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THE FUTURE OF OSTEOPATHY.

President's Address, Tenth Annual Meeting of the American Osteopathic Association,
Put-in-Bay, Ohio.

ARTHUR L. EVANS, D.O., Chattanooga, Tenn.

In the choice of my theme, "The Future of Osteopathy," I have departed from the examples set by a majority of the more recent of my predecessors who have spoken to you upon some of the scientific phases of our professional work. I confess, and that without shame, that my immediate predecessor, Dr. McConnell, in his masterly presidential address, has led where I find it impossible to follow. I have had neither the training nor the time, to say nothing of the aptitude, that would enable me to continue the brilliant line of work he has so ably begun. That is my *reason* for choosing a non-scientific subject. My *excuse* for attempting to deal with the future of osteopathy is based upon the firm conviction that there is no question that can at this time so profitably engage our attention, and *not* that I make the slightest pretense of being a seer, or of possessing in any degree the gift of prophecy. However much an apology may be found later to be due, I am sure it will be for the manner in which I may perform the task I have set myself rather than for the choice of that task.

It is highly essential that we give profound consideration to the future in order that we may properly and wisely guide our profession in the present. The place osteopathy is finally to occupy in the world of science, its ultimate destiny as a profession, will be determined by our conception of it as well as by our desires, hopes and aspirations for it. Those who venture to sea and merely drift with the currents, and are carried by the winds and tides, will never, unless by accident, reach the port for which they sail. In other words, we will never reach our goal until we decide upon what that goal is to be.

If we consider osteopathy merely a business opportunity, a "graft," our present course will be very different from what it will be if we look upon it as a movement for the alleviation of the ills of humanity, one destined ultimately to emancipate mankind from the thralldom of drugs and the pains and penalties of disease. If we consider it the former we will work it for all there is in it, much as the miner who, in his eagerness to get the gold in sight, so works his mine as to ruin its future prospects. With such a view our methods would likely be similar to the pioneers in this country, who, in order to get a little ground to supply their immediate wants, burned vast quantities of valuable timber, or of those others who, to get the tongues, the horns, or the hides of the American bison, have practically exterminated the species.

On the other hand, if we feel that osteopathy is committed into our hands as a sacred trust for the benefit and blessing of generations yet unborn, we will deal with it, I may say, in a spirit of reverence. We will at this critical time see that its foundations are deep, wide and strong enough to withstand the assaults of time, and support an edifice beautiful, symmetrical, serviceable, enduring.

Out of the chaos now existing in the world of therapeutics it is probable, that in the years to come, there will be evolved the *real* science of medicine. I believe that ought to be the hope of every true physician. I have no doubt a majority of the members of our profession not only want to see osteopathy the dominant factor in that science, and osteopathic principles at the foundation of it, but believe that they will be. That desire and belief is born not of irrational optimism, not of opportunism, nor of egoism, but is founded upon sound reason and a fair measure of altruism. We believe that when osteopathic ideas prevail and predominate humanity will be vastly the gainer. In order to assume the position of dominance we must catch up with our opportunities, and fully realize the potential force in the truths we promulgate.

In striving to make osteopathic truths the foundation of the healing science of the future we do so with no commercially competitive idea. We are actuated by no such motives as those which dominate some of the leaders in partisan political contests, where the spoils of office are the incentives to activity, and the rewards of victory. To be sure, we do not despise the substantial rewards that attend upon faithful and well directed effort, but we may safely subordinate all such considerations, relying upon the fact that they will accompany the more satisfactory reward—the consciousness of having contributed in greatest measure to the amelioration of the ills of humanity, and the physical betterment of the race.

It is believed by many, even by some members of our own profession, that osteopathy will ultimately be absorbed by, and be merged into what is now known as medicine. (In this paper I shall speak of medicine, not in the broad sense of that term, but meaning that school whose practitioners call themselves “regulars.”) There is much ground for belief that either osteopathy will be medicalized or medicine will be osteopathized. There is no occasion, no reason, for different schools of a *real science*. Engineering, astronomy, mathematics and chemistry are each one science. There are no different schools of mathematics. It is hardly probable that when the real science of medicine is evolved it will be either osteopathy or medicine identically, in all details, as each is constituted today, but it will be dominated by, and have the principles and chief distinguishing characteristics of one or the other. This is not to say that new ideas and new light on old ones will not be developed, but if we have discovered fundamental truths new truths will not contradict nor displace them. When I say that osteopathy or medicine will dominate the healing system of the future I would not be understood as intimating that the various cults which are now preached and practiced do not contain much of truth; they do, and the essence of that truth will be incorporated into that system. Nor will the healing science of the future be a crazy quilt, a hotch potch, for not only are these truths not repugnant to science, but they will be correlated according to a universal law. These cults do not claim, at least they have no rational grounds for claiming, to be complete systems of healing. Osteopathy and medicine each claims to be a complete and independent science co-extensive with the science and art of healing. Between them, or between their opposing theories, must the battle for

supremacy be fought. To the system that survives will descend all that is vital of the truths now promulgated by the various cults and pathies.

In attempting to forecast what system is to dominate we will not need to consider which is now the stronger in numbers, in wealth, in influence; we need not concern ourselves with the question as to which has back of it centuries of tradition, and which is the more securely entrenched behind the law. The real questions are: Which is the fitter to survive? which promises more for humanity? which works more closely with Nature? which has the greater amount of essential truth? Once these questions are determined I believe we can read the future; for we may be sure that the system which is founded on truth will prevail, if its devotees are loyal to it, and live up to their opportunities.

The three distinctive points of difference between osteopathy and medicine are found in etiology, diagnosis, and treatment; and the greatest of these is etiology. This is true because diagnosis and treatment naturally grow out of ideas of the cause of disease. In this presence I need hardly state, and certainly not argue, that in a majority of cases there exists as the predisposing or exciting cause of disease a physical, an anatomical mal-adjustment, which we sometimes refer to as the osteopathic lesion. This has been defined by Dr. G. D. Hulett as "Any structural perversion which by pressure produces or maintains functional disorder." It is equally obvious that our diagnosis is largely dependent upon the location and extent of the lesion as well as the structures directly or indirectly involved, and that our treatment is directed to the removal of the lesion, the correction of the abnormality.

These constitute the distinctive theories and principles of osteopathy. Put in practice they have brought fame to our science, and have won for it a marvelous recognition, both popular and statutory. That they are true and that they contain truths overlooked by all other systems of healing has been demonstrated in countless thousands of cases that have come to us as a last resort. But happily we no longer need to depend upon clinical evidence for proof of our claims. Dr. McConnell has demonstrated by laboratory methods beyond the possibility of doubt that slight, and hitherto unnoted luxations of bones and other tissues, produce disease.

It is my belief that the fundamental principles underlying osteopathy are capable of such interpretation that in their extension and ramification they are applicable to all cases and conditions, and that from these principles may be evolved the universal law by which all segregated truths of therapeutics may be correlated and joined in a harmonious whole. I believe osteopathy will furnish that law, the working basis, the standard by which all therapeutic arts and agencies will be tested and to which they must conform.

I confess that it is beyond my capacity to formulate that law. It may possibly be deduced from the truth so often stated axiomatically by Dr. A. T. Still, that when God made man He made no mistake. When life was breathed into the human body it became a perfect machine. But being placed in a world of law, violations of that law bring penalties, whether those laws are clearly understood or not, or whether those violations be volitional or accidental. So long as the life of an individual is ordered in accordance with natural law, so long as it is adjusted to its environment, and the parts of the body are adjusted to each other, there is health. But when the individual goes counter to that law there is friction, obstruction, disease. From this, we can get back to the good osteopathic precept that disease is the result of obstruction to the vital processes, and the remedy is the removal of that obstruction. Osteopaths have thus far largely ac-

complished that removal by manipulative measures. This will doubtless always be the method by which the largest part of their work will be wrought, though not necessarily the only method.

I have thus briefly and imperfectly sketched the distinctive principles and philosophy of osteopathy. Before inquiring into the fundamental principles of medicine, and speaking of its distinctive therapeutics, I want to disclaim any prejudice in the matter and to say that I believe I can divorce principle from personality. Any criticism that it may be necessary to offer will be of a system and not of men. I believe that most of us, in the inmost depths of our hearts, have a shrine for that most interesting and lovable personage, the family doctor. It was under his kindly auspices that most of us were ushered into the world; and he also officiated tenderly and sympathetically when most of our ancestors passed out of it. We honor the individual hero in the medical profession who goes about day and night, through sunshine and storm, doing his best, according to his light, to relieve the sufferings of the poor, as well as the rich. We do reverence to the men in that profession through whose unremitting toil so much of truth valuable to science has been given to the world. Yet in all soberness and sincerity I am constrained to say, in the light of experience and history, considering the present status of medicine after centuries of investigation and experimentation, that the hope of mankind for physical well-being lies in another direction.

What is the all embracing, comprehensive, fundamental idea, theory, principle upon which medicine is founded? I have taken considerable pains to find out, but my search has been unavailing. Medical writers have no distinctive idea as to the cause of disease. True it is that for most diseases they advance some theory, or theories, and yet a large number are classed as "idiopathic." A few years ago it seemed that they were drifting in the direction of ascribing all diseases to bacterial origin, but I think I am within the bounds of truth when I say that that theory is being abandoned. Scientific men are beginning to realize that if germs are active in producing disease they act rather as an exciting than as a predisposing cause. In methods of diagnosis, of determining the seat and stage of disease, and the pathological conditions present, we are indebted to medical investigators for much that is of real value. But when it comes to treatment, who can say that there has been any real advancement along the lines of drug medication? While they have learned and recorded very much concerning the manifestations of disease, there their knowledge seems to end. Bearing on this, the following from J. M. Dacosta, M.D., a man eminent in his profession, is pertinent: "It is sometimes urged that accurate detection of disease makes timid practitioners, and deprives them of confidence in medicines. More just it is to say that it shows how wide is the chasm between our acquaintance with morbid conditions and our acquaintance with remedies; how far our skill to detect disease still outruns our power to cure it."

It seems to me that this is due to the fact that they have missed, through all the centuries, the true philosophy of life. They have not a right conception of the real cause and nature of disease, hence are proceeding on the theory that there is a specific for every ill, a pharmaceutical remedy for every disease. At the 130th meeting of the New Jersey Medical Society, held within the past year. Dr. Philip Marvel read a paper on "What the Osteopaths Demand—How Shall the Medical Profession Regard Them?" In this paper, when he speaks of *exciting and assisting* the forces and functions of the body to a more nearly perfect performance of their normal activities, he perhaps comes as near to stating

the distinctive ideas of medicine as they have ever been put in words. In contradistinction to this idea the osteopath is more concerned with finding and removing the obstruction that produces the abnormal condition which seems to demand *excitation and assistance*. Herein is the distinctive difference between osteopathy and medicine. We do not concern ourselves so much with methods of exciting and assisting functional activity (though we do occasionally use manipulative measures to accomplish these ends) as we do in finding and removing the cause of functional inactivity, or over activity. It is not so much a difference in therapeutics as in philosophy.

Dr. Marvel merely stated a fact true of all systems when he said in this same paper: "The great aim of the science and practice of medicine is the alleviation of suffering and the restoration of health." It is true, I believe, that he should, however, have placed even above these beneficent aims one greater, the *prevention* of disease. This will be the greatest aim of the physician of the future.

In the sentences immediately following the one above quoted Dr. Marvel gives what he considers the great strength of medicine, but which we regard as its weakness. He says: "The science of medicine is so broad in its domain, and in practice, so liberal in its chosen and adopted principles, and so earnest and painstaking in its field of investigation, that there seems little or no room for rational medicine outside of its ever extending bounds. Certainly there can be no comparison between any 'one measure' or 'one idea system' and that which investigates by all scientific and rational means at hand, and rapidly adopts all advances and adaptable discoveries which are proven to be helpful in either alleviating, restoring, or assisting the diseased to health."

The tendency of the medical profession to "rapidly adopt all advances and adaptable discoveries" only illustrates their tendency to fadism. It is true they do this, and especially those that originate within their own ranks. These are magnified, almost deified. Every so-called remedy that seems in certain cases to modify or change the course of disease, abate certain symptoms, or stimulate or inhibit the action of organs is hailed with delight, and one would suppose that the problems of medicine were solved. But soon it is learned that the much vaunted remedy is uncertain in action, that other symptoms develop, and evil results follow its administration. Then it is that some other "adaptable discovery" is adopted. So far as the use of drugs is concerned—and whatever may be said, the use of drugs constitutes its distinctive therapeutics—the medical profession is today where it was centuries ago in a vain search for specifics, panaceas and antis. It would be interesting for one with unlimited time to search through the voluminous literature of medicine, and catalogue the much heralded medical preparations that have found their way to the therapeutic junk heap.

The shifting theories of disease and cures propounded by the medical profession can in no more fitting way be exhibited than by the following quotation from an article written by Dr. P. M. Wise, of New York City, and published in the *New York Medical Journal* for March 24, 1906, on the "Orderly Preservation of References." Among other things he said: "With the rapidity of progress in practical medicine which has been shown in the last two or three decades, a three-year-old text book is generally worthless as an authority and reference. Five years after graduation a doctor can throw aside his initial library, as it is no longer authoritative."

Could there be a more convincing statement of the lack of fundamental principles in medicine? Such a statement could not be true of osteopathy. To be

sure, we are learning much as to the application of our principles, and in demonstrating their truth by scientific methods, but the early text books and the principles as laid down by Dr. Still will ever be authority.

It would be more or less a waste of time to quote from medical text books and medical writers to show not only the uselessness of drugs in numerous diseases, but their harmfulness in many more. Their literature is so replete with it that the statement of a prominent Chicago surgeon made a few years ago is justified by the facts. He said: "The present trend of medical thought is toward drug nihilism." This could be further evidenced by the statement of a member of a well known surgical and physicians' supply house, who is quoted as saying: "The advances made by modern therapy, especially that portion usually designated as physiological or mechanical therapy, which is now practiced not only in well organized sanitariums and hospitals, but by progressive physicians, have completely revolutionized the so-called physicians' supply houses."

It will be observed that those things which to our minds show a lack of vital principle, a grasping at straws, are paraded as evidences of "advancement." They may or may not be so, but on the whole I am willing to concede that the medical profession within the past one hundred years has made some marked advances. While their adoption of mechano-therapy, not being based upon the right principle, being merely another method of regulating function, is still a groping in the dark, yet it marks an advance over the old system of heroic drugging. It will not do so much harm.

While perhaps many of the "adaptable discoveries" which they consider an "advance in medicine" were not made by members of their own profession, yet they are entitled to some credit for adopting them. It will be noted that the really great advances have not been along the line of curative drugs but of natural means, by getting closer to, and learning more of the secrets of Nature. For one thing, they have learned that the practice which was almost universal a century ago of taking the life blood from the veins for almost every ailment was bad, and except in rare instances it has been abandoned. A notable advance. They have also advanced to the point where they will allow pure cold water to cool the parched tongue of a fever patient.

They have even found out that pure fresh air is an advantage, as the following excerpt from an editorial in the *New York Medical Journal* for June 9, 1906, will demonstrate: "Tuberculosis patients used to be confined in close rooms when they had fever, because of the fear that they might take cold, and there is no wonder that under such circumstances consumption came to be considered an incurable disease. Now we know that fresh cold air is beneficial to such patients. Recent experience seems to show that fresh cold air is of benefit to all patients suffering from fever. Even in pneumonia, in a climate as changeable as that of New York, cold fresh air, far from doing harm, does good and is better than any combination of medicines. For restless fever patients sleep comes naturally and without opiates if the windows are kept wide open in spite of the temperature going far below that ordinarily considered desirable."

Thus it is seen that medical men are beginning to realize that for consumptive patients, at least, pure air, proper feeding, rest and exercise are far more availing than "any combination of medicines," or any one's tuberculin.

Some of them are beginning to believe that it is not always good practice to stuff very sick patients with food to "keep up the strength," and I infer from recent articles that appeared in a prominent lay journal, written by a medical

man, that at least some of them have learned not to give opiates for insomnia, and that "Nature often cures when doctors all despair."

The "advance" upon which the medical profession is justly entitled to congratulate itself more than any other that has occurred in recent years is the discovery that mosquitoes transmit yellow fever and that the most effective means of combating the ravages of this disease is to administer coal oil to the mosquitoes. Whether or not it is true that these insects are the sole medium of transmission of yellow fever, I would say, by all means kill the mosquitoes. That is removing the cause—is osteopathic. Osteopaths will never object to administering antiseptics to germs if the precaution is first taken of removing them from the human body. If this is done I doubt not that the ingenious and enterprising manufacturing chemists will not only be able to concoct poisons sufficiently deadly to kill the germs, but will also be able to invent an appropriate, imposing and unpronounceable name for the germicide. The greatest difficulty, of course, will be to isolate the germ.

In saying what I do I am not making an attack on medicine. I am simply trying to determine what system has the greater amount of truth. In view of the facts I have adduced, and many others that are of common knowledge, I ask in the name of science, reason and humanity, by what right does medicine arrogate to itself all authority, and attempt to pose as the final arbiter in all matters of healing? In what way is it fitted to dominate the healing science of the future? What fundamental principle can it contribute to that science?

While to the casual observer it would seem that between osteopathy and medicine there is a great gulf fixed, yet the evidence I have cited as to the advance in medicine goes to show that whether or not the adherents of either may wish it, the processes of evolution are at work that will eventuate at some time and in some way in the development of the real science of medicine. In that science the knowledge that has come to us through medicine will have a part, but its practitioners will have to unlearn a great deal about drugs, and what is probably of more importance, they will have to learn very much about the principles, philosophy and technique of osteopathy. Judging the future by the past, and accepting the evidence of medical authorities as to their efficacy, we may be sure that drugs, aside from anesthetics, antiseptics and antidotes, will be an inconsiderable, a practically negligible part of the future physician's equipment. Certainly they will constitute no part of the essentials of the healing science of the future. And so, whatever that science may be called, we may be certain that it will be far, very far from medicine as we now know it.

It ought to occasion no surprise and no criticism when I say that osteopaths, in order to assume their proper sphere in the science of healing which is coming, will also have some things to learn as well as to unlearn. We are very young as a profession and in the exuberance of youth have possibly, in some instances, assumed more than the facts warranted.

I often think of this remark made by Josh Billings: "I luv a rooster for tew things—one iz the krow that iz in him, and the other iz the spurs that air on him to bak up his krow with." Osteopathy has not lacked for the "krow," and I am sure the spurs are there, at least in embryo. Let us be sure they are developed to their full capacity; if that is done we undoubtedly can "bak up our krow."

As I have said on another occasion, we need to enlarge our conception of osteopathy, and to differentiate more clearly between its philosophy and its methods of application. We need not go aside from our fundamental principle that

disease is the result of an obstruction to vital processes, but we should realize that that obstruction may be something other than a luxated bone.

To insure our future we must be a complete school of healing. The position that osteopathy is such and that its principles must be applied exclusively by manipulation with the hands of the physician is untenable. It gives too much plausibility to the contention of those members of the dominant school of medicine, who iterate and reiterate with so much cunning and ingeniousness that we are practicing a specialty. That was an argument used with some effect, I believe, in at least two of the legislative contests of the past year. It will continue to be used until we assume the place in the realm of healing to which we are entitled.

We have heard much in recent years of a word that has acquired such a sinister significance—has become so odious, that I hesitate to pronounce it in your presence. I refer to the word "adjunct." Yet I believe that the greatest menace the future has in store for us from this monster is that by the adoption of the exclusive idea just mentioned osteopathy will become an *adjunct* of medicine. Certainly no one will maintain that all cases and conditions that a physician may be called upon to treat can be properly treated by manipulation with the fingers. When we turn a case over to another school is not that an admission that our own is incomplete? Of course, it is not to be expected that each individual osteopath will fit himself for the practice of all the specialties now recognized by medical science, but our profession should contain these specialists, so that within our own ranks we will have practitioners capable of doing all that can be done, and more than can be done by any other school, to relieve any case to which we may be called. So long as we must turn any case, whether suffering from trauma, or any disease or complication of diseases, over to the medical profession, can we make good our claim that our science is in *practice* co-extensive with the field of healing? Do we not come perilously close to practicing a specialty?

There is a note of pathos in the following extract from a letter written by Dr. William Horace Ivie, shortly after the great San Francisco disaster. The author is a conscientious and unusually capable osteopath, one who in his daily work has often cured the "incurable," and has on many occasions demonstrated the superiority of osteopathy to medicine in the class of cases treated by him. But note what he says in the presence of that great catastrophe when every man and woman of right impulses was willing and anxious to render every aid possible. He said: "One of the most obvious lessons taught us by our late calamity was the inadequacy of our surgical knowledge. It was a sad commentary upon our boasted efficiency, that there were no places of service open to us save those of nurses, and later on of sanitary inspectors. As physicians there was absolutely no place for us. We were 'down and out,' and the profession suffered accordingly in the eyes of those capable of appreciating that unfortunate condition. I have been keenly conscious of my lack of surgical knowledge before, but never to such an extent. Never have I felt so helpless. My late experience has tended to make me an ardent supporter of a much stronger surgical course in our colleges."

Safe, sensible, scientific surgery is essentially osteopathic. An osteopath should practice no other kind and his training would render him unlikely to do so. I am aware that surgery is now a part of the osteopathic curriculum, but it will hardly be claimed that the graduates of osteopathic colleges are any better equipped with surgical knowledge and skill than are the graduates of the ordinary medical colleges, and I believe we are pretty well agreed that that is insufficient. 8 The

man into whose hands, as a last resort, are committed the issues of life and death, upon whose knowledge, judgment and skill depends the hope of life of a human being should have the fullest knowledge and largest experience that it is possible to obtain. The facilities for providing this knowledge and experience in our own colleges are increasing. The erection and equipment of hospitals where surgical cases are treated is a step in the right direction. Doubtless in the near future they will be able to give such a course as will enable their graduates to diagnose surgical cases, apply bandages and surgical dressings, administer anæsthetics, perform minor operations, and, at least, render properly "first aid to the injured." That would, in my opinion, be about all the surgery that the average practitioner would require and all that he should undertake.

To be entirely independent, however, we should have in our profession osteopathically trained surgeons who are not only capable of performing the most difficult operations, but who have had large experience in performing them. One of the advantages of an osteopathic training previous to a surgical education is that one is more likely to seek for every means to avoid a dangerous operation. He who has thus been grounded in osteopathic principles is more likely to appreciate as true, that more credit is due the physician who cures without than with an operation. Being conversant with the wonderful resources of nature, aided by proper osteopathic treatment, his judgment is less likely to be swayed by the glitter of gold and the hope of acquiring fame as a surgeon.

It would not be wise to burden our colleges with the additional two or three years' course that would be necessary to make first class surgeons, and particularly when there would be comparatively few of their graduates who would care to practice major surgery. It would be equally unwise, unnecessary and unjust, to require students who do not wish to become full fledged surgeons to put in this extra time. And yet, I think, our surgeons should be made in our own schools. This, to my mind, affords another strong reason why we should bend every effort toward securing an endowment sufficient to properly equip at least one college, and necessary hospitals and laboratories, in some large city centrally located, where abundant clinical material is obtainable. I do not mean that this endowed college should exist solely for the purpose of surgical education and training, but also for the benefit of graduates of our other colleges who wish to pursue a higher education along the lines of special methods of diagnosis, and to obtain more actual experience in cases of a surgical and obstetrical nature. There would thus no longer be any necessity or excuse, for graduates of our schools to go to a medical school to complete their education. Our future is so dependent upon the educational qualifications of our practitioners, their practical efficiency as complete physicians, as to make the question of endowed colleges one of vital concern to us. I believe that, as a beginning, one institution such as I have just mentioned would be a potent factor in shaping, stimulating and harmonizing our educational interests. Instead of injuring the schools now existing I believe it would help them if they were correlated and articulated with a higher institution. Those persons seeking a profession who are inclined toward osteopathy and now hesitate through fear that upon graduation they will not be fully equipped for all emergencies would then have no rational grounds for such fear.

To reach and hold the place of dominance in the field of healing, the place to which we are entitled, there is much that must be done, but there is nothing that should be done that cannot be done better through organization. "Intelligent concentration is the secret of efficiency." This is not only true as a law of mind, but it applies to all human effort, and particularly to an institution composed

of individual units. Henry Ward Beecher once said: "Plan out your work, then work out your plans." Dr. Carl P. McConnell, in an address delivered in Boston nearly two years ago, which was published in the A. O. A. JOURNAL for July, 1906, well stated the "Problems of scientific osteopathy." No doubt you have all read this and I shall do nothing more than mention some of the things he spoke of as being necessary.

The first he mentioned was, *clinical demonstration and classification*. In this connection he urges the importance of recording and reporting cases treated, and he truly said that if there is any practitioner who cannot aid in this work his license should be invalidated. He further said: "If we had a thousand, ten thousand, or fifty thousand cases now to refer to, and we could easily have had many more, what an enrichment to the profession it would be." This is especially pertinent at this time, for despite the commendable activity and personal solicitation of the editor of the case reports we have been able during the year to print but one hundred cases. While this work must be done, in a measure, by the individual practitioner, it is plain to be seen that it is only through organized effort that it can successfully be accomplished. There is much to do in collecting, arranging, classifying, editing and publishing that could not be done if left to individual effort. While it has been discouraging in the past, this work must not be abandoned, but must be prosecuted in the future with even more determination and greater vigor.

There were two other fields mentioned by Dr. McConnell in which much hard and faithful work must be done in order to solve the problems of scientific osteopathy. These were *dissection of normal and morbid tissues*, and *laboratory experimentation*. From the nature of things there are few individuals in practice who have the time, the training, or the facilities to do much, if any of this work, the real importance and practical necessity of which will scarcely be questioned. But each individual can, through the organizations, through contributing to and aiding in the raising of an endowment fund, materially help in placing osteopathy on a strictly scientific basis.

Our future is in our own hands. It will be what we make it. In giving character to our science, in directing its growth, in hastening it toward its goal, I think there is no factor that will be more potent than this Association. Every member of it should do his utmost to increase its membership, resources and influence, not especially for the sake of the Association, but for the sake of osteopathy. The A. O. A. stands for the composite hopes, aims and ideals of the members of the profession, and through the co-operation and concentration of effort it renders possible, will make them actualities. Its membership comprises representatives of every interest known to our professional life, and no one of them is paramount. It seeks to give due weight and consideration to all of them, recognizing that they are mutual. These things being true, the fact which is now known by many, will soon be universally recognized, that its certificate of membership is the real badge of merit, the best credential of professional standing possible for an osteopath to attain.

If it be true, as has been charged, that the American Medical Association is prostituting its great power and influence to secure for its members and the profession it represents a legal monopoly of the healing business, let them continue so to do. In order to win before an enlightened people we have but to show to the world a body of men and women banded together to promote the individual and collective efficiency as physicians of the profession we represent. We have no call to bolster up a declining cause by legal enactment. We are willing for

an intelligent and discriminating public to have the privilege of choosing whom they will for their physicians.

In conclusion I would say that what we need to do in order to fulfill our highest destiny is to become firmly rooted and grounded in osteopathic principles; enlarge our conception of their applicability; live up to our opportunities, help our worthy schools, be liberal in support of our organizations and the objects they have in hand, faithfully and intelligently do our full duty as physicians at the treatment table and at the bedside, and the prophecy uttered seven or eight years ago by that "Apostle of Sunshine," former governor of Tennessee and her future senator—Hon. Robert L. Taylor, will be more than verified. It will be remembered he said: "When a century later historians are sifting the events of this time for the epoch-marking discoveries of science and civilization there will be few chapters more important, I think, than that devoted to the reformation in medicine which will have come about through the acceptance and practice of Dr. Still's system known as osteopathy."

301 Miller Building.

APROPOS — ARE WE PROGRESSING? AND WHITHER?

GEORGE C. TAPLIN. Boston.

In a short article in the August number of this journal Charles Hazzard, Ph.B., D.O., states that in reading my article in the July JOURNAL he lost his bearings and wishes to be set right.

I have carefully reread the article and fail to discover how my friend Dr. Hazzard got off on a tangent. I discover no basis for his deductions, wherein he assumes that my article favors drug therapy. It does not. Lest Dr. Hazzard or some one else, by the influence of his inferences, should retain an erroneous impression, I wish to refer the readers of the JOURNAL to the article itself (July, 1906), page 459.) I also wish to quote therefrom as follows:

"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 path 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.' This 'new philosophy' is the foundation. The superstructure to make a consistent and complete whole must consist of various methods in harmonious proportion and relationship. The new light which its philosophy sheds upon etiology, at the same time makes clear the relationship and choice of method."

In my article reference was made to the most excellent paper of Dr. Hazzard, published in the February, 1906, JOURNAL. This paper is so replete with encouraging statements and valuable suggestions that it can hardly have been damaged by my pointing out one or two statements that seemed to me to savor of inconsistency, namely (granting that antiseptics, anesthetics and antidotes are sometimes necessary), "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." Also (page 245): "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." (Page 247.) "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." Contrasted with this we find on page 249: "But osteopathy was capable of this demonstration of scientific truthfulness and worth within herself. *Her future is assured.* We need now have no further question about the solidarity of the science, nor about its future existence as an independent system."

It is not the holding of the one view or the other that I care to discuss, but might we not among other gems expect also the jewel of consistency?

In regard to the school question, I see no reason for getting excited. As I understand the situation, no osteopathic college, nor person of whom I know, desires a "chair of materia medica." The use of antiseptics, anesthetics and antidotes should, however, be taught in a systematized and thorough manner.

1069 Boylston St.

Report of San Francisco Relief Committee.

Dr. Ivie submitted to the trustees the following report of the work of his committee:

The joint relief committee of the A. O. A. and S. F. O. A. have the following report to make to date:

They have received from medical publishers donations of books as follows: From P. Blakiston & Co., fifty copies latest edition of Morris Anatomy; from W. B. Saunders, approximately \$100 worth of the latest editions of their books; from William Wood & Co. fifty volumes of their standard works and from several practitioners in the field one or more volumes from their professional libraries.

D. Appleton & Co. authorized a discount of 15 per cent. from their regular price lists and agreed to deal individually with the practitioners, while all other medical publishers refused to allow any such discount excepting Lea Brothers who agreed to allow a liberal discount, open only to the committee. Limitation of the funds in the hands of the committee, only \$200 having been sent to Dr. Hulett in response to the appeal of the president of the A. O. A., and turned over to the committee, prevented the committee taking advantage of these discounts.

Dr. W. R. Laughlin donated fifty copies of his "Anatomy in a Nutshell," and the other authors of osteopathic works have authorized very generous discounts from their usual rates. Dr. Hulett and Dr. Hazzard giving us a 50 per cent., Dr. Clark and Dr. Young 25 per cent. and Dr. Woodall promising a discount upon the early appearance of the new edition of his book.

Dr. Tasker and Dr. Booth have agreed to replace all copies of their books lost in the great earthquake and fire and William Wood & Co. have also agreed to replace all copies of their nine volume Reference Hand Book of Medical Science.

The committee has so far found donations of actual cash unnecessary and have devoted the money in its hands, inadequate as it is, to the full carrying out of the project of providing a working library of osteopathic books for the affected practitioners.

So far \$164.45 have been spent upon osteopathic books and \$22.30 upon express and incidental expenses.

The committee desires to call to the attention of trustees of the A. O. A. that the money received so far is utterly inadequate to the complete carrying out of even the project of resupplying the osteopathic books and that as almost all of our practitioners will need much more in order to successfully practice in the future and that as most of them will be compelled to seek some outside assistance in order to meet the problems of the long hard pull before them that the committee could use a much larger sum to very great advantage and would recommend that the trustees take any steps they see fit to collect an increase of the sum now in hand.

Respectfully submitted,

WILLIAM HORACE IVIE, Chairman.

We must be sure to give due weight to the good side of every event that has two sides.—Eliot.

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SEPTEMBER 1, 1906.

THE MEETING AT PUT-IN-BAY.

When we say of each succeeding meeting of the A. O. A. that it was the best in the history of the Association we simply state a fact. It is merely another way of saying that osteopathy is a progressive profession. The annual meetings constitute a sort of clearing house where the expanding hopes, activities and achievements of the profession are discussed and recorded, and where its objects

and aspirations are furthered. It is natural, therefore, that each meeting should mark an advance over its predecessor.

In many respects the meeting at Put-in-Bay was epoch marking. The enthusiastic launching of the movement to endow a post-graduate osteopathic college means more for the future of the science than any of us now realize. That it will succeed there is no reasonable ground to doubt. It is cause for congratulation that no opposition developed to the work outlined for the Board of Regents, which work contemplates a gradual raising of matriculation requirements in the colleges, and a more active co-operation between the organized profession and its educational institutions. Indeed, one of the most hopeful and inspiring things in connection with this meeting was the better feeling which was manifest at all times, between the profession and the schools. This grows out of a better mutual understanding, and a realization on the part of the schools that nothing is expected of them that is not believed to be for the best interests of the profession generally. Certainly a brighter future is dawning for osteopathy when, as happened at Put-in-Bay, a representative of each recognized school can meet with the Trustees, Committee on Education and Inspector, and discuss without antagonism or bitterness the objectionable features and weak places in the schools as disclosed by the Inspector's report. Nothing but good can come from such conferences, where all participants are anxious to remedy defects, and we expect soon to see the schools occupying a higher plane, doing better work, and graduating better osteopaths. At the same time we expect to see the practitioners in the field, realizing that if osteopathy is to possess the field of healing more osteopaths are an imperative necessity, take a more active part in trying to interest young men and women of the right kind in osteopathy as a profession. Thus, out of this better understanding and spirit of mutual helpfulness, we may reasonably expect greater things for the science in the near future.

The official report of the meeting will be made up from the minutes of the secretary and the notes of the stenographer (which latter have not yet been received) and printed in an early number. At this time we shall attempt no more than a brief outline of the more important features of the meeting.

Among the more important recommendations contained in the report of the Committee on Publication which was adopted by the Association may be mentioned the change in the method of collecting and distributing the case reports. This will be fully set out in the report of the committee which will be printed in our next issue.

The JOURNAL will henceforth consist of 32 pages; but will be issued semi-monthly, on the 1st and 15th of each month. This will give 16 more pages of reading matter per month than last year. It will hereafter be mailed flat, in envelopes, and an effort will be made to so divide the advertising pages between the front and back as to admit of their being removed when they come to be bound. The quarterly directory will be arranged both alphabetically and geographically.

The report of the Committee on Education contained so many important recommendations that it would be impracticable to attempt to summarize them. It will be of interest to state, however, that the project of endowing a postgraduate osteopathic college was decided upon, and that a sum aggregating \$21,025.00

was pledged by the members present. This added to \$907.00, the sum previously raised in Vermont through the efforts of Dr. Guy E. Loudon, makes a total of \$21,932.00. This is a splendid showing, and especially as many of the members present wanted more time to consider the question and decide upon the amount they would be able to give. The raising of the fund will be directly under the charge of the Board of Regents. The members of the Board will not permit the movement to lag, but before soliciting contributions outside the profession generally, they desire to get organized and have matters put in a tangible shape and upon a business basis. This need not, however, deter any member of the profession from subscribing to the fund. For any information on the subject write to any member of the Committee on Education, Board of Regents or Special Committee on Endowment. The names and addresses of the above will be found on the editorial page of this number of the JOURNAL.

The report of the Committee on Legislation gave an interesting history of legislative attempts during the past year, and recommended that each state society appoint a legislative committee to work with the A. O. A. committee. The report showed that a bill providing for an osteopathic examining board for the District of Columbia had passed the senate at the last session by unanimous vote, and will be up for passage in the house at the short session during the coming winter. On account of the prestige the passage of this bill will give us, and on account of the influence it will exert in state contests, members are urged to bring every possible influence to bear upon their representatives to secure its passage. This was also emphasized in a short address by Dr. C. F. Winbigler of Washington, D. C.

The evening spent in talks and reminiscences of Dr. A. T. Still was an enjoyable one, and a full report of it will be printed in an early number. The only regret in connection with this feature was the absence of the venerated doctor.

Dr. George M. Laughlin, chairman of the Committee on Prize Essay, announced that the committee had awarded the prize to Dr. C. W. Young of St. Paul. The subject of his essay is Syphilis. In this connection we desire to urge upon the essayists in the profession to enter the contest for next year. In an early number the Committee on Publication will announce the terms of the contest.

Dr. W. H. Ivie of San Francisco presented the situation of the osteopaths affected by the earthquake and fire in his city. Upon call of Dr. C. W. Proctor a collection was taken and \$280.85 was realized. This added to the sum previously raised through the A. O. A. aggregates \$510.85. It might be stated here that more money is needed, and any one who has not contributed and desires to do so, may remit to the Treasurer, Dr. M. F. Hulett, 702 Capitol Trust Building, Columbus, Ohio.

The following officers were elected: President, Dr. S. A. Ellis, Boston; Vice-Presidents, Edythe F. Ashmore, Detroit, and Mrs. A. L. Conger, Akron, O.; Secretary, H. L. Chiles, Auburn, N. Y.; Assistant Secretary, C. A. Upton, St. Paul; Treasurer, M. F. Hulett, Columbus, O.; Trustees, A. L. Evans, William H. Ivie, San Francisco, and Ella D. Still, Des Moines.

The proposed amendments which appeared in the JOURNAL for August, with slight changes, were all adopted except the one designed to render ineligible to office any one connected in any way with osteopathic colleges. This amendment was tabled.

The Trustees appointed the following standing committees to serve during the coming year, the first named in each instance being chairman:

Committee on Publication—W. F. Link, Knoxville, Tenn.; Edythe F. Ashmore, Detroit, Mich.; Kendall L. Achorn, Boston, Mass.

Committee on Education—E. R. Booth, Cincinnati, O.; W. B. Meacham, Asheville, N. C.; James L. Holloway, Dallas, Tex.

Committee on Legislation—A. G. Hildreth, St. Louis, Mo.; Otis F. Akin, Portland, Ore.; Charles E. Fleck, Orange, N. J.

In addition to the above a special committee consisting of the following was appointed to work with the Board of Regents in securing the endowment fund:

Guy E. Loudon, Burlington, Vt.; Asa Willard, Missoula, Mont.; A. B. King, St. Louis, Mo.

The next meeting of the Association will be held at Norfolk, Va., during the Jamestown Exposition. There are some who fear that the attendance upon the sessions of the Association will suffer by reason of the other attractions. We think this fear is not well founded. Osteopaths, above everything else, are interested in their profession. It will be remembered that the sessions at St. Louis, held during the World's Fair, were remarkably well attended. To be sure, where two long sessions are held daily, attendance will be diminished at the afternoon session, regardless of where the meeting is held. Let us have short, snappy sessions, one each day, and there will be few absentees. We believe that low railroad rates and the Exposition attractions will draw a large crowd to Norfolk. That this Exposition will attract members as well as unaffiliated osteopaths to the meeting, we may reasonably infer from our experience with the St. Louis meeting. That many of the latter will join the Association we may also safely conclude from past experience. During the year 1903-1904, when the annual meeting was held at St. Louis, there was a net gain in membership of 313, the largest that was ever made in a single year before or since.

The Association decided to recognize the Still College of Osteopathy, Des Moines, and the Southern College of Osteopathy, Franklin, Ky., as new colleges, and their present graduates are eligible to membership in the A. O. A. It was decided not to recognize graduates of the Los Angeles College of Osteopathy until such time as the college may be recognized. No action was taken with reference to the Central College of Osteopathy at Kansas City, Mo.

Drs. C. E. Still, M. F. Hulett and A. G. Hildreth are the only members of the Association who have attended every meeting since its organization. Had Dr. C. M. T. Hulett attended the Denver meeting he would have been in the above list. Drs. Irene Harwood Ellis and S. S. Still have missed the last two meetings only. Dr. T. L. Ray deserves honorable mention as a faithful attendant. Dr. W. F. Link has missed but one meeting—the one at Indianapolis in 1899. Dr. J. Erle Collier, and perhaps others, have attended all the meetings since the meeting at Chattanooga in 1900.

At the close of the Denver meeting the membership of the A. O. A. was 1,000. The membership at the close of the Put-in-Bay meeting was 1,272. The gain next year should be considerably greater.

Those interested in osteopathic colleges would do well to urge prospective students to attend the A. O. A. meetings. They could not fail to be favorably impressed by the earnestness, enthusiasm, and air of prosperity of the members in attendance.

There was some complaint on account of the sessions not opening promptly on time. This was not the fault of the officers. Despite the acre (more or less) of space in the dining room of the Hotel Victory, all of our people could not be seated at one time, and it seemed unfair to proceed with the program while a considerable number of members were at the tables.

