right management. Regarding every patient that comes to us, we should question at the beginning whether the chances are that, under any management whatever, there is hope of recovery. Of course, there are some cases that come to us that it is a foregone conclusion that death must be certain and rather speedy. If in any case the prospect is even fair, his course should be mapped out in detail; it may often go to the length of making him uncomfortable, but the fact should be impressed upon him that it is to save his life. If there is little chance of improvement we should pursue a different course—one that concerns the present comfort—even the pleasures of the patient, so there can never be a routine treatment for all cases. There is not the slightest question that tuberculosis is a disease of malnutrition, so before a patient can improve it is absolutely necessary that there be an improvement in nutrition—which must come from the stomach; in this way, the process of repair is stimulated and the resistance increased. There should be an effort to have the greatest amount of assimilation with the least effort to the organs of digestion—this can be obtained only by a carefully selected dietary; when the food can be enjoyed and assimilated there is hope of cure. The diet should be pushed to the limit of digestion

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without allowing the secretory organs to clog; it is one thing to fatten a person and another thing to give him strength and muscle. The proteids, carbohydrates and fats constitute the food elements essential to life. In this the proteids play the important role of making good the loss sustained by the tissues of the body. Fats and carbohydrates, on the other hand, are mainly of value for the energy they yield on oxidation. They cannot be utilized for repair of tissue—only proteid can do that; without proteids and water life is impossible. While forced nitrogenous feeding or an excess of proteids forms the sheet anchor in the treatment of tuberculosis, it is absolutely necessary to keep within the limits of the oxygenating capacity of the system. Eggs and milk form the rational basis of the consumptive's diet and the greater the quantity of carbohydrates and fats which can be taken along with the proteids, the less the latter tend to be wasted; the fats and carbohydrates are sacrificed first to maintain energy. The patient must be taught that the absence of the sensation of hunger should bear no relation to the amount of food he must take; he must take it from a sense of duty. His powers of digestion and assimilation should be studied and a well regulated diet should be given at regular intervals, and what is meant by well regulated diet is one that will maintain energy and prevent waste—with the least possible amount of irritation. The climatic changes in vogue for those afflicted with tuberculosis is a makeshift to keep the patient out of doors the greatest number of hours. The fact that the oxygen-acting power of their lungs is reduced makes it imperative that they keep in the open. It is not so much a question of a warm or cold climate, for patients dressed warmly and kept out of doors recover just as effectively in Massachusetts as they do in California. It is the real and imaginary comfort they seek that take these patients from home and friends. Physicians make a great mistake in advising patients to go to the advertised health resorts, especially if the disease is well advanced.

SUMMARY.

Tuberculosis is avoidable by keeping up the resisting power of the body. By avoiding the bacilli of tuberculosis.

To overcome the disease when once affected; by an early diagnosis; by thorough and persistent osteopathic treatment; every case has a defective spine and thorax.

By increasing the resisting power of the body; fresh air and sunshine; increasing the appetite and oxygenating powers of the body.

Waste of bodily tissue is prevented by an excess of proteids and forced nitrogenous feeding.

Energy is maintained by the carbohydrates and fats, and, last but not least, energy is conserved by a tranquil mind and body.

Title and ancestry render a good man more illustrious, but an ill one more contemptible. —Addison.

Experience takes dreadfully high school wages, but he teaches like no other.—Carlyle.

He that swells in prosperity will be sure to shrink in adversity.—Colton.

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THE CASE REPORT MATTER.

EDYTHE F. ASHMORE, D. O., Detroit, Mich., Editor of Case Reports.

Speaking of the unsuccessful battle for recognition waged by the osteopaths in one of the legislatures last winter, the president of the state society wrote: "In our campaign we sadly felt the need of good, scientific case reports in sufficient quantity to bear weight." That a law failed to pass may be due to the negligence of us who are without the confines of that particular state, for we cannot definitely estimate the influence to be borne by a careful resume of the results obtained by our science in the last decade. The need expressed by the remarks above quoted should serve as a stimulus of no uncertain strength to a renewed effort to do our duty in the matter of case reporting. Are we but tinkling cymbals and sounding brass when we speak of our reverence for the founder of the science, and our love for the work he did, and yet in the hour of need we cannot point to works that we have done which might help a body of our fellow-workers in their fight to serve humanity under licensed practice? It is truly a shame upon us. There are other legislative battles to be fought in other years, and with strong will to aid the cause, let each and every one take up the pen and write.

Truly, it is all a question of how much each shall do for the other. Again we quote, this time from the letters that come weekly, and are to be answered always in the negative, "Have you any reports of cases of detached, or separated, retina, treated by osteopathy? Have you records of examination of such cases, showing a possible lesion to account for deficiency of nerve force or blood supply?" We number about four thousand practitioners, and surely some one must have had a little experience that would be helpful to the inquirer. As Dr. C. M. T. Hulett said, in his address before the New York Osteopathic Society, "To be worth anything, this (collection of case reports) should include both successes and failures." The inquirer suggests even more, a record of the lesions in a patient rejected, as a basis for scientific deductions.

The chairman of the publication committee, in his report before the convention at Denver, gives five excellent reasons why this work should receive the support of each practitioner, not the least of which is the furnishing of data for the writers of our own text books, and the delvers into phyiological and pathological science, for the verification of the osteopathic principle. It was very encouraging, upon a visit to the Pacific coast last summer, to find many tabulating data that should serve us in the study of reflexes. We would mention especially two instances. Dr. C. B. Atzen, of Omaha, had collected a series of cases whose exciting lesion was a subluxation of the twelfth rib. The symptomatology was varied. Dr. White, in the same city, gave a very interesting history of a case of gastritis, presenting certain splanchnic lesions, which during two months' treatment were corrected without relief of the gastric disturbances. In a search for a covert reflex, he found a subluxation of the coccyx, corrected it, and the patient was immediately relieved.

This question of reflexes is so wide that it seems to offer work for more than a lifetime, and it would indeed be a shame if, for the want of some

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endowment to this department, the work should go undone, when it is in the power of the present ranks to begin to solve these problems. How? By keeping careful data of each examination, the progress of each patient accepted, his condition upon dismissal, and the deductions therefrom. A collection of such material would be of inestimable value in the furtherance of our scientific researches and literature, and no one will doubt its educational value.

Few of us, perhaps, realize what it would have meant if the scientific methods of investigation of the older sciences had been turned upon us before the researches of Dr. Carl P. McConnell. The logic of our best teachers would have pleaded strongly, but men of science demand laboratory evidences to support argument. This work has but just begun, and we shall help those who are devoting time and energy to its progress if we present to their attention a wide range of cases with different reflex arcs, as well as primary lesions.

In accord with suggestions that have come to this department from time to time, we have this year prepared two new blanks, one for use in the reporting of infectious diseases, the other for use in reporting those diseases characterized by the older symptomatologies as constitutional. The blanks of former years were designed, with additions, to cover all other classes of diseases.

Series V. of case reports is in preparation, but lacks a few more reports to complete the hundred that is necessary to publication. Today is the accepted time! Grasp a spoke and push on.

Death of Dr. T. F. Kirkpatrick.

The sad news of the death of Dr. T. F. Kirkpatrick, a member of the A. O. A., who for a number of years has been practicing in Baltimore, was conveyed to us by the following clipping from the Baltimore *Saturday Review* of Jan. 27, 1906:

"The science of osteopathy has been deprived of one of its most talented members, by the death of Dr. Tollen F. Kirkpatrick, who died suddenly on Monday of paralysis, at his residence, Maryland avenue and Twenty-seventh street. Dr. Kirkpatrick was graduated from the Northern Institute of Osteopathy of Minneapolis, Minn., in 1897. He came to Baltimore shortly after graduation and has practiced here since that time until his death, except during short intervals. He numbered among his patients many of the most notable people of Baltimore and his skill was recognized as being of a superior order. Dr. Kirkpatrick was married several years ago to Miss Aloha M. Schee, who survives him. He is also survived by his mother, Mrs. G. D. Kirkpatrick, two sisters and two brothers, one of the latter being Dr. G. D. Kirkpatrick of Washington, D. C. Dr. Kirkpatrick was very popular both professionally and socially, and his death is regretted by a large circle of friends."

Doctor Hildreth in Boston.

Dr. Arthur G. Hildreth and Mrs. Hildreth were the guests of honor at a banquet tendered on Monday evening, February 19, by the Massachusetts Osteopathic Society, at the Hotel Westminster. The doctor responded to a toast, the subject being "The Early Days of Osteopathy," and his eloquent words found a response in the hearts of those gathered round the table. His description of the "Old Doctor's" early experiences, of his unselfishness and belief in the truth of his ideas, and his staunch adherence to his principles, was an inspiration long to be remembered.

This was Dr. Hildreth's first visit to the Hub, but we judge, from the impressions left upon the profession of Massachusetts, that he cannot come any too often to suit us. Come again soon, Doctor, and bring your good wife. The latch-string always hangs out.

EDITH STOBO CAVE, Secretary.

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MARCH, 1906.

PROPER METHODS OF PUBLICITY.

The fact that osteopathy is such a radical departure from all older systems of healing renders it desirable and necessary, we might say, to gets its theories, principles, even its practical achievements in the realm of therapeutics, before the people. Indeed, since the public began to learn of the remarkable results attending its practice there has been a demand to know more about it. Practically all osteopaths have at some time, and in some way, sought to supply information concerning the science and art of osteopathy. No doubt wrong methods have sometimes been employed. Some printed matter that was designed to exploit the supposed peculiar attainments of its author, rather than to give an ethical explanation of the science, has been distributed. But on the whole we have had little along this line of which to complain, and it is about proper methods of publicity that we wish now to speak.

While as a general thing it is a good rule to keep out of the newspapers,

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there are occasions when resort may properly be had to their columns. Occasionally, even the best papers are misled into making untrue and damaging statements concerning some phase of our work. Then, a proper self-respect and a due regard for the reputation of the profession demands that a statement correcting the error be prepared and submitted to the editor. Accounts of the meetings of our various organizations, boards of examiners, etc., are, of course, legitimate items of news.

We have suffered somewhat in the past by reason of the fact that the encyclopedias have not contained a full and fair exposition of our science. This, however, is being overcome. Steps are now being taken to prepare an authorized statement concerning osteopathy with which to approach the publishers and editors of encyclopedias, and we venture to predict that there will be nothing to which we can legitimately object in future editions of works of this character.

There is another way in which we think members of the profession can aid in getting proper conceptions of the science before the public, and that is, by requesting publishers of osteopathic periodicals to send their publications to the free libraries and reading rooms, in such cities as maintain institutions of this kind. We believe most of them would comply with such requests. The JOURNAL is now being sent to a number of libraries throughout the country, and we stand ready to extend this service upon request of any member of the A. O. A. To make this of much benefit to the profession it would be necessary for local osteopaths to tell their friends where these periodicals are to be found.

We believe it would prove advantageous to the profession if the practitioners in the cities would join in procuring a copy, or a number of copies, of Dr. Booth's "History of Osteopathy" and place them in the libraries for circulation. It might not be a bad idea to place our standard text books in the scientific department of the libraries. The Osteopathic Directory, published by Dr. H. S. Bunting, contains a vast amount of information creditable to our science, that would tend to give the public a better idea of the profession; and we suggest that it, too, should be placed on the tables of the free libraries throughout the country.

It frequently occurs that an osteopath is called upon to treat the patient of a fellow practitioner in the same, or another city. It has sometimes happened that this substitute physician has exercised all of his ingenuity, and possibly imagination, to discover some lesion not found by the regular professional attendant, and has given the information to the patient. It would appear that this was done to discredit the physician regularly in charge of the case, or to impress the patient with his own superiority; in either case it is a bad motive. To be sure, every patient is entitled to the best efforts of the physician, and if he comes from a fellow practitioner, and is soon to return, the proper thing to do, if there is a real difference of opinion as to diagnosis and treatment, is to take the matter up with the physician who first treated him. Thus may he be helped, and the latter avoid the appearance of acting from improper motives.

This point is covered by our code of ethics, but it will perhaps do no harm to call attention to it.

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We know of several instances where osteopaths having patients in public hospitals, supported by the city or state, have been denied admission for the purpose of treating their patients. There can be no valid reason and scarcely any excuse for a denial of this right by the authorities, and especially in those states where osteopaths are duly licensed to practice their profession. It savors very much of the state assuming to say what kind of treatment its afflicted citizens may have for their ailments. In several instances we have assurances that the osteopaths will keep up their fight for justice until it is allowed. This should be done not only in the interest of patients who desire osteopathic treatment in hospitals, but in the interest of the profession, which is entitled to this recognition.

The number of applicants for membership in the A. O. A. holds up remarkably well. All who are elected to membership at this time will receive all of the publications issued since and including September, 1905. We would suggest, however, that members who take the applications of osteopaths from this time forth call their attention to the constitutional provision which permits applicants after May 6—three months prior to the coming annual meeting—to elect whether they will receive the publications issued heretofore during the year, or have their membership extended to the meeting succeeding the next annual meeting. Many would perhaps prefer to withhold their applications until that time.

At the present time, as has doubtless been true for many years, a pure food bill is before congress. If half is true that is reported concerning the adulteration of foods, it is the monster iniquity of the age. It would seem that no punishment is too severe for those who deliberately poison the very sources of life. We trust that some way will be found, and some steps taken by the osteopathic profession, which eschews poisonous drugs and chemicals as medicines, to register its emphatic protest against having them administered with foods.

The program for the Put-in-Bay meeting is practically completed, and will appear in full in the JOURNAL for April. Dr. McConnell has done well in getting it thus early arranged, so that plenty of time will be given participants to prepare for their duties. One notable feature of the program is the appearance on it of so large a number of osteopaths who have been longest in the field. This insures that those who attend will learn much of practical value from the studies and experience of these older practitioners.

All essays entered in the prize essay contest for 1906 must be in the hands of the chairman of the Committee on Publication by May 1. It is hoped that a large number will compete for this prize. Full particulars concerning it will be found in the JOURNAL for October, on page 89. If this number has been mislaid, a letter addressed to Dr. W. F. Link, 703 Empire Building, Knoxville, Tenn., will bring the conditions of the contest.

We take pleasure in calling the attention of our readers to the resolutions, published in this number, which were adopted by the Minnesota Osteopathic Association in commendation of *Collier's Weekly,* for its effective work in

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exposing the evils of the patent medicine traffic. The osteopaths of Minnesota have set an example in this particular which we trust will be followed by all other osteopathic organizations at their coming meetings.

We learn that Dr. Mason W. Pressly has been asked by the editor of the Encyclopedia Americana to expand the article on osteopathy, which he prepared for the first edition of the work, for the revised edition which the publishers are arranging for. It is probable that Dr. J. Martin Littlejohn will contribute an article on the Discovery, Growth, Development and Institutions of Osteopathy.

The finishing touches are now being put on The Osteopathic Directory by the O. P. Co. It is expected that a copy will be mailed to each member of the A. O. A. on or before March 15.

NOTES AND COMMENTS.

Surgery.

Osteopathy will never establish its claims as a complete system of practice; it will never come to its own as a profession; it will never outrank old school medicine in the esteem of the public until our colleges give vastly greater emphasis than they now give to two subjects, namely obstetrics and surgery, especially surgery.

In the general run of cases, whether acute or chronic, we can and do succeed where the medical man fails; we can cure where he kills; but the moment a case under our care assumes a surgical aspect, however slight it may be, we are generally obliged to take a back seat. We either retire from or take a subordinate position in the case, and the medical man takes and holds the center of the stage.

Why? Because we have had enough surgery to enable us to recognize a surgical condition but not enough to enable us to treat it.

I want the settled policy of our schools to be to make our surgical and obstetrical courses stronger, longer and broader and deeper: because I want to see the day when it can be truly said that the osteopathic profession holds not only the best general practitioners, but the best obstetricians, and the best surgeons, whether general or special, in the world.

Even the short course in surgery that our schools give is vastly better than no course at all; for it broadens the student's view of pathological conditions; it enables him to recognize cases that call for surgical treatment, and it often saves him from humiliating mistakes.

If his little knowledge of surgery had the effect of tempting him to do operations for which he has no adequate training, it would, indeed, be dangerous. But I think the truth is that the osteopath generally avoids even minor operations, unless he has supplemented the meager knowledge of surgery he acquired in his alma mater by a more extended course in the science at a medical college.

We all deplore the mistakes and the crimes that are daily committed in the name of surgery. But these constitute no argument for reducing or abolishing the surgical course in osteopathic colleges. On the contrary, they emphasize the importance of perfecting as many as possible of our students in the true science and art of surgery; in surgery at its best and as it ought to be; and not at its worst, or even as it is ordinarily practiced today.

I think that when the day of the osteopathic surgeon dawns, the domain of surgery may possibly be extended in some directions, but there will be a marked limitation of it in other directions. And those who use the knife will use it with profound knowledge, consummate skill and a good conscience. Certainly there will be vastly less mutilation of women and far fewer operations generally.

Knoxville, Tenn. W. F. LINK.

"What is Osteopathy?"

It should be glory enough for any man to be quoted in a prize essay of the A. O. A. and especially so when its author is the genial and gifted editor of its Journal, even though said quotation might work havoc with his reputation as a thoughtful observer of events.

I refer to the charge of being too narrow, made on page 225 of the February Journal.

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As a matter of fact, I have rather prided myself on being as broad as any osteopath who really and truly practices osteopathy. I set no claims at competing with the man who runs a machine shop nor the one who practices osteopathy as a side issue. But to show the reader of this that I would not be above using a catheter let me say, that of all things I possess in the line of instruments I value my long sigmoid irrigator above all: and when you come down to realities the unloading of an impacted colon is no farther removed from the realm of the adjunct, nor lacking in breadth, than the evacuating of a distended bladder by means of a catheter. Most of us recall with joy that now historic tilt at Cleveland, between those two worthies, C. M. T. Hulett and H. Bernard, on the subject of the enema; and if I remember correctly it turned on the delicate point as to when other than "osteopathic treatment" was indicated. The enema and catheter surely "remove obstructions" which cause disease—therefore are osteopathic—but they are palliative in that they do not remove primary causes.

As near as I can make out, about the only difference between the "liberals" and the "conservatives" is that when the former uses a hot fomentation he divides the credit for results between osteopathy and hydrotherapy, while the latter uses it, and gives credit to osteopathy. I expect a "radical" is one who would never use heat. But to return to my own sad case. I plead guilty to using the language given in the quotation referred to, and was lead to write as I did by what was considered by many as the extreme claims of a vibrator maker, and I sought to controvert—

First, that a machine could correct lesions better than the trained hand—

Second, that a machine in the hands of medical doctors produced osteopathy equal, if not superior, to the genuine article. If I succeeded, in any degree, in emphasizing the fact that vibration is not osteopathy; that the barbers who are using them so extensively are not osteopaths, and that the medical man who buys one does not qualify as an osteopath, I shall believe I have not lived in vain. That's all. If any one has the slightest interest in what I really do believe, I would refer them to page 315, vol. III. A. O. A. Journal, where I try to elaborate my ideas on the complex subject of osteopathy and its relation to other systems. I hope a perusal will show that I have breadth of beam and depth of hold sufficient to keep afloat on the tempestuous sea about us.

And yet, in spite of Dr. Evans sending me down the ages as a bigot, I have read the prize essay with pleasure and profit; and shall not lift a dissenting voice against the decision of the committee of award.

Altamonte, Fla. C. C. TEALL.

There is one good thing that always comes from a frank, good-natured discussion of the differences of opinion existing among osteopaths; and that is, that a better understanding of the position of the other fellow results. When we get right down to a practical basis, there is not so much real difference as would appear at first blush. I do not know whether I would be clased as a "liberal," "conservative" or "radical;" I would much prefer to be called simply an osteopath. One thing is certain: neither in my writings nor in my practice do I make the distinctively osteopathic ideas a "side issue;" and what supplementary treatment I give—which is about as little as the average osteopath—is called osteopathy. When I recommend an enema I do not take the trouble to explain that it is not osteopathy but hydrotherapy, for, as Dr. Teall says, it is removing an obstruction, and is osteopathic.

I had no intention of writing Dr. Teall down as a "bigot;" that is a harsher term than I had even thought of, in connection with him, and I am glad to know that he has "greater breadth of beam and depth of hold" than might fairly be inferred from the quotations given in the essay referred to. Dr. Teall when writing those articles was discussing a red-hot subject, and I now believe wrote in the "heat of debate," without due consideration of the implications of his words. At any rate, the point I was discussing was the different conceptions of osteopathy held by different osteopaths. I have read again the paper to which he refers above. I find that he says therein, "Be an osteopathic specialist." I want osteopathy to be a complete and independent system of practice; not a specialty. Dr. Teall was practicing in a state where the practice was not protected by law, and doubtless had in mind conditions as they actually existed: while I was speaking more particularly of conditions as I want to see them, and as I believe they should, and will be

I am happy to agree with him that vibration is not osteopathy; and I am sure he would agree with me in saying, neither is manipulation. Osteopathy is much more than either of these things. I agree with him that when a barber or an M. D. buys a vibrator he does not become an osteopath. Neither does a man who takes a correspondence course in osteopathy, nor one who merely studies manipulation.

If osteopathy is to be—as I believe most of us want it to be—a complete system of practice, we must avoid committing it to the untenable position (as I regard it) that its therapeutics must, in all instances, be applied solely with the hands of the physician, and that nothing aside from this as an aid is ever permissible. This, I think, will not be seriously controverted by many.

Chattanooga, Tenn. A. L. EVANS.

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LATEST LEGISLATIVE NEWS.

Massachusetts.

At the present time in Massachusetts a bill providing for an Osteopathic Board of Examination and Registration is pending before the legislature. The osteopaths of the state who are not actively trying to secure its passage are not working against it and there are strong hopes of its becoming a law.

The hearing on the bill was held on the 19th of February in the largest committee room at the capitol which was crowded to overflowing. This shows the popular interest that is being taken in the measure. The osteopaths were ably represented at the hearing by the following: Dr. F. A. Cave, chairman of the Committee on Legislation of the Massachusetts Osteopathic Society; Dr. C. E. Achorn, one of the first osteopaths to locate in the state; ex-Senator Frederick W. Dallinger, who made a legal argument to show that osteopathy is a different thing from the practice of medicine; Dr. Mark Shrum who practiced the old school system of medicine for ten years before taking up osteopathy; William H. Trine, president of the Lynn Chamber of Commerce; ex-Senator Edward Seaver, and Dr. A. G. Hildreth, chairman of the Committee on Legislation of the A. O. A.

Those appearing in opposition to the bill were: Dr. Edward B. Harvey, of the State Board of Registration in Medicine; Dr. Arthur P. Cabot, president of the Massachusetts Medical Society, and Eben Brumstead. The report of the committee is not expected before Feb. 28, which will probably be too late to be reported in this number of the JOURNAL.

New Jersey.

The osteopaths of New Jersey have agreed upon a bill which provides for an osteopathic board. According to our latest information the bill had not been introduced into the legislature. It has, however, been discussed quite freely in the newspapers. The medical men, especially the homeopaths, have succeeded in getting considerable misinformation in print. This has been corrected by Dr. Novinger and others and on the whole our cause has been rather strengthened than otherwise by these attacks. The newspapers, editorially, have been fair, even friendly, and whether our bill is passed or not osteopathy will continue to grow in public favor in this state.

New York.

The following from the *Albany Argus* of Feb. 6, gives a fair idea of the bill that has been introduced into the legislature of New York. It is as near independent recognition as it is thought possible to obtain in that state:

"The bill as proposed first gives a complete and concise definition of osteopathy and provides for an independent board of osteopathic examiners to be appointed by the regents, on or before Jan. 1, 1907, who are to serve for a term of three years. The board is to be under the direction of the state board of regents, the same as the medical examining board. The members of this board must be graduates of a school of osteopathy, which maintains a standard recognized by the educational department of the State of New York, which means that they must have at least a high school education with the required 48 counts and must be graduates of a college of osteopathy in good standing, which gives at least the required course of three full years of nine calendar months in each year. The subjects to be pursued by the students for the degree of ostopathy are those required by law for the student of medicine, which are, anatomy, physiology, hygiene, pathology, chemistry, obstetrics diagnosis and including the theory and practice of osteopathy.

"Those desiring to take up the practice of osteopathy in the state after the passage of this act must have the same general educational requirements preliminary to admission to examination as those required for admission to the examination for the practice of medicine and dentistry and must be graduates of a regularly conducted school of osteopathy maintaining the standard approved by the educational department of the State of New York and conferring the degree of D. O., or doctor of osteopathy."

It is understood that the board of regents mentioned above have approved this bill and the probabilities of its passage are, therefore, greatly increased. Heretofore this board has opposed the efforts of the osteopaths to secure legislation.

The following from the *Syracuse Standard*, which is an excerpt from a report of the meeting of the New York Homeopathic Society, is of interest as it shows that another source of opposition is dispelled:

"Dr. Eugene H. Porter, State Commissioner of Health, as chairman of the Legislative Committee, reported that it was the opinion of that committee that there should be no further opposition to legislation to standardize osteopathy, providing they raised their standard of medical education to a satisfactory plane. The report was unanimously adopted."

On the whole the prospects of success are bright, but a hard fight is anticipated.

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EPITOME OF CURRENT LITERATURE.

[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 as an index to the best work in our growing osteopathic literature.]

Rezner, Rena (*Journal of Osteopathy, February*, 1906), *Pelvic Troubles—Their Relation to Displaced Innominates. Case Reports.*

(1) "Twenty-five years of age, and had obstructive dysmenorrhea. The right innominate was downward and forward, and the right limb one and three-fourths inches longer than the left one. I treated her four weeks, but could see no marked improvement. After I treated her two weeks more, there was a gain of eight pounds with much improvement in general appearances. The limbs were of the same length, and the suffering much decerased."

(2) "The right innominate forward, a retroversion of the uterus and menorrhagia every two weeks; the lumbar vertebrae all posterior. I corrected the displaced innominate and malposition of uterus at the first treatment, and when I went back for the second, she said she had 'not an ache nor a pain.'"

(3) "There had been ten days flooding. I found the left innominate bone subluxated backward; the third and fifth lumbar vertebrae all posterior. I corrected the innominate and the flow ceased. The next day the flow had started again. The innominate was partially slipped and I corrected it and gave special treatment to stop the flow."

(5) "Married woman, age thirty; menorrhagia and cystitis—the lesions were anteflexion of the uterus and a forward displacement of the right innominate. Correction of the innominate and two local treatments, in all about sixteen treatments, effected a cure."

Burns, Louisa. (*The Osteopathic World, December*, 1905.) *The Physiology of Habit.*

"By means of habit, the thought of yesterday governs the action of today. Certain granules, first discovered by Nissl, are found within the bodies of nerve cells. These granules are of very complex and unstable composition. The energy liberated by the disintegration of these granules is called a "nerve impulse." The frequent passage of impulses over nerve cells and systems of cells causes them to build up granules which are more and more unstable. When an impulse passes over a certain sensory nerve, it reaches both the motor cells controlling the muscles of its own area of the body, and the higher centers where consciousness is affected. If this sensation is frequently followed by the passage of impulses from the higher brain centers to the motor cells, the granules formed by these cells will become progressively more unstable, until a time will come when the impulses reaching them from the sensory cells will be sufficient to cause the liberation of their energy. The original sensation is carried to the higher brain centers, as before, but since the required movements have already been performed, attention is less and less vividly aroused until presently the whole series of events becomes mechanical—the habit is formed."

Still, Harry M. (*Massachusetts Journal of Osteopathy, January-February*, 1906.) *The Osteopathic Treatment of Rheumatism. Case Reports.*

(1) "Lumbago in a man of 55, of six years' standing; with paroxysms of severe pain every few hours; urine normal; marked constipation; marked lesions at the 9, 10, 11 and 12 dorsal. During the first month there was no marked improvement, except some gain over the constipation. At the end of the second month the bowels were normal and the pain receding. At the end of three months most of the pain was relieved and the patient had gained eight pounds.

(2) "A case of torticollis in a woman of 30, single, of five years' standing. There was constipation, suppressed menstruation, some uric acid, and marked anemia. Improvement began with the first treatment. The sterno mastoid was much shortened, so much so that the chin rested on the right shoulder. After two months the head was erect and straight, and the suffering was relieved. The patient was discharged well after 3 months' treatment."

Juettner, Otto. (*Dietetic and Hygienic Gazette, January*, 1906.) *Drugless Treatment of Chronic Bright's Disease.*

"The triple object of all methods of treatment in chronic Bright's disease is (1) to re-establish the proper relation of arterial and venous blood-pressure in the kidneys; (2) to prevent the accumulation of waste products in the system, and (3) to relieve incidental symptoms. General massage judiciously administered has a diuretic action, stimulates assimilation and facilitates the conversion of albumines in the economy. These effects can be intensified by deep vibration over the first three lumbar vertebrae, given every other

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day for five or ten minutes. The renal ganglia are thus kept active and well nourished. The tendency in many cases is toward atrophy of the ganglia."

Banning, J. W. (*Massachusetts Journal of Osteopathy, January-February,* 1906.) *Pneumonia.*

"Pneumonia begins with a congestion which may last for a day or more, passing into an inflammation. This is such a fatal disease that the physician should train himself to anticipate and abort it if possible. Active measures should be taken at once to divert the blood from the lungs to other parts of the body. Stimulate the vagi nerves to increase intestinal peristalsis. Increase the blood supply of the intestine by an inhibition of the great splanchnics. The muscular contraction in the thoracic region prevents lung expansion and causes a great deal of pain in breathing. Local treatment should be directed to the specific lesions affecting the lungs. Specific treatment is directed to the motor and vasomotor nerves of the lungs."

Robinson Byron. (*Dietetic and Hygienic Gazette, January,* 1906.) *Visceral Drainage.*

"The best diuretic is water. It is the greatest eliminant. Ample quantities of fluid at regular intervals is the safety valve of health and capacity for mental or physical labor. Ample fluids not only flush the sewers of the body, but wash the internal tissues and tissue spaces, relieving waste-laden blood. The hope of removing a formed localized ureteral or other calculus lies in securing vigorous ureteral or other duct peristalsis with a powerful ureteral or other duct stream, aided by systematic massage over the psoas muscle and pervaginam."

Wainwright, John W. (*Dietetic and Hygienic Gazette, January, 1906.*) *Music as a Remedial Agent.*

"Surely music deserves a place in therapeutics, as well as in war, religion, and love. Surely a force so potent to influence our mental and physical being, can through its effect upon molecular change, be utilized in many ways to the benefit of the ailing. Therapeutically, music affects every part of the system, principally through the higher cerebral centers.

Bailey, J. R. (*Osteopathic World, December,* 1905.) *Prostate Gland and Its Appendages.*

This excellent article is not adapted to condensation. It should be studied and placed on file.

BOOK REVIEWS.

A New Edition of Hazzard's Practice of Osteopathy (Third Edition, Revised and Enlarged) by Charles Hazzard, Ph. B., D. O., Author of the "Principles of Osteopathy," Former Professor of the Practice of Osteopathy and of the Principles of Osteopathy. Superintendent of Clinics, etc., American School of Osteopathy, Kirksville, Missouri.

The third edition of this book, like the second, is divided into two parts.

"Part I. Details of the technique of examination and treatment of all parts and organs of the body; full description of all the various lesions and how the same are recognized upon examination; detailed description of the osteopathic method pursued in examination; detailed description of the osteopathic method pursued in examination and treatment. The important subject of osteopathic diagnosis is thus fully and clearly set forth.

"Part II. Diseases and their treatment from a strictly osteopathic viewpoint. A most valuable feature of this portion of the work lies in the consideration of the Anatomical Relations between lesion and disease, constituting a rational and simple explanation, upon anatomical and physiological grounds, of the way lesions affect nerves, nerve centers, blood-vessels, lymphatics, etc., and cause disease; also how the correction of lesion and the adjustment of mechanical relations cure disease.

"Hygiene, diet, bathing, etc., are given their appropriate place in the treatment of disease."

Numerous changes and additions, the result of the author's additional experience in the practice, have been made in the new edition. On nearly every page of Part I. new practical points appear. In Part II. also much of value concerning the treatment has been added. This is especially true of the examination and treatment of the ear.

A number of case reports which were indefinite and lacking in scientific data, which appeared in the second edition, have been omitted; also the somewhat long article on the diaphragm. But owing to the added matter and the fact that the pages are more closely printed, the work is really enlarged, though the number of pages remains about the same.

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When Dr. Hazzard took up the study of osteopathy about eleven years ago, he brought to the work a mind well prepared by a liberal education, and trained in scientific research. His exceptional opportunities since as teacher, superintendent of clinics, and general practitioner, give to his writings great force and value.

For sale by A. S. O. Book Co., General Agents, Kirksville, Missouri. Prices: Cloth, $3.00; Half Morocco, $3.50.

"The Abuse of the Marriage Relations Explaining the Origin of Most Chronic Diseases, especially the (Chronic) Continuous Diseases of Woman," is the title of a 25-cent pamphlet written by Dr. E. Rosch, and published by Benedict Lust, 124 E. Fifty-ninth St., New York, N. Y.

This is a subject about which there is too little information, not only among the people, but among physicians. We know of no way in which 25 cents could be expended to better advantage than in buying this pamphlet.

Minnesota Association Proceedings.

At the February meeting of the M. S. O. A. the following letter was unanimously voted as the association's sentiments, and the secretary was requested to communicate the same to the publishers of *Collier's Weekly*:

"The Minnesota State Osteopathic Association hereby expresses its recognition and appreciation of the valuable service rendered by the publishers of *Collier's Weekly Magazine* in their exposures of the evils of the patent medicine traffic.

"This Association further hopes that the series of articles under the title "The Great American Fraud" may be published in booklet form for popular distribution, recognizing that this would help to perpetuate the good work so well begun, and in great measure offset the extensive circulating of almanacs and other advertising matter designed to gull the public into the buying of nostrums to their detriment and injury.

"We would express our encouragement of the publication of the aforesaid matter in pamphlet form, and our belief that such a publication would be quite extensively purchased and circulated by the members of this Association as well as by the osteopathic physicians of the United States generally, and by others who are devoted to the propagation and development of non-drug methods of healing."

Professor Bruce Tudor gave a very interesting and instructive talk and clinical demonstration on "Errors of Eye Refraction and Their Correction." He said that uncorrected errors of refraction are the cause of much waste of nervous energy because of the eye's extraordinary effort to accommodate itself to such errors; and that, because these cases do not always present subjective symptoms they often go undetected to the patient's injury, a reason why the physician should be on the lookout for them, even though the patient does not complain of symptoms directly referable to the eye. To realize the nervous energy consumed even in normal vision, he said, we have but to close the eyes and note the increased acuteness of such other senses as remain active, as that of hearing, because of the greater supply of nervous force thus made available for the auditory and other nerve centers. HERMAN H. MOELLERING, D. O.

Oregon Osteopathic Association.

The Oregon Osteopathic Association met in Portland, January 13, 1906. Below is given a brief outline of the program:

Prayer, Rev. E. S. Muckley, Portland.

Address by president, Dr. J. E. Anderson, The Dalles.

Address of welcome, Dr. O. F. Akin, Portland.

Greetings read from A. O. A. by Dr. F. E. Moore, LaGrande.

Reports of secretary, treasurer, trustees, legislative, and program committees and delegates to the A. O. A.

Paper, Typhoid fever, Dr. L. B. Smith, Portland.

Paper, Conditions of the Hip, Dr. G. S. Hoisington, Pendleton.

Paper, Tuberculosis, Dr. W. L. Mercer, Salem.

Paper, Constipation, Dr. R. C. Hicks, Astoria.

Clinic, Paraplegia, with extra articular ankylosis at both hip joints, Dr. Otis F. Akin.

The result of the election of officers was as follows:

President, G. S. Hoisington, Pendleton; first vice-president, Otis F. Akin, Portland; second vice-president, W. O. Flack, Portland; secretary, Mabel Akin Portland; treasurer, F. J. Barr, Portland; trustees, R. B. Northrup, Portland; J. H. Wilkins, McMinnville; L. B. Smith, Portland; C. J. Ramsey, Albany; W. T. Schoettle, Portland.

The legislative situation was discussed at some length but nothing definite decided upon. MABEL AKIN, D. O.

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Western Pennsylvania Osteopathic Association.

The first regular meeting of the Western Pennsylvania Osteopathic Association was held on the evening of February 15, at the Hotel Henry. There was an attendance of forty-eight at this, our first meeting, which speaks well for the professional enthusiasm of the osteopaths of western Pennsylvania.

The program opened with a banquet, at which Dr. A. G. Hildreth and wife, of St. Louis, were the guests of honor.

Dr. Hildreth gave us an interesting and instructive talk on "Educational Legislation." He also conducted a clinic.

Dr. Husk, of Pittsburg, read a paper on "Professional Ethics."

The program was concluded with a short business session.

F. J. MARSHALL, Secretary.

New England Convention, March 16 and 17.

The Second Annual Convention of the New England Osteopathic Association will be held at Hotel Westminster, Boston. Practically speaking, the convention will begin on Friday evening, the 16th, when members of the New England Association will be guests of the Massachusetts Osteopathic Society. On Saturday, the New England Osteopathic Association will hold two sessions, followed by a banquet in the evening. President A. L. Evans will come from Chattanooga for the occasion. Last year the convention was a notable success. This year the prospects are still more auspicious. Osteopaths from outside of New England will also find welcome.

FRANK C. LEAVITT, Prest. New England Ost. Assn.

Frederic W. Sherburne, Prest. Mass. Ost. Soc.

Detroit Osteopathic Society.

The annual election of officers of the Detroit Osteopathic Society was held in Dr. C. L. Severy's office, Friday, Feb. 23, and the following were elected: President, Dr. Edythe Ashmore; vice-president, Dr. Emilie L. Greene; secretary-treasurer, Dr. Charles L. Severy; board of directors, Drs. H. Bernard, Minnie Dawson, G. B. F. Clarke; chairman of the program committee, Dr. John M. Church. Plans were made to assist in supplying the clinics for the A. O. A. convention at Put-in-Bay, and to further the work of the transportation committee for the same meeting. The next meeting will be in the nature of a social evening at the office of the president, March 16.

Greater New York Osteopathic Society.

At the banquet of this society, held the evening of Feb. 17, there were about one hundred and twenty-five present and an enjoyable time is reported. Dr. A. G. Hildreth, St. Louis, was the guest of honor.

The following program was carried out at the meeting of the Cleveland Osteopathic Society held on February 7 in the parlors of the Hollenden Hotel:

Call to order, reading and adopting minutes. Report of executive committee. Business.

Paper, "Goiter," Dr. Jennie Neal.

Interesting cases: Dr. Wm. Aldrich, Dr. J. A. Thompson.

On January 25, a class of one hundred and eight members was graduated at the American School of Osteopathy. Dr. W. D. Dobson presided as master of ceremonies. Dr. M. E. Clark delivered the faculty address and Dr. C. E. Still presented the diplomas.

PERSONALS.

Born, on Feb. 4th, a daughter, to Dr. and Mrs. A. L. Evans, Chattanooga, Tenn.

Dr. Frances A. Howe, Springville, N. Y., is in Kirksville, Mo., taking a post-graduate course at the A. S. O.

Dr. Percy H. Woodall, Birmingham, Ala., delivered the address to the recent graduating class at the Southern College of Osteopathy.

Dr. L. A. Downer, Chattanooga, Tenn., attended the fiftieth anniversary of the wedding of his parents at Guthrie, Ky., on Feb. 24.

Dr. Wm. Horace Ivie, San Francisco, delivered an interesting address to the class recently graduated by the California College of Osteopathy.

Dr. Dan D. Towner and Miss Blanche Cayton Glore, both of Brooklyn, were recently married. They will reside at 1182 Bushwick avenue, Brooklyn.

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Dr. Chas. C. Teall, who spent a portion of the winter at Altamonte Springs, Florida. went to Albany, N. Y., about the middle of February to assist in securing the passage of the osteopathic bill now pending before the legislature there. His wife and son remained in Florida.

Dr. Alice M. Patterson and Mr. George H. Shibley, both of Washington, D. C., were married in that city on January 31, 1906.

Dr. Patterson was one of the most popular and best known osteopaths in the profession. She has been in practice in Washington since 1898. Her retirement has been announced, her brother, Dr. Wilbur L. Smith, succeeding her in the practice.

Mr. Shibley is a sociologist and the founder of the Bureau of Economics, which was established for the scientific investigation of industrial, political and social conditions, from the standpoint of the people.

Mr. and Mrs. Shibley will reside at the Ontario, Washington, D. C.

APPLICANTS FOR MEMBERSHIP IN THE A. O. A.

In accordance with a rule adopted by the Trustees the names of all applicants for membership in the A. O. A. will appear in the JOURNAL. If no valid objection to any such application is filed with the secretary within thirty days after publication, and all receive an affirmative majority vote of the Trustees, they will be declared elected. Should objection be made to any applicant the case will be fully investigated before final action is taken.

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P. K. Norman, 110 Randolph Bldg., Memphis, Tenn.

REMOVALS.

J. Houser Corbin, 108 Broad street, to 32 Summit avenue, Westfield, N. J.
Arthur E. Were, 164 Huntington avenue, Boston, Mass. to 36 Clinton ave., Albany, N. Y.
Edwin L. Harris, Evansville, Ind., to Owensboro, Ky.
Eugene Tiberghien, Hill City, to Phillipsburg, Kansas.

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Busts of Dr. Still $2.00 crated. No more will be given away by the school.

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Supplement to the Journal of the American Osteopathic Association for March, 1906.

Directory of Members

of

The American Osteopathic Association.

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APPLICATION FOR MEMBERSHIP IN THE A. O. A.

DR. H. L. CHILES, Secretary A. O. A., 118 Metcalf Building, Auburn, N. Y.

Please present my name to the Trustees as an applicant for membership in the American Osteopathic Association.

I enclose Five Dollars ($5.00), the membership fee, with the understanding that it is to be returned in case my application is rejected.

In case I am elected to membership in the A. O. A. I promise to comply with the requirements of the constitution and to deport myself in accordance with the principles embodied in the code of ethics.

Immediately prior to beginning the study of osteopathy I was a resident of (town or city) .... (state) ....

where I was engaged in (business, vocation or profession) ....

.... at (street and No.) ....

....

I attended .... College of Osteopathy during my first semester, date.............................. I attended..............

..............................College of Osteopathy during my second semester, date .... I attended..............................College of Osteopathy during my third semester, I graduated from..............................

....

College of Osteopathy, date..............................

I began the practice of osteopathy at..............................

....

I have since practiced in the following places..............................

....

....

....

....

....

I am now practicing at (street No., or office building and No.)..................

.... (town or city) ....

(state) .... Signature (as I wish my name to appear in the A. O. A. directory) ....

NOTE.—No application will be acted upon by the Trustees unless it is accompanied by the membership fee, such fee to be dues for the current year.

Each applicant for admission to membership must be vouched for in writing by two members of the A. O. A., who are residents of the same state as the applicant.

The above applicant is recommended by

1. ....

2. ....

Approved by the Trustees..............................

Date..............................

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A.—Hills, Charles Whitman, Masonic Temple, Dover.
Bn.—McPherson, Geo. W., Claremont.

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N.—Davis, Mrs. Violetta S., 19 W. Park St., Newark.
At.—Evers, E. D., Hamilton Bldg., Hackensack.
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Bn.—Granberry, D. W., 408 Main St., Orange.
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Nw.—Bissonette, Irene, 1169 Main St., Buffalo.
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Mc.—Camp, Chas. D., 222 Powers Bldg.. Rochester.
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At.—Coffer, G. T., 25 West 42nd St., New York.
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At.—Fink, J. R., Sisterville.

WISCONSIN.

A.—Bissell, Ella F., Wisconsin Bldg., Madison.
N.—Cherry, Essie S., Matthews Bldg., Milwaukee.
N.—Cherry, Leslie E, 400 Matthews Bldg., Milwaukee.
N.—Crow, Louise P., 507 Wells Bldg., Milwaukee.
A.—Culbertson, Eliza M., Appleton.
M.—Davis, Warren B., 302 Wells Bldg., Milwaukee.
M.—Elton, E. J., 507 Wells Bldg., Milwaukee.
A.—Fryette, S. J., Wisconsin Bldg., Madison
A.—Fiske, Franklin, 6 Corning Blk., Portage.
N.—Gage, Ora L., Oshkosh.
N.—Jorris, A. U., 312 McMillan Bldg., Lacrosse.
A.—Matson, Jesse E., Ingram Block, Eau Claire.
M.—McNary, J. F., 313 Matthews Bldg., Milwaukee.
N.—Olum, F. N., Bent Blk., Oshkosh.
S.C.—Olds, E. M, 601 Wilner Bldg., Green Bay.
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., New Spencer Bldg., Wausau.
S.C.—Wright, F. A., Haber Blk., Fond du Lac

WYOMING.

C.—Furry, Frank I., Cheyenne.

CANADA.

S.C.—Bach, James S., 704 Temple Bldg., Toronto.
At.—Detwiler, Sara B., McLean Block, Guelph, Ontario.
At.—Heist, Edgar D., 67 James St., South, Hamilton, Ont.
At.—Heist, Mary Lewis, 26 King St., East, Berlin, Ont.
A.—Jaquith, H. C., 111 Confederation Life Bldg., Toronto, Ont.
A.—McLeod, Katherine F., Lounsbury Block, New Castle, N. B.
S.C.—Peirce, Charles E., Calgary Alberta, Ontario.
A.—Reesor, J. Arthur E., 111 Confederation Life Bldg., Toronto, Ont.

ENGLAND.

Bn.—Horn, F. J., 1 Hay Hill, Berkeley Sq., London.

HAWAIIAN ISLANDS.

A.—Gilman, Carrie A., 308 Boston Bldg.

IRELAND.

S.C.—Foote, Harry R., 7 Shafterbury Sq., Belfast.

SCOTLAND.

Pn.—Walker, L. Willard, 255 Bath St., Glasgow.

MEXICO.

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AUTOINTOXICATION.

Read before the New England Osteopathic Association by Guy E. Loudon, D.O., Burlington, Vt., January 14, 1905.

Autointoxication is defined as self-poisoning from sources within ones own body. While the idea has been fostered for generations, it has only been within the past few years that the condition has been placed upon a scientific basis. Many morbid phenomena have been assigned to this cause, and now since chemistry has enabled us to isolate a number of toxic metabolic products, what was theory has become demonstrable fact.

Hare says, "some poisons have been isolated by Breiger, and others which have a physiological action like many well known drugs, e.g., one affects like digitalis, another like belladona, a third like aconite." "Pulsating pain and a slow full pulse may indicate the absorption of the digitalis-like toxin; a flushed face and hot dry skin, the belladona toxin; while pallor, faintness and a feeble pulse, if no nausea is present, the aconite toxin." "Toxins are usually formed only to be destroyed by the liver, or are developed in too small quantities to have any effect; but no sooner do congestion of the liver and deficient bile secretion result than they are formed in large amounts and enter the general blood stream, e.g., jaundice."

Stengel says, "the determining causes of disease are those which originate without the body, and those which are generated within the body. The causes of disease originating within the body itself are less definitely known, but it has been found that various products of the *normal metabolism* when accumulated in abnormal quantity, or products of disturbed metabolism, may occasion local or widespread disease of various sorts. This self-poisoning is designated autointoxication."

One form of autointoxication is quite well understood, viz., acid autointoxication. This is most easily understood from clinical and experimental investigations. Administration of acids in sufficient quantity to render the blood of an animal even slightly acid is followed by grave symptoms; the animal breathes quickly, the pulse grows rapid, muscular weakness, ataxia and tremor develop, and finally coma and collapse terminate life. The prompt administration of alkali may completely arrest the progress of the condition, and full restoration may occur. Somewhat similar symptoms are seen in man in certain diseases in which the alkalinity of the blood is decreased. At such times the urine contains a decreased amount of urea, excessive quantities of ammonium salts, and certain organic acids which in

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health are oxidized in the liver and bodily tissues into urea and other normal excreta. The inference, therefore, is that the individual is suffering from acidosis.

Acid intoxication occurs in a number of diseases, to some of which reference will be made later. Stengel says, "that it has been shown that a diminution of oxygen supply will lead to an increase in acid production." Furthermore it is now fully determined that imperfect oxidation of the intermediary products of metabolism, i. e., the parts that are split off from time to time from the proteid molecule ultimately to be eliminated, as urea, uric acid, sulphates, phosphates, etc., is the cause of acidosis, and it is with these suboxidation products that I shall have most to do in this paper.

During normal stages of the metabolism of the proximate principles, acid products are continually being formed. Carbonic acid leaves the body mostly through the expired air; sulphuric, phosphoric, hydrochloric, uric acids, etc., leave through the kidneys as acid salts, never as free acids. The alkaline bases extracted from the body in these salts must be supplied from time to time, otherwise the acids will remain in the system and result in acidosis. The organism tends to alkalinity and any departure therefrom is dangerous.

Alkalies can be withdrawn in two ways; first, by reducing the ingestion of alkaline foods, e. g., carbohydrates and vegetables; second, by taking too much acid foods, e. g., meats and acids. This reduction, even to a slight degree in the dog, causes morbid nervous symptoms, mal-assimilation, and subsequent death with spasms. Bunge says, "death is due to sulphuric acid intoxication." This acid is a product of normal proteid metabolism and if alkaline bases are diminished, accumulates in the system with serious results. Man and the carnivorae have power of manufacturing alkalies to neutralize these acids. Ammonia is the chief antidote so manufactured, and it is to this power to produce ammonia that man is capable of eliminating such quantities of acids in pathological conditions.

This acidosis is favored by, first, a reduced elimination of acid, and second, by an increased formation of acids. or both combined. The chief examples of reduced elimination are in pulmonary weakness when CO^2 is retained, and in lithaemia conditions, where uric acid is withheld.

The principal cause of acidosis, however, is over production, and the acids which are oftenest found in excessive amounts and which will be considered chiefly in this paper are oxybutyric acid, diacetic acid and acetone. These are known collectively as the *acetone bodies;* because oxybutyric acid by oxidation, can be reduced to diacetic acid, and diacetic acid by oxidation can be reduced to acetone. In healthy men and animals oxybutyric acid, administered by mouth, is completely destroyed and the only evidence of its passage through the organism is a slight increase of acetone in the urine. The reverse, viz., the appearance of oxybutyric acid after the administration of acetone, has never been seen; the only change being an increase of acetone. In diabetic subjects, however, the oxybutyric acid acid. Such a one, would be that acetonuria is a symptom of acid autointoxitself.

The conclusion based on experimentation is that the presence of the acetone bodies is due to a perversion of oxidation; that the perversion is much greater when oxybutyric acid is excreted than when acetone alone

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is eliminated, and that the theories assigned as causes of acetone formation must be broad enough to include its precursors, oxybutyric acid and diacetic acid. Such a one would be that acetonuria is a symptom of acid autointoxication.

If acetonuria is a symptom of acidosis, first, *what* are the causes of acetonuria? second, *how* are the acetone bodies formed? third, *where* are they formed? fourth, *how* do these causes endanger the organism? It is known that the urine of a healthy subject living on a mixed diet contains from one to three C. grams of acetone daily; that the expired air from the lungs contains even more; that more acetone is given off during sleep than during the day, which suggests that the taking of food influences its excretion. This is supported by the facts that acetone rapidly increases during starvation; that there are forty times as much the seventh day of fasting as on the first; that diacetic and oxybutyric acids appear if fasting is continued; that a healthy subject living on a meat-fat diet had large amounts of acetone and diacetic acid in the urine even though the caloric value of the food eaten equaled that of a mixed diet, and that acetonuria disappeared when a small amount of carbohydrates was added to the diet, even though the caloric value of the mixed diet was less than that of the meat-fat diet. The conclusion is that since marked acetonuria is present both in fasting and in plenty (meat-fat diet), and absent soon after carbohydrate is added, even in so small amount as 80 grams, that the absence of carbohydrate in the diet is the cause of acetonuria.

A further proof of the dietetic influence on acetone bodies is shown by the fact that acetonuria varies with the amount and kinds of fats eaten. Butter and the neutral fats increase the amount, if carbohydrates are withheld. Butter 300 grams and rice 125 grams were followed by no acetonuria; while butter 300 grams and meat 200 grams caused considerable increase of acetone together with appearance of oxybutyric acid. Hence, it is not the addition of fats, but the absence of carbohydrates that is responsible for alimentary acetonuria, and this is so in diabetic cases.

Having accepted as proven that the absence of carbohydrates is a most potent cause of acetonuria, and that acetonuria resulted from suboxidation of intermediary products of normal digestion, it remains to be shown how the administration of carbohydrate food favors the oxidation of these metabolic products.

After the elimination of carbohydrates as a cause of acetonuria, the consensus of opinion points to both proteids and fats as mother substances. It is assumed that during normal metabolism the proteid and fat molecules break up into simpler compounds, and that from these fragments, containing a few C. and H. atoms, the acetone bodies are formed by synthesis as normal intermediary substances, and that these are further oxidized under favorable conditions into CO^2 and H^2O. The presence of the carbohydrate is necessary to cause this reduction; the theory being that during its disintegration the carbohydrate liberates oxygen in the nascent state, and that it is this unbounded oxygen which attacks the acetone bodies and breaks them up into the simple molecules, CO^2 and H^2O. In support of this theory it is stated that in diabetes where the acetone bodies are eliminated in great quantities, there is no deficiency in pulmonary oxygenation, yet the oxidation of the acetone bodies does not take place. Having, therefore, shown how normally the acetone bodies are disposed of, per contra, it is

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evident that the absence of nascent oxygen from carbohydrate metabolism would account for acetone over-production and retention.

Having determined the origin of the acetone bodies, it is interesting to decide where they are formed. The gastro-intestinal tract has been cited by some observers, but it is pointed out that the quantity of these bodies found there, is so small in comparison with the amount in the blood, that it is now thought that the amount in the alimentary tract is probably there the result of transudation through the blood vessels, the same as urea is known to be transfused during uremic states. The accepted conclusion is that the acetone bodies are formed wherever oxidation and its opposite, suboxidation, take place, viz., in the intra-cellular structure, possibly aided by the liver to a considerable extent.

Under the heading of Pathological Non-Diabetic Acetonuria, I wish briefly to refer to:

I. *Febrile Acetonuria.* In diseases accompanied by high fevers considerable quantities of acetone and diacetic acid are regularly found; the proportion of acetone corresponding closely to the degree of fever. In these conditions diet has a marked influence; e. g., A, typhoid, on three successive days was fed 82 grams albumen, 39 grams carbohydrate and 288 grams fat. In all 2,600 calorics. B, typhoid, for three days fed 90 grams albumen, 70 grams fat, 380 grams carbohydrate. A averaged 8 grams acetone daily, B .05 grams. By reversing the diet, A 1 gram, B 7 grams. The food was well absorbed in both cases. The conclusion is that insufficient food is the cause of this condition and that it decreases on carbohydrate diet.

II. *Carcinomatous Acetonuria.* This is due to the deficiency of carbohydrate food in diet, more than to cancerous toxins. It is not found, as a rule, in the early stages when the diet is unrestricted, and has been found to disappear in many cases as soon as a sufficient quantity of carbohydrate was given; e. g., girl with cancer of pylorus, eliminated 15 grams acetone bodies daily. After 12 days feeding with addition of 150 grams carbohydrates to diet she eliminated .6 grams. Many cases show similar results.

III. *Gastro-Intestinal Acetonuria.* This is so named because acetonuria has been frequently observed in stomach and intestinal disorders, especially acute cases. The conclusion derived from exhaustive study shows this is the result of inanition and carbohydrate deficiency, instead of fermentation in the alimentary canal, as formerly supposed, it having been proven in many cases of gastritis, enteritis, cancer, poisoning, etc., that the acetone bodies decreased as soon as carbohydrates were administered and absorbed.

IV. *Puerperal Eclampsia and Eclampsia of Pregnancy* have been attributed to acetone autointoxication. The theory assigning the origin of the toxins to the rapid distegration of fats, seems insupportable in view of the fact that carbohydrate food added to the usual slim diet at once reduces these toxins. This result is especially marked in pregnancies in which the foetus is dead; the acetone bodies being kept down to a minimum when the nascent oxygen, liberated during carbohydrate metabolism, is present to burn them up.

V. *Asthma Acetonicum, Epilepsia Acetonica,* spasms in children and other nervous disorders are often due to dietetic indiscretion.

VI. *Toxic Acetonuria* resulting from poisoning by morphine, lead, atro-

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pine, etc., is greatly benefited by regarding the carbohydrate factor in the "oft-times-little-thought-of-diet" in narcotic conditions.

If we are warranted in experimental acetonuria, in concluding that the absence of carbohydrate produces that condition, then we are justified in concluding that pathological acetonuria may be due to the same cause, at least to a marked degree.

Diabetic Acidosis. Why is so much acetone (bodies) found in diabetes, is another question often asked. The amount present far exceeds that in any other disease, being as much as 150 to 180 grams daily in the urine during diabetic coma. The typical diabetic coma is due to autointoxication with oxybutyric acid, and it is by acidulating the body fluids that the large amount of acids present do their greatest harm, rather than by any inherent toxic characteristic. The answer is partly in dieting diabetics too strictly, and partly that in diabetics there are qualitative changes in the metabolism of fats and carbohydrates which are not present in other non-diabetic acetonurias. Numerous diabetics, living on a diet containing from 60 to 80 grams carbohydrate and not passing sugar on the diet do not pass acetone in excess of the normal. As soon as a more rigid diet is given acetone and diacetic acid appear in the urine. "As the tolerance for carbohydrates increases, the excretion of acetone bodies decreases, and as the tolerance decreases, exactly the reverse is seen."

Treatment.—The autointoxication according to the above considerations are more properly classed as symptoms, than diseases *per se*, yet the symptoms are more or less independent of associated diseases, and call for treatment that sometimes is different from that given the primary disease.

"In diabetes it is frequently more necessary to combat the acidosis, which is responsible for the coma, than the glycosuria, even at the expense of increasing the glycosuria, temporarily or even permanently, provided it is the only way to obviate the dangers of acidosis."

Under the heading "Two Means for Combating Acidosis," Von Noorden mentions:

I. Means directed towards limiting the formation of acetone bodies; i. e., towards favoring their oxidation.

II. Means directed towards disintoxicating the acetone bodies circulating through the tissues and towards accelerating their elimination.

"In all non-diabetic cases the first measure invariably leads to the goal." The addition of 150 grams carbohydrate to diet of such cases is followed within a day or two by a marked reduction in acidosis. In severe cases where immediate results are necessary, dextrose or levulose injected intravenously are very efficacious. To illustrate, an acute gastro-enteritis patient with violent vomiting and diarrhea was given an intravenous injection of a liter of a physiological salt solution, to which had been added 10 per cent of dextrose. Within three hours a test of the urine showed absence of acetone bodies. Such procedures are, of course, rarely necessary, but are worth remembering in diabetic coma and other serious emergencies where only liquids can be administered.

The most efficient way for combating acidosis in diabetes is the administration of carbohydrates. Fortunately the majority of diabetics are not so afflicted. In those with much acidosis, Von Noorden allows a certain amount of carbohydrates during certain periods irrespective of the effect on

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the glycosuria. The improvement is very marked within a short time, and is noticeable for weeks or even months after a return to a restricted diet. The Von Noorden Oatmeal cure is very helpful in these very advanced cases, and is the best method of averting coma.

The second means of combating acidosis, i. e., disintoxicating the acetone bodies and accelerating their removal, is accomplished by the administration of alkalies. To this end it is admissible to prescribe alkaline mineral waters in which the fixed alkalies are preponderant, i. e., sodium, potassium, magnesium and calcium, particularly their carbonates. There can be no reasonable doubt but that some of these acetone bodies, e. g., oxybutyric acid, are chemically acted upon by these alkaline carbonates, and to that extent are the tissue alkaline bases spared. In this sense are these alkalies disintoxicants. It is known that the sodium-oxybutyrate is much more readily excreted than the acid itself, hence the alkali forms a good medium for removing the poison from the body. As an instance of the disintoxicating influence of these alkalies, it is said "that it has been repeatedly seen that patients with diabetic coma regained consciousness while the infusion of sodium carbonate solution was being performed."

Thompson, in his discussion of auto-toxins, says that a certain class of patients who eat too much, drink too little fluid, exercise rarely, and live under constant strain of business, professional and social cares, develop a typical symptom complex, different from biliousness and goutiness, which for lack of a better name is styled "lithemia." A correction of these errors, of course, is most essential. Stimulants, tobacco and alcohol add to the ill effects. The winter months are favorable to the development of autointoxications for the reasons that those most susceptible take very little active out-of-door exercise, eat more than during the summer months, and perspire less, so that owing to little exercise, excessive eating, imperfect oxidation and deficient excretion, the toxins form and accumulate. This may not have been such a bad subject after all, in view of the fact that it has been said of New England "that we have nine months of winter and three months cool weather every year."

The supposition is "that acidosis irritates the capillaries, causing contraction, thereby raising vascular tension, and by the two-fold toxic and mechanical action, causing arterio-sclerosis, which induces cardiac hypertrophy, renal and hepatic sclerosis."

Having conceded that the autointoxications are more properly symptoms than independent diseases, the treatment must necessarily be given with the primary disorder in mind. The osteopath, who so philanthropically accepts the many chronic cases abandoned by the other fellow as hopeless, will do well to bear these observations in mind, for as progressive physicians we are looking for the truth wherever it may be revealed. Believing that the osteopath, with his *system par excellence,* may be able to secure even more creditable results, by having a more thorough understanding of this comparatively new subject, I have endeavored to collate the above facts from the works of our best authorities, among whom there is none better than VonNoorden, and whose monograph on this subject has been quite extensively quoted and reviewed.

Only the astrologer and the empiric never fail.—Wilmott.

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PHYSICAL EXAMINATION OF A CASE OF VALVULAR LESION OF THE HEART.

A Clinic Case Before the A. O. A. at Denver.

ROBERT D. EMERY, D.O., Los Angeles, Cal.

There are a few points in reference to heart affections which perhaps will be of interest to some of you which I wish to discuss; although I do not pretend to be a specialist on heart troubles, I have met with a fair degree of success in handling heart affections, the same as I have with other conditions.

Where you have organic lesions of the heart, valvular or otherwise, you cannot expect to completely overcome the condition. In making a physical examination of cases of heart trouble we want to use the methods which are the simplest, and yet at the same time we must be thorough; it must be simple, and yet it must not be the simplicity of ignorance. And in making a physical examination we should not use such cumbersome apparatus, or intricate methods, as tend to tire the patient, as well as prove detrimental to them, as well as confusing to ourselves. We may be too hasty in making our diagnosis, and base it on insufficient ground, not exercising sufficient care before making positive assertions. To illustrate, a man was riding on a train only yesterday, and a cinder blew in his eye; the man paid little attention to it at the time, as the irritation from the cinder was only temporary. Later an inflammation started up and conjunctivitis was produced. He went to an osteopathic physician for it. The osteopath just simply looked at the part of the conjunctiva which was exposed to view without carefully raising the lid to examine underneath, and then he began a careful examination of the cervical region of the spine, and finding what he thought was a lesion in the upper cervical region, he announced to the patient that his whole trouble lay there, and treated him for that, giving him an heroic treatment to the upper cervical region. Of course this was unsuccessful, and the patient decided to try another physician, who made a careful examination of the eye and found that there was a cinder embedded in the conjunctiva, removed it, and the irritation ceased.

On the other hand, we are too apt to fall into the error of being so thorough in our examinations that they are absolutely detrimental to the health of the patient, and perhaps dangerous to life, especially if the case is of a serious nature. It is said of the German surgeons, that when a case of appendicitis is brought to them, they will make a physical examination, and then spend some time considering what they have found; then they will make a blood examination to get indications of pus formation, and then they will spend a few days in deliberating on that; then they will make a careful analysis of the urine and perhaps find ethereal sulphates, or other indications of pus; and then they will spend some time in considering the significance and the importance of those ingredients; and then they will make an examination of the stomach, and so on, and after a careful examination of all these constituents, they probably arrive at a correct diagnosis. But just about that time, very likely the patient will die from the effects of the condition, which was more or less left unattended to while the doctors were making their diagnosis.

So there is a possibility of our falling into error by using complicated in-

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struments, thereby overcoming our common sense to a certain extent, and using methods which have been tried by various investigators for the careful examination and diagnosis of conditions. Still, we want to be thorough. We want to be educated as physicians. We want to use that education to make a right diagnosis, and also be as simple in our methods as possible, and at the same time leave no method unused which might be of service to us in our diagnosis.

And so I place before you a few diagrammatic sketches of the heart. This lower one is really the illustration from which this little drawing was made, and is a very good cut of the heart, showing the circulation of this region, and the relationship of the blood vessels at the upper region. These blood vessels, the pulmonary artery, and the aorta, in making your examination, will fall right in this area. This is the area of the great blood vessels. Here we have an outline of the heart, there we have a topography of the valves, the location of the valves of the heart, and here are the areas where the sounds over the heart are most easily determined. You will notice that the area where we hear the mitral valvular troubles is down here at the apex, and here is the region where we hear the aortic murmurs most clearly, and where the aorta comes up over the left ventricle are almost in a direct line. That aids you in remembering and fixing those points in your mind. There is no difficulty in outlining the position of the normal heart upon the normal chest, but I do want to call your attention to chests which are flattened very decidedly. When I examined the chest of a patient before leaving home, the apex beat was felt most distinctly in the fourth instead of the fifth interspace, and in a decided rounded chest with emphysema we may find that the apex beat will be felt down much lower than in the fifth intercostal space, as is ordinarily the case. If you will take this point of the heart, which is where the sixth rib begins to curve up there for its attachment to the sternum, and then take a point here right at the tip of the third rib, an inch from this side of the sternum, and a point half an inch from that side of the sternum, and draw a perfectly horizontal line across here, and then draw in the outline practically as you have it there, for clinical purposes, it gives you the position of the heart sufficiently well, and any marked deviation from this heart outline over in this direction, indicating an enlargement or hypertrophy of the right ventricle and the left ventricle, will be quite easily detected. It is not an easy matter to determine the outlines of the heart.

The work of Williams in the Massachusetts General Hospital with the X-ray in making examinations of the heart, has shown us conclusively that ordinarily in making these examinations of the heart, or in a great many cases, the outlines of the heart are made fully one inch larger than the heart really is. Therefore you see the advantage of using the X-ray in making your diagnosis of heart troubles in order to absolutely outline the borders of the heart. I use the X-ray machine in all cases where there is decided doubt as to the diagnosis of heart trouble.

Another very important point is that many of us have been in the habit of saying, just because they hear a decided murmur in the heart region, that the person has valvular heart trouble, that the person has organic heart trouble. That is a very common error. We find that at this valve, and much more often at this valve than at any other, when there is an anemic condition of the body, apparently the cusps of that valve will be so weakened, and the

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attachments will be so weakened that the blood will force its way between the valves and back into the heart, causing regurgitation murmur, when as an actual fact there is no deformity and no real disease of the valves, and as soon as the general condition of the anemia is improved the valve will do its work fully, and the murmur will entirely cease. So that if you have a murmur without the hypertrophied condition, which at once follows such a valvular lesion, you must be guarded in your statement, for if an actual valvular lesion existed compensation would take place, and it would be the means of corroborating such a valvular condition; if no hypertrophy is found then we are not justified in definitely stating that a valvular or organic lesion exists, for such a weakened condition as has been previously mentioned might be the only pathology present, and be the cause of the murmur.

In making a postmortem examination of the heart, as I did not want to consume much time, I thought the best plan would have been to have a cadaver here, but not being able to secure one, and the management of the hotel not caring to have cadavers brought into the building, I have brought here a small heart nearly half the size of the normal human heart, which I will use in making the demonstration.

The heart lies in the chest normally in that position. This left ventricle is at the back; the right ventricle is more towards the front. In opening the heart there is no difficulty in distinguishing the ventricles. We always want to open into the left ventricle first, making an incision which will carry us into the ventricle; and then by passing the finger up into the heart we have no difficulty in locating the aorta. Then we should have a knife with a blunt point so it will not injure the inside walls of the heart. As you see, my finger has passed out through the aorta at this point. Then if we make our incision through the aorta, we open up the heart in such a manner that we can carefully examine the valves of the aorta without disturbing any of the other valves of the heart, and without having disturbed the contents of the heart in any way. Then getting back into the ventricle again, we can pass our finger into the auricle in the same manner, and then opening this out we see the relations between the left ventricle and the left auricle, and can study the valves of the mitral opening. Then the next incision is to go through the apex of the heart and open up the right ventricle, and by passing the finger into the right ventricle we can find the opening of the pulmonary artery, and can of course open this up, and examine it, being careful at the same time not to get so far over that you injure the auricle to any extent. Then it is possible to pass the knife up and open in the same manner the right auriculo-ventricular for the examination of the other side of the heart, and then you have the heart spread out before you in a practical manner so that you can examine any part, and you have not mutilated the organ in making these incisions. Of course, without making such incisions as these carefully you are liable to destroy the different parts, and thereby cut through the valves that you wanted to examine; or in examining certain of the valves of one of the orifices of the heart, you would disturb the valves of one of the other orifices, and in that way you would destroy all the evidence that you wanted to secure from your examination.

As it is growing late, perhaps I had better draw this to a close, although I have not taken up for discussion the clinic that I examined this morning, who was not able to remain until this afternoon. It was an interesting clinic,

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although it was not a valvular trouble. It was an interesting case of tachycardia, and it was absolutely and purely a case in which the osteopathic lesion was the controlling factor. In many of these cases we find that there are other causes which are acting very forcibly in producing these conditions.

SUBLUXATION OF THE INNOMINATE.

A Clinic Case Before the A. O. A. at Denver.

Earnest C. Bond, D.O., Waterloo, Iowa.

In order to arrive at a consensus of opinion, and to secure some reliable data for the profession, I caused cards to be printed containing questions, which, as I considered, covered the question, and mailed them to representative members of the profession of all schools in all parts of the United States and the world, requesting their assistance to the extent that they answer the questions conscientiously and to the best of their ability.

I am glad to report that the response was good, showing a very fraternal spirit, co-operation and a great interest in the advancement of our profession. There are undoubtedly some present to whom I mailed cards, and without mentioning names, I wish to take this opportunity of personally acknowledging my gratitude, both for myself and the profession, for their hearty co operation. Before taking up the case that has kindly consented to come before us today, I will in as brief a manner as possible give you the consensus of opinion of the profession upon this condition.

1. Have you found subluxation of the innominate bone to be a common lesion? 66 2-3 per cent. answered yes, and 33 1-3 per cent. answered no.

2. Do you always get history of violence?

Answers: No, 66 2-3; yes, 33 1-3.

3. Do you consider the condition one difficult of diagnosis?

Answers: No, 33 1-3; yes, 66 2-3.

4. Which do you consider of the most value in diagnosis, inspection, palpation or mensuration?

Answers: Inspection, 10 per cent.; palpation, 70 per cent.; mensuration, 20 per cent.

5. In what per cent. of cases have you entirely corrected the lesion?

Answers: 73 per cent. reported entirely corrected.

6. Do you have difficulty in correcting these conditions?

Answers: Yes, 50 per cent.; no, 50 per cent.

7. In what per cent. of cases have you given relief from pain and other symptoms when you were satisfied you had not entirely corrected the bony lesion?

Answer: 20 per cent.

8. In what per cent. have you entirely failed to correct or relieve?

Answer: 3 per cent.

Of course, these numbers are approximate, as some of the answers to my questions were somewhat evasive, but on the whole, I think them fairly accurate. From the replies received I was surprised to learn that a great many of those that we are accustomed to think of as leaders in the profession keep no records.

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The statement that we have treated so many cases and cured them all, will not bear much weight with the thinking and investigating world, to say nothing of the world of science.

Taking up the question in order, I wish to give my individual answer to them. I have not found it to be a common lesion. I have always obtained history of violence; but think that a slip might exist at the articulation, due to extreme relaxation of its ligaments, or following parturition, especially where the woman was allowed to be on her feet too soon; but in the case of an ordinarily healthy man or woman, I believe that it requires great violence to displace an individual innominate bone. I quote from Gray, 13th Edition, p. 279: "The pelvis, so-called because of its resemblance to a basin, is stronger and more massively constructed than either the cranial or thoracic cavity." If misplacement at the joint occurs as easily as many seem to think, how is it that it withstands the force brought to bear upon it during the so-called Lorenz operation? And in these cases the innominate bone is not fully ossified.

The frequency with which this lesion is reported in our literature I am inclined to think is due to an error in differential diagnosis. A tilted or twisted pelvis is a much more common condition, and will produce many of the symptoms found in displacement of one innominate bone.

The condition is not easy of diagnosis on account of the facts first mentioned. The most positive and trustworthy point in diagnosing a subluxated innominate bone is the relation of the posterior superior spine to the second sacral vertebra. I regard palpation of the most value in diagnosis, using the fingers as osteopaths should.

I have only had two typical cases, and have reduced neither one. Both were of long standing, however. To use the language of Dr. Upton, of St. Paul, I have had many cases that at first seemed to be subluxation of the innominate, but treatment directed to relaxing the muscles of the part succeeded in removing all disagreeable symptoms.

I will now give you the history and symptoms of this case:

Miss H., aged 23; occupation, physician's assistant; her residence is in Denver, Colo. Her previous occupation was that of nurse. The patient gives history of being thrown over a horse's head on more than one occasion. About a year ago a laparotomy was performed and a cystic tumor of left ovary removed. The patient has had osteopathic treatment irregularly for part of two years, and has been greatly benefited in a general way.

Symptoms: There is pain at junction of fifth lumbar with pelvis, also at left sacro-iliac articulation, and in both groins, especially left. Dysmenorrhœa also present. The right gluteal region is very prominent. The pelvis is twisted from right to left, left innominate is slipped directly backward. There was a general relaxed condition of all ligaments of the body, so much so that patient imagined she could feel innominate slip out and in while walking.

The diagnosis is twisted pelvis and misplaced innominate bone.

Now as to the treatment, we have the patient prone on the table, pass the arm under limbs above the knees and grasp limbs firmly and raise them off of the table. We hold the trunk firmly with other hand and rotate the pelvis in the desired direction. We place a small pad over posterior superior spine of left innominate while patient lies prone, and bring firm steady pressure

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to bear with our knee. Treatment is to be given twice per week, and to be continued until the condition is either corrected or sufficiently improved to warrant us in ceasing.

This case is a peculiar one owing to the extreme relaxed condition of the ligaments already mentioned. The lesions of the pelvis were very likely caused by being thrown from the horse. The posterior condition of the left innominate could have been caused by the relaxed condition of the ligaments, thus allowing the sacrum to gravitate away from it to some extent. Reasoning from the osteopathic standpoint, the pelvic lesions were responsible for the diseased condition of the left ovary, and not having been removed, are still responsible for the pain. Methods of treatment cannot be demonstrated before you on this case, owing to the abdominal walls being extremely weak, never having entirely healed following the operation before mentioned.

UNITY IN DIVERSITY.

Paper Read Before the Massachusetts Osteopathic Society, March 17, 1906, by A. L. Evans, D.O., Chattanooga, Tenn.

(Published by Request of the Society.)

The people of the United States differ widely in opinion on political matters. People cannot all see things alike. There are, and will continue to be, honest differences of opinion as to the best policy to pursue in regard to many governmental problems. It is true that sometimes these views are expressed in an intemperate and even violent way. The party in power, the government, "the powers that be," are sharply criticised and even denounced. We do not, however, even in the height of discussion, have any real fear that the decline and fall of the government is foreshadowed. In this country the people rule; the court of Public Opinion is the court of last resort, and it is therefore important that the light be turned upon every question that arises. More than ever before have the American people come to believe in the efficacy of publicity as a regulator of evils. We want facts, the truth, to be known; the people will take care of the rest.

While intemperance in discussion is always to be deprecated, a full, free and dispassionate discussion of every question of interest, so far from being a menace, is in reality one of our best safeguards. This is true because our differences do not extend to the fundamental ideas upon which our government is established. It has been demonstrated time and again that in the presence of a foreign foe or a common danger, that our people stand shoulder to shoulder, and are ready to offer their lives and their treasure upon the altar of their country. Deep down in the hearts of the people is an abiding love of country and reverence for its institutions. They have long since renounced the doctrine of the "Divine right of Kings," and hold that all governments derive their just powers from the consent of the governed. They believe in a government of the people, by the people, and for the people. So, despite a diversity of views, there is such a fundamental unity of thought and purpose as to make the United States the greatest nation on the globe.