The question was asked if the constitution could not be changed so as to allow nominations to be made from the floor instead of by a committee. There is no constitutional provision on this subject. At Put-in-Bay, as at most of the previous meetings, the question of how nominations should be made was left to the Association. It was decided to have them made by a committee, and further, that two nominees should be submitted for each office. While there are some distinct advantages in having a committee make nominations, it is questionable whether it is fair to the nominees to insist upon two lists being submitted. It sometimes happens that a person's name is announced without his knowledge and consent, and he may suffer defeat. However, a defeat is no killing matter, and it is doubtless true in our Association that it is better to have run and lost than never to have run at all.

The finances of the Association are in a healthy condition. Despite some unusually heavy expenditures during the past year the Treasurer's report showed a balance of \$3,000.00 on hand at the beginning of the Put-in-Bay meeting. During the meeting, and since, the receipts from new members and dues of old ones aggregate about \$1,350.00.

In this connection it is well to state, and it cannot be stated too often, that \$5.00 is now due from every member of the Association, except those who have already paid next year's dues, those who were elected to membership during or within three months of the Put-in-Bay meeting, and those who suffered loss in the San Francisco disaster. The names of the latter will be furnished to the Treasurer by the San Francisco Relief Committee. In paying dues bear in mind the fact that the Treasurer has recently moved his office. Address remittances to Dr. M. F. Hulett, 702 Capitol Trust Building, Columbus, Ohio.

The officers, trustees, standing committees and regents of the A. O. A. are under obligations to Mr. W. R. Huntington of Elyria, Ohio, Commodore of the Sandusky Yacht Club, for a delightful cruise on his private yacht among the beautiful islands in Lake Erie, on Sunday, Aug. 5. The host is an enthusiastic friend of osteopathy, and a grateful patient of Dr. Meacham's, through whom the invitation was extended. The Commodore is the soul of hospitality, and his guests on this occasion will ever remember the pleasure he gave them as among the most delightful incidents of the Put-in-Bay meeting.

There were many excellent papers read at Put-in-Bay. Most of them showed original work and much investigation on the part of their authors. It was noticeable, however, that the members showed the greatest interest when practical demonstrations were on the program. This is a point, we feel safe in saying, that did not escape the attention of those charged with preparing the program for the next meeting. While we must have papers, it seems to be the consensus of opinion that the greatest amount of good can be gotten out of them by publishing them in the JOURNAL. Members can then study them at their leisure, look up the references and ponder over them, leaving the time at the meetings to practical work and discussion.

The management of Hotel Victory is to be congratulated upon the excellent service rendered during the meeting. It was found to be a distinct advantage to have all members, as well as the convention hall, under one roof. Such an arrangement promotes sociability, facilitates business by making it more convenient for committees, etc., to meet. Under such circumstances bad weather, instead of decreasing rather increases attendance upon the sessions. The assembly room was large, and the committee rooms convenient, and altogether there was little cause for complaint. The special menu card which each guest found at his plate on Wednesday evening was very clever and much enjoyed by the members.

The Osteopathic Directory, or year book, as it was formerly called, will be issued this year about Dec. 31, by Dr. R. E. Hamilton, Kirksville, Mo. We bespeak the active co-operation of every one interested in this publication to the end that it be made as accurate as possible.

The August directory showed a membership of 1,160. Add to this the 27 applicants whose names appeared in the August JOURNAL and the 85 who were elected at Put-in-Bay brings the present membership up to 1,272.

The absence of Assistant Secretary Upton was universally regretted, and especially as it was occasioned by his illness. Dr. Upton has been an especially active, enthusiastic and energetic official, and the Association showed its appreciation of his services by re-electing him. A telegram was sent him, expressing sympathy with him in his protracted illness and notifying him of his re-election.

Dr. George T. Monroe, Warsaw, N. Y., in the absence of Assistant Secretary Upton, very capably assisted Secretary Chiles in recording the proceedings of the meeting. Dr. Monroe will continue as assistant secretary *pro tem* until Dr. Upton is able to resume work.

In compliance with an order of the Board of Trustees the Committee on Publication will collate all motions, resolutions and reports, or parts of reports, so far as it is possible, that have been adopted by the Association, and that are declarative of its policy upon the various matters that have come before it. It is probable that these will be published in pamphlet form in connection with the constitution, which was amended at Put-in-Bay. This pamphlet will also contain the code of ethics and the bill which was adopted at Denver embodying the ideas of the A. O. A. as to the kind of legislation most desirable.

Drs. Charles C. Teall, Ellen L. B. Ligon and Eugene C. Link were appointed to attend to having memorial tablets prepared and placed in the new A. S. O. hospital building at Kirksville, Mo., commemorative of the achievements of our illustrious dead. It was further decided that tablets should be erected to the memory of Drs. W. L. Riggs, H. E. Patterson and Guy D. Hulett.

Mr. W. S. Heller, the courteous and efficient stenographer who reported the meetings at St. Louis, Denver and Put-in-Bay, thinks that he should have the D.O. degree conferred upon him at Norfolk, as he will then have completed a three years' course. Mr. Heller, as a result of the knowledge of the subject gained through his work, has become an enthusiastic osteopath.

The attendance at Put-in-Bay rather exceeded expectations. While all were not present all of the time, from first to last, there were probably 600 osteopaths in attendance. About 500 registered in the book prepared for that purpose by the Secretary, and it is known that a great many failed to register.

In accordance with a recommendation of the Committee on Education a meeting of teachers in the various osteopathic colleges was held at Put-in-Bay. Dr. James B. Littlejohn, Chairman of the Committee of Teachers, thus reports on the matter:

"After discussion it was agreed that a provisional organization be perfected to make the necessary arrangements for a more permanent one next year.

"It was agreed that a committee be appointed whose duty it would be to get into communication with the teachers of the different colleges, and also to arrange with the program committee of the A. O. A. for a place on the program at next year's meeting, when this question could receive the attention to which its importance entitles it. Teachers will be communicated with in due course."

The object of this movement is to make the curriculum in the different colleges uniform so far as practicable.

The Board of Trustees met, for a short time, with the osteopaths from Pennsylvania who were at the Put-in-Bay meeting. It is said to be the purpose of the Pennsylvania osteopaths to introduce a bill at the next session of the legislature requiring a four years' course in order for applicants to be admitted to practice in that state. The trustees believe it would be unwise at this time to adopt such a standard as it would be practically prohibitive, and would injure the chances for legislation in other states. Those present from this state were not authorized to speak for the State Association, but it is hoped that the bill, in this form, will not be introduced.

It ought not to be difficult to double the membership of the A. O. A. before our next annual meeting. To do this it would only be necessary for each member to secure the application of a non-member, and we know there are a number who will do much more than this. Now, at the beginning of the year, is the best time to push the membership work. It should be borne in mind that henceforth the JOURNAL will be issued twice each month. In addition to the twenty-four numbers of the JOURNAL members will also secure a copy of The Osteopathic Directory, or year book. The A. O. A. directory, which is issued quarterly, will be arranged alphabetically and geographically, thus adding much to its value. The cost of membership is but \$5.00 per annum, and surely

all get the worth of their money. We print in this number an application blank which may be torn out and used if no other is at hand.

Copy is now being prepared for the new quarterly directory, which we hope to issue with the next number of the JOURNAL, Sept. 15. It will be arranged both alphabetically and geographically. This will involve an immense amount of work, but we hope to make it absolutely accurate. We suggest that each member read carefully his name and address as they appeared in the August directory and notify us immediately of any error that it may contain.

We have on hand a number of complete files of Volumes IV. and V. of the JOURNAL, and expect soon to have a few copies bound. Should any one desire a bound copy of either volume delivered at \$1.50, please notify the editor of the JOURNAL at once.

The sixth volume of the JOURNAL begins with this number. We would suggest that subscribers preserve each number and have them bound at the end of the year. There will be some very valuable papers printed during the year.

We have been informed that the authorities of the Los Angeles College of Osteopathy have instituted mandamus proceedings to compel the California State Board of Osteopathy to recognize graduates of their school.

The president's address, which appears in this issue, will be kept in type a short time. Any one desiring copies in pamphlet form can have same by notifying the editor at once and sending five cents per copy.

The certificates of membership have been signed by the president and secretary and are being mailed to those whose dues are paid.

Concerning the Program of the Norfolk Meeting.

Now that the Put-in-Bay meeting of the A. O. A. has passed into history it becomes the duty of the committee on publication to lay out plans for the Norfolk meeting.

In point of attendance the annual meeting of 1907 should be greater than any of its predecessors; and we should spare no effort to make it greater and more brilliant in point of professional interest and importance.

In order that all may have a voice in the making of the program, this committee submits as a basis for criticism, advice and suggestions the following outline of what it has in mind for the Norfolk meeting.

First, we may mention demonstrations of osteopathic technique. The extraordinary interest manifested in the demonstrations at Put-in-Bay seems to justify our making this feature especially prominent at Norfolk. From the point of view of truly successful practice, technique is the most important and at the same time one of the most incompletely developed of the subjects in our schools. Hence, we propose technique authoritatively and clearly presented as a leading feature at the Norfolk meeting.

Clinics will also be emphasized at Norfolk; and we are assured there will be no lack of well-selected material.

No didactic papers will be read at Norfolk except those that develop original research. To papers presenting original studies of any subject related to osteopathic practice, if submitted to and approved by the committee on publica-

tion, will be accorded a place of honor on the program; but they will not be read at the meeting; they will be printed subsequently in the *JOURNAL*. By original studies we mean papers embodying the personal experience, observation and reflection of practitioners in any class of cases they have treated and studied extensively; or dealing at first hand with any subject having a direct relation to the advancement of osteopathy.

The only papers to be read at the meeting will be those presenting the results of individual research work. Examples of these are Dr. McConnell's paper on the "Osteopathic Lesion," and Dr. Burns' paper on "How Osteopathic Lesions Affect Eye Tissues." This committee would be glad to hear from or hear of practitioners who are now doing or who contemplate doing special work in any line of investigation.

The committee proposes that the sessions of the Norfolk meeting shall begin promptly at 9 o'clock a. m. and hold till 12:30 or 1 p. m.; that the afternoons from 2 o'clock on shall be devoted to sight-seeing, little journeys to nearby points of interest, social diversions, boating, rest, etc.

[This, of course, does not apply to the Board of Trustees, who are expected to meet three days in advance of the convention and remain in continuous session. day and night, throughout convention week.]

A banquet or dinner comprehending the traditional feast of reason and flow of soul, and other more material goods, will be one memorable feature of the meeting; and a grand ball or hop will be another.

"Osteopathy Day," set apart in honor of our meeting by the officers of the Jamestown Exposition, will be worthily celebrated.

Any suggestions, recommendations, advice, criticism, ideas that any member may have to offer concerning any feature of our program for next year will be gladly received and duly considered.

W. F. LINK,
Chairman Committee on Publication.

IMPRESSIONS OF THE PUT-IN-BAY MEETING.

EXPRESSIONS FROM A FEW WHO WERE PRESENT.

- Below will be found comments on the recent meeting of the A. O. A. from several of those who were in attendance. We would be glad to print the impressions of others in the next issue of the *JOURNAL*. Suggestions as to future meetings would be of particular interest and of help to the committee on publication in preparing the next program. We are authorized to say that the committee will gladly receive suggestions concerning the program for the Norfolk meeting.

I am deeply impressed with the broadening spirit of the Association based on the practical experience of its members. The papers and discussions were vastly more practical than in former years. We are rapidly demonstrating the value of age and experience over youth and enthusiasm. Theoretical teaching is being subordinated to clinical experience. The most satisfactory meeting of the A. O. A. I ever attended.

Los Angeles, Calif.

DAIN L. TASKER.

As to the Put-in-Bay meeting, I feel as if there were a great many interesting and helpful papers read and discussed. That part of the program that I heard and was especially interested in was the paper by Dr. Louisa Burns, "How Osteopathic Lesions Affect Eye Tissue." Subject of "Hemorrhoids," by Dr. Pickler. "Pelvis," by Dr. Ella Still; a great many points I gained from that discussion.

There was lack of promptness in beginning each session which I think meant a great deal of valuable time lost, and perhaps some important part of the program missed. Eu-

tirely too much time was taken in selecting the next meeting place, which, in my opinion, could be avoided by taking a different method, as was suggested at A. O. A. meeting by a member. More clinic work would be a helpful feature.

J. E. FRANCIS.

Charleston, Ill.

My impressions of the Put-in-Bay meeting are decidedly favorable. The Symposium of Practical Treatment was *very* good; the papers for the most part were *very* well prepared. The business transacted was so important as to place this among the foremost of all sessions yet held. It was epoch making in that regard.

The session dragged a little at times, because some speakers did not speak right to the point and quit when they were through. I believe that if each speaker were limited to a definite time and prepared his discussion or paper with that in view, and if the sessions could start on the hour set, and move with promptness and spirit, it would greatly improve the interest. More good clinics, well prepared, would also be valuable.

Buffalo, N. Y.

C. W. PROCTOR.

The best A. O. A. meeting I ever attended. Having the convention hall in the hotel where all are staying brings the people together, and one meets and visits with members in corridors and in dining room; hence the warm fraternal feeling so necessary for a good time, and so noticeable at this meeting.

The papers and addresses on scientific subjects were a credit to the profession, and the two best addresses were given by women—Dr. Louisa Burns and Dr. Ella Still.

I have no criticism to offer, but would suggest that next year *all* papers be handed in to be published in our JOURNAL, and that the program consist of clinical work and technique of treatment and general discussions. Papers are good, but can be read at our homes, while the others, to get the most good from, we must have demonstrated.

I believe the personnel of our Association would compare favorably with any body of men and women on earth, and one returns home filled with enthusiasm for our cause, and proud of being an osteopath.

WARREN B. DAVIS.

Milwaukee.

This being my first convention, I can only say that I have "the fever," and hence next year can compare conventions. The most common complaint heard was the lack of the social events and divergence from schedule of the convention. Personally, I wish to emphasize what was said from the platform with respect to those on the program absenting themselves. To be chosen from all the profession to speak on the program is an honor which should not be lightly esteemed. The convention was worth the time and money, and more, to me.

FRANKLIN FISKE.

Portage, Wis.

NEWS ITEMS.

The meeting of the A. S. O. Alumni at Put-in-Bay, on Wednesday evening, was largely attended. The address of the retiring president, Dr. M. C. Hardin, was the principal feature.

The Alumni Association of Delta Omega Sorority was organized at the Put-in-Bay meeting. Dr. Betsey B. Hicks, 24 Van Buren street, W., Battle Creek, Mich., secretary. The Association will meet annually at A. O. A. meetings.

Among the many alumni, society and class meetings held at Put-in-Bay may be mentioned the dinner enjoyed by the Atlas and Axis Clubs. This was presided over by Dr. Henry Stanlope Bunting, who did himself proud as toastmaster. Many toasts were wittily responded to.

Dr. H. H. McIntyre, of Rockport, Vermont, dropped dead from heart failure on August 12. He was a graduate in the June class, 1899, American School of Osteopathy. Dr. McIntyre had many friends in the profession who will regret his death. He was the father-in-law of Dr. Guy E. Loudon, Burlington, Vermont.

PERSONALS.

Dr. Frank L. Martin, Marysville, California, was married in Oakland on June 16, to Miss Erma Wonderly.

Born, to Dr. and Mrs. Burton J. Jones of Monroe, Mich., May 16, a daughter, christened Elizabeth Eleanor.

Dr. Thomas S. McCoy, formerly of Augusta, Ga., is now associated in practice with Dr. Eva B. Howze at 601-603 National Bank Building, Savannah, Ga.

Drs. H. M. Gifford and J. L. Hickman have formed a partnership for the practice of osteopathy at Louisiana, Mo. The latter will devote his time especially to nursing, as the people of that community desire drugless treatment and good nursing in their acute ailments.

Dr. Kendall L. Achorn, junior member of the Committee on Publication, while young in the profession, having graduated in 1905, has given remarkable evidence of his interest in osteopathy and the A. O. A. by having attended five of the last seven annual meetings of the Association.

Suggestion, a journal published monthly at 4020 Drexel Boulevard, Chicago, Ill., in its August number contains an article on Osteopathy from the pen of Dr. C. W. Young, St. Paul, Minn. This is the first of a series. Dr. Young having been given *carte blanche* by the editor to write on this subject.

Dr. Anna L. Kelton of Montpelier, Vt., was called from the convention Monday afternoon by a telegram announcing the serious illness of her husband, Maj. D. H. Kelton, U. S. A. She reached his bedside Wednesday evening, preceding his death only a few hours. He was buried at Arlington, Va., Saturday, Aug. 11, with military honors.

REMOVALS.

R. H. Armond, Kirksville, Mo., to Vaughn Blk., Great Falls, Mont.
 Minnie Iland, Grand Forks, N. D., to East Grand Forks, Minn.
 H. E. Penland, Newport, Ore., to First National Bank Bldg., Berkeley, Calif.
 Minnie E. Dawson, 412 The Madison, to 415 Stevens Bldg., Detroit, Mich.
 Helen G. Sheehan's address is 133 Winchester St., Brookline, Mass.
 George B. Dresbach, Palo Alto, Calif., to 408 Broadway, Seattle, Wash.
 Martin W. Peck, 26 So. Common, to Cor. Lewis and Cherry Sts., Lynn, Mass.
 Mary A. Small, Malden, to 305 Huntington Chambers, Boston, Mass.
 Erica Ericson, 208, to 183 Huntington Ave., Boston, Mass.
 Hugh W. Conklin, 17 N. McCamley St., to 312 Ward Block, Battle Creek, Mich.
 Frank A. Collyer, 2nd and Walnut, to 635 Second St., Louisville, Ky.
 Thomas S. McCoy, Augusta, to 601 National Bank Bldg., Savannah, Ga.
 Eva B. Howze, 3 Gordon St. W., to 601 National Bank Bldg., Savannah, Ga.

NEW MEMBERS.

The following were elected to membership in the A. O. A. at the recent meeting at Put-in-Bay:

J. Lester Adams, 301-302 Severance Bldg., Los Angeles, Calif.
 J. T. Atkinson, 105 Dalhousie St., Brantford, Ont.
 Lucius A. Bumstead, 104 West Central, Delaware, O.
 Edward J. Breitzman, Galloway Blk., Found du Lac, Wis.
 Maud Brokaw, 413 Stevens Bldg., Detroit, Mich.
 Robert Drake Cary, 325 Radcliffe St., Bristol, Pa.
 Charles Carter, New London, Mo.
 Eugene M. Casey, 420 Security Mutual Bldg., Binghamton, N. Y.
 Edward Everett Chagnon, 37 Madison Ave., New York, N. Y.
 J. A. Chapman, 905 Maple Ave., LaPorte, Ind.
 W. C. Chittenden, 1 East Miller St., Newark, N. Y.
 G. F. Clayton, 619 Grant Bldg., Los Angeles, Calif.
 Carl D. Clapp, 52-53 Gardner, Utica, N. Y.
 Annie Stow Clark, 203 Mason Bldg., Los Angeles, Calif.
 Frank C. Clark, 203 Mason Bldg., Los Angeles, Calif.
 Mary W. Clinton (not located).
 John R. Collier, 9 Courier Journal Bldg., Louisville, Ky.
 Nell Cutler Crawford, 176 Huntington Ave., Boston, Mass.
 F. Lewis Cunningham, 3220 Darwin Ave., Los Angeles, Calif.
 Helen Oady Cunningham, 3220 Darwin Ave., Los Angeles, Calif.
 John Alex Dawson, 23 Wellington St., Boston, Mass.
 Henry F. Dessau, 1833 A. Eddy St., San Francisco, Calif.
 William F. Dickey, 408 Pacific Ave., Santa Cruz, Calif.
 Elmer F. Dietzman, Erickson Blk., Stoughton, Wis.
 Anna Dillabaugh, 209 W. 56th St., New York, N. Y.
 W. J. E. Dillabaugh, 209 W. 56th St., New York, N. Y.
 A. H. Dillabaugh, 209 W. 56th St., New York, N. Y.
 Merton A. English, Colorado Bldg., Washington, D. C.
 Martha M. Foss, 4217 Chambers St., Cincinnati, O.

J. C. Foster, 9 Stein Bldg., Butler, Pa.
 Harriet Frederick, 316-317 Shukert Bldg., Kansas City, Mo.
 Amos G. French, 135 E. Onandaga street, Syracuse, N. Y.
 Herbert I. Furman, 302 Adams Avenue, Scranton, Pa.
 Harrison H. Fryette, 1307-8 Auditorium Bldg., Chicago, Ill.
 Ida Cowan Glasgow, Robinson Bldg., Hanford, Cal.
 Robert H. Goodale, San Diego, Cal.
 R. H. Graham, Vermillion, S. D.
 Mary E. Greene, 107 E. Olive street, Redlands, Cal.
 Irmine Z. Gunsaul, 21 S. Main, Gilmore Bldg., Chambersburg, Pa.
 E. E. Hardin, 313 S. Main street, Butler, Pa.
 Frederick J. Harlan, 202 Dryden Bldg., Flint, Mich.
 Daisy D. Hayden, 332 W. 5th street, Los Angeles, Cal.
 Anna Belle Hicks, Sun Bldg., Jackson, Mich.
 Gertrude Holme, 616 Madison avenue, New York, N. Y.
 A. X. Illinski, 602 Willcox Bldg., Nashville, Tenn.
 S. W. Irvine, 1116 7th avenue, Beaver Falls, Pa.
 E. W. Kennedy, Mer. Lib. Bldg., Cincinnati, Ohio.
 Franklin Elmer Kerr, 1115 Adams street, Toledo, Ohio.
 Edwin R. Larter, 111 Gluck Bldg., Niagara Falls, N. Y.
 J. Arthur Linnell, M. E. Book Bldg., Chicago, Ill.
 U. G. Littell, 14-15 New Hervey Bldg., Santa Anna, Cal.
 Ollie A. Lynn, 76 Broad street, Stamford, Conn.
 Clara Macfarlane, 220 N. Raymond avenue, Pasadena, Cal.
 Barbara MacKinnon, 803 W. Pico street, Los Angeles, Cal.
 Pauline R. Mantle, 405-6-7 Pierik Bldg., Springfield, Ill.
 John A. McCabe, Alexandria, Minn.
 Annie McCaslin, 150 Highland avenue, New Castle, Pa.
 J. Porter McCormick, 150 Highland avnue, New Castle, Pa.
 Earl McCracken, 301-2-3 First National Bank Bldg., Shreveport, La.
 James E. McGavock, 65 Washington avenue, Detroit, Mich.
 Daniel N. Morrison, 128 E. 34th street, New York, N. Y.
 Clara E. Morrow, Main street, corner Diamond street, Butler, Pa.
 Francis A. Noble, 132 Genesee street, Auburn, N. Y.
 Adam M. Oswalt, 116 N. Main street, Auburn, Ind.
 L. B. Overfelt, Boulder Colo.
 Elmer T. Pheils, 1223 Utah street, Toledo, O.
 Adalyn K. Pigott, 152 Blood street East, Toronto, Ont., Can.
 Lenna K. Prater, Springville, N. Y.
 Mary E. Pratt, 1612 Madison avenue, Toledo, O.
 A. C. Proctor, 401 Ashton Bldg., Rockford, Ill.
 Thomas Edgar Reagan, The Arcade, Greenfield, Ind.
 Emma Rector, East Main street, Benton Harbor, Mich.
 Mina Abbott Robinson, 314 W. Oak street, Visalia, Cal.
 Hugh L. Russell, 618 Richmond avenue, Buffalo, N. Y.
 John S. Rydell, 335-340 Auditorium Bldg., Minneapolis, Minn.
 J. H. B. Scott, South Charleston, O.
 Anna E. Seitz, 333 W. 4th street, Greenville, O.
 Margaret Sheridan, 20 Lucerne avenue, Cleveland, O.
 J. F. South, Bowling Green, Ky.
 Bessie M. Spencer, 323 Main street, Ridgway, Pa.
 Victor L. Springer, 9 Wellborne Bldg., Princeton, Ind.
 J. F. Walker, 1201 Main street, Quincy, Ill.
 Mary Walters, A. S. O. Hospital, Kirksville, Mo.
 Lillian P. Wentworth, 269 1-2 Water street, Augusta, Me.
 O. L. Williams, 304 Matthews Bldg., Milwaukee, Wis.

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.

Anna B. Lown, 144 Huntington Ave., Boston, Mass.
 John N. MacRae, Imperial Bldg., Galt, Ontario.
 Helen Norton Randall, care of F. & L. Institute, Eden, Pa.
 Mrs. Clementine Worrall, 24 Academy St., Poughkeepsie, N. Y.

The Journal

of

The American Osteopathic Association

VOL. 6

CHATTANOOGA, TENN., OCTOBER 1, 1906

No. 2

OFFICIAL REPORT OF THE PROCEEDINGS OF THE TENTH ANNUAL MEETING OF THE AMERICAN OSTEOPATHIC ASSOCIATION, PUT-IN-BAY, OHIO, AUGUST 6-10, 1906.

AFTERNOON SESSION, AUGUST 6TH.

The American Osteopathic Association assembled in tenth annual meeting at Hotel Victory, Put-in-Bay, Ohio, on Monday, August 6th, 1906, at 2 o'clock p.m., and was called to order by A. L. Evans of Chattanooga, President of the Association.

Charles W. Proctor, of Buffalo, was introduced, and pronounced the following invocation:

"Our Father and our God, we thank Thee for the mercies that have been presence may be with us to inspire us to greater endeavor, to higher effort, to begin again the deliberations of another meeting under such favorable auspices with this large attendance. We thank Thee for the care that has been exercised over us by divine providence during the past year of our separation. We thank Thee for the prosperity that has attended our profession, and for the work that it has been enabled to do in the year that has just passed, and we invoke Thy divine blessings upon all that is done in these meetings. We pray that Thy presence may be with us to inspire us to greater endeavor, to higher effort, to more noble purposes, and that we may be guided in all that we undertake in Thy name's sake. Amen."

The President announced the appointment of the following Committee on Referred Resolutions and Motions: C. W. Proctor, Warren B. Davis, J. R. Shackelford, J. D. Wheeler, and C. E. Fleck.

On motion of Ellen B. Ligon the following telegram was sent to Dr. A. T. Still:

"Put-in-Bay, Ohio, August 6th, 1906.

"Dr. Andrew Taylor Still, Kirksville, Mo.:"

"Regretting his absence, the American Osteopathic Association sends congratulations to the Founder of Osteopathy in grateful acknowledgment of the 78th anniversary of the day that gave him to the world, and wishes for him many happy returns in health, prosperity and the continued development of his science.

"A. L. EVANS, President.

"H. L. CHILES, Secretary."

The report of the Committee on Publication was then read by the Chairman, Wm. F. Link, who moved its adoption. Motion was seconded and carried.

[This report as well as the reports of the Committees on Education and Legislation, together with the report of the Treasurer and Board of Trustees, appear in the supplement to this number of the JOURNAL.—Editor.]

On account of the much regretted absence of C. A. Upton, the Assistant Secretary, who has been ill for some time, the President appointed George T. Monroe, of Warsaw, N. Y., to act in his place during this meeting.

E. R. Booth, the Chairman of the Committee on Education, then read the report of that committee, and in connection therewith, Charles C. Teall, the Inspector of Colleges, also read his report, the two reports being considered as one.

C. W. Young: "I move that the report be received and adopted."

Motion seconded.

The reading of the report was followed by remarks from representatives of the various schools in explanation of points mentioned therein and in the report of the inspector. Drs. C. E. Still and R. E. Hamilton spoke for the A. S. O., Dr. H. E. Leonard for the Philadelphia College, Dr. H. T. Crawford for the Massachusetts College, Dr. C. E. Thompson for the Still College of Osteopathy at Des Moines, Iowa, Dr. J. B. Littlejohn, for the American College of Osteopathic Medicine and Surgery, Chicago, and Dr. A. L. McKenzie for the Central College at Kansas City.

A. G. Hildreth: "I move to strike out all of that portion of the report of the Committee on Education relative to recognition of the students who went from the S. S. Still School of Osteopathy at Des Moines, Iowa, to the Los Angeles School in Los Angeles, California."

Motion seconded.

Dr. Hildreth: "I take this position, that if we adopt this report we establish a precedent that is wrong, and we might just as well right it now as at any time, for if we do as is recommended by the Committee on Education, we encourage other men to take a part of a college and go somewhere else and start a school, and the students that follow these men will become eligible to membership in this body, and I hope the amendment will carry."

M. C. Hardin: "I do not know what the standard of this school is, but unless it comes up to the standard required by the Association, I do not see why we should receive their graduates as members, any more than we receive graduates of other schools that spring up and graduate a class before the school is inspected. A school is not a standard school until it has passed the inspection, and it is our law that we shall have no members in the American Osteopathic Association except from schools that are endorsed and recognized as proper schools with the proper course."

E. R. Booth: "I remember at the Denver meeting the question arose as to these new schools at Franklin and Des Moines. They petitioned us to know what we would do in case the pupils that had already been enrolled with other schools, and desired to finish their education in the new schools that had just been established at these two places; they wanted some expression from this Association as to what course they would probably pursue. The matter was laid before the committee on education. It was talked over in general among the members, and finally acted upon by the Board of Trustees; at least the recommendation went before this Association, that in justice to those pupils that had innocently enrolled in the schools which had become defunct, that if they finished up their

course of study in any school which had the equipment that was necessary for them to complete the course after having been duly accepted, and that fact ascertained and reported to the Board of Trustees, that they should be recognized as eligible to membership in the A. O. A. That has reference to the pupils that were in the schools at Franklin and Des Moines which had become defunct. The Association at that time passed a resolution which I have not with me, but the import of it was simply this, that we were instructed to take steps towards inspecting the new schools with the view of ascertaining whether they were maintaining a course of work equivalent to that which had been established by the American Osteopathic Association. On the strength of this as stated in this report, the committee on education recommended that the Board of Trustees appoint an inspector for those schools as soon as possible in order that that question might be determined. Dr. Coffman, as stated, was appointed to inspect the school at Franklin, Kentucky, and Dr. McConnell was appointed to inspect the Des Moines school. The reports were favorable. These students were the classmates of the students in the Los Angeles College of Osteopathy. Those of Des Moines and Franklin have been recognized by this Association as eligible to membership, and the committee reported in favor of doing the same thing by those who graduated in the Los Angeles College. We saw no reason sufficient to our minds why we should refuse to extend to them precisely the same courtesy that we extended to those that entered the other schools, hence the report of the committee as read. The regular inspector of schools did inspect that school, and he reports that the work that is being done, so far as its classes were concerned, is satisfactory."

A. G. Hildreth: "My remarks are not directed to the Los Angeles school any more than any school. I realize the position of these young men and women, and the work they did last year, but Dr. Booth, it is never too late or too early to begin to square up things, and while these young men and women are unfortunate, if they go into those schools that are not eligible, I do not think this Association ought to make rules, or to bend our rules, to take in a few people. The schools should come up to the rule of the Association, and not the Association go to the rules of the schools, and these few people can wait a couple of years, or three years, under the regular rules of this Association, if necessary, in order to become members. I do not believe we should encourage men to start an institution and conduct it without living up to our requirements."

C. B. Atzen: "To me it seems a great injustice to the student. Do you mean to say that if the life of this school extends over the term of three years that the students that are graduated from there will be eligible to this Association, or do you mean to say that they will never be eligible to this Association?"

A. G. Hildreth: "I mean to say this, that these men and these women are not eligible now, or not at graduation, but when that school is eligible, if the school is recognized at any future time, then they will be, but if it is not, they never will be eligible to this Association."

C. B. Atzen: "That seems unfair to me. Those students are not responsible for that. They enter this school, and spend their money, many of them probably spending their last dollar, and if they wish to go out into the field to practice their profession, after they have studied faithfully for three years, simply because they are not members of this Association, the argument will be made against them, that they are not regular graduates, and it will be a great hardship to them. The trustees have provided for such a contingency as this, and in the

future no one will be eligible until the school has made application for standing, and I hope that the amendment will not carry."

C. M. T. Hulett: "We have always been lenient to the students heretofore in regard to this question, as it has come up in different forms in our history. The position taken by the member on the floor has prevailed in the estimation of the Association, out of sympathy for the unfortunate student who is caught in the meshes of disruption. That was admissible or necessary when our membership was small, and it was desirable to get a large membership, but that reason fades as our membership grows, and the question of qualification of the individual has overshadowed private interests of the individual, and has become predominant. I believe it is right that if the Los Angeles School should fail to measure up to the requirements of this Association at any time in the future that its graduates would never be eligible to membership in this Association until they received a diploma from some other school. It is unfortunate for them, but this Association, is not to blame for that, and we cannot help it. It is their misfortune and not ours. If the school itself becomes eligible in the future, then we might receive them."

W. J. Conner: "If it is a bad school, a poor school, then the very best part of their education has been neglected. The object of this rule is to make good doctors as good as we can; and if this school should prove after investigation that it is all right, then we will take their graduates in. If not, we cannot. The object is to leave out incompetents. There are plenty of good schools for them to go to, and they take the chance. They have the privilege of going anywhere they please, and if they choose to go to an unrecognized school it is their fault and not ours. Let us put it the other way, suppose a student should go to a good school for a term and a half, and then go to a poor one, would you twist this rule around so as to allow the student membership in our body? I believe not."

T. L. Ray: "I believe that if we declare the graduates eligible to membership in the A. O. A. we have put ourselves on record as acknowledging that that school is all right. This school, I doubt not, will be recognized by this Association, but I believe we should not put ourselves on record as recognizing it before it has proved itself worthy."

D. L. Tasker: "It struck me that the recommendation of the committee on education suggesting that these students be recognized by our Association, is a stultification of the true action of the committee, that the schools be not recognized."

H. W. Forbes: "It seems quite clear to me that those who have supported this proposed amendment tend to pervert the essential meaning of the report of this committee. They would seem to give the impression that the Los Angeles College of Osteopathy has not been examined, or they would seem to give the impression that the report of the work done by the Los Angeles College of Osteopathy is not satisfactory; whereas, as Dr. Booth affirmed, and as the report itself shows, our college was inspected by the regular inspector, Dr. Teall, and it is in harmony with his recommendations, and in harmony with the recommendations of this educational committee, that the former classmates of those who went to Los Angeles who are finishing a course in some other college are recognized on the completion of that course. The inspection clearly shows that the course of study they have been pursuing, and the instruction that they have

received in Los Angeles is equal to, is as good as the instruction that they would have received had they remained at Des Moines.

"There is one other thing that it seems to me you should keep in mind, and that is the precedent established at Denver. This educational committee is operating along exactly the lines it operated in connection with the Southern school, and in connection with the Des Moines school. This is not a recognition of the Los Angeles College of Osteopathy in any way. According to the rulings of this Association the Los Angeles College of Osteopathy, or any other new college of osteopathy, must have lived three full years before it can be admitted to full recognition. In other words, I take it, this Association cannot recognize individual osteopaths, and it cannot accept a man until he has graduated, and the students who matriculated last fall, in the three years' course in the Los Angeles College of Osteopathy, could not be recognized until they are graduated, but these people, some sixty of them, part of them now graduated, and others to be graduated in February, deserve at the hands of this Association exactly the same treatment that their classmates receive in Des Moines and other schools, provided it is conceded that the course of instruction has been equal to what their classmates received who went elsewhere. The report of the inspector shows that they have had the same instruction, instruction just as good, in all particulars; as they would have received elsewhere, and it would be a gross injustice, it would be a violation of precedent, it would be going back on the former rulings to deny them this.

"Just a word in relation to the California law, and the law elsewhere in relation to these students. California is the only state in which any of these people have been refused equal treatment by other osteopaths. Those who have applied to other states for examination and registration have been received. Some of them have taken the Arkansas examination, creditably, and they have been received in every State in which they have gone exactly as all other osteopaths, except in California. And in California all of you are familiar with the unfortunate situation. This committee discussed that point and concluded they were not prepared to say which was in error, both sides contending that they were right. And I will not dwell upon that, but I do want to say that the California Board of Osteopathic examiners, is composed of five members, three of whom are on the faculty of a rival school in Los Angeles, and that accounts for some of the tardiness in their recognition. Furthermore that board said that they would defer action until after the action of this Association. We objected to that as unreasonable, and they resented it and said they would take the matter under consideration. I think they have delayed too long, and I believe I am safe in saying that before now a mandamus proceeding has issued against the Board, or at least it will be soon. The papers were ready to file when I left.

"Now, as to the relation of these students. It is manifestly quite unfair if they are competent; this inspector thinks they are competent, and it is unfair to refuse to give them the same treatment that is given to those who remained at Des Moines, those who went with the American School, or those who went to any other school.

"I want to say in connection with the treatment of these people—I do not want to start anything anew, I do not want to get into any controversy, but according to the ruling of this Association, we must live three years before we can be admitted to full membership, at least that is according to the by-laws of the Educational Committee. According to that, the Des Moines school, the

Franklin School, and the Pacific College of Osteopathy at Los Angeles, must live three years. We are a little over one year old."

D. L. Tasker: "I would like to know how you calculate the age of the Pacific College of Osteopathy?"

H. W. Forbes: "I mean any new college of osteopathy, under the ruling of this Association, must graduate a class before they can be admitted to membership.

"The Pacific College of Osteopathy is two years old. It was organized in January, 1904. We were organized in October, 1905. According to the ruling of the Association they are not entitled to membership until the college is three years old. When the Pacific School of Osteopathy bankrupted, a new organization was formed in January, 1904. The undergraduates of the Pacific School of Osteopathy entered a new college, the Pacific College of Osteopathy. Those undergraduates, as they are graduated, one class that has just graduated in June, did not matriculate in the Pacific College of Osteopathy, but in the Pacific School. They were graduated from the Pacific College of Osteopathy, which is now but two years old. They ought to be eligible to membership. But treat all of the others in the same manner. We should all be treated alike."

C. A. Whiting: "I want to say just a word. We are engaged in California in a struggle. We are engaged in an almost life and death struggle as to whether we shall have osteopathic education on an educational plane or on a commercial plane. The State Board elected by the State Association of California, is a board of true men, working for the interest of the osteopathic profession. The vote that is going to be taken within the next few moments will go a great ways toward deciding whether osteopathy shall be commercialized in California, or whether it shall stand upon an educational plane, and what I ask of you in the interest of osteopathy is that until the Los Angeles College shall receive definite recognition from the National Association that their graduates shall not be eligible to membership in this Association."

E. R. Booth: "The Committee has acted in accordance with the action heretofore taken by this Association. The class mates of these pupils that graduated last January from the Los Angeles College are recognized as entitled to membership in this Association, and the Committee recommended that under like condition, that is to say if they are class mates, the Los Angeles students should be entitled to membership in this Association. If they have completed the work in a manner that is satisfactory, to this Association, that they ought to be entitled to the same privilege."

The President then put the motion which resulted in the following vote:

Sixty-three for the motion, twenty-six against the motion.

The President then declared the motion carried.

M. F. Hulett: "I move that further action on the report of the Educational Committee be postponed until some future time, at the call of the President."

Motion seconded and carried.

The meeting then adjourned until 8 o'clock P. M.

[The evening exercises were in honor of Dr. A. T. Still. The proceedings will appear in full in an early number.—Editor.]

MORNING SESSION, 9:30 O'CLOCK, AUGUST 7th.

The meeting was called to order by the President who announced that the first order of business would be the reading of the minutes of August 6th, which were read by the Secretary and approved.

A telegram of greetings and good wishes was read from the California College of Osteopathy. During the sessions messages of greeting and expressing regret that their authors were unable to be present were read from D. S. Harris, Dallas, Texas; Charles Hazzard, New York, and Orella Locke, Cincinnati.

A. G. Hildreth: "I move that the matter under discussion yesterday afternoon at the adjournment be postponed until 2 o'clock this afternoon, in order that the regular program may be given this morning."

Motion seconded and carried.

The President announced that the program consisted of a symposium of practical treatment with clinic demonstration of technique, the first of which was the "Cervical Region," by Dr. G. A. Wheeler, of Boston.

The demonstration was discussed by C. C. Teall, M. F. Hulett, C. B. Atzen, T. L. Ray and others.

Warren B. Davis, of Milwaukee, in the absence of W. W. Steele, demonstrated the treatment of the dorsal region. This was discussed by E. C. Ray, G. A. Wheeler and D. L. Tasker.

Josephine DeFrance, of St. Louis, demonstrated the technique of treatment of the lumbar region. A. S. Melvin, Emma DeVries, Ellen L. B. Ligon and F. A. Turfler discussed the demonstration.

In the absence of Vernon W. Peck, Charles C. Teall conducted the demonstration on the pelvis-secrum, coccyx innominata.

W. J. Conner, of Kansas City, conducted the demonstration of the ribs and vertebrae correlated. Whereupon the meeting adjourned to 2 o'clock p. m.

AFTERNOON SESSION, 2 P. M., AUGUST 7th.

The President announced that the first order of business was the consideration of and action upon the report of the Committee on Education.