I have alluded to these facts because, in a certain way, I believe there is a parallelism between political and governmental problems and the profes-

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sional and scientific questions with which, as osteopaths, we are called upon to deal. We have many questions in our profession upon which there is not absolute agreement, and so far from regarding that as a misfortune I regard it as an omen of better things. It is from the clash of opinion, the stress of argument, that the best of which we are capable is to be evolved and developed. We have to deal with scientific questions that must remain unanswered until the slow process of patient research and undeniable demonstration shall bring forth an unequivocal answer. For anyone now to assume that osteopathy is a complete, a perfect science, that the answer to every question that may arise is always at hand, would be to say that there was no need for further study and investigation. When that time comes we begin to stagnate.

Along scientific lines there are ample differences to occupy our minds for years to come. We cannot have perfect unity on all these problems. We may all agree that what we call the osteopathic lesion is at the base of the greater per cent. of the ills which affect mankind, but there is a difference of opinion as to what, if anything, is advisable, or permissible, to do, aside from the correction, or attempted correction, of the lesion. The scientific question, then, is unsolved as to what therapeutic value, if any, other non-medicinal methods may have in the treatment of disease. Again, members of the class that hold to the idea that the correction of the lesion is the sole remedy to be applied may not all agree among themselves upon the question as to whether or not the so-called stimulative and inhibitive treatments are of specific therapeutic value, osteopathically. There are differences of opinion as to the value of surgery, or rather as to what place, if any, it should occupy in our armamentarium. We do not agree as to the significance of the phenomena sometimes observed—the peculiar sound heard while manipulating the spine—and are not in accord as to whether it is desirable, or rather necessary, to elicit such sound in the correction of a subluxation. We do not yet definitely know just how and why certain lesions produce certain results; that is to say the mechanics of pathology is not as yet fully understood.

All of these things are the result of imperfect or partial knowledge. We may each have our theories, but until all the evidence is in and presented in a demonstrable form, is it wise or just to bring the charge of heresy against those who do not agree with us? It behooves us to be tolerant. In this connection I cannot refrain from quoting the words of Dr. Holmes, Boston's—aye, America's—great poet, physician, philosopher. He said: "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 voices of the multitudinous waves of the ocean on the morrow."

Truly in this respect the world moves, and yet we sometimes see evidences that the baser of the primal instincts survive in mankind. It is true we do not now literally burn men and women at the stake by legal sanction, because of opinion. We are more refined in our cruelties, and we put them in jail for "practicing medicine without a license." We do not hang people for heresy, we "silence" them, we ostracize them.

Questions of science must be settled upon indisputable evidence submitted in the court of reason, and are not to be determined by a majority vote of professional bodies. Many of us were amused a few years ago when the

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American Medical Association settled, by vote, the question whether the disease then prevailing in various parts of the country was, or was not, genuine small-pox. Doubtless many voted on the question who had not seen a case of the disease, and were influenced by the opinion held by some one else. Questions of science ought never to be settled in that way. Nothing but facts are admissible—demonstrable facts. Questions of whether this or that would contradict some other of our theories are irrelevant in the settlement of a purely scientific problem. If such questions are to be decided as matters of sentiment; if they are to be determined by mere subtlety of argument, or our judgments are to be swayed by the eloquence of an advocate, why would it not be as conclusive to let them be determined by lot, or as we used to say, by "drawing straws"?

To argue for the settlement of scientific questions by rule of the majority would be to eliminate osteopathy at the outset; a logical sequence of such a course would be the establishment of a legal system of medicine, under which the remedies to be given in each disease, as well as the dosage to be employed, would be prescribed by law. This would tend certainly to stifle investigation and to throttle advancement. Upon all questions of a scientific character we must have liberty of thought, freedom of speech, and they must finally be resolved in the crucible of reason.

Concerning our purely professional problems we also have differences of opinion. Take our educational affairs: Happily, we are now agreed upon the wisdom of a three years' course of study, but we are not in entire accord upon how the additional year should be spent; upon what studies should constitute the curriculum of our colleges, and upon which branches special emphasis should be placed. We are not, as yet, fully agreed as to how much influence the profession should have upon the colleges, and the manner in which that influence should be exerted.

In the domain of ethics there are differences of opinion as to the propriety of certain acts. In matters of legislation there has been a wide divergence of opinion as to the kind of regulative statutes that would best serve the ends of the profession and of the state. Indeed, I might mention many similar unsolved problems.

In matters of this kind the rule of the majority may properly apply. These are largely matters of policy, and it is absolutely necessary that in such matters there be unity of action. There could be no progress were the attempt made to put into execution the varying ideas of every individual in the profession. Hence, as a matter of expediency in such matters we invoke the American doctrine of rule by the majority. Majorities may not always be right, but they are apt to be ultimately so. It is doubtless better to be agreed and work for some definite object, even though it may not be the very best thing for us, than to be hopelessly divided in the presence of the enemy. On mere questions of policy, of expediency, we can change as conditions change; and a full discussion of conditions will disclose when a change is desirable or necessary.

I would not be understood as advising members of the profession to hunt for points about which they may differ. I am simply recognizing the fact that differences do, and must, exist; and I am attempting to show that this is not necessarily bad. Absolute agreement upon all points would imply perfection in every detail, or contentment with imperfection; the former

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is impossible, the latter undesirable. The discussion of differences shows thought, investigation, motion—the law of life. Absence of it betokens inanity, stagnation—the precursor of death.

I think that one of the greatest advantages that accrue from a free and frank discussion of differences is the fact that a better understanding of the position of those who hold opposing views usually results. Often it is found, after a fair statement of a question, that disagreements are the result of a misunderstanding of the points involved, or of the position of an opponent with respect thereto. If the points at issue were always clearly determined; if all discussions were dispassionate, and the participants would, so far as possible, free their minds from preconceived ideas; if they would look at matters from various angles; if they would strive, not so much to maintain the position they have assumed as to bring out the truth, then would our science make greater advancement, and all our practitioners would be found much closer together. In the discussion of scientific questions, or of any other, acrimony has no place; it tends to partisanship, and partisanship is not conducive to clear thinking.

I recently came across this sentiment, attributed to Addison: "If men would consider not so much wherein they differ as wherein they agree, there would be far less of uncharitableness and angry feeling in the world." Surely we as osteopaths have sufficient points of agreement to hold us together for all time, and in a bond of well-nigh perfect fellowship. As the citizens of the United States are agreed upon the fundamental doctrines of government, as they hold to the truths of the Declaration of Independence and other great political maxims, and yield obedience to the constitution as the supreme law of the land, so the members of the osteopathic profession have an abiding faith in the demonstrable and demonstrated principles of osteopathy, and in the maxims which support them. These truths are of sufficient importance and virility to make our profession a coherent and enduring body.

We render no mere lip service when we say we believe that a natural flow of blood is health, and that obstruction to that flow is disease. There is no note of discord when we affirm that perfect adjustment of the parts of the body means health, and that a vast majority of diseases find their exciting or predisposing cause in maladjustment. We all subscribe to the ideas embodied in the statement "man is a machine." I think, too, that there would be no disagreement when it is added that he is vastly more than an inanimate machine. He is a vital mechanism; a moving, breathing, eating, drinking and thinking machine; and must therefore be considered in his relation to his environment and the exercise of the faculties just mentioned. We are agreed upon these maxims: Structure determines function. Pain is merely a symptom of disorder. Recuperative and remedial forces are inherent in the organism. To our minds these self-evident truths suggest the logical treatment for most of the ills of the flesh.

We all believe—not as a matter of sentiment, not because it is to our interest to believe it, but because it is a conviction founded upon evidence, as well as centuries of experience, that medicine, as taught and practiced today by the dominant school is far, very far, from a science. We all further believe that there is no single system or school of healing—young and imperfect as the osteopathic school may yet be—that approaches it as

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a complete, rational and beneficent system of therapy. We are all agreed, too, in desiring that we should progress until our ideas dominate the field of healing; until the truths we proclaim shall be universally recognized and adopted by all who would do the best for humanity. When we come to consider the lines along which we should work to compass this wished-for end, we again find differences of opinion. But these differences need not be fatal. Indeed, they should be but a stimulus to more zealous effort to find the proper solution of our problems.

We are agreed upon some things that osteopathy should not be; some paths it should not tread. It must not be made medical. We may properly appropriate the knowledge gained by medical men so far as it relates to the human body in health and disease. So far as it teaches sanitary and hygienic laws, we may profit by it, but we must not follow them in experimenting with drugs and chemicals upon the human body. Such a course would be a departure from the fundamental ideas of osteopathy, and would be paralleled by a citizen of the United States advocating a monarchy. In the United States, though we boast of free speech, we have no place for the anarchist. When we speak of diversity of opinion being not baleful but beneficient, we do not mean such differences as amount to a contrariety or inconsistency. Of course we cannot reconcile things that are entirely repugnant. Truth and error will not flourish side by side. The "irrepressible conflict" will go on until one or the other is triumphant.

But in the matter of methods of application of osteopathic principles, in questions of expediency and policy we may not only hold diverse views, but we may naturally expect good to result from a good-natured discussion of such views. It is from this diversity of opinion that we may hope will come a fullness of knowledge that will result in a unity of purpose leading to the best results to our science and to mankind. We do not want the dull uniformity typified by the stagnant pool, but rather that uniformity in diversity characteristic of the heaving, billowy, ever moving, but eternal sea.

A MERITED RECOGNITION.

MASON W. PRESSLY, Ph.D., D.O., Philadelphia, Pa.

Some of us well remember how slow the compilers of dictionaries and encyclopedias have been in admitting "osteopathy" into their columns and pages, and how loth they were to give any recognition to it, even when the matter of definition and exposition was freely furnished them. In the winter of 1897 the *Century Dictionary* sent a request to Kirksville for a definition. This was kept for several weeks in the hands of the secretary and was talked over by a few of us, when finally there was an informal meeting at the A. T. Still Infirmary of three or four gentlemen to formulate a definition. Dr. Henry Paterson, Dr. C. M. T. Hulett, Dr. Will Potter and myself were present. The meeting lasted only a few minutes, and the matter of writing out a definition was left to myself. I at once went to the "Old Doctor," as a matter of course, for I had maintained at the meeting that Dr. Still should furnish the definition, though it was thought that he would not attempt it, nor would care to have it done. I

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was eager to have him do it, for being only a student of four months' experience in the Kirksville school, I wanted to have osteopathy defined, for at that time no formal lectures on osteopathy had been given to the students, and everybody was eager to have its theory and technique specifically set forth; so I laid the matter before Dr. Still one evening late, and he told me he would "see about it." The next morning Dr. Still thumped at the back door of my house before breakfast, and on coming in he pulled out of his vest pocket a little piece of paper about one inch wide by four inches long, on which was written this definition of osteopathy:

"A natural flow of blood is health; and disease is the effect of local or general disturbance of blood—that to excite the nerves causes muscles to contract and compress venous flow of blood to the heart; and the bones can be used as levers to relieve pressure on nerves, veins and arteries."

I read it without comment. I didn't know what to say—it was so short, comprehensive, and different from what I expected that I was rather disappointed. I carried the little paper for two days and meditated upon it. I had never heard anything like it, and, indeed, I don't think Dr. Still himself had ever before said so much and so little about it. I wondered what would become of this definition. I was associate editor of the *Journal* at the time, and submitted to the editors, Dr. Will Potter and Col. Conger, that we put it in the *Journal*. Dr. Potter objected that it was immature, that the medical world would make fun of it, and that it didn't do justice to osteopathy. At that time no one stood closer to Dr. Still in his published views than Dr. Potter. I defended the definition—contended that it must be right, for Dr. Still made it, and if he didn't know, who did? Dr. Potter was then very sick in bed and Col. Conger and I were sitting by him on the bed, and finally he consented to its going into the *Journal*. Col. Conger took no decided position. I then prepared a page of "Definition" for the *Journal*, giving Dr. Still's definition the place it deserved.

The defense and study of that definition made me an osteopath. It gave me my entire bearing. It expressed Dr. Still's mature thought, and, in brief, it is the only summative definition that has ever been made. It is essential osteopathy. From that day to this I have built on that foundation, and I'd rather have that definition than all the books that have been written on osteopathy since that time. Any further elaboration of osteopathy must be rooted and grounded on Dr. Still's comprehensive definition.

Osteopathy had a variegated expression in the dictionaries from that time till the projection of the *Encyclopedia Americana*. It would be interesting to reproduce what is said of osteopathy in some of the best medical authorities. But when the *Americana* was planned, it contemplated the broad and scholarly outlines that have made it the monumental and authoritative work it is. Osteopathy got its first commanding recognition in the world of big books in the *Americana*, for it is the Colossus of encyclopedic literature and learning. The editor commissioned me to write the article on "Osteopathy," and limited me to 5,000 words. I condensed my matter into essence and then into quintessence, and yet it took nearly 7,000 words to say what I wanted to say. The *Encyclopedia* was published less than two years ago, and sprang into easy prominence and notoriety. It carried osteopathy into the realms of American thinkers and scholars.

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The article on osteopathy, the editor tells me, not only made a "hit," but a "sensation." The *Americana* stands at the very front, if not alone, as the great encyclopedia of the day. It is to be revised and enlarged. The editor came over from New York the other day to tell me how well received the article on osteopathy had been, and, in keeping with his plan to make the *Americana* the thesaurus of authoritative information, he commissioned me to enlarge the article at my pleasure, giving all the space to set it forth as fully as I chose. I am happy to announce this fact, for I have longed to see our science and art take a large place in the foremost prints of the world. The time has come. I rejoice, and pray that I might write as wisely and well as the opportunity deserves. I will preserve, as the *Americana* requests, the main body of the article, and enlarge chiefly on the practice and technique of osteopathy. I have suggested that the editor ask Dr. J. Martin Littlejohn to write on the Discovery, Development, and Institutions of Osteopathy, together with a resume of the Legislation and Court Decisions relative to osteopathy, and he has decided to do so.

Osteopathy has, therefore, received what we think is a merited recognition, and, indeed, all we can ask from the latest, fullest, and best encyclopedia in the world, and the honor has come, not because it was requested—for no request has been made—but because the learning and scholarship of the great work considers that our science and profession deserve it.

ADHERENCE TO ORTHODOX LINES OF THOUGHT.

WALTER GUTHRIDGE, D.O., Corning, N. Y.

There is a possibility of too strict adherence to orthodox thinking. A friend of mine was once the leading chemist in one of the largest homeopathic drug houses in our country. He said physicians frequently order medicines, originated by themselves, and prepared on their own responsibility.

On the theory that like cures like, the homeopath has a right to originate his own remedies; and one original practitioner sent in an order for a preparation of bed-bugs. My friend had the janitor of the house capture a dozen big fat fellows and they were ground up in sugar of milk and finally emerged in tablets under the imposing name of *Cimex Lectularius*.

An osteopath would have some trouble recognizing this as belonging in the line of scientific thought. The doctor perhaps thought he was scientific, when in reality he was thinking by rule, *Similia similibus curantur*.

A few years ago I discussed with a dear friend a number of questions of a political nature. He was a democrat and I wasn't. As we were a few miles apart we wrote our discussions and used the United States mail. After exhausting (?) a few questions I learned my friend's rule of thinking on political questions, and if any new topics were proposed for discussion I could anticipate his line of thought and cut across lots to his conclusion, without any circuitous course of reasoning.

There is such a thing as too strict adherence to theories. There is real slavery in such adherence. God didn't intend for our minds to be fettered.

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We should be free at all times to use our common sense. Dr. A. T. Still had to break away from all dogmas of medicine and make use of his own brain entirely untrammeled; otherwise the great truths he gave the world would have waited till some free mind should discover them.

Perhaps we are all inclined to be governed in our thinking by prejudice or adherence to preconceived ideas. Most of us are not altogether free in our thinking. I don't claim to be entirely so myself. We shall not honor the founder of our science by slavishly following any one of his principles. He doesn't fetter his thought by dogmas of any kind. Dr. Young, of Kirksville, on page 381 in his "Surgery" advises the use of castor oil and salts. In so doing he uses his common sense.

Now I believe every D.O. should have the same privilege and freedom. I believe in pure osteopathy as much as anybody can. I'm sure its prin ciples rest on eternal truth. I'm not afraid of castor oil nor salts nor vibrators nor any other creature (the product of some D.O's. common sense) hurting our science in the least. Our mistakes may damage us individually but they will not harm osteopathy.

The M.D. who used *Cimex Lectularius* was following out his scientific line of thought. He was entirely consistent with the so-called principles of his science; but he didn't exercise his common sense. So we must let our common sense have full sway or we shall likewise make fools of ourselves. Emerson said: "Consistency is the hobgoblin of little minds." Honest, sensible men sometimes change their minds. The hobgoblin of consistency doesn't scare them.

I'm ready to become a charter member of an organization within our ranks which will frown upon any member or clique of members who formulates tenets or opinions and tries to have others believe just as he does or lose caste as osteopaths. I favor letting all within our ranks have perfect freedom to think. Osteopathy, unlike old fashioned medicine, is a perfectly rational science. It is not empirical. Free and original thought founded our science. The welcoming future will beckon us on the road of progress as long as we do not follow mere dogma, and untrammeled thought has sway.

PRESIDENT'S ADDRESS.

Read before the New England Osteopathic Association March 17. 1906, by Frank C. Leavitt, M.D., D.O., Boston.

Emerson says: "There is properly no history, only biography." The history of osteopathy will be the history of its great men. The history of the science will not be osteopathy with Still in it, but Still with osteopathy around him. This is because the great man represents the type. The history of the healing art is the history of Aesculapius, Hippocrates, Galen, Celsus, Harvey, Pasteur, Lister, Still.

Perhaps the regular medical profession was not big enough to hold A. T. Still. Perhaps his great sensitive nature could not have expanded his ideas except by cutting loose. No doubt his new theories jarred upon his former colleagues, and they did not take the trouble to investigate them. Anyway, I think we must admit that his loss was to the regular medical

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profession enormous. We may draw a parallel of their attitude toward Still from Browning's Cleon. Here we have an opinion of Christianity from a man represented to be a great poet of his time, who shows his unwillingness to accept truth originating outside his circle. He rejected without investigation that which would have given vitality and saved the scholarship of that day to simplicity and truth.

> "Thou canst not think a mere barbarian Jew
> Hath access from a secret shut from us?
> Thou wrongest our philosophy, O King,
> In stooping to acquire of such a one,
> As if his answer could impose upon!"

This is practically the attitude of the regular medical profession today. I heard it illustrated in Boston only a few weeks ago in a reference to osteopathy made by an ex-president of the American Medical Association.

If the medical profession was not large enough for a man of the caliber of Still, let us look to it that ours shall be sufficiently broad to retain his successors. The world has been notoriously intolerant toward its living geniuses; but perhaps has genius thriven on opposition and intolerance; perhaps the gods love most those honest souls whom the world forsakes; but we are outgrowing this childish state, and learning to know that we all have an affinity for genius, and that in latency, at least, every one is a genius. Perhaps we have not wholly passed that marked tendency following the Reformation, to split up into sects, each wishing to stereotype thought and action.

Other geniuses preceed Still. The researches of Harvey, Virchow and Pasteur established facts upon which Still builded his method of thinking and without which he could never have discovered osteopathy. With every new truth revealed there is a tendency to forget the old, but, while its relative range of usefulness will be changed, all the truth the old held must be retained with the new.

In justice to our medical contemporaries, there are some points to remember. The medical profession by adopting the principles of Still had much to lose. Having by expensive and industrous energy acquired their system, to make the change that osteopathy called for meant more time, expense, a radical departure in method and acquirement of the new before letting go the old. It meant more or less chaotic conditions that always accompany change. It would be a great sacrifice to give up their lifelong methods that humanity signified its willingness to live or die by. On the other hand a new profession had everything to gain and much less to sacrifice. Here was opened a new field of activity, only waiting for men and women of intelligence and industry. Here was the opportunity of doing an excellent, ay, noble work, and of so practical a nature as to offer a means of livelihood. It was an opportunity not only for the person whose ideal was to relieve and uplift humanity, but also for the opportunist who saw in the new science the most direct means of money, influence and notoriety. Judging from the history of our profession how much basis for belief is there that we are freer from prejudice or bigotry than our contemporaries?

The fact that osteopathy is a system, that the "osteopathic idea" is so real a thing, renders the principle liable to a peculiar and distinct kind

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of danger. I mean the danger of following therapeutic principles to their extreme conclusions as expressed through one method alone without regard to correlated methods of therapy. The osteopathic principle being an essential truth, is correlated with all rational therapeutics. Indeed, as Dr. Evans has shown in the prize essay of the A. O. A., the osteopathic principle includes all rational therapeutics. And it is owing to this fact, and this alone, that we have the right to base our claims that osteopathy is a complete and independent system. "Pure" osteopathy, as that term has been commonly applied, is a misnomer. There is no purity without inclusiveness, appreciation, tolerance, breadth. In order to see truly we require perspective and sense of proportion. "What will you have, quoth God? Pay the price and take it," says Emerson. You can have inclusiveness or exclusiveness, but you must pay the price of either. If you choose to be exclusive you will get a certain false pride that while it may sustain your egotism, will separate you from your brother; while it may make you temporarily more money, will cramp your growth. "He who is exclusive excludes himself." You may have inclusiveness; it will cost time and effort to get a broader point of view, but you have gained a higher and larger outlook and taken a step toward unity. You may make less money while engaged in getting your neighbor's point of view, but you have become more human. You may have lost a certain pride of class, but you have gained a larger fellowship.

In regard to the attitude of the medical fraternity, let us remember that, in the long run, this will be determined by our attitude toward it; that in the noble ends we wish to serve, we have a closer relation with the medical than any other profession. They are our brothers in the healing art. If offense must come let it come not from us, but let us be sorry for him from whom it comes. Let us justify ourselves without resentment.

The medical profession is still dominated by tradition and authority. It is only broad enough to accept truth as it is discovered or rediscovered by its own so-called authorities. Gradually they will rediscover osteopathy. It has already begun to appear in their literature under "ethical" names.

We are pioneers fighting to establish a great principle. It is not enough for us to *be* pioneers. It is quite necessary for us to *know* we are such. So after the osteopathic pioneers have done their work, ploughed and harrowed the new ground, the regular profession will fall heir to their labors. I have confidence in the virility of the medical profession, that slowly but surely it will absorb the osteopathic principle and that ultimately due credit will be given, but it will be only after medical history has been rewritten many times.

I wish to explain my attitude toward a tendency in the osteopathic profession to surround itself with certain artificial barriers that would set osteopathy apart as a peculiar and exclusive method of practice. It should be our business to make barriers as few as possible. Instead of erecting walls we should be building bridges. My reasons here are deeply personal. I wonder if many realize the price any medical man pays to embrace osteopathy? I wonder if anyone thinks that dollars can ever pay for that sacrifice. The price any honest medical man pays to embrace osteopathy, at present, is tremendous. I dare say that only one who has paid it can realize.

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And now I come to a subject which I approach with great reverence. I mean the spirit, the very atmosphere of our science. It is devotion to truth working through a profession, that which gives faith to religion, genius to science. There are scattered among us here and there a few great enough to be simple and unaffected by the extreme egotism, materialism or intellectualism of the times. Their gifts are those of wisdom and insight as well as knowledge, of character and intuition as well as education. They come to us without dogma but spirit. They quicken our faculties with fresh inspiration, they are seers and prophets, their message is vital. They bring not only the husk of knowledge, but the kernel of truth. We had a course of lectures in Boston this winter by Dr. Marion E. Clark that had in it the spirit to which I refer. We need this enthusiasm, we need teachers great enough to present things simply. I wish we had a chair of enthusiasm in every osteopathic college. We also need teachers to reach those in the field through our various organizations.

I believe that Kirksville has been wonderfully favored by the presence of the venerable founder. He still has that divine fire of truth that infected him when the science of osteopathy first imprinted itself on the sensitive plate of his consciousness. It is this spirit that has characterized him and his environment, and made it possible for earnest seekers, the industrious and thoughtfully receptive, to catch fire from his enthusiasm. But enthusiasm without knowledge is of little value; it can never take the place of careful, broad and thorough training along scientific lines. George Eliot, in Daniel Deronda, says: "I call a man fanatical when his enthusiasm is narrow and hoodwinked, so that he has no sense of proportion."

Let us have unity within our own ranks, but let us beware of a kind of unity that is fatal to man's spiritual faculties, the unity that demands of one to forsake that point of view that he feels to be true and substitute his neighbor's. As we climb higher our view always becomes more inclusive and broader. If my neighbor believes more than I, and has a reason for the faith within him, the probabilities are that his point of view is higher and truer than mine. The unity we want is that which comes from a united effort in the purpose of accomplishing a common good and a larger and more efficient service as a profession. Though we agree on these essentials, we will often disagree as to the best means of expressing them. We must learn then how amicably to agree to disagree.

The use of drugs is a crude method of producing an effect without removing mechanical cause. The drug method is at best the lazy method of producing an effect artificially. Of course, the effect is only ephemeral, because the cause is still present. The drug method is a deceiving one. Whether he knows it or not, the drug physician instead of benignly opening the human organism to the forces of nature, substitutes a poison which may give the same effect apparently, but which is a lie in fact, because the patient is deceived into believing what is not so, namely, that the cause has been removed. The twin deceivers, alcohol and opium, are considered the most useful drugs in the pharmacopœia. So they are! What more natural than that the sick should feel better by this means! And who will deny that these drugs given in "physiological" does produce the delightful effects that the alcoholic and opium fiends can vouch for! Why, pray, should not the patient feel better and swear by his doctor who can work such magical effects? It only illus-

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trates how can be produced the most charmingly agreeable effects by deceitful means. It is like the lying kiss, agreeable at the time, but none the less deadly because insidious.

The osteopath utilizes the natural forces of the body by putting them into correct relation; under his ministrations the rivers of life, represented by the blood vessels, are turned into channels of force and healing. Osteopathy is free circulation; it is the chemistry of nature working in the body, breaking down and removing the old and useless and building up the new and healthful. Osteopathy uses the currents of the blood intelligently as the mariner uses the ocean currents and the trade winds. Drugs merely produce an artificial storm or calm, which in its immediate effects may simulate nature, but ultimately thwarts her. Osteopathy co-operates with nature, drugs compete with her and defy her.

Osteopathy maintains an open circuit of blood and nerve paths. The osteopath is comparable to the electrician who keeps the wires insulated and free from extraneous influence. He removes conditions which interfere with nerve messages of sensation, motion and secretion. We do not claim for osteopathy that it is a substitute for fresh air, wholesome food, healthful exercise, good nursing, favorable environment, or an adequate philosophy of life. We do claim that it takes the place of drugs in a large measure, if not entirely.

Here is an illustration of the way in which drugs in many cases accomplish the same effects as osteopathic procedure: A horse pulling at a loaded wagon may be stimulated with a whip, so may the organs of the body with a drug; the same result would be obtained by removing obstructions, that is, lessening the amount of friction by greasing the axles and building better roads. What was formerly brought about by whip and spur is coming to be done in more humane ways. What was first a primitive way of accomplishing results becomes, as civilization advances, the wrong way. Thus evil itself is the result of development.

The difference between osteopathic and drug therapy is not so much in the immediate end accomplished, but in the ultimate effects of the means used. *The immediate* result may be the same in each case, the difference only being in the price paid in human vitality. Let the vitality of the horse represent that of the human body. Drugs may, like the whip, stimulate, but they are deleterious, not alone in prodigally setting free, and thus wasting the energy of the body, but also in that they may combine with tissues and set up additional pathological changes. For these two reasons drugs tend to defeat the larger end aimed at, namely, health. The end then should not merely be to recover from the immediate illnss, but to do so without unduly drawing upon reserve vitality. Osteopathy does accomplish the same benificent results without drawing on reserve vitality. As the problem of the physician is to utilize human vitality for constructive purposes to the end of permanent health, it is obviously bad practice to use means that will, by its very nature, act to defeat that end.

A sneer is often the sign of heartless malignity.—Lavater.

Who bravely dares must sometimes risk a fall.—Smollett.

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DISCUSSION OF THE NON-MANIPULATIVE PART OF OSTEOPATHIC THERAPEUTICS.*

C. H. CONNER, D.O., Albuquerque, N. M.

That there is a broad and undeveloped field which is non-manipulative, and justly belongs to osteopathic therapeutics, few can question. I am thoroughly convinced that the admnistration of drugs does not enter into the practice of osteopathy, for under the present system of drugging a larger percentage of people is permanently injured than benefited. The standard of osteopathy has gradually been raised to meet the growing demand of the masses who seek it and find relief. Osteopathic colleges have increased their course, thereby enabling the students to lay a broader foundation and to better equip themselves for the treatment and diagnosis of human ailments; and in harmony with this advanced idea our various legislative bodies are enacting laws raising the standard of requirements, thereby necessitating a greater proficiency in this science than heretofore. The people everywhere are awakening to the fact that osteopathy stands for natural and scientific treatment. The osteopathic physician should be ever ready to give information as the family physician regarding surgical conditions, hygienic laws, baths, exercise, sanitation, proper food and the climatic conditions in the various sections of the country. Especially do I wish to call the attention of the profession to the climatic treatment of pulmonary tuberculosis, and to New Mexico, which is nature's own sanitarium, for the successful treatment of all diseases of the lungs and air passages. It has been stated by some writers that tuberculosis can be treated as well in one climate as another, but I firmly believe that that is not a correct conclusion. I have been able to demonstrate beyond a question that various sections of the United States possess climatic conditions wonderfully adapted to the successful treatment of this disease. These conditions consist of a dry and bracing atmosphere, no extreme of heat or cold, a climate which admits of an existence out of doors all the year round, mild winters, cool summer nights, continual sunshine, very little rain, and a high altitude. The great southwest, "the land of sunshine, sand, sage brush, cacti and beautiful blue skies," possesses in an almost unlimited degree these very elements which observation and experience have proven to be of utmost value in the treatment of tuberculosis. Infection with the tubercular bacillus is absolutely unknown in New Mexico. With our present three-year course the student should be thoroughly instructed in surgery, and be able to administer to the wants of his patients when surgical skill is necessary.

When we are able to give to ailing humanity scientific advice in all the natural laws of healing, and especially in the prevention of disease, as well as to skillfully correct all abnormal anatomical conditions, it is then that we, as osteopaths, will be the family physicians, and our work will be known and appreciated.

* This discussion was inadvertently omitted from the January number of the JOURNAL, in which the paper on the subject and discussion by other speakers appeared.—Editor.

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AS THE LAY PRESS VIEWS IT.

Some Editorial Comments on the Question of Legislation Affecting Osteopathy.

Assemblyman Berg, of Jersey City, has introduced a bill in the House asking for the appointment of a board whose duty it shall be to examine osteopaths and license them to practice their profession in this State.

A bill of this character was introduced in the Senate last winter, but before it had gone very far the osteopaths became divided in their opinion of what they wanted, and the measure fell by the wayside.

There appears to be no good reason why the osteopaths should not be permitted to protect their profession so far as possible against the impostor, and there appears to be no good reason why they should be subjected to an examination by the State Board of Medical Examiners, since the administration of drugs is not a part of their treatment of patients; but they cannot hope to succeed in their undertaking to secure the enactment of protective legislation unless they first find out what they want and then stand for it.

When they begin to look around for a compromise with the forces that are opposed to them, their cause weakens.—*Daily State Gazette* (Trenton, N. J.) Feb. 28, 1906.

The osteopaths of New York are in a fair way to receive proper recognition. Their bill, which puts osteopathy on the same footing with the practice of medicine, has won the support of senate and assembly leaders, and assurances have been given that it probably will pass both houses.

For several years the osteopaths have petitioned the legislature for relief, but, on account of the bitter opposition of the medical societies, have been unable to get it.

The Pennsylvania legislature also looked favorably upon a bill to recognize osteopathy, but the measure was vetoed by Governor Pennypacker.

There is no question that osteopathy has come to stay, and the sooner laws are enacted that will regulate the practice and keep fakirs and humbugs out of the field the better it will be for the general public.—*Scranton* (Pa.) *Tribune*, March 14, 1906.

Osteopathy should be recognized in this state, legally, as it is in so many other states. It is being opposed by the "regulars" in the same manner the latter fought homeopathy for so many years. And yet now there are many allopaths who use homeopathic remedies with success. But the "old liners" fight everything that is opposed to their particular line of practice. We should perhaps say the younger element of the "old liners." For as a matter of fact almost any physician of long experience will tell you that while surgery has almost reached the point of an exact science, medicine is as much in the dark as ever and with few exceptions the efficacy of remedies is experimental. The late Dr. Terhune, of Passaic, before his death admitted this, and so did Dr. Rice, of the same city. Dr. Rogers, the veteran Paterson physician, placed little faith in medicine during his later years.—*Paterson* (N. J.) *Call*, March 14, 1906.

The legislature ought to disregard the protests of the Doctors' Trust and license the osteopathic doctors. Their treatment cannot kill if it does not cure. The allopathic doctor takes a look at a patient and gives him medicine by guess. If he guesses right, the patient recovers. If he makes a mistake the patient dies by a mysterious dispensation of an All-Wise Providence, and the undertaker does the rest. The state licenses the allopathic doctor, the druggist and the undertaker. Why not set the official seal on the osteopath?—*Paterson* (N. J.) *News*, March 17, 1906.

Doctors may keep osteopathists and other doctors out of their societies if they choose to be so narrow, but when it comes to trying to influence the legislature into passing, or killing, legislation which recognizes the science and belief of others, it is time to begin to ask the doctors of a certain school just how much of this earth they think they own, anyhow.—*Poughkeepsie* (N. Y.) *News Press*, March 6, 1906.

We have been notified by the secretary, Dr. Lillie E. Wagoner, that the Osteopathic Association of Southwestern Iowa will meet in Creston, on May 8.

Give us to awake with smiles, give us to labor smiling. As the sun brightens the world, so let our loving kindness make bright this house of our habitation.—Robert Louis Stevenson.

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APRIL, 1906.

Case Reports.

There are probably over forty thousand osteopathic treatments given in the United States daily, with over two or three times that many people constantly under our professional care. Among these there are all kinds of cases and conditions met with. We know that no other school of practice has such good results. A knowledge of the work that each is doing in restoring patients to health, and the manner in which it is done, would be of real interest and great practical benefit to all other practitioners. The department of case reports has been instituted by the A. O. A. to put this information within easy reach of the profession. But despite all the good work that is being done in the field, it is only by the most heroic efforts on the part of the editor, Dr. Ashmore, that two hundred cases can be collected and published in a year! This is a condition that needs righting. There are many reasons, we believe, for this state of affairs. In the first place quite a number think that only brilliant successes are worth reporting. This is a mis-

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take. Even the failures will be of interest if they contain a lesson. There is a possibility of a difference of opinion, too, as to what constitutes a brilliant success. When we consider that a large part of our practice is upon cases that are considered hopeless—classed among the so-called incurables—a large measure of permanent relief which we so often effect may be a real success.

Perhaps some are too busy to keep a record of their cases and to report them, but such are making a mistake, and are not living up to their opportunities. No one can really afford, considered merely from the standpoint of their own benefit, to neglect so important a matter. But the lack of data is undoubtedly a reason for a dearth of reports.

It is possible, too, that some hesitate to report cases from the fear that they might not put the reports in proper scientific form; but this should deter no one. Report the facts in the case. Dr. Hazzard in an address recently stated that some of our earlier literature was crude, even "imaginative." This was perhaps true, but in reporting cases there is no excuse for drawing on the imagination. What we want is an absolutely reliable source from which to draw information, and upon which to base conclusions. Give the conditions found, the lesions present, the treatment and the result. Dr. Ashmore is willing to put the matter into shape for publication. Let us make this venture the success it ought to be. Let it not be said that the A. O. A., having once undertaken so important a work, made a failure of it.

Local Organizations.

Osteopaths may find much of an encouraging nature in the good work that is being done of late by the various local osteopathic organizations. On account of the youthfulness of our profession, it seems more necessary than for most professions that our practitioners should frequently get together to discuss their problems and to compare methods and results. The meetings of associations composed of a group of states, as the New England Association, of state, district and city organizations, afford this opportunity. There are none in the profession who are not benefited by such commingling.

There are several examples of city societies that are doing excellent work. The Greater New York Society is a notable one. Monthly meetings are held, which seem to be increasing in interest.

Some states, as Illinois, have district associations, with frequent meetings. In Iowa also the state is subdivided for purposes of organization. In Minnesota monthly meetings are held by the state association. This would not be practicable in all states, but in states where a large per cent. of the profession is located in cities in close proximity, it is not only possible but desirable. The Minnesota association is pursuing some other methods that are worthy of consideration, and possible adoption, by other organizations. It has made a start in building up a professional library for the benefit of its members. It has recently issued a booklet, which contains the association's declaration of principles, notes on the growth of the science, short paragraphs on what the osteopathic physician does, selected paragraphs showing the scope and achievements of osteopathy, the rights conferred by the law of the state, and a roster of the members. Each member is entitled to sixty-five of the booklets, which are well adapted for distribution among the friends of the science.

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Many state associations, as New Jersey, Oregon and Texas, publish directories of their membership, and some of them have put their constitution and code of ethics in the form of booklets.

The Missouri Association has undertaken the collection and compilation of vital statistics.

These things are all suggestive of lines of work that may profitably be pursued by the various local organizations. They all make for advancement and are indicative of an activity that means growth and development.

Death of Dr. Cherry.

Just as we were going to press with this number of the JOURNAL, a letter from Dr. McConnell conveyed the sad news of the death of Dr. Leslie E. Cherry, Milwaukee, Wis. His death, which occurred on March 23, resulted from typhoid fever. The funeral took place on the 26th.

Dr. Cherry was among the first graduates of the Northern Institute of Osteopathy and one of the founders of the Milwaukee College of Osteopathy. Since that institution was merged with the A. S. O., he has been in private practice in Milwaukee. Dr. Cherry was a prominent figure in the profession, both locally and nationally, and his death, which comes as a shock, will be universally deplored.

The Work of Recruiting Our Membership.

Applications for membership in the A. O. A. that are received after May 6th will be dealt with under what may be termed the "three months' clause" in the constitution.

Section 2 of Article VII of our constitution reads as follows:

"Each application for membership must be accompanied by $5, 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."

Under the rules adopted by the Trustees about a year ago, names of applicants are published in the JOURNAL thirty days before being voted upon, and the names of those elected do not appear in it at all. It has been decided that those joining the A. O. A. within three months of the Put-in-Bay meeting will be furnished the issues of the JOURNAL for June, July and August, and their memberships will be extended, of course, to the close of the annual meeting following it.

We expect to make the May number of the JOURNAL a campaign number. Extra copies will be printed and sent to all non-members whose names are furnished us by the membership workers appointed, or to be appointed, by Secretary Chiles and Assistant Secretary Upton. It has been arranged that personal letters will be sent to all of the non-members who will receive the

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May number of the JOURNAL. We trust that all who are to assist in this work will send us, by the 15th of April, a list of names of those to whom they wish JOURNALS sent. If any member has a friend in the profession whom he would like to have join the Association, and will write him a personal letter setting forth the advantages of membership, and send us the name and address of such friend by April 15th, we will take pleasure in forwarding a copy of the May number of the JOURNAL.

At the close of the Denver meeting there were about one thousand names of members in good standing on the roster of the A. O. A. Three months thereafter, in accordance with the provisions of the constitution, the names of those failing to pay dues were dropped, which considerably reduced this number. But during the year new names have been added until the directory issued in March showed a total membership of 994. To this are now to be added the seventeen applicants whose names appeared in the March JOURNAL, and who are now members. This brings the total membership up to 1,011. If proper effort is made we believe that at the close of the Put-in-Bay meeting we will have a membership of 1,500. Let us all work to that end.

We understand that a bill is now before Congress which provides for a Department of Health, the Secretary of which shall have a seat in the Cabinet of the President. We have not a copy of the bill at hand, and hence are not familiar with all of its provisions. We understand, however, that it is devised in the interest of the dominant school of medicine, and by adding to its prestige and in other ways, seeks to obtain and perpetuate a monopoly of the healing business. We would advise osteopaths, and all other practitioners of non-drug methods, to familiarize themselves with this bill and then exert their influence to secure its defeat. So long as conditions remain as they are we must not only know our rights, but be prepared to fight for them.

Dr. B. M. Jackson, writing to physical culturists in *Physical Culture* for February, 1906, says, and his words are applicable to us: "My friends, it is about time that you awake from your lethargy, and fully realize that 'fair square deals' are not passed around on golden platters, especially by politicians. Therefore if you are truly anxious for some kind of a deal you must fight for it—you must be doing things."

We print in this number of the JOURNAL the program of the Put-in-Bay meeting, which is now practically completed. As will be seen, it is eminently practical and will be of immense benefit to all in attendance. Many valuable papers will be prepared for the Association, but it has been arranged with their authors that, unless it appears there is ample time, only abstracts occupying a few minutes each will be presented to the Association. They will later be printed in full, when members will have an opportunity to read and study them at their leisure. Thus will excellent professional literature for the coming year be assured, and the time of the Association will be saved for necessary business and practical demonstrations and clinics.

Dr. McConnell was somewhat embarrassed in preparing the program by

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the fact that only a limited number of places were to be assigned, and there was such a large field from which to draw. It will be observed that no officer of the Association is on the program, and none who were on duty last year. It is hoped that those who may have made a special study of any of the subjects presented will avail themselves of the opportunity given for general discussion.

We are in receipt of a circular letter from Dr. A. W. Berrow, Hot Springs, Ark., in which a point is raised that is worthy of consideration. He mentions the fact that during his three years' practice in that city he has seen eight D.O.'s leave the field. He attributes this in part to the fact that there are 130 M.D.'s and 15 masseurs at that place, and they all say that osteopathy is massage. Landlords and clerks of hotels advise their guests to employ an M.D., and if asked about an osteopath say they are not successful there, do not stay long, etc.

Osteopaths all over the country have some patients, doubtless, who go to Hot Springs, and they should, when they learn of their intended visit, refer them to an osteopath, as M.D.'s refer their patients to an M.D. As Dr. Berrow expresses it: "Many M.D.'s refer their patients to their friends here, who return them to the doctor who sent them. Osteopaths should do the same, and save their patients from retrogression."

Information comes from Oregon that representatives of a New York life insurance company are soliciting insurance of osteopaths in that state, promising as an inducement the examining work of the company, and claiming to have appointed Drs. Graffis, Moore and Hoisington as examiners. This is false, and it is said to be not the only misstatement made by these agents. It is reported that the same parties will work Washington, and Dr. Chase, Secretary of the W. O. A., says to osteopaths: "Do not let them work you." We call attention to this so that osteopaths everywhere may be on their guard against this form of trickery.

It has not yet been decided whether or not a banquet shall constitute a feature of the Put-in-Bay meeting, and there is a division of sentiment as to its desirability. We would be glad to have an expression of opinion on the subject from the members.

The case of Goldie Granger vs. Dr. C. E. Still for alleged personal injury was again tried last month in the circuit court at Kirksville, Mo. It resulted in a mistrial owing to a disagreement on the part of the jury.

NOTES AND COMMENTS.

"How Nature Often Cures When Doctors All Despair."

The above title represents the theme of an article published in *The Saturday Evening Post* of March 10th, 1906, on the question of "Shall We Kill Incurables?" A point of particular interest is found in the fact that the author is no less a personage than Dr. John V. Shoemaker, president of the Faculty of the Medico-Chirurgical College of Philadelphia.

Though it may not have been so intended, the article is really a very strong arraignment of drug medication. It abounds with incidents of error in diagnosis, the inefficiency of drugs, and the potency of nature in the healing of so-called hopeless invalids.

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Doctor Shoemaker is to be congratulated upon the stand he has taken on the question of "pronouncing and carrying out a death sentence upon a patient as a measure of mercy." He says: "Medical science is getting away from the old idea that certain conditions of the body are beyond possible cure. Under the new dispensation, it declares that there is always a chance of recovery, etc." In this connection it should be noted that he does not give drugs any credit for this wonderful progress of the "Medical Science." Indeed, his statements imply that the disuse of drugs is largely reponsible for any advancement that may have been made. While he says, "We have discovered means whereby many physical afflictions formerly deemed hopeless may be cured," he refers in this connection to cancer, and deformities, such as "crooked backbone" and "clubfoot," which of course implies surgical interference and is in fact nothing new, so far as claims are concerned.

He cites a number of cases that came under his observation, which were considered hopeless, but finally recovered; and while he does not credit drugs in any particular case, he does imply in most of them, that they used no medicine; had a change of air and surroundings, etc., in fact, simply gave nature a chance.

In the beginning of this article, the doctor mentions a case of "the rare and incurable malady known as Addison's disease." Physicians of the highest reputation declared the case absolutely hopeless. Dr. Shoemaker, however, disagreed with the others and pronounced the case "nothing more than a disordered liver." He does not say that he gave the patient drugs, but we presume that he did. In reference to his diagnosis of the case, he says: "Proof that I was correct may be found in the circumstance that though the incident to which I refer occurred eighteen years ago, the lady still lives."

Perhaps the doctor did not realize when he cited this incident that later in his article he would become greatly imbued with the idea that "Nature accomplishes the cures," otherwise he might have given Nature credit for having cured a case of "Addison's disease." Although he may have administered to the patient medicine for a "disordered liver," is it not true that "Nature often cures in spite of medicine?"

In a case of malignant anemia, he says the patient threw away his medicine and was fed regularly on tea and broth, and entirely recovered. He very justly adds: "You see, Nature knew more than we did about the case."

He mentions an "incurable" consumptive who recovered his health entirely, but died eventually of other disease. The doctor made a post-mortem examination, and had this to say: "Found that both of his lungs were literally a mass of seams and scars from apex to base. They looked as if they had been sewn up and stitched together in every direction. It was indeed an admirable example of Nature's handiwork; she had done the mending for herself, after the man had been given up."

Perhaps the most interesting part of this article is the closing paragraph. He says: "Meanwhile, if I were asked to define the wisest policy for the every-day person who wishes to keep well and to avoid dying, I would say, Stay away from the doctors as long as you can; use medicines only when they are really necessary, and above all, when attacked by any bodily affliction, give Nature every possible chance to assist in a cure."

The advice contained in the above paragraph is certainly a confession of the inefficiency of drugs, and of the unscientific basis of medical practice. It is all the more remarkable coming, as it does, from a man at the head of a prominent medical school. As to "using medicines only when they are really necessary," how is the "every-day person" to know when they are really necessary, when according to incidents cited by Doctor Shoemaker, it seems that the most learned men of his profession do not know; make the grievous mistake of giving them when they are not necessary,or by error in diagnosis give the wrong medicine?

The gist of Doctor Shoemaker's article implies not only that medicine is seldom needed, but that Nature will cure most diseases if given a fair chance. Surely this is a great awakening on the part of "medical science," and "the newer dispensation" is gladly welcomed not only by the "traditional hopeless invalid," but especially by those who have long believed, and by practice have demonstrated, that Nature's efficient remedies reside within the body.

S. T. Lyne.

Kansas City, Mo.

What Constitutes the Practice of Medicine

Below is given the definition of the Practice of Medicine by Judge Joseph I. Green in the City Court of New York, and below this follow editorial views from the *Medical Review of Reviews* and the *New York Medical Journal.* The medical press generally seems to be very well pleased with the definition except that it is not quite comprehensive enough, all of which goes to show that they are exceedingly modest in their desires.

While having no knowledge of the legal technicalities involved in the matter it seems that the M. D's. will finally, if allowed, enact a law which may prove a boomerang. Under this definition I do not see why an optician should not be considered a practitioner of medicine, and certainly in every town of importance there are masseurs who treat independently of any physician and who claim to cure disease. In Alabama, I was told by one of the best lawyers that an osteopath could not employ an assistant who had not passed the state

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board examination unless he was *present* and directed *every* treatment. Why then should a trained nurse be given discretionary powers and be allowed to administer drugs when the drug doctor is not present? A look into the legal side of some of these questions may enable us to secure more favorable consideration.

"Judge Joseph I. Green, in the City Court (New York), has defined the practice of medicine for the first time in our legal history. The definition has been made with great care:

" 'The practice of medicine is the exercise or performance of any act, by or through the use of any thing or matter, or by things done, given or applied, whether with or without the use of drugs or medicine, and whether with or without fee therefor, by a person holding himself or herself out as able to cure disease, with a view to relieve, heal or cure, and having for its object the pr vention, healing, remedying, cure or alleviation of disease.'

"This is a most excellent definition, and it is to be hoped that it will stand and be placed permanently upon the statute book and confirmed by the Court of Appeals. Faith curists, together with all irregular 'pathies,' will be obliged to qualify in the usual way before they can practice; in other words, it would practically put every quack and medical charlatan in the state permanently out of business.

"It is interesting to note here the difference between Judge Green and the great service he has done for the medical profession and general public, as in contrast to the position taken by Justice Deuel of *Town Topics* fame.

"The New York *Times* fears that this definition would affect the sanitary engineer, the street cleaning department, and even 'the grand mother who put a piece of red flannel around a child's sore throat' would be liable. This would not necessarily be so, for it would be contrary to the spirit of the law. The grandmother or mother 'does not hold herself out as able to cure disease.'

"We congratulate Judge Green upon his clear, concise definition of what constitutes the practice of medicine, and think that he has rendered a great service to the medical profession."—W. B. J.—*Medical Review of Reviews.*

"Judge Green, of New York, has recently promulgated a definition of the term practice of medicine. Many of our courts have shown a disposition to limit the meaning of the expression so as to make it cover only such practice as involved the administration of some drug. That, of course, is an absurdly inadequate definition, and it is difficult to see how the legal mind could ever have been satisfied with it. Judge Green's definition, though not a masterpiece, is a distinct improvement on those that carry the restriction mentioned.

" 'The practice of medicine is the exercise or performance of any act, by or through the use of drugs or any thing or matter, or by things done, given, or applied, whether with or without the use of drugs or medicine, and whether with or without fee therefor, by a person holding himself or herself out as able to cure disease, with a view to relieve, heal, or cure, and having for its object the prevention, healing, remedying, cure, or alleviation of disease.'

"In spite of what we may regard as lameness of phraseology in this definition, we presume it will be interpreted as in the main identical with the medical profession's general conception, save for the fact that it seems to regard the practice of medicine as consisting wholly of therapeutics. There are instances, it seems to us, in which the announcement of a diagnosis or a prognosis may of itself be held to constitute an act of medical practice, for, if the patient is guided by it, the consequences may be momentous. Still, the courts move slowly, and each step in their progress, is likely to bring us nearer to a satisfactory ruling." —*New York Medical Journal.*

PERCY H. WOODALL.

Birmingham, Ala.

Is Osteopathy "Medicine?"

Legislative work brings out many opinions from as many different sources as to just what our status is in the community. After years of derision and sneers the medical men have decided to insist on the point that we are practicing medicine. Many members of the legislature are inclined to take the same view, while a number of our own profession openly endorse and urge it.

Probably in the broad sense "any one who treats the sick practices medicine," but we as a separate school, have reason, if we love our science and hope for its future, to thank God that the learned judges have held in most cases that have come before them that the practice of osteopathy is not the practice of medicine. Suppose for a moment that the first osteopath to feel the blow of the medical tormentor had, on arrest, been found guilty of violating the medical practice act, and had been restrained, and suppose that had happened in every state, what would be the status of osteopathy today, and where would its practitioners be? It is owing almost entirely to these decisions that today we are occupying the position we do in the therapeutic world, for we well know it would never have been developed by the medical schools and would have "died aborning" if strangled by the law. One only has to look on Alabama to see our future if other courts follow its interpretation of the law. Just glance at the states—for instance, New Jersey. If pending legislation fails every osteopath would be driven from its borders in twenty-four hours, but for that heaven sent decision *that the practice of osteopathy is not the practice of medicine.* In New York the broad

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minded scientific medical men openly boast that they not only will defeat legislation but that within sixty days will reverse the decision which gives us immunity and drive us from the state. Can we afford to talk or encourage such a dangerous principle at the fearful price we will have to pay? Generally speaking, it is a safe proposition that whatever the medical man wants for us we most emphatically do not want, and this is a good example. Let us be patient and we will "take our place among the schools of medicine" soon enough. and we will be "broad enough to comprehend all that is needed to make us complete" in due time. But in our effort to make ourselves taller than we really are by standing on tip-toe let us not lose our balance and topple over. In states where this fearful war for recognition is over—Ohio, for instance—they can call it the practice of medicine, but not with safety to their neighbors, and they had reason to be thankful once that it was not so considered. Let us be careful how we use this term. Once we are regulated and safe from the hand of medical men there will be no difficulty in our finding the niche in the world's hall of fame which has been set aside for osteopathy.

What practical good can come from it any way if we succeed in being included in the practice of medicine? Will it add one cubit to our stature? No. Will it add one particle to our effectiveness as a therapeutic system? No. Will it assist us in our fight for regulation? No. And as I have shown, it may be our undoing. The law recognizes different schools of medicine—the allopathic, homeopathic, eclectic and osteopathic. The allopath modestly claims he is the whole thing, and is a "physician." Well, probably he is, but there are others, and likely to be more. Just now I am not practicing medicine, nor am I a "physician" in the sense our allopathic friend thinks he is, but until this "bloody war" is over and we know where "we are at," I am an osteopath, and nothing else.

CHARLES C. TEALL.

Concentration of Mind While Treating.

This may have two meanings. First is the ordinary meaning of simply putting one's mind to a task, and the second is a psycho-therapeutic meaning, in which the physician seeks to influence the vital processes of the patient by a mental effort.

Everyone realizes that in the first sense concentration of mind is absolutely necessary in giving treatment. The physician should have in his mind a mental picture of the conditions to be overcome and the proper procedures necessary. This requires concentration of mind. No one can get the best results while the mind is employed in thinking about something entirely foreign to the matter in hand.

In a psycho-therapeutic sense great good is claimed by some from the mental suggestion trasmitted to the patient's mind by a mental effort on the part of the physician. In my own experiments and experience, all beneficial results seemed to be due to an auto-suggestion for when the patient was unaware that an effort was being made to affect him no effect was secured. When the patient had some knowledge of the theories of psycho-therapy and expected concentration on my part and results therefrom the results were usually forthcoming *whether I concentrated or not.* I am aware that a large number of reliable and experienced investigators claim that good or even the best results are obtained while the patient is unaware that an effort is being made to impress him. If this be true, I believe that the same good results will follow the simple putting of one's whole soul and thought into one's work, as all conscientious physicians must. PERCY H. WOODALL.

Birmingham, Ala.

More About Surgery.

Dr. W. F. Link's communication in the March issue regarding Surgery impels me to make a few comments. I heartily agree with Dr. Link in the view that we need osteopathic surgeons, and that we need them badly. I also agree that these should be the very best surgeons in the world. The osteopathic principles are peculiarly fitted to make the best surgeons, and there is no question whatever in my mind but that the time has come for our profession to produce such an article.

I do not, however, agree with Dr. Link in the view that every one of our students should be put through a course of practical operative surgery. Every student in our colleges should be thoroughly trained in the use of anesthetics, the reductions of dislocations and fractures, and the diagnosis of all pathological conditions. When we finally succeed in turning out the best surgeons in the world, it will be because we have thoroughly trained them in the osteopathic conception of etiology, and the prognosis of pathological conditions under skillful osteopathic treatment, and not because of any greater skill in the actual use of the knife.

What our profession needs now more than ever before is a more thorough and exact knowledge of the human body itself in health and disease, and a broader application of the principles of osteopathic "bloodless" surgery. Our profession is as yet so young, and the amount of original work which we have done along pathological lines is so very small, that

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we are in danger of losing sight of the possibilities of our own peculiar system in our haste to turn out surgical operators.

One of the greatest curses of modern times is the excess of needless surgical operations, and I believe that it has been a mistaken policy on the part of the medical schools to insist upon major operative training for every one of their students. The man who can prevent amputation of a leg is perhaps of greater practical benefit to the human race than the man who is willing to remove the extremity, although both men have their proper spheres.

Current medical literature states that about one out of every ten graduates from the medical colleges enters the field of operative surgery. If this small percentage is responsible for the recent craze for surgical operations, it would perhaps be the part of wisdom for the osteopathic schools to train about one out of every hundred students for this class of work. Otherwise, we will run into the same error which has been made by the medical schools, namely, too much surgery.

We should not develop our operative surgery too far in advance of our pathology, otherwise our surgeons will be little better than the medical surgeons. I am inclined to the belief that the English method of requiring special and prolonged training for operative surgeons, and special examinations before being allowed to practice their profession, works out in perhaps the best practical manner. The English surgeon has the title of "Mr." and does not respond to the title of "Doctor." which belongs to the regular physician. A person may, however, qualify in both branches of the healing art.

The profession of dentistry, small branch though it is, has its own subdivisions. For instance, the extraction of teeth is seldom performed by the same person who attends to the filling of them. Neither is crown or bridge work done, as a rule, by the latter. Certain of these things are recognized as specialties, which can best be performed by the person who is continually doing this class of work. The laws of most states likewise consider dentistry itself as a separate department, and have separate laws to regulate its practice.

Such should be our position in regard to surgery. The osteopathic surgeon should be a specialist, devoting his whole time to this class of work, and the profession should unite in supporting the efforts of such an individual. This condition would result in the very highest type of surgeon, with an eye single to the advancement of this particular branch of the healing art, and the public would then be assured of better general osteopathic practitioners, and a vastly decreased number of surgical operations.

Let us have osteopathic surgeons, of the highest grade, and as soon as possible, but let us profit by the mistakes of the medical men. Let us, therefore, make our course in operative surgery a post-graduate one for those who wish to specialize in this branch, and train the balance of our students into the highest type of general osteopathic practitioners who can, by skillful treatment, prevent a resort to surgical measures. FRANCIS A. CAVE.

Boston, Mass.

LATEST LEGISLATIVE NEWS.

The fight is still on in Massachusetts, New Jersey and New York. In each of these states it has been a stubbornly fought contest, and while in none of them is the result a foregone conclusion, the osteopaths are at least hopeful of victory.

Massachusetts.

The following from a letter prepared by the Committee on Legislation of the Massachusetts Society gives the situation in that State at the present time:

"The Committee on Public Health reported our bill on Tuesday, the 20th inst., after having considered same at several executive sessions. The report was an adverse one, giving 'leave to withdraw' by a vote of 6 to 5.

"Our friends on the committee were as follows: Representatives Jackson, of Lynn; Willetts, of Fall River; Jones, of Chelsea; O'Rourke, of Worcester, and MacManmon, of Lowell. These five members will dissent and move in the House for the substitution of the bill in place of the adverse report.

"A majority of the committee has been with us for several weeks past, but at the last moment Representative Simon Swig, of Taunton, deserted us, and went over to the opposition, without any apparent reason for so doing.

"House Bill No. 883, making graduation from a medical college a requirement before taking the examination of the Medical Board, was withdrawn prior to the date set for its hearing. House Bill No. 882, to define the 'practice of medicine' in a drastic manner, was given 'leave to withdraw' by a unanimous vote of the committee.

"Dr. Harvey's recommendation to define the term 'medical practitioner' in such a manner as to include the osteopaths, was given a hearing on the 7th inst., and has just been reported 'No legislation necessary' by unanimous vote of the committee.

"The fight for our bill must now be made in the House and Senate. Thus far we have

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made the best showing ever made on an osteopathic measure in this State, which is an indication of what may be expected from concerted, enthusiastic effort."

New Jersey.

On March 12 the hearing on the osteopathic bill was held at the capital of New Jersey. The following osteopaths spoke for the measure: Drs. C. E. Fleck, C. W. Proctor, C. M. T. Hulett and Charles C. Teall. Mr. Griffith Lewis and ex-Senator Maurice Rogers, noninterested laymen, spoke for the bill in the interest of fair play. The medical men in opposition to the bill were represented by Drs. L. M. Halsey, J. M. Gray, B. M. Evans, J. M. Atkinson and Philip Marvel.

The medical men appearing not to be satisfied with the showing made at the hearing, asked for another, which was set for the 20th. They have every reason to feel less satisfied with the second hearing, which was described by the *Newark News* as a "peppery tilt." Dr. Britton D. Evans, speaking for the medical men, said that they had no paid attorney to speak for them, "or any hired member of the Legislature to aid them." Mr. Berg, who had introduced the bill, took exceptions to this statement and demanded an apology, which Dr. Evans made. Ex-United States Attorney-General John W. Griggs spoke for the osteopaths, as did also Drs. Charles Hazzard, New York, and Mark Shrum, Lynn, Mass.

The osteopaths feel much encouraged as a result of this hearing, and while no report has yet been made, so far as we are informed, the outlook is much more favorable.

New York.

The hearing on the osteopathic bill was held on February 28, in the senate chamber, which was crowded, even the galleries. Martin W. Littleton, a prominent attorney of Brooklyn, and Drs. Charles Hazzard, Ralph H. Williams, C. W. Proctor and Charles C. Teall, ably presented the case for the osteopaths.

Drs. Abraham Jacobi, Algernon Bristow, and Frank Van Fleet appeared for the opposition; also, Mr. James O'Brien, attorney for the Erie County Medical Society.

The present status of affairs will appear from the following letter from Dr. Teall, who is in Albany in the interest of the bill:

The situation in New York legislatively is sufficiently complicated to keep the ones in charge from getting lazy. The hearing before the joint committee was productive of much fun, but probably the thing which upset the dignified lawmakers most was the colloquy between Senator Brackett and Dr. Abraham Jacobi, which resulted in the latter saying: "Vat ve vant is to veed them all oudt so they cannot humbug the public for ve know how easy it is to humbug the public." The shout that went up so disconcerted the distinguished medical man that he sat down in a daze, and there is still doubt if he knows why everybody roared. The bill was reported favorably by the senate committee, and is almost sure to pass unamended by a good majority. On the assembly committee are two medical doctors and a druggist—the chairman—and it is not necessary to say that their minds were made up several days before the hearing. The result is that we lost in that committee, and they have introduced a bill which is of the most drastic type. It attempts a new definition of the practice of medicine, as follows: "Any person who holds himself out as being able to diagnose, treat, operate, or prescribe for any human disease, pain, injury, or deformity, and who shall either offer or undertake by any means or method to diagnose, treat, operate, or prescribe for any human disease, pain, injury, or deformity." That ought to be sweeping enough to suit most anybody—except the ones who are hit, and they are numerous. It will meet opposition from osteopaths, homeopaths, eclectics, Christian scientists, mental healers, instrument and truss makers, opticians, etc. As an exhibition of intolerance, it will help us, and we greet it with pleasure. The last measure of this sort, the "Bell Bill," of fragrant memory, resulted in the defeat for even renomination of every man connected with it. History will repeat itself, I have no doubt, in the present case. We are united and are putting up the prettiest kind of a fight. CHAS. C. TEALL.

Albany, New York, March 22, 1906.

Legislation Asked in the District of Columbia.

If a bill introduced by Representative Sherman, of New York, yesterday, becomes a law, osteopathic physicians, who do not believe in the use of medicine, will have a board of examiners in the District.

It is provided that the board shall consist of five members, to be appointed from a list of eight submitted by the District Osteopathic Association.

It is stipulated in the bill that the board shall hold examinations the second Thursday of April and October, and issue licenses to practice. All persons applying must have a diploma from a college of osteopathy, and must pay a fee of $10 to the board for a license. If practicing five years, the osteopathist may get a license without examination by paying $5.

By a vote of four members of the board a license may be revoked because of fraud or deceit in passing the examination, chronic inebriety, practice of criminal abortion, conviction of a crime involving moral turpitude, or unprofessional or dishonorable conduct.

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It is also provided that licenses shall be registered by the clerk of the Supreme Court of the District at an expense of 50 cents. For violation of the law a penalty of $500 fine or not more than ninety days' imprisonment is imposed.—*Washington Post*, March 20, 1906.

Proposed Program of Meeting of the American Osteopathic Association at Put-in-Bay, Ohio, August 6-10 1906.

MONDAY, AUGUST 6.

Reports of Committees—Publication Committee, Educational Committee, Legislative Committee.

Treasurer's Report.

Trustee's Report.

Routine Business.

8:00 P. M.—Reception.

TUESDAY, AUGUST 7.

Symposium of Practical Treatment:

(Clinic Demonstration of Technique.)

(a) Cervical Region—Dr. G. A. Wheeler, Boston, Mass.

(b) Dorsal Region—Dr. W. W. Steele, Buffalo, N. Y.

(c) Lumbar Region—Dr. Josephine DeFrance, St. Louis, Mo.

(d) The Pelvis-Sacrum, Coccyx, Innominata—Dr. Vernon W. Peck, Pittsburg, Pa.

(e) Ribs and Vertebrae Correlated—Dr. George J. Helmer, New York, N. Y.

(General Discussion.)

Business.

8:00 P. M.—President's Address.

WEDNESDAY, AUGUST 8.

Practical Dietetics—Dr. H. H. Moellering, Minneapolis, Minn.

(General Discussion.)

Osteopathic Applied Anatomy—Dr. M. E. Clark, Kirksville, Mo.

(General Discussion.)

Osteopathy as a Profession—Dr. J. H. Sullivan, Chicago, Ill.

How Osteopathic Lesions Affect Eye Tissues—Dr. Louisa Burns, Los Angeles, Calif.

Business.

8:00 P. M.—Alumni and class reunions.

THURSDAY, AUGUST 9.

Paediatrics.

(a) Infant Nursing—Dr. Alice Patterson Shibley, Washington, D. C.

(b) Osteopathic Treatment of Infant Disorders—Dr. Louise P. Crow, Milwaukee, Wis.

(c) Prophylactic Treatment of Children—Dr. Louise A. Griffin, Hartford, Conn.

(General Discussion.)

Emergencies.

(a) Haemorrhages (lungs and uterus)—Dr. E. C. Pickler, Minneappolis, Minn.

(b) Unconsciousness or Insensibility—Dr. Edgar D. Heist, East Berlin, Ont. Canada.

(c) Fits or Seizures—Dr. A. B. King, St. Louis, Mo.

(General Discussion.)

Osteopathic Lesions in Acute Respiratory Diseases—Dr. C. M. Turner Hulett, Cleveland, Ohio.

Prize Essay (announcement.)

8:00 P. M.—Alumni and class reunions.

FRIDAY, AUGUST 10.

Osteopathic and Surgical Diagnosis—

(a) Pelvis (gynecological)—Dr. Ella D. Still, Des Moines, Iowa.

(b) Abdomen—Dr. S. A. Ellis, Boston, Mass.

(General Discussion.)

Practical Talk: "When Is a Surgical Operation Advisable?"—Dr. Francis A. Cave, Boston, Mass.

Business:—Election of Officers, fixing next meeting place, installation, adjournment.

PAPERS.

1. Conjunctivitis—Dr. J. F. Spaunhurst, Indianapolis, Ind.
2. Iritis—Etiology, Pathology, and Treatment—Dr. O. J. Snyder, Philadelphia, Penn.
2. The Treatment of Eczema—Dr. Morris Lychenheim, Chicago, Ill.
4. What Osteopathy Has Done With Tumors—Dr. Clara Wernicke, Cincinnati, Ohio.
5. A Few Cases of Mental Diseases—Dr. L. A. Liffring, Toledo, Ohio.
6. The Menopause—Dr. D. Ella McNicoll, Frankfort, Ind.
7. Pronounced Insomnia—Dr. R. W. Bowling, Des Moines, Iowa.

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EPITOME OF CURRENT LITERATURE.

[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 as an index to the best work in our growing osteopathic literature.]

Laughlin, George M. (The Bulletin, February, 1906). Insanity.

"In the major psychoses the mental condition is dependent on the structural changes in the brain, and the curableness of these cases will depend entirely upon bringing about a resolution of the affected part before it is destroyed and replaced by fibrous tissue. In the functional cases no such physical conditions are present. The trouble may be in defects of the vascular supply or in the lymph channels. As a result the brain neurones are not nourished sufficiently. Still further the insane may have defective excretive organs." "Like all other nervous diseases insanity has much of its cause in the existence of a nervously unstable or neuropathic constitution due to hereditary influences. In twenty-five per cent. of all the insane the family history will reveal insanity or some other serious nervous disease. This, however, is only a pre-disposing cause, and insanity will not develop unless brought on by some direct or accessary cause such as alcohol, drugs, syphilis, mental strain, shocks, trauma, infectious diseases and organic diseases of the brain.

"Associated with these accessary causes will be found lesions along the spine which are responsible for much that is wrong. In the treatment of the insane every form of irritation must be removed. Many of the insane have rigid and curved spines and there are often marked cervical lesions. We have cured several cases of insanity by correcting a misplaced uterus. The importance then of removing every form of nervous irritation, whether spinal or peripheral, is apparent.

"Case VI clearly illustrates the effect of cervical lesions upon a neurotic individual. Five or six years ago he injured his neck while throwing a rock. We found a marked lateral curvature to the right in his neck with the second and third cervicals rotated backward on the right side. Two months' treatment practically corrected the neck and completely cured the patient."

Tucker, E. E. (Journal of Osteopathy, March, 1906), Measles.

"An examination reveals a complexity of symptoms whose only common ground is the nervous system. First, the mere cold, as the nerve fiber begins to be involved, spreading downward to the chest, where, as the nerve center is reached, the greatest severity is shown. Then, when degeneration, or dissemination of the material, or some other part of the cycle, has set in, the eruption of the skin appears, progressing downward, until the nerve cell is reached, when the greatest severity is shown. Why the local manifestations follow so closely the part of the cord that is at that time involved, may be understood in this way. The body consisted originally of segments, each one independent and performing for itself all the vital functions." "After removing any irritant, or impediment to circulation, secondary treatment may be directed to giving as perfect and abundant supply of blood to the part affected as possible—in the case of measles, to the upper dorsal segments of the cord, and thence up to the medulla."

Osteopathy in Emergencies. (The Bulletin, March, 1906.) Hemorrhage of the Brain.

Administer thorough cervical treatment. Avoid a jerky treatment because that might increase the hemorrhage. Also relax the upper dorsal muscles to get vaso-motor control. Put on a cold application—ice pack—on the head.

Spasmodic Croup.—I have always been able to give relief within two or three minutes after the onset of the spasm by giving thorough cervical treatment. Relax the muscles and structures as quickly as possible.

Hepatic Colic.—Put on hot applications over the seat of the pain or over the back, at the point of innervation. Lift up the lower ribs. There are cases which you cannot relieve. In most cases, though, a thorough relaxing treatment is effective.

Hamilton, R. E. (Journal of Osteopathy, March, 1906), Pneumonia.

"A vaso-motor center for the lungs is in the upper dorsal region of the spinal cord, when this center becomes disturbed in its activity by a lesion of the spinal column, we have a cause which predisposes to lung congestion and finally to lung inflammation. Many cases of pneumonia—in fact a large majority of them—come from exposure to sudden changes in temperature. The tissues become weakened from the congestion and stagnation of the blood in them, thus giving opportunity for infection by bacteria. Vigorous treatment should be given only in the first stages of the disease, the earlier the better. Centers for the kidneys quently found in pneumonia."
and the intestinal tract should be examined, as lesions affecting these organs are quite fre-

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Talmadge, Kathryne. (The Bulletin, February, 1906.) Nasal Catarrh.

"The muscles of the cervical region are usually found in a contracted state; especially is this so of the muscles immediately beneath the angle of the inferior maxillary bone. Such contractions obstruct mechanically the internal jugular, thereby causing a stasis of blood in the spheno-palatin and facial veins which drain the region of the nasal fossa and thus a hyperaemia of the schneiderian membrane is the result. The lesions may also affect the superior cervical ganglion. From this ganglion arise the carotid and cavernous plexuses. Relax thoroughly all muscles of the cervical region; correct any disorder of the upper cervical vertebrae that may occur, and thus equalize the blood and nerve supply to the nasal mucous membrane."

(The Bulletin, March, 1906.)

This number contains an excellent symposium on constipation and its treatment. Dr. Noonan's discussion of the limited use of drugs by the osteopath and Dr. Peck's letter in relation thereto is a fruitful field for thought and discussion. This matter has a very important bearing upon the proper wording of legislative acts.

For copies of this number of the Bulletin apply to Alfred W. Rogers. editor, Kirksville, Mo.

BOOK REVIEW.

Taber's Pocket Encyclopedic Medical Dictionary.

Edited by Clarence W. Taber in association with Nicholas Senn, M. D., Ph. D., LL. D., C. M.

The book contains encyclopedic definitions of all organs, parts and diseases, anatomy, physiology, therapeutics, toxicology, surgery, medical electricity and kindred subjects Diagnosis, symptoms, incubation periods, prognosis and treatment, special vocabularies of operations, instruments, electromedical terms, poisons and antidotes. Examinations and numerous tables. Digest of medical laws of all states and territories. Special clinical charts of temperatures and symptoms.

Over five thousand subjects are encyclopedically treated, and it is a most convenient and useful work. It is beautifully bound in full flexible leather, gold stamping, gilt edges, patent thumb index; pocket size, 6¼x4¼ inches, 420 pages, good strong paper, substantially sewed, $1.50. For sale by the publisher, C. W. Taber, 1531 Monadnock Bldg., Chicago, Ill.

Post-Graduate Course at A. S. O.

Whereas, Dr. Charles Hazzard, in an article in the Journal of the A. O. A., entitled "Safeguard the Future," casts grave reflections upon the curriculum given in the third year, or the post-graduate course for two-year graduates, stating, among other things, that pathology is a thing not required by osteopaths, and that the course in pathology as given is detrimental to osteopathy, and

Whereas, Such statements were made without any investigation on his part, as to how the subject matter is presented, and without having been in attendance on any of the lectures thereon,

Be it resolved and herewith declared, by the members of the post graduate class of March, 1906, (the members of which have been previously engaged in active field practice for a number of years and realized their deficiency), that the course of instruction given the post graduate class in the A. S. O in pathology, is thoroughly in harmony with the principles and teaching of osteopathy, and supplies a long felt want in our education, and has had a decided tendency to make us stronger and firmer osteopaths than we were before we had taken the same.

And be it further resolved, That a copy of these resolutions be sent to the editor of the Journal of the A. O. A., and to the editor of the Journal of Osteopathy, with the request that they cause the same to be published.

Signed,

W. S. Corbin, President.
A. E. Hook, Secretary.

Tennessee Osteopathic Association.

The seventh annual meeting of the Tennessee Osteopathic Association was held at the Gayoso Hotel, Memphis, March 10, 1906. Dr. H. R. Bynum, President, was in the chair. Rev. Hugh Spencer Williams, Memphis, pronounced the invocation.

The scientific part of the program consisted of the following: Paper by Dr. E. C. Ray,

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Nashville, on the "Eye, Ear and Throat." Discussion of tic dou loureux and facial neuralgia by Dr. T. L. Drennan, Jackson; with citation of cases by Drs. Sarah Stamps and H. R. Bynum, Memphis; E. C. Ray, Bessie Duffield and J. R. Shackleford, Nashville. Dr. Ben S. Adsit, Franklin, Ky., read a very interesting paper on "Spinal Lesions from an Anatomical Standpoint," which was generally discussed.

At the business session Dr. T. L. Drennan, Jackson, was unanimously recommended to the Governor for appointment to the State Board of Osteopathic Examination and Registration, vice Dr. Bynum, whose term expires in April.

It was decided to publish a directory of members, the expense to be borne by the Association; also to appoint a committee from members in the larger cities to solicit practitioners to join the State Association.

The Committee on Resolutions, consisting of Drs. Shackleford, Adsit and Drennan, submitted a report, which was adopted, in which thanks were extended to Rev. Hugh Spencer Williams for his presence and words of encouragement; to the local osteopaths for their efforts in entertaining the visitors; to Dr. Adsit for his attendance and instructive paper; to Dr. Bynum, retiring President, for his untiring efforts in behalf of the Association, and to him and his wife for their generous hospitality and courtesies extended; and to the press of Memphis for just and liberal treatment. The resolutions also indorsed the fight now being waged in Mississippi for an osteopathic board, and offered the hearty co-operation of the Association.

The election of officers resulted as follows:

President, Dr. L. A. Downer, Chattanooga; Vice-President, Dr. P. K. Norman, Memphis; Secretary-Treasurer, Dr. Bessie A. Duffield, Nashville; Trustees, Drs. E. C. Ray, Nashville; Sarah E. Wheeler, Winchester, and Maud Brown Thomas, Memphis.

The Press Committee—Drs. Collier, Ray and Williams—submitted the following report, which was adopted:

"*Whereas, Collier's Weekly Magazine* has recently published a series of articles under the caption of the "Great American Fraud, wherein is set forth the evils and dangers to health, and even life, that lurk in many of the patent medicines that are so extensively advertised in the public prints; and

"*Whereas*, This series of articles is calculated to do great good in the way of public enlightenment; therefore be it

"*Resolved*, That the Tennessee Osteopathic Association hereby records its appreciation of the great service rendered to sick and afflicted humanity by the publishers of the above mentioned magazine, and it joins in the request made to them by the Minnesota Osteopathic Association that this series of articles be put in pamphlet form, to the end that the truths therein contained may be even more widely distributed among the masses of the people.

"*Be it further resolved*, That the Secretary be instructed to mail a copy of these resolutions to the publishers of *Collier's Weekly Magazine*."

The meeting next year will be held at Jackson.

In the evening Dr. and Mrs. Bynum entertained the members at an elegant banquet at their home.

BESSIE A. DUFFIELD, Secretary.

New England Osteopathic Association.

The New England Osteopathic Association held its second annual meeting at the Westminster Hotel, Boston, Mass., March 17.

One of the features was an address by Dr. A. L. Evans, President of the A. O. A., who was the guest of the Association.

The following program was presented:

MORNING SESSION.

Song—M. C. O. Glee Club.
"President's Address"—Dr. F. C. Leavitt, Boston, Mass.
"Osteopathic Ethics"—Dr. Sophronia Rosebrook, Portland, Me.
"Fatigue from Treating"—Dr. Irving Colby, Westerly, R. I.
Clinic, "The Innominate"—Dr. George C. Taplin, Boston, Mass.

AFTERNOON SESSION.

Song—M. C. O. Glee Club.
"Organization"—Dr. A. L. Evans, Chattanooga, Tenn.
"A Plea for Liberty of Thought"—Dr. W. D. Emory, Manchester, N. H.
Clinic, "Spinal Curvature"—Dr. George D. Wheeler, Melrose, Mass.
Clinic, "Floating Kidney"—Dr. W. E. Harris, Cambridge, Mass.

A resolution was adopted indorsing the action of the American Osteopathic Association taken at Denver on the question of independent boards of examination and registration, and it was resolved that this Association support legislative efforts in this direction.

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The following officers were elected for the ensuing year:

Guy E. Loudon, of Vermont, President; Irene Harwood Ellis, of Massachusetts, Secretary; J. E. Strater, of Rhode Island, Treasurer; J. M. Gove, of New Hampshire, First Vice-President; B. V. Sweet, of Maine, Second Vice-President; Irving Colby, of Rhode Island, Third Vice-President.

A banquet was served in the evening, which was largely attended. Dr. Fred Julius Fassett acted as toastmaster. Toasts were responded to by Drs. H. T. Crawford, Guy E. Loudon, C. C. Teall and A. L. Evans. Music was furnished by the M. C. O. Glee Club.

MARGARET B. CARLETON, Secretary.

San Francisco Osteopathic Association.

The meetings of the osteopaths of Northern California, held in Fraternal Hall, February 10, 1906, under the auspices of the San Francisco Osteopathic Association, were well attended.

President William Horace Ivie presided at both sessions. The afternoon session was called to order at 2:25. Papers by Drs. James C. Rule, Mary V. Stuart, S. F. Meacham and Ernest Sisson were given. All were instructive and listened to with the keenest appreciation.

At the evening session a short business meeting was held. Applications were received from eleven practitioners desiring to join the Association.

The papers in the evening were by Drs. Effie E. York, A. C. McDaniel and J. W. Henderson. General discussions followed the different papers.

Among the out-of-town practitioners present were Drs. Montague, Newman, Colvin, Pierce, Oliver, Rule, Leeper, Forbes, Hain and others; in all about twenty-five visiting osteopaths attended both sessions.

It was the general sentiment of those present to make the meetings of the Northern California osteopaths at least a bi-annual affair.

The program was carried out according to the printed one published in the February JOURNAL.

Dr. Forbes, from the Los Angeles Osteopathic College, was an interesting visitor present.

It was after 11 o'clock before the evening session adjourned.

LOUISE C. HEILBRON, Secretary.

Wisconsin Osteopathic Association.

All but four of the members of the W. S. O. A. were in attendance at the meeting held in the club room of the Hotel Pfister, Milwaukee, February 22-23. The features of the meeting were the clinics by Drs. Laughlin and Clark, of Kirksville, and the talk on "Business Methods" by Dr. Fryette, of Madison. Dr. Clark repeated the talk on "Gynæcology," which he gave recently for the New York osteopaths. Dr. H. H. Fryette, of Chicago, was present and gave a good address on "Osteopathic Physiology."

On the evening of the 22d an elegant banquet was served at the Milwaukee Athletic Club. The following responded to toasts. Dr. A. U. Jorris acting as toastmaster: "Our Guests," Warren B. Davis; "The Father of His Country," Marion E. Clark; "The Father of Osteopathy," Jesse E. Matsen; "Law Making," Louise P. Crow; "The Lassies," E. M. Olds; "The A. O. A.," George M. Laughlin; "Our Aspirations," Essie S. Cherry.

At the business meeting five new members were received into the Association, and Beloit was chosen as the next place of meeting. Officers elected are:

President, E. J. Elton, Milwaukee; Vice-President, J. R. Young, Beloit; Secretary, Franklin Fiske, Portage; Treasurer, Eliza M. Culbertson, Appleton; member of the Executive Committee, Jesse E. Matsen, Eau Claire; member of the Legislative Committee, Leslie E. Cherry, Milwaukee; Delegate to the A. O. A., Louise P. Crow, Milwaukee; Alternate, Franklin Fiske, Portage.

The Association passed resolutions commending Dr. A. U. Jorris in his fight against chiropractors.

FRANKLIN FISKE, Secretary.

Science Work in California.

The Biological Section of the Southern California Academy of Sciences, of which Dr. C. A. Whiting is Secretary, has been holding its regular meetings during the present year in the histological laboratory of the Pacific College of Osteopathy.

The meetings have for the most part been well attended, and students of the college have derived much benefit from coming in contact with the scientific men and women who constitute this important section of the Academy.

The last meeting of the section was on Monday evening, March 12. The lecture of the evening was given by Dr. Wm. Bebb, Secretary of the Dental College. His lecture on *The* ticon views, and was highly instructive throughout.

Teeth of Wild, Domestic and Captive Animals was illustrated by a large number of stereop-

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The most interesting point to the physician was Dr. Bebb's statement that "Hutchinson's Teeth" are not necessarily indicative of syphilitic taint, as mumps, measles, diphtheria, scarlet fever and several other diseases may produce teeth of that description.

The next meeting of the Academy will be held in the building of the Pacific College on April 9.

Massachusetts Osteopathic Society.

On the evening of March 16th the Massachusetts Osteopathic Society held a meeting at the Hotel Westminster in Boston, at which it welcomed Dr. A. L. Evans and the members of the New England Osteopathic Association.

Six new members were received into the Society, and the applications of five more were submitted to the Membership Committee for consideration.

Dr. H. T. Crawford gave a talk on "Appendicitis, and Dr. F. L. Purdy discussed a case of 'Dysmenorrhea."

Following the discussion of these papers was the address of the evening by Dr. Evans on "Unity in Diversity."

The program was concluded with an informal reception to Dr. Evans.

GRACE B. TAPLIN, Secretary.

Maine Osteopathic Association.

The Maine Osteopathic Association held its annual meeting January 27 at the office of Dr. Viola D. Howe, Portland, Me. Six members were present.

The following new officers were elected:

Dr. Viola D. Howe, Portland, President; Dr. Lillian P. Wentworth, Augusta, Vice-President; Dr. D. Wendell Coburn, Portland, Secretary; Dr. B. V. Sweet, Lewiston, Treasurer.

In the absence of the President, his annual address was read by the Secretary.

Several cases of enuresis were reported and discussed.

SOPHRONIA T. ROSEBROOK, Secretary.

The Boston Osteopathic Society.

At the last regular meeting of the Boston Osteopathic Society, held in February at Huntington Chambers, Boston, Dr. Louise A. Griffin, of Hartford, Conn., had charge of the scientific program; subject, "Uterine Displacements and Their Adjustment." Dr. Griffin read a paper, comparing the old with the new method of treatment, after which a clinical demonstration was given.

The program proved to be of much practical value to all members present.

ERICA ERICSON, Secretary.

Indiana Osteopathic Society.

There was a very earnest and enthusiastic meeting of the Trustees of the I. O. S., held in Dr. O. E. Smith's office in Indianapolis, February 22, to discuss some questions of great importance to our Society, and also outline a program for the mid-year meeting to be held in Lafayette, May 18.

The Program Committee is at work, and we expect a good program, a large attendance and a profitable meeting.

E. C. CROW, Secretary.

PERSONALS.

Dr. S. R. Love, Erie, Penn., who is convalescing from an attack of nervous prostration, is spending a few weeks in Florida.

Dr. Janet M. Kerr, after finishing a post-graduate course at the A. S. O., will be associated in practice with Dr. U. M. Hibbets, at Grinnell, Iowa.

The engagement is announced of Miss Jennie Burton Ackerly, of Northport, Long Island, to Dr. Everett Edward Beeman, of New York. Miss Ackerly is the daughter of Mr. N. S. Ackerly, and Dr. Beeman is a virile westerner who has won a host of friends since he came to New York about six years ago. The wedding will take place in June.—*Town and Country* (New York) March 3, 1906.

Dr. W. Miles Williams, Nashville, Tenn., had the misfortune to come into collision with a street car on the 10th of March, in Memphis, where he was attending the meeting of the

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Tennessee Osteopathic Association. He narrowly escaped serious injury. As it was, he received a deep cut in the scalp, of two and one-half inches, besides sustaining several other minor cuts and bruises. Dr. Williams says that he is now worrying more over the loss of an overcoat and suit of clothes, as new integument will form and the scalp wound will heal.

Married—At the home of Dr. S. S. Still, in Des Moines, Iowa, Saturday, March 10, 1906, Dr. George Still and Miss Ethel Ardella Dockery, of this city. The announcement of the wedding came as a surprise to the many friends of the young couple here, as they had kept their plans well guarded, and their most intimate friends had no inkling that the wedding was to occur Saturday. The groom is one of the prominent members of the faculty at the A. S. O., and is one of the rising young men in the profession. The bride is the daughter of Mr. and Mrs. Thomas J. Dockery, and is one of Kirkville's most refined and accomplished young ladies. Dr. and Mrs. Still will make their home here.—*Kirksville* (Mo.) *Journal.*

APPLICANTS FOR REINSTATEMENT IN THE A. O. A.

In accordance with a rule adopted by the Trustees the names of all applicants for membership in the A. O. A. will appear in the JOURNAL. If no valid objection to any such application is filed with the secretary within thirty days after publication, and all receive an affirmative majority vote of the Trustees, they will be declared elected. Should objection be made to any applicant the case will be fully investigated before final action is taken.

C. W. Farwell, N. Y. Life Building, Omaha, Neb.
Jessie H. Hardie, 224 Laurier Avenue, West, Ottawa, Ont.
John H. Crenshaw, 401 Oriel Building, St. Louis, Mo.
Frank W. Brownell, Excelsior Springs, Mo.
R. P. Evans, 77 Carroll street, Binghamton, N. Y.
M. Teresa Schoettle, 512½ Williams avenue, Portland, Oregon.
H. W. Emeny, Eldorado, Iowa.

REMOVALS.

John R. Leffler, 325 West First street, to 1225 West Second street, Los Angeles, Cal.
E. C. Pickler, 409 Dayton Building, to 510 Bank of Minneapolis Building, Minneapolis, Minn.
A. G. Willits, 409 Dayton Building, to 510 Bank of Minneapolis Building, Minneapolis, Minn.
Edgar D. Heist's address is 26 King street, East, Berlin, Ont.
Frank M. Vaughan, 755 Boylston street, to 803 Boylston street, Boston, Mass.
William H. Aldrich, 581 The Arcade, to 589 The Arcade, Cleveland, Ohio.
E. M. Bailey, Waco, Texas, to Chickasha, Ind. Ter.
A. Howard Young's address should be 52 Mechanics Building, Pueblo, Col., instead of Merchants Building, as it appears in the directory.
L. H. McCartney, Denver, Colo., to 602 Conover Building, Dayton, Ohio.
W. A. Cole, Burlington, to Dubuque, Iowa.
T. L. Herroder, Glens Falls, N. Y., to Detroit, Mich.
Emma E. Donnelly, York, Pa., to 724 South Workman street, Los Angeles, Calif.

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The Journal
of
The American Osteopathic Association

Vol. 5 CHATTANOOGA, TENN., MAY, 1906 No. 9

THE OSTEOPATHIC LESION.

III.

DR. CARL P. MCCONNELL, Chicago.

SECOND SERIES OF EXPERIMENTS ON DOGS.

The same care and attention was taken in selecting healthy dogs, as in the case of those operated upon a year ago. All of the operations were performed under anesthesia; and a point I desire to emphasize, there was no laceration or tearing of tissues whatsoever when producing the osteo-

Fig. 1.—From Dog Seven.
Parenchymatous degeneration in the free ends of glands of the mucous membrane of the stomach. Haematoxylin and eosin stain. 75 diameters.

pathic lesion. And, as stated in a previous report, relatively very little force is required to subdislocate a vertebra or rib when anesthesia is complete and attention given to the mechanics of the operation.

Dog VII. A vertebral "twist" or rotation was produced between the

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fourth and fifth dorsal vertebra, and the vertebral end of the fifth right rib was subdislocated upward.

There was loss of appetite on the eighth day.

On the thirteenth day the cornea of both eyes were observed to be slightly opaque.

The sixteenth day showed complete œdema of both corneas. There was no local inflammation, consequently external infection was ruled out.

On the twenty-fourth day the corneas were beginning to clear slightly. By the twenty-sixth day both corneas had cleared about one-third, the right cornea a little more transparent than the left.

The general health, as revealed by increase in appetite and general activity, began to improve on the eighteenth day.

On the twenty-sixth day the dog was killed, and an autopsy showed the following:

Fig. 2.—From Dog Seven.
Heamorrhagic congestion in the submucosa of the stomach. Haematoxylin and eosin stain. 75 diameters.

General emaciation, an apparent slight general stasis of intestinal circulation.

Stomach empty and about two-thirds of its surface discolored, ecchymotic, internally and externally (corresponding). There was more ecchymosis toward the pyloric end than the cardiac, although the stasis extended slightly into the œsophagus.

The lymphatics about the cæcum, appendix and lower colon enlarged.

The liver was somewhat congested.

The nervous tissue corresponding to the causative lesion at the fourth and fifth dorsals were microscopically congested, the meninges, spinal nerves, and sympathetics. Careful dissection and removal of the nervous tissues was made from the second to seventh dorsals, inclusive.

The appearance of the corneas was as above stated.

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Microscopically* the tissues showed the following:
cause, in distinction to a local, at some common point wherein nerve fibers to both fifth nerves are affected.

The spinal cord showed distinct degeneration of the medullated fibers in the posterior columns by both the Marchi and the Weigert-Pal methods. Also the medullated fibers in the corresponding (to lesion) spinal nerves and sympathetics showed degenerative processes, consequently the lesion effect to the eyes could be either by the way of the cord or the sympathetics. There were, also, changes in the medullated fibers in other parts of the

The corneas presented an œdema. The blindness was due to the œdema alone. The cells of the tissue being displaced by lymph causes an irregular formation of the corneal cells and hence the opacity. There being no infection or inflammation whatever, it would appear that the œdema was of neuropathic origin. And both eyes being involved suggests a systemic

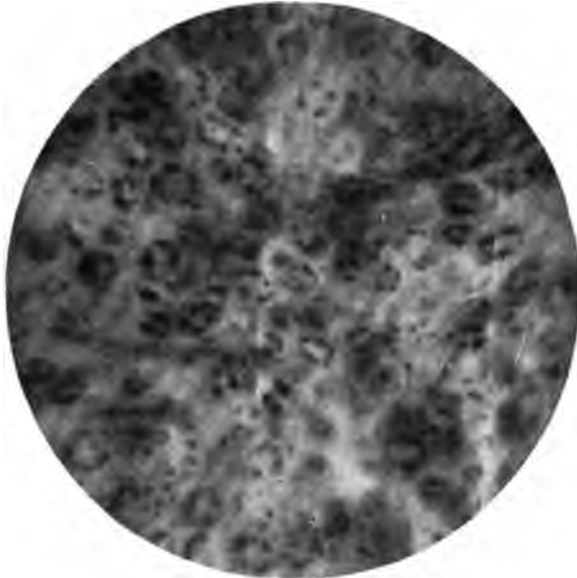

Fig. 3.—From Dog Seven.

Degeneration of the medullated nerve fibers in the posterior column of the spinal cord. Marchi method. 400 diameters.

[NOTE.—The fiber tracts of the spinal cord have not been as thoroughly determined in animals as in man. However, for practical purposes the columns, etc., may be compared, i. e., to a certain extent at least, with the afferent and efferent courses.]

cord, principally near the right anterior horn. (Relative to the different neurone orders, the medullated nerves and their courses, degenerative

*In this series I have mounted upwards of fifteen hundred carefully selected sections. Various fixative agents, such as Mueller's, Zenker's, Orth's, and Flemmings' fluids, formalin, etc., have been used, as well as several different stains employed; and with the nervous tissues, Marchi's and Weigert-Pal methods have been utilized in order that patholog'cal findings in each specimen may be noted and substantiated by more than a single method. It would seem that the pathological technique supplemented by clinical laboratory findings, as in examination of the stomach contents, urine, blood, etc., makes a presentation worthy of consideration. It should be remembered that in the technique of the laboratory, and especially in the methods used in examining acute nervous changes, one is carried pretty deeply into the realm of chemical pathology.

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influences, etc., the student is referrd to Barker's Nervous System, and to articles by Barker as follows: Reference Hand Book of the Medical Sciences, volume vi., pages 259-271, volume vii., pages 293-327. Suffice it to state here the mere pathalogical findings.)

The stomach revealed beginning parenchymatous changes in the glandular tissues; and in the blood vessels, throughout certain areas of the submucosa, a diapedetic hemorrhagic state.

The caecum was slightly inflamed after manner of acute catarrh.

The enlarged intestinal lymphatics showed a simple inflammation.

The liver was merely vascularly congested.

Dog VIII. A vertebral twist was produced between the second and third dorsal vertebra, and the left second rib was displaced upward at its vertebral end.

Appetite slightly decreased for eight or nine days.

Fig. 4.—From Dog Seven.

Degeneration of the medullated nerve fibers in the posterior column of the spinal cord. Weigert-Pal's method. 400 diameters.

From the sixteenth to eighteenth days the corneas of both eyes began to be œdematous, similar to dog seven. From the eighteenth to the twenty-seventh days the corneas completely œdematous. (Dogs seven and eight were operated upon a week apart. They were not in the same cage. In the same room were twelve to fifteen other dogs, none of which had any eye affection.)

The appetite steadily failed from the eighteenth to the twenty-seventh days.

The dog died on the twenty-seventh day.

Autopsy: Entire alimentary canal devoid of food. A slight amount of fluid in stomach and intestines.
for some eight inches.

Pyloric end of duodenum considerably inflamed. The jejunum inflamed

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The liver considerably enlarged.

As it was impossible to make the autopsy until thirty-six hours after death, the eyes and nervous tissues were not examined microscopically.

Microscopically the upper duodenum and the jejunum showed decided ante-mortem changes of the nature of acute parenchymatous inflammation; in a word, a typical acute inflammation. The stomach, also, showed an inflammation, but not so extensive as the intestinal.

Further careful examination was negative. Sufficient cause to warrant death was not found. There still remained considerable adipose tissue.

The brain was not examined. There is a possibility that a brain lesion existed sufficient to cause death. Otherwise the cause of death would seem to be due to a nervous derangement.

Dog IX. A vertebral twist between the second and third dorsal vertebra. The vertebral end of the third right rib was displaced upward.

Fig. 5.—From Dog Eight.

Acute catarrhal inflammation of the mucous membrane of the jejunum. Parenchymatous changes. Haematoxylin and eosin stain. 75 diameters.

This dog was under observation for thirty-eight days. The general health remained good.

The right front leg became noticeably lame the third day, and remained lame to the thirty-eighth day, when he was killed.

Upon autopsy the only changes found were a distinct neuritis of the right second dorsal spinal nerve, and, also, the intercosto-humeral nerve. This nerve was noticeably inflamed and adherent to the contiguous tissues for an inch and a half from its spinal exit toward the periphery. The leg muscles which it supplied were in a state of contracture. In this case, at least, the intercosto-humeral with the connecting nerve of Wrisberg innervated a muscle a short distance above the knee joint.

Microscopically this nerve showed a degenerative condition from its exit

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(distalward of posterior spinal ganglion) to periphery; not a complete degeneration, but a degenerative state of a large number of its fibers.

The contractured muscles presented an interstitial myositis. The new connective tissue cells were very noticeable. At one or two points there was a slight fatty degeneration.

I removed from this dog a contractured (not contracted) back muscle, one of the deep layers, corresponding to the osteopathic lesion, and it exhibited an interstitial myositis, but not as pronounced as the leg muscle. In all the dogs the lesion remains sensitive and tender, similar to a human. Very likely the deep vertebral muscular contracture, with which every osteopath is familiar, has undergone more or less connective tissue cell proliferation.

The spinal cord was perfectly normal.

All the viscera were normal (microscopically) with the exception of a

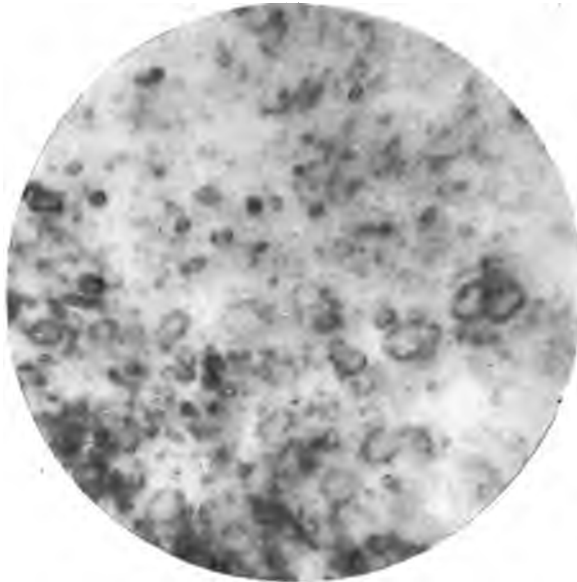

Fig. 6.—From Dog Nine.

Degeneration of the medullated nerve fibers of the second dorsal spinal nerve. Transverse section. Marchi method. 400 diameters.

[NOTE.—The above is a section of a large branch (inter-costo-humeral) to the muscles and skin of the leg. Branches of this nerve ended in muscle fibers. The following muscle sections were supplied by this nerve.]

slight endarteritis of the splenic vessels. (An anatomical point of interest that should be recalled is the parietal layer of the pleura firmly attaches the sympathetic to the head of the rib, thus any abnormal movement of the rib readily irritates sympathetic fibers. Also, the spinal nerves are firmly secured by fibrous tissues at the exit. Another interesting point should be made, whereas the more extensive degenerative changes, relative to the cord, have been found along the fiber courses corresponding to the posterior spinal nerve branches, still the anterior branches and courses were involved; consequently one is led to believe that not only is the nutritive source of the posterior spine nerve ganglion and its dependent reflex arc and associate and collateral neurones affected, but probably the

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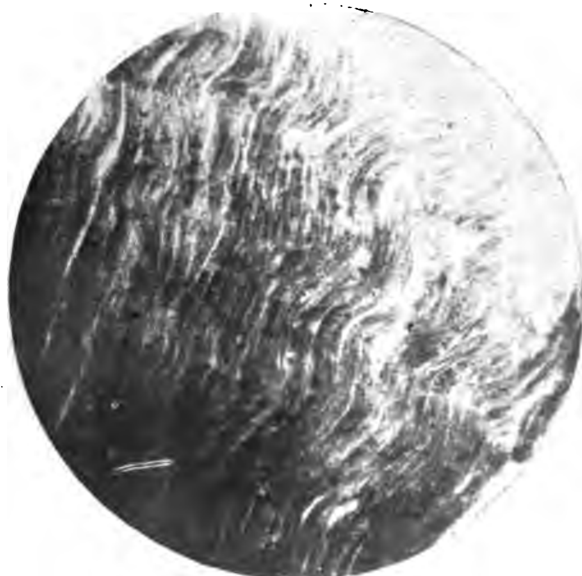

Fig. 7.—From Dog Nine.

Degeneration of the medullated nerve fibers of the second spinal nerve. Longitudinal section. Marchi method. 350 diameters.

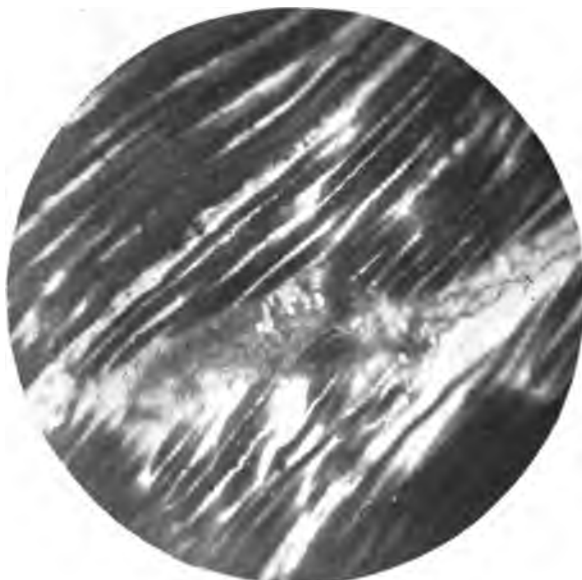

Fig. 8.—From Dog Nine.

Interstitial myositis of the leg muscle supplied by the inflamed nerve. Haematoxylin and eosin stain. 400 diameters.

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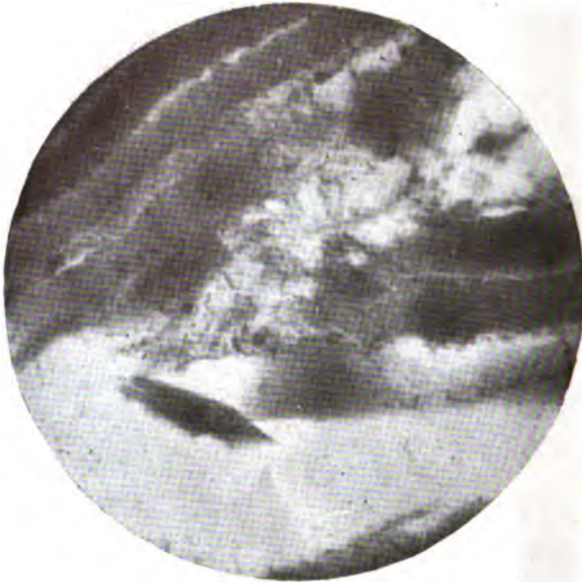

Fig. 9.—From Dog Nine.

Interstitial myositis of a deep contractured back muscle corresponding to the osteopathic lesion. Haematoxylin and eosin stain. 400 diameters.

Fig. 10.—From Dog Nine.

Interstitial myositis of the back muscle. Higher power. Haematoxylin and eosin stain. 450 diameters.

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vascular system to efferent neurones is organically disturbed by the osteopathic lesion.)

Dog X. Anterior flexion between the first and second dorsals, twist between the third and fourth dorsals, and depression of the first left rib, was produced.

On the forty-second day the same operations were repeated.

On the seventieth day the dog was dissected. Like all the cases, the osteopathic lesions were tender and sensitive, and a noticeable rigidity or stiffness of the muscles and ligaments about the lesion were noted.

In this case, upon dissection the vertebral articulation of the first rib was quite immovable; considerable thickening of the ligamentous attachments had taken place.

Dissection showed enlargement of both lobes of the thyroid gland. The left side was about three inches by one and a half inches; right side two

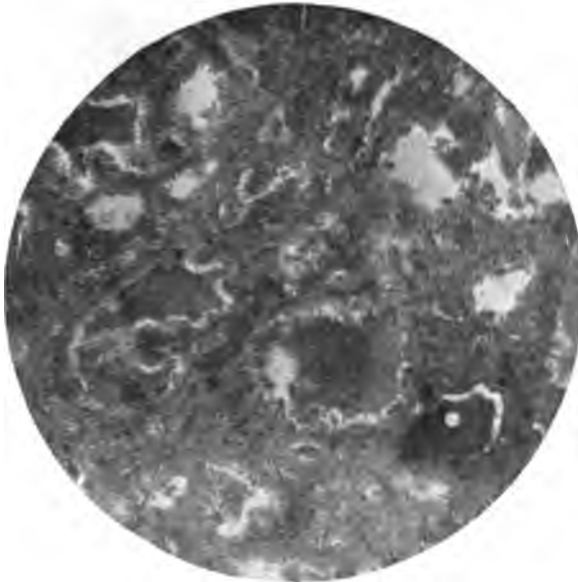

Fig. 11.—From Dog Ten.
Acute parenchymatous goitre. Haematoxylin and eosin stain. 75 diameters.

inches by one inch. The goitre was firm and fully rounded.

The cervical lymphatics on both sides below the goitre were enlarged; also, the glands on the left side above the goitre. Two or three of the enlarged glands on the left side were softened.

The general condition of the viscera was normal. During life there had been no apparent organic changes or symptoms. The stomach, intestines, etc., appeared normal. The heart muscle was somewhat soft and flabby.

Microscopically the goitre was found to be an acute parenchymatous one. Some of the changes might be termed sub-acute, but evidently the goitre had been of a few weeks duration at the most. Some of the colloid spaces were normal, others showed more or less change from cell proliferation, nearly crowded out the colloid tissue.
and still others were represented only by a slit wherein cell growth had

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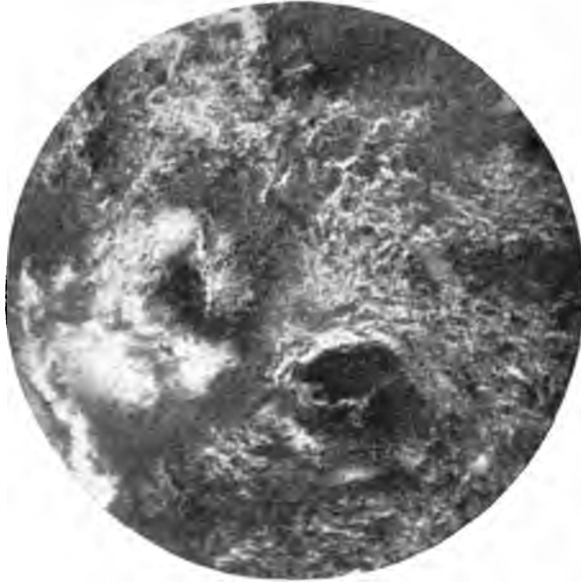

Fig. 12.—From Dog Ten.

Haemorrhagic inflammation of a cervical lymphatic gland. Haematoxylin and eosin stain. 75 diameters.

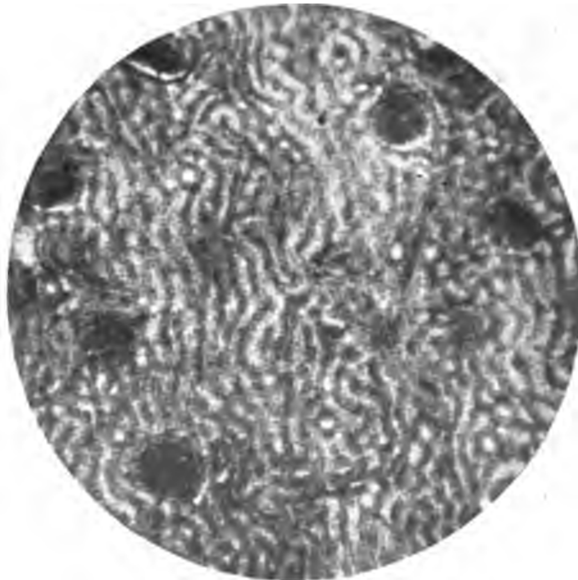

Fig. 13.—From Dog Eleven.

Acute nephritis (haemorrhagic), haemorrhages between the glomeruli and capsule. Haematoxylin and eosin stain. 75 diameters.

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The lymphatics had undergone a simple inflammation. The softened ones were due to a hemorrhagic congestion.

There was a slight fragmentation of the heart muscle.

The first dorsal spine nerve on the left side showed considerable degeneration between the posterior spinal ganglion and the cord, as well as distalward of the ganglion. There was some degeneration, beginning of a number of fibers in the posterior column. A large meningeal artery near the anterior fissure showed a slight endarteritis.

There were degenerative changes in the corresponding sympathetic ganglia and fibers. These changes were distinct and showed up clearly by both the Marchi and Weigert-Pal methods.

Dog XI. A lateral twist was produced between the ninth and tenth dorsal vertebrae (the ninth to the left and the tenth to the right). This operation was repeated on the thirty-ninth day.

Fig. 14.—From Dog Eleven.

Showing haemorrhagic inflammation between the glomeruli and capsule of the kidney. Haematoxylin and eosin stain. 75 diameters.

The dog was killed and dissected on the sixty-seventh day.

At the time of the operation the dog had a cystitis and urethritis, which gradually decreased during the two months. It may be well to state here that about sixty per cent. of dogs suffer from urethritis or cystitis, probably of venereal origin.

The principal findings in the urine were: Slight amount of albumen, alkaline reaction, pus cells, bladder epithelium, a few spermatozoa. There were no indications of kidney degeneration.

Within ten days preceding the autopsy subjective symptoms were apparent, as anorexia (partial) and some loss of flesh. By this time the kidneys showed some acute changes—epithelial and hyaline casts principally.

Autopsy showed the right kidney apparently normal. The left kidney

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was displaced and movable among the viscera; the surrounding connective tissue was flabby or relaxed.

The cardiac end of the stomach, and along the greater curvature, was congested.

There was some congestion of meninges at the point of lesion.

The microscope revealed a hemorrhagic congestion of both kidneys. Marked congestion between the glomeruli and capsule, the tubules distended and congested, and generally acute (hemorrhagic) nephritis.

The pelvis and ureters exhibited no changes microscopically, thus probably ruling out possible infection from the bladder.

The spinal cord showed some changes, not extensive, of the posterior columns and in other parts of the spinal cord by the Weigert-Pal and Marchi methods. There was beginning degeneration of the corresponding spinal nerves and sympathetic. These nervous degenerations were not so extreme

Fig. 15.—From Dog Eleven.
Haemorrhagic inflammation of the kidney tubules. Haematoxylin and eosin stain. 75 diameters.

as those found in dog VII., for example, but positive and sufficient to cause the kidney tissue changes.

Dog XII. The operation was a separation, anterior flexion, of the first and second dorsal vertebrae, and depression of the first ribs.

Recovered from the operation and seemed fairly well for thirty-six hours, but from this time on failed rapidly and died at the end of the third day from operation.

The general condition: A large hemorrhage from the rectum, with resultant feebleness and exhaustion.

Autopsy: Nutritive state good. Considerable adipose tissue. Muscular tone good.

In lower two-thirds of the intestines a large amount of blood. Some

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blood in the stomach and upper third of bowels. A few particles of food in the stomach.

Heart very full of blood. Aorta engorged with blood. Very little blood in mesenteric, upper chest, and neck vessels.

Left kidney one and a half inches below the right.

Great care was taken to discover a rupture or ulcer. No such lesion was found from the œsophagus to the anus. Neither was there any blood in the tissues surrounding the abdominal and thoracic viscera.

An ulcer or rupture may have existed, of course, as at times it is next to an impossibility to locate a bleeding point in the stomach or bowels.

Microscopically, an interesting picture: haemorrhagic congestion, intracellular, of the alimentary canal (stomach and bowels). More or less in patches a catarrhal inflammation, but principally an oozing of blood into

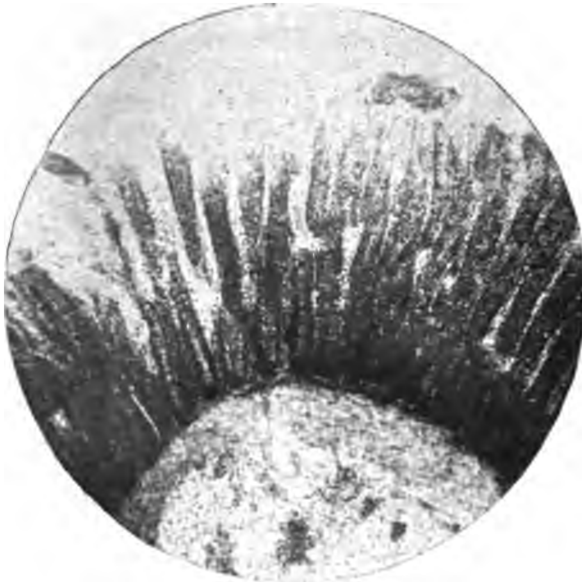

Fig. 16.—From Dog Twelve.

Acute catarrhal inflammation of the intestine (ileum). Haematoxylin and eosin stain. 350 diameters.

the cellular tissue. Also, here and there slight parenchymatous degeneration as found in toxemic states.

The kidneys, also, showed a fair amount of haemorrhagic congestion, a diapeditic condition.

Whether all of this change can be accounted for upon the ground of involvement to the nervous structure, I do not know. There may have been some rupture of vessel or ulceration to account for part of the haemorrhage; such, however, could not cause the extensive diapedesis in the intestines,

NOTE.—The important feature of the accompanying photomicrographs is, all of the pathological changes are of an acute character and directly traceable to the osteopathic lesion as the etiological factor. To the research student, in addition to previous references I have given (in this and former articles), I would suggest Campbell's Histological Studies on the Localization of Cerebral Functions, 1905, and Meig's Origin of Disease, 1900.

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stomach and kidneys. Then again, the dog may have been a bleeder, which would account for an altered blood state and haemorrhagic tendency. Microscopically the muscular system, heart tissue included, was normal.

With those who have been kind enough to follow this series of articles on The Osteopathic Lesions the thought has probably arisen, There has been no "control experiment" in connection with the few experiments, therefore the apparent results of the experiments may be simply coincident with the supposed causative lesion (the anatomical maladjustment). From the beginning, nearly two years ago, I fully realized that the usual method of "control" would have to be compensated by other substantive measures, viz., (a) by a large number of experiments; (b) by most careful clinical methods, painstaking autopsies and dissection, and searching laboratory and microscopical work, and (c) by, especially, employing different methods in fixing, staining, clearing, etc., various sections from the same specimen. No presumptive claim is made that these experiments are exhaustive or complete in every detail or any detail; far from it. My purpose has been, for the moment, to be satisfied that demonstrative osteopathic pathology, other than clinical, exists, and with such an interest created, many others will add their mite to the whole. However, it does not require thousands of experiments to be made so as to have the material sifted and classified in order we may feel assured that there is something to osteopathic pathology, any more than is necessary for us to gather thousands of case reports in order to prove there is something in osteopathic treatment. Nevertheless, the greater number of experiments made and the greater number of case reports compiled, the sooner we will be able to have osteopathic science presented in an orderly manner, thus knowing our weak points as well as strong ones, with a consequent progress well in hand.

Experimental work is peculiarly difficult, for many reasons. But no one can gainsay the fact that were it not for animal experiments, all of our knowledge of physiology, of many surgical principles, of anesthesia, much of our knowledge of contagious and infectious diseases, of therapeutics, of bacteriology, of the science of ventilation, etc., could not rest upon the solid foundation it now does, even if such knowledge had otherwise been evolved or discovered. We of the osteopathic school must awaken to our possibilities or else the present aimless drifting will surely land us by way of a circle into the laps of the older schools. Not that I have any personal fight with the other schools, nor think that they do not practice considerable common sense, but beyond all this we are working and battling for a principle—and a principle that ramifies and embraces many of the sciences that go to make up the practice of healing. Are we going to cast this opportunity, an opportunity of a thousand years, aside and be swallowed up, simply through our own inertness and apathy?

Tentatively, at least, the work of the past two years has either taught to me or emphasized the following, and which, I believe, include the most valuable general conclusions I can draw:

1. There is a definite and characteristic and experimentally demonstrative osteopathic pathology. The osteopathic lesion, "any structural perversion which by pressure produces or maintains functional disorder," is a common etiological factor without doubt. This is the paramount conclusion.

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2. Practical technique should be a definite and exact procedure—a technique that can be mathematically and mechanically demonstrated. And here I claim that nine-tenths of osteopathic treatment can and should be resolved to mathematical precision. Not but that *vis medicatrix naturae* is only helpful and necessary after we have *readjusted,* but rather instead of relying almost altogether upon this force results will be secured much quicker and easier if we thoroughly understand the dynamics and mechanics of osteopathic technique. Do not definite mal-adjustments imply *a priori,* for correction exact and positive re-adjustments?

3. Therapeutic philosophy (generally speaking) resolves itself into the principle that a cure depends upon giving an *impetus* to impaired, habitual and latent forces, which in the osteopathic field implies fundamentally adjustive manipulation whereby the resultant impetus or physiological stimulus is initiated. This is the acme of our efforts, as far as we are able to help crippled nature. And the method which will start the impetus in the surest way, quickest time and with the least danger chemically and physically to the body tissues can not be other than the sanest and most logical. Herein, for obvious reasons, rests the soundness and efficiency of osteopathic methods.

The law of the "specific energy of the senses," discovered by Johannes Muller, can not be other than of immense value to physiology and psychology. Many results undoubtedly obtained by the various schools, it seems to me, can hardly be explained on any other ground than the very vital essence of cellular tissue require only a *rightly directed* impetus in order to secure physiological harmony.

4. We should ever keep in mind the biological basis of osteopathy. That osteopathic procedure has for its final goal something more than mere structural readjustment and stimulating and inhibiting influences, but rather these are simply media whereby the forces utilized on the plane of physical mechanics are transferred into biochemic measures so that structure, growth, development, and actions of the living organism are fundamentally influenced. Herein rests the ultimate prophylactic and therapeutic values of our science.

I believe we have demonstrated that the osteopathic etiological factor is not only of local tissue importance, but, in addition, of still greater significance—a local physical noxa, depending upon its location, may readily be the initial link of extensive and far reaching pathological disturbances through the medium of concatenation. Physiologically the body cells are undoubtedly extensively and wonderfully correlated, and pathological processes represent a perverted physiological condition.

5. Two very practical points that should be taught to and thoroughly impressed upon every osteopathic student are: (a) *The sense of resistance of the tissues.* Much pertaining to the vitality of the patient can be told by this sense. There is a vast difference between the feeling of a normal tissue and abnormal tissue; for instance, a normal muscle and a contracted muscle, a normal liver and a congested liver, a normal intestine and a prolapsed intestine. All tissues have a distinct life-like or vital feeling when healthy, whether it be muscle, stomach, gland, or heart. There is probably a demonstrable pathological basis for all of this, as for example, note the microscopical changes in the contractured muscles of dog nine.

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(b) *The receptivity of the patient to treatment.* This is closely allied to the above, still there is a difference. The receptivity of the patient to treatment is largely based, if not altogether, upon the vitality, the recuperative power. One can tell much here, also through the medium of the sense of touch, as to prognosis. At least after two or three treatments this receptiveness will be positive or negative. It tells much as to the state of nutrition, whether or not there is much debility. All have had the experience of trying to accomplish a certain result, for example, correcting a rib or vertebra, for several treatments without any apparent results, when finally, after a certain number of treatments, the part readjusts with but little effort; in fact, almost corrects itself. This shows that the previous treatments were not in vain, but were preparatory; the vitality of the patient was improving, the receptivity of the tissues for treatment was greater.

Both of the above points could be greatly elaborated. They correctly come under the development of the sense of touch. All know the sense of touch can be developed to a marked degree, and we as osteopaths employ the sense of touch to a very great extent. But it takes a long time to develop this sense, that is, to the point of marked acuteness; and the fact to be emphasized here is, that experimental work gives another proof of the reality and great practical usage of this faculty.

6. The last but not least point I desire to mention here is that I can not but feel the osteopathic profession is not doing the best possible. Now, I am not making this statement in the spirit of quibbling or irritation. Indeed, far from it. It is my sincere desire to see osteopathy placed unequivocally where it belongs—at a point that will make an indelible imprint upon future science. We have not arrived at that vantage ground yet. In fact, the little prestige that we have gained could easily be lost to the future, that is, distinctively so. There is an alarmng amount of apathy in the osteopathic profession. Are we realizing our possibilities? I have heard many say, "truth will out," and similar platitudes, just as if we will progress and evolute in spite of lack of effort! Not much. If we are to remain a school after another decade or two, the present groove will have to be given up. This is not an idle dream. I may be far away from the caption of my article, but the peg I have used furnishes ample evidence to hang the present situation on.

Unless the colleges replace some of the "frills and furbelows" with good, common, hard sense osteopathy, they will teach the profession out of existence, and not many years hence, either. Why, fellow osteopaths, the very basic principles of osteopathy have barely been scratched! Our colleges, the backbone of the profession, are not developing osteopathy as they should or can. How much original work has been done? Even the mechanics of technique has not been worked out, to say nothing of the thousand and one clinical, physiological and laboratory experiments that are awaiting us. This sliding along the line of least resistance will end up in oblivion, if a change of mental attitude is not shortly forthcoming, for the success of osteopathy is not all due to positive influences; there are negative influences that have helped to bring about our opportunity as well. Are we going to leave our imprint on future science? We can if we but will.

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ORGANIZATION.

Read before the New England Osteopathic Association March 17, 1906, by A. L. Evans, D.O., Chattanooga, Tenn.

Habit is usually represented as a cable woven by our own hands, that eventually binds us hard and fast; and its evils have often been dilated upon. I submit, however, that in considering its beneficence or its balefulness, a great deal depends upon the kind of habit; there are good and bad ones. There is one good habit that I would like to see my osteopathic brethren acquire early in their career, and that is the habit of joining professional organizations. This is proverbially the day of organization. The individual—no matter how forceful he may be—who attempts single handed to compass a revolution, and war alone against the powers that be, is quite apt to come to grief. No movement, it matters not how vitalized and fully charged with the dynamics of truth, can hope to achieve its full measure of success if it has not back of it a compact, alert, active organization.

Dr. W. F. Link, speaking before the Tennessee Osteopathic Association in 1903, thus expressed this idea: "In these days, when societies, associations, federations, corporations, unions, trusts and mergers are rife we scarcely need argument to sustain the general proposition that any social movement, business enterprise, or philanthropic cause needs an efficient organization to carry out its objects, whether those objects are good or bad."

At first blush, it might seem that I was carrying coals to Newcastle in addressing on this subject you who have given us such signal and splendid examples in the way of organization, city, state, and cluster of states; that I am putting myself on a par with that minister whom I once heard lecturing a handful of people, upon the dereliction of his congregation in not attending church services. Those who were present needed not the lecture, those who were not present did not get it. But if I am fortunate enough to say anything that will strengthen in your minds the idea of the necessity for organization, and can give you even one new fact or argument in support of it, I feel that I may accomplish more good than if I could speak to the whole body of the non-affiliated, and not in your presence. For in speaking to those not alive to the good of organizations, much of the seed would fall upon stony soil, but in this body I feel that the soil is prepared, and that each of you are evangels in the cause. You know the likely timber that can be worked into the edifice we are building, and if I can inspire a little more zeal, a little more of the missionary spirit, a little more energy in carrying the light into dark places, my efforts will not have been in vain; and results will amply justify my judgment in choosing this theme.

I suppose many of us have not lived up to our opportunities in the matter of organization. In any city, town or community where two or more osteopaths are located, there should be an organization. It requires no philosopher to see, or to state, that two persons pulling in the same direction and at the same time will exert more force than would be possible if they pulled separately, at different times, and infinitely more than if they pulled in opposite directions—a most lamentable condition which, it is said, unfortunately exists in some places even in the osteopathic pro-

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fession. The concerted, organized and well directed efforts of three persons will accomplish very much more than three times what would be accomplished by the fitful, spasmodic efforts of three people. An illustration of this may be cited in an incident that occurred in my own city. The residents of a certain portion wanted a certain piece of work done. It was a proper and necessary improvement, and had been talked about a great deal. Different citizens spoke to those in authority and were heard respectfully; they even granted that the work ought to be done. Those interested finally organized a "business league." They elected officers, held regular meetings. Plans were laid, work was done in an orderly and systematic manner. The proposition was finally presented, and having the weight of the league behind it, it was successful; the work was done.

While I would urge upon my professional brethren affiliation with, and active support of local organizations, perhaps I may be excused if I refer, in this paper, to the history of the American Osteopathic Association as a concrete example of what may be accomplished by organized effort.

If Columbus were to come to America today it is hardly likely that he would recognize the country he discovered. Yet here are the same mountains, valleys and rivers; the same soil of which he took possession over four hundred years ago. He found the basis, the foundation upon which has been reared the greatest nation of the world. Of its subsequent grandeur it is doubtful if he ever dreamed. It detracts naught from his fame as an original explorer, from his great intelligence, from his unconquerable faith, and from his boldness in sailing an unknown sea, to say that his labors would never have attained their full fruition but for the pioneers, the developers, organizers, nation-builders who succeeded him.

It requires no violent stretch of fancy to compare conditions in the therapeutic world prior to the discovery of osteopathy with those that existed in the world before America was discovered. Surely Dr. A. T. Still is the Columbus of osteopathy. We believe that succeeding generations and ages will add to his just fame; that nothing can dim the luster of his achievements. He is not exceeded by Columbus in boldness as an explorer of uncharted seas, in rare intelligence, in firmness of faith, and in soundness of reasoning upon which that faith was builded. To him alone belongs the glory of discovery; and the therapeutic field of which he took possession in the name of humanity was not exceeded by the world of which Columbus took possession in the name of his sovereign. Like Columbus, too, it is doubtful if even the far seeing eye of this great discoverer and pioneer realized the great things that were to be accomplished in the field where he wrought with such patience, industry and consummate skill.

From the time the first school was founded, events in osteopathic history moved rapidly. Often the profession was confronted with conditions and consequent problems before due preparation and consideration had been given them. In the spring of 1897 there were about one hundred practitioners of osteopathy in the field, and in the three or four schools then existing an enrollment of over four hundred students. Two states—Vermont and Missouri—had passed laws permitting the practice of osteopathy within their borders. On April 19, 1897, the permanent organization of the American Osteopathic Association, or the American Association for the Advancement of Osteopathy, as it was then called, was effected. It was two days

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later that a bill legalizing the practice of osteopathy in Michigan became a law.

Of this period in osteopathic history Dr. C. M. Turner Hulett, in an historical sketch published in THE JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION for September, 1901, thus spoke:

"A hundred practitioners, four hundred students to be graduated inside of two years, a rapidly widening public interest and approval, an increasing animosity on the part of the medical profession, the imperative necessities involved in the questions of legal status, as well as internal questions of relations of practitioners to one another, all emphasized the conviction that the practice of osteopathy was becoming a profession. So regarded, the need was self-evident of some method of combining individual efforts, and of fostering and directing the development of the new profession."

"The result of this was the organization as just stated. Its objects were further set forth at the time by Dr. Mason W. Pressly, in this language:

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

Here is a partial and imperfect picture of the osteopathic situation when this national organization was born: One hundred men and women coming from various avocations, after a few months of training, widely scattered throughout the United States, healing many of the afflicted, and incurring the enmity of one of the oldest and most powerful professions; a few schools, inadequately equipped, but doing their best to prepare their students for the work; at least two pseudo schools whose chief business was to exchange diplomas for money; many self-constituted and so-called osteopaths preying upon the public; arrests and prosecutions of osteopaths throughout the country, for alleged violation of medical practice laws; but two or three periodicals, published by the schools, and not widely circulated—comparatively speaking—whose mission it was to propagate the science; a lay press, when not positively hostile, at least uninterested and uninformed; little of the professional spirit, and but slight coherence and co-operation; small realization, even on the part of its most enthusiastic devotees, of the potentialities of the science and profession of osteopathy, and, on the part of many, less realization of its short-comings, limitations and needs.

Truly these were conditions that demanded a wise, aggressive, effective central body for the "combining of individual efforts, and of fostering and directing the development of the new profession." Assuredly was there work to do "in order to conserve, consolidate and propagate the therapeutic science and practice of osteopathy."

It would be a task, tedious in the telling as well as in the hearing, to go over, step by step, the nine fruitful years of its history that have been

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made since the American Osteopathic Association was launched. A brief resume, however, of its accomplishments might be neither uninteresting nor unprofitable.

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 do. It was not strange that some inquired in all seriousness, "What utility has the A. O. A. ?" But in looking back over the nine years of its life 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 factor, and that this preparation depended upon the character of the schools. Accordingly the Association began an unceasing warfare upon pseudo schools —which warfare is still being waged. The legal and other steps taken, and the sentiment thereby created has resutled in the closing of the doors of many of the diploma mills. The influence of the A. O. A. in securing proper relations and co-operation between the profession and its legitimate professional schools, as well as in shaping their curricula and in extending the course of study in them, 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 revenues 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 generally withheld in legislative work, yet unquestionably the association has, through the assistance rendered in such matters by individual members, its committee on legislation and its publications, exerted an appreciable influence upon legislation.

It has been instrumental in having written into the statutes of several states the three years' course requirement. At the last meeting of the A. O. A. a bill was agreed upon which represents the consensus of opinion of the members of the profession. It provides for independent boards of examiners, for proper preliminary education of matriculants in our colleges, for reciprocity between states having equal requirements, and by providing for uniformity of laws in the various states will, when enacted into law, be a great improvement in many ways over conditions as they now exist in many of the states.

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, in 1904, 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

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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. It is true that ours is no Draconian code. It certainly is not written in blood nor enforced with an iron hand; yet it is educative and its influence is elevating, uplifting.

I believe that the ideals advanced and striven for by the A. O. A. have exerted a good influence upon our professional literature. It has lately been noted and commented upon by many observers that the general tone of our professional journals is improving. They contain less of dogmatism and more of science; less of bombast and more of facts. There is not so much of attack upon other systems as there is of reasoning and proof regarding our own theories and principles.

Scientific research and investigation have been materially fostered by the association. The programs 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, as well as the clinic cases demonstrated before the association, has been remarked by many; and no doubt the knowledge that these papers and talks are to be published and become a part of the permanent literature of the profession stimulates their authors to put forth their best efforts. 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 I believe that it has already accomplished much good in leading practitioners to note more carefully the various manifestations of diseases, and to record more accurately the history of their cases.

While the profession has every reason to congratulate itself upon the advancement it has made along these lines, and upon its comparative standing among the learned professions, the work of our organization is by no means completed. There is yet much to be done in every field where we have labored in the past.

The problems involved in our educational affairs are so multiform, delicate and complex that, though we now have a fair degree of harmony and unity of purpose, I fear that conditions will never be ideal until our colleges can be put upon an endowed basis. I do not regard it as chimerical when I say that the time is almost at hand when this can be accomplished. I think it would be much more easy and practicable to achieve this through organization, through the A. O. A., than in any other way. It must be confessed that such a movement brings with it its share of problems and difficulties; but they are not insurmountable. What I have to say on this subject at this time is merely tentative, and is advanced for your consideration. It occurs to me that the A. O. A. should take out a charter as a scientific and educational institution not run for profit; its resources all to be employed in the furtherance of its primary objects. Trustees of an endowment fund should be appointed, and a certain per cent. of our regular income, ten or twenty, should be set aside annually as a nucleus for a fund for the endowment of a certain number of colleges. I am much mistaken in my estimate of the patriotism and loyalty of a great majority of our practitioners if they would not make personal sacrifices to contribute to such a fund. I think we have abundant evidence in the success osteo-

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paths have achieved in the practice of their persuasive powers, and I am firmly of the opinion that should we once get our fund started we could show such good to come from the movement that wealthy philanthropists would soon come to our assistance; for certainly no cause is more worthy, and nothing holds out greater hope of relief to disease-stricken humanity.

In accomplishing this it is not my idea that violent hands should be laid upon any of our existing colleges. We would not want to come into competition with them, nor undertake, by building up stronger institutions, to confiscate their property. I believe that a basis of understanding could be reached by which they could be merged into two or three strong institutions, and that in arriving at such an agreement it would be found that the existing colleges would contribute as much, possibly more, than would members of the profession in other lines of work.

What might we reasonably hope as a result of liberally endowed colleges? At the outset we may say that financial considerations, commercialism, if you please, would be entirely eliminated. I am not disposed to be hypercritical of existing conditions. So long as men are human they are apt to be swayed more or less by monetary considerations. Yet I realize there has been, perhaps in all our schools, much unselfish work; there are those who have wrought patiently and uncomplainingly for the good of the science, without adequate pecuniary reward. But there has undeniably been abuses that we would fain see corrected, and endowed colleges would give that relief. The entrance and exit of the colleges would be more jealously guarded, and the standard of the profession would be correspondingly raised.

Endowed colleges would carry with them fully equipped laboratories, thus giving facilities for research workers, who would doubtless be maintained by the same fund. Indeed, it seems to me that once we get the funds for endowing our colleges, every legitimate professional interest would be advanced. With higher educational standards the winning of legislative fights would be easier; for the last argument against our full recognition would be nullified. With more careful attention to the moral as well as intellectual and educational qualifications of those entering our ranks, ethical problems would cease to vex us, and the profession would become more and more attractive to the best and brightest men and women of our country. With capable men and women engaged in educational scientific and literary work without having to divide their energies between problems of science and the more practical and prosaic one of "wherewithal shall we be clothed and fed?" the stream of our scientific and professional literature would be fed from an unfailing spring. It is not necessary to expand upon this subject. I am sure that every one will agree with me that it is a consummation most devoutly to be wished. I believe it is practicable and possible. Are the great results that would flow from it not worth striving for?

But supposing that an endowment is impossible; that the idea is merely a "crazy man's dream," surely that is no reason why our organizations should fall away from their high ideals. It is rather a reason why they should strive all the harder to accomplish those desirable things which an endowment would put more easily within their grasp.

Is it not a sad commentary upon the *esprit de corps* of our profession that,

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despite all the machinery at the command of the publisher of the Osteopathic Directory soon to be issued, and despite the help which has so freely been given him by many state and city associations, he will probably be obliged to list a large number of members of the profession "addresses unknown," and some of the addresses given will have to be a mere guess? What is the reason for this? Possibly we have none of us labored with sufficient zeal to rescue our brethren from this state of voluntary professional hermitage. Let us all strive harder to show them that our profession must rise or fall as a unit. Let us impress upon them the duty each owes in this great, beneficent, humane movement of pulling a little more than his own weight. Surely it is a satisfaction to know that in the accomplishment of a great end we have had a part.

I have little sympathy with that man—I can not regard him as a good citizen—who becomes disgusted with the corruption in politics, and by voluntarily retiring turns over the affairs of state to the bosses, grafters and their emissaries. There is one redeeming feature about that, however; the government does not excuse a man from the payment of taxes for its support because he declines to participate in the affairs of government. Indeed, it is very certain that his taxes are more because of his relinquishment of the franchise—it works as a sort of fine for his dereliction. While each member of our profession receives benefit from the good accomplished by our organizations, yet, if he chooses to remain outside of them he contributes nothing to their support. Can we not show our indifferent brethren where their duty lies?

Leaving out of consideration questions of duty we have yet another argument which, with many, it would seem, is more effective, and that is self-interest, the drawing of good dividends on the investment. For five dollars paid annually members receive monthly the JOURNAL, a forty-eight-page publication containing the papers and clinics presented at the annual meetings; the A. O. A. directory, issued quarterly, which contains the names and office addresses of all members; case reports, issued semi-annually; a copy of the general directory of the profession, 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 could thus have a larger JOURNAL and more case reports. We would be able to sustain scientific research workers. We could do more to secure the proper legal status of the profession.

Why should we not have a more "compact and complete organization?" 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.

I have spoken at length—possibly at too great length—about the A. O.

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A., but practically every reason mentioned for an alliance with that organization will apply with equal force to the city, state and other local associations. We need to present a solid front to the forces that oppose us. Nor is it enough to belong, and pay dues, to the various associations. Every member should attend the meetings. It is there that discussion of concepts, comparison of methods, exchange of ideas, the detailing of experiences takes place. Every member will get back infinitely more than he gives. We need these meetings, if for nothing else, for the good fellowship they promote, the enthusiasm they beget, and the spirit of professional loyalty that they foster. It is only by this commingling, this interchange of ideas, that the greatest good can come to the profession we love, and humanity which we serve.

ADVANTAGES AND METHODS OF CASE REPORTING.

Edythe F. Ashmore, D.O., Detroit, Mich.,
Editor of Case Reports.

The supplements compiled by the publication committee for the A. O. A., the fifth of which series will appear with the July issue of the Journal, have been maintained by a very small number of contributors, less than one-third of those with whom correspondence has been carried on relative to the matter of case reporting. Inquiry brings out two facts: First, that the number of practitioners keeping records of the patients they treat is relatively very low, and second, that many do not understand just what is desired in a report for publication. To aid those desirous of contributing and to point out a few of the opportunities for professional advancement by careful attention to this branch of our work, are the objects of these paragraphs.

Very suitably the first question asked by the beginner in record keeping is, "When shall the record be made?" The answer is, at the time of the first consultation or examination. The annotations may be few at first, depending upon the thoroughness of the examination; from time to time thereafter they may be augmented, until at the conclusion of the visits from patient to physician, the latter has a very complete record of the case. It is of the utmost importance that some data be gathered at the very first visit for various reasons, not the least of which is that through procrastination it may be altogether omitted. The time consumed in taking such data may be little, its advantages are apt to be overlooked. It gives opportunity for reflection, sometimes preventing disaster. I doubt not that each physician has been at times nonplused for a reply to the questions of the garrulous patient. The taking of notes gives a chance for a pause, that may save a grave error through too speedy a reply. Some seemingly simple questions and apparently plain answers have but opened the avenue to grave misunderstandings of the physician and the science; for example, the careless answer that a bone is out of place, instead of a careful explanation of the osteopathic detection of a subluxation, has led to a confounding of osseous lesions with dislocations, which only time and patience have served to correct. Osteopaths are, through virtue of the scientific basis for their practice of the healing art, freed from the necessity of evading answers to reasonable

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questions, and therefore become educators in the medical field. Any excuse, then, for a moment's reflection is not to be jeered at.

The impression this record taking makes upon the patient is astonishing. My experience has been only that of hundreds of others in examining patients who have consulted the most renowned specialists, and it is a significant fact that those specialists who made the greatest impression and whose advice was most carefully followed, were those whose examination was most rigorous and was tabulated before the patient's eyes. Patients frequently tell that Dr. So-and-So, specialist, kept a record of the prescriptions he gave, the train of symptoms following the previous call, and add significantly, "I am sure he understood my case." Do I, the new physician, wish to start with any less authority? We osteopaths, though, with our all-powerful lesion theory, may not overlook altogether the psychical effect of things we do and say, and it is only right to emphasize this record making as of great advantage in securing the confidence and early co-operation of the patient.

Records serve not only at the time of consultation but later when the patient returns for further treatment, for to keep in mind the data of each case is an impossibility. It is also impossible to judge of the recent occurrence of a lesion, whether altogether a new lesion or merely a recurrence of an old strain, unless a record of previous examination and results has been kept. Very often, as the years in one's practice advance, patients return asking if a certain trouble comes from an old or a new lesion. We should feel very foolish when we reply, "I do not know because I do not remember what your previous condition was." What prognosis is certain under the circumstances unless the osteopath knows that this is a recurrence of an old trouble and likely to be speedily corrected?

It is very instructive to one's self to consult records of previous cases treated of the same nature as the new patient. Cases of epilepsy, for example, do not come to our attention every week; they vary greatly in character, and of how much advantage to us to have kept records of former case for comparison! We may study medical texts for hours and not be rewarded with one-half the advantage given us by a review of some personal experience from which we shall be the better able to diagnose, prognose and treat the new case.

For purposes of record keeping there must be in readiness a book, preferably a loose-leaf ledger or a card system. Blanks in different styles have been compiled by J. W. Henderson, A. S. Craig, C. M. T. Hulett and others, and are advertised for sale in the pages of our publications. If these blanks are sufficiently complete in their printed memoranda the time consumed in taking notes need be little longer than the time it takes the patient to state the necessary facts, and it requires but a moment to make notations of the osteopathic lesions. The beginning has then been made and it is an easy matter at the end of the day or at the beginning of another to jot down new developments, improvement, corrections, time of dismissal, etc.

The blanks sent out gratis by the A. O. A. are for use in reporting the complete case and are furnished for such purposes only. For reasons that need no demonstration they are not suitable for the physician's consultation records and a request for fifty to one hundred of these blanks for one person must always be refused. What is intended by these blanks is to furnish an outline of the data the publication committee desires to collect. We do not

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object to the use of a physician's own stationery when he answers all the questions required by the printed blank. It is easy to see that descriptions of etiology, examination, treatment, progress and results must be thorough to make these printed records of help to the reader. In typical cases, the elaboration of symptoms has been much abbreviated, deeming it advisable to state only diagnostic symptoms. Reports may be as verbose as the writer pleases, but of course, since it is the duty of the editor to prune, they will be shorn of all testimonials and self-conceit, and edited as far as possible to be full of helpfulness alike to the general practitioner and to the compiler of data for monographs and text books.

Medical literature of the older schools is replete with citations of cases treated with success or failure, and they are today very complete in description. Upon these data given in the journals have the text books been compiled, and it is interesting to note in this connection the frequent reference made by Osler, Anders, Tyson and others to statistics gathered from the case records of many physicians and hospitals.

The foundation stones of a successful life are often hard experiences, and it should be no less to our credit that we make use of the experiences of others. To the end that we may receive, we should also give, and the A. O. A., through its publication of these supplements, has made the way possible for an exchange of thought and experience.

The work was admirably begun by Dr. Charles Hazzard of New York and has been continued along the same lines by the present editor, who is ready at all times for criticism and suggestions tending toward its improvement. It should be a pleasure to all of us to contribute to building something worthy and possibly to shed a little light in dark places.

TO ALL REGULARLY GRADUATED OSTEOPATHS NOT MEMBERS OF THE A. O. A.

H. L. Chiles, D.O., Secretary of the A. O. A.,
Auburn, N. Y.

I hold every man a debtor to his profession.—Bacon.

The growth of the practice of osteopathy is a marvel to all familiar with it. In a dozen years more than four thousand men and women have qualified for practice and are practicing with satisfaction to themselves and comfort and well-being to the general public. Almost a dozen schools are fitting others at the rate of three or four hundred a year to join their ranks. About two-thirds of the states have by legislative enactment recognized the practice as being independent of that of the other schools, and have given the practitioners of this system equal recognition and protection. This is indeed a marvel. How has it been accomplished?

Not by any large number of converts from the other schools, for our school of practice has not drawn accessions from the ranks of the medical profession, as the new theories of Hahnemann did when homeopathy was launched. The reasons for the difference are hard to see, though not necessary to be mentioned here.

The practical side, rather than the theories of osteopathy, were first

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developed; the results appealed to those who were witnesses of them, and they demanded schools where they might be taught. This demand has been supplied until now, as said above, the ranks contain four or five thousand! Scarcely were the earliest graduates four years old, when they organized a national association, and the spirit, if not the actual effort, of that organization has accomplished what we boast of and glory in today; for these four thousand men and women, attracted to this system by what they had seen it accomplish, are now as much a profession as those organized a century ago.

Now I want to ask if it be more possible for a nation to exist and persist without a central government than for a profession to do the same without an organization? Can any one conceive of this profession, or any other, making any advancement, earning public approval, or meriting its esteem, without some organized body, consolidating, unifying, and embodying its aims and activities? Without it there could be no more progress than would be possible in our country with its government wiped out, and each man a law unto himself. I feel that this is truer than we realize, and I am sure there are many who do not realize what the Association means to the maintenance and advancement of our system.

Without its existence we could no more successfully appeal to state legislatures to recognize our practice, than guerrillas in warfare could appeal to a foreign country to recognize them as an independent nation.

It matters not what we may accomplish, as individuals, in given cases in practice, the profession must go backward or forward, as a whole, and in the end, we with it, for we are thus knit together. Without an organization upholding our standards, and embodying our individual professional ideals and aspirations, we cannot get, and do not deserve, recognition as a learned profession.

Another side of it. The Founder of osteopathy has given a great therapeutic system to the world, and by so doing it becomes the property of the public. Though he is justly entitled to great consideration, in declaring its intents and purposes, it becomes the duty of those who espouse it to foster and assist in directing its future growth. It now belongs to you and me, and as many as obligate themselves, to support and maintain its principles.

No one wishes to lose that which belongs to him, nor be denied a part in the management of his own. It would be as reasonable for a property holder to refuse to vote when his property was being taxed or appropriated to other public uses as for us to be uninterested in the outcome of osteopathy or fail to have a part in its development. The American Osteopathic Association has now reached that point where it directs and shapes the principles and ends of the profession. No need to tell what it has accomplished. No need to tell what remains for it to do. It is shaping and planning that which means much to us, and many seem willing that a small minority—no quorum, as it were—should do business for them, when for a cent and a half a day each might represent himself, and thereby retain his self-respect, and largely increase the respect in which that which is a large part of ourselves is held by an enlightened public.

Of all persecutions that of calumny is the most intolerable.—Hazlitt.

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MAY, 1906.

To Non-Members of the A. O. A.

This number of the JOURNAL is being sent to a great many osteopaths who are not identified with the American Osteopathic Association. It is believed that the fact that this organization has but 1,000 members out of a total number of osteopaths of about 3,750, as appears by the last directory, is not due, in any great measure, to apathy or indifference to the needs of organization on the part of the non-affiliated, but rather to lack of information as to the objects and benefits of the A. O. A. To remedy this, so far as possible, we are trying to get this number of the JOURNAL into the hands of as many of such as possible.

In the matter of organization, as compared with medical men, we have not much of which to complain. About four years ago, it is said, the American Medical Association had less than 5,000 members out of a total of nearly 150,000 physicians in the entire country. But in the past three

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or four years they have been actively at work, paid organizers have been in the field, and at the last meeting of their association it was reported that they had in the neighborhood of 20,000 members. *The Journal of the American Medical Association* for April 14 prints a list of 724 new members that joined in the month of March. The osteopathic profession still has a larger proportion of its total number of physicians in its national organization than has the medical profession.

The A. O. A. was not organized to fight any other school. It does not seek to create a monopoly of the healing business by law, but it does seek to protect its interests and to resist the efforts in that direction that are being made by the medical profession. When it is remembered that the A. M. A. advocates the entrance into politics of its members to secure the election of medical men, or their avowed friends, to legislative positions; that it everywhere resists the efforts of osteopaths to secure just regulation by law, and that they outnumber us by about twenty to one, it does seem that every loyal osteopath would ally himself with the organization that is working for the advancement of the interests of the profession to which he belongs.

Aside from any question of legislation, the work of the A. O. A. has been so effective along all lines of professional and scientific development, its future work is so important, and it could do so much more by united effort, that every member of the profession should be willing, if necessary, to make a sacrifice to contribute to the prosecution of its labors. But no sacrifice is required to become a member. The fee is but $5.00 per year, and we feel that for this each member receives benefits of greater value.

We mention here some of the tangible benefits that accrue to each member: The JOURNAL of the A. O. A., issued monthly; the Osteopathic Directory, annually; two series of Case Reports each year; the directory of the A. O. A., quarterly; and an engraved certificate of membership, annually. Each member is entitled to a voice and vote at the annual meetings.

Those who now apply for membership will receive the JOURNAL for June, July and August of this year, and will receive all of the benefits of membership for the year following the meeting at Put-in-Bay, in August next. If no other application blank is at hand, cut out the one appearing in this number of the JOURNAL, have it endorsed by two members of the A. O. A. residing in your State, and send with $5.00 to the secretary, Dr. H. L. Chiles, 118 Metcalf Building, Auburn, N. Y. It should be borne in mind, however, that those who have heretofore been members and have been suspended for non-payment of dues, must send $10.00 with their application, and it should be noted on the application that application is being made for *reinstatement.* Only $5.00 need be sent by those who have been suspended since the Denver meeting. The membership of the latter, however, will lapse with the meeting at Put-in-Bay, but they will be furnished with all of the JOURNALS and publications issued during this year.

We wish to call attention of non-members to the meeting of the A. O. A. at Put-in-Bay, August 6-10, the program of which appears in this number. Whether you join now or not, you are invited to attend this meeting. It is going to be the largest and most enthusiastic we have ever held. Come and catch the enthusiasm which will prevail there; we are sure if you do you will not leave without becoming a member. Ordinarily it requires

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thirty days publication in the JOURNAL before names can be acted upon, but this rule does not apply to applications received at annual meetings.

The Business Side of Osteopathy.

Osteopathy has a business side, and it may well, occasionally, engage our attention; for it is not only desirable that the individual practitioner make a financial success, but it is necessary to the perpetuity of the science that a majority of them should do so. Whatever we may say as indicating good business ideas or methods, we would not wish to be understood as speaking from the standpoint of one who has succeeded in amassing a competence, for such would be very far from the truth. It is rather from observation, and conversation with those who have made a financial success that we speak.

It may be too elemental and going back rather too far in considering the subject to say that, as a general thing, those who succeed best are best prepared to successfully handle the cases that come to them. Yet it is undoubtedly true, and is only another way of stating that excellent maxim: "Opportunity comes only to the prepared." But it is unquestionably true that many of our ablest men, educationally considered, fail to make the success, financially, that some of their less thoroughly technically educated, but more practical brethren achieve. The question of business methods, therefore, is worthy of consideration.

Once ready for the field, the question of the selection of a location is important. This should not be too hastily decided upon, but once a decision is made the physician should expect and be prepared to remain. A change of location may become necessary to any one, but it is obvious that, as a business proposition, frequent changes are not desirable. It is good policy to get rooms in the best office building in the most easily accessible part of the city, and it is false economy to be parsimonious in furnishing them. In all lines people like to patronize the busy and the prosperous. Dingy rooms cheaply furnished do not indicate prosperity.

While "a cured patient is the best advertisement," one must first have the patient in order to cure him. We do not intend to discuss the question of advertising at this time, but it is necessary to let people know that you are prepared to treat their ailments. There are ways of doing this that are accepted as proper and legitimate. It is neither good ethics nor good business to advertise your own especial points of supposed superiority, nor to resort to any flamboyant means to attract attention.

When the patients begin to come the most important thing, of course, is to find the cause of their ills and to remove them. Many of us have found it difficult to hold the patient until these things, especially the latter, could be accomplished. One of the greatest aids in effecting this is to be in earnest. Enthusiasm begets enthusiasm. No one has any business to practice osteopathy who does not thoroughly believe in it. *Talk osteopathy.* Explain its theories and principles. It may sometimes be found easier to chatter local gossip, to talk about everything but osteopathy, but as a business proposition it will not pay. You do not want to boast of *your* successes. No one likes a braggart. You must not mention your patients'

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names and talk about their ailments, but it is proper to let your patients know what *osteopathy* does in the way of relieving disease and suffering. Most of us do not talk enough osteopathy. Many of us have been surprised to hear of one or more of our patients taking medical treatment for some minor ailment for which osteopathy is the treatment par excellence, and the patient, in turn, has often seemed more surprised to learn that "osteopathy could treat that." For the want of a little explanation, by not letting it be known that osteopathy is the best treatment for acute ailments, we have doubtless lost many patients. It will be found to be poor business to talk overmuch about *quick* cures, but time used in explaining the philosophy of our science will be time well spent. Even the skeptical and those who may argue with you will, in conversation with their friends, make your arguments their own, and thus spread the theories of osteopathy. We are speaking of talking osteopathy to patients and prospective patients who may call at your office. We do not consider it good policy to be everlastingly talking "shop" on the street corners and in other public places.

You should not only let it appear that each case is one of especial interest to you, but in truth it should be. No two are alike, and each should be an object of special study on your part. With the busy practitioner time is an important matter, and while it is not necessary to dawdle over a treatment it is unwise to appear to be hurried. Do all that is necessary to be done and go to the next patient, but do not be in a hurry; take time to tell each patient what he should do to help along in the cure of his ailment. A few weeks ago a very successful practitioner remarked that a patient had recently left him, and said to a mutual friend, "Dr. Blank is a good doctor and very successful; he has a large practice, but he did not seem to have time for me."

There are some osteopaths who are too dignified. If a patient fails to meet an appointment they are apt to think, "Well, he knows where I am; if he does not care to come for his treatment it is all right." It will, we think, be found to be good practice to find out within a few hours after the failure to keep an engagement the reason for it. Possibly some intercurrent disease, or some new symptom, has caused the patient to feel that he must call another physician, whereas a timely inquiry and a little encouragement might save you a patient and osteopathy a friend. We should use our telephones more. Not only is there nothing undignified in this, but it shows our interest, which not one in a thousand would regard other than as a proper and friendly interest. These people have placed themselves under your professional care, and are entitled to your thought and consideration.