M. C. Hardin: "Yesterday afternoon when there was before this Association the amendment offered by Dr. Hildreth in reference to the Los Angeles School, which was carried, there was more or less confusion over various matters, and I fear several of the members did not fully understand how they were voting on said amendment, and as I voted in the affirmative I now make a motion that said amendment relating to the Los Angeles school be reconsidered. I do this in order that fairness and justice be shown this school."

Motion seconded by Francis A. Cave. The motion was then put by the President and resulted as follows, 55 for and 80 against. The motion was declared lost.

C. E. Thompson: "With reference to the standing of the S. S. Still College I wish Dr. Booth would read that part of the report referring to the Still College of Osteopathy as a continuation of the Southern School of Osteopathy, and also its standing today."

Dr. Booth then read that portion of the report.

C. E. Thompson: "I hardly think, in a full consideration of all the questions before us, that the committee was justified in the recommendation that

they have given to our institution. Of course we could not say that they were in duty bound to decide the question that is between the Southern School of Osteopathy and the Still College of Osteopathy. And when they made the statement that they could not decide that question, it seems to me they ought to have made a recommendation in accordance with the statement. While they have said that they could not decide that question, they made the recommendation in such a form that it does decide the question, and it is because of that that I object to the recommendation in its present form. I therefore move that the report be amended, leaving out that recommendation."

Motion seconded.

T. L. Ray: "The recommendation which it is moved to omit reads: 'We recommend that the Southern College and Still College be considered new schools beginning with September, 1905.' I want to ask if these schools did not cease to exist for a time, and were merged with other schools? I think the American School of Osteopathy would be the legal successor of the Still School."

C. M. T. Hulett: "This entire question of buying and selling schools is to me a sore thumb on both hands. Educational work ought not to be a chattel of merchandise. Alumni are not property for sale in the market. The relation of the alumnus is an historical relation, and it is not a continuous business relation. It refers to the time when he was graduated and received his diploma. It constitutes him an alumnus, and after that it does not change, and if someone else buys his institution it does not buy him. He may give his allegiance to the new institution into which his alma mater is merged, or he may give it to someone else. Historically he is an alumnus of the old school before it was sold, and the new management has no claim on him whatever.

"As to whether these new schools should be considered as successors of the old, that is a legal point simply. All these schools had charters which were granted to them by the State, and those charters recited certain things which the State authorized the corporation to do. They defined the responsibility resting on that corporation. When the members of that corporation decided to go out of business the law required them to close up their affairs and to reduce its chattels to such form that they could be distributed among the members thereof, to pay all outstanding indebtedness, and to surrender the charter to the Secretary of State, notifying him that they had gone out of business. If in the progress of its work a corporation believes its charter is too limited and desires to amend it, it files with the Secretary of State the amended charter setting out the changes. In that case the corporation continues with its added responsibilities and added duties. It is a matter of record in the office of the Secretary of State of Iowa, whether the Still College of Osteopathy is a new, separate and distinct corporation, or whether it is operating under an amended charter of the S. S. Still College of Osteopathy. If it is a new charter then it has no connection whatever with the S. S. Still corporation."

C. E. Thompson: "In talking with a member of the Committee on Education his understanding is that the question is left open and it is not a decision of the real question of the two schools. If that passes with that understanding I will withdraw my motion."

C. E. Still: "The old charter of the S. S. Still College is still in inexistence. It has never been closed up therefore the organization is alive; and it remains alive for two years after it ceases to do business.

The President: "The motion, if there is no objection, can be withdrawn.

Hearing none, it will be considered withdrawn, and we will proceed to the next section or sections of the report."

Warren B. Davis expressed himself as decidedly in favor of the endowment idea but did not believe the time was ripe for an endowed college. He cited some difficulties he had encountered in attempting to secure members for his State Association where the annual dues are \$5.00. He did not think the money could be raised to carry out the recommendations of the committee. Dr. Davis favored the employment of a teacher whose duty it should be to visit the various colleges a certain length of time and teach original research work and the etiology of disease from the osteopathic standpoint. He closed his remarks with the following:

"I therefore move to amend the report of the committee on education relating to endowed colleges, along the lines that I just stated, and that instead of proceeding with the idea of an endowed college we raise money by popular subscription among the members of the A. O. A. and empower the committee on education to employ a man to serve in the capacity of a professor for the A. O. A. among recognized colleges and among the State Associations for the next year. I move that, in lieu of the recommendation of the committee on the endowment question."

Motion seconded.

G. W. Proctor: "The amendment proposed by Dr. Davis is in my estimation an inadequate substitution. We would not expect to accomplish this endowment in a single year or in two years, but it is our desire to reach forward to something that will give us a permanent standing in the years to come. If we attempt to substitute for this a certain expenditure of money along the lines suggested by Dr. Davis I will say that it will take years to develop original research. We want an institution which will give us standing amongst the various professional institutions of the country, and if we take up this work of endowment we will soon educate the profession to it. It is true that many will not give five dollars for membership in this association, but it is also true that if they are appealed to in the proper manner many of them will give \$500 toward the endowment of a college. And then there are a great many outside of the profession, who have received permanent benefit by our art, that would be glad to give toward this endowment fund. I heard a gentleman say yesterday that he had a wealthy patient who he expected would give several thousand dollars towards this movement. The institutions we have are well equipped for the work they are doing, and outside of the medical universities there is no place we can go for higher education and training. These institutions cannot, with the work they have to do, keep laboratories and prepare for scientific research work. The professors have not time for it. A teacher cannot engage in the strenuous activities of life and teach three or four or five classes a day and give a series of lectures that will be of lasting value; but this venture will be of permanent value to the educational system of the profession. It will not antagonize any of the present schools because it takes up the work where they stop and develops and teaches it beyond that point for those who wish to prepare themselves for either specialties in the osteopathic profession or for chairs in the different osteopathic colleges."

C. M. T. Hulett: "The matter of endowment has been talked of in an incidental way in our meetings, and amongst the members of our profession for several years. It has always seemed to be away off in the future, and has been an ideal towards which we might work with the bare hope that we might reach it

in our lifetime. I was agreeably surprised when I heard that the Committee on Education proposed to take it out of that hazy atmosphere and place it before us as a real thing today. They seemed to think the time had arrived for action along that line, and I do not know but what they are right, and that the plan which they suggest will enable us to accomplish it. I believe that Dr. Davis does not fully understand the plan, because what he suggests is really a part of it.

"It is not expected that we are going to build a college, equip it and have it in operation in one month, one year, or any other given time. We will do it when the funds admit of it, and there is no time too soon to begin. The plan contemplates a permanent feature of this association which shall be a part of it as long as this association exists. Just apprehend what that means. It is a permanent part of this association. If we can raise ten, or fifteen or twenty thousand dollars this year well and good; if we cannot, raise what we can, but we will doubtless continue to raise more from year to year, and when we have sufficient begin operations. That will be left to the discretion of the Board of Trustees who are acting under your instructions, and they may, as Dr. Davis suggests, while they are waiting for sufficient funds to establish the regular college, appropriate small sums from time to time to pay professors or lecturers, and assist men who are engaged in research work in the way of paying for their supplies. Those are matters that will be left to their discretion as we proceed in this direction. We can trust them to take advantage of the opportunities and advance the interests of our profession in the best possible manner. I have a client in Cleveland who believes in osteopathy. He said to me there were two things he wants to do before he dies: one is to go to Kirksville and shake Dr. Still's hand, the other is to contribute a thousand dollars to his monument when he dies. A man who feels that way I believe would not hesitate to give something toward an endowed college. The proposed plan extends throughout the life of our profession, and I believe should be launched at this time."

M. C. Hardin: "I am heartily in favor of the movement towards endowment of something. It may be too early to undertake to endow at this time a college such as we want, because I believe we would fall far short of it. Dr. Booth in his report yesterday said we could probably raise \$10,000 in one year. At that rate it will take us a great many years to raise say \$500,000, and even that would not be sufficient to endow it including the buildings and expense of maintenance. I think most of us will be singing songs on the happy shore by that time. But as Dr. Hulett says, we can do something. We must have a time to begin, and let us begin now.

"I think we ought to have a post-graduate school. This provides for it. We must discuss and plan these things and determine what we will do. This thought occurred to me; we could take the money that we raise at this time and begin a postgraduate school. We could have some central place to meet. I do not believe it would be practicable to run it ten or twelve months in the year, for there would not be ten students attending it, but if we could have a postgraduate institute maintained six weeks during the summer season there would be five hundred osteopaths in attendance. But let us have a plan of action. We could have the same teachers all the time, or employ others from time to time, or we could take up the one study plan and devote the entire six weeks to one study; and we who have been practicing several years could cover considerable ground, and by attending one year after another we could graduate, and the school would accomplish much more than if conducted the entire year. However that is merely a

suggestion. In that six weeks we would get many valuable ideas that we could use in our daily practice, and the money that we would raise at this time and from year to year would pay the expense of this postgraduate school, and we would get practical ideas such as we could not possibly expect to get at these annual meetings, as these meetings are intended for business and sociability, together with the exchange of ideas. Therefore let us begin this plan as outlined now. I realize my own age, and we want to establish these higher schools while we are active in the profession."

C. E. Still: "I appreciate what the Trustees and Committee on Education are trying to do, in the way of starting this endowment fund. It is about the only way we can get just what we want. It is impossible for a body that depends upon its receipts to pay the bills to have just such an institution as this without being endowed. Now, I have just a suggestion to offer. Why would it not be well this year or next year to try and have the Association raise money to pay a teacher and let him have the benefit of some laboratory? We have a thoroughly equipped laboratory, and I am safe in saying the management will turn over to the Association enough room in the laboratory to carry on the work."

C. W. Young: "If there is any one thing that is said of us more than any other it is that the osteopathic profession is lacking in education. Of course much that is said along that line is not true, but there is enough truth in it to make it sting. I have grown, as I have attended these conventions, to more and more admire the purpose and devotion of our Committee on Education and I have grown more and more to have confidence in it. I believe in the plan of endowment, and the idea of endowment, and I believe our education committee who have been wrestling with this question are as able to solve the details and plan by which this endowment shall be expended and raised as anyone. Their plan has a broad foundation; it has a wide purpose. It is spoken of as being visionary, but you all heard last night how the old doctor on the plains of Kansas and Missouri was considered the visionary of visionaries. It is only the dreamers, only the visionaries, only the persons of imagination that can picture out the future and plan and accomplish. Our educational committee and the trustees are far from the wild visionary type. They are practical in their ideas. We have already from one of our smallest States in the Northeast a thousand dollars pledged for this endowment. If we are in dead earnest about it, and enter this in the proper spirit, five hundred thousand dollars will be a small amount to raise. There is nothing so valuable to the human animal as health, and I believe there is no body of people on the face of the earth that is achieving so much to bring health and healing to the nation as the osteopathic physicians, and if we believe it, and if we prove it to our wealthy patients, money will be easy to secure. I am heartily in favor of this report, and expect to vote for it as it is, and I hope the proposed amendment will be defeated.

"Just one other thing. I do not know whether it is quite as popular with you, but I want you to think about it. I am not much inclined to believe in the research work along the lines of the medical profession, and in the use of the microscope and laboratories and chemical analyses as factors in relieving human suffering, as I do in investigations along other lines. John D. Rockefeller has endowed an institution costing several hundred thousand dollars, and has placed in it most expensive laboratories for research and laboratory work, and I do not anticipate any wonderful results. I do not wish to be understood as discour-

tenancing this feature of the work. All truth is related, and any facts that can be ascertained with reference to the human life will be valuable, but I am inclined to believe that it is not research work in the laboratory; it is not the use of the microscope to a large extent that will bring, in a wide measure, healing and health to the nation. We want to study the healthy man and understand how the human animal should live. We are the most diseased creatures on the face of the earth, and it is scarcely possible to find a healthy man in any of our cities, or a healthy woman over 30 years of age. When we have our endowment on a large scale more time and attention will be given along effective ways to deal with the human animal."

E. R. Booth: "I do not want to say anything that will cut off the discussion. It is a most important subject, and the question has been thrust upon us. We already have offers of money. I know one lady who is very anxious to contribute \$500, and I understand it is ready to be contributed to this fund. Some of the osteopaths in the little State of Vermont have added to that, and they have today a thousand dollars on hand. And so we find there are people elsewhere throughout the country that are waiting for an opportunity to contribute to this fund, but before it can be done some definite plans must be decided upon, some general plan upon which definite plans can be formulated after careful and mature deliberation. The object of the recommendation is to provide the general basis upon which the Board can go ahead and provide or establish this endowment fund. Remember also that funds spoken of here are of two classes; one known as the guaranty fund, and the endowment fund. The distinction is practically this. I believe that under the provisions that are made here in the recommendation suggested by the committee and the Board of Trustees, we would be able to go ahead and do the work that has been suggested by Dr. Davis and others this afternoon. If we can get a subscription to that guaranty fund say of only one hundred dollars a year for the next five years, and we felt that we would be justified in spending that, the board would do it. We also want to provide for a permanent endowment fund, and to do it in such a way as not to fritter away the funds that come in for that special purpose. There are men who are willing to contribute their money if they know that every cent is to go for a certain definite purpose and to be used in that direction. It will be necessary therefore to prepare carefully all of the details that are necessary to carry this into execution. I believe the recommendations are sufficiently broad to cover practically all of the ideas that have been advanced here this afternoon.

"As I said a moment ago this is a very important question. The committee have not had the time to give it the thought it deserves, and we are glad to have this discussion. We felt some doubts as to whether this is the best course to pursue. We aimed to formulate the report in such a way that if this was not the best thing to do, it is more or less flexible. This cannot be done in a year, and if it succeeds, you will find that year after year it will grow in importance and magnitude. The Chicago University needs more money now than it did the first year of its existence, and so it doubtless will be with this. The opportunities before us are large and this work will never be entirely accomplished. Now is a good time to begin.

"There is no man in our profession that has given the matter more attention than Dr. Guy E. Loudon of Vermont. He came before the committee the other day at our request and we talked it over, and he had formulated some plans. He had it in a written form and I believe every member of this Association would

be glad to hear what he has to say, and as it will not take him long to read it I trust he will do so."

Guy E. Loudon: "The few suggestions which I have prepared were primarily intended for the Board of Trustees and Regents. I have given it to the Boards. It is as follows:"

I presume it is unnecessary for me to try to argue with you concerning the many advantages that would accrue to the profession of osteopathy from the advent of an up-to-date college of osteopathy, located in some large central city, and having a productive fund set aside, the revenue from which would go toward partially supporting such institution. Its presence would practically insure the independence of osteopathy as a separate system of therapeutics; silence the adverse criticism of our enemies, as to the unfitness of osteopathic schools to give students an adequate medical education; encourage research work, which must be done ere many years, to prove our fundamental laws to the critical scientific world; co-operate with the private schools to supplement their work, and by creating favorable comment among men of culture, increase the demand both for better osteopaths for the field, and more students for the schools, and so aid rather than hinder the prosperity of the private schools. The proposition before us has such an institution in mind. I offer the following suggestions for your consideration, not with a feeling that they are perfect or complete; but in the hope that they may bring before your mind some of the phases of the undertaking, and that you may be able, the more easily, to see the weak places and suggest changes for their betterment.

(1) Legality of undertaking.

It is the opinion of the attorneys at law, whom I have consulted, that The American Osteopathic Association can, under its present constitution, undertake the raising of funds for the endowment of an osteopathic college.

Provisions of constitution applying:

ARTICLE II.

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

The stimulating and encouraging of original research and investigation, the elevation of the standard of osteopathic education and the cultivating and advancing of osteopathic knowledge.

(2) How to raise the funds.

If the right and advisability to go ahead with this work are granted, then the method of procedure is of first importance. I believe that it will be well not to try to decide at this time every question that may be raised. The first thing is to raise funds for the project, and after this is well under way, decide where the school is to be located, the details of incorporation, who are to be the trustees, etc.

To facilitate the raising of funds, I suggest that a "School Finance Committee" be appointed by the President of the A. O. A., consisting of at least one member from each State or Territory, with additional members for such large societies as "The Greater New York Society," for example, if he deems such appointments will prove advantageous, whose duties it shall be to endeavor to enlist the active co-operation of all the osteopaths in his territory; appoint sub-committee men to work under him; and proceed to raising and collecting funds for the

endowment of an osteopathic college, and to hold such funds in trust, to the credit of the Association's endowment fund, subject to the following provisions:

(a) That his appointment will be for one year (annual meeting to annual meeting of the A. O. A.) contingent upon the faithfulness with which he does his work. That he may be reappointed at the discretion of the President, and that any removal or vacancy may be filled by the President.

(b) That whenever there is money collected to the fund's credit amounting to \$500 that such sum must be paid within ten days, to the Board of Regents, which shall consist of five members, elected by the Association. It shall be the duty of this committee to keep the funds safely invested at a reasonable rate of interest.

(c) A further suggestion which appeals to me as an excellent scheme would be for the Association to have one day every year set aside under the name "Endowment Day." The proceeds from that day's business from professional sources would be turned over to the endowment fund, in addition to any sum we might voluntarily subscribe as our annual donation. Of course, the Association could not insist upon any one acting as per this plan. The Journal of the A. O. A. might print the names of those who agree to give one day's income each year to such a worthy cause. I believe the list would grow in a most gratifying manner.

(3) Suggestions for the establishment of the school.

Eventually, when the funds get to be reasonably large, we must incorporate under a special legislative act from the legislature of the State in which it is decided to locate the school. The members of the A. O. A. at that time, and persons who may become members in the future may be made members of the corporation. For example, the first section of the charter could read as follows:

Sec. 1. The members of the voluntary Association, which was formed at Kirksville, Mo., June —, 189—, under the name of the American Association for the Advancement of Osteopathy, subsequently known as The American Osteopathic Association, of which John Smith, of Chicago, Ill., is president, James Miller, of Boston, Mass., and William Smith, of Lincoln, Neb., are vice-presidents, and Frank Keenan, of Milwaukee, Wis., Jerry Brown, of Canton, O., and others, are trustees, and George Wilson, of Keene, N. H., is treasurer, and Silas Williams, of Lynn, Mass., is secretary; and all persons who are or shall hereafter be associated with them in said Association, are hereby created a body corporate under the name of "The Endowed Osteopathic College."

The above is copied from the form used by The Vermont Bar Association and gives us a good skeleton upon which to construct our charter. In answer to the question "whether the stockholders of a corporation are not required to hold their business meetings in a State wherein they are chartered, I will answer—they do, but not necessarily in person. The Association may hold the annual meetings in various States, as formerly, and by electing a committee to go into the State wherein the school is located, and by providing the committee with proxies from a quorum of the members of the Association, control the affairs of the school as well as though the Association were in fact on the ground.

The trustees of the then incorporated school may be elected by the Association, a certain number each year. I suggest that every existing recognized school of osteopathy should be represented on the Board, thus keeping the school an Association school managed by the graduates of the private schools. The endowed school might be represented by the president of the school, and by one graduate of said school, and by one graduate of said school for every one hundred grad-

uates, or fraction thereof; and the private schools by one graduate from each school for every two hundred graduates or fraction thereof. The trustees so elected will take over the management of the funds from the Board of Regents referred to under paragraph (b) above. The trustees will choose a president and faculty for the school, and have general management of the property of the corporation.

(4) Location of school dependent upon the following:

- (a) Central location.
- (b) Bonus from some city to have school locate there.
- (c) Possible failure to secure charter in given state.
- (d) Taxation may point to one rather than another city.
- (e) Philanthropists may impose conditions.
- (f) Location of private schools may have influence, etc.

(5) To foster fraternity among the schools.

To place the school on more fraternal relationships with the several private schools, fellowships could be established to promote research in special departments of knowledge from the osteopathic point of view. Several fellowships might be established of annual duration, and be awarded to the graduates of the schools in rotation. The fellowships could be renewed in certain instances.

(6) A minimum limit should be agreed upon.

It seems to me that a minimum limit of \$500,000 should be agreed upon, and that sum raised before any actual movement be taken to obtain a college building, etc. This will be a good sum to start with for an objective, and after that is in sight it will be comparatively easy to raise more funds from philanthropic sources. This sum is as small an amount as would be of material assistance for endowment purposes, and it is large enough to make us work considerably to raise that amount.

(7) The thing of the moment.

I have given these suggestions that it might be seen that a way is open, once the means are in hand. It is not the only way, nor necessarily the best way. The thing of the moment is to decide whether or no we will make the start to raise the means. If we vote to go ahead, then get an active force to work to raise funds. All other things will be added thereunto, if we have the means. We have excellent legal authority for the statement that the law offers no obstructions to this undertaking. The science of osteopathy is pleading for protection. The medical octopus is preparing to grasp it. Are we to be forearmed after having been forewarned? Are we to fight over non-essentials while the enemy is smiling at our insecurity? The cry of the moment is "unity." With friendship for all, malice toward no one, let each osteopath pull his weight to the end that osteopathy may be advanced from childhood to most perfect maturity, amid absolute security, endowed for eternity.

F. A. Cave: "I move that the amendment be laid on the table."

Motion seconded and carried.

After further discussion of the report, C. M. T. Hulett moved to take the motion to amend the report of the Committee on Education from the table.

Motion seconded and carried.

The President then put the motion of Dr. Davis to amend the report of the Committee on Education, and a majority voting against it, it was declared lost.

The President then put the original motion to adopt the report of the Com-

mittee on Education as previously announced, and a majority voting in favor of it, it was declared adopted.

A. G. Hildreth, the Chairman of the Committee on Legislation, then read the report of that Committee, whereupon H. A. Roark moved that the convention accept and adopt the same. The motion was seconded and unanimously carried.

Thereupon the meeting adjourned to meet at 9 o'clock A. M., Wednesday, August 8th.

A meeting was held on Tuesday evening, August 7, at which the President's address on "The Future of Osteopathy" was given.

At the conclusion of the address, Chas. C. Teall and Guy E. Loudon took charge of the meeting in the interest of the endowment movement. Much interest was manifested, and about \$20,000 was subscribed by those present.

MORNING SESSION, WEDNESDAY, AUGUST 8.

The meeting was called to order by the President. The first order of business was the reading of the minutes of the preceding day, which were duly approved.

The President announced that E. R. Booth, C. M. T. Hulett, Guy E. Loudon and Harriet A. Whitehead had been appointed to solicit and receive subscriptions to the Endowment Fund during this meeting.

Second Vice-President Lena Creswell then took the chair.

Herman F. Goetz, of St. Louis, gave a demonstration of a Pantagraph for graphical representation of spinal curvatures.

M. E. Clark, of Kirksville, Mo., gave a demonstration on "Osteopathic Applied Anatomy."

This was discussed by A. G. Hildreth, H. S. Bunting, E. C. Pickler, C. W. Young, J. S. Baughman, E. C. Ray and F. A. Turfler.

The meeting thereupon adjourned to 2:30 o'clock P. M.

AFTERNOON SESSION, WEDNESDAY, AUGUST 8.

First Vice-President John T. Bass called the meeting to order and announced that the first order of business was a paper, "Osteopathy as a Profession," by J. H. Sullivan, of Chicago, Ill.

M. C. Hardin: "I have a communication which I would like to read to this convention from the Georgia Osteopathic Association, directed to the American Osteopathic Association, as follows:"

Hotel Tybee, Tybee Island, Ga., June 24, 1906.

To the A. O. A.—Greeting:

We, the Georgia Osteopathic Association, now in annual session, feel constrained at this period of our progress and development as a school of healing, to memorialize the legislative body of our profession, and through them seek deliverance from what we conceive to be the greatest obstacle to the success we merit in establishing ourselves as the family physician *par excellence*.

With grateful remembrance and appreciation, we recognize the progress that our profession has made during the short period of our existence. There is nothing upon the pages of history in the scientific world with such unprecedented progress and recognition as that accorded us. So phenomenal has been

our growth that we have scarcely been able to adjust ourselves to the changes which development alone has made necessary. The continuation of our very existence as a distinct and separate system of healing has been challenged, and continues so to be at every step; enemies in the disguise of our own profession have met us and endeavored to draw us away; we have been openly besieged and fought by our avowed enemies, but through it all we have moved steadily on, and our successes and continued existence as a school of healing is the best evidence that we have not lived in vain.

Especially have we been gratified with the progress and development of our schools. From humble and inexperienced beginnings, we have advanced to a course of study comparable with the average medical school in most respects, and our experience lies in the lap of the years gone by. We feel that our educational problem is our greatest problem. More than any other one thing does our education differentiate us as a profession from the common *masseur*, in the estimation of the public as well as in the estimation of the medical men themselves, who with might and main endeavor to class us there.

In our professional experience do we find *one thing*, however, which hampers and retards our professional endeavor to establish ourselves as the family physician. This one thing is the fact that we are not thoroughly qualified in every particular to become a regular family physician in that sense. To a large extent we do handle disease, but many times we are compelled by our lack of certain knowledge to turn our patient over to our competitor, the M.D., and thereby take a back seat and declare by the act that he is qualified while we are not.

What does this mean to us as a profession?

It means:

1. That in our own estimation we practice a limited profession of healing.
2. In the estimation of the public we are not the peers of the medical men in the combat with disease.
3. The M.D.'s themselves look upon us as inferiors, treat us as such, talk to the public of us in the light that we appear to them, and as the public look upon us so will we take our place in the community.

What, then, shall our position be?

It remains with us. We place our own estimate upon ourselves. What we determine shall be done. In the face of these facts, we hereby petition and memorialize the A. O. A. that it is our desire that our physicians shall be so educated and qualified that before the public, as well as before our competitors, the M.D.'s, and likewise in our own estimation of ourselves, we may become the family physician *par excellence*, which estimate of our profession has led us to become osteopaths rather than medical men.

In order to attain this we pray, first, that our schools shall from this time qualify to teach surgery in such a course equal to that of the average medical school; and, second, that the laws regulating our practice in the several states shall be so modified as to make provision for the additional qualification of our graduates as physicians; third, that all future legislation provide for these privileges.

Signed in behalf of the Georgia Osteopathic Association without a dissenting voice.

M. C. HARDIN, President.

L. NEWELL TURNER, Secretary.

Dr. Louisa Burns, of Los Angeles, California then spoke on the subject, "How Osteopathic Lesions Affect Eye Tissues."

At the conclusion of this demonstration, Dr. Guy E. Loudon, of Burlington, Vt., in a short speech, complimented the work of Dr. Burns very highly, and moved that the Association tender her a vote of thanks, which motion was unanimously carried.

Dr. Burns' talk was discussed by J. F. McNary, Ellen L. B. Ligon and R. W. Bowling.

W. D. Willard: "I have been talking with a number of members today, and several of them have expressed the wish that we change the time of fixing our next place of meeting and election of officers, which appears to be the last order of business on Friday, to tomorrow morning, as a great many of them are desirous of leaving tomorrow or early Friday morning, and I therefore move that those two matters be taken up tomorrow morning and acted upon."

Motion seconded and carried.

The President inquired what method the Association desired to pursue in electing the officers.

E. C. Pickler: "I move that the President appoint a Nominating Committee, which shall nominate two sets of officers, who are to be elected at this time for the ensuing year."

Motion seconded.

J. S. Baughman: "I move as a substitute for that motion that the officers be elected by informal ballot, and that the nominations be made from the floor."

Motion seconded.

E. C. Pickler: "I am opposed to the substitute, for the reason that it would consume too much time."

W. J. Conner: "I believe that we should distribute the offices evenly throughout our entire jurisdiction. I believe we ought to have a Nominating Committee to make recommendations and assist us in this matter. They can get together this evening and quietly select good officers from the different sections of the country much better than we can spontaneously in our meeting."

C. M. Hulett: "I am in favor of a Nominating Committee, for even if they should make recommendations that the majority of this convention are not in favor of, it is inherent in this body to disregard such recommendation, and nominate whomever it pleases."

The President then put the substitute motion to a vote, and it was lost.

The President then put the original motion to a vote, and it was carried.

The President later appointed the following Nominating Committee:

C. P. McConnell, H. H. Gravett, Hezzie C. P. Moore, W. A. McConnell, T. L. Drennan, A. H. Zealy, Julia E. Foster, E. D. Heist, and Evelyn K. Underwood.

H. J. Dann, of Sandusky, then announced to the convention that the Put-in-Bay Steamboat Company would give an excursion to all members of this Association tomorrow evening, August 9th, to Cedar Point and return, at 25 cents for the round trip, provided at least 100 members went.

C. M. T. Hulett offered the following resolution:

"The American Osteopathic Association, at its tenth annual meeting, Put-in-Bay, Ohio, desires to place on record its sincere thanks to the anonymous benefactress who so generously contributed \$500 to the fund for the endowment of an osteopathic college, and who, because of her support, encouraged the Vermont osteopaths to continue their efforts, which have led to the successful launching of a movement at this time to raise funds for an endowed college."

C. M. T. Hulett: "I move the adoption of this resolution by a rising vote, and that a copy thereof be placed in the hands of Dr. Loudon for transmission to this lady."

Motion seconded.

Dr. Booth: "The benefactress referred to is 80 years of age, and this would be a source of much gratification to her. The amount stated has already been paid over for this purpose, and is the first subscription that has been made by any one for this noble work."

Motion unanimously carried by a rising vote.

The President then appointed the following Committee on Resolutions:

J. A. DeTienne, Minnie Schaub, J. E. Collier, J. P. Burlingham, and W. A. Crawford.

The President then called upon Treasurer M. F. Hulett for his annual report, which was read, and upon motion was adopted.

President Evans then read the report of the Board of Trustees. Upon motion, duly seconded, the report was adopted.

The meeting thereupon adjourned to 9 o'clock A. M., Thursday, August 9th.

MORNING SESSION, THURSDAY, AUGUST 9.

The meeting was called to order, and the minutes of the preceding day's business read and approved.

J. T. Bass moved that we proceed with the regular program until the Committee on Nomination is ready to report.

Motion seconded and carried.

The first number on the program was "Infant Nursing," but as the speaker to whom the subject was assigned was not present, C. H. Hoffman, of Kirksville, was called upon, and discussed the subject. C. W. Young, of Minneapolis, also discussed the subject.

The following telegram was then read from Dr. A. T. Still:

"Kirksville, Mo., August 8, 1906.

"Dr. A. L. Evans, President A. O. A., Put-in-Bay:

"To the American Osteopathic Association, now in session at Put-in-Bay, Ohio—I have full confidence you will do credit to your profession. Stand by your drugless flag, like sober men and women. The world looks to you for wise deeds in all you say or do. Come to Kirksville next year. Kindly,

"A. T. STILL,

"President of the American School of Osteopathy."

George M. Laughlin, the Chairman of the Committee on Prize Essay, then made the following remarks:

"Your Committee did not have very much work to do, inasmuch as only one member of the profession entered the prize essay contest. Very little interest was manifested by our members in this matter, and I agree with many who have expressed themselves on this, that these contests should be discontinued unless more interest is shown in the future. The essay which was presented was well written, and showed that the writer gave it much study and careful investigation. His subject was the treatment of Syphilis, and I believe it will be read with much interest by the members when it is published in the JOURNAL. The

Committee therefore have the honor to announce that the first and only prize was awarded to Dr. C. W. Young, of St. Paul."

C. M. T. Hulett: "With reference to the endowment fund, the Committee on Education thought they ought not to deprive any of the members here of a final opportunity of getting in on the first round. Hardly anyone that the Committee has approached has refused to do something. Only one person refused, not because he could not afford it, but his reason was that he believed we were not ready for the movement. One of the most gratifying things is the tangible evidence of the unanimity of purpose and the feeling of co-operation throughout our profession, and this is one of the most striking evidences of that condition in our profession that I have seen anywhere in our work."

It was moved and seconded that the Convention have a statement of the San Francisco situation by Dr. Ivie. The motion was carried, and Dr. Ivie, of San Francisco made the following remarks:

"I am not prepared to address you in the manner I should like to, as I did not know I would be called upon; however, I will do the best I can. You may imagine about the worst thing you can, and that is only half bad enough. The osteopaths were not afflicted as much as the medical profession. There are probably 300 medical physicians in San Francisco today that are destitute, with absolutely no resources. Most of the osteopaths were on a little better footing. All but eight out of fifty practicing osteopaths lost their offices, and of those that lost their offices about twenty-two lost their residences and the entire contents as well; however, almost all of them are in a position where they can hold on. Some ten or twelve have left the city to engage in practice elsewhere, and some are unable to go elsewhere, being compelled to remain with what little they have left. We have lost practically all of our patients, and our resources are very small indeed. Our field is practically swept away, it having comprised all the family hotels. All the boarding houses, family hotels and fashionable hotels are gone. In fact, all but twenty-five of the apartment houses are gone, including, of course, hundreds of residences and thousands of flats, and our osteopaths will not be in a lucrative position until those places are not only rebuilt, but repopulated. They are not only having a hard struggle at this time, but they are doing all they can to keep soul and body together, and ere long they will be obliged to get aid from outside sources. Surely they will be obliged to have outside aid in order to restore their libraries, laboratories and offices to even a reasonable condition.

"The cost of living in San Francisco is excessive at the present time, and offices cannot be had, and they must have outside assistance. Some of the members of our profession have previously donated to the San Francisco Osteopathic Association, or to its relief fund, believing that the osteopaths had an association, that it was best for the Association to take care of its own. The professional relations that exist among the San Francisco osteopaths are very harmonious and pleasant. Ninety-seven per cent. of our practitioners belong to our city association, 97 per cent. belong to our State Association, and something over 60 per cent. to our National Association.

"So far the Committee has received \$200, and I understand the Treasurer has some \$50 more. This money has been spent in replacing books, so as to again give the osteopath a working library, but the amount received so far has not en-

abled us to do very much, and there is no doubt but that if this Association desires to extend any assistance to the members in San Francisco, it will be used to the very best advantage.

M. C. Hardin: "Put me down for \$25."

Dr. Ivie: "I dislike standing here soliciting funds, but our members out there need the assistance. I am using a skirt box, to which I fitted legs, for an operating table, and some have nailed rough boards together."

C. B. Atzen: "I move that an opportunity be given to those who wish to contribute to this fund."

Motion seconded and unanimously carried.

C. W. Proctor: "I believe the best plan would be, instead of receiving subscriptions, that we pass the hat, with this understanding, that no one drop in less than a dollar, and those who can are requested to contribute much more."

Drs. Ray and Bumpus took up the collection, and the amount raised was \$278.85.

C. F. Winbiger: "With reference to extending assistance to the osteopaths of the District of Columbia, I trust every one will take a personal interest in this matter, and will talk to your representatives in Congress, and urge them to do what they can to secure the passage of the osteopathic bill now before Congress, and which has already passed the Senate."

H. L. Chiles: "The Hotel Victory Company has volunteered to undertake the task of raising sufficient funds to erect a monument in Victory Park, on this Island, to commemorate Perry's victory on Lake Erie, September 10, 1813. The statue is to be of bronze, ten feet high, and will be placed on a suitable foundation and shaft of proper proportions and height constructed of the natural stone of Put-in-Bay Island. All of the conventions which have met heretofore this year have subscribed from \$10 to \$25 each, and this matter was placed before our Board of Trustees, and they have recommended that this Association donate \$25 towards the erection of this monument, which will be unveiled some time during the summer of 1907. I therefore move that the recommendation of the Trustees be adopted by this meeting."

Motion seconded and carried.

C. P. McConnell, Chairman of the Committee on Nominations, announced that his committee was ready to report, and placed in nomination for President S. A. Ellis, of Boston, and Warren B. Davis, of Milwaukee.

F. A. Cave: "There has been a feeling in the A. O. A. for a few years past that the presidency should pass to the representative of some school other than the A. S. O. For ten years the policy of the A. O. A. has been guided by graduates from the original home of osteopathy. The progress the Association has made is known to all of you. We are indebted to the American School very largely for the magnificent position we occupy today as an Association, but I believe that there are a number of osteopaths who feel that the other colleges are being somewhat slighted in regard to the offices in this Association. I therefore take great pleasure in seconding the nomination of Dr. Ellis.

"It has been my good fortune and my pleasure to have known Dr. Ellis intimately for several years past. I know him to be a straight out and out osteopath. He is a registered physician of the state of Massachusetts, and one of the first osteopaths in the state, and is acquainted with the history of osteopathy. He has been a trustee of the A. O. A., and I believe that is a point which we should consider. He knows the requirements of the Association, and is in touch with its

general policy. Dr. Ellis is not the only member of his family who is known to us. His wife, an efficient co-worker, is known to you all. Irene Harwood Ellis has served as Secretary during the first seven years of this Association's life, and is thoroughly acquainted with the policy of the Association. There is still another member of the Ellis family that I have not yet seen, but the happy father tells me he looks like his dad."

E. C. Pickler: "I want to say a word in reference to the nomination of Dr. Ellis. I did not know at the time he was nominated that he would be opposed by Dr. Davis, who is likewise a very fine man and would make a good President. I have known Dr. Ellis intimately for a number of years. He was a student in the school in which I had the honor of being president at the time, and I am not overstating it when I say that he was one of the most clean cut, squarest, and widest men that ever entered our school; a man that you could always depend on. You would always know where to find him. His word was as good as his bond, and he is a man of stainless reputation. In addition to this, he was a man that had the courage of his convictions. He proved that to all of us when he descended on this Association and bodily took her, our efficient Secretary, out of our ranks. There is only one fear that I have in regard to Dr. Ellis, and I do not think that is a serious one. About this time next year his first born will be about a year old, and I am afraid that he will want to take up much of our time telling us of the cute things that he does. I am heartily in favor of Dr. Ellis for our next President."

Ada A. Achorn: "Three or four years ago the question was brought up of the school from which a candidate for office in this Association graduated, and I hoped that that question would never again be raised by this Association. There is one requirement for a President, and only one, and that is, is he the best available man for the position? I believe at this time Dr. Ellis is the best available man, and I want to say that I have known him for a great many years, and have known him thoroughly and well, and I want to recommend him to you at the present time as the man for the occasion, and I believe that next year you will all agree with me."

Chas. E. Still: "I have just listened to what the three speakers have had to say about Dr. Ellis, and what they have said about his good qualities, and about his being specially fitted for the position. Now you know everybody has two sides. I think Dr. Ellis is a sort of a confidence man. He roped me in on one occasion and played the amateur act with me by getting me to go out and shoot with him. He did not say that he was the best shot in the east, and I thought I was about as clever as any man in the west. I thought I would go out and show him up, but instead of showing him up, he humiliated me and put me 'down and out' in the first ten, and continued to do so in the next fifty. I think we ought to look at him from all sides. I thought I was going to get something easy, and felt quite 'chesty,' and swelled up a little, and I think probably that is the reason Dr. Young commented upon my shape yesterday. I have not yet recovered from that chesty feeling. So I say that we ought to study all sides of a man. Therefore I second the nomination of Dr. Ellis."

The nominations then closed, and the President appointed the following tellers to serve throughout the election of the officers:

C. B. Atzen, C. W. Young, G. M. Laughlin, C. G. Wheeler, W. M. Williams, F. F. Jones, G. D. Wheeler, and Jno. F. Bumpus.

The ballot resulted in the following vote: Dr. Ellis, 226; Dr. Davis, 24. Dr.

Ellis having received a majority of the votes cast, was declared elected President for the ensuing year.

Dr. Ellis, being called upon, responded as follows:

"I am really quite overcome, and very much surprised at this unexpected honor. I assure you that I am grateful, not only for myself, but for my wife as well, whom a great many of you know better than you do me. I hope that I may be able to carry out the principles of this Association, and help you as much as possible. I thank you very much."

The Nominating Committee then placed in nomination for first vice-president, Edythe Ashmore, of Detroit, and Miss D. E. McNicoll, of Frankfort, Indiana.

The ballot resulted in the following vote: Dr. Ashmore 124, and Dr. McNicoll 86. Dr. Ashmore having received the majority of votes cast, was declared elected First Vice-President for the ensuing year, and responded with the following remarks:

"I am very grateful to you for this election. It came as a surprise to me, because I was at the boat looking out for clinics at the time the Nominating Committee made its report. I wish to assure the Association that I shall do all in my power to further its work during the coming year, as I have in the past. All I ask in return is a case report."

The Nominating Committee then placed in nomination for second vice-president, Mrs. A. L. Conger, of Akron, Ohio, and Frank C. Leavitt, of Boston, Mass.

Ellen L. B. Ligon: "I do not know of anything that affords me greater pleasure than to second the nomination of Mrs. Conger for one of our national officers. The first step towards my becoming an osteopath was due to Mrs. A. L. Conger. When I came out of the waiting room of the A. S. O. infirmary one day, feeling very sick and miserable, she was standing in the hall, overflowing with enthusiasm for osteopathy, and as I went by she said to me:

"'Dear, you ought to study osteopathy. I have only studied two months, and it is worth it all.'

"Most of you know that Mrs. Conger has carried osteopathy farther into the world than any other person. You all remember how she carried it into San Francisco, and then into the Hawaiian Islands, and then to the Philippines. And her work in the Philippines was done at a time and under circumstances when a court martial would have been in order."