The question of professional charges is important in considering the business side of osteopathy. We believe they should be put very much upon the same plane as that of other professions, and certainly the charges should not be less than those made by others for similar service. It is exceedingly poor business policy to attempt to build up a practice by underbidding others. As has often been said, the public will place no higher estimate upon a physician than he places upon himself. The work of osteopathy is hard; the amount he can do is limited; the service he renders is valuable; therefore he should be well paid. Treating people for their "influence" who are able to pay in cash, will generally prove to be the poorest

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kind of an investment. People appreciate those things which cost them something.

In some localities osteopaths collect in advance for their services. This is excellent when it can be done; it has many advantages, but the customs of communities differ considerably, and this would not be practicable in all places. But one thing can not be too strongly emphasized, and that is promptness in collections. The difficulty in collecting a bill is usually in direct proportion to the time that has elapsed since the indebtedness was incurred. Very often, too, when a bill is allowed to run as long as six months the patient makes himself believe that he received no benefit, whereas, if he had paid at the end of each month, or each treatment, he would have been contented and would have remained a friend and adherent of osteopathy.

The osteopath, to make a financial success, should confine his energies to the practice. He should have no other business that would demand any considerable portion of his time and attention. While it is probable that research, literary or other collateral work along professional lines may broaden and develop a physician's faculties, and may even make him a better therapeutist, we speak advisedly when we say that his business interests are likely to suffer by reason of the time he is forced to give such work.

In connection with this phase of the subject there is another closely allied to it, which, while it is of but little personal concern to some of us, is of practical importance to many, and that is the question of proper investment of surplus earnings. It is true that the matter of investments is itself a business, yet we think we are safe in saying that the busy osteopath would do better to invest in bonds, mortgages, securities or in other things that will require a minimum amount of his time rather than in an active business that will require much of his personal attention.

The business side of osteopathy is a subject that expands under treatment. We realize that we have imperfectly sketched but a few points bearing on it, but if what has been said will stimulate some of the many successful business men and women in our profession to contribute something from their experience for the benefit of their brethren less gifted in this respect, what has been written will not have been in vain.

Legislative Schemes of the American Medical Association.

We recently received a well-written article in pamphlet form, with the above caption and this sub-head, "A Conspiracy to Establish a Physician's Trust," which was reprinted from the *National Druggist,* St. Louis, Mo. The author asserts that the general movement against patent and proprietary medicines which is evidenced by the bills now before most of the state legislatures as well as congress, to restrict and regulate the business of these concerns, is not the result of an awakening on the part of the people, nor of humanitarianism on the part of the medical profession, but is the result of a propaganda being carried on for selfish reasons by the doctor-politicians in the American Medical Association. He says: "We can not, of course, follow them behind the closed doors of their secret deliberations, and it is natural that they should not proclaim their real motives to the public; but occasionally a member, more boldly brutal than his fellows, or one lacking

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discretion, or for the moment being off his guard, gives the whole snap away and lets the feline out of the bag."

It would be interesting to reproduce all of the evidence submitted in substantiation of this charge of selfishness, but on account of the lack of space, we will have to be content with the following excerpts:

The *California State Medical Journal*, in its issue for September, 1905, says:

"Ask any pharmacist what will eventually happen if you give a patient a prescription for one of these proprietaries. He will tell you that in due course, the patient, or his wife, or his mother, or his children, or his sisters, or his cousins, or his aunts, or his wife's friends will come into the store and buy more of the same stuff—but without a prescription. In other words, you have lost a patient."

In an article in the *Journal of the American Medical Association*, March 18, 1905, page 894, it is charged "that the druggists are cutting the doctors' throats by selling patent medicines," and an implied threat is made to the druggists that they "ought to see the propriety of not working against the doctors' interests;" that is, by selling patent medicines to the people, and in this way cutting the doctors out of prescription fees. We see no love for the dear people here.

Dr. Horatio C. Wood, Jr., one of the leaders in the present crusade, in the *Journal of the American Medical Association*, June 10, 1905, makes a calculation of the amount spent only in advertising proprietaries, and says that the advertising represents just so much as coming out of the pockets of the doctors."

In an article in the *Journal of the American Medical Association*, September 9, 1905, page 801, doctors are told that it should be a rule that no proprietary medicine should be delivered to the patient in the original package—this precaution being taken to prevent the purchase of future supplies without a prescription.

In an article in the *Journal of the American Medical Association*, March 4, 1905, objection is made to proprietaries on the ground that "they encourage the patient to prescribe for himself, and, as the proprietary manufacturer becomes richer, the physician becomes poorer." It is the doctors' interests, and not those of the people that are here considered, it seems to us.

The *Medical Mirror*, January, 1906, says:

"Conditions of medical men in the big cities are appalling. In this city (St. Louis) there are more than 1,100 doctors who are not making a decent living. Doctors who are sober, honest, brainy, educated and talented, are living on ten-cent lunches in the saloons, go unshaven and with shiny clothes on their backs. * * * But, Allah be praised for one thing, the tocsin has sounded! A campaign of education has been inaugurated by a number of reputable and trustworthy journals in various parts of the country, new light is being disseminated, and little by little it is breaking through and dispelling the gloom. Legislation against quack, proprietary and patent medicines is going merrily on in several states.

The *Medical Times*, April, 1905, page 117, in a leading editorial on proprietary medicine, says:

"This is a subject vital to every physician. * * * We will merely repeat here the specific statement we have already made, to the effect that in one year $62,000,000 has been expended on patent medicines in the United States, enough to give to every practitioner in the country a yearly income of $2,000. * * * In the face of such facts as these, all talk of love of humanity, altruism, self-abnegation and the like, becomes cheap and nauseating. * * * It appears to us that such buncombe should give place to homely common sense."

While we agree with the *National Druggist* that the motives of the medical men who are fighting proprietary medicines are not the best and that their aims are by no means altruistic, we do not agree that there is no popular sentiment back of the crusade. When the doctors and the druggists fall out and go to telling on one another we can see a chance for the people. Let the merry war go on.

There are several other matters to which the above mentioned article calls attention, illustrating the grasp the medical profession seeks to get upon

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all matters pertaining to the healing art, and one, especially, which should interest the osteopathic profession.

The committee on legislation of the American Medical Association, at the last meeting of that body, reported that at that time it had an emissary in every county of the United States working quietly to create sentiment in favor of the legislative ideas of the association. The report further states that the committee had secured a list of local political leaders of every organized and recognized political party in the United States. It further says: "* * * The political list is arranged so that the dominant politics of each county and each congressional district is indicated as well as the political affiliations of each member whose name appears on the list. It thus happens that we are able to move with a certain degree of accuracy in invoking political influence in behalf of such measures as are taken up by your committee."

Upon the political phase of the medical association's work the article above quoted makes the following pertinent comments:

> There may be those who, having a high opinion of the almost sacred calling of the physician, imagine the American Medical Association is a great benevolent institution, whose only aim is the public good. But it seems to us, if the acts and utterances of the officials now in charge of the organization fairly and justly represent its policies and principles, that it is rather to be feared as a public enemy. Here is a body of men much above the average in force of character, ability and standing in their communities, with agents and emissaries scattered all over the country, forming an organization that can outwatch Argus with his hundred eyes, and outwork Briareus with his hundred hands. Instinct with one purpose, and that to secure legislation favorable to its own interests, "it has a list of local political leaders of every organized and recognized party. This list is so arranged that the dominant politics in each county and congressional district are indicated, as well as the political affiliations of each member." It, therefore, knows no party. It affiliates with any, whatever may be its principles, provided their own selfish ends can be furthered. As was Jay Gould, they are democrats in democratic states and republicans in republican states. All parties look alike to them when seeking aid and influence in securing the enactment of laws which will give them the monopoly they seek.

The Endowment of Osteopathic Colleges.

The Committee on Education in its report made to the A. O. A. at Cleveland in 1904, in speaking of the desirability of local support of colleges, stated that they "should merit and receive the enthusiastic support of all the osteopaths in its vicinity." It further said: "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." The report of this committee made at St. Louis in 1905 contained this sentence: "The goal we should be unalterably determined to reach, and which should be the paramount consideration in every case, is the endowed college."

The editor of the JOURNAL, in a paper on "Organization," read last month before the New England Osteopathic Association, which appears elsewhere in this number, and to which attention is invited, discussed this question at some length. For the reasons there set forth, as well as many others, we believe that if such a movement can be organized on such a basis as will be acceptable to the profession and just to the colleges, it ought to be inaugurated. Such a movement, we believe, will tend to unify the profession; it will strengthen the A. O. A. because it will give a great and com-

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mon object to be achieved. If such is the case is there any reason longer to delay? All things must have a beginning. It might be accomplished in a year, more likely it will require ten or twenty, but the sooner it is begun the sooner will it be consummated.

We are not unmindful of the fact that there are many things to consider in a movement of this kind, and we do not advise going into it without fully matured plans. We mention it now so that every one who feels interested in the matter may have time to think over the problems involved before the meeting at Put-in-Bay, where we hope to see the movement for endowed colleges launched with genuine osteopathic enthusiasm. In the meantime the columns of the JOURNAL are open to any one who may wish to write on the subject.

The Osteopathic Directory for 1906.

For several years prior to the first official publication of a general directory of the osteopathic profession the need of such a work was keenly felt by many practitioners, by our colleges, by our publishers, and most of all by the officers of the A. O. A.

Since the efficiency of the association as an organization for advancing the interests of osteopathy depends upon the active co-operation of the widely scattered, rapidly multiplying and not altogether stationary units of the profession it is a matter of serious importance to the association and to the profession to know the exact addresses not only of the actual members of the central organizaton but of all possible members of the organization.

So, four years ago, the A. O. A. lent its aid to Messrs. Dobbyn & Son, publishers, of Minneapolis in getting out the most comprehensive directory of the profession that had been attempted.

Last year a similar arrangement was made with the Osteopathic Publishing Company of Chicago; and the result we have before us in the "Osteopathic Directory of 1906." Its production has cost more labor and money than any of its predecessors, and it is unquestionably the best directory of the profession that has ever been issued.

That it falls far short of perfection no one more clearly realizes or more frankly admits than the publishers, who, after six months of strenuous, intelligent and systematic effort to achieve completeness and accuracy in the work, are obliged to confess that "there are from 500 to 800 osteopaths about whom absolutely nothing is known." The blame for a large share of this want of information must rest with those secretaries of state societies that have not taken the pains to keep a correct list of the practitioners in their respective states.

The directory of 1906 is a creditable piece of printing and is considerably larger in all dimensions than any of its predecessors. The alphabetical list contains 3,747 addresses as compared with 3,606 in last year's book. The roster of state societies shows a gain of five since last year, forty-six being the total number. Thirty-four city or district societies are reported this year as against twenty-three last year.

The new book is a mine of valuable information that every practitioner should possess. We hope that it will be carefully examined and frequently consulted; and that every detected error will be promptly reported to the

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publishers. It is only by the co-operation of many that any approach to completeness and accuracy can be maintained in our directory.

The A. O. A Meeting at Put-in-Bay.

It is not too early to begin to plan to attend the next annual meeting of the A. O. A. The date, August 6-10, is about the time when practitioners should take a vacation. The place, Put-in-Bay Island, is an ideal spot to rest and recuperate. The program is an excellent one. There will be a large gathering of osteopaths from all parts of the country. Railroad rates will not exceed one and one-third fare for the round trip. We are assured of fair and courteous treatment by the hotel management. In short, no osteopath can afford to miss this meeting.

The editor of the JOURNAL feels that perhaps an apology, surely an explanation, is due on account of the appearance in this number of his paper on "Organization." There were two reasons that led to its publication: First, this is the campaign number, and a great many non-members will receive a copy. The paper contains some information about the A. O. A. which it is thought desirable to place in their hands; second, it discusses the question of an endowment for osteopathic schools, a question of such importance that it should be laid before each member of the A. O. A., and, if possible, of the profession.

The *New York Medical Journal* for April 7, 1906, advances a tentative theory that a cause of the apparent increase in appendicular inflammation may lie in the use of boric acid as a food preservative. It says, "There is no getting away from the fact that boric acid possesses the power of irritating the alimentary canal." The theory may be correct. It is quite probable that some of the various chemicals or compounds taken with food, and as medicine, act as an exciting cause of appendicitis, and, we may add, of various other pathological conditions.

We have been unable to learn anything, direct, from the osteopaths in San Francisco and vicinity since the recent terrible calamity visited that section. If it should later be found that there is any distress among them that money can relieve, we are sure that the response to any appeal for aid that may be made in their behalf to the osteopathic profession will be both prompt and generous. This notwithstanding the fact that osteopaths, like other good citizens, have already doubtless contributed through various sources to the relief of that sticken community.

The third article in the series on the "Osteopathic Lesion," by Dr. Carl P. McConnell, appears in this issue of the JOURNAL. We believe this to be one of the most important contributions that has yet been made to the scientific literature of osteopathy. This article will be kept in type for a short time, in order to give those who may desire copies in pamphlet form an opportunity to order them. They will be sent postpaid for 5 cents per copy. Orders should be sent at once to the editor of the JOURNAL.

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Secretary Chiles has had returned to him through the dead letter office, several certificates of membership for the present year. These are probably members who have changed their locations without giving notice. Any member who has failed to receive a certificate should notify the secretary without delay.

Notice—Reservation of Rooms.

A flat rate of $3.00 per day, "first come first served," has been made for all who attend the meeting of the A. O. A. at Put-in-Bay, August 6-10.

To avoid confusion upon arrival, however, it will be necessary to reserve rooms in advance, and "first come first served" means that the best rooms will be assigned to those who first apply. The hotel will not be opened until June 17, and in order to give all an equal opportunity it is hereby announced that reservations will be made in the order in which applications are received *after* that date.

It should be borne in mind that *no attention will be paid to applications received before June 17.*

Address Hotel Victory, Put-in-Bay, Ohio.

Transfer of Students.

In view of the terrible disaster which has overwhelmed the California College of Osteopathy, The Pacific College is receiving the students from the C. O. for the remainder of this term, and giving them free tuition. This is done with the distinct understanding that no student in any way becomes obligated to the Pacific College, and we shall take pleasure in returning every one of them to the California College as soon as they shall again be in condition to resume their work. C. A. WHITING.

Card From Dr. Hazzard.

Regarding "Post-Graduate Course at A. S. O. and 'Safeguard the Future,' "- for refutation of the alleged heresy charges read the same article. These students, if they read my article at all, fail to understand plain English. CHARLES HAZZARD.

New York, N. Y.

Proposed Program of Meeting of the American Osteopathic Association at Put-in-Bay, Ohio, August 6-10 1906.

MONDAY, AUGUST 6.

Reports of Committees—Publication Committee, Educational Committee, Legislative Committee.

Treasurer's Report.

Trustee's Report.

Routine Business.

8:00 P. M.—Reception.

TUESDAY, AUGUST 7.

Symposium of Practical Treatment:

(Clinic Demonstration of Technique.)

(a) Cervical Region—Dr. G. A. Wheeler, Boston, Mass.

(b) Dorsal Region—Dr. W. W. Steele, Buffalo, N. Y.

(c) Lumbar Region—Dr. Josephine DeFrance, St. Louis, Mo.

(d) The Pelvis-Sacrum, Coccyx, Innominata—Dr. Vernon W. Peck, Pittsburg, Pa.

(e) Ribs and Vertebrae Correlated—Dr. George J. Helmer, New York, N. Y.

(General Discussion.)

Business.

8:00 P. M.—President's Address.

WEDNESDAY, AUGUST 8.

Practical Dietetics—Dr. H. H. Moellering, Minneapolis, Minn.

(General Discussion.)

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Osteopathic Applied Anatomy—Dr. M. E. Clark, Kirksville, Mo.
(General Discussion.)
Osteopathy as a Profession—Dr. J. H. Sullivan, Chicago, Ill.
How Osteopathic Lesions Affect Eye Tissues—Dr. Louisa Burns, Los Angeles, Calif.
Business.
8:00 P. M.—Alumni and class reunions.

THURSDAY, AUGUST 9.

Paediatrics.
(a) Infant Nursing—Dr. Alice Patterson Shibley, Washington, D. C.
(b) Osteopathic Treatment of Infant Disorders—Dr. Louise P. Crow, Milwaukee, Wis.
(c) Prophylactic Treatment of Children—Dr. Louise A. Griffin, Hartford, Conn.
(General Discussion.)
Emergencies.
(a) Haemorrhages (lungs and uterus)—Dr. E. C. Pickler, Minneappolis. Minn.
(b) Unconsciousness or Insensibility—Dr. Edgar D. Heist, East Berlin, Ont, Canada.
(c) Fits or Seizures—Dr. A. B. King, St. Louis, Mo.
(General Discussion.)
Osteopathic Lesions in Acute Respiratory Diseases—Dr. C. M. Turner Hulett, Cleveland, Ohio.
Prize Essay (announcement.)
8:00 P. M.—Alumni and class reunions.

FRIDAY, AUGUST 10.

Osteopathic and Surgical Diagnosis—
(a) Pelvis (gynecological)—Dr. Ella D. Still, Des Moines, Iowa.
(b) Abdomen—Dr. S. A. Ellis, Boston, Mass.
(General Discussion.)
Practical Talk: "When Is a Surgical Operation Advisable?"—Dr. Francis A. Cave, Boston, Mass.
Business:—Election of Officers, fixing next meeting place, installation, adjournment.

PAPERS.

1. Conjunctivitis—Dr. J. F. Spaunhurst, Indianapolis, Ind.
1. Iritis—Etiology, Pathology and Treatment—Dr. O. J. Snyder, Philadelphia, Pa.
3. The Treatment of Eczema—Dr. Morris Lynchenheim, Chicago, Ill.
4. What Osteopathy Has Done With Tumors—Dr. Clara Wernicke, Cincinnati, O.
5. A Few Cases of Mental Diseases—Dr. L. A. Liffring, Toledo, O.
6. The Menopause—Dr. D. Ella McNicoll, Frankfort, Ind.
7. Pronounced Insomnia—Dr. R. W. Bowling, Des Moines, Ia.
8. Facial Neuralgia—Dr. Ben. S. Adsit, Franklin, Ky.
9. The Osteopathic Treatment of Constipation—Dr. M. C. Hardin, Atlanta, Ga.
10. The Enlarged Prostate—Dr. D. S. Harris, Dallas, Tex.
11. Osteopathic Biology (including an exhibit on comparative osteology)—Dr. R. K. Smith, Boston, Mass.

NOTES AND COMMENTS.

The Pure Food and Drug Bill.

The Pure Food and Drug Bill, now in Congress, should not be lost sight of by the osteopaths, and wherever an osteopath has a chance, by a personal letter or through his friends, to exert an influence in its behalf, it is his duty to do so. The bill has passed the Senate. A measure practically the same as the Senate bill, styled the Hepburn bill, has been introduced in the House, and is now, April 12, in committee, where the forces of the adulterated food manufacturers and the patent medicine men are bringing powerful pressure to bear to nullify its provisions. The measure as presented provides that any proprietary medicine containing alcohol, cocaine, opium, morphine, etc., shall be so labeled on each package, and the quantity or proportion stated. To this provision the patent medicine people are endeavoring to tack on the following amendment: "The quantity or proportion of alcohol need not be stated when not more than the quantity or proportion prescribed by the United States Pharmacopia or National Formulary, as a solvent or preservative of the actual constituents of the medicines or preparation in such package used, and provided, furthermore, that the quantity or proportion of opium or morphine need not be stated when the contents of the package contain not more two grains of opium or one-quarter grain of morphine to the fluid ounce, or, if a solid preparation, to an avoirdupois ounce."

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The criminal selfishness and heinousness of the patent medicine men is herein glaringly evidenced. Any preparation containing enough of an enslaving drug to produce any effect on the physical organism, also contains enough that its constant taking will produce desire and habit. The enactment of the Pure Food and Drug Bill, with the proposed amendment, would simply mean that the patent medicine people were licensed by the national government to produce drunkards and drug slaves. Cocaine and morphine fiends would be manufactured under the official sanction of Uncle Sam. This, too, in addition to the thousands of innocent babes, whose little bodies would be sapped of their vitality by "harmless soothing syrups" and "simple remedies for colds," containing, unknown to the mothers, laudanum, cocaine, or other narcotics. Let the Osteopaths boost for the Pure Food and Drug Bill, *without any amendments.*

Missoula, Mont. ASA WILLARD.

"Nature, Not Drugs, as a Cure for Insomnia."

Doctor John V. Shoemaker, of Philadelphia, pays another tribute to the healing powers of Nature, at the expense of drugs, in his article, "How to Get Sleep," in the *Saturday Evening Post* of March 24, 1906. He says:

"It has come at last to be realized that the drug-cure for insomnia is worse than a failure, and people are beginning to look to Nature for a remedy." He mentions this as a "new idea," and yet it is a fact that, for years, not only the well informed medical practitioner has realized the helplessness of drugs in the treatment of insomnia, but the "people" have known from experience that drugs are ineffective and injurious.

It may be of interest to notice what the Doctor says of sleep and sleeplessness.

In answer to his question, "What is it that happens when one goes to sleep?" he says: "A complete answer cannot be given to this question, but it is known that the blood flows out of the brain, that the eyeballs are turned upward, that the pupils of the eyes become contracted, that the pulse slackens, and that the breathing becomes slower—the amount of air taken into the lungs being only about one-seventh of what it is when one is awake. Apparently, the immediate cause of waking is a flow of blood to the brain.

"Obviously, then, when a person is troubled with sleeplessness, any expedient by which the blood may be drawn away from the brain is likely to be good. For, ordinarily, whatever may be the cause of the mischief, too much blood in the brain is directly accountable for the wakefulness."

Later in the article the Doctor says: "The most important phenomenon connected with sleep is the outflow of blood from the brain, which seems to be not only an incident of slumber, but actually, in a certain sense, the cause of it. If we were able to examine the mind organ of a human being under such conditions, as has been done in the case of a dog, by removing a piece of the skull and replacing it with a watch-glass, we should see it grow pale and diminish in volume as slumber fell upon the person under observation.

"Such being the case, it is evident that in trying to cure insomnia, our efforts should be directed to getting rid, by one means or another, of the tendency to congestion of the brain, which, whatever the cause of it, is usually the real mischief."

In the above quotations the Doctor not only makes a good presentation of the basic principles involved in the subject of his discussion, but he sounds a key-note when he says that the congestion in the brain is usually the real mischief. After coming close to the vital point, it is amazing that he stops, or breaks away from a conclusion that seems inevitable, as if he did not care to find what constitutes the real cause of the "mischief" or congestion.

If he would call to his aid, at this phase of the question, a little anatomy and physiology, and carry his line of reasoning just a little farther, it would certainly occur to him that the vaso-motors—notably from the superior and inferior cervical ganglia, which supply the internal carotid and vertebral arteries—regulate the blood supply of the brain. Then, if he would reason that abnormal function implies abnormal structure, he might be able to discover what was disturbing these sympathetic ganglia, and thereby causing congestion of the brain. Removing this disturbance, he would not only be able to add to his list of remedies for insomnia, a remedy more efficacious than any he proposes, but could cure cases that are practically free from every cause mentioned in his article. But, instead of pursuing a scientific course, he attempts to guess the causes; and proposes experimental remedies, which happily are not injurious.

In his references to causes, he mentions nothing that is tenable as a primary factor. Without exception, in a strict sense, they all belong to a class known as exciting or secondary causes.

He says imprudence in diet, late eating and drinking, are causes; yet we call to mind many individuals who continually indulge in these habits, but are good sleepers. He cites as a cause, "nervous strain, inseparable from the business of rapid money getting."

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Yet many who are engaged in a most strennous business, as well as some of the most ardent "brain-workers," are not victims of insomnia.

He mentions, as causes, strong emotions, anxiety, sorrow, etc., yet there are people known to have such experiences without being troubled with insomnia; some may be troubled with wakefulness for a time, but this is not insomnia in a strict sense. Others may be troubled with sleeplessness that seems to be of a permanent nature, but in such instances a primary or predisposing factor is present, and is made active by the exciting or secondary cause.

Doctor Shoemaker's remedies for insomnia are perhaps familiar to all. They are good as far as they go, are not harmful, and doubtless may be successful in cases of a temporary nature. Futher than this, they may be very helpful adjuncts in cases undergoing scientific treatment.

The following are among the principal remedies he suggests: Exercise, especially walking and horseback riding. Hot foot-bath, glass of hot milk or hot water. Distractions of the mind, such as theater, music, etc. He recommends the sea air as a wonderful nerve tonic, sedative and soothing; the emanations from the pine forests as sedative and somniferous. He says often a vigorous rubbing of the spine, the abdomen and the head, will cause a patient to fall into slumber.

Evidently, Doctor Shoemaker's principal purpose, in the article in question, was to suggest measures calculated to induce sleep temporarily, rather than a scientific discussion of the primary cause of insomnia and the proper means for bringing about permanent relief. It is to be regretted that he manifested such indifference at the critical point. He had a splendid opportunity to give the public something new in etiology and therapeutics, and his profession a scientific method of procedure in the matter of coping successfully with insomnia, and other conditions characterized by congestion of the brain.

Kansas City, Mo. S. T. LYNE.

Osteopathic Surgeons.

From an article in the April JOURNAL, I quote the following: "With our present three-year course the student should be thoroughly instructed in surgery, and able to administer to the wants of his patients when surgical skill is necessary." I have several times during the past year noted statements like this in our publications. It certainly seems to me that, if our curriculum was crowded when we had a twenty-months' course, exclusive of all surgery but minor, it would be worse than crowded if in a twenty-seven months course we attempted to include major and operative surgery. No man can best fit himself as an osteopath and a first-class surgeon in twenty-seven months.

Surgery is a science and an art. Butchery is a trade, and should be practiced only upon brutes. There is need of osteopathic surgeons. Greater possibilities for their patients' recovery are offered when the surgeon and the osteopath work hand in hand. As it is now, when it is necessary for one of our patients to resort to surgery, the medical surgeon usually does all in his power to belittle us in the patient's eyes, and to undermine our professional standing. The writer recalls a case which he treated six years ago; the son of a wealthy gentleman who was the mayor of the town. The child was four years of age, and had infantile paralysis. One limb was much atrophied, and there existed a condition of talipes equinus. After the child had been treated a month, it was seen that the tendo-Achillis could not be stretched, and the parents were advised to take him to a certain surgeon in Salt Lake City, and have the tendon cut. Then we would go on with the work on the limb. They took this advice, and told the surgeon that the boy had been receiving osteopathic treatment. After the operation had been performed and the cast placed upon the limb, the surgeon said: "Now bring him back at the end of six weeks, and under no circumstances allow the osteopath to touch him. It could not be other than injurious."

I treated the child the day after he arrived home. When the mother took him back, at the end of six weeks, the surgeon was enthusiastic over the success of the operation, and called his assistants in to observe. He expressed himself that it was the neatest and most successful operation of the kind he had ever performed. (He is a man well advanced in years).

"Now, madam, you see what those osteopath quacks might have spoiled with their rubbing and pulling."

"He has received osteopathic treatment every other day since he left here," quietly returned the mother.

The doctor's immediate remarks were inaudible. Had that boy's parents been a little less stanch in their confidence in osteopathy, they would have listened to the surgeon's advice, and their child might never have had his limb grow to practically the size of the other one, and the entire use of it return.

I sent that surgeon over $800 worth of work in three months. I was not willing for

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him to direct with my patients, when cutting should be done, but in spite of his antagonism, I knew that what actual cutting he did was done scientifically and in the best possible manner. I want to feel that of an osteopathic surgeon, and if I do not feel it I shall send no patients to him. We want no half-baked surgeons in our ranks. The advancement of our science has repeatedly been handicapped by quackery and ignorance of the true principles of osteopathy, within our own ranks, and we would be very unwise to further embarrass our profession's progress by having to shoulder the butcherings of a lot of short-term surgical graduates, labeled osteopathic. ASA WILLARD.

Missoula, Mont.

What is the Proper Diet?—"Thou Shalt Not Kill."

The ideal diet here sought involves no taking of life. A second choice allows the taking of vegetable life, while the third permits the destruction of animal as well.

Is it not a rather remarkable thing that the purins, or poison unquestionably concerned with rheumatism, gout, arterio-sclerosis, tumor-growth and serious nervous affections, even including insantity, should be found most abundantly in animal organs, in muscles next, then in plant seeds, and then in other germinating parts of vegetables? This observation is not here maintained as universal, but it seems remarkably nearly so. There appear to be but few exceptions. Rice and eggs are among the most notable ones, no purins in them having been reported.

Another remarkable fact is that the classes of diseases mentioned are among the most difficult of all the problems of the medical profession, and that the literature of "Uric Acid," including the other purins, is about the most voluminous and least satisfactory of any subject in the repertory. Medical science has made a most notable failure here.

Medical science fails again in its practically inadequate explanations of immunity and susceptibility as regards contagious and infectious diseases. Absolutely no *natural* practical results have been attained for the prevention or cure of these "Scourges of Humanity." The measures advocated seem to require more and more increasing dependence upon the doctor and his "sanitary" measures; while vital power, and the permanency of health, strength and immunity are getting miserably diminished under these measures.

Please note well the fact that when we give loving care to animals and plants they develop in a remarkable way certain powers and properties calculated to benefit our race.

Thus, animals respond with docility and service, and with food (e. g. milk) and with other useful materials (e. g. wool, ivory, etc.) even without need of sacrificing the life. Plants respond with new varieties, with beauty, with fragrance, with useful materials, and especially with the storage of valuable *purin-free food-material* in parts where their use does *not* require sacrifice of life, not even to the seed life (e. g. tree and ground fruits). On the other hand, they store nutrition, more or less closely associated with purins, in parts evidently *sacred* to *preservation* of the *life of the species* (e. g. fruit seeds, nuts, grains, many tubers, roots, etc.). Microbe life has already proved wonderfully useful to our race, and we are only beginning to appreciate its possibilities.

The lesson seems to be gaining in clearness and force, that instead of carrying on *war* through quarantines, drug poisons, and the invading surgeon's knife, we should speak "Sweet Peace," looking for the best good in everything, including foods, in faith that our Creator doeth all things well.

The well-nigh fatal error is in ourselves. Science now totters with her accumulated load of observations, appalled and desperate in her awful failure to save, or even to moderately lengthen human life. She has for ages been blind to the light that is the guide of Faith; she now sees the handwriting on the wall, and should begin bestowing her burden upon her waiting sister, already receiving and using it rightly for the glory of God, taking an intelligent part in the further working out of Life's destiny on Earth.

Be it repeated, the error is in ourselves. Disease will flee if we live rightly. We need but *faith* and *obedience* to lead us into all truth.

The writer gives all the credit for his recent conclusions to the strict following of this course, especially emphasizing his conscientious *obedience* to his strictest understanding of the spirit of the law of Jesus Christ.

In the same spirit are now given the present conclusions to all mankind, with most earnest wishes for the best welfare of our race, and of all other forms of life.

DIETARY INSTRUCTIONS.

To get well and keep so, in so far as diet is concerned. During any acute inflammatory disease of stomach or bowels, as typhoid fever, gastritis, appendicitis, etc., eat absolutely nothing nor drink *any food* till the appetite calls for it. Then eat *only* the *sweet milk* and *fruits*, as per directions below. In the event this proves intolerable, observe the greater liberty for a few days, returning as soon as possible to the fruit and milk regime.

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Class I.—Proteid Foods.

(a) Purin-bearing, to be avoided. Flesh, soups or broths of beast, fish, fowl or reptile, including oysters, crabs, eels, frogs, etc. Anything that has had motion of its own, life or breath. Anything in the animal kingdom. Also any kind of nuts, whole-grain cereals, ripe legumes (peas, beans, lentils). Avoid animal jellies, gelatines, and all kinds of meat extracts.

(b) Purin-free, desirable. Milk, sweet or sour; buttermilk, eggs, cheese, macaroni, spaghetti, vermicelli.

Quantity of proteids allowable for the average sized adult. *Not to exceed* the equivalent of three glasses of milk per day, say 2½ pints. As equivalents to one glass of milk may be used three eggs, or a good heaping tablespoonful of macaroni and cheese, or cheese alone not to exceed one ounce.

Eat proteids only when called for by the appetite in *absence* from the dining room, out of sight and smell of food. An appetite *aroused* by sight or smell of food is not trustworthy. In other words, keep out of the dining room unless you feel the need of going to the meal. Do not exceed 2½ pints of milk or its equivalent daily. Nobody, not even the hardest worker, needs more than the above limit.

Test.—Have any doctor or chemist examine the urine for *indican*. If found in more than minutest traces, proteid food has been eaten in excess of digestive power, or has not been properly chewed, twenty-four to thirty-six hours before. This substance is formed in the putrefaction of proteids in the digestive tract. It is absorbed into the circulation and passed off through the kidneys. Digestion prevents this if mastication and quantity are properly regulated.

Class II.—Carbohydrate Foods.

(a) Purin-bearing, to be avoided. All whole-grain foods, cereals *(except rice)*. All jams, marmalades, seeds of ripe vegetables or of any fruit. All figs, tomatoes, strawberries, gooseberries, raisins (except seedless), and the small fruits generally, if to be taken whole.

(b) Desirable, to be raw or cooked as preferred. All fruits, seedless or with seed rejected, as any large fruit or small, fruit juice, fruit jellies, apples, pears, peaches, dates, prunes. etc. *Seeds are not to be eaten.* May use melons, ripe squash, pumpkin, sweet or Irish potatoes, taro, rice (flaked rice, flaked hominy, Vitos and Cream of Wheat appear to be free of the purin-bearing germ and hull, hence allowable). Use any kind of starch, white flour bread, crackers, etc., tapioca, sago, farina, arrow-root. Honey may be used, but crystal sugar should be avoided, as well as syrups containing it.

Quantity of Carbohydrates: All you want, but *omit absolutely* from the *next* meal following any meal that produces *gas* in the stomach or bowels. Dissolve a small bit of white bread or cracker in the mouth when first sitting down to any meal. A sweet taste should appear in a few moments, or *starches should be omitted.* Better take fruit. The saliva is unable to do its proper work; starch eating will almost certainly be followed by fermentation and gas in the stomach and bowels. From eight ounces to two pounds of carbohydrates per day are reported to be needed, according to the physical labor one performs.

Note.—Starches and acids should not be in the mouth at the same time. Hence avoid fruit pies; but fruit sauce before or after bread and butter, is allowable.

Class III.—Fats.

All ordinary fats and oil allowed, as cream, butter, olive oil (cotton seed oil, lard, suet and tallow not so desirable, but may be used). Use as desired. Frying is allowable, but *extraordinary chewing* must be used. (Olive oil is well used as an ointment for the whole body following a bath. Rub it in well.)

Class IV.—"Roughness."

Raw vegetables—must be very crisp—soak in water one hour before using. Cabbage, lettuce, celery, radishes, turnips, etc., any non-starchy vegetable wanted, onions sparingly, if at all.

Cooked vegetables, anything non-starchy *except cabbage.* Use cauliflower, any kind of greens and the roots ordinarily cooked for food. *Be very sparing* in the use of onions and asparagus, green peas, snap beans, and green corn. Better slice this from the cob, so as to avoid the germ of the grain, if possible).

General Directions.—*Take small mouthfuls*, swallow nothing but the juice chewed out of any food whatever. Fluids and things that "melt in the mouth" must be thoroughly mixed with the saliva, and the taste enjoyed until it is all gone. Milk may be eaten with fruits, especially the non-acid fruits, such as dates, prunes or bananas. Buttermilk goes well with almost any kind of fruit. Proper chewing corrects incompatibilities in this line almost certainly. All fiber and pulp not liquefied by chewing must be rejected when the taste has been extracted by sufficient chewing.

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Use no condiments of any kind. *Omit sugar*, salt, pepper, vinegar, sauces, curries, mustard, horse-radish. chile, and all things *stimulating*. The foods recommended contain all necessary salt. Things needing sugar, etc., to make them acceptable should be omitted until one is hungry enough to take them without the coaxing, which always induces over-feeding and dyspepsia, to say nothing of burdensome excess-material and decay-products to be removed from the body. You will not starve, nor lose weight excessively, but get strong and well under these rules. A thin person will almost certainly gain after a week or two of faithful obedience.

Use no Tea, *Coffee. Chocolate*, or "Cereal Coffee." Better use no fluids with meals except as allowed above, but drink fresh, cool water freely, after an hour's time for digestion.

Whenever you have trouble in following the rules herein contained, *break them*, just as seriously as you wish, till you are satisfied to begin again, but please seek advice from the writer, stating your experience.

My advice is absolutely free; but it seems only fair that you should enclose a few stamps for my needs and the cost of the correspondence devoted to your benefit, and that of humanity in general.

Consult your own needs and desires in sending remittances. It will be my greatest pleasure to assist physicians, patients or anyone needing assistance, as suggested above, and that without any restriction or charges.

Urinary tests have lately been devised, which enable the diagnostician to know approximately the condition of the patient with reference to purin-poisoning. Storage of purin and elimination of the same by normal methods are now practically under control.

NEWTON ALDEN BOLLES, D.O.

Denver, Colo., Easter, 1906. 1457 Ogden Street.

An Appeal for Relief of California Sufferers.

Direct information from San Francisco has not yet reached me concerning the extent to which members of the osteopathic profession have suffered from the terrible disaster which recently overwhelmed that city and vicinity. The fact that no response has been received to a telegram sent several days ago is only an evidence of the disorganized state of affairs that still exists there. Considering the great distress which so generally preveals there it is not possible that many osteopaths could have escaped damage. There are fifty-six of our professional co-workers in San Francisco alone. Many of them have lost the contents of their offices, and doubtless many of them practically all they possessed. All will suffer in their practice for months to come. Press dispatches this morning (April 29) indicate that the relief fund available is less than was anticipated, and it is known that help will be needed for some time to come. In such an emergency it is better to act promptly and contribute freely, even if it should later be found to have been unnecessary, than by omitting any measure of relief permit suffering that might have been averted.

I, therefore, in accordance with suggestions received from many, as well as my own judgment and feelings in the matter, call upon the members of the A. O. A. and the osteopathic profession generally to contribute as promptly and liberally as possible to the relief of our unfortunate brethren in their hour of need.

Send checks to the treasurer of the A. O. A., Dr. M. F. Hulett, Wheeler Block, Columbus, Ohio, specifying that it is for the osteopathic relief fund. Arrangements will be made to have the money wired to San Francisco just as soon as we can get in touch with the authorities of the San Francisco Osteopathic Society.

Let the response to this appeal be worthy of the osteopathic profession.

A. L. EVANS, President A. O. A.

Do the duty which lieth nearest to thee. Thy second duty will already have become clearer.—Carlyle.

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LATEST LEGISLATIVE NEWS.

New York.

On April 12, the osteopathic bill, pending before the legislature of New York, passed the Senate by a vote of 31 to 13. It is fully expected that it will pass the Assembly, but up to the time of going to press we have had no report of its fate there.

The osteopaths of this State have been united and have done good work. Much credit is due to Dr. Teall, who has been at the capital most of the time since the bill was introduced.

New Jersey.

The legislature of New Jersey adjourned *sine die* on April 12. Despite the great number of friends that osteopathy had among the members, and the strong sentiment in its favor that existed throughout the State, the friends of the osteopathic bill were unable to get it out of the committee. Thus ended another campaign in this State.

Dr. Fleck, the president of the State Society, won golden opinions from his associates for the ability he displayed, and the sacrifices he made in trying to bring the contest to a successful issue. The New Jersey osteopaths feel that this effort has advanced the cause of osteopathy in this State, and that the next campaign will be a winning one.

Massachusetts.

The bill providing for an independent board in Massachusetts, which was so ably battled for by the Legislative Committee of the State Society, under the leadership of the chairman, Dr. F. A. Cave, was defeated. This result was probably due to a lack of unanimity among the osteopaths of the State as to the kind of legislation best suited to conditions existing there. An attempt to frame and secure the passage of a compromise or substitute measure failed, from lack of time.

The Easter pamphlet, entitled "Twentieth Century Dietary Instructions," will soon be followed by a second edition entitled "Twentieth Century Alimentation; or Millennial Diet."

This will be issued primarily for the guidance of my patients. but will gladly be sent to others who really desire it. It will be expanded so as to make the subject much clearer. It will contain arguments and experiences in proof of the views expressed; also a candid discussion of any cases which may seem unsatisfactory. Not one failure or disappointment has yet appeared.

The formation and removal of uric acid show marked signs of coming completely and absolutely under dietary control. Many cases are now on file in proof of this. These and the writer's urinary tests for determining their progress will be outlined, and some apparently revolutionary conclusions will be drawn, affecting our former views of normal physiology. The subject has grown rapidly since Easter.

If you are interested to receive the new pamphlet please at least send me a postal card request for it, and I will mail it to you if the voluntary contributions I receive enable me to do so. I have no means available for the cost of this extra publication and distribution. For this purpose I will be obliged to depend upon voluntary contributions prompted by the good will of yourself and others. I am not at liberty to ask a price for it. Should you care to contribute your remittances will be devoted entirely to the spread of this knowledge.

The results of my study and experience are gladly and freely given to all who desire the information, absolutely without charge or profit for myself. Sincerely yours,

N. Alden Bolles, D.O.

Denver, Co., April 30, 1906.

Dr. Leslie E. Cherry.

Leslie E. Cherry was born at Walcott, Rice County, Minnesota, December 27, 1865. He died at his home in Milwaukee, Wisconsin, March 23, 1906.

In the little more than forty years between the above dates is compressed the history of the busy life of one beloved of the osteopathic profession. Dr. Cherry has a place in the hearts of those who know him best among his co-workers, not alone on account of his winning personality, but by reason of the service he renderd to the cause. As a school man, leader of legislative contests, president of his State association and practitioner, he did thoroughly and well the duties that came to his hand. He appeared on the program of at least two annual meetings of the A. O. A. and was prominent in its councils. Last year he was chairman of the committee on Prize Essay.

While his was a courageous, resolute soul, his every act was characterized by gentleness and unfailing courtesy. He was a man of high ideals, strict integrity, and Christian character. He left an impress upon the hearts of his associates that time will not efface.

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Many of them, as well as his former patients, have since his death borne testimony to the fact that the example of his life had helped them to lead better lives. To his sorrowing wife, her fellow members of the A. O. A. and the osteopathic profession generally, extend heartfelt sympathy.

The following points in his life are copied from the *Milwaukee Sentinel:*

Dr. Leslie E. Cherry, the pioneer osteopath of Wisconsin and one of the leading men of his profession in the United States, died at his home, 565 Bradford Street, last night after a short illness from typhoid fever aggravated by a subsequent attack of pneumonia. His constitution had been undermined by overwork and business worries and was not able to withstand the complication of disease.

After being graduated from the Faribault, Minnesota, schools he took a course at the Pillsbury Academy, at Owatonna, Minnesota, but left Faribault in 1890 and matriculated in the medical college of the University of Minnesota. While making preparations to enter he became interested in osteopathy and took up the study of the science, being graduated with his wife in 1897 from the Northern Institute of Osteopathy, Minneapolis.

Dr. and Mrs. Cherry, immediately after being graduated, came to Milwaukee to practice their profession. At the time they were the only practitioners of osteopathy in the State. Meeting with much encouragement, they organized the Milwaukee College of Osteopathy the following year, with Dr. Cherry as president. The business and practice grew to such proportions as to lead to the purchase of the old Milwaukee-Downer college building on Milwaukee street, where the college was conducted in connection with a sanitarium.

At about this time osteopathy was being attacked in the Wisconsin legislature. Dr. Cherry was among the more prominent practitioners who appeared before the legislature in defense of his profession, and with such success as to bring about the recognition of osteopathy by the medical board. A clause, however, which was made part of a bill passed by the legislature made the further teaching of osteopathy impracticable, and Dr. Cherry arranged for a consolidation of the college with the parent school at Kirksville, Missouri, in July, 1901.

He devoted himself exclusively to his practice from that time on. It grew to such proportions as to tax his physical strength. Business worries also began to weigh heavily upon him. He had been complaining for some time of not being quite well. but in opposition to the advice of his friends continued in his work until two weeks ago last Sunday, when he decided to take a rest. It was apparent at that time that he was suffering from a breakdown of his physical powers. From the first he had the best osteopathic assistance and later members of the medical profession were called in for consultation. It soon was evident, however, that human help was out of question.

He is survived by a wife to whom he had been married in 1893, one son, his mother and one sister, Mrs. Charles Lathe, of Erie, Illinois. The body was interred at Faribault, Minnesota. Broken by the shock of his death, neither Dr. Cherry's wife nor his mother were able to take the trip, but the body was accompanied by many other relatives and friends.

Floral offerings in profusion bore their fragrant messages of sympathy, the parlor in which the casket stood being banked to the ceiling with the choice blossoms, while the casket itself was concealed beneath its burden of flowers. The Wisconsin State Osteopathic Society sent a blanket of calla lilies, and the tribute of the Milwaukee Osteopathic Association was a blanket of deep red roses. The Equitable Union expressed its sympathy in a floral emblem of the order, and there were tributes also from the Knights of Pythias, the Masons, the board of deacons of the First Baptist church, and many other organizations and friends.

Dr. Cherry not only stood high in his profession, but had the esteem and regard of a large circle of friends. He had joined the Baptist church at Faribault and was at the time of his death a member of the board of deacons of the First Baptist church, Milwaukee. He was also a member of the Y. M. C. A. He was prominent in Masonic and Knights of Pythias circles, was a member of the Royal Arcanum, the Equitable Fraternal Union, United Commercial Travelers, Milwaukee council, and of the Milwaukee Athletic Club. He organized the Wisconsin State Osteopathic Association and was its first president. He was also prominent in the national association and was being mentioned in connection with the presidency this year.

A Rare Disease.

We learn from the *Frankfort (Ind.) Evening News* for April 13, that Dr. D. Ella McNicoll, of that place, is treating a girl two and a half years of age, afflicted with myxedema. The child can neither talk nor walk, and is undeveloped mentally, though the body is well nourished. This disease, which is quite rare in this country, though common in portions of Switzerland, is due to atrophy of the thyroid gland. The progress of the case will be watched with interest and reported in the JOURNAL.

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State Board of Osteopathic Examiners of California.

For the convenience of osteopathic physicians who may desire to locate in California, the State Board of Osteopathic Examiners issues the following letter, giving information in regard to the State Law and the ruling of the Board, supported by the best legal opinion:

(1) In order to raise and maintain a high standard of efficiency, the Board has ruled that any physician who desires to be licensed in this State must have graduated from a college recognized by this Board, and must have completed a regular three years' course of study. The three-year course of the following colleges is recognized by this Board: The California College of Osteopathy, The Pacific College of Osteopathy. The Philadelphia College of Osteopathy, the American School of Osteopathic Medicine and Surgery, The American School of Osteopathy, and The Massachusetts College of Osteopathy. This means that those who have completed a twenty months' course and who have been in practice, must have completed at least seven months of additional work in a recognized College of Osteopathy before they can be licensed in this State.

(2) The State Law of California provides that "any person who engages in the practice of Osteopathy within the State without first having obtained a license from the Board shall be deemed guilty of a misdemeanor and shall be punished by a fine of $50.00 to $100.00, or by imprisonment in the county jail.

(3) The applicant must be located in the State before a license will be issued, though the application may be made before his arrival.

(4) The Board does not give examinations, nor does it recognize certificates from other States.

WM. J. HAYDEN, D.O., President.
J. STROTHARD WHITE, D.O., Secretary.

Southern California Academy of Sciences.

The Southern California Academy of Sciences is the scientific center of Southern California. Its membership is large, and it includes not only all of the working scientists of that section, but also the friends and supporters of scientific thought and investigation.

General meetings are held once each month, at which semi-popular lectures on scientific subjects are given. These lectures are entirely free to the public, and are of great educational value. The sections organized at the present time are those of Geology, Biology, Botany and an Agricultural Experiment Station.

The Biological Section usually meets in the histological laboratory of The Pacific College of Osteopathy, this room being especially fitted for the use of technical workers.

At the last meeting of the section, the election of officers for the ensuing year took place. Dr. C. A. Whiting was elected Chairman of the Section and Dr. Carle H. Phinney, Secretary. The chairmanship of the section carries with it a seat on the Board of Directors of the Academy. It is probable that most meetings of the section for next year will be held in the Pacific College, thus giving students and physicians alike the opportunity of coming in contact with the best scientific thought.

A Chiropractor Convicted.

D. D. Palmer, the founder of the chiropractic method of treating disease, was recently convicted at Davenport, Iowa, of "Publicly advertising and professing to heal and cure disease without a license from the State." He was fined $300.00, which he refused to pay, and was committed to jail, from which he is sending articles to the papers on martyrdom, while his son is circulating a petition asking for his pardon.

The defendant has been conducting a school at Davenport, giving a course which at various times has ranged from six weeks to nine months in length.

The case is chiefly of interest to osteopaths from the fact that he has adopted some of the theories and principles of osteopathy, which he claims to have discovered. This is, of course, a great injustice to osteopathy, and is harmful to it in that many, without any real knowledge of osteopathy or the fundamental principles upon which it is based, go out from this institution with the astounding claim that their system is superior to osteopathy.

Action of the Alumni of the Pacific College.

The Alumni of The Pacific College of Osteopathy have recently taken a most important step, by forming an incorporation for the purpose of purchasing and holding, for the benefit of the College, the building and grounds now occupied by that institution.

The College incorporation was under contract to purchase this property, but the burden proved to be a heavy one, and the Alumni, desiring to enable their college to devote its

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full strength to the department of instruction, generously decided to take the burden of the property upon themselves.

This places this college in a very enviable position, and it will be able from this time on to devote all of its finances to the development of the educational side of the work.

Kentucky Osteopathic Association.

The program of the sixth annual meeting of the Kentucky Osteopathic Association, held at the office of Drs. Nelson and Coke in Louisville, April 28, embraced the following features: Papers—"Shall Osteopaths be Surgeons?" Dr. K. W. Coffman, Owensboro; "Lumbar Kyphosis and Sequelæ," Dr. H. H. Carter, Shelbyville; "Locomotor Ataxia and the Doctor," Dr. Jerome Knowles, Franklin; address, "Facts and Fancies," Dr. E. R. Booth, Cincinnati, O.; lecture, "Osteopathic Experimental Work" (stereopticon illustrations), Dr. Carl P. McConnell, Chicago.

Banquet at the Seelbach.

Southeastern Iowa Osteopathic Association.

The following were the principal features of the meeting of the Southeastern Iowa Osteopathic Association, held at Washington, Iowa, April 13:

Papers—"Locomotor Ataxia," Dr. G. C. Farmer, Oskaloosa; "The Axis," Dr. Barker, What Cheer; "Tuberculosis," Dr. H. H. Smith, Olds; "Osteopathic Situation in Iowa—Our Needs," Dr. U. M. Hibbetts, Grinnell; "The Osteopathic Physician," Dr. S. B. Miller, Cedar Rapids; "Some Obscure Causes of Disease, and Results of Theoretic Treatment," Dr. Maddux, Fairfield; "Bacteriology," representative of the American School of Osteopathy, Kirksville, Mo.; "Bacteriology," representative of Still College, Des Moines, Ia.; Circulation—How Controlled Osteopathically," Dr. Baughman, Burlington; "Osteopathy in Childbirth," Dr. C. E. Crow, Muscatine; "Pneumonia—How Controlled Osteopathically." Dr. Mary C. Keith, Mt. Pleasant; Address by Dr. S. C. Miller, Cedar Rapids; lecture by J. Martin Littlejohn, Ph.D., M.D., D.O., Chicago, Ill., subject, "Osteopathy a System of Therapeutics."

PERSONALS.

Dr. Esther Whittaker has completed a post graduate course at the A. S. O., and is again practicing at Perry, Illinois.

Dr. Howard T. Crawford has been made dean of the Massachusetts College of Osteopathy, taking the place of Dr. Francis K. Byrkit, resigned.

Dr. F. P. Young, Kirksville, Mo., has been nominated by the republican party of his county as a candidate for representative in the legislature.

Dr. Ralph Kendrick Smith, Boston, Mass., recently delivered an address on Osteopathy at the People's Forum, Morgan Memorial, in that city.

Dr. C. A. Whiting delivered a lecture on April 8 before the Los Angels Liberal Club. His subject was, "The Story of Man's Evolution From the Lower Animals."

Dr. Mary E. Taber, who has just completed a post-graduate course at the A. S. O., has, in association with Dr. Catherine McWhorter, entered into practice at 6317 Greenwood Ave., Chicago, Ill.

Dr. H. W. Maltby and Dr. De Forest B. Catlin, formerly of Owatonna, Minn., have formed a partnership for the practice of osteopathy. They are located at 4 and 5 Stern Block, Mankato, Minn.

Dr. C. A. Upton, assistant secretary of the A. O. A., has been quite ill with appendicitis. The latest news we had from him was to the effect that he was much better, and we trust that he will shortly be restored to his usual health.

Mrs. Edith Stobo Cave is secretary of the Massachusetts Osteopathic Society. The words *pro tem* were inadvertently omitted from the signature of Mrs. Taplin, to the report of the proceedings of that Society published in the April JOURNAL.

The owners of the Osteopathic Sanitarium at Cambridge, Mass., are preparing to erect a twenty-room dormitory and a sugical amphitheater.

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APPLICANTS FOR MEMBERSHIP IN THE A. O. A.

In accordance with a rule adopted by the Trustees the names of all applicants for membership in the A. O. A. will appear in the JOURNAL. If no valid objection to any such application is filed with the secretary within thirty days after publication, and all receive an affirmative majority vote of the Trustees, they will be declared elected. Should objection be made to any applicant the case will be fully investigated before final action is taken.

J. H. Overton, 415 Wilson Bldg., Dallas, Tex.
Percy R. Henry, 41 Logan St., Brooklyn, N. Y.

REINSTATEMENT.

C. H. Johnson, Schuyler, Neb.
Lamar K. Tuttle, 126 E. 34th St., New York, N. Y.
D. H. Elliott, San Diego, Cal.
Jessie Gildersleeve, Texarkana, Ark.
Wm. C. Classen, South Huron, Mich.
Margaret Hardman Allen, 716 A Union St., Brooklyn, N. Y.

REMOVALS.

C. Steele Betts, Salem, to Huron, S. D. (P. O. Box 322.)
A. B. and E. Howick, Sunnyside, to North Yakima, Wash.
W. A. Merkley, 480 to 487 Clinton Ave., Brooklyn, N. Y.
C. H. Gilmour, Sheldon, to Sioux City, Ia.
C. E. McCormick, 1104 Sutter St., to 369 Sutter St., San Francisco, Cal.
Mary Compton, Whitewright, Tex., to 323-25 Pittsburg Life Bldg., Pittsburg, Pa.
J. K. Dozier, Middletown, to 92 Park St., New Haven, Conn.
W. A. Atkins, Bloomington, to Clinton, Ill.
Bertha O. White, Franklin, to corner Pitt and Kelly Sts.. Wilkinsburg, Pa.
Roy T. Quick. Zanesville, O., to Kanawha B. & T. Co., Building, Charleston, W. Va.
Emma Purnell, Las Vegas, N. M., to 206 E. King St., Lancaster, Pa.
Mary E. Taber, Kirksville, Mo., to 6317 Greenwood Ave., Chicago, Ill.

BORN.

To Dr. and Mrs. E. C. Link, Kirksville, Mo., March 17, a daughter.
To Dr. and Mrs. J. R. Bullard, Marshalltown, Iowa, March 24, a son.
To Dr. and Mrs. C. Steele Betts, Huron, S. D., February 29, a son.

No great thing is created suddenly, any more than a bunch of grapes or a fig. If you tell me that you desire a fig, I answer you that there must be time. Let it first blossom, then bear fruit, then ripen.—Epictetus.

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The Journal

of

The American Osteopathic Association

Vol. 5 CHATTANOOGA, TENN., JUNE, 1906 No. 10

OBSTETRICS.

Discussion before the A. O. A. at Denver by JAMES B. LITTLEJOHN, M.D., D.O., Chicago.

This is a subject upon which we all are forced to concentrate a considerable amount of thought; at least I have done so both prior to the time I engaged in osteopathic work and after; therefore I desire to throw out a few practical hints in reference to it.

We are all familiar with the ease and success that are associated with the obstetrical conditions in the lower animals; we are also familiar with the ease and reasonable degree of safety associated with the parturition process, in states of civilization lower than our own, and in consequence thereof a momentous thought arises as to this peculiarity. It is a sad commentary on the educated humanity that with advancing intelligence there has come about a gradual change from the normal physiological process of parturition to an unnatural condition accompanied by suffering, and even death. I am satisfied that if we kept closer to the physiological conditions that we find in the lower forms of the civilized classes of humanity that we would have the same easy and successful labor in our higher classes of civilization. With that thought before me I have been in the habit of instructing my class, and teaching my patients, that the closer they can keep to nature the better. I give my patients careful directions in regard to diet, hygiene, healthful exercise, and when necessity arises, such treatment as is needed. That, I believe, is the feature in the obstetrical work that we may have to lay considerable stress upon. We have to lay more stress on the propagation period than at the time of its termination. When the period for delivery arrives a normal physiological function is establishing itself; and I find that very little outside interference is required in normal conditions; for normal cases practically care for themselves, and we do not need to have recourse to the various and sundry artificial methods that are so freely used in this present age.

For example, in the matter of anaesthesia we are told by some eminent doctors that it is wrong to attend a case of obstetrics without putting the patient under the influence of an anaesthetic. I say their theory is wrong. The great Creator never intended a patient to be anaesthetized. The difficulty is that the patient has become abnormal, and it is our business to remedy the abnormality in justice to the patient. I would not say there is

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no field for anaesthesia. There are cases where it is indispensable to administer an anaesthetic, and I do not think any greater boon ever came to this world of ours than the discovery of the anaesthetic, but it should be used with great caution.

By the use of anaesthetics in obstetrical cases you run two risks. One is that you keep up the condition of the parturition to an undue limit. That is to say, you shorten the uterine contractions, and as a consequence prolong the period of delivery. I think most practitioners of experience concur in that statement. That is the point I wish to impress on you, and I say it with care and thought. The cases that are likely to suffer from severity of hemorrhages are those patients that have been anaesthetized. The more frequently you administer the anaesthetic, the more often will you have trouble with hemorrhages; and there is nothing in the obstetrical field that is to be abhorred more than an hemorrhage. It is one of the conditions that causes more trouble than anything else in the field of practice. Just in passing let me say that, usually speaking, we find that hemorrhages are controlled by ordinary stimulation; stimulation at the points that you all know, produce influences on the uterine structure. Stimulation over the mons veneris, over the hypogastric region, or lumbar region. These things are usually successful in controlling ordinary cases of hemorrhage If you have a more severe case of hemorrhage than that, you have before you a case of severe gravity, and the rule I have followed at those times is to immediately insert my hand into the uterus; and here is another point. Never insert your hand, or your finger, or anything else in the uterus until you have to. I do not think that can be too strongly impressed on us. Whenever you are passing any foreign instrument into the uterus you are endangering the woman, and are taking chances; therefore you have no business endangering her life by carrying anything from without in. I simply use a sterilized hand and pass it into the uterus and cause stimulation through the hypogastric plexus over my hand inside of the uterus, and I find that controls the hemorrhage in the majority of cases. The use of drugs such as ergot, is impractical, unreliable, and I never use them. If the patient is properly handled, neither ergot nor other drug is necessary; and hemorrhages are very frequently produced by the effect of chloroform.

In speaking of passing bodies into the uterus, I might also say that a great many believe in irrigation the same as they do in anaesthesia. I have always been a great believer in the nature idea of preparation. You can take with you this maxim, if you don't carry anything into the uterus you will not have to wash anything out. There may be unusual cases which need it, but in ordinary cases I do not believe it is necessary. The animals are not irrigated; the lower forms of civilization do not require it, and they recover in from 24 to 36 hours. The Esquimaux women will stop in their path, give birth to a child and resume the course of march in a few hours. There is not much time for irrigation under those circumstances. The field of obstetrics presents great opportunities; it is an essential one, and we as individual practitioners must give it most careful attention. Above all we must be capable of properly diagnosing our cases. Then too my observation has been that a great many doctors take care of their parturient patients in an haphazard way; they are not familiar with the true conditions. You must be familiar with every field of diagnosis so that you can tell at any moment

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of the process of parturition where the foetal head is, or what part of the head is present, and where it lies with reference to the parturient canal. If you observe those things and are familiar with them you will have much better success in the termination of them. You can always terminate your cases more successfully when you understand what you are dealing with. And in closing let me say again that you must always use your best judgment; and should it become necessary to use the forceps, or to administer an anaesthetic, well and good; but do not resort to them until they are needed.

OBSTETRICS—DISCUSSION.

CHAS. H. HOFFMAN, M.D., D.O., Kirksville, Mo.

I do not know that I can say anything to improve upon the excellent remarks made by Dr. Littlejohn. As we have advanced in civilization we have developed the nervous organization of our women. This higher civilization has made childbirth more difficult. The greater development of the brain tends to increase the size of the foetal head. In the mother a more highly organized nervous system with debility due to high pressure living, the demands of society and fashion, leading to late hours, loss of sleep and dissipations of all sorts, the wearing of corsets, tight lacing, high heeled shoes, etc., are all conditions which conduce toward making childbirth more serious. It seems to me that the true osteopathic obstetrician's art should consist in keeping pace in assisting the wandering forces of nature at this trying time and should consist in the employment rather of natural mechanical means than in having recourse to artificial methods.

There were some statements recently made to which I would like particularly to state my exceptions. First is the employment of anæsthetics, and especially of chloroform. It has been my experience that while the employment of anæsthesia may lessen the pain that its after effects are very injurious. Chloroform does not only exercise more or less of depressing action, and may, therefore, interfere later seriously with the tone of the muscular contractions, but it also throws an increased amount of labor upon the emunctory organs, which are already overburdened. Chloroform, by the general relaxation which follows its administration, is responsible for a great many uncontrollable hemorrhages. The pains can readily be inhibited by pressure being made along the spine without having recourse to anæsthetics. I would also caution you against their employment in all debilitated individuals, or in those having had albuminuria.

I would also like to take exception to the statement recommending the use of antiseptic douches. No one is more intimately acquainted with the bacterial processes than I am. We have specialized along this subject for years and have never been able to see any reason for the employment of any antiseptic douches. The fact that some M. D. with a national reputation advises their use is no indication for their employment by our profession.

The study of bacteria as independent, living organisms, outside the animal body, has lead to conclusions which do not apply to the same organisms as parasitic or pathogenic invaders of the human body. In other words, antiseptic measures can be absolute outside of the human body, only partial on the skin; on the mucous surfaces and within the body not at all. If

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you seek an explanation for the limited application of antiseptic measures you will find it in both the general biologic properties of the bacteria, and in the special processes they invoke; that is, not only their general nature alone renders them difficult of destruction, but each specific disease has its peculiar condition that makes a barrier to antiseptic treatment. In the first place, living matter is living matter. The protoplasm of the germ is the same as the protoplasm of the cells of the human body, and there can be no substance applied to the cells of any mucous membrane that will destroy the bacteria without destroying the tissue cells at the same time; hence, there can be no such thing as a specific antiseptic. By this we mean a substance that will have a destructive action on a certain form of cellular life and not on other forms. Cells are essentially the same as regards living matter, parasitic, saprophytic, symbiotic or independent. When we learn that a certain compound of mercury, or a particular aldehyde, or benzol derivative will, in almost inconsiderable amount, kill the growth of germs in a test tube we think at once of their therapeutical application, and are apt to forget the almost infinitesimal size of the germ, and that when it is in the tissues of the body the antiseptic substance will act on all cells according to their size, and consequently while an almost infinitesimal amount will suffice to destroy the germ, in order for that amount to reach them a considerable amount will act on the tissues and diminish their resistance and thereby favor rather the development of the infection instead of preventing it.

The more complex the functions of a cell, the more readily it is acted upon by irritants. This is in accordance with the general principles of biology and applies to unicellular life as well as to multicellular life. The more highly organized the more readily destroyed. The amoeba is more readily injured than the coccus. A nerve cell is more readily destroyed than an epithelial cell, consequently the cells of the body, with their complex functions are more easily injured than the bacilli, whose only function is to vegetate. In a general way, then, there are four reasons against the use of antiseptics: First, the unity of protoplasm in all forms of life; second, the size of bacteria; third, the special location of bacteria in various parts of the body; fourth, the scale of life to which bacteria belongs being the lowest. makes them the most refractive to injurious agents. In addition to this we should never lose sight of the fact that the antiseptics are all irritants and by weakening the cells will favor the development of infection rather than prevent it.

Observations made on the value of antiseptic douches at the obstetrical clinic of the University of Heidelberg shows 5,784 cases in which the antiseptic douche was faithfully employed; that in 17.6 per cent. of this number there developed an infection, and that in another series of cases in which there were no douches, comprising the confinement of 4,088 women there were but 7.8 per cent. that developed an infection or a decrease of over 10 per cent. If it should become necessary to remove some stagnant or foul smelling secretions or to cleanse the uterine cavity you will get far better results from the use of a saline solution, or sterile water, which acts mechanically; which, by flushing the part, removes the irritating and deleterious material. A hot normal saline solution is not antiseptic, but is of more value than all the "ols and cides." But first of all, you should try to

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secure natural drainage by means of position and stimulation of the cells of the uterus and vagina, which by their secretions will greatly aid in the removal of the irritating material.

A Member: In the case of laceration of the perineum you would not advise the use of the douche; and where it has been repaired, would you leave that alone?

Dr. Hoffman: I would.

A Member: In the city proper we meet a great deal of non-term practice. We meet with more abortions in the city than in the country, in which there is nearly always some infection, and sometimes a slow toxic process and at other times a high fever. Under those conditions what would you advise?

Dr. Hoffman: The treatment would depend upon whether you had to deal with an infection or with a sapremia due to retained placental tissue and blood clots. In the latter case all the material should be immediately removed. Antiseptics have no influence on this condition, but a good flushing with a saline solution or sterile water will be beneficial. In the former case if the infection has remained confined to the endometrium drainage and cleansing are the best measures. If the infection has been carried to other parts of the body and is general, local treatment would be of no avail.

Dr. C. W. Young: I would like to have your opinion on the question of the introduction of ergot to control hemorrhages.

Dr. Hoffman: If you depend upon ergot to arrest hemorrhage your patient will be dead before you can accomplish it by the use of the drug. Ergot, by stimulating and contracting the arterioles, increases the general blood pressure. Also the contractions of the womb induced by ergot may become tetanic. The uninterrupted contractions before labor interfere with the foetal circulation; they may cause fatal intra-uterine asphyxia, and they often produce such exaggerated blood pressure and stagnation of the current in the foetal body as to induce extravasations in important viscera, especially in the brain. To guard against hemorrhage keep the hands on the fundus of the uterus and use an abdominal band. I am a firm believer in it. What have we? We have a relaxed abdomen; the sudden uterine evacuation removes the intra-abdominal pressure and vascular support, thus predisposing to hemorrhage. We have a large uterus that needs this support in order to promote contraction and perfect involutions. We have the recti muscles widely separated and relaxed that need this support until they regain their normal position.

OBSTETRICS—DISCUSSION CONTINUED.

CHARLES E. STILL, D.O., Kirksville, Mo.

Dr. Mary B. Cornelius: I would like to ask Dr. Charles Still how many times he has found it necessary to use chloroform in childbirth.

Dr. Charles Still: I have always thought that, in the practice of osteopathy, or in the practice of surgery, the man who saved a leg was better than the man who cut it off. In advocating the use of chloroform, ergot or the forceps, I believe that we are getting back to the place that we tried to get away from twenty-five or thirty years ago. I believe that these ques-

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tions should be discussed here, and that we should advance our ideas to the best of our ability, and therefore I hope that no one present will take exception to anything that I may say.

I have been in the obstetrical practice for a number of years, and I have never had to resort to the use of forceps, except on probably two occasions, and they were both malformations of the pelvis. One was curvature. A lady who had been given up as impossible to deliver, we used forceps upon. I think Dr. Littlejohn assisted in the delivery. But the second time she was confined she had a nine-pound baby and was delivered without the use of the forceps; so I believe that if we had not been so hasty the first time we might have avoided the use of them. I often think of what a medical man of international reputation once told me. He said the forceps are used more to save time than anything else. He said that he had been called out a number of times and had applied the forceps because he had another case waiting for him; that he did not wait to see whether the child could be delivered without the use of the forceps, and that he had lacerated hundreds of women in order to get away. Laceration is something that we as osteopaths are trying to overcome, and I am very happy to say that Dr. Clark made the statement a short time ago that he believed it was criminal negligence, and that the doctor who allowed a woman to be lacerated should be prosecuted.

We must speak of our own experience or our statements will not count for much. Mere theorizing, as some one has aptly said, is all right in its way, but it does not weigh much. We cannot quote the authors and prove their experience, and so we must talk about our own experience. My experience has covered a few years; Dr. Clark's has covered a few years; Dr. Conner's has likewise covered a few years, and I cannot at this time recall any one of these gentlemen, including myself, ever having had to resort to repairing a perineum.

Therefore I say, we feel like we are getting away from the idea. We know that by the application of osteopathic treatment we can cause the uterus and vagina to dilate sufficiently and allow the mother to go about in after years with a good wall to her pelvis.

Someone asked the question a few moments ago, How often do we resort to the use of chloroform? I can only recall at the outside three cases in which we have had to resort to the use of it. If we resorted to the use of it every time the patient, the husband, or the family asked for it, we would use it in nearly every case. But when we take charge of a case we should be the master of ceremonies. We should have an understanding with them at the beginning, and if they are not satisfied with that let them get someone else. Do not bring about an embarrassment that will haunt you for years by having them in a critical moment call someone who is not friendly to you to assist you in the case. On a number of occasions I have refused to take a case because they said, if you get in trouble we want to call whom we please. That is not justice to you, and you need justice at such times, because most of the people view these matters from a different standpoint, and they want to do that which in your judgment might not be just the right thing, and there would be trouble, and you will be embarrassed, censured and disgraced.

Dr. Ligon: With regard to emergencies that may arise. I want to

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ask you whether after the delivery of the placenta you make it a habit to sweep the uterus internally with the edge of the hand in order to remove any fragment that might remain?

Dr. C. E. Still: Each case is individual. We are governed very much by what we have before us. In cases of hemorrhage post partum it has been my habit to sweep the inside in order to remove any possible fold that may be present.

Dr. Herbert Bernard: What do you think of the intra-uterine douche?

Dr. C. E. Still: I speak again from my experience; and I have lately been noticing, as I try to keep posted on what the medical men are doing along that line, that they do not use the intra-uterine douche. I never have resorted to it. I believe that all mucous membranes are self-cleansing, as nature intended they should be. The douche only tends to weaken the membrane and prevents it from performing its natural function. I believe it carries in more poison than it takes away; and anything that will kill a a germ will destroy tissue.

Dr. Ligon: It was my privilege to be with the professor of obstetrics of the Alabama Medical College on several obstetrical cases, and to my great surprise he expressed the same opinion that I had been taught in reference to the intra-uterine douche, and he did not use the vaginal douche afterwards because the secretions of the vagina are antiseptic, and by washing them out you destroy the very purpose for which they were intended by nature, and if you destroy those secretions there is no chance for them to act on any poisons which may be lodged there.

OBSTETRICS—DISCUSSION CONTINUED.

DR. L. O. THOMPSON, Red Oak, Iowa.

Parturition usually begins as an accident and terminates in a succession of emergencies, hence the successful obstetrician, above all others engaged in the healing art, must be cool and level-headed and ready for any accident or unlooked for event which may occur.

The surgeon can usually foresee and provide for all things likely to occur in the course of an operation, unless he has made a mistake in his diagnosis and opens the abdominal cavity to remove an ovarian tumor and finds a baby —a mistake which is unusual, but it has happened.

The physician may carefully study his case from day to day and form pretty accurately the probable course of events in any given case. The obstetrician however, is often called to a case for the first time when the woman is in labor, and possibly at a stage demanding prompt action, knowing nothing of her previous condition and having no time to inquire into it. He must base his line of action wholly upon the case as he sees it, realizing that perhaps a life is dependent upon the wisdom of his treatment.

Truly such a case calls for a cool head and steady hand, and a mind well stored with the knowledge of his art, as well as a brain that can act quickly in using that knowledge to the best advantage. The opinion has prevailed to some extent that any one is competent to attend a case of confinement, but I venture the assertion that it would be safer to trust typhoid fever patients to the nurse alone than to trust a confinement case to a physician who is incompetent to manage the emergencies and accidents which are

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likely to occur. The successful obstetrician then requires a most thorough preparation and as has been suggested, the question of "pathy" or "school" should be eliminated from that part of her, or his practice, so that he may avail himself of the experience and accumulated wisdom of all who have practiced the art.

Babies are conceived and developed according to the laws of nature, and they must be delivered according to the same law regardless of the special school, under whatsoever banner the obstetrician may sail; hence successful obstetrical practice is very similar in all schools, and especially is this true in the management of the various accidents and emergencies which require prompt treatment.

Another point of great importance to be remembered is the necessity for cleanliness. I do not say asepsis, because that cannot be secured in many cases; but the physician and nurse may both be clean and keep the patient reasonably so, even in the most unfavorable surroundings, and thus reduce the danger of puerperal septic conditions to the minimum.

Rupture of the perineum is an accident liable to occur, even with the most careful management, although I once heard an osteopath make the statement that he had attended one thousand cases of childbirth and never had so much as a nick in the perineal tissues. This is a remarkable record if true, and one which probably will never be equaled.

Much may be done to prevent this accident by carefully supporting the perineum during the pains, as it becomes distended and put on the stretch by the presenting part. But in spite of all precautions a tear will sometimes occur, owing, it may be, to an inherent weakness and non-elasticity of the tissues. When this happens it should be repaired at once, and union will take place before the woman gets up from her sick bed. Perineal rupture is more apt to occur where forceps are used, but this is not due to the presence of the forceps but rather to the careless use of them, first in a too rapid delivery, not giving the soft parts sufficient time to relax and stretch, and second in failing to observe the natural course of the outlet, and keeping the head pressed close forward, and thus relieving undue pressure on the perineum

When the pelvis is relatively small and the presenting head large there is often delay to the point of exhausting the woman, or the normal labor pains may practically cease. In such cases the application of the forceps to assist in the passage of the head through the pelvis to the lower outlet is good practice, and will relieve the woman from much suffering and hasten a delivery which might otherwise be unduly prolonged.

I am a firm believer in the use of the forceps to assist nature, but not to take the place of the natural forces.

DISEASES OF THE RECTUM AND ANUS.*

Discussion Before the A. O. A. at Denver by HERBERT E. BERNARD, D.O., Detroit, Mich.

I was to discuss a paper on the rectum and rectal diseases, but as I can not discuss what is not, I will try to describe one form of rectal disease that we find in our practice, and I also think it is timely to describe how an osteo-

* Dr. Bernard was to have discussed a paper on this subject which was to have been prepared by Dr. J. B. Bemis, St. Paul, who was not present.—Editor.

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pathic lesion is formed other than by injury—I mean the cause of its formation, or the how of its formation. If some one will tell me the adjunct treatment for setting a third cervical, or tell me that osteopathy can not cure a fibroid tumor, or something like that, I think I will be wound up on this subject.

To begin with, let us consider the normal. The normal is the haven of osteopathy, toward which her fingers are ever pointing—and brothers, may yours do the same. We need a lot of osteopathic literature and a lot of osteopathy here. Have you ever considered the absolute perfection of balance in normal tonic tissue contraction? To illustrate (holding up forefinger): The flexor and extensor tendons of that finger are held in such nice balance that by placing it in any position of crook it will hold that position without exerting the slightest effort or force, tonicity of muscle. If either of these muscles should lose tone the other would instantly exert just so much extra contraction as would overcome the lost tone of the other. The contraction of this muscle will go on until it in turn becomes weakened by the continued tension of its fibers. In this way the two muscles find a new balance normal to their function perhaps, but abnormal to nerves and blood vessels enfolded within them and to their surrounding tissues. This could be illustrated in several cases of cervical vertebrae where the anterior scalenus muscle and anterior tissues of the cervical vertebrae would contract, the posterior muscles, and the other tissues would exert just so much influence that it would draw the vertebrae a little. Those muscles would work all right, but it is damaging to the surrounding tissue and the blood vessels running with them. We may easily understand how a muscle by losing tone will relax abnormally, causing its antagonist to take up the slack. Should this relaxed muscle be attached to a spinal vertebra the bone will be drawn out of line in the taking up slack process of its antagonist.