F. C. Leavitt: "I take great pleasure in withdrawing my name from this contest, and trust that the Association will unanimously elect Dr. Conger."

There being but one candidate for this office, the Secretary cast the unanimous ballot of the Association for Mrs. Conger, who responded with the following remarks:

"This is one of the proudest moments of my life. I am now dedicated anew to osteopathy. I have not sought the honor, but I do assure you that I appreciate it from the bottom of my heart. It means much to me, and much more to the honored name I bear. It means more than any of you can know, and it means that I have, from the very first day that I discovered osteopathy, dedicated my life to it. When I should be knitting in the corner and enjoying my old age, I wish more and more to be helpful to you who are younger and more vigorous; and I propose in this rededication of my life to take a new lease of life, and not be knitting in the corner. I again thank you from the bottom of my heart."

The Committee then placed in nomination for the office of Secretary, H. L. Chiles, of Auburn, New York, and H. L. Chiles, of Auburn, New York.

There being but one candidate for this office, the Assistant Secretary cast the unanimous ballot of the Association for Dr. Chiles who, after repeated calls, responded with the following remarks:

"I think this is the only time in my career that I had to be called on twice to make a speech. I assure you that you would not have had to call more than once, and a faint call at that, had it not been for the most eloquent, spontaneous remarks that Dr. Conger has just made. I therefore desire to express to you my gratification for this honor, and that you appreciate the work that I have tried to do in the past. And I promise that during the ensuing year I will use every effort at my command to extend the work, the usefulness; and power of the Association. I hope that we will all meet next year and have a most glorious time, and in the meantime may prosperity attend you all."

The Nominating Committee then placed in nomination for the office of Assistant Secretary, C. A. Upton, of St. Paul, Minn., and C. A. Upton, of St. Paul, Minn.

E. C. Pickler: "As probably all of you know, Dr. Upton has been a very sick man the past few months, and has been near death's door on one or two occasions, and I am glad to tell you that he is getting better and we think he is out of danger. But with all of his sickness, and with all of his embarrassment in leaving his business, I believe the thing that worried him most in all his sickness was the fact that he kept thinking he could not attend this meeting. The American Osteopathic Association has no firmer or warmer friend anywhere than C. A. Upton, and I know you will all join me in wishing him a speedy recovery, and I would like to have you send him that word by Dr. Young and myself when we go back."

The Secretary then cast the unanimous ballot of the Association for C. A. Upton for the office of Assistant Secretary for the ensuing year.

H. L. Chiles: "Before I left home I made a memorandum to suggest to this Association, that in view of the work Dr. Upton has done, that we send him a brief telegram of sympathy and encouragement, and on the strength of what we have just done, I move that we send him a telegram apprising him of his reelection, and sympathizing with him in his illness.

Motion seconded and unanimously carried.

The following is the telegram sent Dr. Upton:

"The American Osteopathic Association in annual meeting assembled deeply regrets your absence, hopes for your complete recovery, and shows its appreciation of your services by re-electing you. H. L. Chiles, Secretary."

The Nominating Committee then placed in nomination for the office of Treasurer, M. F. Hulett, of Columbus, Ohio, and M. F. Hulett, of Columbus, Ohio.

There being but one candidate for this office, the Secretary cast the unanimous ballot of the Association for M. F. Hulett for the office of Treasurer for the ensuing year. Dr. Hulett being called upon, responded as follows:

"I am not given much to speech-making; however, I thank you for the honors you have thrust upon me from time to time, and I begin to wonder sometimes whether you will continue this indefinitely. There is considerable work connected with this position, and I am glad to do it if the Association desires me to.

"Last year the question was asked me how I succeeded in getting re-elected.

Without thinking, I answered, 'Because I had the money.' I am glad I still have the money on hand, and it is yours whenever you are ready to spend it. I feel somewhat like the boy who was called in from the street at one of those good old Methodist festivals they used to have. There were a great many good things to eat, and this little urchin was about starved, and had an abundance of vacant space from his chin down, and the good ladies began filling him up. The different ones came around and would say, 'Johnnie, won't you have some more?' and Johnnie took some more. Pretty soon another lady came around and said, 'Johnnie, won't you have some more,' and Johnnie took more; and after awhile Johnnie had about enough, and some one else came around and said, 'Johnnie, won't you have some more?' and he said, 'No, ma'am; I can chew some more, but I can't swallow it.'"

The Nominating Committee then placed in nomination for the office of three Trustees for the ensuing year, the following:

A. L. Evans, A. B. King, W. A. McConnell, E. M. Downing, E. W. Sackett, and Wm. Horace Ivie.

There were also placed in nomination from the floor the following:

Ella D. Still and M. C. Hardin.

The vote upon the Trustees stood as follows:

A. L. Evans, 111; Wm. H. Ivie, 94; Ella D. Still, 63; A. B. King, 48; M. C. Hardin, 48; W. A. McConnell, 41; E. W. Sackett, 32, and E. M. Downing, 28.

Dr. Loving moved that the three names receiving the highest number of votes be declared elected Trustees for the ensuing year.

Motion was seconded and carried.

The three receiving the highest number of votes were A. L. Evans, Wm. H. Ivie and Ella D. Still, and were declared elected Trustees for the ensuing year.

Ada A. Achorn: "I move that the Secretary be empowered to appoint an assistant to assist him during the illness of Dr. Upton."

Motion seconded and carried.

The Secretary announced the appointment of Geo. T. Monroe, Warsaw, N. Y.

C. B. Atzen: "I move that we adjourn to 2:30 o'clock this afternoon."

Motion seconded and carried, and the meeting was thereupon adjourned to 2:30 P. M.

AFTERNOON SESSION, THURSDAY, AUGUST 9.

Vice-President John T. Bass called the meeting to order, and announced that the first order of business was the selection of a meeting place for 1907.

Invitations were extended on behalf of Put-in-Bay, Cedar Point, Seattle, Washington; Atlantic City, N. J.; Chicago, Niagara Falls, Norfolk, Va.; Mobile, Ala.; Kirksville, Mo., and Minneapolis, Minn. These invitations, in many instances, were re-enforced by letters from mayors, commercial bodies and distinguished personages. Many interesting, humorous and eloquent speeches were made in behalf of the various cities, particularly for Norfolk and Minneapolis. Drs. W. D. Willard, M. C. Hardin, Ellen L. B. Ligon, J. S. Baughman, E. M. Downing, and E. S. Willard spoke for Norfolk, Dr. E. C. Pickler for Minneapolis and Dr. W. H. Ivie for Put-in-Bay.

Dr. C. E. Still extended a standing invitation on behalf of Kirksville, but withdrew it from consideration at this time.

The vote being taken, resulted as follows: Norfolk, 140; Minneapolis, 30; Put-in-Bay, 2.

Upon motion of Dr. E. C. Pickler, Norfolk was made the unanimous choice of the Association. Dr. Pickler included in his motion the request that "Every one of us meet at Norfolk next year."

Warren B. Davis made the following statement:

"I was not in the hall this morning when the election of officers took place, and therefore was not aware of my name having been presented by the nominating committee for the office of president; and had I been here I would have withdrawn my name, and moved that the secretary be instructed to cast the unanimous vote of this Association for Dr. Ellis. I am heartily in favor of Dr. Ellis' election, and I am sure you have elected the best man for the place. I know every member of the Association will rally around him, and we will all do our utmost to raise the standard and promote the general welfare and interest of osteopathy to its fullest extent throughout the coming year."

D. L. Tasker, of Los Angeles, was called upon, and demonstrated a case of otitis media.

C. E. Still, of Kirksville, demonstrated a case of deafness.

A. B. King, of St. Louis, under the general heading "Emergencies," read a paper on "Fits or Seizures."

C. M. T. Hulett, who was next upon the program, read a paper on the subject, "Osteopathic Lesions in Acute Respiratory Diseases."

It was moved and seconded that the proposed amendments to the constitution which are to come before this meeting, be referred to a committee of three for consideration, and that that committee report their recommendations on the various amendments tomorrow morning, said committee to be appointed by the chair. The motion was carried.

Vice-President Bass then appointed as such committee, Ella D. Still, George W. Perrin, and J. A. DeTienne.

Adjournment was then taken until 9 o'clock Friday morning, August 9th.

MORNING SESSION, AUGUST 10.

The President called the meeting to order, and the Secretary read the minutes of the two preceding sessions of August 9th, which were duly approved.

H. A. Leonard: "I wish at this time to make an announcement in reference to the Associated Colleges. At the meeting of the Associated Colleges just held, Dr. Littlejohn was elected President. I was elected Vice-President, and Dr. Whiting was re-elected Secretary and Treasurer. There were five colleges represented at this meeting of the Associated Colleges. At that time there was important work outlined, which I think it is well for the profession to know.

"1. A plan will be worked out whereby there will be an association of the teachers of the different colleges. This does not merely have reference to those who belong to the Associated Colleges, but it has reference to all the colleges who are in good standing teaching osteopathy. The plan is to get the teachers of the different branches together in a way that they can exchange ideas and be of mutual benefit to each other. We think that is a very important matter, and one looking towards our higher standard of education. In that connection, I

will say that the committee in charge of that for the coming year, to whom communications should be addressed, consists of Dr. Littlejohn, who is the chairman; Dr. Whiting, from the Pacific College, and myself from the east. That committee was appointed, and formulated plans whereby we can get into communication with the different colleges with reference to this matter.

"2. The other matter, which is also of note and of interest to the profession at large, is in regard to carrying out the recommendation of the Committee on Education of this Association, and that is that each college should elect a delegate, or have a representative, whose duty it will be to confer with the members of the Board of Regents or Educational Committee. I wish to say in that respect that the colleges represented in the Associated Colleges voted that they would each send a member, or rather, elect a member, to represent that college in conjunction with the Board of Regents, as outlined by the Educational Committee, and I presume the other colleges will do the same thing. This is of moment to the profession, because all these things are tending upward and to the uplifting of the science of osteopathy."

Ella D. Still, of Des Moines, Iowa, under the general head of "Osteopathic and Surgical Diagnosis," discussed the pelvis with reference to gynecological cases.

Francis A. Cave, of Boston, read a paper on the subject, "When Is a Surgical Operation Advisable?"

Clara Wernicke, of Cincinnati, then read a paper, "What Osteopathy Has Done With Tumors."

S. A. Ellis, Boston, Mass., conducted a clinic and read a paper on "Osteopathic and Surgical Diagnosis of the Abdomen."

Dr. Ella D. Still, Chairman of the committee to whom had been referred the proposed amendments to the constitution, reported that, with a few slight changes, the committee recommended their adoption.

They were considered singly, and the following were duly adopted as given below:

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 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 Article IV., Section 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 the date on which the meeting is to be held.

To amend Article V., Section 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 fifty members who are also members of this Association. In Associations where there are not fifty 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. The 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 two 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.

The following proposed amendment, after some discussion, was, upon motion, laid upon the table:

To amend Article V., Section 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."

E. R. Booth: "When the Committee on Education made its report the other day, I believe it omitted to read one section of it, which, however, was an additional recommendation made by the Board of Trustees, hence it did not come before the Association, and it would be unfair, and it would not do to publish it as the report of the Board of Trustees if it is not acted upon by the Association. The part referred to relates to the schools, and reads as follows: 'That schools established in the future shall have available resources of at least \$50,000 before they receive recognition from the A. O. A.' We have therefore inserted this as a part of our report."

C. A. Whiting: "I move the adoption of the clause just read by Dr. Booth,

as a part of the report of the Committee on Education, and which was approved by the Board of Trustees."

Motion seconded.

A. L. McKenzie: "I do not believe that this is constitutional. I mean by that I do not believe this Association has any right to specify that a person should be worth so much before he can begin certain work."

The motion was put and carried, and the President thereupon declared it a portion of the report of said committee.

Evelyn K. Underwood, a member of the Committee on Necrology, then read the report of that committee, which, upon motion seconded, was unanimously adopted.

The report is as follows:

REPORT OF NECROLOGY COMMITTEE.

During the last year the committee's attention has been called to the deaths of only two members, Tollen F. Kirkpatrick, of Baltimore, Md., and Leslie E. Cherry, of Milwaukee, Wis.

Because of long continued membership in the A. O. A., and distinguished service in its behalf, the committee makes special mention of the name of Dr. Cherry. At the meeting of the A. O. A. in St. Louis he was chairman of the Necrology Committee, and in the report of that committee appeared the following words: "We trust that those of us who are called to the great beyond will leave nothing but pleasant memories with our friends who remain here upon the scene of action." Certain it is that this hope was realized in Dr. Cherry. Scarcely any member of the Association could have pleasanter memories. He was a truly lovable man; his words of kindness, and his devotion to the welfare of the A. O. A. will never be forgotten by those of us who had the pleasure of knowing him. We extend sympathy to his widow, who is an invaluable member of our Association. We are glad of the many pleasant memories she can cherish.

Several of our members have lost those who were near and dear to them during the year that has passed. We extend to them our heartfelt sympathy.

We recommend that the Necrology Committee hereafter make a practice of writing letters of condolence to the surviving relatives of deceased members of the Association at once when the news is received, and not wait until the annual meeting to do it, at a time when the real feeling regarding the death, except to the immediate friends, has been forgotten.

ROGER E. CHASE, Chairman.

EVELYN K. UNDERWOOD.

C. W. YOUNG.

BESSIE DUFFIELD.

J. A. DeTienne, the Chairman of the Committee on Resolutions, then read the report of said committee, and moved its adoption.

Motion seconded.

Upon motion of Dr. Booth, the sixth resolution was changed. The report of the committee as amended and adopted reads as follows:

REPORT OF COMMITTEE ON RESOLUTIONS.

We, the Committee on Resolutions of the Tenth Annual Meeting of the American Osteopathic Association, recommend the adoption of the following: Resolved:

1. That we express keen regret at the absence of Dr. Andrew T. Still; that

we rejoice in his good health, and renew our hope that he may be spared many years to pursue his incomparable and indefatigable labors for the advancement of osteopathy.

2. That the regret of the Association be extended Dr. C. A. Upton, Assistant Secretary, for his enforced absence on account of sickness.

3. Whereas, osteopathy is established on truth, and most effectively appeals to the thoughtful through its clinical data, we greatly appreciate all original deductions, and heartily commend Drs. C. P. McConnell and Louisa Burns for their scientific demonstrations through original laboratory and other research work of the pathological effects resulting from anatomical lesions.

4. We endorse every effort to establish a higher standard of education for the healing art, and to that end it is our conviction that the time has arrived when the Association, and all osteopaths everywhere, should use their best efforts for the establishment of an endowed College of Osteopathy, for the further evolution of our science, upon the most carefully matured plans, by all possible agencies.

5. That we hereby thank Dr. Guy E. Loudon for his thoughtful and timely suggestions concerning a school for higher education, and for being not only the first subscriber, but for having collected the first bona fide subscriptions to an endowment fund for an osteopathic college; and we also thank the anonymous benefactress, who so generously contributed \$500 for that purpose.

6. That Thursday preceding Thanksgiving in each year be observed as "Educational Day," on which the members of the profession may set apart as a thank offering the proceeds of the day's business, the sums collectively to constitute a guaranty fund, which shall be available for use of the Board of Regents in carrying on its work, or in its discretion, to be added to the Endowment Fund.

7. That the Association approve the efforts of its Legislative Committee, and hereby requests all osteopaths to make special efforts to secure uniform osteopathic laws in all states; and that the Secretary of the Association be, and is hereby, instructed to write Senator J. B. Foraker, of Ohio, thanking him for his earnest efforts in behalf of osteopathy.

8. We heartily endorse the crusade made by *Collier's Weekly* and the *Ladies' Home Journal* against patent medicines and all forms of quackery.

9. That this Association considers it a marked discourtesy for members who have assignments on the program to absent themselves without due notice to the Publication Committee. It is a high honor to be on the program, and should be so considered.

10. That we tender to the management of the Hotel Victory our thanks for the courtesies shown our members, and the many facilities afforded our convention.

Respectfully submitted,

J. A. DETIENNE.

J. ERLE COLLIER.

W. A. CRAWFORD.

MINNIE SCHAUB.

JAMES P. BURLINGHAM.

The President expressed his regret that there had not been time to hear all of the papers that appeared at the bottom of the printed program, but that the authors of papers that had not been assigned places on the program, understood that they were only to read if time permitted. The authors were requested to hand

papers to the Committee on Publication, so that they may be printed during the coming year in the JOURNAL.

There being no further business, the President requested the newly elected officers to come to the rostrum. In presenting the gavel to President-elect Sidney A. Ellis, the retiring President spoke as follows:

"Dr. Ellis, the splendid vote which you received yesterday is sufficient evidence that throughout your administration you will have the loyal support of every member and officer of this Association.

"It was my intention, at some time during our meeting when we had a larger attendance, to say a few words about the history of these two gavels which I am about to place in your hands. At our annual meeting in 1900, held at Chattanooga, Dr. Charley Still and Dr. A. G. Hildreth presented this gavel to the Association. It is carved out of wood which came from various belongings of Dr. Still which he owned during the various stages of his life, one piece having been taken from one of his residences; another from another; another from the first school building; and the handle from a cane that he carried a great many years. It is surmounted by gold bands and has suitable inscriptions, and we prize it more highly as the years go by.

"The other gavel was presented to this Association at our meeting last year in Denver, by Dr. William J. Hayden, of Los Angeles. It is made of orange wood, and has a beautiful inscription upon an elegant gold mounting. In accepting these, together with the duties and responsibilities of the office, I trust you are as happy as I am in relinquishing them."

In accepting the office, President-elect Ellis made the following brief remarks:

"Fellow Osteopaths: I want to assure you from the bottom of my heart that I appreciate to the fullest extent this splendid endorsement; and in accepting the office I wish to say that my policy and purpose during the ensuing year will be to labor unabatingly for the advancement of osteopathy, and will endeavor at all times to carry the banner of osteopathy within plain view through the open highways of this broad land."

The business of the convention being completed, on motion of A. B. King, which unanimously carried, the tenth annual meeting of the American Osteopathic Association adjourned sine die.

LETTER TO THE PROFESSION FROM PRESIDENT ELLIS.

The increase in membership of the A. O. A. during the past year has been most gratifying, due, in great part to the energy and ability of its officers. In these coming months before our next annual meeting our membership must pass well above 1,500 and should reach 2,000. We should have in the A. O. A. every one who has even the promise of becoming a good strong osteopathic practitioner. Dr. Chiles' suggestion for securing members is an excellent one; that each one of us should make a business of securing one or two new members. This in itself would not be difficult for any of us and a very few figures will show you how much it would mean to the National organization. Let us set the mark at 2,000 this year and then see to it that we do not fall short.

Our Post Graduate School is now an assured fact, and in a few short years will be a working reality. The fund, however, must grow to much larger proportions before the school can be definitely established. No one of us should be satisfied without pledging at least a small sum to the fund and later on we should bend

our efforts toward interesting our patients and friends in the project. The Regents have already met and the organization is practically completed. The ultimate great success of the plan will rest with us individually and I know that as a profession we shall not be found wanting.

A number of excellent suggestions have come in from members for the program of the Norfolk meeting and the Committee is already hard at work. Here is just a word to those who are asked to take a place on the program. If you are



SIDNEY ALLEN ELLIS, S.B., D.O.

Was born March 22, 1875, at Austin, Minnesota. Educated in the public school of Austin and later received the degree of S. B. from the University of Minnesota. Was graduated from the Northern Institute of Osteopathy in June, 1897, and after practicing a few months in Red Wing, Minnesota, joined the Drs. Achorn in founding the Boston Institute of Osteopathy. Since that time has been engaged in the practice in Boston.

sure that you will be unable to come, say so at once, but if you do accept the honor, by all means be on hand when you are called upon.

Let no one forget to use what influence he can with his local congressman in behalf of the Osteopathic Bill to regulate the practice in the District of Columbia. The passage of the bill is not only important to those practicing in the District but success there should help us in our State contests throughout the country. As most of you will recall, the bill has already passed the Senate and will come up in the House early in the winter session.

S. A. ELLIS, President A. O. A.

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OCTOBER 1, 1906.

Cancer.

McClure's Magazine for August, 1906, contains an interesting article on "Cancer—Can It Be Cured?" from the pen of C. W. Saleeby, M. D., F. R. (Edin). The subject is of such vast importance that any light that may be thrown upon it will be gladly welcomed by those engaged in the practice of the healing science and art. The disease itself is so terrible in its manifestations, so fatal in its re-

sults and so widespread, causing, as this author asserts, "more than one in forty of all deaths," that any effective remedy for it will be hailed with delight from whatever source it may come.

The article in question is based upon the results of the work and observations of Dr. John Beard, Lecturer in Comparative Embryology in the University of Edinburgh, and should be carefully read in order to get a thorough understanding of the theories upon which the treatment is based. A few excerpts may give, however, some idea of the beliefs held by Dr. Beard: "* * * Dr. Beard holds the latter of these two views—that the parent cell of a cancer was different, at the very first, from its neighbors. He believes, indeed, that the parent cancer cell has always been *in the body but not of it.*"

Dr. Saleeby quotes from an article in the *Lancet* written by Dr. Beard more than a year ago, as follows:

"At this epoch, the critical period, the fish commences to feed itself on yolk, not by an (intracellular) acid, peptic digestion, but by an alkaline, pancreatic one. The commencing activities of the pancreas during foetal life initiate an alkaline digestion by the means of the most powerful and important of all the digestive juices, the pancreatic . . . If the secretion be absent, neither the asexual structures of a fish development nor the cells of chorio-epithelioma [a tumor] do or can degenerate. The solution of the problem of the functional relation of embryo and trophoblast—how the latter nourishes itself by an (intracellular) acid digestion and degenerates slowly by a pancreatic digestion—becomes at the same time the embryological, if not the medical, resolution of the problems of malignant neoplasms. . . ."

Dr. Beard holds that cancerous tissue is none other than "irresponsible trophoblast." To quote further briefly, from Dr. Saleeby: "According to Dr. Beard all malignant tumors are products of aberrant germ cells, so that a death from cancer is, so to speak, a case of fratricide, since the individual and the tumor that kills him are both derived alike from one parent cell."

"* * * In a word, a cancer results from the attempt of an aberrant germ cell to continue its life cycle, the attempt having ended merely in the indefinite production of larval, asexual, or trophoblastic tissue.

"If this theory be correct, the conditions which lead to the destruction, digestion and the complete absorption of the normal trophoblastic tissue that begins to vanish at the 'critical period,' should have similar effects upon 'irresponsible trophoblast.' In a word, *trypsin should cure cancer* by digesting its cells. The rest of the pancreatic secretion should destroy and dispose of the products of this digestion."

Those who in this tentative and experimental stage of the treatment have undertaken it are administering trypsin, or pancreatic extract, by the mouth, under the skin, and, where possible, by local application. Some fairly good results have been reported, though nothing we have yet seen would justify the statement that a cure for *cancer* has yet been found.

The theories advanced will be of interest to an osteopath chiefly by reason of the possible etiological factors involved. Dr. Saleeby asks the question: "What are the circumstances which, in a given part of a given individual, cause the growth and multiplication of cells which have always been present in him, but have hitherto been quiescent? We are beginning to guess, but we do not know. * * * Why certain cells, latent from the first, should multiply and become patent at this place but not at that, at this age but not at that, in your neighbor

but not in you—we cannot say. *But so far as the control of cancer is concerned, our ignorance does not matter.*”

If the theories advanced by Dr. Beard are correct we think there is good ground for suspecting a lesion affecting the pancreas in all cases of malignant tumor. It is not improbable that the location of the tumor is dependent upon some other lesion lowering the vitality of the part affected. If this should prove to be true our ignorance *does* matter; for if cancer is preventable through the correction of pancreatic lesions, it will prove much more satisfactory to deal with them in that way than to attempt a cure, which no one can now say will remain a cure, after the tumor has become established.

It is a significant fact, stated in a footnote to Dr. Saleeby's article, that “It is now found that if *all* pancreatic ferments be employed, the symptoms of poisoning will be averted.” This was in connection with the statement that if the “irresponsible trophoblast” be destroyed by trypsin the products of its digestion must be absorbed and must give rise to disturbance. “Hence very marked symptoms of poisoning or auto-intoxication are witnessed at first in human patients.” May we not hope, through osteopathic means, to see the osteopathic precept yet demonstrated in cancer, as it has been in many other diseases, that all the drugs necessary for the health of the human body are present in the body?

It cannot too strongly or too often be urged upon members of the profession the duty each owes in the matter of assisting to secure the passage of the bill providing for a Board of Osteopathic Examiners for the District of Columbia. It will be remembered that this bill passed the Senate by unanimous vote at the first session of the present Congress. It was introduced in the House of Representatives by Representative Sherman, of New York, and referred to the Committee on Public Health for the District of Columbia. It was referred by that committee to a sub-committee, and was returned by it to the whole committee, with the recommendation that it do pass. This bill will come up for final action at the session beginning in December of this year.

Let every osteopath who possibly can, see his Representative before Congress meets and bring the matter to his attention. We believe that when the representatives understand that we are not asking that the rights of the practitioners of any other system of healing be in any way restricted or abridged, that we are simply trying to insure that those who assume the title “osteopath” are qualified according to the standards erected by the profession, that there will be no question of its passage. But these things need explaining. Every osteopath should, therefore, not only do what he can himself, but should enlist the aid of his influential friends. The passage of this bill by Congress means so much to the cause of osteopathy that no step should be omitted that will tend to insure that result.

Dr. C. B. Atzen, of Omaha, calls attention to the fact that since the law requiring osteopaths to take an examination before the medical board has been in effect in Nebraska, seven osteopaths have taken the examination with but one failure, while there were 22 failures of the 71 medical doctors who took the examination; thus showing double the percentage of failures on the part of the M. D's. This is a fact creditable alike to the osteopathic profession and the character of work done in our colleges. Applicants all take the same examination except that for osteopaths, osteopathic principles and practice are substituted for materia medica and therapeutics. In this State we have a strictly medical board exam-

ining applicants in the principles and practice of osteopathy! This is an anomalous proceeding which the Nebraska osteopaths will seek to remedy at the first opportunity.

The *New York Medical Journal* for July 21, 1906, contains an editorial on hay fever which concludes as follows:

"The treatment varies according to the aetiological explanation: Local bleeding, aperients, quinine, tonics, iron, opium, mercury, digitalis, cocaine, menthol, ammonia vapors, sprays, etc., may be employed, besides special treatment for conjunctivitis, rhinitis, bronchitis, etc. But it is doubtful if any lasting results are obtained with these remedies. Traveling, especially by sea voyage and change of air, to mountain or sea air, has been resorted to with advantage as regards a particular attack."

Comment is unnecessary.

New York City, with fifty-one members, has the distinction of leading in the number of members of the A. O. A. Other of the more prominent cities rank as follows: Los Angeles 46, Chicago 42, Boston 37, Philadelphia 24, Brooklyn and San Francisco 21 each, St. Louis 18, Buffalo 17, Denver 15, Cleveland and Washington, D. C., 13 each.

In Illinois the members of the A. O. A. are more widely distributed than in any other State; there being one or more in 47 different cities and towns. In this regard some of the other States rank as follows: New York 45, Ohio 44, California, Iowa and Pennsylvania 42 each.

The names of all whose dues to the A. O. A. are not paid by Nov. 10 will be dropped from the next directory, and the subscription list of the JOURNAL. We urge all members to send their dues at once to the Treasurer. The membership certificates for this year have been mailed to all who have paid. Be sure to have one. The Osteopathic Directory will be mailed about Jan. 1 to all in good standing. Do not miss this important publication.

Attention is called to the announcement of the Committee on Publication concerning the prize essay contest for 1907 which appears in this issue of the JOURNAL. It should be borne in mind that unless a revival of interest is manifested by the members in this contest it will be discontinued next year. This is in accordance with the recommendations of the Committee on Prize Essay and the Board of Trustees.

The A. O. A. is coming, year by year, to occupy a larger sphere of usefulness in the growth and development of the science and profession of osteopathy. In the larger work it has entered upon there is a place for every one who is willing to help, but there is no place for those who would arouse animosities or foster petty jealousies. "Boost and the world boosts with you; knock and you knock alone."

At a full meeting of the Board of Regents held in Chicago on Sept. 8, Dr. C. M. T. Hulett was elected Chairman and Percy H. Woodall Secretary of the Board. Much important preliminary work was done. This movement is going forward

steadily and we trust that when the Board issues a call for financial assistance every osteopath will be prepared to respond promptly and liberally.

The local Post Office authorities have decided that our quarterly directory is not properly mailable as a supplement. We therefore issue it this month in the body of the JOURNAL. It will be observed that it is so arranged that those who desire may remove it from the JOURNAL without seriously defacing either.

We had expected that before this the JOURNAL would be semi-monthly, but circumstances which we were unable to control have prevented. We hope, however, within a short time to inaugurate the new plan.

Secretary Chiles and his efficient assistants, Upton and Monroe, are planning a great campaign for members. It cannot fail to be effective if all who are called upon will heartily co-operate with them.

From several correspondents in the State of Washington we learn that a law regulating the practice of osteopathy is needed there. It is said to be necessary both for protection and restraint.

The osteopathic schools have all resumed work, and so far as we have learned with very good attendance.

Have You Paid Your Dues?

Annual dues (\$5.00) for the year beginning last month are now payable. Will every one who has not paid remit promptly to the Treasurer, Dr. M. F. Hulett, 8 East Broad, Columbus, O. Don't complicate matters by sending to the Secretary. He has enough to do with his own work. Remit by check or money order. A prompt response will save much confusion and delay. We hope the new list will contain the names of all old members.

M. F. HULETT, Treasurer.

Expressions From "Renewers."

"Membership in the A. O. A. means so much to every osteopath—keeps us in touch with the profession at large—helps ourselves into broader lines; in fact it means everything to us. I look forward to every issue of the JOURNAL, and study it as soon as possible. Would as soon part with some text-book as lose the JOURNAL." Gertrude Forrest, Albia, Ia.

"It affords me great pleasure to send my dues to the A. O. A. because I appreciate fully the good work done by the Association and her officers."—N. E. Harris, Flint, Mich.

The Prize Essay Contest for 1907.

In accordance with the action of the Board of Trustees at the Put-in-Bay meeting, the Committee on Publication hereby announce the fourth 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, 1907. 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, 1907, 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 Norfolk, Va.

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

703 Empire Bldg.

WILLIAM F. LINK.

Chairman Committee on Publication,

Knoxville, Tenn.

The Post-Graduate College.

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

Not many of the members of the A. O. A. who gathered at Put-in-Bay expected the Association to issue its ukase, "That the Board of Regents take steps at once toward establishing a foundation for a post-graduate school," as it did. Probably no one, unless it was Dr. Guy E. Loudon, would have dreamed of seeing nearly \$25,000 pledged on the floor of that convention to the endowment of such a school. And it may well be that none of us yet realize the full import of those two facts to the future of osteopathy.

In the meantime it was no small job laid out for the Regents by those few innocent looking words in the Educational Committee's report. But the Regents, pursuant to instructions, have been "taking steps" since, and at a meeting in Dr. McConnell's office in Chicago on Sept. 8th they took steps to unload some of the job onto the Trustees. There was a full attendance of the Board. The principal object of the meeting was to consider the endowment movement, and several matters relating to it were disposed of.

The most important was the formulating and adopting of a plan of organization, and rules and regulations, for the management of the proposed post-graduate college. This has been submitted to the Trustees for their action and when they have revised it until it is satisfactory, the actual organization of the college management may be effected, and be ready to employ instructors and put them to work. Instead of having this movement drag along through several years, and several meetings of the A. O. A., it is possible for us to have the beginning of our college, even though it be a small beginning, one year from this time. Whether we shall have it then, or when we shall have it, is a matter of money. When the money is in hand the school can start, and the research work we so much need to prove the truths on which osteopathy rests, can be provided for. So it is up to the profession. Just as soon as the Trustees are ready to announce just what it is proposed to do and how it is proposed to be done the campaign

will be on. Not one will escape. Not one osteopath, if he can be reached personally, by mail, express, telephone, or wireless, will be able to shake loose from Dr. Loudon's grip except by yes or no to doing his part in this business. You are up the tree, Dr. Loudon has the gun. Your coming down may as well be graceful.

But seriously, the real business before us now is just this of the wherewithal. The Trustees have full authority under the action at Put-in-Bay to establish and equip the college at once if funds were available. And they will be forthcoming as soon as the profession generally has a chance to show what it can do. Some instances at Put-in-Bay indicate the intense earnestness with which our people regard this movement. One young woman came to the committee and said, "I want to be in on this. I was graduated only last year and am still \$1,000 in debt on the expense of my course, but I will subscribe something and increase it from year to year as my business grows." Another said, "I have been looking for some of you committee men. I was graduated last June and haven't located yet, but I will subscribe \$5.00 and then do better than that as I can." These two were unsolicited, and with such a spirit through the profession generally this thing cannot be anything but a splendid success.

The Regents also ordered the issue of a call for the first annual payment on the subscriptions. Inasmuch as only the income of these funds can be used, it is only good business to get them to producing an income as soon as possible. Some of Dr. Loudon's original subscription has been on interest for several months, so something is available already. It is to be hoped that this is the only call the Regents will have to issue. That before another one is due the Trustees of the college will be ready to attend to this and all other business of the institution.

When we get this institution established we will wonder how we ever got along without it. Besides a teaching force for the regular college work, we may have members of the faculties of the present schools for special and short courses, in that way gathering up all that is good in the profession. With sufficient laboratories there will be opportunity for diggers and delvers into nature's secrets. No small item would be the possible provision for publishing the results of the labors of those not situated to do it themselves, for so small a market as our profession yet affords. There is more than one volume of great value to us, now lying in manuscript because the writer does not feel justified, or cannot afford, to tie up a goodly sum in bringing it out. All such work that was meritorious could be published by this institution. We will find many things contributed to our professional welfare that are not now within our reach and for which there is now no provision.

The Annuity and Endowment Fund.

E. R. BOOTH, D. O.

Every loyal osteopath must feel highly gratified with the impetus given the educational problems of the profession at the Put-in-Bay meeting. Not the least of these was the surprisingly large subscription to a fund for endowing an osteopathic college.

By reference to the report of the standing Committee on Education it will be seen that an "annuity" and an "endowment" fund are mentioned. The former was intended to be a fund available just as soon as plans could be completed for beginning work along lines contemplated by the endowed college. The latter

should be a permanent fund, the income from which may be used only for the work of the endowed college.

The form to which donors signed their names at Put-in-Bay, mentions only an "endowment" fund, and every cent of that amount should be held sacredly for that purpose. None of the principal should be used; only the interest or other form of income from the principal.

Turning to the report of the Special Committee on Resolutions you will find a resolution which was adopted unanimously, recommending that every osteopath contribute his earnings on the Thursday preceding Thanksgiving Day to a fund for the use of the Board of Regents for annuity or endowment purposes. I understand that the proceeds of that day's work can be made available at once for research or other work contemplated by the endowed college. But I believe it would be well for those who contribute the proceeds of their work on the day designated to specify whether they desire their contribution to go into the "annuity" fund to be immediately available, or into the "endowment" fund, the income only from which shall be used.

I wish to contribute my earnings on that day for five years to the "annuity" fund. Others will doubtless want to do the same and I suggest that all not used within any school year be turned into the endowment fund. This would keep the expenditure for each year within the income for that year.

When we call to mind how much time, labor, and money Dr. C. P. McConnell, not connected with any college of osteopathy, has spent in the last two years solely for the purpose of helping to put osteopathy on a permanent scientific basis, I think each of us should be willing to give up one day's work to the immediate benefit of our profession, independent of a liberal subscription to the endowment fund to which all should consider it a duty as well as a privilege to subscribe. Let every osteopath help push this great and necessary work.

Case Reports Gratis.

The annual report of the Committee on Publication, adopted by the Association, makes it possible for all members of the osteopathic profession to secure the next series, in fact all the series issued during the coming year, practically free of cost. The report states that all who contribute one or more acceptable case reports within sixty days of the announcement will receive free of charge the next series of printed reports. Those who do not care to contribute any cases and yet desire the printed reports may secure these at the rate of fifty cents a copy.

It now becomes possible for the Editor of Case Reports to invite all practitioners to send to her office, 213 Woodward avenue, Detroit, Mich., within sixty days any number of reports that are interesting or instructive. These records will be carefully edited, and as quickly as one hundred acceptable ones are prepared a supplement will be issued, to be followed by others in as rapid succession as the material is presented. This will make the range of material for the coming year almost unlimited and, according to the anticipations of the committee, more valuable series will be possible, cases that have been dealt with in detail may be tabulated and the work shall have received an impetus that will carry forward help to all the field, both practitioners and those engaged in research.

Blanks, to serve as outlines for the questions usually asked by the reader, will be furnished gratis upon application. In the November issue of the JOURNAL a blank especially intended for records of gynecological cases will be published, followed a month later by an outline blank for records of cases of nervous diseases. There will be included in Supplement VI. a page for errata and later data upon any cases included in the five preceding series. Those who have later information concerning any case presented are requested to send that item for insertion. Any errors in Series III., IV. or V. should also be pointed out to the Editor.

EDYTHE F. ASHMORE, Detroit, Mich.

First say to yourself what you would be; and then do what you have to do.—Epictetus.

NOTES FROM THE SECRETARY'S OFFICE.

This is the season of the year to secure a new certificate of membership in the Association. The secretary is sending them out as fast as the treasurer sends him the names of those who have paid dues for current year. They are pretty this year. Might as well have it the full year as to wait until November or December to get it.

One non-member wrote me in reply to a letter from me to know why he did not apply for membership that one reason he did not join was that so many of the members dropped out. I wrote him at once that he was misinformed. Very few dropped out. I believe that less than one in a hundred will fail to renew this year.

The secretary's office has just sent about two thousand invitations from the Association to non-members asking them to apply for membership. Responses are coming in briskly. We have good workers this year. Drs. Upton and Monroe are full of zeal for the cause, and this, together with the help in my own household, is going to tell for good on our membership list. Every one of us though can do something that no one else can. All of us have some friends and neighbors to whom a word from us would land a new member, and if the individual member of the association does not do this, it can't be done. Keep this in mind and help us to swell the list. Two thousand or even twenty-five hundred is a modest task to set ourselves, if all help a little. Several new members have sent in two or three. From this I know we all could if we set about to do it.

I hope many of our members are preparing to make the annual meeting week next year their vacation time. I have made a study of the location, and I am sure that the next meeting is to be most delightfully located. We shall not be in a city at all, but way out on a point jutting into the ocean. The Exposition will be a novelty and the meeting will be full of clinics. This year closes ten years of the Association's work. Send in a new member, everybody!—H. L. Chiles.

Minnesota Osteopathic Association.

The sixth annual meeting of the Minnesota Osteopathic Association was held in St. Paul on Friday, September 21, 1906, and was carried out according to the following program:

FORENOON, 9:00 O'CLOCK SHARP.

Minnehaha Hall.

President's address, Dr. B. F. Bailey.
Report of annual A. O. A. meeting, Dr. C. W. Young.
Talk by Dr. Pickler on A. O. A. membership.
Business routine and election of officers.
Report of Secretary of State Board.
Address, Dr. C. P. McConnell.

AFTERNOON, 2:00 O'CLOCK.

Emergencies, Dr. F. P. Young.
Clinics, Drs. Young and McConnell.

EVENING, 8:15 O'CLOCK.

At Park Congregational Church.

Introduction, Dr. E. C. Pickler.
The Osteopathic Lesion (stereopticon lecture), Dr. C. P. McConnell.
The attendance was good, both from the Twin Cities and the country.
Dr. McConnell's lecture in the evening was given in a church in the best residential portion of the city, and the public invited. About seven hundred responded to the invitation, and while necessarily Dr. McConnell's address was somewhat technical, it was well received and understood by the laity.

New officers were elected as follows:

President, F. D. Parker, St. Paul; First Vice-President, F. E. Jorris, Minneapolis; Second Vice-President, Catherine Becker, Faribault; Third Vice-President, Arthur Taylor, Northfield; Secretary, Anna M. Mahony, Minneapolis; Treasurer, A. G. Willits, Minneapolis; Librarian, K. Janie Manuel, Minneapolis; Legal Advisor, C. W. Young, St. Paul; Trustees, E. C. Pickler, Minneapolis; C. A. Upton, St. Paul; L. M. Rheim, Minneapolis; H. H. Moellering, St. Paul; H. C. Camp, St. Paul.

The South Dakota Osteopathic Association met at Mitchell on September 27; too late for a report of its proceedings for this number of the JOURNAL.

Meeting of Nebraska Osteopathic Association.

The Nebraska Osteopathic Association held an enthusiastic meeting at Lincoln on September 8. There were thirty-three osteopaths in attendance. President C. B. Atzen was in the chair. In his address he gave many and strong reasons why members of the Nebraska Osteopathic Association should be allied with the National organization.

Among the matters of business transacted may be mentioned the following: Steps were taken to incorporate the N. O. A. It was decided to send osteopathic literature to all members of the Nebraska Legislature in the future. Members were urged to use their influence to aid in securing the passage of the bill providing for a board of osteopathic examiners for the District of Columbia, which bill is now before Congress. A Legislative Committee, consisting of C. B. Atzen, chairman; W. L. Davis, C. W. Little, C. W. Farwell and B. H. Cabbage, was appointed to work in conjunction with the Committee on Legislation of the A. O. A. Thus Nebraska is the first State to comply with the request of the A. O. A. in this matter as expressed at Put-in-Bay. Beatrice was selected as the place for the next meeting.

The following officers were elected for the ensuing year:

President, C. W. Farwell, Omaha; Vice-President, Wm. H. Cobble, Fremont; Secretary, Emma Hoye, University Place; Treasurer, W. L. Davis, Lincoln.

The following program was carried out:

Symposium on "Treatment"—lesions of cervical region, W. L. Davis, Lincoln; lesions of dorsal and lumbar region, B. H. Cabbage, Beatrice; rib lesions, C. W. Little, Lincoln; pelvic lesions, various members.

Paper, "Gynecology," Martha Hamilton, Minden.

Practical Talks—"When Is a Surgical Operation Advisable?" Grace Weeks, Lincoln; Josephine Printy, Pawnee City; O. R. Meredith, Norfolk; Clara Hardy, Beatrice; J. M. Moss, Ashland.

Symposium, "Osteopathic Diagnosis—Lessons Learned From Experience," Wm. H. Cobble, Fremont; F. M. Miliken, Grand Island; H. M. Ireland, McCook; Emma Hoye, University Place.

Paper, "A Friendly Criticism," C. W. Farwell, Omaha.

Death of Dr. Jeanette S. Wilson.

From the following, which was clipped from the *Duluth* (Minn.) *Herald* for September 3, 1906, we learn that since our last annual gathering death has invaded the ranks of our membership:

"Mrs. Jeanette S. Wilson, wife of Dr. Charles M. Wilson, of 414 West Fourth street, died yesterday noon, after a protracted illness. The funeral services will be held from the family residence at 3:30 o'clock this afternoon, after which the remains are to be shipped to Athens, Ohio, for burial.

"Mrs. Wilson was 51 years old at the time of her death. She was born in Athens, Ohio, where her parents are pioneer residents. Dr. and Mrs. Wilson came to Duluth about six years ago and have both been engaged in the practice of osteopathy. Mrs. Wilson was an active member of the First Presbyterian Church. She had a wide circle of friends and acquaintances who learn with sorrow her demise."

The Greater New York Osteopathic Society.

The Greater New York Osteopathic Society held its first meeting of the year at the Fifth Avenue Hotel, September 15, 1906.

The meeting was well attended and was rife with enthusiasm for the coming year.

Five new members were enrolled, making the present membership 105.

The president's address gave a brief review of the Society up to the present time.

Dr. Geo. J. Helmer gave a very practical and interesting talk and demonstration on the abnormal conditions of the upper dorsal region and how to correct them.

EVELYN K. UNDERWOOD, Secretary.

Idaho Osteopaths to Meet.

The Idaho State Osteopathic Association will hold its next annual meeting in Boise, October 17 and 18.

Papers on the following subjects will be presented: "Uterus," "Stomach" and "Appendix." Discussion will follow each paper. Clinics will also be presented.

One of the most important matters to come before the Association will be the preparation of a bill regulating the practice of osteopathy, to be introduced in the next Legislature. Idaho has now about twenty-seven D.O.'s, and most of them are expected to attend this meeting.

J. H. BODLE, Secretary.

Donald Edward, the infant son of Dr. and Mrs. C. Steele Betts, Huron, S. Dak., died of marasmus on September 2, at the age of seven months.

The Ontario Osteopathic Association.

The annual meeting of the above association was held in Toronto at the office of Dr. Pigott on September 3. A good attendance, instructive program and interesting social time made this the best meeting held, as also it was the largest. Clinics were presented by Drs. Henderson, Bach, Pigott and Millard. Dr. Cook read a paper on the atlas, and Dr. Heist on typhoid fever. Let the A. O. A. meet in Toronto in 1909 and look for a good time on British soil.

E. D. HEIST, Secretary.

At the Put-in-Bay meeting on Wednesday evening the Association voted to take up on the following morning the selection of meeting place for next year, also the election of officers. The first part of the program for Thursday morning was to have been devoted to the subject of "Paediatrics." It happened that none of those whose names appeared on the program to discuss this important subject were present. For this reason Dr. C. H. Hoffman, of Kirksville, was called upon to discuss infant feeding, while the nominating committee was out. This, together with some matters of business and the election of officers, consumed the time of the morning session. A considerable portion of the afternoon was taken up in selecting a meeting place for 1907. Dr. E. C. Pickler, who had a paper on "Hemorrhages" (lungs and uterus), left for home at 4 o'clock on Thursday, and it is a matter of regret that, as a result of the change of program, his paper was not read. It is still further a cause for regret that on his way home the paper was lost. We make this statement in justice to Dr. Pickler, who has never shirked a duty imposed by the Association, and also to emphasize the importance of adhering strictly to the program as arranged.

The New York Osteopathic Society will meet at the Ten Eyck, Albany, on October 31. It will be, largely, a business meeting, as matters of great importance will be considered. It is expected that the medical men in New York will undertake this winter to legislate osteopaths out of practice. This, of course, will bring on a battle fiercer and more determined than any that has preceded it in the annals of the Empire State. It is hoped that every member will be present in order that thorough preparation may be made for the coming fight.

In addition to the business part of the program two papers will be read, one on "Epilepsy" by Dr. W. L. Buster, Mt. Vernon; Dr. Carl P. McConnell, of Chicago, will have a paper on "Osteopathic Research." Considerable time will be given for discussion of the latter paper.

The following invitations have been issued by the Minnesota Osteopathic Association: "The Minnesota Osteopathic Association invite yourself and friends to a complimentary lecture by Dr. Carl P. McConnell, of Chicago, on the subject 'The Osteopathic Lesion,' on the evening of September 21st, 1906, at Park Congregational Church, corner of Holly avenue and Mackubin street. In this lecture Dr. McConnell presents, with the aid of stereopticon views, the theory of osteopathy. The experiments conducted by Dr. McConnell and illustrated by the views conclusively prove the osteopathic theory of disease in a manner easily comprehended by the layman."

This seems to us an ethical and effective way of educating the laity along osteopathic lines.

We have just received a copy of "A Manual of Osteopathic Gynecology" (second edition, revised and illustrated), by Percy H. Woodall, M.D., D.O. This book is just from the press and is for sale by the author. In the next number of the JOURNAL we will have more to say concerning this excellent text.

The annual meeting of the Michigan Osteopathic Association will be held at Battle Creek on October 6.

PERSONALS.

Born, to Dr. and Mrs. E. H. Cosner, Upper Sandusky, Ohio, on August 7, a daughter.

We are pleased to learn that Dr. K. Virginia Hogsett, of Butte, Mont., who has been seriously ill all summer, is much improved in health, and a favorable prognosis is now made.

Members of the profession will be glad to learn that Dr. C. A. Upton is much improved in health. He has resumed the duties of assistant secretary of the A. O. A. with his old-time vigor.

Dr. Bessie A. Duffield, of Nashville, Tenn., has missed but one meeting of the A. O. A. At the time the Indianapolis meeting was held, in 1899, she was working for the Southern School of Osteopathy, and did not like to ask for leave of absence.

The *Lock Haven* (Pa.) *Express* for September 6 contains an account of the marriage of Dr. L. Guy Baugher and Miss Mabelle Virginia Thomas, which occurred at the home of the bride's parents in Lock Haven on September 5. Dr. and Mrs. Baugher will continue to reside in the above city.

Dr. Louise A. Griffin, whose name appeared on the program of the Put-in-Bay meeting, was kept away from her office by a case during the summer much longer than she expected, and on account of this notified the program committee that she could not attend the meeting. Her name was retained on the program by oversight, and as a matter of course she is subject to no criticism for failure to respond.

REMOVALS.

Edward D. Burleigh, 706, to 800 Perry Bldg., 1530 Chestnut street, Philadelphia, Pa.
 James E. Burt, now located at The Forres, Broadway and 81st street, New York, N. Y.
 Alice B. Chaffee, 1200 W. 9th street, to 723 W. 3rd street, The Rangeley, Suite 6, Los Angeles, Calif.
 J. M. Coffman, Central City, to 219 E. 4th street, Owensboro, Ky.
 Louise P. Crow, 507 Wells Bldg., to 304 Matthews Bldg., Milwaukee, Wis.
 E. J. Elton, 507 Wells Bldg., to 304 Matthews Bldg., Milwaukee, Wis.
 Joseph Ferguson, 44 Court street, to 118 Quincy street, Brooklyn, N. Y.
 R. L. Ferrand, 501 New York street, Los Angeles, Calif.
 Ambrose B. Floyd, The Markeen, to 317 Norwood avenue, Buffalo, N. Y.
 W. A. Gaylord, Kenton, to 5½ W. Broad street, Columbus, Ohio.
 R. A. Glezen, 111 Pratt Block, to 405 Browne Block, Kalamazoo, Mich.
 Chas. W. Hills, Masonic Temple, to 356 Central avenue, Dover, N. H.
 Clara Macfarlane, Pasadena, Calif., to 777 Johnson street, Portland, Ore.
 J. S. B. Marshall and Elizabeth J. B. Marshall, 433 E. 4th street, to 312 E. 3rd street, Jamestown, N. Y.
 Ada E. Morrell, 8 Swan Bldg., to 68-69-70 Glidden Bldg., Lowell, Mass.
 Martha Petree, Oregon, Mo., to Agricultural Bank Bldg., Paris, Ky.
 Julia May Sarratt, Steubenville, Ohio, to 93-96 Provident Bldg., Waco, Texas.
 Millicent Smith, King City, Mo., to 1131 24th street, Des Moines, Iowa.
 Geo. R. Starr, Paterson, N. J., to 426 W. 44th street, New York, N. Y.
 Mary E. Taber, Chicago, Ill., to Lebanon, Mo.
 C. F. Winbigler, 1405 W street, to The Alabama, 11th and N streets, Washington, D. C.
 Effie E. York, 1368 to 1481 Geary street, San Francisco, Calif.

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.

Hugh Thomas Ashlock, Morristown, Tenn.
 Carrie M. Bouks, Fairfield, Conn.
 Charles Tyson Bryan, 1524 Chestnut street, Philadelphia, Pa.
 F. G. Curtis, 111 S. 10th street, Mt. Vernon, Ill.
 Margaret T. Finneran, 164 Huntington avenue, Boston, Mass.
 Mary M. Fletcher, Central Exchange Bldg., Worcester, Mass.
 Frederick W. Gottschalk, 18 Bowker street, Brookline, Mass.
 W. M. Hatfield, Creighton Bldg., Moscow, Idaho.
 Lizzie Heberer, Monmouth, Ill.
 Cora L. Hillabrant, 652 Park Place, Elmira, N. Y.
 H. C. Swift, West Parker avenue, Henry, Ill.
 Arthur Taylor, Bank Bldg., Northfield, Minn.

The following were duly elected to membership in the A. O. A. at the Put-in-Bay meeting. These applications were the first acted upon after the Trustees met, and the blanks upon which they were written became separated in the secretary's portfolio from the other applications acted upon during that meeting, and were in that way overlooked by him when the list was furnished for publication in the September number:

C. E. Abegglen, Allen House, Pomeroy, Wash.
 Emma O. DeVries, The Farragut, 17th and "I" streets, Washington, D. C.
 Celia Janette Newman, 442 Arcade Building, Seattle, Wash.
 Carrie Parsons Parenteau, 6540 Yale avenue, Chicago, Ill.

DIRECTORY OF MEMBERS

In good standing in the American Osteopathic Association, October, 1906.

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

A.—American School, Kirksville, Mo.
Ac.—American College of Osteopathic Medicine and Surgery, Chicago, Ill.
At.—Atlantic School of Osteopathy, Buffalo, N. Y.
Bn.—Boston Institute, Boston, Mass.
C.—Colorado College of Osteopathy, Denver, Colo.

Cc.—California College of Osteopathy, San Francisco, Cal.
M.—Milwaukee College, Milwaukee, Wis.
Mc.—Massachusetts College of Osteopathy, Boston, Mass.
N.—Northern College, Minneapolis, Minn.
Nw.—Northwestern College, Fargo, N. D.
P.—Pacific School, Los Angeles, Cal.
Ph.—Philadelphia College, Philadelphia, Pa.
S.C.—The Dr. S. S. Still College, Des Moines, Iowa.
S.S.—Southern School, Franklin, Ky.

ALPHABETICAL LIST.

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C.

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 CONNER, SALLIE M., (A.) Chalfour Block, Bellefontaine, O.
 CONNER, W. J., (A.) 204 New York Life Bldg., Kansas City, Mo.
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 COON, MARY E., (A.) Clarkston, Wash.
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 DOWNER, L. A., (A.) 301 Miller Bldg., Chattanooga, Tenn.
 DOWNING, EDWIN M., (Ph.) Rupp Bldg., York, Pa.
- DOWNING, J. T., (At.) 305 B. of T. Bldg., Scranton, Pa.
 DOWNS, HENRY A., (A.) Lay Block, Oil City, Pa.
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 EVANS, NELLIE M., (A.) 604 Hamilton Bldg., Akron, O.
 EVANS, R. P., (At.) 77 Carroll St., Binghamton, N. Y.
 EVERS, E. D., (At.) Hamilton Bldg., Hackensack, N. J.
- F.
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 FAGER, EMMA C., (A.) Havana, Ill.

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- FARMER, G. C., (A.) Oskaloosa, Ia.
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- FISHER, ALBERT, JR., (A.) 112 E. Jefferson St., Syracuse, N. Y.
- FISHER, LAMONT H., (A.) 505 Ninth St., Brooklyn, N. Y.
- FISHER, NELLIE M., (A.) 622 Dollar Savings Bank Bldg., Youngstown, O.
- FISKE, FRANKLIN, (A.) 6 Corning Block, Portage, Wis.
- FITZGERALD, FRANK, (A.) 1914 Johnson Ave., Parsons, Kas.
- FITZWATER, WM. D., (S.C.) 178 Prospect Park West, Brooklyn, N. Y.
- FLANAGAN, LOUISA C., (A.) 146 Westminster St., Providence, R. I.
- FLECK, C. E., (Bn.) 462 Main St., Orange, N. J.
- FLETCHER, CLARKE F., (A.) 143 W. 69th St., New York, N. Y.
- FLOYD, AMBROSE B., (A.) 317 Norwood Ave., Buffalo, N. Y.
- FLOYD, T. J., (S.C.) Century Bldg., Winfield, Kas.
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- FOGARTY, JULIA A., (A.) 312 E. Market St., Michigan City, Ind.
- FORBES, H. W., (S.C.) 635 W. Lake St., Los Angeles, Calif.
- FORD, CHAS. F., (P.) 1239 O'Farrell St., San Francisco, Calif.
- FOREE, LYNN R., (P.) Vacaville, Calif.
- FORREST, GERTRUDE, (A.) Albia, Ia.
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- FOSTER, J. C., (A.) 9 Stein Bldg., Butler, Pa.
- FOSTER, JULIA E., (At.) Stein Bldg., Butler, Pa.
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- FRAME, IRA SPENCER, (Ph.) 1118 Pennsylvania Ave., Philadelphia, Pa.
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- FRENCH, AMOS G., (A.) 135 E. Onondaga St., Syracuse, N. Y.
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- FRINK, ELIZBETH, (S.C.) 92 Fourth St., Troy, N. Y.
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- FURNISH, W. M., (A.) 517 Fifth St., Tipton, Ia.
- FURRY, FRANK I., (C.) Cheyenne, Wyo.
- G.
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- GAGE, ORA L., (N.) Oshkosh, Wis.
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- GARRING, CHAS. K., (A.) Durant, Ind. Ter.
- GATES, GERTRUDE LORD, (N.) 406 Macleay Bldg., Portland, Ore.
- GATES, MARY A., (A.) Leon, Ia.
- GATES, O. B., (A.) 299 Crapo Block, Bay City, Mich.
- GAULT, SOPHIA L., (S.C.) 501 Mason Bldg., Los Angeles, Calif.
- GAYLORD, J. S., (A.) Muscotah, Kas.
- GAYLORD, W. A., (S.C.) 5½ W. Broad St., Columbus, O.
- GERRISH, CLARA THOMAS, (N.) 17 Syndicate Bldg., Minneapolis, Minn.
- GIDDINGS, HELEN MARSHALL, (A.) 810 New England Bldg., Cleveland, O.
- GIDDINGS, MARY, (A.) 810 New England Bldg., Cleveland, O.
- GIFFORD, H. M., (A.) Louisiana, Mo.
- GILBERT, J. T., (S.S.) Brook Hill Bldg., Paducah, Ky.
- GILDERSLEEVE, J. ELLEN, (A.) Provident Bldg., Waco, Texas.
- GILMAN, CARRIE A., (A.) 308 Boston Bldg., Honolulu, H. I.
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- GRAHAM, R. F., (A.) Batavia, N. Y.
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- GRAVETT, W. A., (A.) Troy, O.
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 WENGER, JOSEPH, (A.) 19 E. Vine St., Mt. Vernon, O.
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 WERKHEISER, AMOS E., (A.) 17 Ryland Bldg., San Jose, Calif.
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 WEST, WM., (A.) 51 East 25th St., New York, N. Y.
 WESTENDORF, KATHARINE, (C.) 516 Kiltredge Bldg., Denver, Colo.
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Y.

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 Rowse, Amy J. C., (P.) 231 Pine Ave.
 Thorsen, Marie, (A.) 312 Bixby Bldg.
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 Burton, Geo. F., (A.) Frost Bldg.
 Burton, J. C., (A.) 508 Frost Bldg.
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 Clark, Frank C., (P.) 203 Mason Bldg.
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Tasker, Cora Newell, (P.) 417 Grant Bldg.
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Hale, Mary E., (A.)

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Otey, J. J., (A.) Hurd & Easton Bldg.

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Mudden, Agnes G., (Cc.) 1364 Franklin St.

McDaniel, A. C., (A.) 521 12th St.

Stelle, Robert D., (A.) Union Savings Bank Bldg.

Stuart, Mary V., (Cc.) 1364 Franklin St.

Thompson, Clyde L., (S.C.) 1065 Washington St.

Wakefield, Etta, (A.) Union Savings Bank Bldg.

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Crain, Coral, (S. S.) 45 S. Marengo St.

Deming, Lee C., (A.) 99 N. Euclid Ave.

Dowlin, W. R. (S.C.) 40 E. Colorado St.

King, Lillian B., (Ac.) 477 Herkimer St.

Patterson, James R., (S.C.) Slavin Block.

White, J. Strothard, (P.) 315 Slavin Bldg.

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Rundall, Napoleon B., (S.C.) Schluckebler-Gwinn Bldg.

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Skyberg, Helga, (A.) 10th and Main Sts.

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Miles, Henry F., (P.) 22 Stoll Bldg.

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Goodale, Robert H., (P.)

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Cooper, Helen Victoria, (Cc.) 1259 O'Farrell St.

Cooper, Sarshel De Pew, (Cc.) 1259 O'Farrell St.

Dessau, Henry F., (Cc.) 1835 A. Eddy St.

Donahue, J. E., (A.) 2238 Vallejo St.

Ford, Chas. F., (P.) 1239 O'Farrell St.

Hale, Chas. K., (Cc.) 1701 Turk St.

Hardin-Masop, J., (Cc.) 54 Webster St.

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Hellbron, Louise C., (Cc.) 826 Sutter St.

Hibbard, Carrie Snead, (Cc.) 626 Clayton St.

Ivie, Wm. H., (A.) 3658 Sacramento St.

Lawrence, J. Lovell, (Cc.) 1965 Geary St.

Meyer, Richard L., (Cc.) 1882 Geary St.

Miller, Chas. N., (Cc.) 129 Haight St.

Moore, Audrey C., (A.) 2018 Broderick St.

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Spencer, Elizabeth A., (S.C.) 887 Fulton St.

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Wright, Anna A., (P.) Theatre Bldg.

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Pass, John T., (C.) 1157 Broadway.

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Burton, Hasseltine A., (C.) 667 S. Tremont St.

Crumb, Jno. L., (A.) 31 Masonic Temple.

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Hilton, Bertha, (C.) 46 W. First Ave.

Perrin, Geo. W., (A.) 33 Steele Block.

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 Bates, W. Frank, (S.C.) 110 W. Olive St.
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 Patterson, Arthur, (A.) The Marlon.

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 Howze, Eva B., (A.) 601 National Bank Bldg.
 McCoy, Thomas S., (A.) 601 National Bank Bldg.
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 Bunting, H. S., (A.) 171 Waashington St.
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 Darrow, Mrs. Anna A., (A.) 1173 N. Clark St.
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 Farmer, Frank C., (A.) 57 Washington St.
 Fryette, Harrison H., (Ac.) 1307 Auditorium Bldg.
 Gage, Fred W., (A.) 901 Champlain Bldg.
 Gnadinger, Emma K., (Ac.)
 Goodspeed, Almeda J., (A.) 901 Champlain Bldg.
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 Kretschmar, H., (A.) Trude Bldg.
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 Linnell, J. Arthur, (A.) M. E. Book Bldg.
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 Littlejohn, Mrs. J. B., (Ac.) 76th St. and Saginaw Ave.
 Littlejohn, J. Martin, (A.) 928 Adams St.
 Logan, Chas. L., (Ac.) 45 Auditorium Bldg.
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 Lychehelm, Morris, (Ac.) 507 Burton Bldg., 39 State St.
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 Mitchell, C. Elizabeth, (A.) 400, 57 Washington St.
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 Schramm, Margaret E., (A.) 453 W. 63d St.
 Shove, Florence I., (A.) 126 State St.
 Smith, Grace Leone, (A.) 400, 57 Washington St.
 Smith, Mrs. Furman J., (S.C.) 545 W. 62d St.
 Sullivan, J. H., (A.) 5th Floor, Trude Bldg.
 Switzer, C. R., (A.) 57 Washington St.
 Van Horne, Helen, (A.) 908, 57 Washington St.
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 Young, Alfred Wheelock, (A.) 42 Auditorium Bldg.

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Browne, E. M., (A.) Countryman Bldg.
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Goss, Anna E., (Ac.)
- Elgin.**
McCall, T. Simpson, (A.) 32 The Spurling.
Todson, Clara L., (Bn.) 23 The Spurling.
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- Marshall.**
Baker, Chas. F., (A.)
- Mason City.**
Owens, A. N., (A.)
- Moline.**
Hays, Lola L., (A.) 1525½ 5th Ave.
- Moscow.**
Hyde, Leslie, (A.)
- Ottawa.**
Moriarity, J. J., (A.) Moloney Bldg.
Noyes, Mary E., (A.) 403 Moloney Bldg.
- Paris.**
Clinton, Mary W., (A.)
Lewis, Loretta L., (A.) 209 W. Court St.
- Peoria.**
Boyer, G. R., (A.) 8 McDougall Bldg.
Magill, Edward G., (A.) 228 Woolner Bldg.
Wendell, Canada, (A.) 228 Woolner Bldg.
- Perry.**
Whittaker, Esther, (A.)
- Petersburg.**
Scott, Travers M., (A.)
- Quincy.**
Walker, J. F., (A.) 1201 Main St.
- Riggsville.**
McKimson, Elvira, (S. C.)
Rezner, Lurena, (S.C.)
- Rockford.**
Proctor, A. C., (A.) 401 Ashton Bldg.
Roble, Ella L., (S.C.) 230 N. Church St.
- Rock Island.**
Bergland, V. A., (A.) Ill. Theater Bldg.
- Springfield.**
Carter, Mrs. Georgia, (A.) 413 E. Capital Ave.
Carter, Walter C., (A.) 413 E. Capital Ave.
Mantle, Pauline R., (A.) 405 Pierck Bldg.
Macey, C. N., (A.) 409 E. Capital Ave.
- Tuscola.**
Overton, J. A., (A.)
- Washburn.**
West, Bertha M., (A.)
- Waukegan.**
Herrick, W. Edwin, (A.)
- Waukegan.**
Bischoff, Fred, (A.)
- INDIANA.**
- Attica.**
Parmalee, Cora G., (C.)
- Auburn.**
Oswalt, Adam M., (A.) 116 N. Main St.
- Bedford.**
Schrock, Lorena M., (A.) 1540 "I" St.
- Bloomington.**
Holland, J. Edwin P., (A.) 312 N. Walnut St.
- Bluffton.**
Blackman, W. Whitbur, (S.C.) 108 W. Wash-
ington St.
- Connersville.**
Baughman, J. H., (A.) 512 Central Ave.
McKone, Ida M., (A.) D. F. Roots Bldg.
- Elkhart.**
Crow, E. C., (A.) Spohn Bldg.
- Evansville.**
Linhart, Curtis C., (A.) 416 N. First St.
- Fort Wayne.**
Johnston, W. H., (A.) 26 Bass Block.
Moore, Eleanor, (A.) 202 Elektron Bldg.
- Frankfort.**
McNicol, Miss D. Ella, (A.)
- Goshen.**
Jackson, Mary Elizabeth, 112 S. 5th St.
- Greenfield.**
Reagan, Thomas Edgar, (A.) The Arcade.
- Indianapolis.**
Malby, John W., (A.) 521 E. 24th St.
Smith, Orren E., (A.) 516 Traction Terminal
Bldg.
Spaunhurst, J. F., (A.) 529 State Life Bldg.
Tull, Geo., (A.) 45 When Bldg.
Williams, Kate, (S.C.) 419 State Life Bldg.
- Kendallville.**
Houghton, Alice Elosia, (A.) 230 Diamond St.
- Kokomo.**
Smith, Frank H., (A.)
- Lafayette.**
Vyverberg, Kryn T., (A.) 1 Taylor Bldg.
- La Porte.**
Chapman, J. A., (S.C.) 905 Maple Ave.
- Marion.**
McConnell, W. A., (A.) Iroquois Bldg.
Wright, S. Ellis, (A.) 713 S. Washington St.
- Michigan City.**
Fogarty, Julia A., (A.) 312 E. Market St.
- Princeton.**
Springer, Victor L., (A.) 9 Wellborne block.
- Rensselaer.**
Robinson, S. C., (A.)
Turfer, F. A., (A.)
- Rushville.**
Kinsinger, J. B., (A.) 228 W. Fifth St.
- Terre Haute.**
Rhodes, Walter, (S.C.) Rose Dispensary Bldg.
Thomasson, Wm. S., (A.) Rose Dispensary
Bldg.
- INDIAN TERRITORY.**
- Ardmore.**
Shackleford, J. W., (A.)
- Durant.**
Garring, Charles K., (A.)
- IOWA.**
- Albia.**
Forrest, Gertrude, (A.)
- Ames.**
Stewart, Frances G., (S.C.)
- Anita.**
Larfabee, T. B., (S.C.) Anita Bank Bldg.
- Bedford.**
Roberts, Kathryn, (S.C.)
- Boone.**
Catlow, Jessie L., (A.) 623 Story St.
McAlpin, D. E., (A.)
- Brooklyn.**
Graham, Geo. W., (A.)
Mannatt, E. S., (A.)
- Burlington.**
Baughman, J. S., (A.) 523 Division St.
Walker, J. N., (S.C.) 214 Tama Bldg.
- Carson.**
Kline, Daniel M., (A.)
- Cedar Rapids.**
Beaven E. H., (A.) 314 Granby Block.
Burd, Walter C., (S.C.) 317 Masonic Temple.
Miller, Samuel B., (S.C.) 1060 3d Ave.
- Charlton.**
Wyland, Samuel I., (S.C.)
- Charles City.**
Wright, Mrs. Ruth M., (S.C.) Ellis Bldg.
- Cherokee.**
Hoard, B. O., (A.)
- Clinton.**
Olmsted, S. Louisa, (S.C.) 220 Fifth Ave.

Creston.

Kunyon, S. H., (A.) 211 W. Montgomery St.

Wagoner, Lillie E., (A.) Maple St.

Davenport.

Sharon, Thos. L., (A.) 126 Main St.

Des Moines.

Bond, Ernest C., (S.C.)

Dowling, R. W., (S.S.) 1418 W. Locust St.

Flke, Emily M., (S.C.) 7 Florentine Bldg.

Haight, Nettie Olds, (A.) Still College.

Johnson, Chas. W., (S.C.) Still College.

Ruddy, T. J., (S.C.)

Smith, Millicent, (S.C.) 1131 24th St.

Still, Ella D., (A.) 1716 9th St.

Still, S. S., (A.)

Thompson, C. E., (S.C.) 1071 22d St.

Ward, G. B., (S.C.) 522 Good Block.

Dubuque.

Cole, W. A., (A.)

Earham.

Shike, J. R., (S.C.)

Eldora.

Emeny, Harry W., (A.)

Fairfield.

Maddux, Walter S., (S.C.) Jefferson Co. Bank Bldg.

Grinnell.

Hibbets, U. M., (A.) 721 Broad St.

Kerr, Janet M., (S.C.) 721 Broad St.

Indianola.

Owen, Jas. E., (A.)

Leon.

Gates, Mary A., (A.)

Marshfield.

Bullard, John R., (A.) 28 E. Main St.

Burkhart, Exie L., (S.C.) 308 W. Main St.

Montezuma.

Trimble, Guy C., (A.)

Mount Pleasant.

Keith, Mary C., (S.C.) 209 N. Main St.

Muscataine.

Leflingwell, Mrs. N. M. E., (S.C.) 514 Walnut St.

Oelwein.

Elder, Frances M., (A.) 111 N. Frederick St.

Olds.

Smith, H. H., (A.)

Orange City.

Bolks, Mathel G., (S.C.)

Onkaloosa.

Farmer, G. C., (A.)

Ottumwa.

Byrne, Jos. F., (A.) Ottumwa Telephone Bldg.

Thompson, Elizabeth M., (A.) 227 N. Court st.

Red Oak.

Thompson, L. O., (N.)

Shenandoah.

Burton, B. O., (A.) 506 8th Ave.

Sidney.

Chappell, George G., (A.)

Sioux City.

Cluett, F. G., (A.) 309 Security Bldg.

Gilmour, G. H., (A.)

Storm Lake.

Parrish, U. S., (S.C.)

Tipton.

Furnish, W. M., (A.) 517 Fifth St.

Vinton.

Hitchcock, C. C., (S.C.) Parsons Bldg.

Washington.

Harper, Chas. S., (S.C.)

What Cheer.

Barker, F. M., (A.)

Winteret.

Weir, T. P., (S.C.)

KANSAS.**Abilene.**

Shearer, John W., (A.)

Clay Center.

Benneson, H. K., (A.) 434½ Lincoln Ave.

Eudora.

Carr, S. V., (S.C.)

Hartshorn.

Foutz, Cordella, (A.)

Hutchinson.

Hook, M., (A.) 123 N. Main St.

Iola.

Wolf, Truman, (A.)

Muscotah.

Gaylord, J. S., (A.)

Norton.

Cooper, R. M., (A.)

Paola.

McClanahan, J. L., (A.)

Parsons.

Doane, Adele, (A.) 1405 Johnson Ave.

Fitzgerald, Frank, (A.) 1914 Johnson Ave.

Salina.

Bower, J. H., (A.)

Topeka.

Hulett, C. E., (A.) 308 West 6th Ave.

Winfield.

Floyd, T. J., (S.C.) Century Bldg.

Strother, J. O., (A.) First National Bank Bldg.

KENTUCKY.**Bowling Green.**

Posey, T. W., (S.S.)

Smith, Mary J., (S.S.) 1240 Park St.

South, J. F., (S.S.)

Carlisle.

Lee, Harry T., (A.) Farmers Bank Bldg.

Franklin.

Adatt, Ben S., (S.S.)

Adatt, Marie Neeley, (A.)

Brevard, May, (S.S.)

Morris, Robert B., (S.S.)

Henderson.

Boaz, H. C., (S.S.) O. V. Bank and Trust Co. Bldg.

Lexington.

Buckmaster, R. M., (A.) 343 S. Upper St.

Louisville.

Coke, Richard H., (A.) 1203 Second St.

Collier, John R., (S.S.) 9 Courier Journal Bldg.

Collyer, Frank A., (S.S.) 635 Second St.

Dinsmoor, S., (A.) Weissinger-Gaulbert Apartments.

Heaton, Mattie T., (S.S.) 2408 Frankfort Ave.

Neison, H. E., (A.) 1203 Second St.

Pearson, M. E., (A.) 4th and Breckenridge Sts.

Owensboro.

Coffman, J. M., (A.) 219 E. Fourth St.

Coffman, Kent W., (A.) 219 E. Fourth St.

Harris, Edwin L., (A.)

Paducah.

Gilbert, J. T., (S.S.) Brook Hill Bldg.

Paris.

Petree, Martha, (A.) Agricultural Bank Bldg.

Shelbyville.

Carter, H. H., (A.)

LOUISIANA.**New Orleans.**

Mayronne, Mme. Delphine, (A.) 406 Wells-

Fargo Bldg.

Shreveport.

McCracken, Earl, (S.C.), 301 First National Bank Bldg.

MAINE.**Augusta.**

Wentworth, Lillian P., (S.C.) 269½ Water St.

Bangor.

Howe, Alice E., (Ac.) 156 Main St.

Portland.

Coburn, D. Wendell, (Bn.) 760 Congress St.

Covey, Florence A., (A.) The Somerset, 633 Congress St.

Howe, Viola D., (Ac.) 633 Congress St.

Rosebrook, Sophronia T., (A.) The Somerset, 633 Congress St.

Tuttle, Geo. H., (A.) 743 Congress St.

MARYLAND.**Baltimore.**

Boyles, J. A., (A.) Fidelity Bldg.

Kirkpatrick, Aloha M., (N.) 319 W. Charles St.

McMains, Harrison, (A.) 315 Dolphin St.

Frederick.

Schmid, Edward L., (A.) E. Patrick St.

MASSACHUSETTS.**Boston.**

Achorn, Ada A., (N.) 178 Huntington Ave.

Achorn, C. E., (N.) 178 Huntington Ave.

Achorn, Kendall L., (A.) 178 Huntington Ave.

Baumgras, Rena Saunders, (Mc.) 12 Cumber-

land St.

Bears, Ada M., (Mc.) 39 Huntington Ave.
 Bishop, J. C., 756 Boylston St., Suite 1.
 Brown, Dale E., The Windermere.
 Byrkit, Francis K., (Bn.) 803 Boylston St.
 Byrkit, Anna Waldron, (Bn.) 803 Boylston St.
 Carter, Bertha E., (Bn.) 739 Boylston St.
 Cave, Edith Stobo, (Bn.) 208 Huntington Ave.
 Cave, Francis A., (Bn.) 208 Huntington Ave.
 Child, Edith Frances, (Mc.) 227 Boylston St.
 Crawford, H. T., (Bn.) 176 Huntington Ave.
 Crawford, Neil Cutler, (Mc.) 176 Huntington Ave.
 Clarke, Julia C., (Bn.) 178 Huntington Ave.
 Dawson, John Alex., (Bn.) 23 Wellington St.
 Dennette, F. A., (Bn.) 165 Huntington Ave.
 Dunsmoor, H. V., (Bn.) 176 Huntington Ave.
 Ellis, S. A., (N.) 144 Huntington Ave.
 Ellis, Irene Harwood (A.) 144 Huntington Ave.
 Ericson, Erica, (Bn.) 183 Huntington Ave.
 Lane, Arthur M., (Mc.) 266 W. Newton St.
 Leavitt, Frank C., (Bn.) 756 Boylston St.
 Lown, Anna B., (A.) 144 Huntington Ave.
 McWilliams, Alexander F., (A.) 356 Mass. Ave.
 Nott, Ellen Bird, (Mc.) 164 Huntington Ave.
 Olmsted, Harry J., (Bn.) 715 Colonial Bldg.
 Purdy, Frank Leroy, (Mc.) 12 Huntington Ave.
 Sherburne, F. W., (A.) 382 Commonwealth Ave.
 Small, Mary A., (Mc.) 305 Huntington Chambers.
 Smith, R. K., (Bn.) 755 Boylston St.
 Taplin, George C., (Bn.) 1069 Boylston St.
 Taplin, Grace B., (Mc.) 1069 Boylston St.
 Turner, L. C., (Mc.) 208 Huntington Ave.
 Vaughn, Frank M., (Mc.) 803 Boylston St.
 Watson, Carl L., (Mc.) 166 Huntington Ave.
 Wheeler, G. A., (A.) 418 Marlborough St.

Brockton.
 Daniels, Henry, (A.) 10 Times Bldg.

Brookline.
 Sheehan, Helen G., (Bn.) 133 Winchester St.

Cambridge.
 Conant, B. Rees, (A.) 39 Ellery St.
 Harris, W. E., (A.) 1010 Massachusetts Ave.

Lowell.
 Morrell, Ada E., (N.) 68 Hidden Bldg.

Lynn.
 Peck, Martin W., (S.C.) Cor. Lewis and Cherry Sts.
 Shrum, Mark, (A.)

Malden.
 Wheeler, J. D., (A.) 37 Earl St.

Medford.
 Durham, A. Duke, (S.S.) 86 High St.

Melrose.
 Wheeler, G. D., (A.) 120 N. Emerson St.

Newton.
 McLaughlin, S. C., (Mc.) 607 Washington St.

New Bedford.
 Walker, Mary Wheeler, (A.) 238 Union St.

Roxbury.
 Heard, Mary A., (Bn.) 248 Warren St.

Salem.
 Sartwell, J. Oliver, (Mc.) 300 Essex St.

Somerville.
 Bolan, Lincoln R., (Mc.) 63 Columbus Ave.

Springfield.
 Atty. Norman B., (N.) Court Sq. Theater Bldg.
 Hudson, Franklin, (A.) The Kenson.
 Mayes, M. T., (A.) 4 Republican Bldg.
 Robison, Alice A., (Bn.) 42 Dartmouth St.

Waltham.
 Roark, H. A., (S.S.) 2 Lawrence Bldg.

Wellesley Hills.
 Rodman, Warren A., (Mc.) Washington St.

Winchester.
 Kelley, Elizabeth Flint, (Bn.) 90 Church St.

Worcester.
 Gleason, Alson H., (S.C.) State Mutual Bldg. Bldg.
 Morse, Herbert F., (S.C.) Central Exchange Bldg.
 Reid, Geo. W., (A.) 1 Chatham St.
 Spaulding, Wm. R., (Bn.) 733 Main St.
 Streeter, Jessie Fulton, (Mc.) 514 Main St.
 Streeter, Wilfred A., (Mc.) 514 Main St.

MICHIGAN.

Albion.
 Arnold, G. E., (S.C.) P. O. Bldg.

Aipens.
 Bartlett, Laura F., (A.)

Ann Arbor.
 Mills, W. S. (A.) New State Savings Bank Bldg.

Battle Creek.
 Beebe, Alice I., (A.) 313 Ward Block.
 Conklin, Hugh W., (A.) 312 Ward Block.
 Hicks, Betsey B., (A.) 24 Van Buren St.

Bay City.
 Gates, O. B., (A.) 299 Crapo Block.

Benton Harbor.
 Rector, Emma, (A.) E. Main St.

Detroit.
 Apfin, Anna K., (A.) 213 Woodward Ave.
 Ashmore, Edythe F., (S.C.) 213 Woodward Ave.
 Bennett, Chas. A., (S.C.) 42 Valpey Bldg.
 Bernard, Herbert E., (A.) 232 Woodward Ave.
 Brokaw, Maud (S.C.) 413 Stevens Bldg.
 Dawson, Minnie, (A.) 415 Stevens Bldg.
 Greene, Emille L., (A.) 305 Ferguson Bldg.
 Herroder, T. L., (S.C.) 141 Forest Ave. West.
 McGavock, James E., (A.) 65 Washington Ave.
 Renshaw, Della, (A.) 56 Winder St.
 Sellards, Dorothy D., (S.C.) 769 Woodward Ave.
 Severy, Chas. L., (A.) 232 Woodward Ave.
 Trask, H. D., (S.C.) 767 Woodward Ave.

Flint.
 Cully, E. W., (A.)
 Harlan, Frederick J., (A.) 202 Dryden Bldg.
 Harris, Neville E., (A.) 206 Patterson Block.

Greeneville.
 Root, Claude B., (N.)

Jackson.
 Greene, Wilmer D., (A.) 506 Carter Bros. Bldg.
 Hicks, Anna Belle, (S.C.) Sun Bldg.

Kalamazoo.
 Glezen, R. A., (A.) 405 Browne Block.
 Peebles, R. B., (A.) 111 Pratt Block.
 Snow, G. H., (N.) 32 Chase Block.

Lansing.
 Williams, Frederick H., (Bn.) Allegan St. West.