As to this rectal lesion. The rectum is a very good point of osteopathic lesion; in fact, it is always good practice when in doubt to examine the rectum, particularly in digestive disturbances. It is necessary in female disorders to examine the rectum, and it is imperative in men over forty-five years of age to examine the rectum. The rectum is allowed a great latitude or play in its functioning. Its balance or tone, therefore, must of necessity be absolutely perfect. Many of the functional disorders of the digestive tract are due primarily to loss of tone in some part of the rectal wall.

The wisdom people have attained in the evolution from the litttle to the much has given many of them an idea that they may with impunity disregard the natural law of defecation. There is no doubt but that the sagging wall we so often meet in practice is the direct result of the abnormal weight placed upon it by neglecting nature's calls for defecation. Consider for a moment what lost tone in the wall of the rectum means. This weak wall loses some of its contractile power. Among others the sphincters will over-contract in resistance, displacing the coccyx through over-strain on the coccygeal muscles. It is often over-weighted with non-excreted feces, thereby pulling through its posterior attachments directly upon the sympathetic nerves, interfering with the entire pelvic circulation. The weakened tone of this rectal wall will not allow normally the emptying of the sigmoid flexure, and it, too, may prolapse in sympathy. This relaxed condition not only congests its own walls, but its neighboring tissues as well. These are

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some of the things it may do. God only knows what it may not do. We know what a bad condition an impacted rectum is. We all know the disturbance a tight sphincter may cause. Water injections will unload the rectum for a time. Stretching the sphincters is good for a little while, but it is that half paralyzed, sagging, weak wall of the rectum you must assist in building up that it may once more take its place in the healthy tone of its brothers. I say again, when in doubt examine the rectum.

GOITRE.

A clinic case before the A. O. A. at Denver, demonstrated by ERNEST SISSON, D.O., San Francisco.

In placing me upon the program to discuss this topic, Dr. Hazzard specifically requested that I should not prepare a paper, but should merely discuss the demonstration of Dr. Hoefner. Dr. Hoefner is not here to present the demonstration, and I shall take up but a few moments of your time.

We have a case, brought by Dr. Bolles to the meeting which has the following history: It is one of exophthalmic goitre, associated with inflammatory rheumatism and other conditions. Miss C. developed symptoms of goitre very early in life. At the age of 18 months the eyes became very prominent. At the age of two years she was taken to a lower altitude, when the goitre made its appearance. The eyes soon began to cause distress, disturbance of vision, etc., notwithstanding the change of climate and altitude. At the age of six years her heart began to trouble her, and has caused much distress since. She has frequent fainting spells, pulse irregular, etc. She is now 15 years of age, and her neck has become so enlarged that she has to wear very large collars. The mother of this girl informs me the size of the goitre was increased by singing in a church choir, when the throat was overtaxed.

Last January, when 15 years of age, Miss C. had one casual osteopathic treatment at home, but the doctor made but a superficial examination, owing to the lack of time, scarcely noting even the heart manifestations. The treatment was directed to the neck, the goitre, and the eyes. He found the third cervical vertebra displaced. This was corrected, and in two days time the eyes were so relieved that glasses were discarded. The patient then went under treatment, and has received attention for about six weeks. In this time the enlargement of the neck has disappeared; and while there is now existing a small adenoid growth in the throat, I would not consider it associated with the goitre in any way whatever. The pulse is 75, and but slightly irregular on exertion.

I find on examining this patient that her condition is such that she should be given careful attention for some time. The progress made has been remarkable, considering the fact that she has had only six weeks' treatment; but at her age she should not be neglected for any length of time. The heart action has decreased and become more regular, the bulging of the eyes reduced, and she looks quite well. After the first treatment there was considerable distress in the right arm for a few days, it then disappeared entirely.

In reference to a paper in one of the journals, which you have all un-

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doubtedly read, relating to the fifth lumbar in connection with goitre, I wish to state that I do not find any lumbar lesion here sufficient to warrant a diagnostic comparison with the goitre, and the patient has had no such trouble as might be expected from the fifth lumbar. Her general health is good, and she has had no menstrual disturbance. She complains a little of her stomach in hot weather, but she sleeps well. I find some conditions that would indicate to me a little disturbance of the general nervous system, which undoubtedly accounts for the stomach trouble. The lower lumbar region seems to be in a normal condition. The third cervical lesion, in my opinion, demands more attention, and the second shows tenderness to the left, while the upper cervicals are more disturbed from muscular tension than otherwise, and at the base of the neck there is a little contraction on the right side which I would look after if I were treating the case. The transverse process of the seventh cervical seems to be slightly deviated. In all these cases you should correct the lesion, wherever it may be. You may have a remote effect, one that is unusual, and you may never again find it associated with a like case.

In comparing this case with some others that have come to my notice, I will say that I have had two cases very similar to this, and the results of treatment were successful in each case. In one case there was also an abuse of the vocal cords. The young lady's throat became strained and distressed, the eyes protruded, heart irregular, and general nervousness was apparent, all appearing shortly after puberty. This case was treated intermittently for more than a year, and the goitre and accompanying symptoms have disappeared.

In another case, that of a gentleman, the goitre was quite marked. I had treated him for other conditions, and incidentally treated the goitre, reducing the collar measurement an inch and a half. During the past two years there has been no reappearance; the neck is normal, and there are no symptoms of goitre now present.

In the case of a young lady, aged 19, the goitre was so severe when she came to me that at times she nearly choked, and had great difficulty in breathing. She was sent to me by a medical practitioner who had failed to accomplish anything favorable with her throat. In two months the collar measure was reduced one inch, and the choking disappeared. The family then moved away, and I have not seen the case since.

A Member: Where are the usual lesions?

Dr. Sisson: The lower cervicals have been more often noticed in my cases than any others.

A Member: My experience is, that there is a flattened condition between the shoulders in true exophthalmic goitre. I would like to ask if anyone here has observed in these cases a quivering of the carotid artery, and whether by treatment you diminished it?

Dr. Sisson: In the case of the young lady I spoke of, aged 19, without the aid of an instrument I could not notice any quivering.

A Member: I had a case of this kind, and all the other symptoms disappeared except the quiver, which was diminished, but you could still feel it over the carotid artery.

Dr. Sisson: The first young lady I spoke of, whose exophthalmic goitre was cured, is now in Boston taking vocal exercises, with no discomfort or

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distress whatever in her throat. The remarkable results from the treatment in this case would suggest that it can be entirely relieved by an occasional treatment. Another point I wish to emphasize is, that her goitre developed coincidently with the establishment of the menstruation. My experience has been that when a case of goitre is taken in its early stages, we are quite successful; but if allowed to grow for a number of years, it is very difficult to reduce it.

THE EARLY DAYS OF OSTEOPATHY — REMINISCENCES.*

ARTHUR G. HILDRETH, D.O., St. Louis, Mo.

By request I have undertaken to write of my first recollections and early impressions of the "Old Doctor." This subject carries me back a long way—at least it seems long, as I draw from memory incident upon incident that occurred during the years intervening between my first meeting with Doctor A. T. Still (when I was but a boy of about nine years of age—over thirty years ago) and the present time. It carries me back to that period in the life of every man and woman when all the world lies before them; the time when each step in life seems of great moment. The sunshine seemed brighter then, the flowers more beautiful and the birds sang sweeter songs. Ah! those were childhood's glorious days, and it was then that I first met the "Old Doctor." He came to our home in the country and spent the night and the next day, and that night spoke at our little country school house, Troy Mills, it is called, and is located about four miles south of Kirksville, Mo, the town that has become world-famous as the birth-place of osteopathy, and the home of its discoverer.

Doctor Still, as I remember, spoke that evening on advanced ideas both of medicine and religion. His lecture had been announced at school, and, I believe, by the distribution of hand bills over the community. He had a fair audience for a country neighborhood. One feature noticeable at that gathering was the presence of so few women. My mother, a Mrs. B. C. Andrews and another lady, whose name I have forgotten, were all the women present. A great many people would not go to hear Dr. Still at that time, believing that in some mysterious way he was either in collusion with the Evil One, or else was crazy. His talk was simply ahead of that time and age, his then advanced ideas are preached today from the pulpit, and practiced in the best homes of this country.

My father and mother brought him out from town that Saturday afternoon and took him back the next evening, Sunday. At that time he was not able to own a horse and buggy, and depended upon his friends to take him from place to place, especially in the country districts. I liked him, he seemed near to me even then; I presume it was partly because I knew he was my parents' friend and that they liked him, and again, for his own personality, which always draws those intimately associated with him closer to him. This was true then and is true today. I enjoyed, boy as I was, sitting near him and listening to his conversation with father and mother. They were always good friends ever since I can remember him.

The next incident in which he took part that occurs to my recollection I

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* The first of a series of articles on this subject which Dr. Hildreth has promised to write for the JOURNAL.—Editor.

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have given to Dr. Booth for his History of Osteopathy and it is used in that work by him. My principal recollection of the day on which it occured, the trip to Kirksville, the home coming, is of him and my mother's interview with him. I remember distinctly my mother and I climbing up a rather rickety wooden stairway on the outside of a two-story frame building on the south side of the public square. At that time there were no brick structures around the square in Kirksville, and there were quite a number of vacant lots that then had but little value. This will no doubt seem strange to the hundreds of graduates from the A. S. O. as well as to the thousands of patients who know the town as it is today, with its solidly built business houses not only all around the square but extending a block and more in every direction from the square. We walked into a reception room with an outside door to the west and some windows in the east. Mother sat down near the door and I stood just beside her—the morning I shall never forget, for somehow the sunshine, as I think back upon it now, seemed more beautiful than usual—more bright and golden; it was a glorious spring morning. We waited a few minutes and then Dr. Still came into the room. He greeted mother cordially and asked what he could do for her. She said:

"Dr. Still I have a neighbor friend who is sick, and I want to know what you can do for her."

He turned just a little and stood looking out that open door, for some moments he stood there seemingly lost in thought. Then he turned back and said:

"Your friend has a goitre."

"Yes," mother replied, you are correct, "what can you do for her?"

"Cure her, I think," he answered.

"Yes, Doctor," mother said, "But they are very poor people, how can they pay you?"

"Tell them to haul me a load of wood, they can afford to do that, can't they?"

"Yes, they will be only too glad to get the opportunity to pay you in that way, Doctor Still."

The patient came to Dr. Still and he cured her. Her name was Mrs. Jane Bush. This little simple episode in Dr. Still's life illustrates two points in the man's life work that has had much to do with his wonderful success. First, his diagnostic ability. Second, his great, big-heartedness—his open-handed, liberal charity even when in poverty himself, a trait of character that has ever been present in all his dealings with his fellow-men, and that has stamped him one of the noblest of his kind.

The above incidents are given just exactly as they occured, but they occurred under conditions so different from those of the present time that it is very hard to conceive of the surrourdings and difficulties under which Dr. Still then labored. No one can depict in words so strong and real that they could now be fully understood or comprehended.

Thirty years does not seem so long a time when thought of in connection with civilization's mighty progress, yet it is long enough to take us back to a period of pioneer days filled with inconveniences and hardships little dreamed of by the children of today, surrounded as they are by all the conveniences that go to care for and make comfortable the people of this won-

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derful age. At that time to walk across the country for ten or fifteen miles was nothing; the bare necessities were then received more gratefully, it seems to me, than the world's bountiful comforts and luxuries are today. That one load of wood to Dr. Still at that time meant more to him than a hundred dollars would today, it was a necessity, he had to have it, it would keep the babies warm. Those were days of poverty to him, but God-given days to suffering humanity, for that was the gestation period of osteopathy. While it was begotten amidst poverty and hardships, yet it originated under the kind of conditions which guaranteed its purity and its ultimate usefulness. It was then being tried by the fire of adversity that burned up the dross and left to the world a kind of quality able to stand the test—a product of Divine origin with Divine guidance. It is a boon to afflicted mankind not yet fully comprehended, but destined in time to relieve comfort and bless suffering humanity as they have never been blessed before.

As I think back upon those early days of my acquaintance with Doctor Still, of his struggles and trials in the light of the achievements of his great life work as we now know of it, it seems almost like treading upon holy ground, too sacred to be disturbed. And as I shall attempt to chronicle from time to time more of those early incidents, associations and recollections, shall do so with fear and trembling lest I fail to do justice to my cause and the one man who deserves so much from us all, and I do so with but one hope and one motive, and that is that the world, and our profession especially, may know more of Doctor Still and the simplicity of his great life's work and of osteopathy's origin. I believe that with this knowledge will come, not only a truer conception of the greatness of our science, but a higher regard and a more profound respect for the man through whom our profession has been given to the world.

OSTEOPATHY IN CANADA.*

EDGAR D. HEIST, D.O., Berlin, Ont.

In speaking of osteopathy in Canada we must remember that the provinces have each a separate legislature which controls laws relative to health and that therefore I can speak only for Ontario, my native province.

Four years since, when I first hung up a sign on my door the word "Osteopathy" was a puzzler to over ninety per cent. of the people who passed and saw it. Today I am safe in saying that everybody in town knows what is meant when the word is mentioned. This country is not so different from the United States but that our early difficulties were very similar to those experienced by the pioneers in the various states of the Union. Conservatism, and the extreme ignorance of the people concerning osteopathy were our hardest factors to overcome. We were termed faddists, following an American hobby, our claims were discredited, and the idea of curing disease without "taking something" was ridiculed. Nearly all the M. D's. laughed at our theories, gave us a short time to be starved out, and one of them boasted he would settle us before we had a start.

* In succeeding numbers we expect to be able to print the experiences and observations of members of our profession who are practicing in other foreign lands.—Editor.

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That we are still here is no doubt somewhat due to the fact of the unfortunate occurrence of a death in the office of a Toronto osteopath, the investigating of which forced the new science to find its place in the eye of the law. The coroner's jury impaneled in this case brought in a verdict part of which read as follows:

"That deceased came to her death, etc., etc. * * * * * In view of the evidence and medical testimony submitted we attach no responsibility to any person or persons. We believe that the course of treatment pursued by the persons in this case under the name osteopathist, is unskillful and dangerous, and we are of the opinion that strict laws should be enacted which would put an end to this dangerous practice."

Immediately following this the osteopath in question was convicted in the police court for "Practicing medicine without the necessary qualifications." The osteopathists of Ontario rallied to their unfortunate brother's support and appealed the case to a higher tribunal. The prosecution let the matter drop rather than suffer defeat. It is needless to add who the prosecutors were in this case, as after this whenever complaints were lodged about the osteopaths to the medical detective of the province he complained as to the laxness of the laws, and his own consequent helplessness.

But the present session of the provincial parliament saw a delegation of medical men present a bill which would enlarge considerably the meaning of the term, "Practice of Medicine" so as to include practitioners of all schools, and all of them under the jurisdiction of the M. D. The bill received no supporters whatever and the premier informed the delegation that as a profession they have now more authority than they should possess and that if they stirred up matters, they would in all likelihood lose considerable of their power. It was the friends of osteopathy at our Capital city that brought about this state of affairs. We certainly have friends in high places.

Our patients are all drawn from the thinking class of our people. Ignorant people in the province (and we have a few) do not take to osteopathy, but the well-to-do and intelligent are all our friends and once they understand the principles of the science, stay with us as staunch advocates.

Our first patients were drawn from the ranks of those old chronics who had been declared incurable, but who had some relative or friend from some American city recommend osteopathy. These patients usually came after dark or in an unassuming manner. After curing a few of these old cases, we soon received easier work, and with the aid of good clean wholesome literature landed some of the thinking people. A slow steady growth has been the result ever since.

Osteopathy is here to stay. The people want it and will stand by it until such day when we will have a legal standing and be safe from any possible prosecution or even persecution. When we do receive recognition we will teach our medical brethren a little of what is meant by charity, in allowing a license in one province to hold good for any other province in the Dominion, which privileges medical men now refuse to each other.

NOTE—Since the above was written the M. D's. of the province have asked the attorney general to have the court of appeals interpret the Medical Act, so as to discover whether or not physicians practicing non-drug methods of healing, and not being registered, may continue to do so.

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ENDOWMENT OF COLLEGES.

E. R. Booth, D.O., Cincinnati, O.

The editorial on "The Endowment of Osteopathic Colleges" in the May Journal of the American Osteopathic Association, and the editor's address before the New England Osteopathic Association, printed in the same issue, were timely. The former stated clearly the long cherished desire of the Committee on Education, and, we may say, of the profession, to put the educational features of osteopathy on the highest and most permanent basis. The time has come when this important subjeet should receive the most careful attention of every member of the profession.

There are hundreds of osteopaths who owe their success in life to osteopathy and there are none who have not received benefits. Many of them appreciate what the science has done for them and would be willing to help, out of the abundance of their prosperity, to make it a permanent factor in supplying future generations with all that is best in the science and art of healing.

There are also hundreds of wealthy patients who owe their good health and even life to osteopathy. Many of these would be glad to show their appreciation of what osteopathy has done for them by contributing of their substance to secure like benefits to others and to make permanent the profession which has done so much for them. These people are generally successful business men and are not in the habit of throwing cash away. Neither are they willing to place their money where it will be used to enlarge private fortunes or enhance purely personal interests.

In order to enlist those within the profession in this important work it will be necessary to put it upon such a basis as will command the respect and co-operation of all loyal osteopaths. And in order to secure assistance from those not in the profession it will be necessary for osteopaths to present an united front, a clearly defined policy looking well to the future, and a liberality which will practically demonstrate that they have the courage of their convictions.

One of the first questions to be decided is the control of an endowment fund and the uses to which the income shall be devoted. This should be in charge of a carefully selected body of osteopaths, such as the Board of Regents recently appointed by the Board of Trustees of the A. O. A. Every cent expended should be for the benefit of the profession and not for the upbuilding of personal interests. The developing and establishing of the principles of osteopathy should be the goal, first, last and always. These principles, being universal, should be applied in the treatment of all classes of diseases, from the simplest with which osteopaths have to deal every day, to the most complicated cases, requiring the highest skill of the specialist. This work can be done only by those specially trained in scientific methods, and also familiar with osteopathic practice and thoroughly imbued with the osteopathic idea. One institution for this purpose, centrally located, would be sufficient. It would solve the problem of an endowed college, which would be to the advantage of all established colleges. They would be relieved of work which could not possibly be done by each of them without increasing and multiplying equipment and teaching force beyond all possible limits. It would also enable the schools and the profession to establish ad-

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vanced courses which would satisfy all future demands for osteopathic specialization and meet the demands for future legislation.

The second, but not less important, question to be decided is the means for getting the money for this enterprise. It must be borne in mind that the work to be accomplished will require years. The profession must first show its willingness and ability to do something, before we can consistently appeal to friends on the outside for help. The phenomenal success of osteopaths everywhere is proof that they are able to furnish a large portion of the money necessary if their co-operation is secured. Many plans could be suggested, each of which might have its advantages and its disadvantages. As an individual, I suggest the following plan for a subscription to a guarantee fund by osteopaths for a period of five or more years. Secure promises as follows:

100	subscribers at	$20.00	each year	for 5 years	$2,000	per year.
133 1-3	subscribers at	15.00	each year	for 5 years	2,000	per year.
200	subscribers at	10.00	each year	for 5 years	2,000	per year.
400	subscribers at	5.00	each year	for 5 years	2,000	per year.
800	subscribers at	2.50	each year	for 5 years	2,000	per year.

Total of 1,633 1-3 subscribers for five years yielding $10,000 per year, $50,000 in five years. This money should be available for use from the time plans were perfected in order that no time be lost. The surplus at the end of each year should go into a permanent endowment fund. This being done, we can appeal to our patients and others interested in osteopathy for direct subscriptions with the assurance that the cause is a most worthy one and that every cent can and will be used for the good of humanity.

This is not a report of the Committee on Education. It expresses only my present views, which are not by any means fixed like the laws of the Medes and Persians. But the Committee on Education hopes to be able to report something tangible at the Put-in-Bay meeting of the A. O. A. next August. Meantime we will be glad to receive suggestions to the end that all may profit from the presentation of the cumulative wisdom of the profession.

Important Notice.

Dr. A. G. Hildreth, chairman of the Committee on Legislation of the A. O. A., requests chairmen of legislative committees of state associations, or individuals, in states where no such committee exists, to send him a condensed report of all attempts made within the past year to secure legislation, either for or against osteopathy, together with the results of such attempts. He wants this information as soon as possible, so that his committee will be enabled to perfect its report to be made to the A. O. A. at the meeting at Put-in-Bay.

Series V Case Reports.

We are pleased to announce that Series V Case Reports will be printed during the present month, and delivered to members with the July number of the JOURNAL.

The editor, Dr. Ashmore, has experienced considerable difficulty in securing the proper kind, and a sufficient number of cases to complete this series. We trust that in future no such handicaps will exist.

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JUNE, 1906.

The Endowment Movement.

There can be no doubt that an adequate endowment for the support of osteopathic colleges would do more than any one thing to advance the cause of osteopathy. We are not unmindful of the fact that the undertaking is a gigantic one, and that there are many problems to be considered and settled before any plan is put into operation. But we very much mistake the temper, loyalty and enthusiasm of the osteopathic profession if it allows any thought of the difficulties in the way to prevent it from seizing an opportunity, or of taking any step that promises to place osteopathy in its rightful position in the world of science.

We do not believe that any one desires to do anything that would result in hardship to the existing colleges, and we believe that plans can be formulated that will not only obviate any such thing but will give an impetus to the cause of osteopathic education generally. It is to that end that we invite every well-wisher of osteopathy to give this subject earnest consideration be-

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tween now and the next meeting of the Association. Any suggestions on this subject should be sent to the Committee on Education of the A. O. A.

We believe that when once the details are arranged, and a plan agreed upon, that the money can be raised. A few weeks ago Dr. Guy E. Loudon, President of the New England Osteopathic Association, drew the following agreement and subscription blank. It will be seen that payment of the subscriptions pledged are conditional upon the action of the A. O. A. at its next meeting:

Whereas, the initiative has been taken by the officers of the New England Osteopathic Association looking to the building and maintenance of a college, or colleges, of osteopathy in the United States, or to the endowment of a college, or colleges, of osteopathy already established therein,

Now, therefore, we, the undersigned, in consideration of our mutual interest in, and desire to promote and further, the teaching and practice of osteopathy in the United States, and in further consideration of the mutual subscriptions hereto and expenditures to be made in pursuance of this subscription by the committee to be hereafter appointed therefor by the American Osteopathic Association, severally agree, each with the other and with all the others hereto subscribing, and with the said committee to be appointed as aforesaid, to pay to said committee on demand after January 1, 1907, to apply to the purposes aforesaid, the sums written opposite our respective names by us severally hereto subscribed.

This subscription to be valid only when the purposes for which the same is made, as aforesaid, shall have been approved by said American Osteopathic Association and a committee by said Association appointed in pursuance of action to be taken by said Association at its meeting to be held in Put-in-Bay in August, 1906.

Names. Address. Sums.

Already $847.00 has been pledged, $525.00 of which has already been paid in cash. One patient of Dr. Loudon's contributed $500. What has been done there, is only an earnest of what can be done elsewhere by united and enthusiastic effort. It is by no means inappropriate that Vermont, the State that first gave legal recognition to osteopathy, should lead in this great movement.

The Cost of Reinstatement.

There has always been more or less trouble about that provision in the constitution of the A. O. A. which makes it obligatory upon those who have been suspended more than one year for non-payment of dues, to pay one year's dues in addition to the current dues. We believe, however, that a little reflection will convince these derelict brothers that this provision is not unreasonable.

The A. O. A. is a perpetual, a continuing body. Its work must go on from year to year, and if it were permissible for members of the profession who so desired to be members one year and then drop out for three or four years; if they were allowed to pay dues only when they chose, or when they happened to think of it, it is plain to be seen that the work of the Association would be seriously hampered and in all probability the organization itself would disintegrate. Most organizations assess dues yearly, and after a specified time suspend for their non-payment; and only reinstate when all that is due is paid. While in reality suspended members owe all dues that have accumulated since their suspension the A. O. A. remits all but for one year. Those who have been suspended should be willing to compromise in that way, and pay that portion of their debt, and should not, as some have done, consider it a fine.

There are many members of the Association who have paid dues annually

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since the organization of the Association; this too, when there was scarcely any immediate personal benefits. The good accomplished through their efforts and sacrifices has inured to each member of the profession, and those who have dropped out of the work should be willing, if they wish again to be identified with it, to pay five dollars on the old debt. This is especially true since no membership fee is, or ever has been charged. Those of whom a reinstatement fee is required should not think that they are required to pay something for nothing, as it has been the custom to furnish reinstated members with a file of the publications (the year book excepted) for the year preceding their reinstatement.

While the money thus gained will be put to a good use, and is needed in the prosecution of the work, that is not the primary object of the provision. It is to prevent, if possible, persons from dropping out. It should be true, once a member always a member. We trust that members will acquire the habit of paying promptly at the beginning of each year. If this is done the money will not be missed, and there will never be any question of back dues to discuss.

Drug Trust Under Fire.

From press dispatches under date of May 9 we learn that the attorney-general of the United States has caused to be filed in the circuit court of the United States for the district of Indiana a petition for an injunction against the following parties:

The National Association of Retail Druggists and its officers, agents and members. The Direct Contract Proprietors and its agents, members and officers. The National Wholesale Druggists' association and its members, agents and officers.

"The Tripartite Proprietors" and its members, agents and officers.

The Blacklist Contract Proprietors' association and its agents, members and officers. and the following Indianapolis defendants: The Eli Dilly Company, Joseph Eloms, W. J. Mooney, John N. Carey and Frank E. Holliday.

The bill charges in substance that the associations, their officers, delegates and members are all engaged in a common undertaking, towit, the business of manufacturing, buying and selling patent medicines and drugs and proprietary articles throughout the United States. That these associations and the members thereof have entered into a conspiracy to arbitrarily fix and regulate the price at which such articles shall be sold to the consumer, and that they have established rules and regulations to enforce such an unlawful agreement by restricting the purchase and sale of such commodities.

There is but one ultimate object of the conspiracy viz: To fix the price which shall be observed by all retail druggists in selling to the consumer the various commodities manufactured by the several members of the proprietary associations. The plan by which such object is effected is in brief as follows:

No retail druggists can obtain goods from a wholesale druggist or a manufacturer or proprietary medicine unless such retail druggist becomes a member of the National Association of Retail Druggists and in order to become such a member he must agree to observe the established price at which such proprietary medicines shall be sold to the consumer.

If such retail druggist, after becoming a member of the National Association of Retail Druggists, cuts prices, he is immediately placed upon the list of what is known as "aggressive cutters," and thereafter such retail druggist is unable to obtain from any manufacturer who is a member of the proprietary association, or from any other wholesale druggist who is a member of the Wholesale Druggists' association, any of the commodities which may be manufactured and sold by them or any of them.

Henry W. Loder, of Philadelphia, recently brought suit in the United States circuit court for the eastern district of Pennsylvania under the Sherman anti-trust act, against these three associations, and obtained a substantial verdict.

The attorney-general having reached the conclusion that the combination is one prohibited by the terms of the Sherman anti-trust act, has directed the district attorney for the district of Indiana to file this bill.

An injunction is prayed for prohibiting these associations from acting in concert for

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the purpose of maintaining prices and the individuals, firms and corporations who are members of the respective associations from acting together for the purpose of maintaining uniform prices to the consumers throughout the United States.

New A. S. O. Hospital.

The A. S. O. Hospital, at Kirksville, Mo., is now in running order and was formally opened on May 25, during the meeting of the Missouri Osteopathic Association.

This marks an important step in the development and advancement of osteopathy as an independent school of medicine. Institutions of this kind are necessary, and the demand is being met by the equipping of hospitals in various parts of the country.

We quote the following from the announcement recently issued by the management of the A. S. O. Hospital:

Inasmuch as this institution fills a long felt want in our profession, furnishing a place to which you can send your surgical and other cases requiring hospital services and be assured that they will receive the very best of accommodations and skillful professional attention, we feel this communication will interest you. This hospital is strictly an osteopathic institution, all cases being treated osteopathically, in an osteopathic atmosphere, by physicians who are friendly to you and who belong to your profession.

When an osteopath is compelled to send his surgical cases to surgeons of the medical profession, too often he will find the influences surrounding the patient unfriendly to the science of osteopathy and a direct reflection upon his management of the case. We invite osteopaths to bring their surgical cases here and to witness and assist in the operations.

We trust that our friends will not feel that we are expecting to boom surgical practice, we are still teaching that thousands of so-called surgical cases can be cured without an operation, but there are certain cases that can be benefited by no other procedure and this class of cases is the kind we expect to handle.

A word in regard to the building. It is strictly modern and cost with furnishings about $37,000. It is elegantly furnished and equipped. Trained nurses attend all cases. For further information address the superintendent, Geo. M. Laughlin, D.O., Kirksville, Mo.

Alcohol as a Remedy in Disease.

Under this caption the *Review of Reviews* for March gives an abstract of a paper on this subject by Dr. T. D. Crothers, which appeared in American Medicine, November 18, 1905. The author's conclusions are that any good results that are seemingly obtained by its use are due to its anæsthetic and narcotic action, and that these, like opium, cover up the symptoms of pain and discomfort at the peril of injury to the metabolism and vitality of the body.

"The apparent good results are misleading, and the invalid who has taken spirits in moderation for a long time, with the belief that he is regaining health and vigor, is suddenly seized with acute inflammation of the lungs or kidneys, which he attributes to some trivial cause. A sclerotic condition of the arteries, combined with a feeble heart action, culminates in a fatal issue." * * *

"In the last stages of fever or profound exhaustion, the attempt to keep up the heart's action by spirits is simply making large drafts on resources with increased collapse and more certain death."

Dr. Crothers is quoted as saying:

"In the exhaustion of old age the dangerous prescription of alcohol in some form still continues to be given, and the results are always fatal. * * * I know of but one use of alcohol in the sick room that is thoroughly scientific—that is its use as a refrigerant, to cool off the skin in fevers; it excels ice in the rapidity and certainty of its action."

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Reserve Rooms at Put-in-Bay.

We wish to repeat the announcement made last month to the effect that all who expect to attend the A. O. A. meeting at Put-in-Bay should, as soon as possible afer June 17 write to T. W. McCreary, general manager, Hotel Victory, Put-in-Bay, Ohio, and ask that a room be reserved. Those first applying will be assigned the best rooms, but remember to time these letters so they will not be received before June 17.

Those desiring a room with a bath should so state, for, as will be seen by reference to the letter of the manager of the hotel published on page 83 of the JOURNAL for October, a charge of 50 cents per day per person extra will be charged for a room with a bath in addition to the $3.00 flat rate.

Mr. T. W. McCreary, manager of the hotel, in writing on the subject of arrangements, said:

"No deposit is required, but rooms will be charged for from the opening date of the convention until the close of it, if reservations are made, and if the parties are not there on the first day, reservations will be considered canceled, and we will give the rooms to some one else; but if they say positively they will pay for the rooms whether they arrive that day or not, we will make the reservation positive and render bill accordingly."

The Put-in-Bay Meeting.

Each year the meetings of the A. O. A. grow in interest and importance. This follows naturally upon the growth of the Association in point of numbers and influence, and of osteopathy as a scientific and independent school of medicine. The problems, both scientific and associational, with which we are called upon to deal are such as to call for the collective wisdom of the entire membership. As a patriotic duty to the profession it devolves upon each member to make some sacrifice, if need be, to attend the annual meetings.

Fortunately the meeting this year (August 6-10) is so timed as to call for little or no sacrifice. This is the time of year when most osteopaths feel the need of a vacation. The place selected, (Put-in-Bay) is so situated, both cool and quiet, as to conduce to a pleasant and rejuvenating holiday season. The fact that this may be enjoyed in association with professional co-workers; that the latest and best in the way of scientific thought and achievement will there be detailed, leads to the belief that a larger number than ever before will be in attendance at our next meeting. We feel that no osteopath can afford to miss the enthusiasm and inspiration this meeting will afford.

There is a good article in the *Review of Reviews* for March, by G. Upton Harvey, on "What England Can Teach Us in Athletics." Upon first thought it would appear that there is very little that England, or any other nation, can teach us in athletics. Did we not take the greater number of the principal prizes in the recent world's contest in Greece? But, as the writer points out, it is not the benefits secured by the few, but those accruing to the nation at large that should be considered. He says: "Athletics should build us up as a people, raise the standard of average manhood, and thus benefit us as a nation, rather than develop a selected few who use their strength and skill chiefly as a means of earning money." Judged by this

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standard—and it certainly seems a sane and reasonable one—we may learn much from the English. It is said that Americans play to win at any cost, and that the English play for the love of sport, for exercise and recreation. The result is that America turns out individual athletes and teams that are unequaled anywhere else in the world, but that the English, taken man for man, are unmatched in point of bodily development. From the standpoint of health, of developing men for endurance and of keeping the bodily functions in good working order, we believe there is need of reformation in athletics as practiced largely in this country. Athletics, exercise, sports, physical culture, should be practiced for the sake of attaining and conserving that state described as a "sound mind in a sound body," rather than making muscular monstrosities, "giants in point of strength, or wizards in point of skill."

The *Review of Reviews* for March contains a short article on charcoal as an antidote for internal poisoning, which, if its conclusions are true, is highly important. It is certainly worthy of investigation. Several French chemists are quoted in proof of the assertion that it antidotes poisoning by strychnine, mushrooms, cyanide of potash, phosphorous, nux vomica and cantharides. One chemist says:

"Charcoal—above all, vegetable charcoal—takes up alkaloid toxins and mineral poisons, and, as it does that, it is only doing it bare justice to say that it is the most active of known antidotes. * * * The remedy is within the common reach, and it would be well to test its powers in all cases of the nature of ptomaine poisoning, poisoning by cream taken from dishes tainted by verdigris, etc."

It is said that "this antidote must be taken when the first symptoms of poison are felt, and the dose must be large. It must be taken in suspension in water—put into the water and stirred while it is taken so that it shall not settle. There is nothing to be feared, even if a great deal of the powder is used. Use a soup spoon and take it at intervals of ten minutes."

Whether or not any new lines of work are entered upon by the A. O. A. the good of united action on the part of our profession is apparent. There is no work upon which we have been engaged in the past that would not be broadened, stimulated, revivified by an increased membership. We wish that every member of the A. O. A. would feel it a duty to seek in every legitimate way to strengthen the Association. Every one can do this by trying to get his neighbor, if he be worthy, to enroll as a member of the national organization. Between now and the close of the meeting at Put-in Bay we ought to increase the membership to 2000. It can be done by united effort.

The following advice offered by Southern Medicine and Surgery is applicable to osteopathic writers, and those on the program of meetings of osteopathic associations:

When writing your paper for the state meeting, remember several things; select a subject with which you have had a rich and practical experience—any one can read textbooks without going a hundred miles, leaving work and business, and paying $3.00 a day to hear you read extracts from one; collect your thoughts, clarify and simplify them, boil them down and then write your paper; go over it again and cut out all non-essentials, and all self-evident data—and you will then have a paper from which every one will learn something—and you will go home thoroughly satisfied and proud of your effort.

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There seems to be constant need for our journals, societies and individual members to keep before the profession correct ethical principles. We do not mean that our profession, as a whole, has any greater need of teaching and discipline on this subject than any other. Indeed, we believe there is much evidence that we are, as a profession, advancing toward better ideals in this respect. But occasionally we see such horrible examples of how not to advertise, that we feel like calling upon all who hold their profession dear to cry aloud and spare not, until our profession is purged, or the last sinner is called to repentance.

Whatever significance the "pop" may have as evidencing the reduction of a subluxation and however necessary it may be to elicit it when such correction is accomplished, we give it as our opinion that the habit, which it is said some osteopaths have, of twisting, jerking, snapping, cracking, and popping the neck for every conceivable ailment, will have to be discontinued, or the time worn expression concerning osteopathy—"if it does no good it can do no harm" will either by disproved, or will have to be revised to exclude that kind of treatment.

We print quite a list of applicants for membership in the A. O. A. this month, but if non-members could be brought to a realizing sense of their duty, as well as of the advantages they would gain by becoming members, the number of applicants would have been ten times as great. Now is an excellent time to join, and we trust that each member of the association will resolve to add at least one name to our roster.

For the past three months we have been sending a copy of the JOURNAL to each of the students in the senior classes of the recognized colleges. We trust that those who have thus received it will have learned so much of the purposes of the association, and the benefits of membership in it, that they will, if possible, at once take steps to ally themselves with it.

No action on any amendment to the constitution of the A. O. A. can be taken at Put-in-Bay unless the proposed amendment is printed in the JOURNAL at least one month prior to the meeting. This means that it must appear in the July number. Those who may have any amendment to propose should govern themselves accordingly.

Recent press dispatches state that the operation performed in October, 1903, by Dr. Lorenz upon Lolita, the little daughter of Mr. and Mrs. J. Ogden Armour of Chicago, for congenital dislocation of the hip was not successful. It is said that the child is now in the hospital at Vienna, and still unable to walk.

The Endowment Question.

How is osteopathy to be saved; can it be developed along the lines now in operation; can we expect private effort among its practitioners at personal expense to maintain the great work already begun? What is to be the solution of this momentous problem? As it now stands it is a work for humanity being carried on by private enterprise by many who can ill afford it. The emancipation of the slaves became a national issue and attracted

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men and money, and finally blood without stint. That struggle compared to the work we have in hand was small, for we offer hope and help to a whole world, but it has now assumed a magnitude beyond our control. What shall we do? It has attracted the notice of millions with millions; let us invite them to assist. There are many who, having gratitude, wish to show it in a broader way than by helping the man who gave them relief, but there is no organized plan for them to contribute to. We need hospitals; we need schools which shall be freed from the thought of the necessary dollar to exist.

In a recent editorial in a medical journal the fate of the smaller medical schools was discussed. "Get under the wing of a university" was the advice. It is good counsel for us, too, for it would give us a prestige and place us upon an educational plane beyond all cavil.

But how shall we induce one to extend the hovering wing? They are always hard up and proverbially hold out the hand for money, and we can not come to them expecting them to divide. We must have something tangible and material to offer. And so it's money we must have, and it must come from the great generous public who believe in the emancipation we have to offer humanity. Endowment is in the air. If it can be started there is no doubt it will grow, and when we have the money the rest will be easy. The time must come when the state will educate in therapeutics the same as it does in arts and science. We must be ready with so strong a showing that we can not be left out. This is one of the live issues and it should be discussed in our journals and at our next meeting.

CHAS. C. TEALL.

Help Needed for Californians.

When the May JOURNAL went to press information was so meager concerning the needs of members of the profession in California who had suffered loss of property in the recent earthquake and fire, that I was unable to make as strong an appeal for help as I would have done had I known the true state of affairs.

By reason of this, doubtless, many failed to contribute who would have done so had they known that assistance was actually needed. As a result the response has not been at all what it should have been

The last word from San Francisco, received by wire May 27, is to the effect that help is actually needed. *Let there now be no delay.* Every member of the profession should *at once* contribute as liberally as possible to the relief of our unfortunate brethren in California.

Of the fifty-six osteopathic practitioners in San Francisco all but eight lost either their offices or residences, and at least twenty-two lost both, and but three of them had insurance.

In addition to the loss of property many of them will lose their practices and the greater part, at least for a considerable time, of their outstanding accounts. Altogether the situation is such as to demand from those of us who have anything to spare, the most generous and prompt relief. Drs. Wm. Horace Ivie, Ernest Sisson and Effie E. York will act as the relief committee, but contributions should be sent, as heretofore, to the treasurer of the A. O. A., Dr. M. F. Hulett, Wheeler Block, Columbus, Ohio.

A. L. EVANS,
President A. O. A.

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Proposed Program of Meeting of the American Osteopathic Association at Put-in-Bay, Ohio, August 6-10 1906.

MONDAY, AUGUST 6.

Reports of Committees—Publication Committee, Educational Committee, Legislative Committee.

Treasurer's Report.

Trustee's Report.

Routine Business.

8:00 P. M.—Reception.

TUESDAY, AUGUST 7.

Symposium of Practical Treatment:

(Clinic Demonstration of Technique.)

(a) Cervical Region—Dr. G. A. Wheeler, Boston, Mass.

(b) Dorsal Region—Dr. W. W. Steele, Buffalo, N. Y.

(c) Lumbar Region—Dr. Josephine DeFrance, St. Louis, Mo.

(d) The Pelvis-Sacrum, Coccyx, Innominata—Dr. Vernon W. Peck, Pittsburg, Pa.

(e) Ribs and Vertebrae Correlated—Dr. W. J. Conner, Kansas City, Mo.

(General Discussion.)

Business.

8:00 P. M.—President's Address.

WEDNESDAY, AUGUST 8.

Practical Dietetics—Dr. H. H. Moellering, St. Paul, Minn.

(General Discussion.)

Osteopathic Applied Anatomy—Dr. M. E. Clark, Kirksville, Mo.

(General Discussion.)

Osteopathy as a Profession—Dr. J. H. Sullivan, Chicago, Ill.

How Osteopathic Lesions Affect Eye Tissues—Dr. Louisa Burns, Los Angeles, Calif.

Business.

8:00 P. M.—Alumni and class reunions.

THURSDAY, AUGUST 9.

Paediatrics.

(a) Infant Nursing—Dr. Alice Patterson Shibley, Washington, D. C.

(b) Osteopathic Treatment of Infant Disorders—Dr. Louise P. Crow, Milwaukee, Wis.

(c) Prophylactic Treatment of Children—Dr. Louise A. Griffin, Hartford, Conn.

(General Discussion.)

Emergencies.

(a) Haemorrhages (lungs and uterus)—Dr. E. C. Pickler, Minneappolis, Minn.

(b) Unconsciousness or Insensibility—Dr. Edgar D. Heist, Berlin, Ont., Canada.

(c) Fits or Seizures—Dr. A. B. King, St. Louis, Mo.

(General Discussion.)

Osteopathic Lesions in Acute Respiratory Diseases—Dr. C. M. Turner Hulett, Cleveland, Ohio.

Prize Essay (announcement.)

8:00 P. M.—Alumni and class reunions.

FRIDAY, AUGUST 10.

Osteopathic and Surgical Diagnosis—

(a) Pelvis (gynecological)—Dr. Ella D. Still, Des Moines, Iowa.

(b) Abdomen—Dr. S. A. Ellis, Boston, Mass.

(General Discussion.)

Practical Talk: "When Is a Surgical Operation Advisable?"—Dr. Francis A. Cave, Boston, Mass.

Business:—Election of Officers, fixing next meeting place, installation, adjournment.

PAPERS.

1. Conjunctivitis—Dr. J. F. Spaunhurst, Indianapolis, Ind.
1. Iritis—Etiology, Pathology and Treatment—Dr. O. J. Snyder, Philadelphia, Pa.
3. The Treatment of Eczema—Dr. Morris Lynchenheim, Chicago. Ill.
4. What Osteopathy Has Done With Tumors—Dr. Clara Wernicke, Cincinnati, O.
5. A Few Cases of Mental Diseases—Dr. L. A. Liffring, Toledo, O.
6. The Menopause—Dr. D. Ella McNicoll, Frankfort, Ind.
7. Pronounced Insomnia—Dr. R. W. Bowling, Des Moines. Ia.
8. Facial Neuralgia—Dr. Ben. S. Adsit. Franklin, Ky.
9. The Osteopathic Treatment of Constipation—Dr. M. C. Hardin, Atlanta, Ga.
10. The Enlarged Prostate—Dr. D. S. Harris, Dallas, Tex.
11. Osteopathic Biology (including an exhibit on comparative osteology)—Dr. R. K. Smith, Boston, Mass.
12. Pneumonia—Etiology, Pathology and Treatment—Dr. W. A. Potter, Seattle, Wash.

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EPITOME OF CURRENT LITERATURE.

[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 as an index to the best work in our growing osteopathic literature.]

Young, C. W. (The Bulletin, April, 1906)—Specialized Exercises.

"The most important exercise is that taken out doors. Athletic development is not beneficial to health. Athletes are notoriously short lived. Specialized exercises should be directed chiefly to the development of the muscles of the trunk, particularly those of the chest and abdomen. Among the most important of the specialized exercises are those which secure the proper poise of the body. The patient should never be instructed to throw his shoulders back, but always requested to hold his chest up."

"Especially among women we find extremely weak and undeveloped abdominal muscles. Certain specialized exercises are almost indispensable in many cases to accomplish a cure that will stay cured. There is a series of exercises to be taken on a sloping board. The board should slightly exceed the length of the patient and should be so placed that one end is about eighteen inches higher than the other, and encircling the upper end of the board should be a strap, so adjusted as to pass over the ankles of the patient. She should take a position lying on her back, head downward, and a sitting posture, and then back to her former position. She should then turn first on one side, then on the other, and rise up on the board. She should then turn face down, place her hands behind her back, and lift her chest up away from the board. This movement is especially helpful in case of any retroversion of the uterus. These exercises should be commenced with extreme caution. Ligaments of the uterus contain more muscular tissue than that which is truly ligamentous in character, and the development of the muscles of the ligaments surrounding the uterus tend to develop the muscles of these ligaments so that they can hold the uterus in its proper position."

Reid, Geo. W. (The Bulletin, April, 1906) Osteopathy Applied in Pneumonia.

"At the onset there is a congestion, followed by an infective inflammation. Owing to the pain and muscular rigidity the ribs become approximated, contracting the chest and lessening its capacity of expansion. Toxins arise from the decomposition of the exudate. resulting from the inflammation. Poisonous material excites the cardiac and respiratory functions, giving rise to an elevation of temperature. Symptoms increase in severity, and either the heart gives way, or the respiratory function becomes blocked. If the exudate is thrown off, there will be less absorption of toxic materials.

"The contracted muscles in the dorsal area, by proper manipulation, are relaxed, the centers to the lungs stimulated, and the ribs are gently raised, spreading the intercostal spaces, thus giving an impetus to the stagnated blood and permitting of freer and deeper respiration. Plenty of pure water is given the patient. I found it expedient, in more than one instance, to remain all night with the patient, giving treatment at various intervals. Pain is lessened, greater freedom of respiration is experienced, a loosening and a free expectoration of the exudate. heart action becomes steadier and stronger, perspiration is induced and other excretory functions show better action."

Richardson, Chas. L. (The Bulletin, April, 1906)—The Sherlock Holmes Search for Lesions.

"The reproduction of lesions is a subject that has been neglected. A lumbago case was cured by correcting a habit of sitting. Teach your patients how not to reproduce lesions which you correct. The osteopaths who are general treatment friends fall down on cases which, when diagnosed correctly, are easy to cure. The applicant for a job on a paper is told he must have a "nose for news." If you can't feel a lesion, smell it, but find it. It is there. Then fix it.

There is a surgeon in Cleveland who began to run down. A specialist hinted at phthisis. In his desire for relief he tried an osteopath, got a general treatment, and quit disgusted. Two specific treatments in the upper dorsal region resulted in a cure. He gained thirty pounds and more."

Harris, A. J. (The Bulletin, April, 1906)—Hydrotherapy.

"A fomentation is a portion of wool blanket about three feet square, folded long and held by each end, dipping the middle in a kettle of boiling water, twisting the blanket and pulling it out straight, in order to wring it out as dry as possible, quickly folding it into a dry blanket of the same size, placing it over the affected part, that the steam may penetrate into the tissues, making this change about every five minutes. Here I want to say. never apply warm cloths for fomentation; they must be hot. The same will apply to the compress; it must be cold, and thus you will get the proper reaction.

"In cases like peritonitis, hip joint disease, or any inflammation where the manipulation

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of a part must be avoided, the water treatment will do its work. Hot local sponging, in high fevers, treating one part at a time and allowing evaporation of the water from the skin, will assist in materially lowering the temperature."

Muttart, Chas. J. (Journal of Osteopathy, April, 1906)—The Neurasthenic Spine.

"In those cases which do not recover after a period of rest, we must conclude that there is some derangement of the recuperative apparatus. What is obstructing that inherent conservative energy? Vital activity has its origin in the nerve cell. Neurasthenia is due to exaggerated physiological function, which produces pathological anatomy, and which in turn interferes with recuperation. Active hyperaemia long continued induces a low form of inflammation with infiltration. Rest is the first essential. Gradually relax the contracted muscles and ligaments, adhesions must be gently broken. Rough, violent treatment (which is altogether too prevalent) will do these patients more harm than good."

Penland, H. E. (Journal of Osteopathy, April 1906)—Osteopathic Advancement.

"It is one thing to handle chronic, and quite a different proposition to successfully treat acute diseases. The demand for a longer course of study has been growing for some years. The old hatred the regulars held for the supposed quack, the osteopath, is fast disappearing where individual practitioners become acquainted. The fault we have found with the vibrator is that it has no brains, and the routine manipulator generally does not show much more. The one thing that has compelled the growth and recognition of osteopathy has been the cures that have come from the correcting of lesions. We never gain anything from irrational claims, or claims we cannot substantiate."

Rodman, Warren A.—(Massachusetts Journal of Osteopathy, March-April '06)—Osteopathy —Its place.

Under this caption is outlined a very good and comprehensive popular definition of osteopathy.

Ennis, Emery (The Bulletin, May, 1906)—Treatment of Typhoid Fever.

"In the greater majority of typhoid cases (if the osteopath is called in time) he can change the course of the disease to a marked degree, and hasten resolution. After the first pathological stage is completed, after the poisons are being absorbed, and the mesenteric glands have begun to slough, the disease will run through its regular course of changes. I care not whether treated by an osteopath, allopath, or homeopath or any other kind of path. This may be contrary to general opinion. It is nevertheless my honest opinion and experience.

As pointed out in the pathology the first stage is a disturbance of the vaso-motors causing an infiltration in peyers patches. The main object of treatment, therefore, in this stage is to gain vaso-motor control of the intestinal blood vessels, and lympathics. Consequently the treatment is principally spinal. This treatment must be directed to the removal of any muscular, ligamentous, rib or vertebral lesion. Particular attention must be given the lower dorsal and lumbar spine. Vaso-motors of the intestines arise in the spinal cord as high as the third and fourth dorsal segment.

I have found it advisable in some cases to give some olive oil or castor oil per mouth; this lubricates the bowels, and soothes the inflamed and irritated mucous membrane. An occasional enema (consisting of a normal salt solution) cautiously given aids in gas elimination. If diarrhoea be present, it can be controlled very satisfactorily by gently springing the spine in the lumbar region. The spleen should receive attention at every treatment. Treatment should be given the renal splanchnics to keep the kidneys stimulated. Insist on the patient drinking plenty of water; it bathes the inflamed membranes and is the best diuretic known. Hygiene is an important factor.

Glascock, H. W. (The Bulletin, May 1906)—The Writing of Case Reports.

"I complain of our present method of reporting cases, because they do not, as a rule, tell anything, other than that a lesion was found; that it was removed, and that the patient got well. Any of us can say that there is a lesion in the lower dorsal area affecting the liver, but it takes a man with brains to tell what that effect is, and the "how" and "why" thereof, the chemistry of the effect and the pathological physiology in the process. Let each field member study harder, dig deeper into the channels of research; know what we are doing; operate intelligently; know what we are talking about, and write such reports as will be of great benefit to all."

The *Spokane Chronicle* is authority for the statement that at the next session of the Washington Legislature an attempt will be made by the osteopaths to secure the passage of a law providing for an osteopathic examining board.

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BOOK REVIEW.

The Philosophy of Fasting.

One of the latest contributions to the voluminous, mystifying and contradictory literature on the subject of dietetics that we have read is a book entitled as above, by Edward Earle Purinton, published by Benedict Lust, 124 E. Fifty-Ninth Street, New York.

We began reading the book from a sense of duty—it having been sent us for review, and finished it because of an interest in it. Most any one who will read it will become interested, even though he does not agree with the author—and few will. One good thing about the book is that the author does not seem to care a straw whether any one agrees with him or not. He thinks that those who do not are not educated up to his ideas; have not progressed far enough. The author does not devote much attention to the therapeutic aspects of fasting, but for this phase of the subject refers his readers to the writings of such men as E. H. Dewey, Felix Oswald, Benarr McFadden, Horace Fletcher, C. C. Haskell and Adolf Just.

A great deal of space is taken up with a discussion of what the author calls the "conquest fast," whereby he asserts he has gained in moral, mental and spiritual qualities. In dealing with this he devotes one chapter to each of the following subjects, to each of which is prefixed the words "Fasting for"—Health, Enjoyment, Freedom, Power, Beauty, Faith, Courage, Poise, Virtue, Spirituality, Instinct, Inspiration, and Love.

The first of "Twenty Rules for Sane Fasting" that follows the above chapters is—"don't." That is to say, he does not want any one to undertake it on his say so. He says he has met in the past six years thousands of persons who called themselves "advanced"—in Nature Cure, Physical Culture, New Thought, Oriental Philosophy, Divine Science, etc., and out of that number less than a score whom he deemed ready for the conquest fast.

The book is filled with sparkling epigrams, of which the following are samples: "The field of literature is mostly a dreary brick-yard, with chipped and broken bits scattered about to mark what might have been, had the builder known."

"The last place to look for sanity is in a sanitarium; the next to the last place is a health resort." "Drugs are useful as long as they *help a man's mind more than they harm his* body."

Speaking of the "School of Hysterical Hygiene" he says: "They tell us, for instance, to drink just two glasses of water on arising, exactly one and one-half on retiring, and one, to the drop, every hour between. A harmless occupation that—for a man who has nothing better to do than wander axiously about all day with a clock in one hand and a water cooler in the other."

"Mince pie served with a smile is quite as hygienic as raw wheat served with a scowl."

"Man's *one irredeemable error* is to scoff at what he cannot understand, and will not investigate."

"Sooner or later every knocker pounds his own thumb."

"Small men are 'creatures of habit'—great men are creators of habit."

"Mediocrity would not be bound if it knew how to break the fetters. Genius will not be bound because it does know how."

"Success is what the world pays a man for discovering and developing himself."

"You may have a thing until you must. *Then you mustn't.*"

"A reformer is a man who doesn't love humanity. A lawyer is a man who doesn't love justice. A doctor is a man who doesn't love nature. A theologian is a man who doesn't love God."

"The persistent cloud on the horizon of Truth is the confusion of principle with personality."

Dr. Howell Acquitted.

Dr. Jose C. Howell, Vineland, New Jersey, was recently indicted for practic'ng medicine and surgery without a license from the State, contrary to the laws in such cases made and provided. The case came on for trial on May 9, and cont'nued through two days. It was stubbornly fought from beginning to close, eminent legal counsel being engaged on both sides. From the evidence as detailed by the *Bridgeton Evening News*, it appears that in a case treated by the defendant a surgical operation was advised by him, and that though he was present when it was performed he took no part in it. The husband of the patient, James Hollowell, testified that Dr. Howell prescribed drugs; he further stated, on cross-examination, that his wife had been treated by two medical doctors before the defendant was called, and that she steadily grew worse. He discharged the defendant and not long thereafter his wife died. Another witness testified that the defendant had dressed the wounds after the operation. Another man testified that he had treated his little son and had recommended grape juice. One witness testified that he had advised the use of a syringe. Several medical men gave evidence against Dr. Howell.

The defendant testified that he practiced osteopathy, and never gave drugs in any case;

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that he labored under great difficulty in treating Mrs. Hollowell, in trying to keep the nurse from giving drugs contrary to his instructions.

The jury, after hearing the evidence and arguments of counsel, brought in a verdict of "not guilty."

It will be remembered that the highest court of New Jersey, a year or two ago, decided that the practice of osteopathy did not come under the provisions of the medical practice act. This accounts for the efforts of the medical men, who were present in force at the trial, to show that the defendant had used drugs, recommended grape juice or advised the use of a fountain syringe; it being their contention that osteopathy consists solely in "rubbing," as they ignorantly or maliciously term it.

Not only Dr. Howell, but the osteopathic profession, is to be congratulated upon the verdict in this case. It would have been a great blow to the standing of the profession to have the practice of osteopathic physicians limited by judicial interpretation merely to manipulation, and to be forbidden to give advice as to diet, the use of fruit juice, or of water.

Losses of California Osteopaths.

Below we give a list of the osteopaths in the territory affected by the earthquake and fire, showing losses, and, so far as we know, present locations. Their former addresses appear in the last A. O. A. directory.

A. O. A. Members—

Nellie A. Allen, residence and office. Chico, Cal., for summer vacation.
Hester L. Beck, residence and office. 2159 Pacific Ave., Alameda, Cal.
Sarshel D. Cooper, Helen V. Cooper, residence and office. 3426 Buchanan St., San Francisco.
J. E. Donahue, office. 2238 Vallejo St., San Francisco.
Chas F. Ford, residence and office. Vallejo, Cal.
Mary O. Greenwell, residence and office.
Susan Orpha Harris. Temporarily at same location.
Louise C. Heilbron, residence and office; insured. 849 Twenty-second St., San Diego (summer vacation).
Carrie S. Hibbard. Had made change before fire; present location not known.
Minnie Iland. Grand Forks, N. D.
Wm. Horace Ivie, office. 3658 Sacramento St., San Francisco.
Josephine A. Jewett, office. Berkeley, Cal.
J. Lovell Lawrence, office. 1965 Geary St., San Francisco.
Agnes G. Madden, office; insured. 1364 Franklin St., Oakland.
Jennie K. Manuel. Turlock, Cal., for summer vacation.
Frank L. Martin, residence and office. Marysville, Cal.
C. E. McCormick, residence and office. Watsonville, Cal.
Richard L. Meyer, residence and office.
Chas. N. Miller, residence and office. 129 Haight St., San Francisco.
Audrey C. Moore, office. 2018 Broderick St., San Francisco.
T. W. Sheldon, residence and office. 2611 Fulton St., San Francisco.
B. P. Shepherd, residence and office. 2301 Cedar St., San Francisco.
Ernest Sisson, Effie Sisson, office. 2238 Vallejo St., San Francisco.
Ada Sisson, office. Seventh and B Sts., Santa Rosa.
Kate C. Slaughter, residence and office. 887 Fulton St., San Francisco.
Elizabeth A. Spencer, residence and office. 887 Fulton St., San Francisco.
Mary V. Stuart, office; insured. 1364 Franklin St., Oakland.
Clyde L. Thompson, residence and office. 1518 Broadway, Alameda.
Jennie M. Usher. Same as before.
A. E. Werkheiser. 37 Monroe St., San Jose, Cal., temporarily.
J. E. Witherspoon, residence and office.
Effie E. York. Same as before.

Non-Members of A. O. A.—

Willard C. Bean, office.
W. C. Bailey, Mrs. W. C. Bailey (nee Bertha Luse), office. 339 Bartlet, San Francisco. Married on Saturday after fire.
Sara Lockie Brown. Had removed to San Diego before fire.
Isaac Burke, office. 1540 Broderick St., San Francisco.
Wm. F. Crawford, office.
C. H. A. Davis, residence and office.
Henry F. Dessau, office. 1368 Geary St., San Francisco.
Daniel C. Farnham, residence and office. With S. C. Meacham, 520 Twelfth St., Oakland, Cal., temporarily.
J. W. Henderson, office. Removed to his Berkeley office, First National Bank Building.
Henry Kirsch, office.

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J. Harding Mason, office.
Thomas H. Morrison, residence and office.
Jeanie P. Owens, residence and office. Pentiton, British Columbia.
Robert T. Tisdale, same as before.
William Albert Willi, residence and office.
W. W. Vanderburgh, office. 2000 Sutter St., San Francisco.
C. K. Hale, office.
Alice Farley, office.
M. B. Howell, residence and office.
H. M. Gillespie, office. 1738 Filmore St., San Francisco.
C. C. Linaker. Modesta.

Some Measures in Aid of Earthquake Sufferers.

The A. O. A., through Secretary Chiles, has asked many of the more prominent publishers of medical books to make a special discount upon sales made during the next six months to those members of our profession who suffered loss by reason of the recent earthquake. It is expected that all will respond to this appeal.

The same appeal was also made to authors of osteopathic books. Thus far replies have been received from the following:

Dr. Hazzard announces a reduction of 50 per cent. on his books to osteopaths who lost libraries in the disaster.

Dr. C. M. T. Hulett authorizes a reduction of 50 per cent. on Dr. G. D. Hulett's "Principles," or in round numbers $1.50 for the cloth and $2.00 for the half morocco binding.

Dr. Booth writes as follows: "I will donate a copy of the History to each subscriber who suffered from the earthquake and fire and send it prepaid as soon as I can get his address. To all other osteopaths who suffered from the same cause I will gladly send a copy at half price and they may take their own time for payment."

Dr. D. L. Tasker wired on May 28, as follows: "Will replace burned copies 'Principles,' free."

Dr. M. E. Clark offers his books at the "usual wholesale discount."

We confidently expect others to be equally as generous.

All who lost their JOURNALS for the current year may have a complete file sent them by sending a request together with their present address to the editor of the JOURNAL.

All who lost certificates of membership in the A. O. A. may have them replaced by writing to Secretary Chiles.

The trustees of the A. O. A. will be asked to remit dues to the A. O. A. for next year of all who suffered by reason of the earthquake. This will doubtless be ordered.

Personal Notes Concerning the Earthquake Sufferers.

Dr. Nellie A. Allen, who lost both her residence and office, acted as a volunteer nurse in the emergency hospitals during the earthquake and fire. She has returned to her former home at Chico, Calif., where she will spend her summer vacation, after which she will resume practice in San Francisco.

Dr. Chas. F. Ford, having lost both his residence and office has returned to his former practice in Vallejo, Cal.

Dr. Susan Orpha Harris, who served as night nurse at the Golden Gate Park Emergency Hospital was fortunate enough to have the fire stop before crossing the street to her office and residence.

Dr. Louise C. Heilbron, who served as Day Superintendent over thirty nurses at the Second Relief Hospital, so far forgot herself in her work as to allow all of her belongings to be burned. After her summer vacation which she will spend at 849 Twenty-Second Street, San Diego, Cal., she will resume practice in the city.

Dr. C. E. McCormick had just opened new offices in the Lincoln Building. Too bad—but his former location was burned also. He has located at Watsonville, Cal.

On the Saturday before the fire Dr. Hester L. Beck had removed her offices and residence from Alameda. On the following Thursday the fire burned up her new location and there stopped. She was on the wrong side of VanNess Avenue.

Overwork had induced Dr. T. W. Sheldon to take his family and go for a short vacation. He returned to find his office and residence both burned.

Drs. Manuel, Hand, Harris, York, Lineker, Tisdale, Hibbard and Usher were the only practitioners in San Francisco who suffered no damage from the fire. All the rest of the fifty-five lost an office and at least twenty their residences as well. Of course most of the eight named above are not bragging about the condition in which the earthquake left their offices.

Dr. Minnie Hand will spend her summer vacation at her former home, Grand Forks, N. Dakota, after which she will take a year's post-graduate work in the Medical Department of the University of Minnesota.

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Dr. Jennie Krepps Manuel returns to Los Angeles.

Drs. Elizabeth A. Spencer and Kate Slaughter have firm faith in San Francisco and have found a new home and office at 887 Fulton Street.

Dr. B. P. Shepherd has opened an office in Berkeley and is only to be found at his San Francisco office in the California College of Osteopathy, 1368 Geary Street, on Tuesday, Thursday and Saturday of each week.

Pending repairs in their down-town Oakland office, made necessary by the earthquake, Drs. Madden and Stewart have opened temporary offices at 1364 Franklin Street, Oakland.

Dr. Clyde L. Thompson removed from his office and residence rather hurriedly but managed to save most of his things. He can be found at his new office, 1518 Broadway, Alameda.

Dr. Frank L. Martin managed to leave the same building with a suit case, two suits of clothes and a trial case of optical instruments. He still retains them as mementos of all his earthly possessions. He has located at Marysville, Cal.

Dr. A. C. Moore, who lost his elegant offices, after taking his family to Los Angeles, has returned to the city to resume practice.

Drs. D. Cooper and Helen V. Cooper after losing office and residences, are located at 3426 Buchanan Street. Dr. Cooper together with Drs. Manuel, Iland, Ivie and Tisdale, acted as sanitary inspectors when the Health Board was endeavoring to take stock of the fringe of San Francisco that was left.

Dr. William Horace Ivie managed to keep busy with sanitary inspection and Red Cross work in the morning, a detail on the food relief station in the afternoon, and a detail for police duty three nights per week. He has opened temporary offices at his former residence, 3658 Sacramento Street.

Most of the D. O's. at San Jose lost more or less furniture but escaped otherwise. Dr. A. E. Werkheiser can be found at 37 Monroe Street, San Jose.

Dr. J. E. Donahue doesn't mind the loss of his office so much now that he has "a son to work for him."

Drs. Ernest and Effie Sisson are among the heaviest losers, as their elegantly furnished offices and many very valuable papers were a total loss. They will re-open their San Francisco offices soon and in the meantime can be found at their Oakland office, Delger Building, 473 Fourteenth street.

Dr. Ada Sisson had just moved into new and splendidly furnished offices. As the earthquake leveled the brick block in which she was located, first and the fire afterwards swept it, she will lose her insurance. She is now at 78 B Street, Santa Rosa.

Dr. J. E. Witherspoon will spend the summer at his former home, Auburn, Cal.

Dr. H. E. Penland who was in San Francisco looking for a satisfactory location, lost all of his trunks and belongings. He has returned to his old home at Albany, Oregon.

The Campaign for the Osteopathic Bill in New York.

The campaign in New York State for legislative recognition has again closed without our hopes being realized, but, though defeated again temporarily, we stand today nearer to the goal we seek than ever before. The moral effect of having passed our bill through the Senate, and the great publicity given to osteopathy by the public press, have put us into a position with the public far in advance of our previous ones. Practically every newspaper in the State about one hundred and fifty in all, gave our bill favorable mention. The "*New York Times*" is the only paper in the State, so far as I am aware, that did not give us decent treatment. Yet we hardly expected so much of the *Times*, whose well known hostile attitude toward osteopathy is well understood to be the result of bitter feelings of the medical member of its editorial staff.

After its passage of the Senate by a vote of 31 to 13, our bill would most certainly have passed the Assembly by a good majority, as we were sure of enough votes to do this, had it not been knifed in the Rules Committee through the treachery of one man. Had the bill passed, we are assured the Governor would have signed it.

The campaign carried through was one of the most remarkable in osteopathic annals, for strenuosity, coherence, and unanimity. The osteopaths of the State labored as one man: their loyalty to the President and the Board of Directors was unswerving, and all directions given were followed out fully and with promptness and vigor. Too much praise cannot be given to the osteopaths as a whole for the way they hung together and worked together throughout a long and very trying campaign.

The work of this campaign was carried through with scientific precision. Every detail was planned and pushed with the utmost care. Nothing was left undone, no stone was left unturned, to secure the desired result. There are no regrets to express in this matter, for the defeat was an honorable one and came to us after a remarkable fight.

Of this we are sure, the public of the State demands legislative recognition and regulation of our practice. This was made clearly evident. It was shown by the unanimity of the press in favoring our cause; it was shown by the thousands upon thousands of letters and telegrams that poured in upon Albany, day after day, and week after week, until legislators began

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to cry for mercy. In all, some 1,500 petitions were circulated and sent in to the legislature, each one containing from 50 to 4,000 names of citizens favoring our bill. In addition to this fully 300,000 letters, telegrams, and personal requests were poured in. The members say that no bill in twenty-five years has called out such an avalanche of demands for its passage as did the Hinman Osteopathy Bill. In addition to all this each member of the Senate and of the Assembly was seen personally and repeatedly at Albany by our representatives and at his home by his constituents and by the local osteopaths. This work was kept up and repeated, time after time, throughout the session. Further, the committee, which at various times had charge of our bill, were laboring night and day; every sort of pressure was brought to bear upon these men. Our friends in the Assembly and the Senate labored strenuously and continuously for us.

In this connection we want to say that the greatest praise and credit are due to our valiant knight and strenuous friend, Senator Harvey Hinman, of Binghamton. He fought like a bull-dog for us. All New York osteopaths love Senator Harvey Hinman now. They will never forget him. Altogether, I doubt whether a more remarkable, scientific, precise, and determined campaign has ever been fought through in osteopathic annals. From the time our battle-flag was first unfurled to the breeze; from the hearing at Albany to the final stab, the medical contingent certainly got a "run for their money" with a vengeance.

As everyone knows, our representatives upon the firing line were President Sylvester W. Hart, and his wise, foxy, bald-headed Lieutenant, Teall. These are the fellows who stayed up nights; who endured all the horrible, slow, patience-murdering grind; who sweat blood, but who saw the thing through. No one will begrudge a full meed of praise to these men, nor will anyone begrudge the highest praise to the brilliant work of Dr. Hart throughout the campaign. He was the brains of the battle, and his was the tremendous force and personality which dominated the situation, keeping all our forces in line, traveling here and there about the State, and giving every detail attention. He lost sleep, practice and money, and it is but fair to say that the osteopaths of the State greatly appreciate his generous labors in their behalf.

But, after all, the credit for what was done belongs to no one man, but to all who labored for the cause. The whole body osteopathic got busy and hustled. They did splendid work, one and all. Without that there would have been no remotest chance of success. This fight has certainly welded us strongly together, and we are more strongly determined today than ever to wrest victory from defeat. Our next campaign has already begun. We will never stop until victory perches upon our banner. CHARLES HAZZARD.

Paste This in Your Hat—Arrangements for Put-in-Bay Meeting.

Arrangements for our tenth annual meeting are completed and are here announced. August 6th, Dr. A. T. Still's birthday, is the time—a fitting time; Put-in-Bay, Lake Erie, is the place—a suitable place.

RAILROAD ARRANGEMENTS.

We have secured a rate of a fare and a third for the round trip for all points in Canada and the United States, except Ohio. Buy a ticket to Put-in-Bay if you can (notify your ticket agent a couple of weeks in advance and he will have it for you) if not, buy the ticket to the lake port, as Cleveland, Toledo, etc., and take a receipt for the price paid for the ticket. Take receipt for each ticket bought, whether one or a dozen in party, and if necessary to buy ticket part of the distance, then ticket from there to destination, take receipt in each case and preserve the receipts for purchase of return tickets.

Put-in-Bay is reached by boat from Buffalo (boat leaves 8:00 p. m.); Cleveland (boat leaves 8:30 a. m., 10:00 p. m.); Sandusky (boats leave 10:00 a. m., 3:30 and 4:45 p. m.); Toledo (boats leave 9:15 a. m., 10:00 p. m.); Detroit (boats leave 8:00 a. m.) The Islands are easily reached from Port Clinton, Ohio, which has quick railroad and electric car service with both Cleveland and Toledo, and having several boats a day with Put-in-Bay. For more particular directions, address the manager of the Hotel Victory for schedule of all boat connections.

THE RETURN TRIP.

The receipt for the going ticket and one third of its price will buy the return transportation. Without the receipt for the price of the ticket full fare must be paid for the return. Persons starting the trip from points in the state of Ohio should purchase summer excursion round trip tickets, as the rebate for the return trip does not apply to tickets purchased in Ohio. Notify your agent in advance so that he will have the tickets ready for you.

DATES OF SALE.

The summer excursion tickets can be had any time and are good to return until October. The special tickets for our meeting can be purchased from August 2 to August 8, inclusive; the return may be made from the 8th to the 15th of August inclusive. This date can not be extended, so that those from any part of the country who may wish to remain at the hotel later than August 15 should purchase the summer excursion ticket to Put-in-Bay instead of our special tickets. The tickets are not so cheap as the rate of a fare and a third, but

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much cheaper than full fare both directions. For children you should purchase half fare of the summer excursion rate if you can get it, as there will be no rebate for half fares on the return of our special rates.

HOTEL ARRANGEMENTS.

The rate at the Hotel Victory to us is $3.00 per person per day. Rooms with bath, $3.50 per day. To those who stay a week or more the regular weekly rate will apply if notice is given when you register at the hotel. This price includes rooms in the most elegant summer hotel in the world, and board at a table that is famed with the best. As the capacity of the best rooms is two persons to the room, and since the capacity of the room ($6 to $7 per day) must be paid for by the person occupying it, if he refuses for the manager to put a second person into the room, it would be well for persons contemplating attending the meeting alone to arrange with some friend to occupy a room together, and engage the room in the name of the two persons intending to occupy it. If this suggestion is followed, the unpleasantness of having a stranger occupy the rooom with you will be avoided.

RESERVATIONS.

After June 17 the management will book all orders for reservations in order received, that is those orders first received after June 17 will have choice of rooms unoccupied. Address T. W. McCreary, manager Hotel Victory, Put-in-Bay, Ohio.

Auburn, N. Y., May 25, 1906. H. L. CHILES, Secy.

Meeting of the Missouri State Osteopathic Association.

The seventh annual meeting of the M. O. A. convened in Kirksville, Mo., May 25th, 1906. This convention was arranged and advertised as a Tri-State meeting, including Iowa and Illinois. While there were many present from the two States above mentioned, it was much regretted that Dr. S. B. Miller, President of the Iowa Association and Dr. H. H. Fryette, President of the Illinois Association, both of whom were on the program for papers, were unavoidably absent. Aside from this, the only regret of the meeting was that the time (two days) was too short.

In points of particular interest, enthusiasm and number in attendance (there being about one hundred and forty from without Kirksville,) it was not unlike a National meeting. Minnesota, Indiana, Ohio and New York were represented, and among National characters present were Dr. Chas. C. Teall, Dr. Carl P. McConnell and Dr. H. S. Bunting.

The meeting was called to order by the President, Dr. A. G. Hildreth, at 9:00 a.m.. Following is the program carried out:

FRIDAY MORNING.

9:00. Address of welcome. Dr. W. D. Dobson of Kirksville.

Immediately after this address Dr. A. T. Still, the beloved founder of osteopathy, appeared amid great applause and in the presence of hearts throbbing with love and intense gratitude he gave us a fatherly welcome and bade us come to see him often in words that touched our emotions and made us wish that he might be with us always.

9:30. Response. Dr. A. G. Hildreth, St. Louis.

10:00. Paper: "Professional Courtesy." Dr. S. T. Lyne, Kansas City, Mo.

Discussion led by Dr. Charles Cornelius of Carthage, Mo.

11:00. "Anatomy Applied." Dr. A. Still Craig, Maryville, Mo. Discussion led by Dr. W. D. Dobson, Kirksville.

AFTERNOON SESSION.

1:30. Clinical Demonstration: Differential Diagnosis of Pott's Disease, Lateral Curvature and Arthritis Deformans of the Spine, by Dr. J. W. Hofsess, Kansas City, Mo., with four patients as subjects.

2:30. Paper: "The Graphical Representation of Spinal Curvature, with Pantograph." Dr. H. F. Goetz, St. Louis.

3:30. Paper: "The Blood in Health and Disease." Dr. S. W. Longan, Kansas City, Mo. Discussion led by Dr. A. B. King, St. Louis.

EVENING SESSION.

Inspection and dedication of the new A. S. O. Hospital.

Reception and short practical talks.

SATURDAY MORNING, MAY 26.

9:00 to 12:00. Surgical clinics by Drs. F. P. Young and Geo. A. Still in the surgical amphitheater of the hospital. The following operations were beautifully and skilfully performed in the presence of about three hundred, including the post graduate and senior students of the A. S. O.: Double hair lip, circumcision, trachelorraphy and perineorraphy, tongue-tie and two cases of club foot.

AFTERNOON SESSION.

1:00 to 2:00. Obstetrics. Lecture and question answering by Dr. M. E. Clark.

2:00 to 2:40. The management of an actual case of labor by Drs. Clark and C. E. Still, from the latter half of the first stage to completion, including the delivery of a fine

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seven and a half pound male specimen, without the slightest degree of laceration. No anæsthetic or other artificial means were used. The case—a primipara sixteen years of age—in the first stage was not without promise of much trouble, owing to rigid cervix and uterine inertia. The accouchement was most beautifully managed and was a wonderful tribute to osteopathy in rendering valuable aid to exhausted nature. So great was the appreciation and enthusiasm of the audience that an almost spontaneous impulse caused a little birthday present of some thirty dollars to be tendered "Marion Charles," our first M. O. A. baby. He did not seem inclined to accept any part of the situation when we last heard him.

3:00 to 4:30. Osteopathic clinics, in charge of Dr. Geo. M. Laughlin. Interesting clinics were given by Dr. W. F. Traughber, Mexico; Dr. A. G. Hildreth, St. Louis; Dr. E. C. Link, Kirksville; Drs. W. J. Conner and A. L. McKenzie, Kansas City.

5:00. The following officers were elected for the ensuing year:

President—Dr. Homer E. Bailey, St. Louis.

First Vice-President—Dr. S. W. Longan, Kansas City.

Second Vice-President—Dr. W. P. Abell, Palmyra.

Treasurer—Dr. W. E. Beets, St. Joseph.

Secretary—Dr. Minnie Potter, Memphis.

Trustees—Drs. Geo. M. Laughlin, A. G. Hildreth, W. J. Conner, T. L. Holme, A. Still Craig.

EVENING SESSION.

8:00. State Editor's report, Dr. Minnie Potter, Memphis, Mo.

8:30. Address by Dr. Chas. C. Teall on the advantages of organization, the work of the A. O. A. and the importance of co-operation.

9:00 to 10:30. Lecture: "Research Work," by Dr. Carl P. McConnell.

Thus ended the most interesting and enthusiastic meeting in the history of the M. O. A. Thirty new members were elected and enrolled. This convention was unique in a number of respects, and without special reference to some of the points of interest a report would hardly do justice to the occasion.

In the first place, we must not forget the importance of Dr. McConnell's research work. The nature of it is familiar to the readers of the JOURNAL. As it progresses it is a constant revealing or verification of the basic lesion principle of osteopathy.

Dr. H. F. Goetz of St. Louis has designed a pantograph, an instrument of precision in the delineation of osseous lesions. It produces records showing the extent of the lesion or curvature, and promises to prove an invaluable apparatus for diagnostic and record purposes as well as for comparisons to show the degrees of progress made in correcting lesions undergoing treatment. Its accuracy and utility seem assured, and certainly merits our consideration.

Dr. A. Still Craig of Maryville, Mo., has had in progress for some eight or more years a work on anatomy, now nearing completion, that has required a great deal of originality and a vast amount of tedious and painstaking labor. It is composed of numerous plates of cross-cut sections of the human body showing the relation and position of the various organs and structures, with descriptions of same, and showing how they may be reached or affected osteopathically. He promises to have this work ready in six months.

The association was agreed that members in our profession showing originality and devoting time and energy to research work and things tending to develop and promote osteopathy are certainly deserving of our appreciation and should have our most hearty encouragement and support.

At the convention the new A. S. O. hospital was the feature of paramount interest. Perhaps those in attendance, being permitted to inspect this modern, beautiful and thoroughly equipped hospital, realized most what it means to our profession. The dedication of this institution (now one-half filled with patients) at this time marks this meeting of the M. O. A. as perhaps the most unique osteopathic convention held, in that it fixes the beginning of the period in the history of osteopathy as a *real independent* system of therapeutics. We are no longer compelled to turn our surgical cases over to another school. We now have an institution to which we can send such cases, where we are sure of the most skilful attention, from an osteopathic viewpoint, and in an atmosphere pregnant with osteopathy.

So many advantages of particular interest to a convention seemed to center in Kirksville that the association without a dissenting voice decided to hold its next annual meeting at the same place, and by next year we predict that there will be so many additional advantages afforded us that it may be some years before the association meets elsewhere.
ville that the association without a dissenting voice decided to hold its next annual meeting
the M. O. A. may have to term its next annual "The Mississippi Valley Osteopathic Convention."

If you want to become enthused, see something new and learn something: if you want to attend a genuine osteopathic revival, see our "Dear Old Pap," and feel the inspiration of his presence, come to Kirksville next year. S. T. LYNE.

Kansas City, Mo.

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Texas State Association.

The sixth annual meeting of the T. O. A. convened in the city of Waco, May 11th, with Dr. A. D. Ray of Cleburne, president and Dr. J. L. Holloway, Dallas, secretary-treasurer.

Mayor J. B. Baker extended a royal welcome, taking occasion to speak in most complimentary terms of osteopathy, declaring that after seeking health through drugs for a quarter of a century, he had finally obtained it through the skill of an osteopath.

Dr. Paul M. Peck responded in behalf of the Association in his usually happy way. Mr. Davis, a representative of the city press, made a delightfully humorous address in which he expressed the hope that we should come into possession of our just legislative deserts.

The annual address by President Ray on "Organization and Legislation." was a strong appeal to the membership for thorough co-operation to the end that a solid front be presented when our next legislature convenes. Among other recommendations was one to the effect that a quarterly publication be issued to keep all members informed respecting our progress and purpose.

The report of the Board of Trustees embodied a recommendation that the T. O. A. be incorporated. The papers having been previously prepared, by motion the old was merged into the newly incorporated association.

The recommendation that the old Senate Bill No. 61 be made the basis of legislative action next winter was adopted. The sentiment of the Association was overwhelming against any compromise measure, however, inviting it might be made by the "Regulars."

After the report of the Committees, on Membership by Dr. Peck, and Publication, by Dr. Holloway had been disposed of, Dr. D. S. Harris, Dallas, was called on for his paper, "Emergency Cases and their Treatment." Not being prepared, Dr. W. E. Noonan, Houston, discussed the subject, citing a number of cases illustrative of the application of osteopathy to same. Dr. A. P. Terrell, T. L. Ray and others followed in discussion.

Dr. J. F. Bailey, Waco, presented a paper on "Differential Diagnosis and Treatment of Gall Stones." Discussion was opened by Dr. Nellie Hassell of San Antonio, followed by Drs. Norwood, Ray, Terrell and M. B. Harris.

Telegram was sent to the "Old Doctor" expressing sympathy on account of death of his brother; also to Dr. Sisson in reply, congratulating him on his escape from the San Francisco earthquake.

A seven course banquet on the evening of the 11th, graced by the presence of the Mayor and his wife, was a delightful affair. President Ray served as toastmaster, and responses were made by Drs. T. L. Ray, Holloway, Peck, Bennora Terrell and A. P. Terrell.

On Saturday morning the meeting opened with paper by Dr. Norwood of Mineral Wells, on "Nature and Treatment of Rheumatism." The writer showed his own patent devices for treatment of stiffened and drawn knee, and spoke of the success that had thus far attended the treatment of such cases. The paper was discussed quite at length by Drs. Loving, Peck, Bennora Terrell and others, the general seniment being that Dr. Norwood's devices were exceptionally good for these conditions.

A symposium—"Lesions, Possible Effects and Clinical Demonstration in Correcting Same." was presented as follows:

"Cervical Lesions," by Dr. A. L. Bryan, who took the place of Dr. C. S. Klein who was absent; "Lumbar Lesions," by Dr. Paul M. Peck: "First Rib," by Dr. T. L. Ray: "Pelvic Lesions," by Dr. W. E. Noonan. These talks and papers provoked much discussion, in which nearly every member participated.

"Dorsal Lesions" was assigned to but not discussed by Dr. Rosa Bathrick, for lack of time to prepare.

Dr. Bennora Terrell's paper on "Menstrual Disorders, Including the Menopause," was one of the best of the Association and on request will appear in due time in one of our publications.

The report of the Committee on Resolutions among other things contained the following:

"The Texas Osteopathic Association in Convention assembled hereby expresses its heartiest approval of the crusade against patent medicine now being waged by the publisher of Collier's Weekly. We believe the bringing before the public the facts pertaining to so-called patent medicines in their series of articles under the title, "The Great American Fraud," will do much to enlighten the people on the evils of the patent medicine traffic.

We would appreciate these articles in pamphlet form and believe their general distribution will do much toward the protection of public health."

The following officers were elected for the ensuing year:

Dr. James L. Holloway, Dallas, President.

Dr. J. F. Bailey, Waco, First Vice-President.

Dr. Julia M. Sarratt, Waco, Second Vice-President.

Dr. R. R. Norwood, Mineral Wells, Secretary-Treasurer.

Dr. Paul M. Peck, San Antonio, and Dr. W. B. Loving, Sherman, were elected as Trustees, for three years, the terms of Dr. D. S. Harris, Dallas, and Dr. R. R. Norwood, Mineral Wells, having expired.

Houston was selected for the next place of meeting, the time being left to the President and Secretary-elect.

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The following gains in membership have been made during the year:

Drs. D. M. Barnes, Meridian; E. W. Christensen, El Paso; Maud G. Russell, Commerce; Julia Sarratt, Waco; D. L. Davis. Meridian; J. O. Lowry, Ennis; J. B. Lynd, Houston; N. R. Lynd, Houston; A. P. Terrell, Dallas; R. M. Mitchell. New Boston; R. P. Coulter. Ilica; Geo. A. Wells, Greenville; Birdie Gayle, Waco; Jessie Gildersleeve, Waco; Eugene Sanner, Corsicana; G. B. Armstrong, Dallas.

LOSSES.

Drs. L. B. Hughes, to California; N. B. Barnes, to Colorado; E. M. Bailey, to Indian Territory; D. L. Clark, to Colorado; J. H. Overton, resigned.

The meeting just held was the largest and best ever held in the six years the Association has been organized. It is hoped by next year every reputable osteopath in the State may become affiliated with the State organization.

The Los Angeles County Osteopathic Medical Association.

A meeting of this Association was held on Saturday evening. April 21st, at the Pacific College of Osteopathy.

Owing to the death of his infant son, Dr. J. S. White, President of the Association, was unable to be present and Dr. R. D. Emery, Vice-President, presided.

The program opened with a vocal solo from Mr. F. C. Cunningham, which was followed by a euphonium solo rendered by Mr. H. S. Richardson.

The paper of the evening was read by Dr. D. S. Birlew. on the subject of dietetics. The paper was a very thoughtful one and elicited much discussion. The discussion made evident the fact that osteopaths differ widely among themselves in regard to the importance which they attach to diet. This differs from the extreme view on one side that the injunction, "Take no thought what ye shall eat and drink," is to be literally followed out by sick people as well as by their physicians, to the extreme view on the other side that the care and the diet of the sick is the chief duty of the physician.

The subject of dietetics is receiving more and more attention in our college courses and it must certainly be that the careful study and attention which is given to this subject will result in ascertaining what is really true.

These meetings are practically seminaries of instruction and the best practitioners in Los Angeles feel that they cannot afford to miss them.

C. A. WHITING.

Southwestern Iowa Osteopathic Association.

The members of the Southwestern Iowa Osteopathic Association met in convention at this place yesterday afternoon, with a very good attendance. The sessions were held in the parlors of Dr. L. E. Wagoner, the officiary being Dr. S. H. Runyon, of this city, president, and Dr. Wagoner, secretary. Quite an entertaining and interesting program had been prepared, and its rendition was such as to be the source of much gratification to the participants as well as to the auditors. Extended and thorough discussions were had after the different papers, addresses, etc., and this feature was much appreciated. The program included the following numbers:

"Rheumatism"—Dr. Osborn, of Villisca.
"Business Methods"—Dr. Elliott, of Griswold.
"Stomach Troubles"—Dr. Roberts, of Bedford.
"Treatment"—Dr. Forrest, of Albia.
"Rheumatism"—Dr. Burton, of Shenandoah.

At the close of the discussions the delegates partook of a banquet at the Summit House Cafe, which feature was complete in every particular, and a fitting termination of the session. In the evening a business and social session was held before the departure of the delegates to their homes.—*Creston (Iowa) Morning American*, May 9, 1906.

Colorado Notes.

The Denver Osteopathic Society had a good meeting on the evening of May 19. Dr. Stauffer presented the subject of "Cervical Lesions." Several cases were brought before the society.

The osteopaths of Denver have been surprised to learn that one of the strongest opponents of osteopathic legislation in the House at the last session has experienced a change of heart. He is now appealing to the osteopaths to support his candidacy, and pledges himself to do all in his power to aid in getting a law protecting osteopaths in the exclusive professional use of the name of their science.

Dr. N. A. Bolles is to read a paper before the Colorado Osteopathic Association, which meets at Denver June 9, and also before the June meeting of the Western Association of Technical Chemists on June 12, on the subject. "Some Chemical Aspects of Excretion, with Special reference to Uric Acid." This will be in part a fulfillment of the author's promise

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made for his forthcoming pamphlet, "Twentieth Century Alimentation, or Millenial Diet," and will be included therein. In this paper he will attempt to show the completeness of control over uric acid easily obtainable through dietary means.

Dr. C. P. McConnell of Chicago, will be present at the meeting of the State Association on June 9, and deliver an illustrated lecture on "The Osteopathic Lesion."

Osteopaths in Canada.

The semi-annual meeting of the Ontario Osteopathic Association, was held at the offices of Dr. W. O. Lewis No. 67 S. James Street, Hamilton, on Easter Monday. Dr. Henderson of Toronto, as president, presided. Considerable business was transacted, some of which is as follows: Dr. A. T. Still was elected as honorary member of the Association, steps were taken to have the Association incorporated; a vote of thanks accompanied by a resolution expressing gratitude was forwarded to the laymen responsible for the defeat of the M. D. project during the present session of parliament, and a resolution was passed commending the *Collier's Weekly Magazine* on the steps they have taken relative to the patent medicine question. Dr, Pigott of Toronto gave an address on ovaritis; Dr. Bach, of Toronto, conducted a clinic on neuritis; Dr. Lewis, of Hamilton, on rheumatoid arthritis, and Dr. Atkinson of Brantford, on infantile paralysis.

The banquet at the Royal Hotel was the first ever held by the Ontario Osteopaths. The toats were as follows: "The King," Dr. Henderson; "The Old Doctor," Dr. Pigott; "Our Progress," Dr. Jaquith; "Pioneering," Dr. Lewis; "Our Victory," Dr. Bach; "Ontario Association," Dr. Heist; "Our Future," Dr. Atkinson.

The next meeting of the Association will be held in Toronto in the offices of Dr. Pigott on Labor Day. EDGAR D. HEIST, Secretary.

The Greater New York Osteopathic Society.

The Greater New York Osteopathic Society held its last meeting for the year, May 19, at the Fifth Avenue Hotel.

Dr. Francis A. Cave, of Boston, was the principal speaker of the evening and presented a very able paper on "Some Mechanical Considerations in Scoliosis," which was followed by an interesting discussion.

Dr. Hart, of Albany, and Dr. Williams, of Rochester, were also present and gave short talks on the result of the legislative contest in the State.

The following officers were elected for the ensuing year:

Prsident—Dr. Clarke F. Fletcher.

Vice-President—Dr. Charles Green.

Secretary—Dr. Evelyn K. Underwood.

Treasurer—Dr. M. Cebelia Hollister.

Keeper of Records—Dr. J. A. DeTienne.

Directors—Dr. E. M. Herring, Dr. Geo. W. Riley and Dr. Arthur S. Bean.

The next meeting of the society will be held September 15. 1906.

EVELYN K. UNDERWOOD, Secretary.

Massachusetts Osteopathic Society.

The annual meeting of the Massachusetts Osteopathic Society occurred May 5th. The election of officers took place with the following results: President. Dr. S. A. Ellis of Boston; Vice-President. Dr. Franklin Hudson of Springfield; Treasurer, Dr. John A. MacDonald of Boston; Secretary, Dr. Edith Stobo Cave of Boston. Three delegates were chosen to represent the Massachusetts Osteopathic Society at the National Convention, Dr. F. A. Cave, Dr. George D. Wheeler, Dr. F. C. Leavitt. The report of the legislative committee was read and approved and an assessment of two dollars and a half was levied on each member in order to defray the expenses of work done by this committee. The meetings during the past year have been well attended, and we have added somewhat to our membership. The prospects for the coming year are bright and we are looking forward to a pleasant and profitable season. EDITH STOBO CAVE, Secretary.

Massachusetts College of Osteopathy May Grant Degrees.

The following recently became a law in Massachusetts:

Section 1. The Massachusetts College of Osteopathy may grant the degree of doctor of osteopathy to students properly accredited and recommended by its faculty: *provided however*, that the course of instruction furnished by the corporation shall occupy not less than three years.

Section 2. This act shall take effect upon its passage.

Heretofore, as we understand it, this college was only permitted to grant a certificate stating that the holder was entitled to the degree. The college is to be congratulated upon this recognition by the State.

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Meeting of California Osteopathic Board.

The State Osteopathic Board of California held a meeting in San Francisco on May 5th. The most important matter which came before the Board was the petition of the Los Angeles College, conducted by Col. Shaw and Dr. Forbes, for recognition. After careful consideration it was decided to lay their request on the table until the perplexing condition existing in California shall be somewhat clarified by the action of the National Association. The condition here is rendered even more perplexing because of the fact that several of the students of the Los Angeles College are engaged in practice in violation of the State law.

After all business coming before the Board was completed and an adjournment taken, the new Board met and proceeded to organize. Dr. Wm. H. Ivie was elected President: Dr. J. S. White Secretary and Dr. Isaac Burk, Treasurer. The other members of the Board are Dr. B. P. Shepherd and Dr. C. A. Whiting.

Maine Notes.

Dr. B. V. Sweet, who has been practicing in Lewiston for nearly three years has returned to his home in Elsbery, Mo.

The April meeting of the Association was held at office of Dr. Geo. H. Tuttle, Portland. Dr. Sophronia T. Rosebrook had charge of the program. Articular rheumatism was discussed. Dr. Rosebrook exhibited several X-ray pictures.

On May 26, Dr. Francis A. Cave, Boston, is to address the Association on "The Mechanical Factors in Spinal Curvatures," also conduct a clinic.

Another Chiropractor Convicted.

On May 17, at La Crosse, Wis., E. J. Whipple, of the firm of Johnson and Whipple, chiropractors, was found guilty of practicing osteopathy without a license from the State. The defendant did not appear in court. His bond of $100.00 was declared forfeited, and, as is permissible in misdemeanor cases, the case went to trial before a jury without the presence of the defendant. The jury returned a verdict of guilty.

At the meeting of the Kentucky Osteopathic Association held in Louisville on April 28, the program of which appeared in the May JOURNAL, the following officers were elected:

Dr. H. H. Carter, Shelbyville, President; Dr. E. O. Vance, Lexington, Vice-President; Dr. H. E. Nelson, Louisville, Secretary-Treasurer; Dr. R. H. Coke, Louisville, Assistant Secretary-Treasurer.

PERSONALS.

Born, to Dr. and Mrs. Joseph Ferguson, Brooklyn, N. Y., on May 13, 1906, a son.

Dr. W. B. Meacham, Asheville, N. C., who has been taking a short vacation recently, spent several days in Chattanooga.

Dr. Arthur H. Paul, Bridgeport, Conn., has opened an office at the Pierrepont, 43 W. Thirty-Second Street, New York, where he will be on Wednesdays and Saturdays.

Dr. Clara E. Sullivan, who has been in the West for a few months, has returned to Wheeling, W. Va., to take charge of her practice.

Dr. Chas. C. Teall, who has been engaged in inspecting the osteopathic colleges, and who has completed the work with the exception of the colleges in California, was called home from Kirksville, Mo., on May 26 by a telegram announcing the serious illness of his aged father.

We are inreceipt of a letter written in response to our inquiries from Dr. C. A. Upton, St. Paul, who has been seriously ill and underwent an operation for appendicitis on March 11. He is slowly but surely recovering, but it will probably be several weeks before he is able to resume work.

REMOVALS.

J. Ellen Gildersleeve, Texarkana, Ark., to Provident Bldg., Waco, Tex.
Geo. B. Ward, Marshalltown, to 522 Good Block, Des Moines, Iowa.
F. G. Whittemore, Buffalo, to Hamburg, N. Y.
Jessie B. Johnson, Los Angeles, to San Jacinto, California.
Arthur C. L. Kugel, 551 Elmwood Avenue, to 531 Mooney-Brisbane Bldg., Buffalo, N. Y.
M. Hook, Kingman, to 128 N. Main Street, Hutchinson, Kansas.
Alice I. Beebe, 206 Post Bldg., to 313 Ward Block, Battle Creek, Mich.
A. C. Whittemore, 403 Richmond Avenue, to 615 Elmwood Avenue, Buffalo, N. Y.
F. E. Dayton, 41 South Elizabeth Street, to 1550 Jackson Boulevard, Garfield Park, Chicago.

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Harvey R. Foote, Belfast, to 71 Harcourt Street, Dublin, Ireland.
S. C. Robinson, Auburn, to Rensselaer, Ind.
Joseph Ferguson's office address is Temple Bar Bldg., 44 Court Street, Brooklyn, N. Y.
Estelle T. Smith, Long Beach, to 627 South Flower Street, Los Angeles, California.
Edwin H. Shackleford, 7 E. Main Street, to 102 E. Grace Street, Richmond, Va.
B. V. Sweet, Lewiston, Me., to Elsberry, Mo.
Clara E. Sullivan, Kansas City, Mo., to Wheeling, W. Va.
Percy R. Henry, 41 Logan Street, to 480 Clinton Avenue, Brooklyn, N. Y.

APPLICANTS FOR MEMBERSHIP IN THE A. O. A.

In accordance with a rule adopted by the Trustees the names of all applicants for membership in the A. O. A. will appear in the JOURNAL. If no valid objection to any such applicant is filed with the secretary within thirty days after publication, and all receive an affirmative majority vote of the Trustees, they will be declared elected. Should objection be made to any applicant the case will be fully investigated before final action is taken.

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History of Osteopathy and Twentieth Century Medical Practice.

In order to supply the immediate demand for the History of Osteopathy Dr. Booth found it necessary to issue a second edition in March. It is already nearly half exhausted. This edition is only partially revised. The only important changes made were in the title page and in the correction of a few palpable errors.

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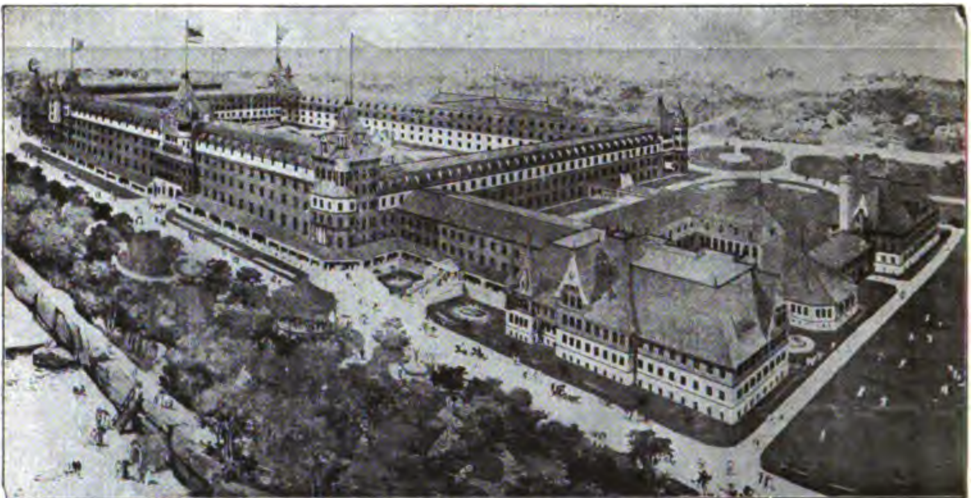

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The Journal

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A CASE OF SPLENO-MEDULLARY LEUKEMIA.

C. A. WHITING, Sc.D., D.O., Los Angeles, Cal.

There is no lack of medical literature relating to leukemia, but as very few cases have been discussed by osteopaths, a little more literature upon the subject contributed by that branch of the profession seems justifiable.

Leukemia is one of several diseases whose most evident manifestation is an abnormal condition of the blood. This is so characteristic that our best authorities are quite agreed that a critical blood examination is the only method whereby it may be distinguished from several other diseases.

Although all of the anemias vary widely from the leukemias in their nature and etiology, still the only positive means of distinguishing between them, especially at an early period, is by a careful study of the blood.

Two well-defined types of leukemia are recognized, one being that which forms the heading of the present article and the other the lymphatic type. The latter is characterized by a pathological condition of the lymphatic glands and by an abnormal condition of the blood, the chief characteristic of which is a vastly increased number of lymphocytes. As I have never met with a case of this kind, I have no basis for any discussion of this form of the disease and so I proceed at once with the case in hand.

The physical examination of a patient, who was recently brought to the clinic of the Pacific College of Osteopathy for examination, showed a young man of about twenty years of age, of medium height and light complexion. The spleen was greatly increased in size and extended not only clear across the abdomen but as low as the pubic bone. He was able to walk without any special inconvenience, though he soon became exhausted. His pulse and temperature were both nearly normal.

During the time that he remained in the clinic; i. e., from Jan. 22d to Feb. 14th, the pulse varied from 87 to 106 and the temperature varied from 97.3 to 104. During all of this time his respiration, during a period of inactivity, remained at about 30 in a minute. He was subject to more or less headache, although his suffering was by no means severe nor constant. He complained on a few occasions of feeling dizzy on rising quickly from either a chair or bed.

While under treatment the spleen was appreciably reduced in size. It is probable that some cardiac disturbance from which he occasionally suffered was due to this dimunition in size. Between the time of his entrance

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to the clinic—Jan. 22d, and the time he left, Feb. 14th—I made six careful examinations of his blood. I give the results of these examinations, as they show, among other things, the importance of repeated examinations in these cases. While each examination is indicative of spleno-medullary leukemia, it will be seen that there is a wide variation in comparatively short periods of time, and had any one of these examinations been the only one made, erroneous conclusions as to the real condition of the patient might have been drawn. Both the etiology and nature of leukemia are obscure and the indications are that considerable time will elapse before this obscurity shall all be cleared away. The obscurity is due, in part at any rate, to the extreme difficulty of securing the necessary post-mortem material to enable one to complete the study which he may begin during the life of the patient. This difficulty is accentuated by the fact that there is no known method of inducing the disease in animals and that while some species of animals may be more or less subject to the disease, it is generally not recognized until they are about to die, even if it is at that time.

It is clearly established that both the spleen and the red marrow of the long bones are affected to a marked degree in leukemia and reports seem to indicate that the liver also is almost invariably more or less affected. Some pathologists have regarded the abnormal conditions of these organs as being secondary to the condition which is always present in the blood. Those who hold this view regard this disease as distinctively a blood tumor and they homologize this with other tumors by regarding the leucocytes as true blood cells and the liquid portion of the blood as the matrix of these cells. The enormously increased number of leucocytes and abnormal nucleated cells found in the blood are regarded as the equivalents of the infiltrated cells found in the connective tissue in carcinoma. This hypothesis is a rather attractive one but is subject to two serious objections. The first is that blood does not constitute a tissue as the term is generally used by histologists. The relationship between the blood cells and plasma is totally different from the relationship between cartilage cells and their matrix inasmuch as the matrix cartilage is derived from the activity of the cells, while the plasma of the blood is not formed by the blood cells. The second objection is that in all tumors formed by infiltration there are large numbers of dividing cells to be found during the period of rapid growth, but in leukemia dividing cells in the blood are not always numerous.

In the present case of leukemia, I made a particularly careful search for dividing cells, but found very few, not many more than might be found in perfectly normal blood.

I here present the results of the several counts and the dates upon which they were made. Each count was made at least four and a half hours after the last meal.

Jan. 25th, erythrocytes 3,120,000, leucocytes 503,600, poikilocytes 280,000, myelocytes 106,000.

Jan 27, hemoglobin 30 per cent., leucocytes 487,800, myelocytes 80,000.

Feb. 1st., leucocytes 501,200, myelocytes 104,000.

Feb. 6th, hemoglobin 30 per cent., leucocytes 146,400.

Feb. 8th, hemoglobin 35 per cent., erythrocytes 3,256,000, color index, 54, leucocytes 546,000, megaloblasts 32,000, normoblasts 20,000, myelocytes 256,000.

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Feb. 15th, leucocytes 489,600, megaloblasts 127,200, normoblasts 5,600, myelocytes 127,200.

The four or five kinds of leucocytes found in normal blood are also found in the blood of persons suffering from leukemia, but in addition to these there are a varying number of abnormal cells found, most of which are more or less nearly related to the leucocytes.

In the preceding report I have classed myelocytes with leucocytes and poikilocytes with erythrocytes. The classification of blood elements which I have used in this article is by no means satisfactory, but neither a convenient nor a logical classification has yet been proposed. The classification used by most haematologists is based in part upon the supposed origin of the cells, those produced in the lymphatic glands—lymphocytes—and those produced in the spleen and bone marrow—polymorphonuclear leucocytes, mononuclear leucocytes, transitional leucocytes; in part upon the character of the nucleus as indicated by the names just used, and in part upon the staining reaction of the several kinds of granules which the cell may contain—nutrophiles, eosinophiles and baseophiles. It seems unnecessary to comment on the imperfection of a classification based upon these three-fold characteristics.

In the differential counting I made use of the "Triple Stain" and the eosinate of methylene blue.

The terminoloy of blood work has grown to such proportions and there are so many synonmys that I venture to define the more important terms which I have used in this article.

Leucocyte is a general term used to include all of the white blood corpuscles as well as the myelocytes. The latter are large blood cells derived from the bone marrow and are very seldom found in normal blood, though they are not indicative of any special disease. They are probably polymorphonuclear neutrophile cells in an early stage of development. The myelocytes vary widely in size but the average diameter is a little more than twice the diameter of an average erythrocyte or red blood corpuscle.

The large and small lymphocytes differ chiefly in size. Both are derived from the lymphatic glands, and in each nucleus is nearly as large as the entire cell. The small lymphocyte is about as large as an erythrocyte, while the large lymphocyte is somewhat less than one-half of this size. The mononuclear leucocytes closely resemble the large lymphocytes, both in size and in their staining reaction.

The polomorphonuclear leucocytes are about the same in size as the mononuclears, but the nucleus is subject to wide variations in form and size. The more common form of the nucleus resemble either the crescent, the horse-shoe, or the capital letters E, S. or Z.

The poikilocytes are fragmentary and degenerate erythrocytes, very common in anemia, and by no means uncommon in leukemia.

The megaloblasts are never found in the normal adult body. They are about one-third larger than the myelocytes and the nucleus is large, filling most of the cell.

The normoblasts are found in the red bone marrow of normal individuals and may be found in the blood after a severe hemorrhage or in those who are recovering from anemia, leukemia or any disease which has seriously depleted the blood.

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The patient who furnished the basis of this article was not able to remain in the clinic long enough to make any prediction of the ultimate effect of osteopathic treatment possible, but during the few weeks he was under treatment, he unquestionably made marked improvement, so far as the size of his spleen and general feelings were concerned.

Histological Laboratory, The Pacific College of Osteopathy.

STATUS OF SCIENTIFIC OSTEOPATHY.

The following paper was read by DR. CARL P. MCCONNELL before the Massachusetts Osteopathic Society in December, 1904. Much of what he then stated is still applicable, but since this paper was prepared Dr. McConnell has proven, by a series of experiments on dogs, the results of which have been fully reported in the JOURNAL during the past year, that the osteopathic theory is true which asserts that slight luxations of vertebrae and ribs cause pathological conditions of viscera.—Editor.

I feel greatly honored to receive the considerate and gracious invitation to address the Massachusetts Osteopathic Association at this time. I appreciate and realize to the full the good work the Massachusetts osteopathists are doing for osteopathy. No where will be found a more earnest and conscientious band of workers for our science than here. The profession, I am sure, have always felt that their New England colleagues were inspired with the scientific spirit of osteopathy. In fact, we have always noted that the progressive scientific spirit was a most prominent feature with you. Wherever the spirit of organization is thoroughly inculcated, there will be found the seeds of educational advancement. An educational advancement represents scientific research.

For these reasons I have desired to express a word on the present situation and future prospects of scientific osteopathy. Each of us can not help but realize that if osteopathy is to take the prominence in the field of the healing art that we purpose and desire it to occupy, that if it is to attain and survive as a complete system of medicine, the real scientific aspect of our method must be developed. We are already seriously handicapped in this regard when attempting to secure legislative enactment. There is such a paucity of scientific evidence that we are continually hampered almost beyond bounds. True, we have clinical evidence, but even our clinical data could hardly be classed otherwise than empirical. Still it is this mass of clinical results substantiating a common sense theory and backed by our great friend the public, that has elevated us to our present position. Also, we might add the many failures and the ever changing theories of the drug practitioner has had a negative influence in helping our cause.

Too often we have been guilty of assertions and assumptions of what we can do and denunciations of what our medical friends claim to do. Although this feature of our character is gradually being eliminated, still it should be more rapidly curtailed. The quicker we get down to a working basis, as I would term it, and prove, develop and elaborate our principles, the sooner will the world of science recognize and welcome us.

PRESENT STATUS OF SCIENTIFIC OSTEOPATHY.

Every member of the osteopathic profession must be cognizant of the fact that the present status of scientific osteopathy is practically a negative quantity. However immense its potentialities may be, we have so little

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that can be termed "classified knowledge" that no one will seriously question but our scientific development is almost nil.

This is a serious condition of affairs. In fact it is almost startling, let alone being unique, to find a so-termed science with a following of four thousand apostles backed by tens of thousands of the laity and supported by several educational institutions without at least an outlined scheme of procedure. In a sense the situation is almost absurd.

But our saving grace, and where the situation is slightly more apparent than real, lies in the fact that the osteopathic philosophy is underlaid and flanked by science of a more or less developed character. I refer to anatomy, physiology, physics, chemistry and other allied medical sciences. Our undeveloped osteopathic science pivots upon a theory so far not scientifically proven, although the clinical factors that bear upon the theory are consistent and comprehensive to the whole, and, furthermore, the basic principles underlying the theory are deduced from anatomical, physiological and chemical truths.

The present status of the problem resolves into the proving and developing whether our theory of the causation of disease is comprehensive enough to form the basis of a method or system of treatment. Either we are or we are not a school of medicine. And it would appear we are either wholly right or entirely wrong. Clinical evidence supports our claims. And what is more, the clinical evidence covers practically the whole field of diseases. Certainly a novel position—a healing art so advanced beyond its corresponding scientific developments.

The field of practical osteopathy must retain its present undefined limitations (or, as we believe, the field is illimitable; still the position must remain undefined for the present) until scientific exploitation substantiates or disproves our self-assumed claims.

THE PROBLEMS OF SCIENTIFIC OSTEOPATHY.

The problems of scientific osteopathy may be classed for practical purposes under three groups: (a) those of clinical demonstration and classification; (b) dissection of normal and morbid tissues, and (c) laboratory experimentation.

(a) Clinical demonstration and classification:

The problems of clinical demonstration and classification naturally come first. Osteopathic science so far has largely based its claims for recognition on results obtained in the clinical field. Clinical results readily appeal to the layman. His first desire is to be cured or benefited and the modus operandi and the philosophy of the methods adopted are afterthoughts.

Our work has been a decided success from a popular viewpoint. But we have lost our balance, in the clinical field. It appears that each one has been busy performing cures and perfecting his technique and thus has slighted the classification of his practice to a remarkable degree. The individual layman and our immediate pride have been satisfied but at the expense of the future and of science. And it appears that even a few of us have been so short-sighted as to cry out against the scientific world for not recognizing us. But what have we that would appeal to them, much less to offer them?

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Clinical demonstration and a classification of demonstrable results is scientific work that comes within the province of every practitioner. We will grant that our colleges should have the most perfect appointments in this respect, but where is the practitioner not able to add his mite? If such a practitioner exists his license should be invalidated. The American Osteopathic Association has made a start in this direction, and repeated appeals are constantly made for every practitioner to help in this necessary work. This is a duty that we owe to ourselves and our profession. The classification alone engenders a tremendous amount of work for a few. Still think, what an invaluable mine of information it will be in after years. If we had a thousand, ten thousand, or fifty thousand cases now to refer to, and we could easily have many more, what an enrichment to the profession it would be.

A systematic study of actual clinical demonstrations from the thousands of practicing osteopathists would be the entering wedge that would free our profession from the stigmata of empiricism and sectarianism. Probably a great many of us have somewhat fully proven to our personal satisfaction that osteopathic therapeutics is all-embracing, still this thought must not preclude our duty to the profession or stifle the spirit of scientific exploitation within us. We should not say, "We are satisfied that ostoepathy is the truth, let things drift along and mature in their own good time." There has been too much of this already.

Classification of osteopathic clinical data is an imperative need of the present. It can easily be our first great work, for each and every one are especially fitted for this task. To use a commercial phrase savoring of slang. "All have the goods and are in a position to deliver them."

(b) Dissection of normal and morbid tissues:

I have placed dissection of normal and morbid tissues second in the line of problems of scientific osteopathy because, unlike the clinical problem, all are not so situated as to be able to help in their solution. The problems which require osteopathic dissection as a means to their solution are unquestionably the most important ones; although all other problems sink into practical insignificance if the tests of clinical demonstrations can not be substantiated.

The osteopathic theory being based primarily upon the mechanical interpretation of the anatomical, consequently a familiarization of the the component parts from the practical point of dissection is requisite. To the medical world as a whole, much has been revealed by dissection. However, we should never lose sight of the fact that dissection is many sided. To illustrate: There is the sectional and organic side, the tissue side, the nervous, circulatory, etc., side, the present pathological side, etc. But there remains to us a most interesting portion still unsolved, the osteopathic side. I will leave to your imagination what an immense territory osteopathic dissection unfolds.

To prove our theory from actual dissection, not by induction and deduction, can not help but be extremely fascinating. Then working out the innumerable details from the osteopathic pathological phase, proving that the osteopathic theory is based on demonstrable facts can not help but be an inspiration of a rare order. Think of the new angles that will be given

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to physiological problems, of a solid and definite basis for our technique, of an opportunity to systematize osteopathic dynamics!

It is useless to outline further this portion of my remarks. The condition of the present status of osteopathic dissection is self-evident. To emphasize the pressing need of a new pathology is so apparent, in fact so elemental, that additional discussion is superfluous.

(c) Laboratory experimentation:

Laboratory experimentation is the third group of problems that I have noted. Laboratory investigation directly germane to osteopathic development includes research work in physiology, pathology and clinical exhibition.

Experimentation with physiological apparatus requires special knowledge and skill. Little has been attempted in the physiological laboratory to help evolve our theory. Experimental physiological tests must be made to aid in the proving of the merits of our therapeutics. Other systems of therapeutics have been given much attention in this regard. Osteopathic proving somewhat akin to drug provings for example, should be made. Although in a way the same methods can not always be paralleled in exact manner of application as in some therapeutic endeavors, still much experimentation of a scientific nature and value may be accomplished.

Physiological observations on the normal subject from our standpoint is needed. To know the normal physiological reactions of osteopathic manipulation will be valuable evidence in reaching conclusions as to the precise merits of our therapeutics.

Observations on pathological tissues from a basis of physiological interpretations, that is actions and reactions, under physiological laboratory directions is another method wherein the science may be advanced.

Then clinical laboratory methods is another part of the medical field that requires more of our time than is given at the present.

The blood count, the opthalmascope, the Roentgen ray, the chemical and microscopic urine analyses, the fecal examination, bacteriological examinations, analysis of the stomach contents, and various clinical laboratory methods are a necessary part to the development of scientific osteopathy.

When we can state positively that such and such a treatment resulted in a definite increase of red blood corpuscles, that ophthalmoscopic examinations revealed certain changes in the interior of the eye and which pathological disturbances were corrected under treatment, that analysis of the stomach contents were so and so, that fecal examinations indicated a certain form of intestinal indigestion, and so on, then we may rest assured our science will receive the recognition due us from other sources. It has been said that as long as the patient gets well and is able to lead a useful life even if an urine analysis is not made, that the physician has done his duty. Indeed, he has not; we should be something else than mere automatons. We should elevate ourselves from the realm of manipulations to the plane of a physician.

A clinical laboratory examination may not always suggest an outline of treatment, in fact may not help us in a positive way in the least, but negatively and confirmatively the evidence obtained is often nothing short of being invaluable.

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These are suggestions of some of the problems that scientific osteopathy will have to solve. The time for decided action is the present. We have already lost much valuable time.

PROSPECTS OF THE FUTURE.

Our future prospects are unlimited. The potential resources of the profession can not be estimated. In a word, the future will largely be what we make it. It is hardly a matter of creating our environment, for really our present surrounding influences and forces are shaping us. We are in the current of popular approval with unbounded opportunity for scientific advancement, and nothing short of a continuance of our present apathy can cast us upon the shore of unpopularity among the wreckage of scientific inertness. No cloud has appeard on the horizon to darken our prospects. A little internal strife due to a lack of unified action has been our greatest stumbling block. Our plans have not been formulated. It has been a sort of "every fellow for himself." Every one without doubt favors the central theme but the immediate danger has been in not keeping the science purified and unified by a consistent and comprehensive plan of action.

Let each of us attempt a new regime. The inspiration alone from a labor we are thoroughly in sympathy and harmony with will be a never ending spur to stimulate and drive us on to possibilities of which, probably, many of us have never dreamed.

STRAIGHT SPINE.

Flat Chest, Tuberculosis Habitat, Anterior Dorsal, Flat Upper Dorsal, Alar Chest.

HARRY W. FORBES, D.O., Los Angeles, Cal.

Definition:—A departure from the normal in the conformation of the chest; characterized anatomically by bi-lateral diminution in size, decrease in the antero-posterior diameter, relative increase in the transverse diameter and flattening of the anterior and posterior walls; characterized clinically by diminution of respiratory capacity, lowered lung and heart resistance, impaired general nutrition and predisposition to neurosis.

Etiology:—The sexes are equally affected. Heredity is an important factor, all the members of certain families being "hollow chested." Most often, however, in such families, the condition does not exist from birth, but develops slowly, starting at the time the children begin to walk. Many cases appear between the ages of ten and twenty.

Exciting Causes:—(a) Injury of the upper dorsal and cervical spine; (b) the infectious diseases of childhood, particularly when severe and followed by a slow convalescence; (c) anything which prevents the development of anterior curvature in the lumbar spine when an upright position is assumed; (d) attempting to stand erect by throwing the "shoulders back," instead of allowing the scapulae to hang naturally, and attaining erectness by curving the lumbar spine forward; (e) pleurisy, broken ribs, pneumonia or other painful affection of the lungs or chest, which limits the respiratory excursion and causes the chest to be held several days in the position of expiration may

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start the development of a straight spine; (f) tuberculosis and other lung affections which produce consolidations, fibrosis, etc., and pleural adhesion frequently flatten the chest and straighten the spine.

Morbid Anatomy:—The normal spinal curvatures are diminished. The spinal column in its antero-posterior conformation is straighter than normal. This straightening is effected by the dorsal region moving forward and the cervical and lumbar regions moving backward. In many cases the curvature of the lumbar spine is completely reversed, being posterior instead of anterior. In such cases the posterior lumbar may completely compensate for the flattened dorsal. The cervical curvature may then remain normal, or even be accentuated. The antero-posterior diameter of the thorax is diminished. The transverse diameter is relatively increased. In a normal chest the transverse diameter is one-fourth to one-third greater than the antero-posterior. The sternum is less convex forward, and the angle formed at the junction of the manubrium and gladiolus is diminished. The epigastric angle is more acute. The scapulae drop gives origin to one of the names of the condition—alar chest, "winged chest." The arms are long, the neck is long and the thyroid cartilage, "Adam's apple," is prominent.

Rib Changes:—Two changes occur in the ribs; (a) in their position; (b) in their shape: (a) The ribs occupy permanently the position the ribs in a normal chest reach in forced expiration. From this position they move up and down in respiration. In quiet respiration, at the end of inspiration the ribs are lifted to the position they should normally occupy towards the end of quiet expiration. The obliquity of all the ribs is increased. The increase in obliquity is usually greater from the fourth to the seventh. The sternal end of each rib moves inward as it descends. This produces a greater bend in its costal cartilage and the cartilage must ascend more to unite with the sternum. The cartilages are less convex forward than normal. Indeed, in some cases the cartilages are straightened and the anterior surface of the chest becomes quite flat. The interspaces are narrowed. (b) The ribs are bent more at the side. The bending varies in different cases, being sometimes so slight that it is scarcely noticeable and in others so great that it overshadows the other changes.

The increased obliquity and the lateral bending of the ribs are the two changes which bring the dorsal spine forward and lessen its posterior curvature. Sometimes one, sometimes the other predominates, but in every case both contribute, and each must be reckoned on in planning treatment.

Symptoms:—The symtomatology is multiform. No definite clinical classification of cases is warranted. Provisionally, however, cases may be separated into three (1) those in which symptoms are latent; (2) those having organic lung and bronchial affections; (3) those having neurasthenia.

In the first group belong the cases which, without definite symptoms, are manifestly not robust. Seasonal, climatic, social and other environmental changes strain them. In a word, they do not possess the normal ability to keep well. They are sometimes said to have a "catarrhal diathesis." They do less than the average amount of the world's work because they have less than the normal amount of energy to expend in work. Cases are continually recruited from this class, for the second and third groups.

In the second group are many cases of pulmonary tuberculosis and chronic bronchial catarrh. Not all persons with flat chest develop tuberculosis and

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chronic bronchitis, but many do. A normal conformation of the thorax does not alone confer an immunity to tuberculosis, but it is one of the important elements of such an immunity.

In the third group are many neuropaths. The great frequency of straight spine in neurasthenia suggests that the relation between the two is not fortuitous only. We have observed the disappearance of many neuroses after the correction of a "flat upper dorsal," and believe that the relation is one of sequence, i. e. a flat chest is a powerful predisposing cause of nervous exhaustion. "How," it may be asked, "does a straight spine confer a predisposition to neurasthenia?" Probably the chronic deficiency of oxygenation is the chief reason. The straightening of the spinal column is another. This diminishes its strength and renders it more liable to injury.

The nervous disorders that appear in these cases are not special i. e. no particular group of neurasthenic symptoms appear to be connected with this particular predisposing cause. The predisposition is general, not special; and environmental stresses determine the special symtomatology. Thus, one case will have dyspepsia, another, circulatory disorders, another dysmenorrhœa, etc. The number of symptoms that may appear are limited only by the number of functions that are presided over by the nervous system.

Treatment:—Removal of causes is the first indication for treatment. This includes the correction of all lesions (usually cervical and upper dorsal) which interfere with the normal actions of the respiratory centers, nerves and muscles; corrections of faulty attitudes; restoring normal motion and curvature to the lumbar spine; and respiratory exercises for atonic musculature.

Removal of causes is seldom sufficient. Manipulation is usually required to correct the condition. The object of the manipulation is to restore the normal form and movements to the spine and chest. In order to accomplish this the ribs on each side must be lifted and the abnormal curving of them corrected. A fact frequently overlooked in the treatment of a straight spine is that the dorsal spine is only a part of the thorax. Failure to recognize this fact is followed by fruitless attempts to correct a "flat dorsal region," by methods which ignore the existence of the ribs and sternum.

A straight spine cannot be corrected by any means which does not lift the ribs to their normal position and return them to their normal shape. A straight spine can be corrected by any means which does this. The reason is clear: the sternum in front and the spine behind form the middle of the anterior and posterior walls of the thorax. The ribs and costal cartilages form the sides and the lateral portions of the anterior and posterior walls. The sternum and spine are connected by the ribs and costal cartilages. The upper end of the sternum is connected with the first dorsal vertebra by the almost horizontal rib. The lower end of the sternum is connected with the upper lumbar vertebra by the diaphragm. The sternum is practically one piece. The dorsal spine is composed of twelve movable pieces. The ribs form the sides of the thorax and connect, the seven upper dorsal vertebrae directly, and the eighth, ninth and tenth indirectly with the sternum. The position of the ribs determines the antero-posterior diameter of the chest. crease their obliquity and the sternum and spine come nearer together. Decrease their obliquity and the distance between the spine and sternum increases. The dorsal spine becomes less curved as it moves toward the

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sternum when the ribs are forced to a position of greater obliquity, and more curved as it moves away from the sternum when the ribs are lifted to a more horizontal position. Similar changes occur in the sternum but they are usually less marked, probably because the sternum, not being composed of movable pieces, offers more resistance to being curved. The straight spine of a tuberculosis chest and the kyphosis of an emphysematous chest are due to an increased and decreased obliquity of the ribs. The greater lateral bending of the ribs which shortens the chord or straight line connecting the heads and sternal ends of them, is another cause of carrying the spine forward and diminishing its curvation.

Of the many possible manipulations that may be used to lift and overcome the morbid bend of the ribs I will attempt the description of but one.

Relax the musculature of the back and chest. Rotate, flex and extend the dorsal spine. Examine all the ribs on each side and loosen any that do not move freely. Having done this, the patient is prepared for the specific treatment. Have the patient sit on a stool and lean forward on a table. Have him separate the elbows, flex the fore-arm, place one hand over the other and his forehead on the hands. Tell him to relax all the muscles of the shoulders and arms and to breathe deeply without using the muscles. After a few trials he is able to fully expand his chest without contracting the muscles connecting the upper extremity with the trunk. The physician then takes a position at side (either side) of the patient and places the weight of his trunk on the ribs of the side he is on, a little external to their angles. He passes his arms around the patient's body, the arms passing across the front of the chest are carried around far enough to allow the hand to be placed on the ribs just external to their angles. The other hand is placed on the top of this one. In this position the physician's body on one side and his hands on opposite occuply similar positions. The patient is now told to inspire deeply and at the same time to relax the shoulder muscles, as before instructed. As the chest expands drop the weight of the trunk on one side and make pressure forward (forward meaning toward the anterior surface of patient's body) with the hands on the other side. This lifts the ribs to a greater extent than the patient unassisted could lift them. At the end of inspiration and during the first third of expiration the chest is compressed laterally. The compressing force, if applied correctly, will fix the ribs in a position of less obliquity and will also correct the increased lateral bending of them. The dorsal spine becomes more convex posteriorly at the moment the lateral compression of the thorax is correctly made. Great force should not be used at the beginning. Repeat the manipulation five to twenty times each treatment. Give treatment three times a week. A similar movement may be given on the table.

Prognosis:—The greater number of flat chests in patients under thirty years of age, may be corrected. If the patient is above thirty, although complete correction may not always be accomplished, the results are satisfactory. Two to six months treatment is required.

Perseverance is more prevailing than violence; and many things which can not be overcome when they are together yield themselves up when taken little by little.—Plutarch.

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THE INNOMINATE.

L. K. Cramb, D.O., Butte, Mont.

The innominate is of special interest to the osteopath from the importance of the structures in relation and the variety of troubles which ensue when it is luxated. It is not necessary to consider it anatomically, as that is familiar to all.

The two innaminata with the sacrum form the bony pelvis, and it is the articulation with the sacrum that especially concerns us here. The sacro-iliac articulation is classed according to anatomies as an amphiarthrodial or mixed joint. It is usually immovable although it is capable of very slight motion, as the spreading of the pelvis in labor. The force which usually produces motion in the joint or displacement of the innominate is nearly always sudden and of considerable force, as for instance a sudden slip on a cobble-stone, stepping down a step unexpectedly, a fall on the ice, stepping off a street car suddenly with a twist, or nearly any fall on the side, leg or pelvis. Posture may cause a displaced innominate—a person in the habit of sitting on one side, or those whose occupation requires a more or less one-sided position, especially if the tissues are lax. The sacro-iliac articulation receives its nerve supply from the 4thand 5th lumbar and 1st, 2nd and 3rd sacral nerves; and a lesion of the lower lumbar vertebrae or 5th lumbar with the sacrum is apt to produce a weakness in the joint making a luxation a very easy matter. Muscular contractions may also tend to luxate the innominate. The lumbar muscles, especially the deep muscles of the back, or the muscles of the abdomen which are attached to the crest of the ilium, as the oblique, or the quadratus lumborum, may by contractures tend to produce a luxated innominate, and if these contractures exist it is as necessary to look to the nerve supply of these muscles as to the innominate itself.

The main trouble arising from the innominate lesions, is sciatica, due either to direct pressure on the sciatic nerve by the lesion itself or by the tension of the tissues in relation, due directly to the lesion. A tension is produced on the pyriformis muscle which arises from the anterior part of the sacrum and passes through the sacro-sciatic foramen below, in contact with the sciatic nerve, and is attached to the femur. The pyriformis receives its nerve supply from the 1st and 2nd sacral nerves which could be impinged upon by the innominate, directly or through tension of the tissues in relation.

A luxated innominate is very frequently found in women who suffer from uterine or menstrual troubles, and should always be examined when a case of this kind comes for treatment. In a number of cases of female trouble in which a real innominate lesion cannot be found, and probably does not exist, tightness of the tissues about the sacro-iliac joint will nearly always be present, and the patient readily responds to treatment directed especially to this region.

Prostatic troubles in men, also prolapsus of the rectum or hemorrhoids may result directly or indirectly from innominate lesion, and the innominate should always be examined in such cases, and frequently if actual displacement does not exist it is well to apply treatment to it. A displaced innominate nearly always interferes with the coccyx through the attachment of the ligaments—greater and lesser sacro-sciatic especially, and other tissues—thus

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producing a one-sided or anterior condition of the coccyx, which may affect the rectum, causing hemorrhoids or reflex nervous troubles.

The innominate lesion is usually divided into four main varieties—upward, downward, forward and backward, or a combination of these. It is very rare indeed that we find a simple upward or downard luxation—usually when it is backward it is also downward—lengthening the limb; and forward and upward at the same time—shortening the limb. These combinations are explained by Hazzard in his Practice of Osteopathy by the wedge-shaped pelvis and the fact that the posterior margin of the sacrum is higher and longer than the anterior. "Thus the beveled auricular surface of the sacrum, which bone is broader in front and tilts forward, so that the posterior margin of its base stands higher, directs the ilium either downward and backward, or upward and forward, according to the direction of the forces causing the lesion." (Hazzard.) The downward and backward displacement is generally supposed to be more common than the forward and upward—but my experience has been that they have been about the same.

In examining lesions of the pelvis I usually take into consideration the comparative length of the limbs, the position of the anterior and posterior superior spines of the ilia, tenderness of the sacro-iliac articulation, the symphisis and the crest; the differences in the crest of the ilia and the waist line. Measurements may also be used—from the teeth to the anterior superior spines, or from the anterior tip of the coracoid or to the internal malleoli; yet I very seldom depend upon measurements, always finding other methods sufficient to establish a diagnosis. The condition of the muscles and other tissues may also be taken into consideration. It is not necessary to go into detail in describing the methods of applying the above as they have been well described in standard osteopathic works. Differences in the length of the limbs, if no curvature of the spine exists, or if there is no twist in the pelvis as a whole, usually signifies that there is lesion of one of the innominata; and tenderness at one or the other sacro-iliac joints is good evidence that the lesion is on the tender side. Also if the leg on the tender side is longer we are led to believe we have a downward and backward lesion; or if shorter, a forward and upward lesion. This can be confirmed by comparing the posterior superior spines with the patient sitting by putting the thumbs on or just under the spine and comparing sides; or have the patient lie on the back perfectly relaxed and straight and compare the anterior superior spines.

I notice in a recent article in the A. O. A. Journal, the writer is led to believe that a number of innominate lesions as reported do not exist but are due to muscular contractions, a twisted pelvis, curvature of the spine, etc., and cites a case of his to substantiate his claim. If the osteopath is thorough in his examination I do not see how a mistake can be made. I base my evidence on the differences in the length of the limbs, in the anterior and posterior superior spines and tenderness at the articulation with the sacrum, which usually confirms the diagnosis; and in practically every case I have had, the patient as well as myself was conscious when the innominate was set, both by a distinct pop (I believe in the pop, Dr. Conner, of Kansas City, to the contrary notwithstanding) and the feeling of motion. And also in every case the setting of the innominate was followed almost immediately

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by relief of the symptoms. Taking all these points into consideration I feel reasonably sure that my diagnosis was correct.

I have not found it especially difficult to set an innominate, although in some cases it takes considerable strength and in others a course of treatments to get the structures sufficiently relaxed. I believe but few cases will require longer than a month, although some may require longer to overcome the effects resulting from the lesion, especially in pelvic and female troubles.

As to methods used to set the innominate, I'll not go into detail, as every osteopath is familiar with the methods described in osteopathic text books. I will state briefly the three methods that I have found most effective. It is always a distinct advantage to have an assistant when trying to set an innominae to hold the patient steady, yet in most cases one operator can get along very well.

Method I. (This and the succeeding methods are described in Hazzard's Practice, 3rd Edition, to which I'm indebted.) With patient on back operator stands on affected side (say right), put left hand under sacro-iliac synchondrosis grasping the back part (posterior superior spine) of the displaced innominate. With the right hand grasp the ankle of the affected side and put knee of same side under chin. A strong flexion should be used—a rotatory motion at first to loosen up, then with thigh flexed on abdomen as far as possible abduct, pulling the patient's knee out with your chin, then extend—rather suddenly, but not too much of a jerk. I always use this method to set an innominate that is backward and downward (leg longer) and have never had it fail me. I also use this method—although not so strongly—to loosen up the articulation primarily to setting the bone when displaced in other ways than downward and backward, also to loosen up the joint in any pelvice or female trouble where a displacement does not exist, of course simply springing the joint.

Method II. This method I always use when the innominate is displaced upward and forward (leg shorter.) I have always found when the innominate is displaced this way it is harder to set. We will say the right innominate is displaced forward and upward. With patient on back put one or two small books under sacrum being careful the posterior superior spine does not rest on the books but just off the edge. The operator assumes exactly the same position as in the previous method. The thigh is strongly flexed on the abdomen; abduction and external rotation are used and at the end of the motion sudden flexion will usually produce the desired results.

Method III. This method I devised myself after other methods had failed in case ten here appended. In this case the innominate was decidedly upward and slightly forward and the leg on the affected side (right) was an inch shorter than the other. Operator stands on the left side of the table facing the patient who lies on the sound side. The operator puts his left hand between patient's legs and grasps the right tuber-ischii, and the right hand grasps the anterior superior spine, the leg of the patient is thrown over the head of the operator on his right shoulder. Now the operator standing close to the patient with his left hand grasping the tuber-ischii, right hand the anterior superior spine, and the leg of the affected side hanging over his shoulder, swing back and forth to loosen the innominate, then with abduc-

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tion and flexion, pretty strong and rather sudden, the innominate slips in place.

No.	Age	Sex	Occupation	History of Case and Symptoms	Lesions	Treatment	Results and Remarks
I	56	Female	Seamstress	History of female trouble; pain across back at sacrum and 5th lumbar, down inside right leg and over right buttock.	Lumbar region anterior right innominate downward and backward. Right leg longer.	Three and two times per week for three months.	Cured. Innominate easily set, but tended to slip out again.
II	9	Male		Fell on left hip a year previous. Later pain at 5th lumbar, hip and knee, especially at night. Starting in sleep, atrophy of muscles over left buttock, limb weak, slightly flexed, and slight limp arching of spine with limb extended.	Lumbar region straight and stiff, separation between 5th lumbar and sacrum Left innominate slightly downward and backward.	Five weeks three times per week	Complete cure.
III	55	Male	Miner	Injured in mine by fall of slate. Back injured and left thigh broken. Weak back, pain down right leg and leg weak. Unable to stoop.	Marked separation between 12th dorsal and 1st lumbar Tension of lumbar spine. Right innominate downward and backward.	Three and two times per week.	Greatly benefited. Innominate set.
IV	65	Male	Banker	Several attacks of lumbago, pain over right sacro-iliac articulation.	Rigid lumbar region; break at 5th lumbar. Right innominate downward and backward	Two treatments.	Entirely relieved with no return.
V	55	Male	Miner	Hurt by falling slate, injury to lumbar spine, inner part of leg and left testicle. Confined to bed eight weeks Came for treatment 9th week. Pain in back and left leg and no penial erection since accident.	Lumbar region straight and very stiff. Left innominate upward and forward, left leg shorter.	Twice a week for two weeks. Once a week for three weeks.	Entirely cured. Impotence disappeared after 4th treatment.
VI	16	Male	Farmer	Slipped and fell; same day was thrown from horse. Lower back weak, right shoulder lower than left, some pain in back and lower limbs, especially left. Had lost weight, digestion poor, anorexia, some constipation dating from accident Had had medical attention for two months without benefit.	Lumbar region lateral to left, especially at 3rd. 4th and 5th lumbar were twisted. Compensating curve in middle dorsal region. Left innominate downward and backward.	Three times a week for two months; twice a week for six weeks.	Entirely cured, Patient gaining 20 lbs., or 12 lbs. more than he weighed before injury.
VII	26	Male	Farmer	No history of fall. Sciatica in left leg constantly getting worse, also weakness in left leg. Had had medical attention.	Left innominate upward and forward, left leg shorter, break at 5th lumbar.	Two months three times per week.	Was better at times, then worse, quit treatment. I attribute failure in this case to my lack of strength, as patient was large.
VIII	35	Male	Laborer	Slipped while pushing a loaded wheelbarrow and immediately felt a "catch in back" with pain down left leg. Could not walk without assistance. Osteopathist was called at once.	Twist at 5th lumbar. Left innominate upward and forward, left leg shorter.	Twice daily for two days; once daily four days.	Entirely cured.
IX	40	Female		No history of accident. Several attacks of sciatica in left leg.	Lower lumbar stiff, left innominate upward and forward, leg shorter.	Three times per week for two weeks.	Cured. Innominate set next to last treatment. Sciatica rapidly left.
X	38	Male	Craneman in smelter	No history of accident. His occupation required sitting and exposure Pain and weakness of right leg with some atrophy. Hard to walk and unable to work. Had taken osteopathic and medical treatment with no benefit. Medical attendant advised amputation.	Lumbar region very stiff. Right innominate markedly upward and slightly forward, right leg one inch shorter.	One month.	Entirely cured. Quit treatment before I felt he had had enough.

Cases Nos. 2, 3, 4, 5, 6 and 8 have been reported in Case Reports published by the A. O. A.

In cases Nos. 1, 4, 5, 8, 9 and 10, I attribute the cure directly to correcting the innominate lesion. In cases Nos. 2, 3 and 6 the innominate lesion was only of secondary consideration.

If you would have your work count for something, put yourself into it; put character, originality, individuality into everything you do.—Orison Sweet Marden.

Let thy speech be better than silence, or be silent.—Dionysius the Elder.

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THE DUALITY OF DISEASE IN THE HUMAN BODY.

Walter Guthridge, D.O., Corning, N. Y.

My experience in treating a number of diseases has impressed me with an idea which finds expression in the above title. In order to tell what I mean let us say our bodies consist of two related wholes. The nervous system entire is one and the rest of the body is the other.

I have not an entirely new idea to advance but an old one thought over and studied until I believe it needs and deserves elaborating and emphasizing. Every part of the body is governed and vitalized by its identical center situated in the nervous system. There may be two or more centers for an organ or part, viz: a sympathetic center, a spinal cord center and a cerebral center. The health of each part and its own center depends upon each other. Exercise of a part if judicious increases the efficiency, strength and ability of its centers. The blacksmith who has worked long .earnestly and intelligently at his trade develop powerful arms. The centers in the brain will correspondingly develop until a fullness can be noticed over the motor center controlling the arms, which is located just above the ears in the parietal lobes of the brain. Notice the blacksmith and observe that his head is broad just above the ears.

While in the dissecting class at college my attention was called to the small size of the vagus nerve in subjects who had died with consumption. If a nerve center grows weak the individual cells in that center are small and each nerve fiber and the whole nerve arising therefrom will be small. Degeneration of spinal nerve centers is followed by degeneration of the deeper centers in the brain. While exercise of the arms will develop their nerve centers the arms are equally dependent on those centers for their concontinued strength and vitality. As long as the centers are strong and vigorous the arms readily recover from trifling injuries, but if the injuries are severe and their effects long continued the centers weaken, so in time the arms do not get the vigorous vital influence that was once theirs. When this condition obtains the the injury has reached the chronic stage. The course of reasoning leads to the deduction that the difference between an acute and chronic disease (in the general acceptation of the terms acute and chronic) is that in the chronic condition the nerve centers are much involved in the disease. If the centers to an arm are weak, ulcers on the arm will not heal readily and any injury will be slow in getting well.

On the same principle an abused stomach will readily rally from the first and second abuse but if the maltreatment continues, in time the deep nervous centers are so weakened that they cease to respond with their vital influence and we have the condition of chronic nervous dyspepsia. While this condition is developing the irritation from the stomach will reflexly cause contractions in the muscles of the splanchnic region along the spine and these contractions will cause bony lesions. A careful dietary and drug stimulation may relieve symptoms but a cure cannot result until the nervous centers are active and have free control of the stomach.

The bony lesion stands in the way of recovery. It may prevent the free flow of nerve influence and reflexes to and from the stomach. In this kind

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of case the bony lesion is secondary but its removal is just as necessary as though it were the original cause of the trouble. Its removal establishes the condition which allows nature to normalize the deep nerve centers.

It is the involvement of the nervous system as a part of all chronic diseases that I wish to emphasize. In other words, the duality of disease in the body. There are some diseases that particularly affect the nervous system. Tetanus is a disease of the spinal cord. Cerebro-spinal fever and lagrippe are likewise maladies of the nervous system. In lagrippe (the mildest of the three) the inflammation of the nerve centers may be so severe that they do not readily recover. The only scientific treatment is to loosen up and straighten all spinal structures so as to bring unimpeded circulation to the affected part. Without osteopathic treatment nature is at a decided disadvantage in recovering from this disease.

An acquaintance who was in this condition gave me a history of his symptoms. It was after he had been resuming his general duties after an attack that one day he felt "wild." He couldn't sit still nor contain himself. A horrified fear and restlessness came upon him. His suffering was indescribable but did not consist of pain. When seized with a spell he said that if he was on a moving train he would almost have to jump off. If in church he would get out as quickly as possible. He finally visited a nerve specialist in Rochester who told him he had nervous dyspepsia and that he could outgrow it in six or seven years. This specialist recognized the pathological functioning of the deep nervous centers but he could advise no means of relief.

An osteopath could do much in this case but it is wrong for him to expect a cure or even great relief in a few months. (One or two D. O.'s did make this mistake in this case.) Even in those cases where bony lesions the result of accident are the original causes of trouble we should by no means overlook the likelihood of deep nervous lesions having developed. (By deep nervous lesions, I mean, possibly, cerebral lesions.) In case they have developed time is a necessary factor in the cure.

In September, 1903, a man of 50 years of age came to me for treatment. He had been unable to work for over two years. He found walking two or three hundred yards too much of a task. His heart was weak, irregular and excitable. He yielded to treatment slowly and with intervals of rest continued treatment until the following March. Sometime before that I concluded that the principal trouble was in the centers of the medulla. Four years before he had fallen from the roof of a house onto his left side. I believe this accident caused a lowering of all the ribs on the left side. My work at first was devoted largely to removal of this abnormal condition. Improvement resulted and progressed to a certain point where it stood for sometime. Then I decided that the deep nervous centers in the medulla were at fault for the slow improvement. I worked for sometime on that theory and with good effect. He became ambitious enough to move on his farm and oversee it. I prescribed an exercise of the neck to keep the muscles free from contractures while he could not come for treatment and stated that I expected him to continue to improve. These predictions were confirmed and before the summer was over he was able to do considerable work. He still continues to improve, though slowly.

In a case of asthma of nineteen years standing in a girl of 20 I was able

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to relieve the patient remarkably, so she considered herself cured. After several months she overworked, cleaning house, and asthma again developed. Decided relief could be given her by steady pressure in the suboccipital region. Again I thought there was a lesion in the medulla, and that the treatment alluded to gave relief because it stimulated these centers.

An article in the New York Medical Journal (Nov. 4, 1905,) on Exopthalmic Goitre all but establishes the fact that the cause of that trouble is located in the floor of the upper half of the fourth ventricle. This being the case our aim should be to correct the circulation to the medulla in treating these cases.

It is only fair to state that these deep nervous lesions in many chronic cases may sometimes be cured by nature, while the M. D. aims only at the local stimulation. I used to spend sometime reading medical magazines and remember a much emphasized point in treatment of chronic diseases was the fact that long continued treatment was necessary if results were to be expected. The treatment generally aimed only at peripheral stimulation and relief of irritation.

I believe that the osteopath has the most efficient means of aiding nature to cure these conditions through control of the circulation to the nerve centers and by the removal of lesions which osteopaths only are trained to detect.

THE OSTEOPATH AS A SURGEON.

Read before the New England Osteopathic Association January 28 ,1905, by Frank C. Leavitt, M.D., D.O., Boston.

Time was when surgery was for a period wholly unused and made no progress, for laws forbade the shedding of human blood, just as during the same period of the Middle Ages there was no accurate knowledge of anatomy, since there were laws putting a heavy penalty on dissection. To-day we seem to have reached another extreme when any person registering as a physician may perform, not only minor, but major surgery.

Surgery has proven so attractive to the old school physician that many have come to use operative surgery as an every day means of therapeutics, an extremely radical and unwarrantable state of affairs. The osteopathic surgeon has here a duty to help place the profession of surgery in its correct position—that of a means of last resort to be employed when any other means is no longer available to restore the tissues to normal. Only hopelessly diseased tissues should be sacrificed, but these should be sacrificed freely when necessary to preserve life or restore usefulness.

Surgery has been defined as, "that branch of the healing art that relates to external injuries, deformities and other morbid conditions to be remedied directly by manual or instrumental operations." Osteopathy according to this definition, which is a current one, might come under the head of surgical work. Before the day of osteopathy all mechanical work upon the body aside from massage was called surgery. The etymology is from the words "cheir" hand and "ergon" work, forming the Greek word Chirurgery from which our word surgery is derived. Osteopathy has invaded the field of medicine and made it mechanical. Our profession has in a way a natural bond of affinity for the field of rational surgery. The osteopath is a skilled worker with the hand and the department of surgery should have no abler exponent.

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Before coming to this city more than six years ago to begin the study of osteopathy, I wrote, asking the question: Can osteopathic treatment control pain in post-operative cases? The answer to my letter stated that it could. Since that time I have proved to my own satisfaction that osteopathy is of inestimable value in ameliorating such pain.

How much surgical education the osteopathic physician needs is a pertinent question today. The subject of general surgery is a large one, even with operative surgery and its technique, as a distinctive branch, entirely omitted. In this subject of general surgery every osteopathic physician should be well grounded.

I have little to say of the osteopath as a surgical specialist; he has yet to be developed. The best specialist is one who has been first well trained as a general practitioner. Our problem is to develop the general practitioner and to leave the specialty as a matter of development and natural selection, but a demand for his work will bring the osteopathic surgical specialist to the front, and the problem is one that will not be difficult to solve now that surgery is a well developed science.

We hear a good deal about prohibiting osteopaths from doing major surgery. How about the graduates of other schools? The work given in operative surgery in medical colleges is a very small part of the time spent on the subject of general surgery. To the student well versed in anatomy the major operative surgery is taught in a short time compared with the time put on general surgery. Not one-fourth, and I will even say one-fifth, of the time spent on surgery in general by a student in any medical college is devoted to operative major surgery. No physician, osteopathic or medical, has any moral right to practice major surgery occasionally, even if opportunity is great for so doing. No one ought to do an abdominal operation unless he is doing many of them, or has fitted himself especially as a surgeon outside of his regular college curriculum.

Now as to the value of instructing our students in this branch; the subject of general surgery teaches the diagnosis and treatment of certain pathological conditions which are to be treated mechanically, that is, by manipulation, mechanical apparatus. the knife, ligature, suture, etc. Many diseases and conditions such as inflammation in general, venereal diseases and various constitutional diseases having some local surgical lesion, are treated of only in works on surgery. Moreover a surgical condition, aside from accidental work, is almost always osteopathic before it becomes operative. There is not necessarily any sharp dividing line between an osteopathic case and a surgical case. Osteopathic measures are almost always indicated even though surgical procedure may be used in the end. The practitioner should treat his case on osteopathic principles throughout, and resort to instrumental means as supplemental, where the condition indicates it, and admits of no other rational procedure.

The question has been asked: "Do not osteopaths advise surgical operations too frequently?" I must say that in general, so far as my experience goes, I do not believe so. Doubtless mistakes are made here as in everything else, but if so, the remedy lies in better education with regard to the rational treatment of so-called surgical conditions. Extremes in anything are always to be avoided and deplored. The vast majority of all cases are osteopathic and not surgical; some, however, are surgical rather than

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osteopathic. The one-sided radical surgeon is a danger; the one-sided radical osteopath is a menace; the sense of proportion is lacking in each.

I believe the subject of general surgery should be taught as thoroughly in osteopathic colleges as in any; the only difference being that it be taught inclusive of the standpoint of osteopathic therapeutics. The general principles of surgical procedure, and especially as to when the case becomes surgical rather than osteopathic, should be taught with thoroughness. The minute technique of the specialist in the particular operations of his specialty may of course, be omitted.

Let us not listen to the cry against surgery as surgery. We need not, and as moral beings should not, appeal to popular prejudice. Only honesty with ourselves and with the public will serve osteopathic ends. Let us not have conservative surgery or radical surgery. The conservative and the radical may be of use in antidoting each other, but what we want is the conservative and the radical in the same individual. The physician who prefers to do right on all occasions whether it requires an operation or the steady refusal of it.

A one-sided conservatism has poor place in the physician, when radical surgical measures can alone preserve life or usefulness. Likewise a one-sided surgical radicalism is to be condemned, when an appeal to nature and the use of physiological methods can be relied upon to restore health. Careful judgment and weighing of conditions can alone determine the right action in any doubtful case. Be sure you are right and then go ahead, is the correct rule here as elsewhere.

I do not believe with some, that there is too much tendency toward surgical operations in our osteopathic colleges. I cannot help but think that such statements are made without due appreciation of facts. The subject of general surgery as taught is the diagnosis and treatment of injuries and diseases that may require instrumental interference. Convenience compels us to consider many conditions under the subject of surgery that are treated of under no other branch.

Time was when pathology and diagnosis were much less necessary for the osteopath than they are today. The osteopath at first received almost exclusively chronic cases that were called incurable; he had little to lose in accepting these cases, if he failed he did no worse than the medical practitioner. But usually he did not fail; however, the diagnosis was generally made long before he got the case. Treating only cases that old school doctors had given up, he was not brought into direct competition with the drug fraternity, but today marks a different state of affairs. Patients cured by the new system prefer to keep well by it, and to make the osteopath the family physician.

No former diagnosis is now available, and it is as important to recognize the nature of the disease and its probable course as it is to treat the condition. The education that the pioneer osteopath received in college would not be sufficient to meet present conditions. The extension of the course of instruction from two to three years was positively necessary to meet this demand; the profession had to advance or to retreat; the reputation already gained could be maintained only by advancing. The demand has been met and osteopathy maintains today a more formidable and stalwart front than ever before.

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ARE WE PROGRESSING?

George C. Taplin, M.D., D.O., Boston.

The evolution of our professional conceptions is especially apparent to those of us who a few years ago knew personally of nearly all the exponents of our science. The accumulated momentum of experience in the field and of better education in our colleges has raised our standards and broadened our field of usefulness. The profession at large are today in advance of our leaders of yesterday. Intrinsic knowledge is displacing assurance. Sane, scientific reasoning is taking the place of sensational and hysterical assertiveness. Commercialism is modified by ethics.

Our magazine literature shows vast improvement, especially in the last three years. The proportion of articles based on genuine experience, showing logical and scientific deductions, has greatly increased. We are less imaginative. We care less for advertisement, and more for honest progress.

Our greatest step forward, the one which justly opens up to us the entire field of healing, the one which emancipates us from the anomalous position of claiming for ourselves completeness and in the same breath repudiating all not manipulative as unosteopathic, the one which places osteopathy in her true relation to nature, and the osteopath in his proper place among scientists, is the acceptance of the broader definition of osteopathy; that it is not essentially a manipulative system of therapy, not a means nor method, but as Dr. Still has said, "a new philosophy."

I believe that the factor which will make the name of Dr. A. T. Still renowned a few years hence will not be the development of a system of manual treatment, but the pointing out of a basic principle in medicine, namely, that the removal of obstruction is the logical assistance to nature; and that in a short time it will be considered osteopathic to correct the obstruction by digital manipulation, by washing it away with water, by killing it with an antiseptic, by neutralizing it with an antidote or by cutting it away with a knife, according to the indication in the case.

This principle, this "new philosophy," is the foundation on which we are building. The superstructure, to make a consistent and complete whole, must consist of various methods in harmonious proportion and relationship. As Dr. C. M. T. Hulett said in an address delivered before the Greater New York Osteopathic Society last year, "We have sometimes assumed that, it being true that digital manipulation, the removal of lesion, is osteopathic, the converse 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. It exalts method and method is only incidental and contributive."

The distinctive methods of osteopathy where applicable have proven it of incomparable value, yet the philosophy upon which it rests compasses all rational methods and would extend its scope to cover the entire field of healing. The new light which its philosophy sheds upon etiology at the same time makes clear the relationship and choice of method.

I have complete confidence in our foundation and in our ability to erect a creditable and lasting structure thereon. It is impossible, however, to build without some loose lumber lying around. The appearance at certain stages

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may be chaotic. Some magnify the importance of a shingle on the roof, while others, mistaking a temporary staging for a part of the permanent structure, bewail that the good old foundation wall is being built upon.