Manistee.
 Jameson, R. E., (A.) Fowler Block.

Marquette.
 Shorey, J. L., (A.) 219 E. Arch St.

Menominee.
 Sieburg, C. G. E., (A.) Phillips Block.

Monroe.
 Jones, Burton J., (S.C.) 21 Front St.

Owosso.
 Glascock, A. D., (A.) 105 N. Washington St.

Pontiac.
 Charles, Elmer, (S.C.)

Port Huron.
 Reynolds, S. Blanche, (S.C.) 409 Bush Bldg.

South Huron.
 Classen, Wm. G., (S.C.)

Traverse City.
 Trueblood, J. O., (A.) 406 Wilhelm Bldg.

Ypsilanti.
 Garrett, J. C., (S.C.) 103 W. Congress St.

MINNESOTA.

Alexandria.
 McCabe, John A., (A.)

Duluth.
 Wilson, Jeannette S., (S.C.) Providence Bldg.

East Grand Forks.
 iland, Minnie, (P.)

Faribault.
 Heinemann, Sophia M., (A.) 222 Central Ave.

Marquette.
 Maltby, H. W., (S.C.) 303 S. Front St.

Minneapolis.
 Balley, Benj. F., (N.) 419 Medical Block.
 Gerrish, Clara Thomas, (N.) 17 Syndicate Bldg.
 Kenney, Dwight J., (N.) 47 Syndicate Bldg.
 Mahony, Anna M., (N.) 712 Masonic Temple.
 Manuel, K. Janie, (N.) 712 Masonic Temple.

Pickler, E. C., (A.) 510 Bank of Minneapolis Bldg.
 Rydell, John S., (S.C.) 335 Auditorium Bldg.
 Willits, A. G., (N.) 510 Bank of Minneapolis Bldg.
St. Paul.
 Borup, Georgia W., (N.) Chamber of Commerce Bldg.
 Bemis, J. B., (N.) New York Life Bldg.
 Huntington, G. L., (N.) 801 Ernst Bldg.
 Moellering, Bertha W., (N.) 47 E. 6th St.
 Moellering, Herman H., (N.) 47 E. 6th St.
 Parker, F. D., (A.) 909 N. Y. Life Bldg.
 Stern, G. M., (N.) 307 Baltimore Bldg.
 Upton, Chas. A., (N.) 909 N. Y. Life Bldg.
 Young, C. W., (N.) 801 Ernst Bldg.

MISSISSIPPI.

Biloxi.
 Bullas, Grace, (A.)
Columbus.
 Marshall, Alice, (S.S.)
Corinth.
 Skidmore, J. Walter, (A.)
Jackson.
 Price, R. L., (A.) 104 E. Capital St.
 Randel, Delia B., (S.C.) 528 N. State St.
Vicksburg.
 Oden, L. E., (A.)

MISSOURI.

Booneville.
 Spicer, F. D., (A.)
 Spicer, Nettie L., (A.)
Cainesville.
 Baker, H. M., (A.)
Carthage.
 Cornelius, Charles, (A.)
 Cornelius, Mrs. Charles, (A.)
Charlestown.
 Bridges, James P., (A.)
Chillicothe.
 Phelps, T. G., (A.) Gimby Bldg.
Elsherry.
 Sweet, Benj. V., (A.)
Excelsior Springs.
 Brownell, Frank W., (A.)
Fulton.
 Wenger, H. U., (A.) 814 Court St.
 Wood, R. B., (A.)
Hannibal.
 Cain, Phillip R., (A.)
Harrisonville.
 Craig, Dale H., (A.)
Jefferson City.
 Graves, Wm., (A.) 316 Madison St.
Kansas City.
 Cooper, Emma S., (S.C.) 309 Deardorff Bldg.
 Conner, W. J., (A.) 204 New York Life Bldg.
 Frederick, Harriet, (A.) 316 Shukert Bldg.
 Harwood, Mary E., (A.) 308 N. Y. Life Bldg.
 Hofsess, J. W., (A.) 527 Shukert Bldg.
 Lyne, Sanford T., (A.) 305 Bank of Commerce Bldg.
 McKenzie, A. L., (A.) 404 New Ridge Bldg.
 Purdom, Mrs. T. E., (A.) 1331 Troost Ave.
Kirkville.
 Clark, Marion E., (A.)
 Crowley, F. G., (A.)
 Dobson, W. D., (A.) 315 E. Jefferson St.
 Hamilton, R. E., (A.)
 Hamilton, Warren, (A.)
 Hoffman, Chas. H., (A.) N. Elson St.
 Laughlin, Geo. M., (A.)
 Link, Eugene C., (A.)
STILL, ANDREW TAYLOR, (Honorary.)
 Still, Chas. E., (A.)
 Still, Geo. A., (A.)
 Veazle, Ella B., (A.) 804 W. Pierce St.
 Walters, Mary A., (A.)
 Young, F. P., (A.)
Lebanon.
 Taber, Mary E., (A.)
Louisiana.
 Gifford, H. M., (A.)
Maryville.
 Craig, Arthur Still, (A.)
Mexico.
 Traugbber, Wm. F., (A.)
New London.
 Carter, Chas., (A.)
Richmond.
 Morrow, Alvaro D., (A.)

Springfield.
 King, T. M., (A.) National Ex. Bank Bldg.
 Noland, G. L., (A.) 212 Baker Block.
 Noland, Mrs. Lou T., (A.) 212 Baker Block.
St. Joseph.
 Holme, T. L., (A.) 43 Ballenger Block.
 Hurst, Anna Holme, (A.) 43 Ballenger Block.
 Pierce, Nellie M., (A.) Ballenger Block.
St. Louis.
 Balley, Homer Edward, (A.) 203 Odd Fellows Bldg.
 Buddecke, Bertha A., (A.) 3230 S. Ninth St.
 Chappell, Nannie J., (A.) 310 Mo. Trust Bldg.
 Conner, H. L., (A.) 1411 Mo. Trust Bldg.
 Crenshaw, John H., (A.) 401 Oriol Bldg.
 De France, Miss Josephine, (A.) 404 Commercial Bldg.
 Evans, Genevieve V., (A.) 816 Carleton Bldg.
 Goetz, H. F., (A.) Century Bldg.
 Hall, A. H., (N.) Finney and Grand.
 Hatten, J. O., (A.) 402 Mermod and Jaccard Bldg.
 Hildreth, A. G., (A.) 803 N. Garrison Ave.
 Hunt, Ella A., (A.) Equitable Bldg.
 Ingraham, Elizabeth M., (A.) 303 Century Bldg.
 King, A. B., (S.C.) 309 Mermod and Jaccard Bldg.
 Miller, Orion S., (A.) Frisco Bldg.
 Niehaus, Anna M., (S.C.) 309 Mermod and Jaccard Bldg.
 Schaub, Minnie, (A.) 601 Carleton Bldg.
 Wilson, Elizabeth V., (A.) 348 Century Bldg.
Tarkio.
 Holme, E. D., (A.)

MONTANA.

Anaconda.
 Allison, Adele, (A.)
Butte.
 Cramb, L. K., (A.) 421 Hennessy Bldg.
 Hogsett, K. Virginia, (S.C.) Pennsylvania Block.
Great Falls.
 Armond, Richard H., (A.) Vaughn Block.
Helena.
 Mahaffay, Chas. W., (A.) Pittsburg Bldg.
Lewiston.
 Noble, Arza J., (A.) P. O. Bldg.
Livingston.
 Hunter, Eva M., (A.) P. O. Bldg.
Missoula.
 Willard, Asa, (A) First Nat'l Bank Bldg.
Red Lodge.
 Rieger, Dalsy Deane, (A.) 400 Villiard Ave.

NEBRASKA.

Alliance.
 Frey, Miss Julia V., (A.)
Ashland.
 Moss, Joseph M., (A.)
Beatrice.
 Hardy, Clara, (A.) 609 Ella St.
Fairfield.
 Clay, Lizzie, (S.C.)
Fremont.
 Cobble, William Houston, (A.) Fremont Nat'l Bank Bldg.
Grand Island.
 Milliken, F. M., (A.) 221 E. 10th St.
Hastings.
 Struble, C. K., (S.C.) First Nat'l Bank Bldg.
Lexington.
 Tiberghien, Eugene, (A.)
Lincoln.
 Bowers, Catherine M., (A.) 141 S. 12th St.
 Davis, W. L., (S.C.) Funke Bldg.
Minden.
 Hamilton, Martha A., (S.S.)
Norfolk.
 Meredith, Ortiz R., (S.C.) Cotton Block.
Omaha.
 Atzen, C. B., (S.C.) N. Y. Life Bldg.
 Farwell, C. W., (S.C.) N. Y. Life Bldg.
Schuyler.
 Johnson, C. H., (S.C.)
University Place.
 Hove, Emma, (A.)
Wahoo.
 Gordon, Mary Elizabeth, (S.C.) Gross Block.

NEW HAMPSHIRE.

Claremont.
 McPherson, Geo. W., (Bn.)
Dover.
 Hills, Charles Whitman, (Ac.) 356 Central Ave.
Keene.
 Carleton, Margaret B., (A.) 6 P. O. Block.

NEW JERSEY.

Atlantic City.
 Butcher, O. L., (A.) Boardwalk and N. Y. Ave.
 Jones, Lalla Schaeffer, (A.) 517 Oriental Ave.
 McCall, F. H., (S.C.) Penn. Ave.
Camden.
 Lyke, Chas. H., (A.) 433 Haddon Ave.
Elizabeth.
 Bliss, Chas. W., (M.) 1148 E. Jersey St.
 Whitesell, Nettie J., (At.) Julian Place and Morris Ave.
Hackensack.
 Ayers, Elizabeth, (S.C.) 152 Main St.
 Evers, E. D., (At.) Hamilton Bldg.
 Whitney, Isabella T., (A.) 13 Passaic St.
Montclair.
 Smith, Forrest Preston, (A.) 35 Park St.
 Smith, Helen F., (A.) 35 Park St.
Newark.
 Colborn, R. M., (At.) 1007 S. Broad St.
 Davis, Mrs. Violetta S., (N.) 19 W. Park St.
 McElhanev, S. H., (N.) Scheuer Bldg.
 Mitchell, Warren B., (A.) 414 Clinton Ave.
 Munroe, Milbourne, (At.) 530 Orange St.
 Tate, E. W., (Ph.) 800 Broad St.
Orange.
 Fleck, C. E., (Bn.) 462 Main St.
 Granberry, D. W., (Bn.) 408 Main St.
 Leadbetter, Laura A., (At.) Metropolitan Bldg.
Pasaic.
 Starr, J. F., (A.) 110 Park Place.
Paterson.
 Banning, J. W., (A.) Citizens' Trust Bldg.
 Brownlee, Annie McC., (A.) 719 E. 25th St.
Red Bank.
 Wolfert, William Jules, (Ph.)
Ridgewood.
 O'Neill, A., (Ph.) 52 Overlook Ave.
Summit.
 Mawson, Gertrude B., (A.) 4 De Forest Ave.
Trenton.
 Murray, John H., (A.) 147 E. State St.
Vineland.
 Howell, J. C., (Ph.) Cor. East and Landis Aves.
Westfield.
 Corbin, J. Houser, (S.C.) 32 Summit Ave.
Wildwood.
 Pina, R. Annette, (Ph.) 140 E. Oak Ave.

NEW MEXICO.

Santa Fe.
 Wheeler, Chas. A., (N.) 103 Palace Ave.

NEW YORK.

Albany.
 Hart, May V., (A.) 140 State St.
 Hart, Sylvester W., (A.) 140 State St.
 Smiley, Wm. M., (A.) 218 State St.
 Were, Arthur E., (Mc.) 36 Clinton Ave.
Amsterdam.
 Van Deusen, Harriet L., (A.) 101 Division St.
Auburn.
 Chiles, Harry L., (A.) 118 Metcalf Bldg.
 Meaker, Stanleigh R., (A.) Auburn Savings Bank Bldg.
 Meaker, Lucius P., (A.) 206 Auburn Savings Bank Bldg.
 Noble, Frances A., (At.) 132 Genesee St.
Bath.
 Wenig, George, (A.) 17 E. William St.
Bedford.
 Graham, R. F., (A.)
Elghamton.
 Casey, Eugene M., (At.) 420 Security Mutual Bldg.
 Evans, R. P., (At.) 77 Carroll St.
 McGuire, Frank J., (A.) 3 Jay St.
 Snow, Ella K., (At.) 17 Main St.
Brockfort.
 Wallace, Ralph C., (S.C.) Lester Bldg.

Brooklyn.

Allabach, Mrs. L. D., (A.) 62 Hoyt St., Cor. State.
 Allen Margaret Hardman, (At.) 716 A. Union St.
 Bandel, C. F., (A.) Hancock St. and Nostrand Ave.
 De Tienne, Jno. A., (A.) 1198 Pacific St.
 Ferguson, Joseph, (S.C.) 118 Quincy St.
 Fisher, Lamont H., (A.) 505 9th St.
 Fitzwater, Wm. D., (S.C.) 178 Prospect Park West.
 Hadley, Anna, (A.) 119 Montague St.
 Henry, Percy R., (A.) 490 Clinton Ave.
 Hollister, M. Cebella, (A.) 929 Marcy Ave.
 HJardemaal, H. E., (N.) 520 Nostrand Ave.
 Martin, Harry B., (A.) 1710 Beverly Road.
 Martin, Joseph W., (A.) 59 Court St.
 Merkle, W. A., (A.) 487 Clinton Ave.
 Rhodes, Millie, (A.) 505 9th St.
 Strong, Leonard V., (At.) 143 Seventh Ave.
 Treshman, Frederic W., (At.) The La Martane, 301 La Fayette Ave.
 Whitcomb, C. H., (A.) 292 Clinton Ave.
 Whitcomb, Mrs. C. H., (A.) 392 Clinton Ave.
 White, Mary N., (Mc.) 1 McDonough St.
 Wood, Geo. H., (S.C.) 438 Madison St.
Buffalo.
 Barry, Joanna, (Bn.) 454 Porter Ave.
 Bissonette, Corene, (N.) 1169 Main St.
 Bissonette, Irene, (Nw.) 1169 Main St.
 Clark, A. B., (A.) 750 Ellicott Square.
 Crawford, W. A., (N.) 748 Ellicott Square.
 Dieckmann, Louisa, (A.) 415 Vermont St.
 Floyd, Ambrose B., (A.) 317 Norwood Ave.
 Harris, Harry M., (A.) 356 Ellicott Square.
 Kugel, Arthur C. L., (Bn.) 531 Mooney-Brisbane Bldg.
 Lincoln, Fred C., (A.) 750 Ellicott Square.
 Oelrich, Edward, (S.C.) 476 Main St.
 Proctor, Alice Heath, (A.) 397 Ellicott Square.
 Proctor, C. W., (A.) 397 Ellicott Square.
 Russell, Hugh L., (A.) 618 Richmond Ave.
 Steele, W. W., (A.) 356 Ellicott Square.
 Whittemore, A. C., (At.) 615 Elmwood Ave.
Canandaigua.
 Burlingham, James P., (S.C.)
Catskill.
 Hamilton, Ray A., (A.) 358 Main St.
Corning.
 Breed, Arthur M., (S.C.) 126 Pine St.
 Guthridge, Walter, (S.C.) 103 Pine St.
Dunkirk.
 Sigler, Chas. M., (A.) 609 Central Ave.
Flushing.
 Henry, Aurella S., (A.) 205 Sanford Ave.
 Merkle, George Harvey, (At.) 273 Sanford Ave.
Geneva.
 Wanless, Richard, (A.)
Glen Falls.
 Sweet, H. D., (S.C.) 267 Glen St.
Hamburg.
 Whittemore, F. G., (At.)
Herkimer.
 Leffler, Wm. H., (At.) New Earl Bldg.
Jamaica.
 Kew, Arthur, (A.) 309 Shelton Ave.
 Long, G. Percy, (A.) 309 Shelton Ave.
Jamestown.
 Marshall, Elizabeth J. B., (A.) 312 East 3rd St.
 Marshall, J. S. B., (A.) 312 East 3rd St.
Kingston.
 Warren, Geo. S., (A.) 18 Pearl St.
Lockport.
 Pontius, Geo. A., (A.) 89 Main St.
Malden.
 Lyman, Alice Parker, (Bn.) 159 Main St.
Medina.
 Thayer, H. A., (A.)
Middletown.
 Griffin, Frederick H., (Bn.)
Mt. Vernon.
 Buster, Will L., (At.) 110 Park Ave.
Newark.
 Chittenden, W. C., (At.) 1 E. Miller St.
Newburgh.
 Johnson, W. W., (A.) 245 Grand St.
New Rochelle.
 Bensen, Lester R., (At.) 311 Huguenot St.

New York.

Albright, Edward, (N.) 379 West End Ave.
 Beeman, E. E., (A.) 500 Fifth Ave.
 Brill, Morris M., (Ph.) 18 West 34th St.
 Burt, James E., (Ph.) The Forres, Broadway and 81st St.
 Coffey, G. T., (At.) 25 West 42d St.
 Chagnon, Edward Everett, (Mc.) 37 Madison Ave.
 Crane, Ralph M., (S.C.) 220 W. 59th St.
 Dillabaugh, Anna, (N.) 209 W. 56th St.
 Dillabaugh, A. H., (A.) 209 W. 56th St.
 Dillabaugh, W. J. E., (N.) 209 W. 56th St.
 Fechtig, St. George, (Ac.) 37 Madison Ave.
 Fletcher, Clarke F., (A.) 143 W. 69th St.
 Graham, G. E., (A.) 1851 Seventh Ave.
 Green, Chas. S., (A.) 136 Madison Ave.
 Hazzard, Chas., (A.) Astor Court Bldg., 18 W. 34th St.
 Helmer, Geo. J., (A.) 136 Madison Ave.
 Helmer, Jno. N., (A.) 123 E. 34th St.
 Herring, Ernest M., (Ph.) 18 W. 34th St.
 Herring, Geo. D., (At.) 25 W. 42d St.
 Holme, Gertrude, (A.) 616 Madison Ave.
 Howard, Edward W. S., (A.) 509 5th Ave.
 Knapp, Lester I., (A.) 49 W. 33d St.
 Laughlin, Genevieve F., (A.) 12 W. 93d St.
 Leiter, John H., (A.) 35 Wall St.
 Lockwood, Travis D., (Ph.) Hotel Normandie.
 Mattison, N. D., (A.) 16 Central Park West.
 Merkle, E. H., (A.) 36 W. 35th St.
 Moomaw, Mary C., (Ph.) 234 Central Park West.
 Morrison, Daniel N., (A.) 123 E. 34th St.
 Novinger, Walter J., (A.) 25 W. 42d St.
 Patten, G. Windfeld, (N.) Browning Bldg., 1268 Broadway.
 Riley, Mrs. Chloe C., (A.) 43 W. 32d St.
 Riley, Geo. W., (A.) 43 W. 32d St.
 Rogers, Cecil R., (A.) 275 Central Park West.
 Sands, Ord L., (Bn.) 37 Madison Ave.
 Starr, Geo. R., (At.) 426 W. 44th St.
 Still, Harry M., (A.) Astor Court Bldg., 18 W. 34th St.
 Stryker, Anna K., (A.) 56 W. 33d St.
 Towner, Dan D., (Mc.) 136 5th Ave.
 Tuttle, Lamar K., (A.) 128 E. 34th St.
 Underwood, Edward B., (A.) 156 5th Ave.
 Underwood, Miss Evelyn K., (A.) 24 W. 59th St.
 Underwood, M. Rosalla, (Bn.) 156 5th Ave.
 Walker, Mrs. Cornelia A., (A.) The Martinique, 56 W. 33d St.
 Wardell, Eva R., (Ph.) 250 W. 85th St.
 Webster, Frederick A., (Bn.) 245 W. 104th St.
 Webster, Mrs. F. A., (Bn.) 245 W. 104th St.
 West, John Allen, (A.) 40 E. 25th St.
 West, Wm., (A.) 51 E. 25th St.
 Wendtstadt, Edward F. M., (A.) Mills Bldg., 15 Broad St.
 Wetche, F. C., Fredrik, (Cc.) 123 W. 80th St.

Niagara Falls.
 Davis, A. H., (At.) 15 Gluck Bldg.
 Larter, Edwin R., (A.) 111 Gluck Bldg.

Oradensburg.
 Craig, William, (A.) Ford St.

Oneonta.
 Apthorpe, William, (A.) Ford Bldg.

Poughkeepsie.
 Worrall, Mrs. Clementine L., (At.) 24 Academy St.

Rochester.
 Berry, Clinton D., (A.) 703 Granite Bldg.
 Berry, Gertrude S., (A.) 703 Granite Bldg.
 Breitenstein, Rose E., (Bn.) 120 William St.
 Camp, Chas. D., (Mc.) 222 Powers Bldg.
 Dally, Lillian B., (Ph.) 803 Chamber of Commerce Bldg.
 Williams, Ralph H., (N.) Chamber of Commerce Bldg.

Rome.
 Mitchell, Geo. W., (At.) 147 N. James St.

Springville.
 Howe, F. A., (A.)
 Prater, Lenna K., (A.)

Syracuse.
 Beall, Francis J., (A.) 452 S. Salina St.
 Fisher, Albert, Jr., (A.) 112 E. Jefferson St.
 French, Amos G., (A.) 135 E. Onondaga St.
 Tiffany, E. W., (At.) 320 Montgomery St.
 Weed, Cora Belle, (Mc.) 226 E. Onondaga St.

Troy.

Frink, Elizabeth, (S.C.) 92 4th St.
 Greene, W. E., (A.) 1930 5th Ave.
 McDowell, J. H., (S.C.) 102 Third St.

Utica.
 Bossert, Jacob H., (At.) 30 Gardner Bldg.
 Clapp, Carl D., (A.) 62 Gardner Bldg.
 Leffler, Josephine, (At.) Gardner Bldg.
 Van Dyne, Oliver, (Ac.) The "Kanatenah," 376 Genesee St.

Warsaw.
 Monroe, Geo. T., (A.)

Watertown.
 White, Ernest C., (A.) 41 Smith Bldg.
 White, Mrs. E. C., (A.) 41 Smith Bldg.

Weedsport.
 Sheldon, Susie A., (A.)
 Teall, Chas. C., (A.)

White Plains.
 Messersmith, Fannie G., (At.) 29 Grand St.

Yonkers.
 Nielsen, Hans, (At.) 7 Getty Square.

NORTH CAROLINA.

Asheville.
 Meacham, W. B., (Bn.) 5 Sondley Bldg.
 Rockwell, Loula A., (A.) 5 Sondley Bldg.

Charlotte.
 Ray, H. F., (S.S.) Hunt Bldg.

Durham.
 Tucker, A. R., (A.) Loan & Trust Bldg.
 Tucker, S. W., (S.S.) Loan & Trust Bldg.

Goldsboro.
 Zealy, A. H., (S.S.) 111 Chestnut St., East.

Greensboro.
 Basye, A. A., (Nw.) 309 City Nat'l Bank Bldg.

Newbern.
 Armstrong, Ernest C., (S.S.) 63½ Pollock St.

Raleigh.
 Glascock, H. W., (A.) Caratna Trust Bldg.

Smithfield.
 Kevill, Della, (S.S.)

Wilson.
 Carson, Earl J., (S.S.)
 Winston-Salem.
 Grainger, Calvin H., (S.S.) 252 Liberty St.

NORTH DAKOTA.

Fargo.
 Basye, E. E., (Nw.)
 de Lendrecle, Helen, (Nw.)

OHIO.

Akron.
 Conger, Mrs. A. L., (A.) Irving Lawn.
 Evans, Jennie L., (A.) 604 Hamilton Bldg.
 Evans, Nellie M., (A.) 604 Hamilton Bldg.
 Leas, Lucy, (S.C.) Hamilton Bldg.

Bellefontaine.
 Conner, Sallie M., (A.) Chalfour Block.

Bowling Green.
 Davis, Clara, (A.) E. Wooster St.
 Reese, W. E., (A.) 5 South Main St.

Canton.
 Cloud, A. W., (S.C.) 301 Folwell Block.
 Maxwell, B. C., (S.C.) Clewell Block.
 Worstel, H. E., (S.C.) 304 Folwell Block.

Cincinnati.
 Booth, E. R., (A.) 601 Traction Bldg.
 Conner, Mary A., (A.) 303 Neave Bldg.
 Edwards, Eliza, (A.) 603 Traction Bldg.
 Foss, Martha M., (A.) 4217 Chambers St.
 Kennedy, C. S., (S.S.) Mercantile Library Bldg.
 Kennedy, E. W., (S.S.) Mercantile Library Bldg.
 Locke, Orella, (A.) 11 Cumberland Bldg.
 Ross, C. A., (A.) Neave Bldg.
 Thompson, Margaret S., (S.S.) San Mateo Bldg.
 Wernicke, Clara, (A.) 55 Haddon Hall.

Circleville.
 Coffland, Mrs. Florence, (A.)
 Wilderson, W. H., (A.)

Cleveland.
 Aldrich, Wm. H., (A.) 589 The Arcade.
 Forquer, James W., (A.) 1109 New England Bldg.
 Giddings, Helen Marshall, (A.) 810 New England Bldg.
 Giddings, Mary, (A.) 810 New England Bldg.

Hulett, C. M. Turner, (A.) 1208 New England Bldg.
 Hulett, Miss M. Ione, (A.) 1208 New England Bldg.
 Huston, Kathryn, (A.) 539 The Arcade.
 Kerr, Clarence V., (A.) Lennox Bldg.
 Miller, A. L., (A.) 410 New England Bldg.
 Scott, Loa Ermina, (A.) 801 New England Bldg.
 Singleton, R. H., (S.C.) 435 The Arcade.
 Sheridan, Margaret, (A.) 20 Lucerne Ave.
 Thompson, J. A., (A.) 105 Colonial Arcade.

Columbus.

Dyer, Mary Maitland, (A.) 613 Columbus Savings & Trust Bldg.
 Gaylor, W. A., (S.C.) 5½ W. Broad St.
 Hulett, M. F., (A.) 702 Capital Trust Bldg, 8 E. Broad St.
 Morris, J. T. L., (A.) 801 Harrison Bldg.
 Nichols, Ada M., (Ac.) 702 Capitol Trust Bldg.

Dayton.

McCartney, L. H., (A.) 602 Conover Bldg.
 Stout, Oliver G., (A.) 505 Conover Bldg.

Delaware.

Bumstead, Lucius A., (S.C.) 104 W. Central St.

East Liverpool.

Bumpus, J. F., (A.)

Eaton.

Gardner, Emma Griffin, (A.)

Findlay.

Peel, Lucy Kirk, (A.) 215½ So. M St.

Fremont.

Reese, D. H., (A.) Jackson Annex.

Gallion.

Mansfield, B. R., (A.) 340 Boston St.

Glendae.

Shepherd, L. K., (A.) Fountain Ave.

Greenville.

Seltz, Anna E., (A.) 333 W. 4th St.

Hamilton.

Urbain, Victor P., (A.) 111 Dayton St.

Hicksville.

Tuttle, R. E., (S.C.)

Kent.

Hall, W. W., (S.C.) Water St.

Lima.

Peirce, Josephine Liffing, (S.C.) The Election.

London.

Dixon, J. W., (A.) 49 N. Main St.

Magnetic Springs.

Herman, John C., (A.)

Marietta.

Boyes, E. H., (A.) 185 Front St.

Marion.

Dugan, R. C., (A.) 126 Vine St.

Medina.

Coons, Wm. N., (A.)

Middletown.

Linville, W. B., (A.) 407 S. Main St.

Mt. Vernon.

Wenger, Joseph, (A.) 19 E. Vine St.

Napoleon.

Wilson, John H., (S.C.)

Newark.

Corkwell, F. E., (A.) 96½ W. Main St.

Oberlin.

Blickford, Edwin Storrs, (M.) 51 S. Professor St.

Piqua.

Gravett, H. H., (A.)

Port Clinton.

Washburn, Daisy Eva, (A.) Masonic Temple.

Sandusky.

Dann, H. J., (A.) I. O. O. F. Bldg.

South Charleston.

Scott, J. H. B., (A.)

Springfield.

Sackett, E. W., (A.) 32 Bushnell Bldg.

Tiffin.

Currence, B. C., (A.) 117½ S. Washington St.

Toledo.

Kerr, Franklin E., (A.) 1115 Adams St.
 Liffing, L. A., (N.) The Nasby.
 Liffing, W. J., (N.) National Union Bldg.
 Phells, Elmer T., (A.) 1223 Utah St.
 Pratt, Mary E., (A.) 1612 Madison Ave.
 Sorensen, Louis C., (S.C.) 334½ Superior St.

Troy.

Gravett, W. A., (A.)

Urbana.

Wilson, Laura J., (A.) 306 Scioto St.

Upper Sandusky.

Cosner, E. H., (A.)

Warren.

Reid, J. F., (A.) 10 Trumbull Block.

Wooster.

Kerr, J. A., (A.) 45 E. Liberty St.

Youngstown.

Fisher, Nellie M., (A.) Dollar Savings Bank Bldg.
 Marsteller, Chas. L., (A.) Dollar Savings Bank Bldg.

OKLAHOMA TERRITORY.**Carmen.**

Woodson, T. H., (A.)

Enid.

Triplet, Neva T., (A.) 1506 W. Main St.

Oklahoma City.

Mahaffay, Mrs. Clara A., (A.)
 Rouse, J. M., (S.C.) 125½ Main St.

OREGON.**Albany.**

Ramsay, Cylthie J., (P.)

Ashland.

Sawyer, Bertha E., (S.C.) Williams Block.

Astoria.

Hicks, Rhoda Celeste, (A.) 573 Commercial St.

Eugene.

Bennett, M. G. E., (A.) 7th and Willamette Sts.

La Grande.

Moore, F. E., (A.)
 Moore, Hezelle Carter Purdom, (A.)

McMinnville.

Wilkens, J. H., (A.)

Pendleton.

Holsington, G. S., (A.)

Portland.

Adix, H. V., (S.C.) 416 DeKum Bldg.
 Akin, Otis F., (S.C.) 403 Macleay Bldg.
 Barr, F. J., (A.) DeKum Bldg.
 Gates, Gertrude Lord, (N.) 406 Macleay Bldg.
 Graffis, R. S., (S.C.) 319 Mohawk Bldg.
 Macfarlane, Clara, (P.) 777 Johnson St.
 Rogers, W. A., (A.) Marquam Bldg.
 Schoettle, M. Teresa, (A.) 512½ Williams Ave
 Shepherd, B. P., (N.) 501 Macleay Bldg.
 Smith, L. B., (A.) 409 Oregonian Bldg.

Roseburg.

Studley, H. L., (S.C.) Jackson St.

Salem.

Mercer, Wm. L., (A.)

PENNSYLVANIA.**Allentown.**

Allen, Wm. H., (At.) 715 Walnut St.

Beaver Falls.

Irvine, S. W., (S.C.) 1116 Seventh Ave.

Berwick.

Fees, M. J., (At.) Dickson Bldg.

Bristol.

Cary, Robert Drake, (A.) 325 Radcliffe St.

Butler.

Foster, J. C., (A.) Stein Bldg.
 Foster, Julia E., (At.) Stein Bldg.
 Harden, E. E., (A.) 313 S. Main St.
 Morrow, Clara E., (Bn.) Main, Cor. Diamond St.

Carlisle.

Krohn, G. W., (A.) 55 W. Louthier St.

Chambersburg.

Gunsaul, Irmine Z., (N.) 21 S. Main St.

Charleroi.

Wright, Clarence C., (S.C.)

Chester.

Mack, Raesley S., (Bn.) 208 Broad St.

Columbia.

Jones, E. Clair, (At.) Cor. 4th and Locust St.

EnBois.

Gray, C. W., (A.)

Erston.

Beam, Wilson, (S.C.) 12 N. 3rd St.

Eden.

Randall, Helen Morton, (A.) care F. & L. Institute.

Fife.

Farhart, Emogene M., (S.C.) 222 W. 8th St.

Love, S. R., (A.) 405 W. 9th St.
 Root, J. A., (A.) 2124 Sassafras St.
 Sweet, B. W., (A.) 122 W. 10th St.
Franklin.
 Hoefner, J. Henry, (A.) Dodd Bldg.
Germantown.
 Roberts, W. L., (A.) 150 W. Chelton Ave.
 Webb, Ida DeLancy, (Ph.) 4601 Wayne Ave.
Greensburg.
 Motsinger, N. H., (A.) 203 W. Otterman St.
 Rohacek, Wm., (A.) Lomison Bldg.
Harrisburg.
 Kann, Frank B., (Ph.) 315 N. Second St.
 Stevenson, J. F., (A.) 719 N. 6th St.
 Stevenson, Mrs. H. A., (A.) 719 N. 6th St.
 Vastine, Harry M., (A.) 109 Locust St.
Lancaster.
 Burkholder, J. D., (Ph.) Woolworth Bldg.
 Kellogg, H. R., (A.) 217 Woolworth Bldg.
 Mutschler, O. C., (Ph.) 20 W. Orange St.
 Purnell, Emma, (A.) 206 E. King St.
Latrobe.
 Snedeker, O. O., (Ph.) 1st Nat'l Bank Bldg.
Lebanon.
 Brunner, M. W., (Ph.) 815 Cumberland St.
Leechville.
 Vandoren, Sara Mae, (A.)
Lock Haven.
 Baugher, L. Guy, (A.) 211 E. Water St.
Meadville.
 Sash, Elizabeth, (A.) Flood Bldg.
Newcastle.
 McCaslin, Annie, (A.) 150 Highland Ave.
 McCormick, J. Porter, (A.) 150 Highland Ave.
 Rogers, E. D., (A.) 28 E. North St.
North East.
 Bashaw, J. P., (A.)
Oil City.
 Downs, Henry A., (A.) Lay Block.
 Easton, Melroy W., (A.) Lay Block.
Pittsburg.
 Baldwin, Helen M., (A.) 405 Liberty Nat'l
 Bank Bldg.
 Compton, Mary, (S.S.) 323 Pittsburg Life
 Bldg.
 Gano, Chas. H., (A.) 1007 Arrott Bldg.
 Hansen, Edward N., (A.) 4514 Forbes St.
 Heine, Frank, (A.) Nixon Bldg.
 Husk, Noyes Gaylord, (At.) Arrott Bldg.
 Marshall, F. J., (A.) 223 Lewis Block.
 Peck, Vernon W., (N.) 631 Penn Ave.
 Stafford, Florence B., (A.) 811 St. James St.
Philadelphia.
 Bentley, Lillian L., (Ph.) 1533 Chestnut St.
 Burleigh, Edward D., (Ph.) 800 Perry Bldg.,
 1530 Chestnut St.
 Campbell, A. D., (A.) 1524 Chestnut St.
 Dufur, J. Ivan, (A.) 35 S. 19th St.
 Dunnington, Margaret B., (Ph.) 602 Real
 Estate Trust Bldg.
 Dunnington, R. H., (A.) 620 Real Estate
 Bldg.
 Frame, Elizabeth Bundy, (Ph.) 1118 Penn-
 sylvania Bldg.
 Frame, Ira Spencer, (Ph.) 1118 Pennsylvania
 Bldg.
 Galbreath, Albert Louis, (Ph.) 420 Pennsylv-
 ania Bldg.
 Galbreath, J. Willis, (Ph.) 420 Pennsylvania
 Bldg.
 Johnson, Burdsall F., (Ph.) 1624 Lehigh Ave.
 Keene, W. B., (Ph.) 1524 Chestnut St.
 Leonard, H. E., (Ph.) 1524 Chestnut St.
 Leonard, H. Alfred, (Ph.) 1611 Diamond St.
 McCurdy, Charles Wm., (Ph.) 724 Real
 Estate Bldg.
 McGee, J. M., (Ph.) 1112 Chestnut St.
 Muttart, Chas. J. (A.) 301 Mint Arcade
 Bldg.
 Pennock, D. S. Brown, (A.) 624 Land Title
 Bldg.
 Petery, Wm. E., (At.) 1624 Diamond St.
 Pressly, Mason W., (N.) Witherspoon Bldg.
 Snyder, J. C., (Ph.) 414 Pennsylvania Bldg.
 Snyder, O. J., (N.) Witherspoon Bldg.
 Whalley, Irving, (S.C.) Land Title Bldg.
 Willard, Earle S., (A.) 35 S. 19th St.
Reading.
 De Long, Laura, (A.) 511 Oley St.
 Maxwell, H. L., (A.) 304 N. 5th St.
 Vastine, Herbert, (A.) 42 N. 9th St.
Remove.
 Crawford, S. Virginia, (A.)

Ridgway.
 Spencer, Bessie M., (A.) 325 Main St.
Sayre.
 Mandeville, J. E., (At.) 106 Lockhart St.
Scranton.
 Benedict, A. May, (At.) 2513 N. Main Ave.
 Downing, J. T., (At.) 306 B. of T. Bldg.
 Furman, Herbert I., (At.) 302 Adams Ave.
 Harvey, K. G., (At.) 15 Coal Exchange Bldg.
Sunbury.
 Miller, John W., (Ph.) 418 Market St.
Tarentum.
 Kline, Lyman C., (S.S.) 532 Second Ave.
Towanda.
 Warburton, J. R., (At.) Ontario Bldg.
Union City.
 Oneand, Sarah C., (A.) Spraul & Morrow
 Bldg.
Wellisboro.
 Lyon, Louis A., (At.) 71 Main St.
Wilkes-Barre.
 Hook, Virgil A., (A.) 10 Lowenstein Bldg.
Wilkesburg.
 White, Bertha O., (A.) Cor. Pitt and Kelly
 Sts.
Williamport.
 Hughes, Alice, (Bn.) 238 Pine St.
 Wood, J. Fred, (A.) 20 W. 3rd St.
York.
 Downing, Edwin M., (Ph.) Rupp Bldg.

RHODE ISLAND.

Providence.
 Flanagan, Louisa C., (A.) 146 Westminster
 St.
 Rhoads, A. W., (At.) 385 Westminster St.
 Sweet, Ralph A., (A.)
 Wall, Clarence H., (Bn.)
Westerly.
 Colby, Irving, (A.) 58 Bight St.
Woonsocket.
 Rhoads, Geo. B., (At.) 61 Pond St.

SOUTH CAROLINA.

Charleston.
 Kennedy, Ralph V., (A.) 222 King St.
Columbia.
 Collier, Hix F., (S.S.) 1206 Main St.
 Grainger, Laura L., (S.S.) 206 Main St.

SOUTH DAKOTA.

Aberdeen.
 Pittman, Mary E., (S.C.) Peery Bldg.
Canton.
 Eneboe, Lena, (A.)
Huron.
 Betts, C. Steele, (A.)
Lead.
 Wisner, Tillie, (A.) 12½ Main St.
Watertown.
 Jones, G. P., (N.)
Vermillion.
 Graham, R. H., (A.)

TENNESSEE.

Bristol.
 Dykes, A. L., (S.S.) 22 Sixth St.
Chattanooga.
 Barnes, Mrs. Clarence, (S.S.) 31 Loveman
 Bldg.
 Blocker, Bolling L., (A.) 625 W. 9th St.
 Downer, Lerond A., (A.) 301 Miller Bldg.
 Evans, A. L., (A.) 301 Miller Bldg.
 Owens, Chas. (A.) 410 High St.
Gallatin.
 Williams, Benton A., (S.S.)
Jackson.
 Drennan, Thos. L., (A.) 117 E. LaFayette St.
Knoxville.
 Greene, H. A., (At.) 202 McTownlee Bldg.
 Link, W. F., (A.) 703 Empire Bldg.
Memphis.
 Bynum, H. R., (A.) Randolph Bldg.
 Norman, P. K., (A.) 110 Randolph Bldg.
 Stamps, Sarah R., (S.S.) Randolph Bldg.
 Thomas, Maude B., (A.) 304 Randolph Bldg.
Nashville.
 Collier, J. Erie, (S.S.) Willcox Bldg.
 Duffield, Bessie A., (A.) Willcox Bldg.
 Harrison, Ella Grainger, (S.S.) 314 Jackson
 Bldg.

Illinski, A. X., (A.) 602 Willcox Bldg.
 Ray, E. C., (A.) 1st Nat'l Bank Bldg.
 Shackelford, J. R., (A.) Willcox Bldg.
 Williams W. Miles, (S.S.) Willcox Bldg.
Winchester.
 Wheeler, Sarah E., (S.S.) Hotel Fuller.

TEXAS.