As Dr. Charles Hazzard of New York City says in his excellent article published in the February, 1906, number of this Journal, "It is absolutely necessary that we build now most wisely and well; that we omit no essential element from the structure, nor include in the foundations any poor stone that shall decay and crumble under the assaults of time. We, therefore, clearly see that not only must we choose with rigid scrutiny all our material, but we must not omit any essential......We must be great enough and broad enough to remain separate for all time." A little farther on, however, in his anxiety for the safety of "the young and inexperienced," he says: "Every State osteopathic law should definitely provide against the use of drugs by the osteopaths. We should see that the laws to be enacted so provide, thereby again safeguarding the separateness and independence of osteopathy." I know not how to reconcile the inconsistency of these two propositions. First, that we must omit no essential element from our preparation for the physical care of our fellow beings in all the accidents of life; and, second, that we should make it criminal to use the ordinary precautions of antisepsis in surgery either major or minor, or even to administer an antidoate in cases of poisoning except as any layman may do what he can in an emergency while a real doctor is being called. Is this the way to safeguard the independence of our beloved science? For Heaven's sake, give the right antidote, and give it quick, and let us encourage our colleges to teach how, and let our laws be broad, at least broad enough to make it legal for a doctor who is a doctor to *prescribe* the proper antidote to save the life of a fellow being. Where narrow, constricted laws have been enacted, either as a matter of expediency or through error of judgment, they must sooner or later be changed.

Are "the wonderful days of osteopathy" passed? Only in the sense that results which a short time ago would have been considered wonderful are now expected as a matter of course. They have become commonplace by familiarity, like the telephone. If we will only think twice, we will realize that we now accomplish more uniform and satisfactory results than we did a year ago, for instance, that each case adds its portion of evidence to prove the great philosophy of osteopathy; that each experience sufficiently analyzed has made us more capable of success in our next. There is a constantly decreasing proportion of mistaken diagnoses with so-called wonderful results reported. There is indeed one class of cases with which we are losing ground from the very nature of things. I refer to the chronic hysterias which depend so much for their cure upon powerful psychic effect which something new or mysterious may convey. For these cases the osteopath in his earlier days of convincing simplicity, unhampered by considerations of the intricate or obscure pathology, was peculiarly adapted. Consequently, we are doubtless making fewer sudden and miraculous cures of psychic blindness, hysterical paralysis and the like. These results add little credit to the actual therapeutic value of our science on the physical plane.

We have made great progress in broadening our methods of diagnosis, thus

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qualifying and adding to the exactness of our distinctive methods. Chemical and microscopical tests are today a matter of routine with many of us.

It was necessary in order to get students in the beginning to give a short course. It was requisite to train up a few, who with only the bald necessities would be able to prove the correctness of our philosophy. Not satisfied with bald necessities, however, many of our early graduates are today, by continued personal effort, among the best trained men and women in the profession. A few years ago, we saw little but the skeleton, both literally and figuratively. Now we consider the whole organism including its environs. Withal we are demonstrating to the world a fuller and a greater, and a more successful and more wonderful osteopathy.

AN UNUSUAL FEATURE IN A CASE OF PNEUMONIA.

Described before the Cleveland Osteopathic Society by ARTHUR M. HERMAN, D.O., Cleveland, O.

In the various osteopathic publications there have appeared from time to time many splendid articles setting forth the supremacy of the osteopathic methods in the care of pneumonia cases. In this connection I wish to add a report of a case which came under my observation some time ago and which presents some unusual features in the form of a relapse, or, more properly, an instance of an anomalous cause of delayed resolution.

We are told that this is a rare occurrence, one author (Wagner) having stated that he witnessed but three doubtful cases out of eleven hundred in his record. The patient was a man seventy-three years of age—previous health, excellent. The onset and course of the initial attack, which was in the right lower lobe, were typical of the disease, the crisis was reached on the eighth day, when the temperature returned to normal and the other symptoms began to disappear. On the ninth day an unusual complication was presented in the development of a violent attack of hiccoughs which persisted for ten days without a moment's cessation. At this point, after all hope of saving the patient had been abandoned, osteopathic aid was summoned. At the first visit the case showed all the signs of initial attack of pneumonia—temperature 102, pulse, so weak and rapid it was difficult in the patient's condition to take it accurately; face, deeply cyanosed, and respiration being nothing more than short gasps. In natural sequenec of osteopathic study, the disturbing factor was sought in lesion to the phrenic nerve, but failing to find it there a careful thoracic examination was made which revealed a depressed condition of all the ribs on the right side (the affected side) with marked downward luxation of the eighth. The first attempt to correct this was not entirely successful, but produced the effect of temporarily stopping the hiccoughs. With all respiratory difficulties removed the patient began to cough and during the three hours following more than a pint of the retained exudate was expelled, the sputum consisted of little fibrinous plugs, streaked with blood and also a quantity of pus, showing that parts of the lung tissue had broken down in abscess formation.

After this the temperature fell and patient slept quietly for an hour when he was again seized with an attack of hiccoughs. The second attempt to correct the eighth rib lesion was successful, hiccoughs ceased, and pneumonia

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symptoms rapidly subsided, temperature reaching normal within twenty-four hours.

Owing to the age of the patient and the exhaustion necessarily following so prolonged an attack of hiccoughs, recovery was slow, but complete and most satisfactory. At three a. m. on the eighteenth day after the correction of the eighth rib lesion the hiccoughs returned and examination showed the rib in its former position. Readjustment immediately quieted the attack and now, after more than eight months, there has been no return.

Patient has been under osteopathic care for minor ailments at irregular intervals since this experience and today is a fine picture of strong and vigorous old age.

From an osteopathic standpoint the case is interesting, as showing the course of spinal nerves to the diaphragm other than through the phrenic nerve. One author (Spalteholz) makes a point of the inter costal nerve supply of this muscle and states that it is especially abundant from the eighth and ninth inter-costals, thus bearing out such observation made by the writer in the dissection rooms while a student.

After an attack of pneumonia we know that the lung is restored to a normal condition partly by expectoration of the exudate and partly by its liquefaction and absorption. That the operation of the former means was prevented by the respiratory difficulty caused by incessant hiccoughs, (it was impossible for the patient to take into the lungs a sufficient quantity of air to produce a forcible expiration) which in turn was caused by the rib lesion, cannot be doubted, and it seems equally certain that the retention of the exudate was responsible for the return of the pneumonia symptoms.

Whether the rib lesion had existed before the initial attack and what role it played in the production of it are subjects for speculation.

Proposed Program of Meeting of the American Osteopathic Association at Put-in-Bay, Ohio, August 6-10 1906.

MONDAY, AUGUST 6.

Reports of Committees—Publication Committee, Educational Committee, Legislative Committee.

Treasurer's Report.
Trustee's Report.
Routine Business.
8:00 P. M.—Reception.

TUESDAY, AUGUST 7.

Symposium of Practical Treatment:
(Clinic Demonstration of Technique.)
(a) Cervical Region—Dr. G. A. Wheeler, Boston, Mass.
(b) Dorsal Region—Dr. W. W. Steele, Buffalo, N. Y.
(c) Lumbar Region—Dr. Josephine DeFrance, St. Louis, Mo.
(d) The Pelvis-Sacrum, Coccyx, Innominata—Dr. Vernon W. Peck, Pittsburg, Pa.
(e) Ribs and Vertebrae Correlated—Dr. W. J. Conner, Kansas City, Mo.
(General Discussion.)
Business.
8:00 P. M.—President's Address.

WEDNESDAY, AUGUST 8.

Practical Dietetics—Dr. H. H. Moellering, St. Paul, Minn.
(General Discussion.)
Osteopathic Applied Anatomy—Dr. M. E. Clark, Kirksville, Mo.
(General Discussion.)
Osteopathy as a Profession—Dr. J. H. Sullivan, Chicago, Ill.
How Osteopathic Lesions Affect Eye Tissues—Dr. Louisa Burns, Los Angeles, Calif.
Business.
8:00 P. M.—Alumni and class reunions.

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THURSDAY, AUGUST 9.

Paediatrics.

(a) Infant Nursing—Dr. Alice Patterson Shibley, Washington, D. C.
(b) Osteopathic Treatment of Infant Disorders—Dr. Louise P. Crow, Milwaukee, Wis.
(c) Prophylactic Treatment of Children—Dr. Louise A. Griffin, Hartford, Conn.
(General Discussion.)

Emergencies.

(a) Haemorrhages (lungs and uterus)—Dr. E. C. Pickler, Minneappolis, Minn.
(b) Unconsciousness or Insensibility—Dr. Edgar D. Heist, Berlin, Ont., Canada.
(c) Fits or Seizures—Dr. A. B. King, St. Louis, Mo.
(General Discussion.)

Osteopathic Lesions in Acute Respiratory Diseases—Dr. C. M. Turner Hulett, Cleveland, Ohio.

Prize Essay (announcement.)

8:00 P. M.—Alumni and class reunions.

FRIDAY, AUGUST 10.

Osteopathic and Surgical Diagnosis—
(a) Pelvis (gynecological)—Dr. Ella D. Still, Des Moines, Iowa.
(b) Abdomen—Dr. S. A. Ellis, Boston, Mass.
(General Discussion.)

Practical Talk: "When Is a Surgical Operation Advisable?"—Dr. Francis A. Cave, Boston, Mass.

Demonstration of a Pantagraph for Graphical Representation of Spinal Curvatures—Dr. Herman F. Goetz, St. Louis, Mo.

Business:—Election of Officers, fixing next meeting place, installation, adjournment.

PAPERS.

1. Conjunctivitis—Dr. J. F. Spaunhurst, Indianapolis, Ind.
1. Iritis—Etiology, Pathology and Treatment—Dr. O. J. Snyder, Philadelphia, Pa.
3. The Treatment of Eczema—Dr. Morris Lychenheim, Chicago, Ill.
4. What Osteopathy Has Done With Tumors—Dr. Clara Wernicke, Cincinnati, O.
5. A Few Cases of Mental Diseases—Dr. L. A. Liffring, Toledo, O.
6. The Menopause—Dr. D. Ella McNicoll, Frankfort, Ind.
7. Pronounced Insomnia—Dr. R. W. Bowling, Des Moines, Ia.
8. Facial Neuralgia—Dr. Ben. S. Adsit, Franklin, Ky.
9. The Osteopathic Treatment of Constipation—Dr. M. C. Hardin, Atlanta, Ga.
10. The Enlarged Prostate—Dr. D. S. Harris, Dallas, Tex.
11. Osteopathic Biology (including an exhibit on comparative osteology)—Dr. R. K. Smith, Boston, Mass.
12. Pneumonia—Etiology, Pathology and Treatment—Dr. W. A. Potter, Seattle, Wash.

Additional Help for Those Affected by the San Francisco Disaster.

The following letters have been received since the June JOURNAL, containing a number of similar offers, was printed:

Replying to Dr. Chiles' letter I will furnish my Surgery to any of the San Francisco sufferers, members of our profession or students of osteopathic school in San Francisco, for $4.25, express prepaid upon receipt of price. The regular price is $5.50.

Very respectfully,

Kirksville, Mo. F. P. YOUNG.

I would be very glad indeed to donate several copies of my book for the San Francisco sufferers, but my old edition is out of print, and the new one, owing to the delay of my publishers, is not yet out of press.

As soon as I can find out definitely when my book will be out I shall be pleased to do my part, in addition to my cash subscription to the "Birmingham fund" for our unfortunate brethren.

Sincerely yours,

Birmingham, Ala. PERCY H. WOODALL.

Dr. H. W. Forbes of Los Angeles was instrumental in securing from William Wood & Co. approximately fifty volumes of their publications. Blakiston & Co. agreed to send fifty copies of Moore's Anatomy. Some other publishers have agreed to give a discount on their books.

Dr. W. R. Laughlin of Los Angeles has sent forty copies of his "Anatomy in a Nutshell" to Dr. Ivie for distribution, and has offered to send ten more copies for those who have left San Francisco, if they will pay express charges. This is certainly a most commendable and generous action and one that is duly appreciated by the beneficiaries.

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JULY, 1906.

Proposed Amendments to the Constitution.

The attention of members is called to the following proposed amendments to the constitution which will be acted upon at Put-in-Bay:

To amend Article III., Section 1, by adding after the first sentence the following words:

Provided, however, that graduates of any school other than above specified who personally attended such school for a time equal to the requirements for membership in this association at the time of their graduation, and who have been in continuous practice for a period of five or more years, which facts shall be attested by affidavit, and who have the endorsement of the state association where they reside, or, in case there be no such association, a majority of the osteopaths practicing in the county, state, territory or district where they reside, shall be eligible to membership in this association.

To amend Art. IV., Sec. 1, by repealing same and substituting the following in lieu thereof:

SECTION 1. The meetings of this association shall be held annually at such time and place as may be determined by the trustees. The time and place of meeting shall be agreed upon and published at least four months previous to date on which meeting is to be held.

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To amend Art. V., Sec. 1, by adding at the close of the section the following words:

Provided, however, that no member of this association who is owner in whole, or part, or in any way financially interested in any of the osteopathic schools or colleges, or is employed as instructor or officer in the same shall be eligible to hold office in this association; and any officer of the association who shall become connected with one of the said schools as above set forth, shall by such connection render vacant the office he holds in the association, and the vacancy thus created shall be filled as hereinafter provided.

To amend Art. V., Sec. 7, by inserting after the word *trustees* in the last sentence of said section the following words:

Or in any office not hereinbefore provided for. So that said sentence shall read as follows: Any vacancy that may occur in the board of trustees, or in any office not hereinbefore provided for, may be filled temporarily by the board until the time of the next meeting of the association.

To amend the Constitution by adding thereto the following, to be known as Article X:

COUNCIL OF DELEGATES.

SECTION 1. There shall be created a Council of Delegates to be elected in the following manner, to wit: Each representative state or territorial association shall be entitled to elect one delegate for every twenty-five members who are also members of this association. In associations where there are not twenty-five members who are also members of this association, one delegate may be elected to the council. Each state or territorial organization shall elect its delegates by ballot. Each delegate shall present his credentials to the secretary of this association and receive a certificate of membership in the council.

SEC. 2. This Council of Delegates shall meet during the session of the annual meeting of the association, at a time prior to the annual business meeting, and shall organize by the election of a chairman and a secretary.

SEC. 3. It shall be the duty of the council to consider and vote upon all questions of public or professional policy upon which the delegates may have been instructed by the respective state or territorial organizations sending them, providing such questions shall have been submitted for consideration by said state or territorial organizations by publication in the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION at least four months prior to the annual meeting. The council shall furthermore consider and vote upon any matters which may be submitted to it by the association or the board of trustees.

SEC. 4. The vote of the Council of Delegates upon any question shall not be binding upon the association, but shall be considered rather as a recommendation from a representative delegate body.

Ten Reasons Why You Should Attend the Meeting of the A. O. A. at Put-in-Bay, August 6-10.

(1) Because it is your duty.

(2) Because it will afford you unalloyed pleasure.

(3) Because you will be greatly profited by hearing the program.

(4) Because you should help celebrate the "Old Doctor's" birthday.

(5) Because your presence will assist in arousing that enthusiasm begotten of numbers.

(6) Because you will need a vacation at that time, and this will be an ideal place, time and way in which to spend it.

(7) Because your judgment, your voice and vote, will be needed to assist in a right solution of the various problems that will be up for consideration.

(8) Because it will combine the features of a post-graduate course in osteopathy with all the pleasures of social intercourse and class and alumni reunions.

(9) Because after a week's commingling with your fellow osteopaths you will return to your work better equipped for practice, with more enthusiasm and a higher regard for your profession.

(10) Because any one of the reasons mentioned above is sufficient. Relax. Get out of a rut. Do not be a recluse. Help others by your presence, counsel and advice. Let us make the Put-in-Bay meeting the best in our history. Come, and you will never regret it.

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Conditions in San Francisco.

From a letter dated June 18 from Dr. W. H. Ivie, of San Francisco, chairman of the A. O. A. Relief Committee, we learn that conditions there among our practitioners are even more deplorable than they were at first considered to be. Many of them were harder hit than they at once realized or were willing to admit. A number have sought other locations, but many were unable to do this and will have a long hard fight before them to maintain themselves until conditions become normal. There are a few cases in absolute need of financial assistance. Nothing will be realized from the fund subscribed for the relief of physicians in general owing to the hostility to osteopathy of those in charge of the distribution of it.

Possibly the greatest need is assistance in purchasing the necessary books and equipment to refit the offices. Some medical publishers have made a reduction in the price of books and a few have donated copies. The price of practically all ostopathic books has been greatly reduced and some authors have generously agreed to donate copies, but conditions are such that additional help is needed.

Under these circumstances the San Francisco Osteopathic Association and the Relief Committee of the A. O. A. decided to ask all kindly disposed practitioners who cared to do so to subscribe to the A. O. A. fund for the relief of those needing help. They suggest that each member of the profession be asked to give a small sum, two dollars, or even one dollar. If all will do this the needs of the situation will be met.

In the *Journal of the American Medical Association* for April 21, 1906, the following innocent looking paragraph appears in the department of Medical Legislation, under the caption "Medical Men in Congress:"

"Dr. Jacob H. Gallinger, Republican, of Concord, N. H., has represented the medical profession in the Senate since March 4, 1891."

The question naturally arises if Senator Gallinger has been representing the "medical profession in the Senate," has the State of New Hampshire had but one representative in the Senate for the past fifteen years? It was the theory of the framers of the constitution that senators were to represent their States in their sovereign capacity. It would seem that representatives and senators should represent the *people* and not any particular class. We doubt if Senator Gallinger considers himself other than as a representative of the people. Certain it is that some senators have resented the imputation that they represented Standard Oil, and other special interests, and if the charges are true which are made by the *National Druggist,* a quotation from which was printed in the May JOURNAL, there would be as much credit to be derived from representing Standard Oil as the medical trust.

In order to get all matters of business in tangible shape for presentation to the Association, to the end that as little time as possible be consumed in their consideration and discussion in the general meeting, it will be necessary for certain of the Officers, the Trustees, Constitutional Committees and possibly Board of Regents to meet at Put-in-Bay prior to the opening of the meeting of the A. O. A. on August 6. All of the above will receive through the mail official notice of the time when they are expected to be in attendance.

While no action adversely affecting any member or professional institu-

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tion will be taken without such member or institution being given an opportunity to be heard, yet owing to the multiplicity of affairs that will come before the Board of Trustees, and the amount of time necessarily consumed in deliberating upon them, it will be necessary for the Board, as heretofore, to hold its sessions in private. However, any member who desires to bring any matter before the Board, or who is especially interested in any matter to be considered by it, will be given an opportunity to appear before the Board, or appropriate committee, on August 5, at 2 p. m. Any person having matters to present who cannot be there at that time may communicate the same in writing to the Secretary of the A. O. A., and they will be duly considered.

No doubt every member of the A. O. A. is aware that the next meeting will be held at Put-in-Bay, Ohio, August 6-10, inclusive. It is possible, however, that some have not yet decided whether or not they will attend. To such we want to say that in some respects the coming meeting will be the most important ever held.

In matters pertaining to professional education is this particularly true. Plans for the satisfactory and harmonious co-operation of the colleges and the A. O. A., through the Board of Regents recently appointed, looking to more rigid enforcement of preliminary educational requirements of matriculants will be considered. The report of the inspector of osteopathic colleges will be an important and interesting feature of the report of the Committee on Education. Last, but by no means least, the matter of officially launching the movement for the endowment of an osteopathic college or colleges will be considered. All of these are matters of supreme moment. We are making history and every member who can possibly do so should have a part in it.

According to the arrangement of the program the reports of the Committee on Publication, Education, and Legislation, as well as of the Treasurer and Trustees, will be submitted on August 6, the first day of the meeting. These are all of importance and will be of interest to every member; therefore, no one should miss the opening meeting.

Another reason for being present on the opening day, and one that should appeal to every loyal osteopath, is found in the fact that August 6 is the natal day of Dr. A. T. Still, the man through whom osteopathy was given to the world. It is probable that a special program will be arranged in his honor, and we feel that all will want to make this a veritable love feast.

Be on hand the first day and remain to the close.

We regret to say that the last report from the Treasurer, made on June 21, showed that the fund for the assistance of the osteopathic practitioners who suffered great financial loss in the San Francisco earthquake and fire, amounts to but $180. We would not put this humiliating fact in print but for the hope and belief that when it is known the generous impulses, as well as pride, of the members of our profession will be so aroused as to increase this fund to an amount that will be of real practical help to those for whom it is intended, as well as a credit to the profession contributing it.

It should be borne in mind that help is actually needed. Every osteo-

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path should do his part. Send contributions to Dr. M. F. Hulett, Wheeler Block, Columbus, Ohio.

We mail with this number of the JOURNAL the fifth series of case reports. This has been gotten out with great difficulty owing to the scarcity of material. There is no valid reason why ten times this number of cases should not have been reported during the year. The editor, Dr. Ashmore, requests that each practitioner attending the Put-in-Bay meeting bring at least one case report and give to her there. In order that all may know the points required in a report we print a blank form in this number.

We will gladly send upon request a file of vols. IV and V of the JOURNAL, as well as of the Case Reports, to any member of the Association who lost their files in the recent fire in San Francisco. The publisher of the Osteopathic Directory, Dr. H. S. Bunting, 171 Washington street, Chicago, will upon notice supply all who lost their copy of this publication with another.

A total of about 275 D. O.'s were graduated during the month of June by the recognized colleges of osteopathy. We welcome these recruits to the ranks of the profession, and trust that they will start right in their professional carèer by allying themselves with the A. O. A. and the local organizations when they begin the practice.

Medical men and medical societies all over the country are busying themselves in opposing the bill now pending before congress which provides for an osteopathic examining board for the District of Columbia. It behoooves osteopaths and osteopathic societies to be equally active in urging their senators and representatives to support it.

In order that each member of the A. O. A. may receive a copy before leaving home for the Put-in-Bay meeting we expect to mail the August number of the JOURNAL about July 25. Any manuscript, or any notice or announcement which should appear in that number must be in the hands of the editor by July 20.

The A. O. A. directory will appear with the August number of the JOURNAL. It was thought that it would be of more value for use at the Put-in-Bay meeting if it included as many of the newly elected members as possible, hence it has been held back for a month or two.

This month we have purposely curtailed the space usually occupied by the editorial department in order to print more of the excellent professional and scientific articles that have been accumulating within the past few months.

Let each member of the A. O. A. bring with him to Put-in-Bay the application, and fee, of a non-member.

Ten osteopaths passed the examination at Columbus, O., last month before the osteopathic examining committee of the State Board of Medical Registration and Examination.

The osteopaths of Tennessee will go to Put-in-Bay in force. Arrangements are being made for special cars from Nashville and from Knoxville.

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The Trip to Put-in-Bay.

Tickets are available August 2. Buy a regular straight fare ticket to Put-in-Bay, O., and take a certificate for it. Nothing except a certificate will answer the purpose. So call upon your ticket agent a week or more in advance and tell him you will want the ticket and certificate. If you do this there will be no trouble. A mere receipt for the money will not be accepted.

This certificate and one third the price of the going ticket will purchase the return ticket.

This rate will be good except in the states west of Denver, where we are not yet able to promise this arrangement, and from points in the state of Ohio, where, on account of two-cent fare being in operation, the regular summer excursion tickets to Put-in-Bay should be used.

HOW REACHED.

Put-in-Bay, in lake Erie, is reached from Buffalo, Cleveland, Sandusky, Port Clinton, Toledo and Detroit.

Boat leaves Cleveland 8:30 a.m. and 10:30 p.m.; Sandusky, 10:00 a.m. and 4:45 p.m.; Port Clinton, 8:45 and 11:20 a.m. and 5:20 p.m.; Port Clinton is easily reached from either Sandusky or Toledo by steam road or trolley; steamers leave Toledo at 9:15 a.m. and 10:00 p.m.; Detroit, 8:00 a.m.

FROM THE EAST VIA BUFFALO.

Passengers have the privilege of taking boat at Buffalo or continuing by rail to Cleveland, and boat from there. Boat (Cleveland and Buffalo Line) leaves Buffalo at 9:00 p.m., reaching Cleveland at 6:30 a.m., leaving at 8:30 over the Cleveland and Toledo Line, reaching Put-in-Bay at 12:45 p.m. Fare for the round trip Buffalo to Put-in-Bay $4.70, *if you get the certificate when you buy your ticket.* State-room Buffalo to Cleveland. $2.35. which will accommodate three or four. If you can reach Buffalo by 9:00 p.m. this makes a delightful trip, as these are first-class boats, and the expense is several dollars less than by rail to Cleveland. Tickets over the Michigan Southern or Nickel Plate are good either or both ways by this boat line.

Passengers from Chicago and the southeast will perhaps find the best trip through Toledo, and reaching there too late for boat, take train or trolley to Port Clinton. *But remember, get a certificate for each ticket.*

You can buy these tickets any time from August 2 to August 8, and can leave Put-in-Bay from the 8th to the 15th, inclusive.

HOTEL ARRANGEMENTS.

The sessions of the meeting will be held at Hotel Victory, the largest hotel of the kind in the world. It is a famed beauty-spot and resort, but we have arranged for very reasonable rates. Three dollars per person per day is the rate. Fifty cents additional per day for room with bath. This includes meals at one of the most celebrated tables in the country. Guests staying a week will have advantage of that rate.

Rooms should be reserved now. No deposit is required, but if you engage the room you are expected to pay for it, unless you notify the management in advance that you can not occupy it.

Come to this great meeting and help to celebrate Dr. A. T. Still's seventy eighth birthday. (Special exercises in his honor August 6.) H. L. CHILES, Secretary

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As a Lay Paper Views It.

The Southern Medical College Association is in session at Louisville. The best thing the association could do to promote the interests of medical education and the betterment of the profession would be to "call off" a lot of the so-called medical colleges in the south, center on four or five of the best and give that four or five sufficient support to insure their success. As it is now nearly every city of 25,000 and upward in the south has its medical college. Tennessee has eight or ten of these institutions all turning out doctors more or less unprepared and unqualified for the practice. If there is a profession in which "quality" rather than "quantity" should be demanded of its practitioners it is that of medicine. A multiplicity of small schools having few, if any, of the advantages of laboratory, clinic or bedside equipments, lowers the standard of the profession. To be sure there is the rule of the "survival of the fittest," but in the meantime while that rule is being worked out a lot of patients may not survive.—Chattanooga *Times*, Dec. 13, 1905.

Tennessee Board Meeting.

The next meeting of the State Board of Osteopathic Examiners will be held at Nashville on Friday and Saturday, July 13 and 14, 1906, in the senate chamber of the State Capitol. For further information address J. ERLE COLLIER. D.O., Secretary,
502 Willcox Building, Nashville, Tenn.

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NOTES AND COMMENTS.

"A Sensational Statement."

A recent Associated Press dispatch from Paris credits Dr. Dieulafoy with making what was termed "a sensational statement" before the Academy of Medicine.

He said: "Many persons who are merely suffering from muco-membranous or sabulous typhlitis are wrongly operated upon for appendicitis. The number of errors of diagnosis and unnecessary operations is ever on the increase. It has been demonstrated that muco-membranous typhlitis has nothing to do with the appendix, the ablation of which, consequently, has no curative effect whatever."

The "sensational" feature in the above statement seems to lie in the fact that it is a radical departure from the "beaten path" of medical theory and practice, though not necessarily in conflict with the private opinions of numerous medical practitioners.

Dr. Dieulafoy is to be congratulated in that his courageous convictions caused him to give utterance to a truth which, though unpopular with his professional brethren, is of vast importance to the public. It is to be hoped that his example will be emulated by all thoughtful and conscientious members of his profession and thus abate the reckless crusade against an unoffending organ.

While we are not familiar with Dr. Dieulafoy's professional standing, the fact that he addressed the Academy of Medicine in Paris, and that his statement startled the meeting, implies that he is regarded as eminent authority. He doubtless knew not that he was following in the wake of osteopathy when he spoke of errors in differentiating between appendicitis and typhlitis, and of "unnecessary operations." Nevertheless, his ideas and conclusions on the subject closely coincide with osteopathic opinions published nearly two years ago.

From an article on typhlitis in the *Journal of Osteopathy*, September, 1904, we quote the following:

"Inflammation of the cecum is a much more frequent bowel trouble than generally known, and, while it is not particularly difficult to diagnose, the fact remains that it is not often distinguished from other varieties of intestinal affection. The most common error, perhaps, is made in confounding it with appendicitis. * * *

"The inflammation in typhlitis is first catarrhal; that is, congestion, swelling and edema of the mucous membranae of the cecum and ascending colon. * * * The appendix may become involved, since the inflammation may extend to that organ by continuity of tissue and blood vessels.

"We are of the opinion that instances are very rare in which the appendix becomes inflamed unless the cecum is first involved. * * *

"That so many operations for appendicitis terminate fatally is very probably due to the fact that in the vast majority of cases appendicitis is secondary to typhlitis—the real seat of the affection being in the cecum. Since the cecum can not be removed the condition is not only made no better by extirpating the appendix, but actually made worse by the irritation incident to surgical interference."

In addition to the views expressed in the above quotations, it is well known that in operative procedure it is not infrequently found that the appendix is not at all involved; however, it is usually removed for reasons that are not satisfactoriyl explained.

The public is fast awakening to the fact that the procedure of the medical profession in such cases is extremely haphazard. It almost seems that the profession itself is anxiously waiting to be forced by public sentiment to abandon a practice that its own experience must have condemned long ago.

A metropolitan newspaper recently called attention to the fact that during the past year three of its employes had been afflicted with so-called appendicitis and that an operation was strongly advised in each case. The first two refused to submit and are not only well and hearty today, but recently attended the funeral of the third, who underwent a "successful operation." S. T. Lyne.

Kansas City, Mo.

Osteopathic College Endowment.

The question of an endowment for one or more osteopathic colleges is, in my opinion, one of vital importance to every member of our profession. To put the teaching forces of our science upon a sound, safe, financial basis is to add capital to every practicing osteopathic physician's bank account; yes, more than this, it will make secure for the relief of suffering humanity in future generations the instruction and qualification of men and women to carry forward the great work of healing, investigation and development.

I am heartily in favor of this movement.

What I have to say in these few lines comes as a result of close observation and study of

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the working out of some similar financial problems. I offer them for the consideration of the profession for what they may be worth.

Observation has taught me that *confidence born of knowledge of a reasonable, definite, workable plan is necessary to the securing of the largest possible subscriptions for such a cause as ours.* That *every dollar obtainable is needed* for this grand work is a self-evident truth. Now, I know this to be a fact, that business men and women (and many of our osteopathic physicians are shrewd business men and women, as also a large percentage of sympathizers from whom we expect to get patronage) when approached for subscriptions, will, in the absence of a definite, reasonable plan, turn the matter down entirely or give a few dollars, perhaps one-fourth, one-tenth or one-fiftieth of what he or she would otherwise give. Once given the "few dollars" settles the matter once for all so far as that individual is concerned, in nine cases out of ten.

Another suggestion which I deem worthy of consideration is that an effort be made toward securing a conditional large sum of money or property. The fact is, that, if some one or more individuals would make a conditional gift of $25,000, $50,000 or $100,000 provided a sum equal to a half million or a million dollars be secured within a specified time, say two, three or five years, it would wonderfully stimulate every individual who is in sumpathy with our cause, to do his or her utmost.

Again, if the pledges could be so written that the amount subscribed would become due in installments, say two installments, or possibly three in separate years. I believe the sum total realized would be considerably greater than if the whole were called for two or three months from date. What I am trying to do by these suggestions is to partially outline a plan by which it may be as easy as possible for each giver to pay *all* he or she *can*, and also one by which they will be most likely to give all they can. Most osteopaths who have been in the field a year or more could give $25 and not feel it much, and would do so, perhaps, without much thought. But if a business man were to honestly give all he thought he could for this cause, he would be much more anxious to know where his money was going, by whom it was to be handled, and what definite object was to be attained than if the sum was small and to him insignificant; therefore, I say a definite plan is essential before much work is done.

Let us work out the best method possible and be ready to act at the annual meeting this summer at Put-in-Bay.

Sincerely for the good of the cause,

Barre, Vt. LEWIS D. MARTIN.

Popular Literature.

The question of popular literature is a subject possessed of many details and one worthy of much thought. As the impressions gained of osteopaths and osteopathy are gained by many through the medium of what they see in print, our literature for public distribution should certainly be prepared with the utmost care. Its being for "popular" reading should not be reason for its not being presented in a dignified and conservative manner. Our progress during the past four or five years has been much evidenced by the improvement in the class of reading matter used for lay distribution, but a few features still remain which I believe would be best omitted. A few magazines still send out copies with "Special Edition For" in prominent letters at the top of the second page of cover, which is followed by the name of the D. O. paying for the journal. This, to the more intelligent class of people, is a very palpable subterfuge; one employed quite frequently by one-week-stand quack medicine vendors and magnetic healers. It reflects on the dignity and professional standing of both the magazine and the physician sending it, for no magazine of worth really does publish special editions for any one man, as the "Special Edition for Dr. Blank" would be calculated to indicate. It savors of cheap methods and egotistical assumption on the part of the doctor, and adds absolutely nothing.

Another feature that, to my mind, is out of place, is what might be termed appeals for patronage, such as "For constipation see the osteopath;" "Don't drug yourself to death: try the osteopath." A rational explanation or brief statement of the "why" can certainly be given in a convincing manner, but if you can not present osteopathy or particular phases of it to the reader in a manner that will appeal to his reason, it is not likely that he will be induced to become a patient by importuning him to "try osteopathy." It is always much more potent to have a man feel that he arrived at the conclusion that osteopathy had "something to it" through a process of reasoning than to have it drawn to his attention by glaring statements and solicitations. The "if this interests you pass it on" feature which occasionally appears in the popular magazine could also be just as well omitted. It too, savors of an appeal for patronage and gives the magazine more the complexion of advertising material. The more we can make our readers feel that magazines are sent or handed them to give information about an interesting scientific subject, rather than as a medium for soliciting patronage, the greater will be the good result of this literature.

Missoula, Mont. ASA WILLARD.

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EPITOME OF CURRENT LITERATURE.

[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 as an index to the best work in our growing osteopathic literature.]

Covey, Florence (Journal of Osteopathy, June, 1906)—Bodily Poise.

"Correct poise carries with it a sense of dignity unequaled by any other physical attainment. When standing or sitting correctly poised, each muscle is doing more nearly its part in the support of the body; every bone is accomplishing more nearly its normal function, and every ligament is giving a helping hand; bodily energy is saved, and thus the erect individual is enabled to approximate more nearly the high standards to which he aspires, not being dragged down by the weight of a body bending forward toward the ground.

The unbalance of some begins at the waist line. This condition compresses the stomach, crowds the diaphragm, and further affects the blood and nerve supply to the pelvic organs and kidneys. Another form of stoop is found in the upper dorsal region of the spine. This form affects the nerve supply to the lungs."

Feidler, F. J. (Journal of Osteopathy, June, 1906)—The Causes and Prevention of Disease.

"If there is any contagious disease in the neighborhood be sure that there is no undermining weakness in your own body. Oft repeated 'good night' in the half open door has been the seed of many a case of consumption. Sitting on cool steps has made a life-long invalid of many a thoughtless woman. Never go to bed with cold feet. High-heeled shoes throw the body forward, and may cause spinal curvature or neurasthenia. High, stiff collars impede blood circulation. The damage done by corsets is incalculable; it is a blessing that their use is being discarded by all except giddy women. Too much stress can not be laid upon the importance of pure air and deep breathing. 'Throw physic to the dogs'—if you have a grudge against the dog."

Laughlin, Geo. M. (Bulletin, June, 1906)—Policy and Judgment in Practice.

"It is bad policy to exaggerate claims. Osteopathy has been irreparably injured in this way. The administration of drugs by an osteopath hurts osteopathy. I stick to the adjustment of the bony lesion. I can not impress upon you too strongly the necessity of accurately diagnosing your cases; but the physician who gives a correct prognosis is the one who becomes successful and will be considered the wise physician. I believe in reading medical books for the knowledge they give you in everything except treatment of disease, and it is easy enough to ignore that."

BOOK REVIEW.

Applied Anatomy, by Marion Edward Clark, D.O., Professor of Applied Anatomy, Gynecology, Obstetrics and Diseases of Children in the American School of Osteopathy, Kirksville, Mo.

Within the past two weeks we have had the pleasure of examining this splendid work; we can not say of *reading it*, much less studying it, for from fly leaf to the final page of index there are 687 pages. The text deals essentially and practically with what it purports to do—applied anatomy—but as the author well says in the preface: "The scope of the work is not confined entirely to anatomy, but use is made of physiology, pathology and physical diagnosis in the interpretation of the signs of lesions and disease. In fact, it is almost as much of a work on applied physiology as it is of applied anatomy."

The atlas is first fully discussed, the facts of anatomy are given in detail; the blood vessels, muscles, ligaments and nerves in relation are described; the different luxations of which the bone is susceptible are set forth, together with the pathological conditions likely to result therefrom. Each vertebra is treated in a similar manner. A special section is devoted to the region of the neck, the innominate ,the sacrum, the back, and the spinal cord. Each rib is treated in a separate section, as are the thorax, abdomen, hyoid bone, the different articulations and joints, the hand, and the upper and lower extremities as regions. The twelve cranial nerves are each discussed separately, as well as all of the organs of the body.

The author is not only a student of books, but adds to the information thus obtained the practical knowledge gained from seven years' experience in the diagnosis and treatment of disease, as well as from much dissection, done, as he says, "in order to ascertain course of nerves, relations of viscera, pathological conditions, and their causes, and to better understand lesions, their kinds and effects."

On account of the supreme importance to osteopathic practitioners of the subject of applied anatomy, the peculiar qualifications of the author, the care he has exercised in its

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preparation, and the practical and convenient form in which the subject matter is arranged, we do not hesitate to say that a copy of the book should be in the hands of every member of the profession.

The book contains 175 illustrations, is well printed on good paper, and is for sale by the Osteopathic Book Publishing Co., 1109 Empire Bldg., Pitttsburg, Pa.

Half morocco, $6.75; muslin. $6.25.

Iowa Osteopathic Association.

The eighth annual convention of the Iowa Osteopathic Association was held in Des Moines May 23 and 24. The meeting was called to order at 1:30 p.m. in the parlors of the Chamberlain Hotel, where the opening session was held. The other sessions were held at the Still College. Dr. Frances Stewart of Ames presided in the absence of the president, Dr. S. B. Miller, who was not able to be present owing to the serious illness of his wife.

The program, embracing the following features, was then given:

Address of Welcome, Dr. Frances Stewart, Ames.
"Compared Therapy," Dr. J. S. Baughman, Burlington.
Music (vocal), Still College Symphony Club.
"Ganglia of the Fifth Nerve." Dr. R. W. Bowling, Des Moines.
Clinic, Dr. T. J. Ruddy, Des Moines.

EVENING SESSION.

Music (solo).
"Neuroses—With Cases," Dr. G. E. Moore, Des Moines.
"Obstetrics," Dr. Nettie Olds-Haight, Des Moines.
Reception, given by Still College of Osteopathy.

MORNING SESSION, MAY 24, 9:30 A. M.

"Osteopathic Surgery," general discussion.
"Professional Ethics," Dr. U. M. Hibbets, Grinnell.
Address, Dr. C. C. Teall, New York.

Officers were elected as follows: President, U. M. Hibbets. Grinnell; first vice-president, Delia B. Caldwell, Des Moines; second vice-president, S. I. Wyland, Chariton; secretary, T. B. Larrabee, Anita; treasurer, L. O. Thompson, Red Oak.

After full discussion the association decided to try to secure the passage of a law creating an osteopathic board of examiners.

All those present voted it the best and most enthusiastic meeting that the association has ever held, and went home feeling that they were better equipped to alleviate the sufferings of humanity than ever before and determined to do all in their power towards the advancement of their beloved science. T. B. LARRABEE, Secretary.

Kansas Osteopathic Association.

We are indebted to Dr. Annie Conner Lamb, secretary of the Kansas Osteopathic Association, for a copy of the program of the fifth annual meeting, held at Wichita on June 19.

The following were the principal features: Address by the president, Dr. J. L. McClanahan, Paola; paper, "Neurasthenia," Dr. Gladdis Armor, Emporia; Discussion, led by Dr. J. H. Bower, Salina; Case Reports, Drs. M. Hook, Hutchinson, G. B. Wolf, Ottawa, and others; paper, "Tumors," H. K. Benneson, Clay Center; Clinic, Dr. Mitchell Miller, Wichita. Dr. Geo. M. Laughlin, Kirksville, Mo., in addition to conducting clinics, had a paper entitled "What Osteopathy Can Do for Skin Diseases."

The meeting is said to have been the best in the history of the association.

The following officers were elected:

President, Dr. H. K. Benneson, Clay Center; vice-president, Dr. J. H. Shearer. Abilene; secretary-treasurer, Dr. Florence L. McCoy, Wichita; board of trustees, Drs. W. L. Lyda, Great Bend; J. L. McClanahan, Paola, and Gladdis Armor, Emporia.

Western Pennsylvania Osteopathic Society.

The Western Pennsylvania Osteopathic Association held its second regular meeting at the Hotel Henry, Pittsburg, on Saturday evening, May 19th, with about forty-five osteopaths in attendance. A banquet opened the program, with Dr. Charles Hazzard of New York as guest of honor, and Dr. Frank R. Heine of Pittsburg, president of the association, as toastmaster.

Dr. Hazzard read a very instructive paper on "Osteopathic Diagnosis," and later conducted a clinic.

The meeting closed with a short business session, at which the constitution governing the organization was adopted. F. J. MARSHALL, Secretary.

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Osteopathic Bill Before Louisiana Legislature.

A bill was introduced, at the instance of the medical men, in the legislature of Louisiana, now in session, the effect of which, had it become a law, would have been to drive every osteopath from the state. About the same time the ostoepaths introduced a bill providing for an osteopathic board of examiners; in many other provisions it was similar to the A. O. A. bill. Dr. Henry Tete of New Orleans appeared before the house committee on behalf of the osteopaths and secured a report (ten to one) in favor of the bill. It later passed the house by a vote of 62 to 2. The senate committee also reported the bill favorably.

The medical bill also came before the same committee of the senate for consideration. Train-loads of M. D.'s were present at the hearing. Dr. Tete again spoke for the osteopaths, and Senator Millsaps, on their behalf, offered an amendment exempting osteopaths from the provisions of the pending bill. The committee reported the bill favorably with this amendment. The medical men, seeing that the primary purpose of their bill was thus defeated, withdrew it and have turned their batteries upon the osteopathic bill, hoping to defeat it in the senate. The campaign has become very heated and considerable bitterness has been injected into it. One senator favorable to our bill stated that he had received forty telegrams in one day from M. D.'s urging him to vote against it.

A regrettable feature of the fight in this state is the fact of the failure of the osteopaths throughout the state to co-operate. All of the work has been done by the practitioners in New Orleans.

The osteopathic bill has been returned to the senate calendar and if a favorable opportunity presents it will be called up for passage.

Indiana Osteopathic Society.

The semi-annual meeting of the Indiana Osteopathic Society was held in Lafayette May 18, 1906, with a good attendance and much interest. The principal features were—

First, the president's message, which was strong and forceful, referred to our weak points with an urgent appeal for renewed devotion and encouragement to stand as a unit to promote the future welfare of our profession.

Second, a splendid clinic demonstration on many cases by Dr. Geo. M. Laughlin of Kirksville, Mo., which was highly appreciated and thoroughly enjoyed by all.

Third, an osteopathic lesion demonstration, illustrated by stereopticon, by Dr. C. P. McConnell of Chicago, which was given close attention and fully absorbed by a large audience of not only D. O.'s, but laymen as well.

The society adjourned to meet in Indianapolis October 31, all feeling that it was good to be there. E. C. Crow, Secretary.

The Los Angeles *Examiner* for June 21 is authority for the following statement:

"At the annual banquet of the Pacific College of Osteopathy Alumni Association, held at Levy's cafe last night, $5,000 was raised toward an endowment fund for the college. The members of the class of 1906 subscribed $1,000 of this sum."

About the time this issue of the Journal goes to press the fifth annual meeting of the California Osteopathic Association is in session at the Pacific College of Osteopathy, Los Angeles. The excellent program arranged extends over two days, June 29 and 30.

An Excursion to Niagara Falls Suggested.

If there are enough members of the A. O. A. who have not seen Niagara Falls, and who would like to see them before their beauty is destroyed for commercial purposes, do you not think it would be a good plan for us to get up an excursion from Put-in-Bay to the falls at the close of our meeting? It is so hard for D. O.'s to get away that they like to combine as much pleasure and sight-seeing as possible on the trip. Fraternally,

Wausau, Wis. Harriet A. Whitehead.

If the above suggestion is carried out it will doubtless be necessary to make some arrangements as to rates, etc., prior to the meeting. We suggest that all who contemplate taking this trip communicate at once with Dr. Whitehead.—Editor.

PERSONALS.

Dr. Chas. C. Teall was able to finish the work of inspecting the osteopathic schools, his father having improved in health.

Dr. H. L. Chiles spent a week in Virginia in the early part of June at the bedside of his mother, who was quite ill. She is now much improved.

Dr. S. D. Richards, who for the past four years has been practicing at Montgomery, Ala., will, after September 1, be located at 413-14 National Bank Building, Savannah, Ga.

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Dr. Samuel Robert Love and Grace Emeline Stanton of Erie, Pa., were married in that city on June 20. They will be at home after July 1 at 405 West Ninth St., Erie, Pa.

Dr. Everett Edward Beeman, New York City, and Jennie Burton Ackerly, Newport, were married on Wednesday, June 27, at Trinity Church, Northport, Long Island, New York.

Mrs. Ella D. Still, D.O., has returned to her practice in Des Moines, after an absence of nearly four weeks attending her father, who has been seriously ill, but is now much improved.

Dr. Mary Olive Greenwell, formerly of San Francisco, has located at Lodi, Cal. She lost both her home and office in the fire, and, for the first time in her life, was without insurance.

Dr. B. P. Shepherd of San Francisco, who lost everything in the disaster there, except the clothes he was wearing at the time, has temporarily located at 501 Macleay Building, Portland, Ore.

Dr. Lee C. Deming has turned over his practice in Los Angeles to Dr. Wm. R. Laughlin and, together with his wife, Dr. Edith A. Deming, will give his entire time to his practice in Pasadena, Cal.

Dr. Thos. L. Drennan, Jackson, Tenn., was commissioned last month by Gov. Cox to serve for five years as a member of the Osteopathic Board of Examination and Registration. He succeeds Dr. H. R. Bynum, Memphis, whose term expired.

A good likeness of Mrs. Ella D. Still appears in the Des Moines *Capital* for May 29. Dr. Still had just been re-elected president of the City Federation of Women's Clubs. She is the first president of the Federation to be honored by a second term.

Dr. H. E. Penland, formerly located at Albany, Ore., was in San Francisco at the time of the earthquake and lost his personal effects in the fire that followed. He will spend the summer at Newport, Ore., and seek a permanent location about September 1.

Dr. Howard Tribou Crawford, Boston, Mass., and Miss Nell Tallant Cutler, Niagara Falls, N. Y., were married on Wednesday evening, June 27, at 8 o'clock, at the Church of the Epiphany, Niagara Falls. Mrs. Crawford graduated in June from the Massachusetts College of Osteopathy.

By invitation Dr. Lena Creswell of San Diego, Cal., read a paper on "Superb Womanhood" before the Mothers' Club of that city. The paper was afterwards printed in the leading daily newspaper of San Diego. Dr. Creswell will take a vacation during the months of July and August and will attend the Put-in-Bay meeting.

Through a much regretted error the name of Dr. Bertha A. Buddecke of St. Louis was omitted as secretary of the Missouri Osteopathic Association in the account which appeared in the June JOURNAL. The name of Dr. Minnie Potter was given instead. The latter was re-elected as State Editor, a position in which she had served with distinguished ability.

APPLICANTS FOR MEMBERSHIP IN THE A. O. A.

In accordance with a rule adopted by the Trustees the names of all applicants for membership in the A. O. A. will appear in the JOURNAL. If no valid objection to any such applicant is filed with the secretary within thirty days after publication, and all receive an affirmative majority vote of the Trustees, they will be declared elected. Should objection be made to any applicant the case will be fully investigated before final action is taken.

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REINSTATEMENT.

Edith Frances Child, 827 Boylston St., Boston, Mass.

REMOVALS.

Geo. H. Wood, 345 Gates Ave., to 438 Madison St., Brooklyn, N. Y.
J. D. DeShazer, San Rafael, Cal., to Ouray, Col.
Jos. W. Martin, Albert Lea, Minn., to 59 Court St., Brooklyn, N. Y.
Lee C. Deming, Los Angeles, Cal., to 99 N. Euclid Ave., Pasadena, Cal.
E. C. Bond, Waterloo, to Muscantine, Ia.
T. C. Morris, LaPlata, Mo., to Nez Perces, Idaho.
Emma Griffin Gardner, Columbus, Kan., to Eaton, O.
William Graves, Caddo, I. T., to 316 Madison St., Jefferson City, Mo.
R. M. Mitchell, New Boston, Tex., to Texarkana, Ark.
Elizabeth Ayres, Brooklyn, N. Y., to 152 Main St., Hackensack, N. J.
Eugene Tiberghien, Phillipsburg, Kan., to Lexington, Neb.
R. Annette Pluss, Grove City, Pa., to 140 E. Oak Ave., Wildwood, N. J.
Helen G. Sheehan, Brookline, to 207 Bradford Bldg., Gloucester, Mass.
Mary Olive Greenwell, San Francisco, to Lodi, Cal.
L. Kate Morse, Los Angeles, to Corcoran, Kings County, Cal.
C. E. McCormick, San Francisco, to Watsonville, Cal.
Frank L. Martin, San Francisco, to Cohn Block, Marysville, Cal.
B. P. Shepherd, San Francisco, to 501 Macleay Bldg., Portland, Ore.
Sarshel DePew and Helen Victoria Cooper, 3426 Buchanan St., to 1259 O'Farrell St., San Francisco.
Carrie Snead Hibbard, 314 Ellis St., to 626 Clayton St., San Francisco.
Richard L. Meyer, 916 Market St., to 1882 Geary St., San Francisco.
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The Journal

of

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SHALL WE TEACH SURGERY? AND IF SO, HOW?

ARTHUR G. HILDRETH, D.O., St. Louis, Mo.

As it has been through all the past ages, so it must be throughout all time to come, each discovery that has marked the onward march of civilization, as a rule, has been given to mankind through difficulties and suffering; yet no matter how small the beginning, or how insignificant the origin, if of value to the economy of man, they have taken and filled that place to which they were entitled.

It is true that some of the discoveries that have contributed so much to this wonderful age have been thrust upon us almost in the twinkling of an eye, but, as a rule, all have had to take their place by growth, and the rapidity of their advancement and the degree of their immediate value has been guided largely by the minds, the ability, the caliber and the wisdom of those who were associated with them. Osteopathy has proven no exception to this rule. Each year as we move forward with our grand work, we learn, or at least should learn, rich lessons from our own experiences, as well as from the history of other discoveries. Each year has broadened us and enlarged our capabilities to meet the conditions with which we have had to contend, and is today better enabling us to guide the trend of our thought and work along the avenues that in the end will mean most to the countless millions of suffering human beings who are yet to learn the value of osteopathy. Thirteen years is a short time in which to develop a system of healing disease. We are but beginners; yet in our beginning we must meet all emergencies as they arise. We have solved, and successfully so, many difficult problems, whether always in the best way or not none can know; yet our progress made certainly indicates wisdom in guidance. There are none of us but should and do feel a just pride in our phenomenal successes, as well as a keen regret over some of our shortcomings and failures. Experience as regards our needs has done much to shape our legislation and our standards of qualification. The first we had to have, and the latter we are rapidly growing to. And now another very important and much discussed subject confronts us, and that is, shall we teach surgery? Shall we make it a part of the osteopathic curriculum; or, what position must we take? In our decision of this question, we must bear in mind that we are not only trying to decide what is best for our profession, but what is best for the human lives entrusted to our care as well.

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Aye, more than that, in this decision I see in the distance throughout all time to come either the beginning of a better way, of a higher class of qualifications for those who wish to practice surgery, or else I see us falling into the same old rut in common with the existing schools of medicine as practiced and taught in this country today. Shall we drift into the gulf stream of their so-called modern surgery, and be swept off our feet by the tide that has been flowing on for centuries, or shall we begin here and now to lay the foundation for a class of surgery genuinely scientific, such as has never been dreamed of by the men who now practice it—a surgery that is based upon a knowledge which originated in osteopathy, a knowledge which has come to us through practical experience in direct contact with disease; a surgery that will only be used when we know it means the saving of human life, and never as an experiment? The culmination of our experience, together with all that has been learned and is good in surgery as taught today; a surgery of evolution, the outgrowth of our glorious system that is today reducing the necessity of the knife to the minimum. Drug medication has in the past driven the practitioners of medicine to the extremities which are largely accountable for the indiscriminate surgery of today; experimental surgery, or treatment. We should not condemn them; we must show them a better way. We have reached a time when an awakening should and must take place. The average individual dreams not to what extremities the medical profession has been driven in the handling of diseases, and especially do they little comprehend the hundreds, yes, thousands, of lives that are each year sacrificed, filling premature graves, through operations that should never have been performed; nor of the numberless operations that are performed and pronounced successful, even when the patient dies a few hours or days later; and to these is added another list with which we have to deal, and that is, the countless hundreds of cases that have been operated upon and left in much worse condition than before the operation was performed—not only the wreck of one but of several operations, each separate operation performed with the hope of a better result. I ofttimes wish that in the records that are now beginning to be kept by our profession and that are in time to take their place as a part of the history of our practice, we could get or have a total of all the wrecks who have come to us as a last resort after having tried surgery, most of them suffering more from the effects of an operation that never should have been performed than from the original cause of their disease. It would astound the people of this intelligent age could they but know the facts.

No less than eight women have come into our office during the last six months who were not only suffering from the original cause of their ailments, but, worse still, suffering more from the after-effects of operations for which there was no need—organs removed that can never be replaced, functions destroyed that impair the harmony and rhythm of the entire human mechanism, the most beautiful law on earth. One woman especially impressed me who had submitted to six different operations at six different times, ranging from a curettement to the final removal of both ovaries and the uterus. She came to us a total wreck; she could not stand on her feet two minutes at one time; she could walk some, but when she stopped on the street or in the store, she would have to sit down at once,

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even if only on the curb or on the floor. Her condition was pitiful, and yet her surgeon or surgeons (for two or three of them had had a trial at her) still held out the hope that maybe one more operation might put her on her feet. Could you have known her and of her abiding faith and divine trust in Him who gave her life and her belief that her sufferings were all for some good, you would know in part at least why the mistakes of our present system of surgery have been so long covered up from the public.

Another case which recently came under my personal observation was that of a man for whom a diagnosis of appendicitis had been made. This man, one of the most influential of our city, was in the pink of health, except for a slight pain periodically, just anterior to the margin of the right sacro-iliac synchrondrosis. The pain in the region of the appendix was not serious enough to interfere with his business, yet was troublesome enough to lead him to consult one of the leading surgeons of our city; and this surgeon called into consultation another eminent surgeon and the two advised an operation. But before performing it they desired the opinion of a specialist in this particular case, a man who lives in one of our great eastern cities, and who would soon be passing through St. Louis. So it was arranged that the third eminent authority upon diseased appendices should examine the case. He was only in our city between trains, a couple of hours; he spent thirty minutes of that time with this patient, and when leaving he said to him: "Were I in your place I would certainly have that operation." He went on his way and in a few days the gentleman examined received a bill of five hundred dollars. The physician was mailed a check for one hundred dollars with the remark that he supposed the surgeon had made a mistake in his bill, and no more was heard from him. But the case was operated upon and in a few months after the operation one of the two surgeons mentioned, who had assisted in performing the operation, said to a close personal friend of the patient: "So and so made one of the prettiest operations you could want to witness, but there was not one particle of disease of his appendix." A few days after the operation the patient paid a five hundred dollar doctor bill and the hospital trimmings besides. He, unlike many others, was left in very good condition. Think of the crime of operating where there was absolutely no necessity of an operation; think of the danger to human life without cause. Conservatism is what we most need, and it must come from osteopathic surgery.

Next to the removal of the appendix as a fad comes the removal of the ovaries; this is the part of our present practice of surgery which should be met with our bitterest opposition. It is a practice that not only endangers the lives of our wives and daughters, but it is fast unsexing womankind and robbing them of the most divine function of their existence, the power of producing their own kind. In speaking to a prominent surgeon of our city, a personal friend of mine, and of our science, one of our best, and a very conservative practitioner, upon this subject he instantly became very indignant and almost blurted forth the exclamation: "Of all conditions of surgery that is the most damnable practice." Do we want such a surgery to be a part of our glorious system? God forbid! These, of course, are only a very few illustrations of the numerous cases with

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which we are all acquainted, every one of us. Now, mark you, I am not condemning surgery—correct, scientific, necessary surgery—nor the great big, noble-hearted, efficient, well-qualified, conservative, good men whom we know do a world of good in saving human life and, too, in saving needless operations. But I do condemn the condition that exists at this time, and we should all condemn the laws of this land that permit such a horde of ignoramuses to experiment so recklessly with human life. And, too, I condemn the old schools of medicine that are graduating each year their thousands of students and giving to them the right to practice surgery without better qualification. For years and years the members of the older schools of medicine have been going to the legislatures of the different states of this great republic and under the guise of higher standards and the protection of the health of the dear people, have enacted laws which, until the osteopaths demanded and secured recognition, virtually gave to them a monopoly of the healing art. Are these laws a protection to the people of this country? Do they protect the health of the individual, or do they protect the individual practitioner of medicine and surgery and permit him to bury many of his mistakes? This is a question that should be given very careful consideration in connection with this subject. These laws enacted in humanity's name have been and are covering up a world of butchery and mistakes performed in surgery's name by ignorant, would-be surgeons.

Many patients have gone to their graves whose deaths, if the facts were known, were due either to operations that should not have been performed, or, worst still, to the bungling mistakes of half qualified surgeons. These deaths, if called by their right names under existing conditions, would be nothing less than legal murders.

The above statements are clothed in strong language, but are the truth. we wish to be fair, and we know it is their mistakes mostly with which we come in contact, for the successful surgical case does not need to come to us. But their mistakes are too numerous, and when we teach surgery, we must create surgeons who will operate only when they know it is necessary.

My judgment tells me we are not ready to teach and practice operative surgery. We should teach it, but not as yet practice it. I mean by this, we are not ready to try to make surgeons out of all osteopaths, and I do not believe the time will ever come when we should. We must make our surgeons osteopathic specialists.

My position in this matter is based upon what seems to me three very valid reasons:

First. We are not old enough as yet to decide or know what is best; we have not had enough of the scientific technique of our own pathology, and our experience extends over far too short a period for us to know ourselves how far we may be able to go in the way of curing all kinds of diseases so ofttimes pronounced surgical, and should we begin to dabble (pardon the expression, but that it what it would be as we are situated) with surgery, we would weaken in a great degree our work of exploration and research in our own field of treatment.

Second. Our osteopathic colleges are not in a position to teach surgery any better, if as well, as the medical colleges are now doing; and unless

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we are prepared to teach better than they there is nothing to be gained by our teaching it.

Third. There is at this time no necessity for our taking up the practice of surgery, for the reason that we have now a great abundance of thoroughly qualified surgeons—men who have spent their lives in educating themselves for this work and are eminently able, yes, and very willing, to care for all the surgical cases where we may need their services, and each year as we grow older and demonstrate more and more by our conservatism and our wisdom in diagnosis of surgical conditions, the higher will be their respect and the more cordial and fair will be their treatment of us.

It is true that often when we recommend a patient to a surgeon that he is so narrow and small as to try to prejudice the patient against our treatment and it is also true that in many cases we are not permitted to care for the patient osteopathically as he should be cared for after the operation, and that this condition is a serious handicap to the recovery of the patient and to our science. But we all know that a surgeon, to be what he should be, must be in active, continuous practice all the time. When osteopathy reaches its true level; when we have climbed to the summit of the hill and know ourselves what we can do, the demand for surgeons, in my judgment, will be so limited and the necessity for their services so rare that less than fifty good men centrally located, could do all the work necessary for our entire profession.

After deciding to write upon this subject I sent a circular letter to one hundred and fifty osteopaths. From those letters I received one hundred and five replies, and to those one hundred and five I am very grateful and feel indebted to each one for their splendid aid and good thoughts. Those letters were mailed to the oldest practitioners, in point of experience, in our profession, and contained the four following questions:

1. Shall we teach surgery?
2. If so, how?
3. About how many cases have you found where surgery was absolutely necessary?
4. About what per cent. of patients who have come to you who have been operated upon report permanent benefit?

In reply to the first question, at least ninety per cent. thought we should teach surgery. About ten per cent. were bitterly opposed to our teaching surgery at all. At least eighty per cent. who advocated our teaching surgery, wanted it taught, not for the purpose of practicing it, but for the greater, broader knowledge it would give us, and nearly all opposed our practicing surgery unless it was more thoroughly taught than it is at this time, even in our medical colleges. They believed we should have our well-qualified osteopathic surgeons as specialists as soon as we could grow to them—but never make all osteopaths surgeons; rather make all our surgeons osteopaths. About eight per cent. favored all osteopaths being surgeons.

In reply to the second question all stated we must better qualify our surgeons than the old schools do.

And the third and most important question was answered unanimously by saying the very smallest per cent., ranging from one-tenth of one per cent. up to about ten per cent.; that being the highest.

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Remember, these answers came from men and women who have been in practice from four to eleven years, and while it is true, as stated in some of their letters, that only a few surgical cases come to us because of a lack of confidence by the people in our surgical knowledge, yet numbers of these letters say where, in practice for six, eight and even ten years, they have had less than four, six, eight or ten cases in all these years. And nearly every one reports saving numerous cases from an operation where surgical operations had been advised by some of the best surgeons on earth.

The fourth question was hardly a fair one, for the reason that the failures mostly come to us and not the successes; consequently I did not tabulate the replies.

The following are brief quotations from a few of the most experienced people in our profession (I only wish you could read every one of these letters; they are all good and furnish valuable information):

EXTRACTS FROM LETTERS OF OSTEOPATHS IN THE FIELD.

"Osteopathy is, in my opinion, as yet in its infancy and requires the undivided attention of its practitioners if they ever hope to advance its scope, very few individuals have the capacity to learn to do more than one thing well. Personally I would like to be a competent surgeon, but surgery like osteopathy is a life study and only a few can master both of these great branches of the healing art."—* * *

This letter comes from a man who has been in practice eleven years:

"It is my opinion that to teach surgery or medicine (drugs) not only makes weak-kneed osteopaths but weakens the faith of the people in our methods, for if one understands surgery he is more than likely to be anxious to practice it and would use it where osteopathy could do the work without it. I am an old-fashioned straight out and out unadulterated osteopath and I get results and do not care or need to dabble in anything else in addition to it. To be a proficient surgeon requires constant practice and possibly an osteopath will have, say two or three cases, during the year that are *really* surgical cases—there have been several osteopaths come here to take the course in medicine and surgery and I have made it a point to ask them why they were taking the course, this is invariably their reply, 'Protection and because there is more money in surgery,' two very poor excuses, I think."—* * *

"What the world needs is skillful osteopaths and conservative surgeons. I see no reason why every osteopath should aspire to be both."—* * *

"Surgery is needed but should not be used in half the cases it is now used. Have your students taught conservative surgery instead of destructive surgery coupled with graft."—* * *

"I think for the present a surgeon should be a specialist as they are expensive to make and a few can do all the work."—* * *

"The percentage of cases which will exhaust skillful osteopathic treatment and require the knife will eventually be proven to be even smaller than it now is, and it would seem to be a useless expenditure of time to include actual operative work in the curriculum for each and every student. We need osteopathic surgeons but the percentage of them should be kept at the lowest possible limits, for the good of the public and the profession."—* * *

"I should say that the percentage of my cases is very small where I have advised surgery—less than 1-10 of one per cent. I can recall only one case, where surgery was resorted to, where there was permanent benefit, and I can name dozens where there can never be permanent good health because of the havoc done with the knife, although osteopathy can make them easy."—* * *

"Your text is to me slightly ambiguous, instead of teaching how to use surgery we should teach the general non-usage of it. The diversion which carries with it an air of adventure makes it pleasantly interesting—I like that. By all means teach it, it is commendable, it kills more people every year than it saves, that is the rub."—* * *

"One of the greatest things osteopathy is doing is the saving of patients from unnecessary operations. Should we adopt surgery, we shall lose our conservatism and some other cult will be needed to save patients from *our* knives."—* * *

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"From all points of view I believe surgery is a science of its own and that the general practitioner has no business to practice it only in emergency cases, and those are few. I have learned through the last great war that the best results can be obtained after the shock of the injury has passed, as proven by the Japs sending all their wounded home before operating on them. In my practice here of several thousand cases in seven and a half years, I have perhaps sent ten or twelve cases to operating tables, and as far as I can ascertain, all were successful."—* * *

"I am opposed to the teaching of general surgery in our colleges at the present time. If a person desires to be a surgeon he should be a specialist. None of our colleges are yet sufficiently equipped to do this and if they were they could not guarantee to deliver the goods under existing laws, and a medical course would be necessary. If an osteopath wishes to specialize in surgery, let him continue his studies in a good hospital and secure the proper schooling. My desire, however, is to prevent the necessity for surgery which I believe in time can be accomplished almost entirely. This is a condition and not a theory. Every osteopath, however, should be ready at all times in emergencies, and our colleges should prepare them for such emergencies better than they do now. Right here let me say that I believe the average osteopath is just as capable to perform surgical work as the average medical graduate. I cannot go into details here, but this statement is made advisably."—* * *

"I think that when the day of the osteopathic surgeon dawns the domain of surgery may be extended in some directions, but there will be a marked limitation in it in other directions, and those who use the knife will use it with profound knowledge, consummate skill and a good conscience. Certainly there will be vastly less mutilation of women and fewer operations generally."—* * *

"The medical profession has been surgery mad for the simple reason they knew not what else to do. I believe the next decade will record a decided falling off in the number of operations as compared with the past decade."—* * *

"There is a question in my mind if the teaching of surgery is needed. There is only one thing in its favor and that is that if a patient were under the care of an osteopathic surgeon, they would not be filled up with drugs of all kinds; then again, there is danger of the osteopath getting just like our medical friends and cutting too much. As it is now the D.O. will do all in his power to save without the knife, and I am not prepared to say what the limit of old Nature is. There is danger lurking along all lines when we step outside of the first principles of osteopathy."—* * *

"In a nutshell, we want more anatomy (general), chemistry, minute knowledge, physiology, the working knowledge of the old engine, then learn to feed it (dietetics), especially by stomach and lungs, then clean it (eliminating and excretory apparatus). Dear Doctor Hildreth, the longer I work in this engineering business the greater is my respect and admiration for the master engineer to whom we are indebted for our great headlight, nor do I forget those who so earnestly and faithfully organized and are still piloting the great science."—* * *

"Judging from my limited experience we spend very much time teaching and studying something we have but mighty little use for except to condemn it. We can no more be osteopathic surgeons than we can be osteopaths and allopaths, and you know very well what we think of the latter. Do not think for one single moment that I am opposed to surgery, for when a case needs a surgeon there is nothing that will take its place, but then we want a surgeon and not a man who is practicing surgery, osteopathy, homeopathy, dietetics, etc."—* * *

"As time goes on when the osteopath is the *one* above all others that patients will look to for an accurate diagnosis, that is the time when he must have all possible knowledge at his command, who could be better fitted for surgery than the osteopath with his delicacy of technique and thorough knowledge of anatomy, certainly a good foundation. I honestly believe some osteopathic surgeons would mean less surgery. He would be more conservative than the general practicing osteopath, and when consulted would be in a position to know whether osteopathy could reach a given case or not. The establishing of a rational and conservative surgery will have to be brought about through osteopathy, as it is the only form of therapeutics that offers any hope in the seemingly surgical cases. This age and generation seem to be going surgery mad. To check it should be the continual endeavor of every true osteopath. Pray do not think by what I have said that I believe every osteopath should be a surgeon—far from it (though he should know surgery diagnosis), but I do believe every surgeon should be an osteopath."—* * *

To Dr. Chas. C. Teall, in the January Journal of the American

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Osteopathic Association, I am indebted for the following brief, but very sound and sensible position upon this subject:

"Objections are sometimes raised to osteopathic laws that forbid osteopaths to practice surgery, on the ground that we shall soon have osteopathic surgeons. No doubt we shall in time, but not until our schools are endowed, and equipped with hospitals for the thorough teaching of that important art. Heaven forbid that we be guilty of adding to the already too numerous crowd of half-baked surgeons. When we are ready with the qualified man there will be no difficulty in making his place by law. It is a source of strength with legislators that such restrictions are asked for, and limitations voluntarily set.

"If a surgeon who nimbly removes our unnecessary organs is great, how much greater the man who saves the operation, the organ, and perchance the patient's life? After seven years I can count on the fingers of one hand cases sent to the surgeon. There was no difficulty in finding the right one, either, and being shown every courtesy."

Now listen to me and understand my position. I believe we should teach surgery in all our colleges just as thoroughly as it is possible to be taught under existing conditions, and our schools should just as fast as possible, teach it as good as any school of medicine.

But just here comes the pivotal point, the place where osteopathy steps in, where our profession by the wisdom of its decision and through the example it sets, will either give to the world a higher class, better, and more certainly scientific surgery or else we will be swallowed up and drift along with the tide, a part of our present system of surgery. God guide us aright in this decision!

We need surgery; the world needs surgery; but we need the kind of surgery that saves human lives—not the kind that destroys them. We need to teach it in our colleges in order to know when to use it to save human lives, or in order to make of ourselves correct diagnosticians. We do not need to practice it. Our duty, our work lies in laying the foundation for a better surgery, and when the time comes, as it probably will, that we need to practice it, let us set our standards so high that it will be the few and not the many who can reach our requirement. Let us require not only our full course of three years as taught today, but add to it two years more in the study of surgery and in specializing, and on top of that, not less than two years more of practical experience in some good surgical hospital, where we can have the actual contact with all kinds of conditions of diseases so necessary for accurate knowledge. This is how we must teach it. Our profession should be very careful and not create a sentiment so strong by agitating this subject in a way that they will compel our colleges to teach it until they are better and more thoroughly prepared to do so than at the present time, and, too, until by our growth we can know ourselves what we most need.

I shall oppose with my last breath, any move by our colleges that tends toward granting to each and every graduate the right to practice surgery. Here is where we must safeguard our profession. Here is where we must begin the better method of surgery. Here is where we must set the standard for the old schools and force them in the end to join us in giving to the world a surgery that comes through absolute necessity to save human life, and not as an experiment.

Today every single graduate of a regular school of medicine holds a diploma that entitles him to practice surgery in all its departments. And under our present laws and conditions, it is not always the ablest who practice it most, but the self-opinionated ignoramus has the same right, so far

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as the law is concerned, as the best qualified, and most worthy. This is not as it should be, and if the American people were once aroused to the seriousness of this condition it would not last long.

I hope that now we may begin the agitation of this question, and that our profession may have the supreme honor and credit for changing one of the most serious conditions that has to do with the lives of the American people. England requires seven years in college work and hospital training before a person can be licensed to practice surgery. The practice of medicine and surgery is separated there, as a rule, and our surgery should be equal to, yes, superior to any other on earth. In this day and age, one man can not become proficient in many lines of work. We need specialists—thoroughly competent, capable men—men who are in accord with us; but we need only a few of the right kind, and it would be criminal, in my judgment, certainly a rank mistake, for us to swell indiscriminately the existing horde of cheap-John surgeons by making all our graduates on a par with them.

When we teach surgery let us create a surgery in every way scientific, a surgery that will do credit to our science and to him who gave it to us and to suffering humanity; one that will win the entire respect and confidence of the world. Our mission is to prevent, not to encourage, surgery. We must centralize our efforts, go deeper into the grand truths of our own work and know more of the limitless field in which we have already done so much good.

Recently, when in Kirksville, I said to the "Old Doctor:"

"I am going to write a paper on the subject 'Shall We Teach Surgery; and if So, How?' "

He looked at me a full minute, and then said:

"God is the best surgeon. Tell our boys and girls that my one ambition in life has been to do just what the first charter granted to the first school of osteopathy on earth gave me the right to do." A part of article three of said charter reads as follows, which explains his meaning:

"The object of this corporation is to establish a college of osteopathy, the design of which is to improve upon our present system of surgery, obstetrics and the treatment of diseases generally, and place the same on a more rational and scientific basis."

"Tell them we have made splendid progress, but that when we teach and practice surgery, it must be an improvement upon our present system. When we practice surgery it must be the kind that saves limbs and organs, yes, and human lives, and does not destroy them."

803 N. Garrison Avenue.

THE OSTEOPATHIC LESION.

IV.

Dr. Carl P. McConnell, Chicago.

TREATMENT OF THE LESION.

The osteopathic lesion being a "structural perversion" indicates mechanical readjustment for its correction. This fact appears clear and simple enough in the abstract, but nevertheless is the stumbling block of many osteopathic students in acquiring the technique of treatment. Herein really rests the key to our therapy and consequently the divergence of the

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same from other methods. Even massage and Swedish movements and various medical gymnastics do not vitally come within the scope of readjustive manipulation. (However, the reader should not lose sight of the fact that our therapeutics does not constitute the primary divergence of our system from other methods or schools, but instead our etiology.)

Why is it that some osteopath who is a good mathematician has not graphically and mathematically represented the theory and practice of osteopathic therapy? It would not be a difficult thing to do. And what an aid to the student! The student could the more readily and comprehensively grasp the principles involved. To resolve and illustrate manipulative readjustment to and by the principles of mechanics would add considerably to osteopathic development; for example, how nicely the correction of innominata maladjustments illustrates the principle of the wheel and the axle. Vertebral and rib displacements when readjusted make application of the principles involved in the simple machines. If our distinctive therapeutics were taught in this manner the average osteopath would be more specific and comprehensive in his work and as a consequence more scientific. It would eliminate considerable of the present hodge-podge manipulation. It would do away with most of the "cut and try" methods and bring out the principles involved in each and every case. Hence, diagnosis would be more exact, routine pommeling discarded, and better all-around work executed.

This problem may be stated thus: *Vis medicatrix naturae* plus general manipulation, versus *vis medicatrix naturae* plus specific manipulative readjustment. It resolves itself, however, into a self-evident conclusion. Were it not for *vis medicatrix naturae* little could be done, of course. But how much more effective *vis medicatrix naturae* if the manipulation is a specific readjustment!

A few apparently lose sight of the fact that if osteopathy can not be definitely demonstrated both experimentally and mathematically the entire "scientific" fabric must disintegrate from sheer lack of merit. In other words, osteopathy can present no better claim to a therapeutic system than mere massage plus suggestion if we can not demonstrate our "science" by other means than clinical; not but that clinical results may prove perfectly satisfactory in many instances, but science demands a perfect rounding out of our claims by irrefutable facts.

The pathognomonic symptoms of the osteopathic lesion are: 1. Maladjustment; 2. contracted muscles; 3. Tenderness; 4. limited movement. To these might be added changes in local temperature and disturbance of function, but the former is not constant and the latter may be remote or obscure. These would hold true whether the osteopathic lesion was primary, secondary or compensatory; and, also, if the lesion was muscular, or due to a displaced viscus.

To correct the lesion, that is, the osseous lesion (and this is the fundamental in distinctive osteopathy), we would follow the outline as given in our "Practice of Osteopathy" some seven years ago. Two general rules are applicable to all dislocations, whether partial or complete: "1. Exaggerate or increase the dislocation. This relaxes the tissues about the dislocated articulation and disengages the articular points that have become locked. 2. Reduce the dislocation by retracing the path along which the parts were dislocated." Hence to correct a lesion for, example, a vertebral lesion: "1.

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Exaggerate the lesion. 2. Place the fingers of the hand that is not employed in exaggerating the lesion over the extended portion of the lesion. 3. Extend the region that was flexed when the lesion was exaggerated. 4. When the lesion is being extended produce traction and slight rotation of the region. 5. At the same time extension, traction and rotation is being produced push in upon the extended portion of the lesion." To this might be added for sake of clearness and greater assurance of success: 1. Be positive the focal point (the point of greatest exaggeration) absolutely corresponds to the lesion, or else most, if not all, of your effort will be useless. 2. Just before reaching the maximum of exaggeration have the fingers correctly placed for the readjustment, and at the very moment of maximum exaggeration, or just a fraction of a second prior, begin to correct or readjust, or else you will lose the vantage gained and the operation will probably be a failure. 3. The general traction and rotation are to aid in unlocking the lesion. not to readjust, as some may think. All rough handling, needless snapping of parts, and excessive rotation and stretching are not only apt to tighten the lesion more and irritate the parts, but may be absolutely dangerous. It is skill that counts, not strength. Serious shock may be caused by severe or unskillful treatment. The great majority of lesions can be corrected without resorting to harsh manipulations, extreme stretchings and rotations, and loud poppings.

Now this is not only theory but it is demonstrated by actual practice. The above is based upon the theory of the osteopathic lesion, and, what is better for the practitioner, it is practical. The art of osteopathy has preceded the sceience, as every one knows, but this does not preclude the fact as well as the necessity that our art should be specific and thus approach the scientific.

The future will reveal two necessary methods to teach the student the art of practice (scientific practice). First, he will be taught graphically (mechanically and mathematically). Second, by a most thorough development of the sense of touch, which can be attained only by daily practice for months and in small classes.

Relative to the education of the child Froebel says this: "The educated hand means an educated head, although the educated head does not necessarily mean a useful or skillful hand. All manual training is mental training, The hand does nothing save as it is directed by the brain. And in order to develop your brain you must use your hands, and to develop both sides of your brain you must use both hands." And this is very apropos to the education of an osteopathic practitioner, also. Skill can come to one only where there has been real practice and experience.

There is one other point we wish to speak of here. This was suggested to us, particularly, by Dr. C. E. Achorn of Boston. Upon noting the results of our recent experiments he asked if we did not think there was danger from misapplied and unnecessarily severe treatments. It should be remembered the experimented lesions were deliberately produced; thus the same force which will correct a lesion can, if misdirected, produce one. Hence, we believe the doctor's suggestion is an important one. There is no doubt in our mind that serious results may follow a misapplied or too severe treatment. Osteopathic treatment is not necessarily harsh; in fact, need it rarely be. If the practitioner will first learn how to treat intelli-

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gently and specifically and then content himself to give a balanced treatment as to specificness, severity and time, mistakes will be reduced to a minimum and a certain few of the public will not be reluctant to take osteopathic treatment. It is well to be conservative until time shall demonstrate some of the effects of treatment. Remember your patients' interests are paramount, and always give him the benefit of a doubt. The amount of force used should always be the minimum, both for the sake of the patient and to conserve the practitioner's strength, which is a thing to be seriously considered. How far some of us have drifted from the tenets of Dr. Still! (See "Possible Injuries from Misapplied or Over Treatment," JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION, November, 1903, and "Technique of Treatment," *Journal of Osteopathy*, July, 1904.)

57 Washington Street.

SOME CHEMICAL ASPECTS OF EXCRETION, WITH SPECIAL REFERENCE TO URIC ACID.

By N. ALDEN BOLLES, D.O., Denver, Colo.

Uric acid is di-basic; that is, it has two atoms of hydrogen replaceable by bases, as sodium or potassium. There are two urates of sodium, therefore, the mono-sodium urate, acid urate, or sodium bi-urate, and di-sodium salt, also called the neutral urate. The latter is quite soluble in urine, also in blood-plasma and lymph. The former, acid urate, bi-urate or mono-sodium urate is insoluble in water and in blood or lymph which is not sufficiently alkaline to convert it into the neutral urate. We may here well consider uric acid itself also. It is practically insoluble in water and dilute acids, and only slightly soluble in the constituents of the blood, as this fluid is constituted in most people. It appears as reddish crystals in the urine upon cooling, while the acid urate, bi-urate or mono-sodium urate is likewise deposited in cold urine under certain conditions, as a reddish or pinkish or even colorless fine muddy sediment called lateritious deposit. Both of these often get the name of "brick-dust" deposit. Both may appear in the same sample, the uric acid in this event appearing as small crystals having the appearance of cayenne pepper, more or less scattered through the other sedimentary matters at the bottom and on the sides of the containing vssel.

Phosphoric acid is a peculiar acid in that it is tri-basic, having three atoms of hydrogen replaceable by bases such as potassium or sodium. Replacement of one by a sodium atom forms mono-sodium phosphate, also called acid sodium phosphate; two sodium atoms replacing hydrogen make the di-sodic or di-basic salt, while three sodium atoms replace all three atoms of hydrogen, making the tri-sodium, tri-basic phosphate. The two former compounds are present in the blood and urine; viz., the mono-sodium or acid-sodium salt, and the di-sodic salt, also called neutral sodium phosphate because it reacts neutral to litmus paper. The tri-sodium phosphate reacts alkaline to litmus paper, hence often called alkaline sodium phosphate. This tri-basic phosphate is mentioned here in order to more clearly define the chemical position and nature of the phosphates especially concerned in this discussion. The phosphoric acid radical or acid (negative) portion of *all* phosphates is thus seen capable of taking and releasing one or more atoms of sodium or

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other base, as circumstances may demand. We will now view this useful power in excretory functions.

The di-sodic phosphate in the blood furnishes a "migratory" atom of sodium to play between the phosphoric and carbonic acid radicals, taking the latter from its sources in the active tissues, and carrying it to the lungs as sodium carbonate. Here the CO^2 escapes to the atmosphere, the sodium atom returning to the now acid or mono-sodium salt, regenerating the di-sodic phosphate. This round is constant during excretory activity of the lungs.

Fruit acids, which are easily oxidized, act when ingested, in a manner similar to carbonic in the appropriating of sodium. They may take it from the saliva, the pancreatic secretion, or the blood itself, according to circumstances. This sodium atom comes from the di-sodic phosphate of the blood, reproducing mono-sodium phosphate either directly as the acid may be absorbed, or indirectly as furnished by the saliva or other alkaline fluids of the digestive tract, in the form of sodium carbonate. The fruit acid expels CO^2, forming the corresponding sodium salt. The carbon di-oxide thus liberated in the mouth or intestines either mainly escapes, as before swallowing, or has to be retained in the digestive tract till evacuated or absorbed from the intestines in the event their walls are sufficiently supplied with alkaline blood to neutralize and absorb it.

Acids produced by fermentation, either taken with food or produced by putrefactive processes in the digestive tract, are likewise absorbed in one or the other form, taking up the migratory sodium atom in the blood or lymph. Not being volatile nor easily oxidized, however, they must, if removed at all, be received into the blood as sodium salts, and eliminated from it in some other way than by the lungs.

These two classes of salts now approach the right side of the heart either via the portal vein and liver, or via the thoracic duct, whence they are sent through the lungs in company with the systemic venous blood. It will be remembered that this systemic venous blood comes now to the lungs for expulsion of its CO^2 and other volatile acids; for the accompanying regeneration of a corresponding amount of di-sodic from mono-sodic phosphate, and also for renewed oxygenation of hemoglobin. The salts of easily oxidizable acids will thus be converted into carbonates before arrival at the lungs if the remainder of the oxidizing power in the venous blood is available. Thus these carbonates will be at once decomposed in the lungs, restoring sodium to the blood as the di-sodic phosphate. If this power is unavailable, these salts will either have to await its restoration at the lungs, when this oxidation may occur there or in the arteries, or else these and the less oxidizable radicals not likewise consumed will go on the round of the circulation until arrival at the kidneys calls the peculiar life-saving powers of these organs into action. Here any acid sodium phosphate is promptly removed from the blood, as is also any di-sodic phosphate carrying uric acid or urates as diffusible compounds. Furthermore, sodium and potassium salts of fermentative acids are also here removed as objectionable substances. Acetates, oxalates, and the sulpho-cyanates exemplify this excretory action.

Diffusibility plays an important part in both secretory and excretory activities, and is especially to be considered here. Thus a volatile acid radical may readily part company with this sodium atom in the lungs in the

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presence of mono-sodium phosphate and some other force sufficient to liberate it as a gas. Salts of fermentative acids not oxidized, and urates as well, may be removed as such by the kidneys if diffusibility be a property of their own. But even if gelatinous, (i. e., indiffusible) they may still escape by way of the kidneys without harm to these organs if they can combine with other substances to form diffusible double salts. In the former case tho sodium atom accompanying this radical will be the only sodium lost to the blood, while removal as double salts unavoidably takes from the blood at least twice as much of this valuable asset, and this may be to an extent of serious import to other vital processes.

The degree of concentration of various urinary constituents appears to have a marked influence on the ability of the purins to escape. A rather remarkable inverse ratio is noted in the conservative elimination of chlorids and purins, such that when chlorids are diminishing a larger amount of purins is eliminated, while increasing or high proportion of chlorids may be accompanied by purin retention. Discontinuance of other than fruit acids and salts in the ingesta will be followed soon by increase of purin elimination, especially in cases of epilepsy and softening of the brain; while contemporaneous discontinuance of proteids, purins and nitrogenous articles of food will be followed by marked improvement in the symptoms. This improvement will be accompanied by increase of urinary purins, followed by gradual decline as the prescription is followed at greater length.

Urinary acidity has a similar influence. Further experiments are in progress involving these questions, in hope of still more positive results.

The exogenous or food-derived purin is interesting in the comparative study of this and endogenous purin. Some investigators have found that endogenous purins are fairly regular in the amount excreted on a given purin-free diet, and that free and soluble purins eaten in food promptly appear in the excretion to the extent of about 50 per cent. of that ingested. This seems to mean either half oxidation or half storage. It is observed under the condition of high proteid feeding, with urea excretion of 2 per cent. or more, 25 to 40 grams daily. I find that when proteid feeding is low enough to produce only ¼ to ½ per cent. of urea in the urine, with total excretion of only 4 or 5 grams per day, the taking of moderate amounts of purins in the food does not evoke increase of urinary purins at all early enough to justify belief that they come from those ingested. On the other hand the taking of considerable purin-free proteid food causes a sharp wave of urea to appear about six to eight hours later, while still somewhat later the purins may be increased temporarily. Continued ingestion of purin-free proteids to the customary extent of 30 to 40 grams urea excretion daily is accompanied by continued purin elimination, while rheumatic symptoms appearing later in many cases point very clearly to retention of uric acid. This seems to be especially true in the use of such purin-free foods as eggs and milk. From the fact that endogenous purins are a recognized evidence of nuclear break-down from great cell activity, this sequence would indicate a strenuous demand for such extreme service at least in the liver and spleen, to oxidize and remove this proteid excess.

We are constrained, therefore, to believe that urea in the urine represents *direct* oxidation of circulating proteid—*not* the building of circulating proteid into cell structure and elimination of broken-down cell-material as

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heretofore assumed by many physiologists. The assumption is evidently *incorrect*, and will have to fall if it be true that cell break-down certainly produces purins as now seems well proven. It cannot be denied that the urea wave systematically follows proteid feeding after a fruit diet, whether these proteids be puriniferous or not, and that this wave is *not accompanied* by a purin wave in the former case, but *is followed* later by an *endogenous* purin wave after temporary increase in purin-free proteid feeding; also that it becomes continuous when this feeding lasts for any length of time.

On low diet the oxidizing power of the blood is well available. It converts these proteid meals at once into urea for excretion, which it would not do if the body needed them, for the oxidizing function must not be charged with menace to the body, in the denial of its needs.

High feeding of either proteids or carbohydrates is a *burden* and an unnatural tax upon the vitality. Urea excretion goes high, 2 to 6 per cent. Uric acid is formed in abundance, and is apt to be retained. Ferment acids become plentiful, with or without gas production in the stomach or bowels, or both. Not only is there this disgusting putrefaction, but absorption of these obnoxious things occurs, robbing the blood plasma and lymph of their migratory sodium and hence of their power to eliminate carbonic acid, and this, of course, reduces availability of the oxidizing power for production of energy. Saturation of the lymph with CO^2 hinders its appropriation of oxygen from the red corpuscles, while this same saturation means inability of the CO^2 charged lymph to exert normal taxis for CO^2, without which oxidizing power is absent or of little avail. The import of this in some varieties of diabetes mellitus should be evident to every student of this terrible malady.

The oxidizing power of the blood should be preserved by every natural means tending to its conservation, both as to the retention and the supply of the active agents in this function, and as to suppressing the conditions exhaustive of its utility. These natural means and conditions may be known by their influence upon the irritability or natural responsiveness of the function. I would here announce a principle I have never seen in any book or article on physiology, viz.—That a function working under normal conditions will instantly and efficiently respond to demands made upon it, and immediately return to quiescence upon completion of the work, just as perfectly as any steam engine governor or safety valve would act. A good illustration is found in a physiological instrument, the tonometer, which shows a blood-pressure upon application to the wrist or finger. It is known to be properly adjusted when the pulsations make the greatest fluctuation of the needle on the scale of the instrument.

So the oxidizing power of the blood will be known to be at its best and working under normal load when it promptly disposes of any reducing agent which may be taken into the blood-stream, and which is regularly and persistently attacked and disposed of by this function. Thus the ingestion of any substance which always calls for oxidation and either pulmonary or renal excretory action should immediately evoke efficient and decisive response by these life-saving powers. Tardiness or inefficiency in such response leaving the patient subject to the harmful effects of the substance or drug ingested in average doses, or even in anything less than large doses, is a sure index of overloading of one or both of these functions. Every person should—

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be able to respond promptly in the oxidation of a large proportionate dose of morphine; yet it is well known that some are much more susceptible than others, and that this susceptibility varies at different times in the same individual. I believe these differences are often due to local causes of weakness in organs, but much more often due to an already overworked condition of the blood's oxidizing power.

Many an overdose of opium has been counteracted and the victim saved by vigorous forced exercise, and artificial breathing. Snake bites have been antidoted by the early application of permanganate of potash or other good oxidizing agents upon the wound. Many organic peroxides are now known to be very helpful internally or hypodermatically for destroying infections. Why should these external, foreign means of oxidation be necessary if the oxidizing power of the blood is not already overloaded and hence ineffectual for this purpose in the individual and at the time requiring such protection? I answer that in all probability this oxidizing power of the blood *is overloaded,* and the proof is in this very apparent need for assistance, for saving the victim.

Let us look a little into this matter as related to some of the blood contents received from the digestive tract. One of these, usually considered most necessary, is the class of pabulum called albumins, or proteids, derived from all animal foods, nuts, legumes and cereals. They are oxidized into urea for removal from the body, the height of the excretory tide appearing about six or seven hours after their ingestion in any qauntity. The average urinary content being about two per cent. or more, this urea wave is not a very marked addition to the regular level. But let a person abstain from proteids till the percentage is only ½ per cent. and then eat meat or other puriniferous proteid as desired, at just one meal. The urinary content of urea will rise sharply as time for digestion and absorption elapses, and then promptly subside to the original level, while the run of urinary purins remains unaffected, which indicates either prompt oxidation of the latter also to urea, or prompt storage somewhere in the body.

Can any more marked evidence be demanded in support of the view that low proteid feeding is preferable? If so I will point to the frequently observed fact that fasting will cure an infectious disease quicker than any other known method. Again, fasters and spare eaters are notable for immunity from typhoid and other epidemics, while husky people and hearty livers are equally notable for susceptibility. The lesson here is— That proteid eating is a harmful and injurious habit, not a necessity in any other sense than that of the drug habitue for his favorite prescription— that this habit is to be overcome by persistent desire to get right, with only such occasional temporary yielding as will relieve an intolerable appetite—that meats of all kinds, nuts, legumes and cereals are not proper food for man, since we can absolutely discard them as food and still get enough proteid from fruits to furnish an excess for urea production, while every index of good health, aside from the habit-longing felt by many upon undertaking rigid adherence to this diet is conspicuous—such as clearness of mind, agility of body, desire for physical activity, "fine feelings," and freedom from everything like loginess and stupor. Loss of weight may be expected to the extent of all excess circulating proteid, excess connective tissue and fat. But extraordinary loss of nitrogenous body material will not occur after these losses of unnecessary material have ceased, and urea excretion has once been reduced to a minimum.

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The work described by Chittenden and others with reference to physiological economy in nutrition was based on nitrogen equilibrum at a *maximum* of *circulating* proteid. This present work is based upon the *minimum* need, which necessarily includes removal of the differences in fat and circulating proteid, as well as all abnormal connective tissue overgrowth capable of removal under these minimum conditions. The only index of starvation allowable in these tests, therefore, would be further loss of body weight with increase of urea excretion from vital cell waste, after reduction to a minimum which must remain constant for a time while subsisting on carbohydrates and "roughness" low enough in quantity to avoid generating fermentation products in the digestive tract.

If, under these conditions we should observe a considerable loss of nitrogenous body weight with marked increase of urea elimination (the so-called starvation urea) we might questioningly admit that vitality of essential organs was being maintained by destruction of the less essential, but not until then. We would do well to remember, however, that *disuse* and extraordinary overuse of muscles or other organs will be sufficient cause for their degeneration and atrophy, with corresponding appearance of urea and perhaps uric acid also in the urine.

I will here outline a few tests not ordinarily given in the books on urinary analysis. Total urinary purins are precipitated by ammoniacal silver solution after removal of albumin by acetic acid and then removing phosphates by the magnesian fluid of Ludwig-Salkowski. The centrifuge answers admirably for this work. Chlorids and sulphates are determined also by the centrifuge in the ordinary manner. Dilute ferric chloride added in equal volume to the urine shows most fermentation acids by a darkening of the average colors of the reagent and urine, not dispersed upon addition of just enough HCl to clear any ppt. formed. This test also shows sulpho-cyanates by the rose or red coloration. The nitric acid test does not give this reaction.

Comparison of acid phosphate acidity and total phosphates and organic salts is made by adding decinormal alkali till phenolphtalein indicator shows alkalinity (i. e. conversion of Acid phosphate into the di-sodic.) Then Congo Red is added and titration continued with decinormal HCl till phosphoric acid is all released, at which point this indicator becomes brown or blue. Acid phosphate acidity is taken to indicate uric and organic acids of fermentation, which expel P^2O^5 from the di-sodic phosphate, creating this urinary acidity, which I regard as abnormal. The urine should be neutral to phenolphtalein and litmus. Alkalinity to the latter indicator shows presence of ammonium carbonate, and reddening of phenolphtalein shows excess of the di-sodic phosphate, in course of elimination. The Nitric Acid test will show neither albumin nor any kind of discoloration in the urine of a healthy patient who is not eating proteids in excess, and who is free from carbohydrate fermentation in the digestive tract.

The limits imposed by the title chosen for this paper necessarily prevent any extensive reference to the range of diseases and abnormal manifestations touched by the considerations herein presented. Suffice it to say that the interferences with oxidizing power deeply concern the entire range of human ailments, not excepting even tumors, connecting tissue overgrowth and the slow recovery from injuries; while the formation and deficient removal of uric acid and other purins have long been recognized as primary

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constitutional factors in the causation of most nervous and mental troubles, as well as those of more easily recognized gouty and rheumatoid etiologies. The subject has grown with such rapidity and force that one is scarcely able to satisfactorily collate observations and feel assured of correct conclusions through a satisfactory course of repeated trials. Candid discussion, criticism, and the forcible presentation of all possible objections are earnestly solicited from anyone interested, in order that errors may be eliminated before anyone should be led into trouble through any possible errors. Success has crowned every case which has not become discouraged and surrendered before satisfactory urinary conditions were established. There are now many happy cases reporting perfect satisfaction with the changes ordered, while the more lasting cases have seemed to be so on account of chronic nature or inability through old habits, to follow the course evidently indicated by the urinary tests used as guides.

At a later period one might particularize upon various details of the work into which this study has led, for it now seems quite clear that each of the various items learned in urinalysis has its particular significance and indications as to dietary errors and the changes to be ordered. Not only this but the diagnostic value is evident, the abnormal conditions being revealed with clearness, and to an extent not heretofore realized because of mistaken ideas as to what are *physiological* and what *abnormal* states of the urine.

Remissness to a moral obligation would seem to lie at the door, if this article were closed without reference to the fact that the way and the door to the lines of investigation here presented were through simple and practical faith that our Creator knew what was best for us when He gave us, in the first chapter of Genesis, twenty-ninth verse, the information that the fruits and the herbs were to be to us for food.

1457 Ogden Street.

ENDOMETRITIS.

Mrs. Ella D. Still, D.O., Des Moines, Iowa.

This is such a common disorder among women that it seems to me we should put considerable thought upon the subject in order to discover if possible the etiology in each individual case. Not only that; but to know whether we are dealing with an acute or chronic case, whether it is a simple inflammatory condition, or due to septic or specific infection, for upon the settlement of these points depends our prognosis and treatment.

The cases are not common where an endometritis exists alone. Indeed, some authors insist that it does not, but I am sure we have all found such cases, although at the beginning there may have been a metritis as well. The word endometritis implies inflammation of mucous lining of the uterus; but one can readily understand from the structure of the organ that the disease in most instances would extend deeper and involve other parts.

The structure and relations of the endometrium make this almost imperative, as it is provided with the same nerves, blood vessels and lymphatics as the rest of the organ, and consequently is affected by the same nervous influences, subject to the same vascular changes and distributes its products through the same system of lymphatics.

Hyperemia or blood stasis of one part readily affects another. Another

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cause for complete involvement of the whole organ lies in the fact that there is no sub mucosa, but the mucosa lies directly on the muscularis.

Nevertheless as the endometrium is the part first involved, and according to some authors may be limited to it, I desire to discuss it independent of complications.

For convenience of description I like to divide the disease into *simple inflammatory, septic* and *specific,* according to cause.

What is known as a simple endometritis is usually due to exposure to cold, malpositions of uterus, or one of the many lesions that tend to produce either an active or passive pelvic congestion.

Exposure to cold will in many cases produce a catarrhal condition of the uterine mucosa just as it produces a catarrhal condition of other mucous membranes of the body.

Of the different uterine malpositions which act as a predisposing cause, that of retroversion seems most common, due to the fact that drainage from the organ is impeded and what is termed a sub-acute attack occurs. The symptoms in such cases in addition to those accompanying retroversion are excessive leucorrheal discharge, usually menorrhagia and congestive dysmenorrhea. It is such cases as these that tend toward formation of uterine mucous polypi.

In a few cases we find the mucosa atrophic, and when this condition exists there is dysmenorrhea, and the menses is greatly reduced in quantity.

There will be various neuroses, neuralgia, pain in the back or top of the head, etc. My observation has lead me to believe that there are more reflex disturbances when there is atrophy than when there is hypertrophy, and the prognosis is not so good. I have found a few cases of atrophy of endometrium where there was hypertrophy of the metra, but these were cases following puerperal infections after abortions, miscarriges, or even parturition at full term, leaving a sub-involuted uterus, but on account of injury to endometrium it had atrophied.

There is no leucorrheal discharge in these cases, even the normal secretions are lessened in quantity. It is well to remember that there will never be hyper-secretion with an atrophic mucosa.

I have found bony lesions causing simple endometritis anywhere from the lower dorsal down to sacrum including slipped innominata. In these cases we may have either an active or passive congestion, and it is not uncommon to find the case improving as soon as lesion is corrected. Other cases of long standing may require in addition to the corrective treatment direct work on the uterus itself. I use both vibratory treatment and treatment by percussion, administered by the *hand,* making a fixed point of the cervix of the uterus, thus holding body of the organ in close relation to abdominal muscles, so that either vibration or percussion may be applied. This has the effect of stimulating the organ, so that the eliminative processes are increased and health is more quickly restored. One must not expect to effect a cure in cases due to malposition until the organ has been adjusted.

The theory of a perfect circulation being conducive to health is nowhere more closely demonstrated than in disorders of the pelvis. Those who have followed the directions of Dr. A. T. Still in threatened puerperal infection know of the wonderful benefits obtained by relieving the venous stasis simply by lifting the viscera carefully so that perfect drainage is brought about.

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In like manner we often cure cases of hemorrhoids by relieving an obstructed portal circulation.

One of the very important questions to ask of those suffering from pelvic trouble is in regard to the secretions. It is not positive proof because there is hypersecretion that there is endometritis for it may be in some cases that the cervix alone is involved and nothing more than an endocervicitis exists; but in the majority of cases there will be both the endocervicitis and endometritis. The inflammatory processes quickly passing from one membrane to the other. If only one part is involved the kind of discharge is diagnostic of which area is affected. The *color* will decide whether or not there is infection, and the microscope will determine whether we are dealing with septic or specific infection.

As I have before stated, infectious endometritis may be either septic or specific. The former being brought about in various ways. It often follows abortions, miscarriages or parturition at full term if there should chance to be laceration of any of the pelvic tissues, for this provides an open roadway for infection.

The retention of placental debris is another cause. In the latter case all the necessary antiseptic precautions should be taken and the organ thoroughly cleansed. Another and very necessary cause for septic endometritis is the too common use of the sound. Some of our modern authors insist that it is productive of more trouble than any other one cause. There are very few cases where intra-uterine examinations are necessary and the wise physician will only make them when indicated. I have known several acute attacks of endometritis produced by intra-uterine examinations by sound, where there was a chronic condition existing, the injury to the part starting up new processes rapidly spreading from endometrium through musculature and in some cases to peritoneum.

The too frequent use of the curette is also another cause for trouble, and too much cannot be said against this disease distributing instrument when ignorantly used. Nature has wonderful recuperative powers, and in the majority of cases instrumental interference only delays the cure and in some cases so injures the part that it cannot be restored.

In an acute attack of endometritis, I put the patient to bed (if she is not already there) ascertain the cause of the trouble and the condition of the uterus and treat the case according to indications. The majority of cases of simple inflammatory and septic varieties yield to our method of treatment, and I wish we could all have enough faith in our system of therapy to know that no other system can do as much for these troubles, and then we would put a little more thought upon each case, studying it from all standpoints until we would be, what we ought to be, masters of our art, and the mistakes which are now sometimes made would not occur.

In closing I will say that I do not give a favorable prognosis for specific infection and I believe in this I am borne out by the best physicians and surgeons of the day. I have as yet to know of a cure in these cases. I know of many who have been helped. I am free to confess that we do as much for them as any other system of therapy, but I believe in being guarded in a prognosis. In chronic cases examine bony structures carefully, order to effect a cure.
also note whether there is uterine malposition, for this must be corrected in

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Pay especial attention to condition of bowels and especially rectum. Have thorough drainage from pelvis. Work carefully and systematically and you will not be disappointed in the results.

ARE WE PROGRESSING? AND WHITHER?

CHARLES HAZZARD, Ph.B., D.O., New York City.

In reading the excellent article of Geo. C. Taplin, M.D., D.O., appearing in the July issue of this magazine, I am a little at a loss to gather just whither his argument tends. Also, I am loath to accept what appears to be the obvious implication of his plea for progress as being the actual meaning he strives to convey. I for one need a little more light from Dr. Taplin himself.

A stranger to osteopathy, reading his article, would conclude that osteopaths believe in mere manipulation as a complete therapeutic system; that they do not believe in nor use antiseptics, antidotes, anæsthetics nor conservative surgery. He heralds, as the step of progress which he believes the profession will take in the near future, that which we have already accepted and believe. He believes "that in a short time it will be considered osteopathic to correct the obstruction by digital manipulation, by washing it away with water, by killing it with an antiseptic, by neutralizing it with an antidote or by cutting it away with a knife." No heresy here, surely! So far as I understand the situation the profession at large has for some time accepted this proposition; also that osteopathy "is not essentially a manipulative system of therapy, not a means nor method, * * * but 'a new philosophy.'" Surely, too, we all believe that "the philosophy upon which it rests compasses all *rational* methods and would extend its scope to cover the entire field of healing."

Moreover, in most states in which osteopaths are qualified by statute to practice, their qualifications must include a knowledge of chemistry, toxicology and minor surgery. This confers upon the osteopath the right to use antiseptics and antidotes. Also, the profession is welcoming accessions to its ranks of osteopathic surgeons, and such must necessarily use, and be authorized to use, anæsthetics. No law is required to enable one to use *aqua pura*. None of us would wish to prohibit by law the use of anæsthetics, antiseptics, antidotes, or knife in necessary cases. On the contrary, we would welcome the further enactment of laws in this direction.

Now, of course, a man of Dr. Taplin's intelligence must have known the essential facts and conditions as stated above. No such argument as the one Dr. Taplin makes is necessary from a man who knows these things. The only conclusion I am able to arrive at, after reading his article, is that he takes issue with me, in my article from which he quotes, upon what I called "medical osteopathy." I decried most emphatically the tendencies to mix osteopathy with drug medicine in any attempt to construct "an ideal therapeutic system." I regarded such a tendency a great danger to the separateness and independence of osteopathy, stating that "the individuals and the schools who stand for medical osteopathy constitute one of the greatest dangers to the separateness and independence of osteopathy." I believe more strongly today than ever that a death blow is struck at osteopathy the

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moment the osteopathic schools begin to put in chairs of materia medica, and that not only the independence, but the very identity of osteopathy vanishes when such a move is consummated.

When that is done, any medical school which desired to compete with osteopathic schools in gaining students would need but to add to the medical course a chair of osteopathy. They could then argue, with strong apparent reasonableness, to the prospective student that they could teach him the medical courses better than could an osteopathic school, and that they could teach him osteopathy just as well, granted that they could employ good osteopathic teachers. This would all look reasonable to the prospective student. Soon there would be no osteopathic schools; soon thereafter there would be no new osteopaths. Should the medical schools ever "get onto" such a situation they would soon do the rest.

But it requires no argument from my pen to make clear the danger of teaching drugs to a profession whose science is built upon the very tenet that drugs are a failure. Nor do I desire to do my friend Taplin an injustice. If his argument did not look to the favoring of the use of drug-therapy by osteopaths, as it seemed to me to do, I would like to be set right. As I stated above, I am loath to accept what appears to me to be the obvious implication of his remarks. It may well be that I am mistaken, but this matter seemed, to me, to need more elucidation.

Astor Court Building, 18 W. Thirty-fourth Street.

Program of Meeting of the American Osteopathic Association at Put-in-Bay, Ohio, August 6-10 1906.

MONDAY, AUGUST 6.

Reports of Committees—Publication Committee, Educational Committee, Legislative Committee.
Treasurer's Report.
Trustee's Report.
Routine Business.
8:00 P. M.—Reception.
Talks on Early Recollections of Dr. A. T. Still (limited to seven minutes each)—
Dr. Clarence V. Kerr, Cleveland, Ohio.
Dr. Bessie A. Duffield, Nashville, Tenn.
Dr. C. E. Still, Kirksville, Mo.
Dr. Nettie H. Bolles, Denver, Col.
Dr. A. G. Hildreth, St. Louis, Mo.
Dr. W. F. Link, Knoxville, Tenn.
Dr. H. S. Bunting, Chicago, Ill.

TUESDAY, AUGUST 7.

Symposium of Practical Treatment:
(Clinic Demonstration of Technique.)
(a) Cervical Region—Dr. G. A. Wheeler, Boston, Mass.
(b) Dorsal Region—Dr. W. W. Steele, Buffalo, N. Y.
(c) Lumbar Region—Dr. Josephine DeFrance, St. Louis, Mo.
(d) The Pelvis-Sacrum, Coccyx, Innominata—Dr. Vernon W. Peck, Pittsburg, Pa.
(e) Ribs and Vertebrae Correlated—Dr. W. J. Conner, Kansas City, Mo.
(General Discussion.)
Business.
8:00 P. M.—President's Address.

WEDNESDAY, AUGUST 8.

Demonstration of a Pantagraph for Graphical Representation of Spinal Curvatures—Dr. Herman F. Goetz, St. Louis, Mo.

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Osteopathic Applied Anatomy—Dr. M. E. Clark, Kirksville, Mo.
(General Discussion.)
Osteopathy as a Profession—Dr. J. H. Sullivan, Chicago, Ill.
How Osteopathic Lesions Affect Eye Tissues—Dr. Louisa Burns, Los Angeles, Calif.
Business.
8:00 P. M.—Alumni and class reunions.

THURSDAY, AUGUST 9.

Paediatrics.
(a) Infant Nursing—Dr. Alice Patterson Shibley, Washington, D. C.
(b) Osteopathic Treatment of Infant Disorders—Dr. Louise P. Crow, Milwaukee, Wis.
(c) Prophylactic Treatment of Children—Dr. Louise A. Griffin, Hartford, Conn.
(General Discussion.)
Emergencies.
(a) Haemorrhages (lungs and uterus)—Dr. E. C. Pickler, Minneappolis, Minn.
(b) Unconsciousness or Insensibility—Dr. Edgar D. Heist, Berlin, Ont., Canada.
(c) Fits or Seizures—Dr. A. B. King, St. Louis, Mo.
(General Discussion.)
Osteopathic Lesions in Acute Respiratory Diseases—Dr. C. M. Turner Hulett, Cleveland, Ohio.
Prize Essay (announcement.)
8:00 P. M.—Alumni and class reunions.

FRIDAY, AUGUST 10.

Osteopathic and Surgical Diagnosis—
(a) Pelvis (gynecological)—Dr. Ella D. Still, Des Moines, Iowa.
(b) Abdomen—Dr. S. A. Ellis, Boston, Mass.
(General Discussion.)
Practical Talk: "When Is a Surgical Operation Advisable?"—Dr. Francis A. Cave, Boston, Mass.
Business:—Election of Officers, fixing next meeting place, installation, adjournment.

PAPERS.

1. Conjunctivitis—Dr. J. F. Spaunhurst, Indianapolis, Ind.
1. Iritis—Etiology, Pathology and Treatment—Dr. O. J. Snyder, Philadelphia, Pa.
3. The Treatment of Eczema—Dr. Morris Lychenheim, Chicago, Ill.
4. What Osteopathy Has Done With Tumors—Dr. Clara Wernicke, Cincinnati, O.
5. A Few Cases of Mental Diseases—Dr. L. A. Liffring, Toledo, O.
6. The Menopause—Dr. D. Ella McNicoll, Frankfort, Ind.
7. Pronounced Insomnia—Dr. R. W. Bowling, Des Moines, Ia.
8. Facial Neuralgia—Dr. Ben. S. Adsit, Franklin, Ky.
9. The Osteopathic Treatment of Constipation—Dr. M. C. Hardin, Atlanta, Ga.
10. The Enlarged Prostate—Dr. D. S. Harris, Dallas, Tex.
11. Osteopathic Biology (including an exhibit on comparative osteology)—Dr. R. K. Smith, Boston, Mass.
12. Pneumonia—Etiology, Pathology and Treatment—Dr. W. A. Potter, Seattle, Wash.

Proposed Amendments to the Constitution.

The attention of members is called to the following proposed amendments to the constitution which will be acted upon at Put-in-Bay:

To amend Article III., Section 1, by adding after the first sentence the following words:

Provided, however, that graduates of any school other than above specified who personally attended such school for a time equal to the requirements for membership in this association at the time of their graduation, and who have been in continuous practice for a period of five or more years, which facts shall be attested by affidavit, and who have the endorsement of the state association where they reside, or, in case there be no such association, a majority of the osteopaths practicing in the country, state, territory or district where they reside, shall be eligible to membership in this association.

To amend Art. IV., Sec. 1, by repealing same and substituting the following in lieu thereof:

SECTION 1. The meetings of this association shall be held annually at such time and place as may be determined by the trustees. The time and place of meeting shall be

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agreed upon and published at least four months previous to date on which meeting is to be held.

To amend Art. V., Sec. 1, by adding at the close of the section the following words:

Provided, however, that no member of this association who is owner in whole, or part, or in any way financially interested in any of the osteopathic schools or colleges, or is employed as instructor or officer in the same shall be eligible to hold office in this association; and any officer of the association who shall become connected with one of the said schools as above set forth, shall by such connection render vacant the office he holds in the association, and the vacancy thus created shall be filled as hereinafter provided.

To amend Art. V., Sec. 7, by inserting after the word *trustees* in the last sentence of said section the following words:

Or in any office not hereinbefore provided for. So that said sentence shall read as follows: Any vacancy that may occur in the board of trustees, or in any office not hereinbefore provided for, may be filled temporarily by the board until the time of the next meeting of the association.

To amend the Constitution by adding thereto the following, to be known as Article X:

COUNCIL OF DELEGATES.

SECTION 1. There shall be created a Council of Delegates to be elected in the following manner, to wit: Each representative state or territorial association shall be entitled to elect one delegate for every twenty-five members who are also members of this association. In associations where there are not twenty-five members who are also members of this association, one delegate may be elected to the council. Each state or territorial organization shall elect its delegates by ballot. Each delegate shall present his credentials to the secretary of this association and receive a certificate of membership in the council.

SEC. 2. This Council of Delegates shall meet during the session of the annual meeting of the association, at a time prior to the annual business meeting, and shall organize by the election of a chairman and a secretary.

SEC. 3. It shall be the duty of the council to consider and vote upon all questions of public or professional policy upon which the delegates may have been instructed by the respective state or territorial organizations sending them, providing such questions shall have been submitted for consideration by said state or territorial organizations by publication in the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION at least four months prior to the annual meeting. The council shall furthermore consider and vote upon any matters which may be submitted to it by the association or the board of trustees.

SEC. 4. The vote of the Council of Delegates upon any question shall not be binding upon the association, but shall be considered rather as a recommendation from a representative delegate body.

"Less than fifty years ago countless multitudes of human beings had up to that time gone to untimely graves, begging piteously for a cup of cold water to cool their parched and burning lips while being consumed by a raging fever. Fathers, mothers and nurses each in turn opposed the agonizing appeals of their dear ones for this natural antidote, all because the doctors had forbidden it. The doctors of those days were laboring under the delusion that a drink of cold water was dangerous in fevers. The 'learned' doctors said: 'To the fever patient cold water is certain death. Do not give him a drop.' Not only were fever patients denied water (nature's remedy), but fresh air and sunlight were also denied them, while they were doped with calomel, purged with jalap, depleted of their life-blood by the lancet, and starved until they were forced to give up the ghost."—Dr. J. W. Hodge, Niagara Falls.

A recent letter to Secretary Chiles from the manager of Hotel Victory, Put-in-Bay, says: "Reservations for the osteopaths are far in excess of anything we ever had before."

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The Journal of the American Osteopathic Association

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AUGUST, 1906.

The Proposed Amendments.

It may have been inferred, from the position given the proposed amendments which were printed in the July JOURNAL, and the fact that they were not signed, that they were all proposed by the editor. Such, however, was not the case. Several different members each proposed an amendment. While not caring to express an opinion as to whether or not they should all be adopted we happen to know some of the reasons that led to their being proposed, and deem it proper to give a brief statement concerning them, so that each member may better be able to decide how he shall vote when they come before the association at Put-in-Bay.

The amendment proposed to Article III., is not designed to give recognition to any school not regularly recognized according to the procedure laid down by the present constitution. It is designed to recognize those graduates of such schools who personally attended for a time equal to that required by the A. O. A. at the time of their graduation, and who, after five

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years of practice are able to get the endorsement of their fellows. It is said there are some instances where good men and women made a mistake in selecting a school, but they acted in good faith, and acquired a fair knowledge of osteopathy. Some of them have since rendered good service to the cause. It seems only fair that such individuals should be recognized, and, in a sense, legitimatized. The amendment as proposed does not elect them to membership. It only makes it possible for the trustees to do so. These graduates of unrecognized schools would ,of course, have to undergo the same rigid scrutiny that all other applicants are subjected to, and anything seriously affecting their moral or professional standing would be a bar to membership. as it is in the case of others.

The author of the suggested amendment to article IV. believes that better railroad rates can be secured for annual meetings if we choose a time when, and place where, some other large gathering is being held; and that by leaving this to the trustees the time and place of meeting of these large gatherings can be known with certainty.

The amendment offered to article V. is one the practical provisions of which were in the constitution as at first adopted, and it will be recalled that in 1899 Dr. A. G. Hildreth resigned the presidency on resuming his relations with the American School of Osteopathy. These provisions were inadvertently omitted from the constitution when revised in 1901. We are quite sure that the author of this amendment had no disposition to place any slight upon the many capable and loyal men and women engaged in educational work. He was thinking rather of the relations the association sustains to the schools, and the many perplexing problems in connection therewith with which the officers are called upon to deal. It is conceivable that many situations might arise that would render it, to say the least, a delicate and embarrassing matter for a school man to act as an official of the association.

The amendment to article V. was proposed merely to provide for the contingency of a vacancy in the offices of treasurer, assistant secretary and second vice-president. The constitution as it now reads does not provide for filling vacancies in these offices.

The amendment offered to be known as article X. is another effort to solve the problem of more closely affiliating the state and national organizations. It being altogether a new article its objects can best be gathered by a careful reading of the text. It may be stated that the proposed council could very well perform the function sometimes delegated to a special committee known as the committee on referred resolutions and motions.

The names of applicants for membership in the A. O. A. are printed in the Journal thirty days before they are finally acted upon. This is done in order that every member may have an opportunity to enter objections, or place before the trustees any facts bearing upon the fitness of any applicant to become a member. This rule does not apply to annual meetings, where the opportunity for personal investigation of applicants is much better than at other times during the year.

No factitious or purely personal objections should be urged, but if a real reason exists why any applicant should not become a member the trustees

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want to know it, and the publication of names puts the onus upon each member to supply such reason.

The coming year will see a number of fierce legislative contests in which osteopathy will be concerned and we may as well be preparing for them.

The following news item from the Newark (N. J.) *Evening News* for July 11 is suggestive:

> The quarterly meeting of the Cumberland County Medical Association was held in this city [Millville] yesterday at the Wetherby House, President Dr. John H. Moore, of Bridgeton, presiding. The report of the committee on public health and legislation was discussed with great interest. This is the committee that has to do with dealing with the fight against osteopathy and the committee from Cumberland was instructed yesterday to confer with the committees from Salem and Gloucester counties, and frame a set of resolutions to be read at the October meeting of the association.
>
> This means that the medical societies all over the state will make the fight of their lives against osteopathy at the coming meeting of the legislature.

There were approximately 180 changes of address by members of the A. O. A. reported to this office during the year just closed. Last year 160 changes were recorded. Considering the increase in membership the per cent. of changes in address has been lowered during the current year. Taking into account the changes made necessary by the San Francisco earthquake the decrease in per cent. of removals has been considerable. A large number of removals were made in order to secure larger and better quarters and were not from one town to another. This is a gratifying indication of prosperity and shows that osteopaths are becoming permanently located and that osteopathy is here to stay.

With this number the fifth volume of the JOURNAL ends. We have printed a title page and index for the convenience of those who may wish to bind the volume. These are so arranged that they can be removed and placed at the front of it. If this volume contained nothing but the four articles by Dr. McConnell on "The Osteopathic Lesion" it would be worthy of binding.

We invite attention to the two communications in this number on the endowment question. We believe this question is worthy of the most serious consideration of every member of the association. The matter will be presented at Put-in-Bay and we trust that after due reflection it will be found expedient to push the movement for an endowment fund.

ASSOCIATION NEWS AND NOTES.

Now for Put-in-Bay.

Cheering word, in regard to the attendance at our next meeting, comes from every part of the country. We will have a big meeting.

We sincerely trust that no one will forget the time, August 6-10, the place, Put-in-Bay, Ohio, and the event, the tenth annual meeting of the A. O. A.

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We are informed that a rate of $4.00 from Put-in-Bay to Buffalo is in effect all summer. Boats leave the former place at 3:15 p.m. and arrive at Buffalo at 7:00 a.m.

All communications between osteopaths should now close with these words: "I will meet you at Put-in-Bay." Most of the letters received at this office close that way.

Every effort should be made to be present at the opening session Monday morning, August 8. But if for any reason that is impossible, do not fail to be present Monday evening; that is when the "Old Doctor's" birthday will be celebrated.

Everybody should go to the meeting with the avowed purpose of having a good time. Taking along a case report, the application of a fellow osteopath, and a five dollar bill for the treasurer need not interfere with the pleasure and profit to be gotten out of the meeting.

It is not known, of course, where the 1907 meeting will be held. Dr. W. D. Willard of Norfolk, Va., will invite the association to meet in his city. It is there that the Jamestown Exposition will be held next year. We understand that an invitation will be extended by Seattle, Wash., and doubtless other cities will also be in the race.

Read again carefully the program as it appears in this number of the JOURNAL. Changes and additions have been made from time to time. The most noteworthy addition is the order of exercises in celebration of the "Old Doctor's" birthday. Read the entire program, and if you have not already decided to attend we think you will do so.

If not a paper were read, not a clinic case were presented and discussed at our annual meetings, those who attend them would agree that in the pleasure of talking over their problems, in the social and professional inter-
five dollar bill along and hand to him. It will save future trouble and the
the cost of the trip, and this is but one feature of our meetings.

Treasurer M. F. Hulett has always been one of the busiest men at our annual gatherings, but he has never been so busy as to fail to take a member's dues and give a receipt therefor. He is going to take a ten days' rest before going to Put-in-Bay, and will be in better shape than ever to look after the finances. We therefore suggest that every member take an extra five dollar bill along and had to him. It will save future trouble and the danger of its being overlooked and consequent suspension.

It is doubtful if in the meetings of any other professional organization so much enthusiasm prevails, so much real enjoyment is had, so much inspiration is gathered, as at the annual meetings of the A. O. A. There are many possible reasons for this. Perhaps it is due, in a measure, to our youth and the fact that it is almost possible for all who attend to meet and

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know one another personally. It may in part be due to our early struggles, the common battles in which we have been engaged. But doubtless the source of most of the enthusiasm and inspiration is to be found in the fact that we are performing a great service for humanity. We get results. We are progressing, moving on, and while we have achieved much we realize there are yet more worlds to conquer.

The A. O. A. directory issued as a supplement to this JOURNAL shows a total membership of 1,159. This does not include the names of those applicants which appear in this number. At the opening of the Denver meeting there were 921 members in good standing. This shows a net gain during the year of 238 members. At the close of the Denver meeting the membership had reached the 1,000 mark. What it will be at the close of the Put-in-Bay meeting is problematical, but there is no reason to doubt that the record of former meetings will be maintained, and on account of its central location the number elected at Put-in-Bay should greatly exceed those elected at Denver.

New York still heads the list in point of number of members in the A. O. A. The present number, 142, would no doubt have been exceeded but for the recent expensive legislative campaign there.

California holds second place with 127 members. Had it not been for the San Francisco disaster, which somewhat checked membership work there, and was the direct cause of a number leaving the state, she would have equaled, if not surpassed, New York in point of membership.

Illinois stands third in the list with 93 members, Pennsylvania fourth with 85, Ohio fifth with 68, and Massachusetts and Missouri tied for sixth place with 64 each.

Iowa is taking rank with the leading states. She now has 61 members and has the distinction of having made the largest per cent of gain since the close of the Denver meeting of any of the larger states, it being approximately 62 per cent. California's per centage of gain is but 31, and New York's 22. The gain in Iowa is largely due to the active efforts of Dr. U. M. Hibbets; but it would hardly be possible to name all who have rendered good service in the membership work.

Last Word.

There is no doubt about the meeting at Put-in-Bay being a great success, and that there will be a fine attendance.

Believing that every member of the association will be interested in making the trip, we shall give the directions once more.

TICKETS.

Two forms of tickets are available. The regular summer excursion rate to Put-in-Bay, or the *special arrangement* for us. The first, where it is as cheap, is less trouble; you simply buy a round trip ticket to Put-in-Bay good for the summer. Our *special tickets* are issued on the *certificate plan;* that is, you buy a straight ticket to the place of meeting and *take a certificate* for it of the agent when you purchase the ticket. This certificate and one-third of the cost of the going ticket buys the return. Go to your ticket agent at once, inquire for the summer excursion tickets, then get the fare one way to Put-in-Bay. You can easily then see which is the cheaper for you to buy, just add one-third to the cost of the one-way ticket, and you have the round trip price by our arrangement, *if you get the certificate.* Suppose, for instance, the summer excursion ticket, round trip, from your place to Put-in-Bay should be $20, and the straight one-fare rate to Put-in-Bay is $12. Add four

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dollars to the one-way ticket for the return and the cost by that ticket would be $16 as against $20 for the summer excursion. If you want to stay beyond the 15th of August you should get the summer excursion tickets. You should attend to seeing that your ticket agent has these two forms at once, the round trip or the certificate, whichever you wish to use. Our tickets are good August 2, others good any time.

HOW TO GET THERE.

Put-in-Bay is an island situated about the middle of Lake Erie, reached by good boats from Buffalo, Cleveland, Sandusky, Port Clinton, Toledo and Detroit. Boat leaves Buffalo (eastern time), 9:00 p.m. Boats leave Cleveland 8:30 a.m., 10:00 p.m.; Sandusky, 10:00 a.m., 4:45 p.m.; Port Clinton, 8:45 and 11:20 a.m. and 5:20 p.m. (you can easily reach Port Clinton from either Toledo or Sandusky by electric or steam road, trains every few minutes); Toledo, 9:15 a.m. and 10:00 p.m.; Detroit, 8:00 a.m.

Send a postal card as soon as you decide how and when you will go, to the chairman of the Transportation Committee, telling him at which one of these points you will take the boat and which one of these boats you will reach, so that he can wire the agents that they may be prepared to handle the number that will be there, otherwise you may have to *wait for another boat.*

FROM THE EAST.

A nice trip is to be in Buffalo in time for the 9:00 p.m. boat over the Cleveland and Buffalo Line which reaches Cleveland in time for breakfast and leaves over the Cleveland and Toledo line at 8:30 for the island, reaching there at noon. This trip is some cheaper than the rail trip to Cleveland and boat from there, as the round trip boat fare from Buffalo to the islands, with the certificate, is $4.70, stateroom to accommodate three or four $2.50 each way. Do not fail to notify the chairman of the Transportation Committee by postal when and where you want the boat.

Better reserve your room, if you have not done so. Charges $3.00 per day for room without bath; with bath, $3.50.

H. L. Chiles,
Chairman, Auburn, N. Y.
Wm. Horace Ivie,
H. S. Bunting,
A. B. King,
H. A. Greene,
S. A. Ellis,
H. H. Moellering,
Transportation Committee.

NOTES AND COMMENTS.

The Endowment Project.

Osteopathy has not only now passed the embryonic stage of development, but has been born and grown to sturdy childhood. A question now bearing upon its future career is whether it shall receive care calculated to the elimination of its crudities and to develop it along the distinct lines of its especial adaptability, or whether it shall be sent to the orphans' home, where, like Lovey Mary, it will be clothed per regular schedule, have its hair braided according to mathematics and its individuality completely absorbed. In other words, put it under the medical wing.

A factor of moment bearing upon the solution of osteopathy's future is the endowed college project. People from every state in the union recently urged the recognition of Dr. Still and his discoveries by the Swedish Academy of Science.

From now on ostopathy will be more and more under the consideration of scientific bodies. Testimonials bearing witness to the cure of thousands of cases by the adjustment of subluxations of vertebrae will have little weight with such bodies. It will require Connell's recent investigations. Demonstrations which show in conclusive, incontrovertible manner that the principles enunciated by Dr. Still are not the basis of a fad, but of a science. To perform the necessary research work requires such an amount of time and of money as to preclude its being carried to successful completion either by the individual practitioner or the osteopathic colleges, as at present supported. It is under the wing of the endowed college that such investigations could best be fostered.

This is but one of a number of important features in which the endowed college would play a prominent part in our development and universal recognition; but this one feature is of enough importance to enroll the profession in its support. The problem of money matters not depending upon the number of students an absolute independence could be

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maintained as regards matriculants, with the result that there would be the fewest possible practitioners turned out who would not reflect credit upon the profession. Such a college in its general influence would be a valuable asset to every individual practitioner. An asset which, as a creator of sentiment favorable to osteopathy, would bring in in dollars and cents enough to replace the few dollars paid out annually for a few years toward this fund, such method of starting same having been suggested.

This project is the next rational move after the adoption of the three years' course, and as such deserves our enthusiastic support. As we have few rich members the plans suggested for the annual payment of a few dollars by each practitioner would seem to offer a means whereby all could help and none be burdened. ASA WILLARD.

Missoula, Mont.

The Surgical Question.

The scope of osteopathy as a complete system of therapy necessarily includes conservative surgery. While we have a few skilled surgeons who are osteopathic in principle and procedure, the question as to how we are to best meet the increasing demand for osteopathic surgeons is a problem that presents phases that are difficult of solution up to the present time.

There is, perhaps a grain of truth in the adage that "surgeons are born, not made." In the experience of the medical profession a very small per cent. of those who study surgery do more than minor or emergency work; doubtless the same would be true in the osteopathic profession. Comparatively few are really adapted to operative surgery, and not only is the demand for major operators limited, but it requires much experience and training to become proficient in such procedure. In any event the demand is confined to those who make a specialty of surgery—even certain departments or branches of it. This is a day of specialists, and not only does the public seem to be in accord with the idea, but the great danger attending major operations requires that the surgeon be a man of experience and skill in his particular line of work.

That we need more surgeons and must have them is a self-evident fact, but that the profession generally should be equipped as surgeons is perhaps doubted by some. For certain reasons a course in general surgery would seem desirable as a part of the education of every osteopathic practitioner; we are not "doctors" in the full sense of the word without it. The public would naturally have more confidence in the completeness of our system if it were known that we possess a thorough knowledge of surgery, even though we call in a specialist when a major operation is really indicated. To be qualified as surgeons might also save us from embarrassment in instances of emergency, as well as to better equip us for obstetrical practice. On the other hand, it is a question whether or not the possession of such knowledge, and the right to use it, might serve as a temptation and often cause us to resort to the knife before exhausting our non-surgical means.

A prominent physician once remarked to the writer that he liked surgery "because it produced such quick results." Might not we become imbued with this same idea and do violence to the conservatism for which osteopathy is distinguished?

In this connection a matter of very great importance is the source from whence we are to obtain our surgical education. That the integrity of osteopathic principles may be preserved, it is necessary that we obtain our surgery in an osteopathic atmosphere, and be taught from an osteopathic viewpoint, otherwise there is great danger that the student may become inoculated with medical virus and subordinate osteopathy.

Again, how are we to practice surgery without meeting the requirements of the laws of states governing the practice, which also require a knowledge of medicine? Indeed, does not a knowledge of anæsthetics and the right to use them imply a somewhat general knowledge of medicine and the right to administer antidotes?

Since it is of paramount importance that we conserve our osteopathic philosophy and maintain the identity of osteopathy as a distinct school of therapeutics, the only solution of the question at present seems to be that our osteopathic schools should give a general surgical course, after which those who wish to specialize in surgery may further qualify themselves. The issue concerning the right to practice surgery will adjust itself in time, either by the schools conforming to the laws regulating the practice of medicine and surgery or by changing the laws so as to conform to our qualifications. S. T. LYNE.

Kansas City, Mo.

The Endowment Movement.

Total subscriptions to endowment fund, $907.00.
Total number of subscribers, 25
Average individual subscription, $36.00 plus.
Total subscriptions from osteopaths, $235.00.

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Total number of osteopathic subscribers, 11.
Average individual osteopathic subscription, $21.00 plus.
Total subscription from laymen, $672.00.
Total number of laymen subscribers, 14.
Average individual laymen subscription, $48.00.
The number of licensed osteopaths in Vermont, into the total subscriptions gives an average for each Vermont osteopath of $53.00 plus.

I submit the above data for the reason that there are many things connected therewith, which, it seems to me, would interest most osteopaths, and as the data will reach them just about the time they leave for the great convention they will have time, en route, to think the matter over, exchange ideas with fellow travelers and be in a position to act more intelligently at the meeting than would be the case if nothing were given out until the busy week at the convention.

Experience teaches that when a new departure is to be inaugurated in any line of work much confusion is avoided at the general conference if a few members have gotten together and systematized the movement in advance. Without such preliminaries, much time is lost in conjectures and discussions, which not infrequently defeat a meritorious innovation. Hence, this intrusion.

In the May *O. P.* I stated that in my opinion we might count upon material assistance from our friends and patients outside the profession, in support of a project to raise funds for the endowment of an osteopathic college. I said that in my opinion within one year an average of $25.00 could be raised for each osteopath in the United States, counting the contributions of the osteopath and his friends to get the average. I called attention to the fact that if such an average could be obtained we would have $100,000.00 to the credit of the endowment fund on the first round.

Now, I am well aware that the work under my observation is very limited from which to make general and sweeping statements, yet so far as I know, it is the first and only systematic effort made for this purpose to date, and limited though it is it points out some interesting facts:

First—It shows that for every licensed osteopath residing in the state of Vermont, over $53.00 have been subscribed. This overruns by 100 per cent. my prediction in the May *O. P.*

Second—Almost three times as many dollars have been subscribed by our friends and patients as by the osteopaths themselves. This is very gratifying, inasmuch as it proves that all we have to do in many cases is to state our desires and aid will be forthcoming.

Third—That these laymen's contributions were obtained from the patients of one osteopath, which demonstrates what is possible, in many instances, and lends weight to the prediction that after we have shown our willingness and made a creditable beginning, material assistance may be expected from philanthropists.

Fourth—That this sum was secured before any definite plans were announced to the world, or before it was known even that the several mites would be accepted by the association, and, of course, with no precedent to point to.

Fifth—That it would seem within reason that the time has come when definite plans should be inaugurated to carry along the endowment movement, to the end that osteopathy may have ultimately an ideal college, wherein research work and investigation may be carried on without handicap, and the fear of making both ends meet, detract from the highest scholastic success.

Sixth—That subscriptions have been received from graduates of the A. S. O., the Atlantic School of Osteopathy and the S. S. Still College of Osteopathy, which are the only schools represented in Vermont, with possibly one exception, and that these donors object to being considered traitors to their "alma maters," simply because they have added their mites to an ideal college campaign.

Seventh—That legal advice has been had from time to time, and the legality of such an undertaking can not be questioned. Plans are maturing which will cover the interim between these initiatory steps and the final steps of incorporation, provided, of course, the association decides to go ahead with the work at this time.

Eighth—There has been a unanimity of thought from all osteopaths from whom I have heard that this endowment movement means much to the future of our science; that we must pursue some such course or lose our independence sooner or later. In an undertaking of this magnitude, difference of opinion among members is to be expected, but if we get together "without chips," I fancy it will finally be conceded that if we make it very difficult for private schools to spring up, unless they have excellent financial and scholastic support, our present recognized schools will have nothing to lose by the advent, a few years hence, of a school to which not only the profession, but the world, may point with pride, which, by its excellence, will so drown adverse criticism that osteopathy's popularity will be so enhanced that prosperity will redound to the private schools.

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Hoping to see a large attendance at Put-in-Bay, that beautiful historic spot, and believing we are to have the best meeting of our history, I am fraternally yours,

GUY E. LOUDON.

Burlington, Vt.

Meeting of California State Osteopathic Association.

The fifth annual convention of the California State Ostopathic Association met at Los Angeles June 29-30. A large number from all parts of the state were in attendance and much interest was manifested throughout the whole session. Twenty-six new members were enrolled, giving us a membership of two hundred and twenty-one.

The following program, with but few changes, was carried out:

THURSDAY, JUNE 28.

Informal reception to the members of the Osteopathic Association of the State of California and their friends by the Los Angeles City and County Osteopathic Medical Association.

FRIDAY MORNING SESSION.

Symposium—Methods of Influencing Local Circulation: The Spinal Cord, Dr. Lena Creswell; The Upper Respiratory Tract, Dr. J. S. Allison; The Lungs, Dr. W. J. Hayden; The Liver, Dr. J. O. Hunt; The Pelviç Viscera, Dr. S. F. Meacham.

Euphonium Solo, Mr. H. S. Richardson.

Clinics: Room 2, The Eye, Dr. S. M. Hunter; Room 17, Gynecology, Dr. Olive Clarke; Room 18, Constitutional Diseases, Dr. C. F. Ford; Room 13, Heart Diseases, Dr. J. S. White.

FRIDAY AFTERNOON SESSION.

Vocal Solo, Mr. Edwin P. Watkins.

Case Reports of Mental Diseases, Dr. D. S. Birlew, Dr. E. J. Thorne, Dr. Mae L. Dowlin, Dr. M. E. Sperry, Dr. Jennie Stephenson.

Public Protection of Health, Dr. S. C. Edmiston.

Inhibition, Dr. Dain L. Tasker.

The Correction of Thoracic Lesions, Dr. J. W. Henderson.

FRIDAY EVENING SESSION.

The President's address.

SATURDAY MORNING SESSION.

Osteopathic Therapeutics in Obstetrics, Dr. L. M. Whiting.

A Study in Bones, Dr. F. C. Clark.

Vocal Solo, Dr. F. L. Cunningham.

Clinics: Room 18, Respiratory Diseases, Dr. Warren Taylor; Room 2, Digestive Diseases, Dr. W. F. Dickey; Room 17, Gynecology, Dr. Olive Clarke; Room 13, Diseases of the Nervous System, Dr. R. D. Emery.

SATURDAY AFTERNOON SESSION.

Laboratory Examinations as Indicated by the Clinics. Examinations made by Drs. J. L. Adams, Helen V. Cady, Annie S. Clark, T. J. De Vaughn, D. W. Doolittle, U. G. Littell, Clara Macfarlane and Barbara Mackinnon.

Discussion of Laboratory Reports, led by Dr. C. A. Whiting.

Business.

Dr. Dain L. Tasker was elected a delegate to the national convention.

Officers for the coming year were chosen as follows: President, Dr. Dain L. Tasker, Los Angeles; first vice-president, Dr. J. E. Donahue, Oakland; second vice-president, Dr. Hattie M. Doolittle, Pomona; secretary, Dr. Effie E. York, San Francisco; assistant secretary, Dr. Daisy D. Hayden, Los Angeles; treasurer, Dr. Ernest A. Plant, Los Angeles. Trustees: Dr. E. J. Thorne, Los Angeles; Dr. Grace W. Shilling, Los Angeles; Dr. John S. Allison, Monrovia; Dr. Mary V. Stuart, Oakland; Dr. J. R. Patterson, Pasadena.

Changes in Board of Examiners: Drs. W. J. Hayden and R. D. Emery were elected to the places on the Board of Examiners made vacant by the resignations of Drs. B. P. Shepherd and Clement A. Whiting. The terms of office of Dr. Isaac Burke and Dr. J. S. White expiring in April, Dr. A. C. Moore was elected to succeed Dr. Burke, and Dr. White to succeed himself.

EFFIE E. YORK, Secretary.

A Statement From Dr. Forbes.

We are in receipt of a letter from Dr. H. W. Forbes, president of the Los Angeles College of Osteopathy, in which he calls attention to the following sentence in the report of

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the proceedings of the State Osteopathic Board of California, which appeared in the June JOURNAL:

"The condition here is rendered even more perplexing because of the fact that several students of the Los Angeles College are engaged in practice in violation of the state law."

Dr. Forbes says: "It is a fact that several of our graduates are practicing in this state without certificates from the State Board of Osteopathic Examiners. It is also true that graduates of the A. S. O., the new S. C. O., and the California College were practicing in the state without licenses, and that undergraduates of the P. C. O. were, at the time the item was written, practicing in down-town offices in Los Angeles, and all of these facts were known to members of the Board of Examiners."

Dr. Forbes further states that the sentiment of justice and fair play would dictate "that either the statement that some of our gradutaes were practicing in this state without licenses should have been omitted or the statement that others were doing the same thing should have been included in the item."

The California College of Osteopathy.

Dr. Effie E. York, vice-president of the California College of Osteopathy, writes us as follows:

"I have understood that among some of our friends the impression exists that the California College of Osteopathy suffered so seriously in the earthquake and fire which occurred in San Francisco April 18-20 that it will not reopen.

"Will you contradict it for us through your JOURNAL? We did shorten our term a few weeks, as during the excitement it was impossible to locate students or faculty and for some time there were no traveling facilities.

"The California College of Osteoptahy was not in the burned district and will resume work September 12, 1906, with far better equipment than ever before.

"It is part of the new and greater San Francisco, and is daily receiving its full share of the courage and enthusiasm which is making our city famous throughout the world.

"We have had no occasion to entertain the thought of closing the college, and are at a loss to know how the rumor was started."

West Virginia Osteopaths.

The annual meeting of the West Virginia Osteopathic Society was held at the office of Dr. W. E. Ely in Parkersburg, June 16, at 2 p.m. The officers elected for the ensuing year were: President, Dr. W. J. Seaman, Huntington; vice-president, Dr. W. E. Ely, Parkersburg; secretary-treasurer, Dr. W. A. Fletcher, Clarksburg. Dr. Seaman read a very able paper on "The Nature, Cause and Cure of Disease," which was discussed by the society. Huntington was selected as the next place of meeting, which will be on June 15, 1907.—Clarksburg (W. V.) *Telegram*.

Boston Osteopathic Society.

The annual meeting of the Boston Osteopathic Society was held June 19, 1906, at the office of the president, Dr. F. K. Byrkit. A large number of the members were present and the following officers were elected: President, R. K. Smith; vice-president, Arthur M. Lane; secretary and treasurer, Ada A. Achorn; curator, Alexander F. McWilliams.

After the business of the evening was completed refreshments were served and a social hour enjoyed. Meeting was adjourned to September 17, 1906.

ERICA ERICSON, Secretary.

New Edition of McConnell's "Practice."

During the past year, in leisure moment, Drs. McConnell and Teall have been engaged in re-writing and revising Dr. McConnell's "Practice of Osteopathy." For several weeks past they have been working steadily upon it and have added a large amount of original matter. Every section of the book will be thoroughly osteopathic. They will issue the new edition jointly and expect to have it from the binders about September 15.

Reunion of Osteopaths.

Dr. H. Alfred Leonard, president of the Alumni Association of the Philadelphia College of Osteopathy, was toastmaster at the annual reunion and banquet of the association at the Colonnade last night. Toasts were responded to by Dr. Jane Scott, vice-president of the association; Dr. E. M. Coffee, Dr. Frederick W. Kraiker, Jr., Dr. T. W. Ellis, Dr. E. M. Herring of New York and Dr. E. M. Downing of York.—Philadelphia *Record*.

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At the meeting of the Tennessee Board of Osteopathic Examination and Registration, held at Nashville on July 14, eight licenses were issued. The board re-elected the old officers, viz.: J. R. Shackleford, president; J. Erle Collier, secretary, and W. Miles Williams, treasurer, all of Nashville.

Dr. Wm. Horace Ivie, chairman of the Osteopathic Relief Committee in San Francisco, has received word from W. B. Saunders & Co. that they have sent $100.00 worth of books for distribution, all new editions. This is greatly appreciated.

The seventh annual meeting of the Nebraska Osteopathic Association will be held at the Lindell Hotel, Lincoln, on September 8, 1906.

Eighty-four licenses were issued by the Missouri State Board of Osteopathic Examiners at its meeting in Kansas City in June.

PERSONALS.

Dr. C. A. Whiting, Los Angeles, has resigned from the California Osteopathic Board.

Dr. Milbourne Munroe, Newark, N. J., and Laura Ann Leadbetter, East Orange, were married in the latter city on June 27, 1906.

Dr. A. E. Werkheiser of San Jose, Cal., is now located in the Ryland building. He writes that his practice is gradually returning to the point it had reached before the earthquake.

Dr. Clarence Vincent Kerr and Myrtle Adele Harlan of Cleveland, Ohio, were married at Bryn Mawr, Chicago, on June 30, 1906. They will be at home after August 6 at 6917 Euclid avenue, Cleveland.

Dr. J. Lovell Lawrence, who is now at 1965 Geary street, San Francisco, has, since the recent disaster there, made his fourth start in life. His courage is undaunted and he has unlimited faith in osteopathy and its future.

Dr. Robert D. Emery was thrown from his buggy during a runaway on the 6th and his femur was broken just inside of the capsular ligament. He is suffering severely, but there is no known reason why he should not make a rapid recovery.

Dr. M. F. Hulett of Columbus, O., after September 1 will be located at 702 Capitol Trust Building. This is the finest office building in the city, and his rooms overlook the State House grounds. Dr. Hulett is now being assisted by Dr. Ada M. Nichols, formerly of Chillicothe, O.

Dr. Susan Orpha Harris, 1459 Franklin street, San Francisco, writes that it was erroneously reported in the June JOURNAL that she was "*temporarily* at the same location," as she was not obliged to move. While her office was on the edge of the burned district, it is now on the edge of the new business district. Her practice is improving every day.

The information contained in the following card will be of interest to a large number of people in the profession:

Allen Veloise Ellis, Jr.
July twelfth, 1906.
Dr. and Mrs. Sidney Allen Ellis.
112 Lancaster Terrace,
Brookline.

In England Dr. Robertson has proved to his own satisfaction that paralysis is due to bacteria and it will now be in order to put the paralytics on the contagious list. Wonderful! Wonderful! Ashes are always found after a fire. Ergo: ashes are the bacteria, the cause of fire!—*Homeopathic Envoy.*

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REMOVALS.

Mattie T. Heaton, Shelbyville, to 2408 Frankfort Ave., Louisville, Ky.
James E. Burt, New York, to Ocean Hotel, Asbury Park, New Jersey.
John W. Miller, 320, to 418 Market St., Sunbury, Pa.
E. C. Bond, Muscatine, to Des Moines, Ia.
Bertha Hilton, The Cheshire, to 46 West First Ave., Denver, Co.

APPLICANTS FOR MEMBERSHIP IN THE A. O. A.

In accordance with a rule adopted by the Trustees the names of all applicants for membership in the A. O. A. will appear in the JOURNAL. If no valid objection to any such applicant is filed with the secretary within thirty days after publication, and all receive an affirmative majority vote of the Trustees, they will be declared elected. Should objection be made to any applicant the case will be fully investigated before final action is taken.

Carrie A. Bennett, 329 Jefferson St., Joliet, Ill.
Dorothy S. Birlew, 222 N. Raymond Ave., Pasadena, Cal.
Lizzie Clay, Fairfield, Neb.
Mrs. Florence Coffland, Circleville, Ohio.
A. S. Coon, Clarkston, Wash.
Mary E. Coon, Clarkston, Wash.
J. W. Elliott, Cordele, Ga.
W. W. Hall, Water St., Kent, Ohio.
B. R. Mansfield, 340 Boston St., Galion, Ohio.
Ada M. Nichols, 702 Capital Trust Bldg., Pasadena, Cal.
Lewis N. Pennock, First National Bank Bldg., San Angelo, Tex.
Nellie M. Pierce, Ballenger Bldg., St. Joseph, Mo.
J. M. Pugh, American National Bank Bldg., Everett, Wash.
D. H. Reese, B. S. Jackson Annex, Fremont, Ohio.
Anna K. Stryker, 56 W. Thirty-third St., New York City.
Ella B. Veazie, Kansas City, Mo.
J. R. Warburton, Ontario Bldg., Towanda, Pa.
Daisy Eva Washburn, Masonic Temple, Port Clinton, Ohio.
Lillian M. Whiting, South Pasadena, Cal.
Leonard V. Strong, 143 Seventh Ave., Brooklyn, N. Y.

REINSTATEMENT.

Isaac Burke, 1540 Broderick St., San Francisco, Cal.
W. A. Crawford, 748 Ellicott Square, Buffalo, N. Y.
H. F. Goetz, Century Bldg., St. Louis, Mo.
Emma K. Gnadinger, Chicago, Ill.
Burton J. Jones, 21 Front St., Monroe, Mich.
R. H. Singleton, 435 The Arcade, Cleveland, Ohio.
Clarence H. Wall, Providence, R. I.

A Wise Vaccination Law.

Mr. Patton has introduced into the assembly of the state of New York "An Act to Amend the Public Health Law, in Relation to the Vaccination of School Children." After going through the regular vaccination formulæ, the act, following the wise law enacted by the English parliament, which should be on the statute books of every state, concludes as follows: "But no child shall be excluded from such school on the ground that he has not been vaccinated, if the parent, guardian or other person having the custody of such child shall file with the trustees or other officers having the charge, management or control of such school, an affidavit that he conscientiously believes that vaccination will be prejudicial to the health of such a child."

That is a wise law and should be enacted. If you believe that vaccination protects, avail yourself of it and be protected. If you believe it to be a physical curse, as many do, then surely no coterie of officials have the moral right to *force* it on you. *Pass Patton's Amendment.—Homoepathic Envoy.*

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Supplement to the Journal of the American Osteopathic Association for August, 1906.

Directory of Members

of

The American Osteopathic Association.

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DIRECTORY OF MEMBERS

IN GOOD STANDING IN AMERICAN OSTEOPATHIC ASSOCIATION, AUGUST, 1906.

Officers.

President—A. L. Evans, 301 Miller Bldg., Chattanooga, Tenn.
1st Vice-Prest.—John T. Bass, 1157 Broadway, Denver Colo.
2d Vice-Prest.—Miss Lena Creswell, 30 Sefton Block, San Diego, Calif.
Secretary—H. L. Chiles, 118 Metcalf Bldg., Auburn, N. Y.
Assistant Secretary—C. A. Upton, N. Y. Life Bldg., St. Paul, Minn.
Treasurer—M. F. Hulett, 702 Capitol Trust Bldg., 8 E. Broad, Columbus, Ohio.

Trustees.

Three Years Term—

C. B. Atzen, N. Y. Life Bldg., Omaha, Neb.
Thos. L. Ray, 203 Fort Worth National Bank Bldg., Fort Worth, Texas.
Mrs. Cora Newell Tasker, 417 Grant Bldg., Los Angeles, Calif.

Two Years Term—

Mrs. Ellen L. B. Ligon, Y. M. C. A. Bldg., Mobile, Ala.
F. E. Moore, La Grande, Oregon.
C. W. Proctor, 897 Ellicott Sq., Buffalo, N. Y.

One Year Term—

Miss Edythe F. Ashmore, 42 Valpey Bldg., Detroit, Mich.
A. S. Melvin, 400, 57 Washington St., Chicago, Illinois.
Harry M. Vastine, 109 Locust St., Harrisburg, Pa.

Standing Committees.

Committee on Publication—

Chairman—W. F. Link, 703 Empire Bldg., Knoxville, Tenn.
Edythe F. Ashmore, 42 Valpey Bldg., Detroit. Mich.
Carl P. McConnell, 57 Washington St., Chicago, Ill.

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Jas. L. Holloway, 435 Wilson Bldg., Dallas, Texas.

Committee on Legislation—

Chairman—A. G. Hildreth, 803 N. Garrison Ave., St. Louis, Mo.
Dain L. Tasker, 414 Grant Bldg., Los Angeles, Calif.
Chas. C. Teall, Weedsport, N. Y.

MEMBERS.

Note.—The letter preceding the name indicates the school from which graduated, thus:
A.—American School, Kirksville, Mo.
Ac.—American College of Osteopathic Medicine and Surgery, Chicago, Ill.
At.—Atlantic School of Osteopathy, Buffalo, N. Y.
Bn.—Boston Institute, Boston, Mass.
C.—Colorado College of Osteopathy, Denver, Colo.
Cc.—California College of Osteopathy, San Francisco, Cal.
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A.—Potter, William A., 65 Safe Deposit Bldg., Seattle.
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Ph.—Winbigler, C. F., 1405 W. St.

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S.S.—Sullivan, Clara E., Wheeling.

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C.—Furry, Frank I., Cheyenne.

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Bn.—Walker, L. Willard, 256 Bath St., Glasgow.

JAPAN.

S.S.—Crain, Festal, 15 Dote Sanban Cho, Kojimachi, Ku, Tokyo.

MEXICO.

A.—Woodruff, Homer, 1st, San Francisco St., No. 7 Mexico City, D. F.

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APPLICATION FOR MEMBERSHIP IN THE A. O. A.

DR. H. L. CHILES, Secretary A. O. A., 118 Metcalf Building, Auburn, N. Y.

Please present my name to the Trustees as an applicant for membership in the American Osteopathic Association.

I enclose Five Dollars ($5.00), the membership fee, with the understanding that it is to be returned in case my application is rejected.

In case I am elected to membership in the A. O. A. I promise to comply with the requirements of the constitution and to deport myself in accordance with the principles embodied in the code of ethics.

Immediately prior to beginning the study of osteopathy I was a resident of (town or city) .... (state) ....
where I was engaged in (business, vocation or profession) ....
.... at (street and No.) ....
....

I attended .... College of Osteopathy during my first semester, date.. I attended..............
................................College of Osteopathy during my second semester, date .... I attended.....................................College of Osteopathy during my third semester, I graduated from.........................
....
College of Osteopathy, date...............................

I began the practice of osteopathy at..
....

I have since practiced in the following places.....................................
....
....
....
....
....

I am now practicing at (street No., or office building and No.)..................
.... (town or city) ....
(state) .... Signature (as I wish my name to appear in the A. O. A. directory) ....

NOTE.—No application will be acted upon by the Trustees unless it is accompanied by the membership fee, such fee to be dues for the current year.

Each applicant for admission to membership must be vouched for in writing by two members of the A. O. A., who are residents of the same state as the applicant.

The above applicant is recommended by

1. ....

2. ....

Approved by the Trustees..

Date................................

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