Austin.
 Bathrick, P. L., (A.) 822 1/2 Congress Ave.
 Bathrick, Rose, (A.) 822 1/2 Congress Ave.
Cheburne.
 Ray, A. D., (A.)
Dallas.
 Harris, D. S., (S.C.) 326 Lins Bldg.
 Holloway, Jas. L., (A.) 435 Wilson Bldg.
 Overton, J. H., (A.) 415 Wilson Bldg.
Denton.
 Crawford, J. S., (A.)
El Paso.
 Ross, Hettie M., (C.) 1007 San Antonio St.
Ft. Worth.
 Harris, M. B., (A.) National Bank Bldg.
 Ray, T. L., (A.) 203 Ft. Worth Nat'l Bank Bldg.
Galveston.
 Edmondson, E. E., (S.C.) 206 Levy Bldg.
 Edmondson, Juanita L., (S.C.) 206 Levy Bldg.
Houston.
 Campbell, C. A., (A.) 309 Mason Block.
Meridian.
 Davis, Dabney L., (A.)
Mineral Wells.
 Norwood, Robert R., (S.S.)
Paris.
 Falkner, J., (A.) 4th floor Scott Bldg.
San Angelo.
 Pennock, Lewis N., (A.) 1st Nat'l Bank Bldg.
San Antonio.
 Brown, Andrew J., (A.) 211 Alamo Nat'l Bank Bldg.
 Noonan, Mary E., (A.) Hicks Bldg.
 Peck, Paul M., (A.) 64 Hicks Bldg.
Sherman.
 Loving, W. B., (A.) 302 S. Crockett St.
Temple.
 Parcels, J. W., (A.) Avenue A.
 Spates, Aughey Virginia, (A.) 216 S. Walnut St.
Waco.
 Bailey, J. F., (S.S.) 506 1/2 Austin St.
 Gildersleeve, J. Ellen, (A.) Provident Bldg.
 Sarratt, Julia May, (A.) 93 Provident Bldg.
Whitewright.
 Compton, Emma M., (S.S.)

UTAH.

Logan.
 Goodrich, L. J., (A.)
Ordan.
 Hibbs, A. P., (A.) Eccles Bldg.

VERMONT.

Barre.
 Martin, L. D., (A.) 85 Miles Granite Bldg.
Brattleboro.
 Wheeler, C. G., (A.) 32 N. Main St.
Burlington.
 Cota, Rose, (At.) 10 Clark St.
 London, Guy E., (A.) 199 S. Union St.
 Whitcomb, Henry Phelps, (A.) 301 College St.
Middlebury.
 Allen, Lewis W., (A.) 29 N. Pleasant St.
Montpelier.
 Brock, W. W., (A.) 134 State St.
 Kelton, Anna L., (S.C.) 108 Elm St.
Rutland.
 Sherburne, H. K., (A.) 10 Quinn Bldg.
St. Albans.
 Loudon, Harry M., (A.) 189 S. Main St.

VIRGINIA.

Lynchburg.
 Shumate, Chas. R., (A.) Cor Church and 6th Sts.
Norfolk.
 Willard, W. D., (A.) 40 Haddington Bldg.
Richmond.
 Font, Geo. E., (A.) 204 E. Franklin St.
 Shackelford, E. H., (A.) 102 E. Grace St.

Roanoke.
 Walkup, Marie Bule, (A.) 105 Campbell Ave.
Staunton.
 Kibler, James M., (A.) 126 E. Main St.

WASHINGTON.

Centralia.
 Walsh, F. K., (A.)
Cheney.
 Most, William, (A.) Bank of Cheney Bldg.
Clarkston.
 Coon, A. S., (A.)
 Coon, Mary E., (A.)
Everett.
 Fugh, J. M., (A.) Am. Nat'l Bank Bldg.
North Yakima.
 Howick, A. B., (A.)
 Howick, E., (A.)
Pomeroy.
 Abeggen, C. E., (S.C.) Allen House.
 McFadden, J. Clinton, (S.C.) Allen House.
Pullman.
 Fish, Addie E., (N.)
Seattle.
 Dresbach, Geo. Betz, (Cc.) 406 Broadway.
 Newman, Cella Janette, (A.) 442 Arcade Bldg.
 Peterson, E. Anton, (N.) Safe Deposit Bldg.
 Potter, Wm. A., (A.) 65 Safe Deposit Bldg.
 Smith, M. Antoinette, (M.) 1220 Third Ave.
Spokane.
 Hodgson, J. E., (N.) 615 Hyde Block.
 Nichols, Grace M., (N.) 301 Nichols Bldg.
 Taylor, F. C., (N.) 318 Fernwell Bldg.
Tacoma.
 Allen, Nellie A., (Cc.) 607 S. Tenth St.
 Brock, Florence A., (Ac.) The Hyson, Apartment Al.
 Chase, Roger E., (N.) 15 Bostwick Block.
 Goff, A. L., (S.C.) 232 Provident Bldg.
 Slayton, R. H., (A.) Fidelity Bldg.
 Snell, Wm., (N.) 304 Fidelity Bldg.
Vancouver.
 Arnold, W. H., (S.C.) Marquam Bldg.
Walla Walla.
 Thompson, H. B., (A.)

WASHINGTON, D. C.

Benning, Lillie M., (A.) 817 14th St.
 Bush, Ernest W., (S.C.) 14th and "G" Sts.
 De Vries, Emma O., (A.) The Farragut, 17th and "I" Sts.
 English, Morton A., (Bn.) Colorado Bldg.
 Hodges, P. L., (A.) 817 14th St., N. W.
 Kirkpatrick, Geo. D., (N.) Bond Bldg.
 Malcolm, E. C., (S.C.) Com. Nat'l Bank Block, 14th and "G" Sts.
 Shibley, Mrs. Alice Patterson, (A.) W. Loan & Trust Bldg.
 Stearns, C. H., (A.) Pope Bldg., 14th St., N. W.
 Smith, Wilbur L., (A.) W. Loan & Trust Bldg.
 Talmadge, Kathryn, (A.) 518 Colorado Bldg.
 Tufts, Clarissa Brooks, (A.) The Columbia.
 Winbigler, C. F., (Ph.) The Alabama, 11th and N. Sts.

WEST VIRGINIA.

Charleston.
 Quick, Roy T., (A.) Kanawha B. & T. Co. Bldg.
Huntington.
 Seaman, W. J., (A.)
Sistersville.
 Fink, J. R., (At.)
Wheeling.
 Sullivan, Clara E., (S.S.)

WISCONSIN.

Appleton.
 Oulbertson, Eliza M., (A.)
Eau Claire.
 Matson, Jesse E., (A.) Ingram Block.
Fond du Lac.
 Breitsman, Edward J., (A.) Galloway Block
 Wright, F. A., (S.C.) Haber Block.
Green Bay.
 Oids, E. M., (S.C.) 601 Wilner Bldg.
La Crosse.
 Jerris, A. U., (N.) 312 McMillan Bldg.

Madison.

Bissell, Ella F., (A.) Wisconsin Bldg.
Fryette, S. J., (A.) Wisconsin Bldg.

Milwaukee.

Cherry, Essie S., (N.) Matthews Bldg.
Crow, Louise P., (N.) 304 Matthews Bldg.
Davis, Warren B., (M.) 302 Wells Bldg.
Elton, E. J., (M.) 304 Matthews Bldg.
McNary, J. F., (M.) 813 Matthews Bldg.
Schuster, John K., (M.) 614 Milwaukee St.
Thompson, S. A. L., (N.) 121 Wisconsin St.
Williams, O. W., (Mc.) 304 Matthews Bldg.

Oshkosh.

Gage, Ora L., (N.)
Olum, F. N., (N.) Bent Block.

Portage.

Fiske, Franklin, (A.) 6 Corning Block.

Sheboygan.

Thompson, Wm. L., (M.) 629 N. 8th St.

Stoughton.

Dietzman, Elmer F., (S.C.) Erickson Block.

Wausau.

Whitehead, Harriet A., (A.) New Spencer Bldg.

WYOMING.**Cheyenne.**

Furry, Frank I., (C.)

CANADA.**ALBERTA.****Calgary.**

Pelce, Charles E., (S.C.)

NEW BRUNSWICK.**New Castle.**

McLeod, Katherine F., (A.) Lounsbury.

ONTARIO.**Berlin.**

Heist, Edgar D., (At.) 26 King St., East.
Heist, Mary Lewis, (At.) 26 King St., East.

Brantford.

Atkinson, J. T., (A.) 105 Dalhousie St.

Guelph.

Detwiler, Sara B., (At.) McLean Block.

Ottawa.

Hardie, Jessie B., (Bn.) 224 Laurier Ave., West.

Toronto.

Bach, James S., (S.C.) 704 Temple Bldg.
Jaquith, H. C., (A.) 111 Confederation Life Bldg.
Pigott, Adalyn K., (A.) 152 Blood St., East.
Reesor, J. Arthur E., (A.) 111 Confederation Life Bldg.

ENGLAND.**London.**

Horn, F. J., (Bn.) 1 Hay Hill, Berkeley Sq.

HAWAIIAN ISLANDS.**Honolulu.**

Gilman, Carrie A., (A.) 308 Boston Bldg.

IRELAND.**Dublin.**

Footo, Harvey R., (S.C.) 71 Harcourt St.

JAPAN.**Tokyo.**

Crain Festal, (S.S.) 15 Dote, Sanban Cho, Kojimachi, Ku.

MEXICO.**Mexico City.**

Woodruff, Homer, (A.) 1st San Francisco St., No. 7, D. F.

SCOTLAND.**Glasgow.**

Walker, L. Willard, (Bn.) 255 Bath St.

Montana Osteopathic Association.

The Montana Osteopathic Association met in Helena on September 6. There was a good attendance and much interest was manifested.

The program as rendered is as follows:

President's address, "Suggestions Relating to Professional Advancement and Public Health," Asa Willard, Missoula. Paper, "Epilepsy," Daisy D. Rieger, Billings. Symposium, "Acute Articular Rheumatism"—First, Cause and Treatment, John Rieger, Billings; A. J. Noble, Lewistown; Second, Care of Patient Other Than Osteopathic Treatment, Carrie A. Cramb, Butte; Chas. W. Mahaffay, Helena. Paper, "The Vaso Motor System," L. K. Cramb, Butte. Paper, "Care of Family and Home in Preventing Spread of Acute Contagious and Infectious Diseases," Adele Allison, Anaconda. Symposium, "Clinical Demonstration of Adjustment of Subluxations"—Cervical vertebrae, O. B. Prickett, Billings; dorsal vertebrae, Eva M. Hunter, Livingston; lumbar vertebrae, W. C. Dawes, Billings, innominate lesions, Elizabeth V. Strong. Each demonstration and many of the papers were followed by general discussion.

The following resolution was adopted:

"Resolved, That in our judgment as physicians it would conserve to the interest of public health to so amend our laws relating to the requiring of physicians to regularly report certain contagious and infectious diseases to the State health authorities, that the physician, in addition to scarlet fever, tuberculosis, smallpox and other diseases now named, be required also to report all cases of venereal diseases examined or treated."

The next annual meeting will be held in Helena.

The election of officers resulted as follows:

President, L. K. Cramb, Butte; Vice-President, C. W. Mahaffay, Helena; Secretary, C. W. Dawes, Billings; Treasurer, A. A. Allison, Anaconda; Trustees, H. A. Lorton, Butte; L. B. Cramb, Butte; Asa Willard, Missoula.

A Water Cure at Home.

Slowly the doctors are coming round to concede, grudgingly, that the drinking of water may be more or less beneficial, or probably doesn't do any harm—any great harm. Water, the drinking of water, the drinking of large quantities of water, has been part of the instinctive hygienic regime of the entire animal kingdom from the beginning. We owe to the medical profession that this regime, as natural as breathing, has been all but abolished in civilization. And now, more intelligent than formerly though they are, the doctors as a rule still oppose water, except for occasional "cures"—whose chief value, by the way, is simply that one does take in a considerable part of the fluid that can wash the body inside and out.

The truth is that every one should, every morning, a safe hour before eating, drink down a large quantity of plain, ordinary water, at an agreeable temperature. An internal bath, then an external bath, and you will not have to consult your family physician so often.—*The Saturday Evening Post.*

The character of the true philosopher is to hope all things not impossible, and to believe all things not unreasonable. He who has seen obscurities, which appeared impenetrable in physical and mathematical science, suddenly dispelled, and the most barren and unpromising fields of inquiry converted, as if by inspiration, into rich and inexhaustible springs of knowledge and power, on a simple change of one point of view, or merely bringing to bear on them some principle which it never occurred before to try, will surely be the very last to acquiesce in any dispiriting prospects of either the present or future destinies of mankind; while, on the other hand, the boundless views of intellectual and moral, as well as material, relations which open on him on all hands in the course of these pursuits, the knowledge of the trivial place he occupies in the scale of creation, and the sense continually pressed upon him of his own weakness and incapacity to suspend or modify the slightest movement of the vast machinery he sees in action around him, must effectually convince him that humility of pretension, no less than confidence of hope, is what best becomes his character.—Sir John Herschel.

Men believe their eyes rather than their ears. The road by precept is long; by example, short and sure.—*Seneca.*

A good man ought not to be drawn from the path of rectitude by wealth, by favor, or by danger.—*Ad Herrenn.*

No man was ever truly great without some portion of divine inspiration.—*Cicero.*

From the Pacific Coast.

The Pacific College of Osteopathy opened its fall session on September 4th with the largest freshman class in the history of the institution. No student was accepted whose education is under that of the high school graduate, and there were several who entered who have received normal school and collegiate training.

The first meeting of the biological section of the Southern California Academy of Sciences was held in the college building on the evening of September 10th. The speaker of the evening was Prof. Miller of the State Normal School. His subject was "The Life the last year.

History and Physiology of the California Salamander," on which he has been studying for

These meetings are open to the students of the college, as well as to the general public. The scientific spirit which pervades the osteopaths of Los Angeles is evinced by the fact that they practically control the biological section of the Academy of Sciences, both the president and secretary being osteopaths.

The Tomato as a Medicine.

In the *Correspondant* (Paris) is an article on this subject. The doctors who have made war upon the tomato, says the writer, are now recognizing their error. Hitherto, gouty, arthritic and rheumatic subjects were forbidden to eat tomatoes, because as yet there is nothing in the vegetable world containing a greater proportion of oxalites. No one has been permitted to eat tomatoes while taking any form of lithia, and prejudices have been so strong that they will continue to be cherished by every one who does not follow the medical movement closely. But advanced thinkers in medicine now concede that the tomato ought to be eaten freely whenever it can be digested. Armand Gautier, of the Academy of Sciences of France, professor of chemistry of the medical faculty of Paris, recently determined the composition of the tomato by chemical analysis. He found that the vegetable has but slight traces of oxalic acid, while it contains a quantity of citrates and malate (salts), which recommend it to the use of arthritic patients and patients suffering from kidney trouble. For that reason doctors ought to prescribe it. Dr. Moret, of Courlon, writes to the *Journal of Medicine*: "If I order my patients to eat tomatoes, I have reason for doing so. I am a complete arthritic, the son of a diabetic and lithiastic. I am lithiastic, and have been since I was twenty-five years old. (I am forty years old at the present time.) Four years ago I began to eat tomatoes. I had read several articles defending the tomato, and I craved it. So I began to eat it,—at first timidly, then freely, then greedily. I have eaten tomatoes at every meal. In summer I eat them raw; in winter stewed. Since I began to eat them my colic has disappeared. My idea is that the war against the tomato originated in a fancy of chemists. Doctors forbade their patients to use the tomato because of its acidity, and because they proscribed it, arthritics and diabetics took fright. As a matter of fact, citrates and malates are very useful in lithiasis."—*Review of Reviews*.

Every person has two educations: one which he receives from others, and one, more important, which he gives to himself.—Gibbon.

Gold that buys health can never be ill spent; nor hours laid out in harmless merriment.—J. Webster.

Just so much meat and drink should be used to reinvigorate our powers, not to oppress them.—Cicero.

I am a man, and nothing that concerns humanity do I deem a matter of indifference to me.—Terence.

The world never studies the failures of those who do not succeed in the end.—James Lane Allen.

It is true wisdom to be able to govern the feelings whenever there is a necessity for it.—Terence.

Strive not with words against the contentious; speech is given to all, wisdom to but few.—Cato.

Honorable death is better than an ignominious life.—Tacitus.

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The American Osteopathic Association

VOL. 6

CHATTANOOGA, TENN., NOVEMBER 1, 1906

No. 3

IN HONOR OF DOCTOR A. T. STILL.

Tributes to the "Old Doctor."

Exercises in honor of Dr. Still were held at the tenth annual meeting of the American Osteopathic Association, at Put-in-Bay, on the evening of August 6, 1906, this being his seventy-eighth birthday. The exercises were as follows:

DR. WM. F. LINK, Knoxville, Tenn.

It has been my good fortune to know Dr. Still and his family for many years. I will not say how many, for it would not be quite fair to myself or to Dr. Charlie and Dr. Harry, we are all really older than we look, and a good deal wiser, I am sure.

My first acquaintance with the Still family was not with the Old Doctor, but with his distinguished eldest sons, Charlie and Harry. I think we met in those long gone, but never to be forgotten days when Timmer's pond in Kirkeville was the glassy field which in winter yielded the town's crop of ice, and in summer served as a swimming hole, the only public bath inside the corporate limits of the city. My recollection is that Dr. Harry and I were merely good plain swimmers; only that and nothing more, worth mentioning. But Dr. Charlie was an artist. He could float and tread and he could dive further, and stay under longer than any other sun-burned urchin that frequented that watering place. I believe he is still ambidextrous, but in those days he was amphibious, as well.

Of course at the time of which I speak, osteopathy had not been named. The Old Doctor only dimly apprehended its elusive truths and was seeking to define and verify them in his practice. It is a matter of history that he did not have many patients and of my knowledge I can say that he was not at that time a "simon pure, lesion osteopath." For owing to the all but universal prejudice in favor of calomel, quinine and ipecac he mixed some simples with his queer treatment; but got some astonishing results.

Now, strangely, in our days of greater light and deeper knowledge we occasionally hear of an osteopath who feels he must cater to fast vanishing popular prejudice by mixing drugs and osteopathy. It is too much to say that such practitioners are now where A. T. Still was thirty years ago. If they are advancing they are walking backward. They are faced the wrong way. They are crawl-fishing into therapeutic darkness. What they need is a better grip on osteopathic principles and osteopathic technique. But that's another story.

From the reminiscences you will listen to tonight you will get various glimpses of the Old Doctor's character. One of his prominent traits is a robust

independence; whether he has any financial backing for it or not, makes no difference with him. Illustrative of this I recall the case of a paralytic who presented a bad history, and whose trouble was of long standing. He went to Kirckville back in the nineties for the express purpose of having the Old Doctor treat him. Dr. Still examined him, but declined to take the case. The would-be patient was surprised and hurt; but pulling himself together he boldly offered to pay the Old Doctor double rates for treatment.

"There," said the man in relating his case to me, "I acted the fool. I thought by bidding up the rate for treatment I could induce the Old Doctor to take my case. If I had quietly bided my time he might have taken pity on me and treated me for nothing. But I foolishly thought his services were for sale to the highest bidder and so lost out altogether."

Another of Dr. Still's traits is consideration for the poor; and well it might be, for he has not merely tasted poverty but breakfasted, dined and supped on it—and withal had a fairly good time on it as he tells us. Illustrative of this trait, I recall an incident that doubtless some of you have heard. It was in the early days of Dr. Still's osteopathic work when hip setting was such a pastime and specialty with him, that he jokingly called himself a "hypnotist." The case was that of a woman who had been brought from the country, perhaps from a neighboring county. The ambulance bearing her was an old lumber wagon bedded with a bunch of hay. On arriving the husband had the good luck to find the Old Doctor at home, and not too busy or too dignified to go out into the street and see what the trouble was. Dr. Still climbed into the wagon, got a brief history of the case while he was examining the patient, and in less time than it takes to tell it, he had adjusted the hip and ordered the patient to get out of the wagon. She protested she couldn't; she hadn't walked for a year. But the doctor insisted, and the patient, just to show him how badly he was mistaken, said she would try. She tried and to her surprise and to the astonishment of the husband and of everybody else, but the Old Doctor, she rose and stood up. After a jubilation on the part of the patient and the bystanders, the husband, with fear and trembling, asked what his bill was. "Well," said the Old Doctor, "you have had a good many doctors and I expect they have got about all your money; but if you have a dollar to spare, I'll take it, and call it square; but if you haven't the dollar we'll call it square anyway." He got the dollar.

At the outset of this little talk I said I had known Dr. Still for many years. That is not strictly true. Notwithstanding his thoroughly democratic traits there are few who have really known A. T. Still; and none has yet taken his true spiritual and intellectual measure. We are still too close to him and his great discovery to consider him and it objectively in their proper perspective. That must be the work of a future generation. Meanwhile we know we do not err in recognizing him as the central dominant personality and founder of our profession and as at least one of the greatest figures in the history of medicine. Assuredly we must all honor and love him for what he is and for what he has done for us and for suffering humanity.

DR. BESSIE A. DUFFIELD, Nashville, Tenn.

After eight years of continuous practice in the field, it affords me great pleasure to again be among so many of my school associates, and it is especially gratifying to know that the illustrious founder of osteopathy is still well and hearty.

When Dr. McConnell's letter reached me, asking for reminiscences of Dr. A. T. Still, I read it sitting at my office window. Down in the street below the usual bustling hurrying crowd; there arose the din and turmoil of the cabs and wagons, and as I thought of all the worries incident to my life as a practitioner, and of the incessant discords forever marring the harmony of the present, a sense of pleasure thrilled me as I recognized the truth of Rütcher's lines—"Remembrance is the only Paradise out of which we may not be driven away"—then I closed my eyes and tried to recall the events of those happy days back in old Kirksville. The crowd was gone, the noise and rattle of the street fell subdued, and in their place familiar scenes began to be projected upon memory's screen, and I saw the Old Doctor with thoughtful mien walking the streets of the town I loved, carrying with him peace and healing to those worn by daily worries, and to those tossing on beds of sickness. I saw him in the lecture room, quaint in appearance and yet virile, setting forth the principles he had crystallized, presenting truths of things hidden for a moment within an allegory and then bursting upon the mind with a clearness startling, demanding recognition, simple, yet superb, plain, but puissant withal, such truths as must appeal to every one, be he mediocre or a savant. I seemed to hear again his familiar voice calling me daughter as he spoke a word of cheer in passing, or of praise when deserved, and upon my shoulder could feel the after sensation of his kindly hand pressure.

As these manifold memories welled up, my heart seemed to seethe and boil as a caldron, from which sentiment rose like a vapor, blotting out the details of a host of pleasant reminiscences, leaving but one emotion prominent and overwhelming, that of gratitude. As a woman, gratitude for what his life's labor had done for my sex, lifting as he did womanhood from where it had lain prostrate, stricken down in part by its own foibles and follies, and in part by the stupid fallacies of the so-called sciences of obstetrics and gynecology as practiced before the coming of osteopathy. And as a realization of this fact swept over me, I felt that I should like to kneel and kiss the hem of his garment in grateful appreciation as did the women that of the passing Christ.

As a practitioner of osteopathy I felt grateful for the precepts he had taught me and for the skill he had put into my hands wherewith I might succor the suffering, and in some humble way lift a little the burden of disease and death from the shoulders of my fellow beings. As a former student of his I felt gratitude for the never failing patience with which he strove to teach us, his students, and for the unvarying gentleness and courtesy which he manifested toward all.

England had her "Grand Old Man" in the person of Gladstone, but we, fellow osteopaths, have a grander in the person of Dr. A. T. Still. "The Dear Old Doctor," upon whose shrine I this day lay this tribute of love and respect, and with it sincerest gratitude and most profound reverence. May he live to celebrate many more birthdays, and when these are done for him on earth, may it be his to sit upon the parapets of heaven and see us, and those who are to follow us; and may we honor and glorify him and his work for all time.

DR. CLARENCE V. KERR, Cleveland, O.

About eighteen years ago my good parents decided, after much deliberation, that as a place of residence the metropolis of Adair County, Missouri, had charms that were well nigh irresistible, so our goods and chattels were loaded on a big farm

wagon and moved to the "Athens of Missouri," as the President of the State Normal School delighted in calling the little city which harbored the Institution over which he presided. At that time Kirksville was noted principally for its excellent school system and its untiring efforts to get a canning factory established in the town. I am not sure but it was the splendid prospect of achieving the latter that made Kirksville so alluring to us at that time, for the opportunity afforded a growing boy to make money in the summer time, peeling tomatoes and assorting playful cucumbers, was not to be idly passed. The canning factory, ever elusive and slippery, failed to get beyond the "mass meeting in the park" stage that year and the town fathers heaved a heavy sigh and settled back for another siege when spring rolled around again.

At that time there was a card in the Kirksville Graphic, in an obscure corner, announcing the office location and hours of consultation of Dr. A. T. Still, "The Lightning Bone Setter." Occasionally we heard of strange cures made by this man but everybody put him down as an eccentric and associated him with spiritism and necromancy. The old inhabitants of the town likened him to Paul Kaster of Bloomfield, a noted faith doctor of an earlier period, and predicted for him a professional life of short duration.

It was at the South Ward public school that I first became acquainted with a member of the Still family. On the most democratic of all fields, the baseball diamond, I came to know the big fine manly boy, Fred Still, who a few years later in the very flower of young manhood, was cut down by the Grim Reaper. In memory of this dear son was Memorial Hall, at the A. T. Still infirmary, dedicated. And it was in this hall that in the early days of osteopathy Dr. Still gathered his followers, students and patients about him once or twice a week and told them of the progress he was making with his beloved science.

The lighting of this room was peculiar, as I recall it, and I think it was the Old Doctor's idea that it should be so in order that he might better illustrate his views of bodily disorder and his conception of the proper methods of treatment. At that time big John Colbert was janitor-in-extraordinary and professor Emeritus of the switch board, so when the Old Doctor had in mind the illustration of lesions and how they obstructed nerve force and produced disease he would call out, with suitable gesture, "John, turn off those east lights." Then, as the fire died out of the little platinum wires in the incandescent globes we readily grasped Dr. Still's ideas and wondered why some one had not thought it all out years before.

These evenings were not without an occasional touch of fun. Once I distinctly recall that John pulled out the wrong plug or did some other uncanny thing and all the nerve force was shut off at once so that we had to sit in darkness in a sort of suspended animation for several seconds until he could find a sulphur match to light his clumsy fingers to the location of the lesion.

These extemporaneous talks of the Old Doctor's were very interesting and instructive and though his similes were often obscure and his comparisons very odd we always left with a lot of new ideas buzzing in our heads and a number of truths impressed upon us in a manner not to be forgotten. In conversation with Dr. Still one day he told me that he always used extraordinary comparisons in illustrating his subjects because his hearers would pay greater attention to his remarks and get the real points he wanted to make, far better than if he indulged in a mere prosy recitation of dry facts. At that time the Old Doctor had much to say about Mr. Spinal Column, Mrs. Spinal Cord, Judge Heart, and others. Many of you will remember the story and the scene in police court

when Mr. Spinal Column was arrested for "going on a bender." That same day Dr. Still told me of the several lesions that I might always look for in cases of cystitis, prostatitis, and irritation of the urethra, and if ever I had any doubts as to his being the best anatomist in the world my mind was set at rest that morning. No similes, no comparisons, but straight anatomical facts right out from the shoulder. From the very beginning Dr. Still had a distinct principle in mind upon which to base his methods of treatment and it was due to this that osteopathy never became confused with other mechanical forms of treatment. Disease was due to an obstruction and so the Old Doctor preached and practiced. His campaign was ever one of education and no one who would listen was too young or too old to hear the story of his work.

When M was a mere slip of a girl she was taken to Dr. Still for treatment of an aggravated stomach trouble. On examination he found a dorsal vertebra out of line with its fellows and ascribed the malady as resulting from that condition. Then with an old Landois physiology and a worn and tattered manikin he turned from one illustration to another and poured into the ears of his child patient the philosophy of osteopathy and expounded the principles upon which he based his diagnosis and treatment. The little maid admired the gaily colored plates and sat as still as a mouse while the big man rambled on in his discourse. When he had finished he patted her on the head and called her his "little doctor," but what was far better than this he put his arms around her and gave her spine a funny little twist and took away the dull heavy ache that before had repeatedly kept her awake far into the dark night.

About the time the A. T. Still infirmary was projected I was mailing clerk in the postoffice and Dr. E. C. Pickler was my dignified and sober—that is *sometimes* he was sober—boss. I recall that in those days it was quite a frequent occurrence for somebody to write the worthy P. M. and ask him what this new method of treatment was that was being discussed on railway trains and at corner groceries. One woman propounded: "Is osteopathy the laying on of hands," and Dr. Pickler replied "Yes, Madam, but they lay them on d—hard."

It was natural that anything which was creating so much discussion abroad should finally arouse some interest at home and one day to our surprise our good P. M. shuffled into the office with a Gray's anatomy under one arm, and Potter's quiz compends under the other, and announced that he had entered the American School of Osteopathy—at that time a one-story—one-room building about 12x20 which was stationed back of Dr. Still's residence.

At first a small call box was all that was necessary to hold the mail that came to the Old Doctor, but in time as his fame spread, his mail became heavier and it was but a comparatively short time until the A. T. Still infirmary was the lessee of one of our largest lock boxes. The Old Doctor very rarely came over to get the mail, but when he did so there was always—as they say in golf—"quite a gallery." One evening I recall seeing him treat a man by the name of Smoot, who had a wryneck, and who accosted him as he was entering the postoffice.

Much has been said and written about the gentle qualities of the Old Doctor, but I want to add that he has a sterner side as well. Vividly do I recall one beautiful moonlight evening, when I was sitting on the front veranda, or piazza, or maybe it was a porch—no matter, I was sitting there whispering sweet noth-

ings into the shell like ear of one of the Old Doctor's pretty nieces when the illustrious uncle appeared at the head of the stairs and thundered forth:

"Ethel, you come right in and send that young rascal home."

The word *osteopathy* shouted in the ear of an old hide-bound allopath couldn't have been more startling and yet now I fancy that as my boot heels beat a tattoo on the brick walk leading toward the street a jolly chuckle escaped from the man at the head of the stairs. Thus was an obstruction removed which threatened precipitation of a severe attack of insomnia with heart complications.

If we were living in the day of astrologers and soothsayers we might find much of interest in a horoscope of Dr. Still. August, the month of his birth, is the sign of the sun, we would be told, and people born under that sign are attractive to the multitude. Those born under the signs of fire and water repel but the sons of August are in sympathy with those born under all signs. And so we would be told that Dr. Still would live to see himself honored and revered by the multitude. The old astrologers said that the sign of the sun influenced the heart and the back. Dr. Still's heart was so big that many times in his career his generosity was extended at the expense of his own comfort. That he should turn to the back—to the spine for his researches into the cause of disease would, to the ancient philosopher, be a natural thing for a son of Leo to do. To me this all bears merely the mark of a peculiar co-incidence. but I surely believe Dr. Still was Heaven born and even the planets may well do honor to this plain, simple man who has given us osteopathy.

DR. H. S. BUNTING, Chicago, Ill.

In recalling reminiscences one naturally reverts to the first meeting, and in recalling my first meeting with the Old Doctor, I think it will not be amiss to give you a detail of it. Those of my old friends who were at Kirksville when I was there will perhaps recall that I first went to Kirksville as a newspaper man on a newspaper mission, one purely of business, seeking to get a write-up for a certain syndicate of newspapers with which I was then connected. After spending about two days at Kirksville, and being unable to meet the Old Doctor, not knowing anything about the situation at Kirksville at that time, and supposing that it was up to the Old Doctor himself to attend to these details, as he had founded the school, I went to some of my friends who told me how I could get a meeting with him. He seemed to be very evasive to newspaper men, and I had only in that time seen him crossing the street. Mrs. Conger with her lamented husband, who was my good friend, myself and two or three others, discussed the matter at that time, and they said, if you want really to see the Old Doctor and get next to him, you have got to get out and camp in his back yard some morning and sit around the smoke-house out there before he gets up, when he comes out there, then you will have to open up. So acting on their advice, I rose about 3:30 the next morning, and went over and seated myself at the Old Doctor's smoke-house, and about 4:30 he came out and looked up and down the yard in all directions and spied me. He seemed a little surprised when he saw me. Not knowing what else to say I asked:

"Do you use salt peter in curing your side meats?"

The Old Doctor replied that he did not believe in drugs in any form, that he replied purely on natural smoke, and from that on he commenced to tell how he handled his side meat. He asked me in to the smoke-house, and showed

me just how much he had on hand for the next winter, and took me around the yard and showed me a tree where he sometimes performed various operations, and after a very pleasant chat lasting over an hour or so it was almost breakfast time, the doctor turned to me and said:

"Are you a newspaper man?"

Of course I had been waiting for that, and I told him I was, and then he started to get ready to go, but he had committed himself too far by that time to escape me, and so I stayed right with him. After the Old Doctor found that he could not very well "throw me down," as the boys say, and I told him what my mission was, he said:

"Well, we will go over and talk it over with Henry," meaning the lamented Dr. Patterson.

So we started across the Wabash tracks to Dr. Patterson's cottage, where Dr. Still made his usual raps at the door. It happened to be his bedroom door. Dr. Patterson had not arisen, and I not knowing this followed the Old Doctor right in. Mrs. Patterson had not gotten up to welcome us, and pulling the covers over her head, lay there during the interview. I felt a little embarrassed, quite as much I am sure as Mrs. Patterson; but as soon as Dr. Patterson was dressed we went out on the porch and we had a very pleasant chat there.

On talking the situation over with him I found that the osteopaths did not advertise. The Old Doctor said he had nothing to advertise; that the world was coming to him to find what they were doing, but they were glad to have the newspaper men come to Kirksville and see what was going on, but they were not spending any money in advertising.

From that we went into serious subjects, and the Old Doctor took out a little paper that he had, and took me into his confidence and read a very fine article on physiological therapeutics, which was strong and condensed. It struck me most forcibly because of the wide field that he had covered in a very few words. It was one of those articles which was clear and condensed, a first-rate thesis, put into five or six well chosen paragraphs. The Old Doctor got me exceedingly interested, following the talks that I had with Mrs. Conger, Herman Goetz, Dr. Pressly, Dr. Charley, and four or five others, who had talked most intelligently and entertainingly on the subject. So after talking it over with Dr. Charley and Dr. Patterson, I said:

"I have not got what I came after, but it will surprise me a little bit if I don't come back here next year and study osteopathy. This thing appeals to me very strongly."

From that time on the Old Doctor became very friendly, and I was lucky enough to develop a good deal of intimacy with him in the time I was at Kirksville. While I was connected with the Journal of Osteopathy the Old Doctor said many things to me, as Dr. Charley will remember, sometimes pleasant and sometimes otherwise. When he had anything to say to me he used to go by the school, pick me up and we would go down to LaPlata, or down to the farm where he did much of his work. This place was about seven miles out of town, where we would have a good farm dinner, and the Old Doctor would rake me over the coals and give me enough instruction to last two or three months.

One day the tedium of my getting rusty was relieved by Horton Fay Underwood coming along. Horton was one of the head professors in the Boston school, and the Old Doctor had been laying for him. He did not think that Horton was quite the man to go down to New England and represent that he

was a successor of the Old Doctor and able to teach osteopathy. As soon as the Old Doctor began at him his throat began to fill up and he kept saying, "hem, hem," and the Old Doctor said:

"Underwood, what nerve is that that is affected?"

Like a little man he stood up and told him. He then wanted to know what branch, then he wanted to know what structures impinged on the nerve, and for fifteen minutes he gave him a most rigid cross-examination. Horton began choking and his face began to swell, and I never saw a school girl more embarrassed in my life than he was before the Old Doctor got through with him. That was characteristic of the Old Doctor. He used to like to teach by the Socratic method; the method of asking a man questions.

I think the Old Doctor showed wisdom in the infantile stages of osteopathy; in the days when his own creed was not very well formulated. Men would ask him questions that were hard to answer, and it was the part of wisdom to turn the question and ask in a parallel line. I have often found that a good thing to imitate. Sometimes an occasional friend in the medical ranks has sought to embarrass an osteopath by asking unfair questions, simply turning the questions back on him in the same style that the Old Doctor used by asking parallel questions, has usually succeeded in causing a truce to be had.

One of the things I remember was the method he had of going to nature. This appealed to every student who has ever listened to his words of counsel, and to his instructions—of simply diverging from the ordinary way of approaching problems by the slow, painful and precise ways, and which often cause the student to lose himself in the fogs of procedure or formula before he gets at the final truth he is seeking. The Old Doctor had a way of burrowing right under that formula and nomenclature and procedure and getting right at the heart of things, and in that way he would often bring truth to the students in a way that it would not appeal to them from text books. For instance, if the Old Doctor was walking over his lawn and saw a protuberance on the side of a tree, he would say, what makes that growth? is that a tumor? is that any different from the tumor in man? what force brought it there? did it come there through the sap, or come through the circulation of the tree, and so on and so on. By making the comparison to tumors in the human anatomy one would be forced to realize many things that would not appeal to him in studying the text books on tumors and approaching them from the standpoint of modern medical views which removed their bacteriology and their ideas perhaps further from the simple truth than they realized.

Dr. Still, to me, has always been the type, the purest type, of a subjective mind that I ever had the pleasure of knowing. Recognizing the difference between the subjective and objective minds that are pointed out so clearly by Hudson, Dr. Still is to my mind the best type of the subjective mind today. He approaches the truth not by a slow process of reasoning, but by the flash of superior intelligence that seems to discern truth. Then he uses his reason to prove that truth. Most men build up from fundamental evidence a slow foundation upon which they can stand, and after the structure has been built up by working through the objective intelligence they stand on the height as finally built and look about and see where they are, what they accept, and what they believe, that being the process of the objective mind. Dr. Still has always presented himself to me as the direct antithesis of that, a man who had a clear inspiration, and whose inspirations were very seldom wrong. If you have not looked at him in this way, and will sit down and recall many of the problems he

has worked out and presented to us, you will see that that is an observation which is true.

Dr. Hudson tells us that the subjective mind is the mind of real intelligence, it is the mind of intuitive ability, the mind that discerns truth. Such minds had those old seers and prophets, stellar visionaries, who brought down fire from high walled heaven and gave to man immortal truths. Dr. Still stands in the relation to mankind of another mighty Prometheus, being literally a man who stole the fire of truth from heaven to give it to mankind. Now most of us cannot have the gift of marked subjective intelligence. Our work is a different part. We, his disciples, represent more especially objective intelligence. It is ours to compare these truths and study, analyze and synthesize them, to delve into the realm of natural science and to bring the concrete truth to bear upon them until we in our day and generation will have the pleasure of working out in concrete, scientific form, such as the objective mind always demands, the beautiful system of osteopathy which he has given us.

I am sure there is no one present tonight who can claim to have ever filled Dr. Still's shoes. But I can claim to have filled his shirt. Those of you who have seen the Old Doctor will recall that when the Fall days come on the Old Doctor puts on a blue flannel shirt, and he wears such an article all through the winter until the following spring. Well, we got up a play in Kirksville while I was there called "Crutches for Sale," which probably most of you have seen. It fell to me to play the part of the cow boy. I got sufficient regalia with the exception of a flannel shirt, and I went to the Doctor and said:

"Do you think you could spare that blue shirt of yours for a couple of nights, I will take good care of it and bring it back as soon as the show is over."

He turned to Mrs. Still and said, "Mother, I have not had a rest for two or three days, you let Dr. Bunting have this shirt," and so I got the shirt and it was one of the star features of the play. So I can claim to have filled the Doctor's shirt if I cannot lay any claim to have filled his shoes.

I hope that at the next annual meeting the Old Doctor will be with us, and as the preceding speaker said, I hope earnestly we may have the pleasure of his presence and inspiration, not only for the next meeting or two but for at least a decade.

DR. A. G. HILDRETH, St. Louis, Mo.

In the fall of 1890 or '91 there drove up to the front door of Dr. Still's old home (the one diagonally across the street east of the present A. S. O. school and hospital buildings), a big lumber wagon full of people. The driver, or some member of the party, inquired for Dr. Still. Dr. Still being near, answered the call and wanted to know what he could do for them. He was informed that they had a woman in the crowd who had a very bad limb or hip trouble—and they had come to see him and learn what he thought he could do for her. The fact was, it was indeed, a badly dislocated hip. She suffered terribly and could not walk a step and had been told it was incurable. The entire family together with some neighbors, wanted to see what could be done for her, which accounted for the big load of people—all of them were very anxious about the case.

"Well," said Dr. Still, "let's get her out of there." She was lifted from the wagon and carried up onto the porch and placed in a chair. Many of you have seen this porch and the eight or ten steps leading up to it. In those days it was often used as an operating room and treating table combined. Dr. Still got

down on his knees and went to work to examine the hip—he worked and twisted and tugged away at the limb for a little time and finally gave it a good turn and set it for her. He then told her to get up and walk and she said:

“Oh, Doctor, I can’t walk, I cannot bear a particle of weight on that foot.” He replied:

“Oh, yes, you can, you can walk, just get up and try it and see if you can’t.”

In awe her people watched the performance, and to the utter astonishment of the woman herself, as well as the family and friends, she could walk. She took a step or two carefully at first and when she found she could bear her weight on the limb and could walk with ease, the reaction came in feelings, the gratitude for relief from suffering, and with it came tears of joy, and in the excitement she exclaimed, “You are a God! you are a God! Oh, what are you? You must be a God!” Of course, they had a good time around there for awhile. Such scenes were common in those days, and because the treatment was so new and results secured in a way so different from what all had been accustomed to before, they left a lasting impression upon our memories.

One morning in April of 1892, just a short time before Dr. Still received his charter from the state of Missouri for the American School of Osteopathy, I took the Wabash train for LaPlata, the second station south of Kirksville. The train had hardly started when Dr. Still came walking down the aisle and sat down beside me and the first thing he said to me was: “Arthur, I am looking for fifty or a hundred young men to study osteopathy; I want men who do not swear, who do not use tobacco, who drink no whiskey and who are moral, clean, good men.” He went on and described the kind and character of people whom he wanted to interest in studying osteopathy, and he had surely placed his ideal high. He wanted men of principle and of backbone, telling me that with such men he could not only place them within reach of an independence, but if of the right kind of material, they could aid him to revolutionize the theory and practice of medicine, besides making their lives a blessing to all with whom they came in contact. He painted a beautiful and glowing word picture of what was to come through osteopathy; but, oh, how far short he came at that time even in his wonderful castle building of beginning to anticipate the all that has even now come to pass. Neither he nor I then dreamed of the magnitude of the developments to come from the fulfillment of his desires or his demand for men. I listened attentively to all he had to say, realizing fully that he wanted me to study, and that he was only preparing the way to ask me to do so. Finally turning to him I said:

“Dr. Still, the kind of material you have described is very hard to find; such men are scarce, and I fear I would fall far short of your ideals. Yet there is only one reason why I am not ready to say to you today that I will study osteopathy with you.” Of course, he asked me what it was. My reply was:

“I am afraid I could never learn to diagnose diseases as you do.”

He looked me full in the eyes for a few moments, and said:

“I can teach you all I know.”

He had always been honest with me and my people, and what he had said left a lasting impression with me. By this time we were nearing my station and I left him on board the train. He was on his way to Macon City to visit his brother.

That conversation on board the old Wabash train, was the turning point in my life, and to his talk that morning am I indebted for all the great blessings, yes, truly great and rich—aye, God-given blessings, that have come to me and mine through osteopathy.

In the winter of 1895, it was in February, we were having a hard struggle to care for our profession in a legislative way. We had introduced our bill in the Missouri legislature, the one that was vetoed by Governor Stone, the first osteopathic bill that was presented to the legislature of any state in this Union, and of course, the first one ever passed. I was on my way to Jefferson City to work for the passage of this same bill. Dr. Still took the train with me at Kirksville and went down the road as far as Moberly. We had a long, good visit; we discussed our proposed bill and the conditions generally as regarded osteopathy. I remember we were talking of the fakirs who were jumping in and pretending to be osteopaths, who knew absolutely nothing about osteopathy and much less of the human body in health or disease; some half dozen people had left Kirksville and were in different parts of the country pretending to be osteopaths, and without any law legalizing osteopathy we had no way to protect the people. We were discussing one particular man who was then located in Moberly, Mo., a man who until very recently had been Dr. Still's hostler, Dr. Still turned to me and said:

"Arthur, little did I dream that the child of my brain could ever be used to rob honest people of their hard earned dollars," and as he expressed himself in this manner his eyes filled with tears and he could say no more for a time. He was grieved to think that the product of his mind could be so abused. My reply to him was:

"Dr. Still, it is only the genuine that is counterfeited, and while it is true that these fakirs may infringe upon your good reputation and in the name of our science virtually rob a few honest people, yet it is also true that even the worst fakir in osteopathy cannot do the harm to the patient that the useless drugs they have been taking even when prescribed by the best medical physician often does," and I also said to him, "It is only a question of a little time until through legislation and a better acquaintance by the people of what genuine osteopathy is, when these things will regulate themselves."

We could not realize then how soon and how fast that great work would be accomplished—those thoughts seemed to comfort him and I left him in Moberly with his same old happy, confident, determined spirit in the ascendency.

We are convened here on this the 6th day of August, 1906, in honor of the seventy-eighth birthday of the man who gave osteopathy to the world—and it seemed to me but fitting that I should in my remarks and reminiscences quote from actual experiences incidents that would give to those of you who have been less fortunate than I, in this respect, a better acquaintance with the man as he is and ever has been; the correctness of his work, his motives, his desires and the purity of his every thought and ambition in relation to osteopathy. If everyone could but know him; could they but realize and comprehend the all that lies beneath his plain exterior and seemingly common ways, so much higher would be their appreciation of him, and so much broader and better their conception of osteopathy. Oh, how I wish that each and every individual osteopath on earth could know him and his life's example in all its simplicity; what a lesson it presents; what an example for truth's sake. If they could, there would be a very different feeling toward him—not but what all love him in a way; not but what all want to give to him all credit and honor due him, but I feel that by knowing him better, knowing him for what he is worth, would strengthen you one and all in your life's calling; it would be an inspiration in your work. His example, his teaching, if but fully comprehended and followed out, or lived up to, would forever wipe from the face of the earth all danger to the future of

osteopathy, for it would give to us a system so pure, so comprehensive, so effective in its results, there could be no room left for the present fallacy covered up under the cloak of broad minded liberality, or a broader osteopathy as preached by some of our good brothers and sisters whose palms are itching to spread our therapeutics over the entire field of medicine. It seems to me the lesson of his life, if but known, could and would give strength enough to every individual osteopath to have but one desire and that a greater knowledge of our science, more light upon the blessed truth that has made us what we are, and that has made this grand gathering possible. If he alone could accomplish what he did when osteopathy was in its crudest form, what should we not accomplish with the opportunities we enjoy today.

Recently when in Des Moines, it was my privilege to take dinner with a half dozen osteopaths and in our discussion of osteopathy and Dr. Still and kindred subjects, one of the graduates said to me:

“Dr. Hildreth, do you know when I was in school I used to think some of you people were ‘daffy’ on the Old Doctor; I thought he was awfully cranky and said many foolish things, and really I could not think much of him or feel the enthusiasm some seemed to feel when he came around. I have been in the field now over seven years and know the value of osteopathy and of what I learned while at Kirksville, and I’ll tell you when I went down to the convention at St. Louis I could hardly wait to see the Old Doctor, and when he came walking down the aisle in the Missouri state building that forenoon, I jumped to my feet and halloed just as loud as I could and felt it too. I know now why you people used to feel the way you did towards him—you knew him better than I and knew the value of his work.”

The time will come when the world will stand on their feet and shout with joy at the utterance of his name; they will know him and the value of his work better then. These things are not said with any thought of man worship, for Dr. Still is mortal and has his faults; but they are said because I believe our flowers should be given when they are deserved, and while those who earn them are living, and not after they are dead.

Ofttimes during my connection with our profession, in conventions and elsewhere, have I felt keenly the sharp criticisms of my fellow practitioners when they have said things which indicated that they felt that I took positions that I have taken merely to gratify whims of the Old Doctor. Ah! could they have known the inside—it was not done to gratify him—they were not whims, but wisdom of the purest type, as experience had time and again proven. Could they have known these things as I knew them they would have felt very differently. I have stood for and upheld his desires, because I knew, through close contact with the man, the wisdom of his judgment and the power for all that is good and best in his guidance.

True greatness is possessed by few men—it comes as a rule through nearness to all that is good and best on earth. Music has its charms, the rose its rich, rare fragrance and ethereal beauty, but nothing anywhere can compare with the splendor, the high, holy, pure influence of nature as exemplified in the living human body, if beheld and understood with an eye and soul in harmony, through knowledge, with all its perfection and grandeur. To him whom we love, to him whom we owe so much, DR. ANDREW TAYLOR STILL, certainly belongs this high honor—one of the world’s rarest distinctions.

DR. C. E. STILL, Kirksville, Mo.

You will notice by looking at the printed program that I appear at about the middle, but I asked Dr. Evans if he would not let me speak last, as I was afraid I might say something that someone else had prepared to give. I thought I had sufficient data so that after they had all concluded their remarks I would still have sufficient to talk to you about for a few minutes. I do not know but I made a mistake by asking to be placed last, and to show you how I feel I will tell a little story. There was a man and woman who appeared before a court, each asking for a divorce. The woman got up and talked for about an hour, and when she had concluded, the judge turned to the husband and said, what have you to say? The man said: "Well, Judge, I think she said about all there was." So I feel as though the subject had been very well covered. But I will speak of some of the early struggles of my father, dating back further than your acquaintance with him him goes.

It was at a time when assistance was needed. I can remember the time when my father first said that he believed drugs would not cure diseases, that they were not specifics. His friends, the medical men, and others, took issue with him, and their relations became so strained that they went so far as to ostracize him for, as I have heard him say, about twelve years. I have heard him say that for twelve years he never had any assistance from a relative. Any appeal that he made was considered by them as coming from a harmless lunatic.

I remember on one occasion my father's sister was sick. I was then working in a livery stable, and one of my brothers had similar employment, and we were earning barely sufficient to support the family. We were each receiving \$5.00 per week, and we drew one week's wages in advance and gave it to father to visit his sister who was supposed to be dying. He went and stayed a few days. The money gave him paid his railroad fare only one way. As he was about to bid them goodbye he said to his brother-in-law:

"Fred, I have not sufficient money to take me home."

His brother-in-law replied, "I never asked you to come over here, and I do not feel like raising any money for you to go on any wild goose chase with."

His nephew then came in and said: "Uncle Andrew, here is eleven hundred dollars that Kate and I have made teaching school the last year. If you would stop your foolishness and go to practicing medicine you could be honored and respected as your brothers and old companions are, but I suppose it is time lost to try to induce you to earn an honest dollar."

Father had ninety cents left which he took and bought some oil of sunflower and some oil of bergamot, and made a hair oil, which he sold from house to house, thereby earning sufficient to bring him back home. The Old Doctor has since had the satisfaction of supplying money to these teachers to live on.

On one occasion a minister from the pulpit called on Almighty God to take A. T. Still from earth, on the ground that he was a blasphemer whom the community would be much better off without. The crime charged was that he was putting his hands on his fellowmen to cure them of disease and thus making light of our Saviour. The minister declared that Dr. Still's family would be better off if Dr. Still were removed from earth; that nothing good could come of them; that with such a husband and father, they would become harlots and gamblers and even murderers. *Still* nothing could stop him.

Those are some of the early struggles. You who are out in the practice sometimes think you are having hard struggles; but when I think about it, it is amus-

ing, as there has only been one who has really struggled, and out of his struggles came forth wonderful ideas and truths. Just think about it. In the early days I walked fifteen miles with my father to see a patient. We did not have a horse and buggy and could not ride. There was a patient in the west end of the county that was sick, thought to be dying, the doctors having given him up. On the journey we would sometimes buy a dime's worth of cheese and crackers to eat on the road. When we reached the patient, father would stay with and treat him until he was better. That is the way he labored to bring forth osteopathy. Perhaps the next day we would go to the east end of the county. He always liked to have a companion and either my brother or myself would go with him, as he would enjoy telling us what he was going to do. He practiced on hundreds and thousands of patients and did not take a dollar. He would say he did not know whether he would cure them, and he would not take money until he was satisfied he could effect cures. However, many grateful people would pay him for his services. Now, that was in the early days.

After a while, in order to systematize his treatment he evolved the theory of sensation, motion and nutrition. A suspension of either function means disease. Hence the object of treatment was to re-establish the suspended force. After he had treated hundreds of cases and relieved them and in a way got his ideas into a system, then came the school which is responsible for this gathering tonight. The first charter was taken out fourteen years ago last May. The first school was started the second day of October, 1902. There were eleven students enrolled.

It was not the intention of my father at that time to have a large school, for what he wanted was help. The first class was an experiment. The second was an experiment. We were teaching ourselves what to teach, and while it was an experimental work it was eminently successful.

The first school was started by Dr. Still upon the proof that osteopathy could be taught, and the proof was that Dr. Still's sons, whom he had taught, could also treat patients and the patients would get well without the Old Doctor seeing them. Before that time it had been generally conceded that he was especially gifted, and as soon as he died, that would be the end of his unnamed system. But as soon as it became reasonably certain that anyone else, who knew how, could treat a patient, and that patient could get well, then we began to teach. If we had kept in mind the mercenary idea which so often prevails, we should never have started a school. Dr. Still's idea was to give his discovery to the world. As Dr. Bunting said we would not advertise because we did not want to make any promises. But as soon as it was proved that others could treat as the Old Doctor did, then the school, which has been the means of advancing our profession, was established.

And so I say that every member of this profession owes his or her position, be that great or small, to the early struggles and persistency of the Old Doctor, who when often told to desist would keep right on. We used to say, when we would try to turn him on some point that we thought was a mistake, "Father, why don't you try so and so?" He would ask, Why would *you* do so and so? On our replying that it was customary he would say, "That is the reason I will not do it, I will not follow anybody's foot-steps."

If we have anything worth while people will find it out. Individuality is what we want.

We are every day improving our mode of operation, but as yet no one has ever added anything to the essential principle of osteopathy. My father's idea was

that if effect followed cause into the system and you could remove the cause the effect would follow it out of the system. That has been the idea.

Father has never been worried because he did not have the respect of the citizens where he lived in the beginning. He said, "If we have anything it will win, do not worry about it; if we have not, then it must fall." He did not care when he was called a faith doctor, a spiritualist or anything else. He rather enjoyed having the finger of scorn pointed at him, and he would do things sometimes that would encourage it. I remember on one occasion a man had a weakness in his stomach, and without any provocation at all he could throw up his dinner. This occurred on one of our early itineraries. We met this man and he recognized my father as an old acquaintance, and he said:

"Now then, if you want to have some fun I will show you how it can be had; the people down town are talking about you, and I will accidentally meet you on the corner, and I will have a few words with you, and you just tell me to show the people what I had for dinner, and I will show them."

They met on the corner about the time the postoffice was open, and he walked up to my father in the crowd and said:

"Hello, Andrew, how do you do?"

"How are you, Sandy?"

"Andrew, are you humbugging these people around here; I did not suppose you would ever resort to anything of that sort; what do you mean by it?"

"Sandy, show the people what you had for dinner."

And he did. You could not have scattered a crowd any quicker had you thrown a torpedo in their midst. Possibly some of them were not very anxious to show what they had for dinner.

Someone was talking a little while ago about the Old Doctor giving light treatments, and being kind hearted. I think that is all right, but then he has another side. I remember on one occasion an old lady came in and said she wanted to see the *old man*, and did not want to see any of his *hired men*. It was difficult to find him, as it was one of the days when he was not in active practice. Finally they located him and when he came in I privately told him that this old lady was a crank and had made more or less disturbance, and he walked in and said, "What is the matter, Auntie?"

"Something the matter with my leg."

Father called in half a dozen students and told them to place her on the table. He took hold of the leg and set it and said, "I do not want to see you again for ten days."

She came back at that time and the clerk asked, "Who do you want to see?"

"Anybody but the old man," said the old woman, "any student will do."

In conclusion I will refer to a little quotation. Alexander the Great once said that, "I have noticed that all of the prizes in life are won by men and women who enter the arena and run." Has it ever occurred to you that if you enter the arena you might win a prize? Show me a woman like Frances Willard, a lawyer like Blackstone, a scientist like Virchow, a president like the immortal Lincoln, or a physician like Dr. Still, as there is only one DR. STILL, and I will show you men and women who have entered the arena and run. I thank you.

I would rather men would ask why my statue is not set up than why it is.
—Cato.

SCIENCE, REGULAR MEDICINE AND OSTEOPATHY.

Paper read before the Missouri Osteopathic Association May 25, 1906, by S. W. LONGAN, D.O., Kansas City, Mo.

For ten years prior to beginning the study of osteopathy, it was my good fortune to be a teacher of science. Not Christian science, which from a moral standpoint is not Christian and from a technical standpoint is assuredly not science. You will observe that it occupies the unique position of the Guinea pig of which some wit has volunteered the information that it would have been aptly and properly named were it not for two things, first, that it was not a pig at all, and second, that it did not come from Guinea. No, not a teacher of Christian science nor yet of that so-called "science" still more popular and as little deserving of the name, *materia medica*, which taken as a whole is really the most unscientific anti-therapeutic thing extant.

Because I say this does not make it so, I am well aware, nor does it make it so that in this osteopaths in general concur. But if the evidence tips the balance this way, and osteopaths everywhere, in state and national conventions and especially in representative literature, keep forcing its consideration it must in time dawn upon the regular profession, that while their colors are flying from the highest balance pan, it's really the *light* end that's in the air. Nowhere in the realm of investigative science do we find ideas, definitions, methods and conclusions, more stable and clear cut than in those most incomparable of all such sciences, chemistry and physics. It is with these branches that I have spent much time and effort. Many a hotly contested battle, some of them continuing through long intervals of time, have been waged among the giants of the chemical and physical laboratories, culminating in much substantial fact, well guarded conclusions, ultimate principles, thorough classification and above all in importance in a very clear understanding of the methods of scientific investigation. The field has not been exhausted by any means; much remains to be done, but what has been done has a character as *well* as a reputation.

Regular medicine has a reputation for being scientific and the profession encourages the blunder for reasons that we shall not mention now. Nevertheless the profession knows well enough that such a thing is absolutely impossible. I do not claim, however, that the regulars have no good and conscientious reason for saying very little to enlighten the people upon this subject. I believe they have. Likewise osteopaths have good and conscientious reason for making the matter clear.

There is no one thing that will go farther toward putting osteopathy where it belongs both in the estimation of the regular profession, and what is of more importance in the estimation of the public than the policy of continually emphasizing this question of science. It is not sufficient that we be convinced in our own minds nor even that we already have a large number of friends. We must keep at this until we have convinced the world. Of course in osteopathy as in chemistry and physics we have not learned it all by a good deal. But while we are learning the rest in the treating room and in the laboratory, we have enough to tell to keep us busy. To illustrate the condition of things at present with special referent to the people, let me relate an incident.

A few months ago in answer to an attack upon osteopathy by a regular physician, an osteopath mentioned the fact that medicine is unscientific. The reportorial eye caught the statement, and it was given a two-line head in quarter-inch letters. Evidently the reporter thought this an idea peculiar and novel enough to attract attention, we grant it. He was right. Fellow osteopaths, you know and I know, that the majority of people in that town, thought that this osteopath was "wild," "kind o' crazy," "had an axe to grind." They think so yet in spite of his excellent article, which, however, did not discuss the scientific status of regular medicine. The actual truth is that few people know what genuine science really is. They do not know the ear-marks. They know that science has a reputation, that it is all right, whatever it is. Some who have been to college recently remember that there was a kind of accuracy about it, that puzzled the students and kept the professors quarreling. Older persons remember no more as a rule than that certain branches were called sciences. The condition also arises largely from modern commercial enterprise. As I said before, everyone knows that science is a good thing, whatever it is, hence we have scientific dress-making, scientific boxing, scientific tailoring, scientific manicuring, scientific drug giving, etc. Of late years, prize fighters especially have laid great claim to scientific attainments. Not only does the public know no better but this is true of even many of our newspaper reporters. Osteopaths have done much to correct the erroneous impressions with reference to the drug system but much more ought to be done. I believe it would be a good thing if every osteopathic journal published contained in its every issue, not only a definition of osteopathy as most of them do, but also a definition of science.

Prof. Torey, instructor in chemistry at Harvard University, says in his text on this subject, "The word science implies two things, first, that a large number of carefully attested facts have been accumulated, and second, that there has been some attempt to classify and generalize these facts. As long as any science continues to advance both these processes must go on, though not always at the same rate. There will be periods when facts are accumulated faster than they can be made available; with the result that valuable and suggestive material sometimes has to wait a long time before it is used. On the other hand, there occasionally come periods of great activity in the other direction when great accumulations of material crystallize into generalizations or laws under the touch of master hands. Anyone who wishes to advance scientific knowledge by his own investigations, must either contribute to its wealth of facts, or else set in order and arrange existing material. Neither of these tasks can be counted a light one." Prof. Torey further says, "In beginning our study of chemistry, it is necessary for us to enter as far as possible into the spirit of scientific investigation. We shall see how facts are established and how we are led by a study of these facts, to the great generalizations which are the backbone"—notice that, the *great generalizations* which are the *backbone*—"of the modern science of chemistry."

Prof. Torey has stated here just what may be found all through the almost endless literature of chemistry and physics. It takes a truly scientific spirit to appreciate what Prof. Torey means by "carefully attested facts." In addition it is all but necessary to know the man himself. I assure you that he means all that these words can mean, not something half proven and

half, or even one-tenth, guessed at. I search *materia medica* in vain for anything that savors of "carefully attested fact"—*mind this*—concerning the *curative* power of any drug that's known; admitting, at the same time, the value of certain drugs (antiseptics and antidotes) in *preventing* or helping to prevent the incursion of disease, but not by any means admitting the commonly accepted value of *all* that are so used. I refer chiefly to cathartics. There is much fact, to be sure, concerning drugs and their action. Some will stimulate, some depress, some are cathartic, some diuretic, some are astringent, some anti-febrile, some anæsthetic, etc., but that in all this there is one iota of curative power, the real end and aim of it all, there is no evidence whatever. In fact there is just as much evidence and more of harmful effects. Science is knowledge, but here nothing is known positively, unless it be that poisons will destroy life. Positive knowledge is impossible, because a new factor is introduced into every experiment, a factor which is itself very changeable and more significant still, one that is by nature constantly striving to rectify abnormal conditions, bringing into play a mechanism ordered by omnipotent wisdom for this very purpose. Applied hygiene and sanitation, together with some familiar principles of dietetics, modern nursing especially in hospitals where statistics are made and made by those interested in the financial showing, improvement in municipal systems, invention and the spread of general intelligence to say nothing of drugless methods in therapeutics, make it impossible to draw the conclusion (*scientifically*) that internal drugging has in the least decreased the mortality of any disease in particular or of disease in general. Here, then, is a condition in which even averages, the last resort of the scientist, are of no avail whatever.

The degree to which a patient's vitality is still able to assert itself can not be weighed, measured, described nor even approximated by any method whatever. A patient, no matter what his symptoms, even after he has been pronounced in a dying condition and after medication has ceased may rally and get well (excepting, of course) in those severer diseases wherein no cure is ever witnessed). Again, drugs are not known to abort the course of those diseases that have a definite sequence.

When will a Lavoissier rise in the ranks of the regular profession and proceed in a scientific way to positively, "carefully attest the facts" (so-called) of *materia medica*? I am afraid it can never be.

Concerning the second essential element of science, namely "generalization," *materia medica* is certainly in a predicament. There are no generalizations; such things are impossible. Only definite quantitative and qualitative fact can point the way to the discernment of law. There isn't even an attempt at such a thing in all the regular writings before and since the time of Christ. But it is this which Prof. Torey says is the backbone of modern chemistry. Where is the backbone of *materia medica*? When osteopaths can't find backbones, I for one am suspicious. If *materia medica* is science it is certainly an atypical case. Neither facts nor generalizations. Now I do not mean to say that there is nothing scientific about regular medicine, a statement sometimes made by osteopaths and sometimes seen in osteopathic literature, and one that is itself very unscientific because inaccurate. There is much that is scientific in regular medicine, and we should always carefully discriminate. Osteopathy is based

upon the most scientific portion of medical lore, and we are grateful for our foundation.

Osteopathy is based upon physiology and anatomy. These are investigative sciences. As for the superstructure, there is nothing of a more "carefully attested" nature, nothing that bristles more with "generalization" to be found anywhere in the realm of science. These great underlying principles, many of them enunciated by the Father of Osteopathy, you are perfectly familiar with; nevertheless, had I the time, I should like to present some thoughts in this connection, if for no other purpose than to hear the discussion, a chance for a profitable exchange of ideas.

I proceed, abruptly, it may be, to the original intention but shorter part of this paper.

The blood must have a purpose; what is that purpose? The whole intention in the blood scheme is ultimately to prevent disease arising within the body. It has no extraneous, no practical use outside the body economy. It is surprising, when one stops to think about it, how much that is within the body, has no practical use in the activities of life. All this, so far as we can tell, and we know nothing definite to the contrary, is involved in the great problem of maintaining health. Even those parts (muscles and bones, chiefly) of most use practically, have also their portion in this business of health. The whole body is, then, one vibrating mechanism, especially contrived with reference to its ability to persist in living. It is certainly a marvelous creation of nature or of nature's God, as you choose, vastly beyond the comprehension of man. The insignificance of man's constructive and inventive ingenuity prevents even an attempt at comparison. Not one drop of blood nor one blood cell ever emanated from any laboratory of man's contriving. Nor will it.

We understand but little of the general process involved in the making of blood within the body, likewise but little of the process of purification, nothing at all of the wonderful selective power of the blood and body cells. Bear in mind that I am relating simply admitted facts, not fancies.

Continuing, let us note, first, that the body is prepared to cope with disease. The blood as we have mentioned being the most conspicuous element in this work, is involved in all of it. It performs the double function of carrying nourishment to and toxic materials from the tissues. This is as important in overcoming disease as in maintaining health. In both of these processes the blood has reserve power, that is, power not used at all when the body is in normal health. This is virtually an ability to carry more nourishment, if it be needed, than is ordinarily demanded, likewise to carry away more impurities than is ordinarily demanded.

That this is a fact is evidenced by the quantity of impurities excreted under varying conditions and by the increased quantity of food consumed. This provision is no less than a kind of safeguard against disease. It is a direct provision not only for the greater demands of a more active life, but against the poisons of pathological processes.

The antiseptic properties of blood (admitted by all bacteriologists) and of the healthy derivative secretions, tell us that the body was prepared for encountering germs long before the microscope was invented. The same is true of the germ destroying acids of the stomach and the similar properties

of bile. Note the thousands of oil glands and the moisture thrown to the surface to prevent hardening and cracking of the skin, and thus the ingress of disease. Note the vaso-motor control for reinforcing the blood supply to those parts which by reason of work or injury have increased need. Note, too, the control by the same means of the peripheral and proximal circulation for regulating the temperature of the body to suit the surrounding conditions. Observe the diligent leucocytes, active in health but doubly so in disease, rushing in great numbers to destroy germs and poisons. Can we, in the light of these facts, say that the body is not marvelously entrenched against disease?

Second, note that the body is prepared to meet even the emergencies of life. The closing and healing of wounds by the process of coagulation and granulation is worthy of much attention; its very simplicity and evident function makes it a valuable fact. If it were not for coagulation, a process not needed in health, the prick of a pin would be followed by bleeding to death.

Vomiting and coughing, measures for protecting the person even against his own carelessness or incidentally against his destructive intentions, are important, because, in function, so well understood. Only an anticipation of emergency could have prompted such provisions.

The blood of the stomach, the leucocytes of the blood, the eyelids, the blood, and even pain, have their place in this list. Likewise and of no less importance, the organs of special sense, which, by the way, might well have been classed among the provisions against disease.

I have not the time at present to thoroughly complete and discuss many other well "attested facts" to show their bearing in this connection. This ought to be done, not in the way it is ordinarily, and I am aware that the subject is not new, but from the standpoint of Prof. Torey and other men who are spending their lives getting facts together for the generalization of truth.

From the material at hand what general truth seems to crystallize out?

First, the wisdom of nature or of nature's God, shown in dealing with the problems of emergency, sickness and disease; second, every provision is the stroke of a master-hand, and medication is another case of "fools rush in where angels fear to tread." Seldom in man's experience does the day laborer attempt to solve for the master mechanic his most difficult problems.

Third. The self-sufficiency of the human body is a fact and not a flight of the imagination.

The human body with its parts in mal-relation is not the human body which is the natural right of man. It is not the human body which is, in its entirety, the work of omnipotent wisdom. It is not the human body that may be expected to be self-sufficient. It is not the province of a physician to undertake to perform the work of the body for the body, but to restore the normal mechanism and thus undo what man has done and not do what he thinks God has left undone.

Missouri Building.

I have lived to thank God that all my prayers have not been answered.—
Jean Ingelow.

“OSTEOPATHY IN IRELAND.”

By HARVEY R. FOOTE, D.O., 71 Harcourt Street, Dublin.

At the request of the editor of THE JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION, I take pleasure in addressing the profession as to the progress of osteopathy in Ireland. Its history dates back four years when Dr. Jay Dunham, of Lyons, Kansas, came over to take charge of a case at Portodown, County Armagh. He landed at Londonderry Oct. 18, 1902. His success of this and other cases caused such a sensation that his fame spread through the country and neighboring towns, and to Belfast, where he went occasionally. Taking rooms in a hotel at Portodown he carried on a successful practice for the next thirteen months, at the end of which time he returned to Kansas.

In 1904 Dr. Dunham, accompanied by the writer, returned to Ireland. We located in Belfast.

I may say that physicians here conduct their practice entirely in private residences; never in public offices, and that in our case, six weeks were consumed before we were able to get a centrally located residence. Meanwhile we treated patients at their homes.

After our domestic difficulties were in a measure overcome we consulted a solicitor as to our rights and privileges as practitioners of osteopathy. We were told we might use the title of Doctor of Osteopathy or D. O. after our names, but that we could not legally use the title of doctor, physician, surgeon, or M. D.

Osteopathy has not only attracted the interest, but won the loyal support of the best people of the city and country; and of late even some of the medical men are very friendly toward us.

Recently we have completed arrangements for opening a practice in Dublin, which will be in charge of the writer, Dr. Dunham remaining in Belfast. Here we shall meet with the same obstacles we met in Belfast. We have to educate the people as to what osteopathy is and we must be known solely by our work; for all advertising is strictly prohibited. Hence progress is apt to be slower here than in the United States. But once osteopathy is established here by close adherence to the customs of the country and without the aid of American business methods it ought to have a splendid future.

One locating here must be prepared to pay heavy rents and taxes for the renter pays the taxes on the property he occupies, and these amount to about one-third of the rent.

Section 40 of the medical act, 1858, is as follows: “Any person who shall wilfully and falsely pretend to be or take or use the name or title of a physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, surgeon, general practitioner or apothecary, or any name, title, addition, or description implying that he is registered under this act, or that he is recognized by law as a physician or surgeon, or licentiate in medicine and surgery, or a practitioner in medicine, or an apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds.”

You will observe that the offence created is not that of practicing without being registered, but of assuming a name or title which implies that you have been registered under the act, in other words, it is purely a question of false pretenses.

Under an act passed in 1886, 49 and 50 vic., chapter 48, sections 12 and 13, that where anyone from a foreign country is entitled to practice medicine,

surgery, and mid-wifery in such foreign country he may, without having passed any examination apply to the registrar of the general medical council, who may, on being satisfied with his qualifications, register him in this country on payment of a fee not exceeding £5 (five pounds). Whether or not a diploma from a school of osteopathy would be accepted is the question. It has never been tried.

Next year the Irish International Exhibition will be held at Dublin and I shall be glad to welcome any visiting brethren at No. 71 Harcourt street.

NOTES FROM THE LABORATORY OF PHYSIOLOGY OF THE PACIFIC COLLEGE.

A few days ago a cat was used in experimental work upon the innervation of the lungs. After some preliminary work the thorax was opened. The lungs collapsed at once, of course, but the heart continued to beat for some time. Ether was used for narcosis.

After the completion of the work in the thorax the abdomen was opened but the viscera were not otherwise disturbed. The pregnant double uterus was plainly visible through the omentum. There were three embryos, about two inches long. Very forcible stimulating movements were given to the spinal tissues at about the second to the fourth lumbar vertebrae. No effects were perceptible for several minutes, and the movements were discontinued. Almost at once peristaltic contractions were noticed in the uterus. These, at first slight, increased in vigor and frequency. They were rhythmical at all times and were so strong that even the larger vessels were almost emptied of blood. The contraction continued for about twenty minutes, during which time the heart stopped beating and the viscera were subjected to various other manipulations. The uterus was finally removed and opened. It did not empty itself, but feeble contractions were still noticed after its removal. After the uterine contractions had been observed for some time, the omentum was raised and the viscera subjected to slight electric shocks. (Induced current, Du Bois-Raymond coil, not measured, but barely perceptible to the touch.)

Several students had their fingers along the back, and the stimulation of the viscera produced reflex twitching of the spinal muscles. The reflex contractions of the abdominal and inter-costal muscles could be seen. Further reports of this matter will be made later, but in this case I wish to note that while the stimulation of the ovary and proximal portion of the tube initiated reflex contractions of the spinal and abdominal muscles, the stimulation of the part of the uterus occupied by the embryos did not produce any perceptible reflex effects whatever.

We have worked with animals in various stages of pregnancy many times, but no amount of narcosis or of direct manipulation has ever initiated perceptible contractions. We conclude, therefore, that the forcible stimulation in the lumbar region was responsible for the effects noted.

Now the moral of this story, considered in the light of other experiments and of clinical experience, is as follows:

- I. That great care should be used in dealing with cases of pregnancy.
- II. That the practice of giving stimulating treatment in the lumbar region to increase or hasten labor and to control postpartum hemorrhage is physiological.
- III. That a lumbar lesion may be responsible in cases of habitual abortion.

IV. That the existence or non-existence in the mother of reflex muscular tension is not to be trusted as an indication of the condition of either placenta or foetus.

RESEARCH AND TECHNIC.

Since the presentation of the results of research work is to be an important feature of the Norfolk meeting of the Association, the Committee on Publication, in charge of the program, desires to hear either from or of:

1. All who expect, during the coming months, to pursue any line of research work.
2. All who are actually doing research work.
3. All who have been doing research work which has not yet been brought to the attention of the profession.

We want to know who are trying to advance osteopathy along scientific lines, and keep in touch with them and their work.

And since demonstrations of technic are to have a prominent part in our program we also want to hear from every member who has made or is making special study of any particular phase of technic, or of the mechanical principles involved in any operation, with a view of evolving the best methods of correcting the lesion.

It is the experience of every practitioner that he does some things better than he does others. The lesion which he corrects most readily is probably the one with which he is most familiar and to which he has given the most painstaking study of the anatomical conditions with which he has to deal.

I hope to hear from many practitioners soon on both subjects above referred to.

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

Attention Delinquents.

The A. O. A. list of members will be revised in a few days, in fact, *this week*. Your name will be dropped if remittance is not forthcoming. Save us the trouble of marking off your name, and yourself the inconvenience and expense of reinstatement, by a prompt remittance. Remember that persons once dropped from membership on account of lapse of dues are required, after that year, to pay an additional fee before they can be reinstated. A reinstatement is worth this additional fee, but you cannot afford to drop out, thereby missing the good things during that interval. More than ever before the association is giving value received for membership. Also, as a matter of loyalty to your profession, it is entitled to your support. Make all remittances for dues to M. F. Hulett, Treasurer, Capitol Trust Building, Columbus, O. Do it *now*.

The following beautiful sentiment, written by Dr. Mason W. Pressly, was in the "Declaration of Principles." preceding the first constitution of the Association. The statement is as true now as then, and will bear repetition:

"Section 7. That there is no culture of character, refinement of feeling, brilliance of intellect, keenness of reasoning, resources of scholarship, or ambition for discovery, that may not find free and full exercise and expression in the proper study and practice of osteopathy."

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W. B. Meacham, 5 Sondley Bldg., Asheville, N. C.
Jas. L. Holloway, 435 Wilson Bldg., Dallas, Texas.

COMMITTEE ON EDUCATION —
Chairman — E. R. Booth, 601-603 Traction Bldg., Cincinnati, O.

COMMITTEE ON LEGISLATION —
Chairman — A. G. Hildreth, 803 N. Garrison Ave., St. Louis, Mo.
Chas. E. Fleck, 462 Main St., Orange, N. J.
Otis F. Akin, 403 Macleay Bldg., Portland, Oregon.

BOARD OF REGENTS

Chairman — C. M. Turner Hulett, 1208 New England Bldg., Cleveland, O.
Secretary — Percy H. Woodall, 615 First National Bank Bldg., Birmingham, Ala.
Three Year Term —
Carl P. McConnell, 57 Washington St., Chicago, Ill.
Chas. C. Teall, Weedsport, N. Y.

Percy H. Woodall, 615 1st Nat'l Bank Bldg., Birmingham, Ala.

Two Year Term —
C. M. Turner Hulett, 1208 New England Bldg., Cleveland, O.

One Year Term —
Gertrude Lord Gates, 406 Macleay Bldg., Portland, Ore.

SPECIAL COMMITTEE ON ENDOWMENT

Chairman — Guy E. Loudon, 199 S. Union St., Burlington, Vt.
Asa Willard, 1st National Bank Bldg., Missoula, Mont.
A. B. King, 309 Mermod & Jaccard Bldg., St. Louis, Mo.

NOVEMBER 1, 1906.

THE STATUS OF THE ENDOWMENT MOVEMENT.

The endowment movement is not languishing, but is, rather, in the stage of storing energy. The report of the Board of Regents is now in the hands of the Board of Trustees, and is being fully considered. The canvass of the profession for subscriptions will not be begun until all of the preliminary details have been arranged. In the meantime the Special Committee on Endowment is preparing

for work. The territory has been divided among the members of the committee as follows:

The Chairman, Dr. Guy E. London, has the following: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, Pennsylvania, New Jersey, Delaware, Maryland, Ohio, South Carolina, North Carolina, Virginia, West Virginia and Canada.

Dr. A. B. King: Nebraska, Iowa, Illinois, Kansas, Missouri, Kentucky, Oklahoma, Arkansas, Tennessee, Texas, Louisiana, Mississippi, Alabama, Georgia, Florida, Indiana, and Indian Territory.

Dr. Asa Willard: Michigan, Wisconsin, Minnesota, Montana, North Dakota, South Dakota, Wyoming, Oregon, Washington, California, New Mexico, Arizona, Utah, Idaho, Nevada, Colorado and unassigned foreign territory.

Within the past few years there has been an awakening within the osteopathic profession to a realization of the necessity for a deeper, broader and more thorough preparation for our work. The belief is gaining ground that to fully occupy the field of healing we must have osteopathically trained surgeons. We believe a majority of our profession have become alive to the fact that in order to make good our claims we must be able to demonstrate our theories in a thoroughly scientific manner. All of this calls for an endowed post-graduate college. As Dr. C. E. Still said at Put-in-Bay, in speaking on this subject: "It is about the only way we can get just what we want. It is impossible for a body that depends upon its receipts to pay the bills to have just such an institution as this without being endowed."

This awakening—these ideas—the sentiment for an endowed institution, culminated at Put-in-Bay in an active and practical movement to have "just what we want." It is not expected that this will be achieved all at once. It must necessarily have humble beginnings, but it will succeed. It will call for sacrifice, for unselfish work, but we have many who will willingly sacrifice for such a cause, and who realize that we would make little progress as a profession if selfish interests were allowed to predominate. It has been pretty thoroughly demonstrated that working separately, as individuals, we cannot make the progress scientifically that we can by co-operation, by uniting our resources. It is only the exceptional individual who has the facilities and the aptitude to do pathological research work, but all can contribute something toward providing the facilities and sustaining those who have the training and ability to do it. This is one feature contemplated in this endowment movement.

We only need enthusiasm and earnestness on the part of the profession to make this movement a speedy success, for by these qualities we can easily arouse the interest of our friends among the laity, who are able to render substantial financial assistance. We already have abundant evidence of the great interest the public has in osteopathy, and there is no reason to doubt that many of our friends are ready to attest their appreciation of its worth in a substantial way. Those who are familiar with the marvelous history of osteopathy should, by no means, regard the raising of a million dollars endowment fund as an impossible task.

The following review of a book called "The Household Osteopath," written by Dr. F. J. Fiedler, of the state of Washington, which is copied from *Health*, a journal published at 321 Fifth Ave., New York, is so good that we give it entire. So impossible is it for one to be properly educated in osteopathy by "pictorial illustration," correspondence schools, and kindred methods, that we do not regard it as at all practicable for even "progressive physicians of the

other schools" to "employ it as a part of their system of treatment," without first having taken the physician's course in a legitimate osteopathic college:

For a long time, Osteopathy was regarded as a species of massage, and is, even now, frequently confounded with it by people who should know better. Of its value in the treatment of disease, there is no longer any doubt among those qualified to know, and many progressive physicians of the other schools, recognizing its value, employ it as a part of their system of treatment. Hand books of medical treatment, for home use have been issued in numbers, and it was to be expected, that in the fulness of time, a book like the one under consideration should make its appearance. With the exception of the preface, the work is devoted exclusively to the treatment of various diseases, and especially illustrated. Without wishing to depreciate the value of the book, we must confess that we can hardly see how osteopathic treatment can be successfully administered by an amateur, even with the assistance of a book so well illustrated as this. Certain limb manipulation can, no doubt, be successfully accomplished by its aid, but if there is one thing necessary to the success of osteopathy, it is a thorough knowledge of anatomy, and without that knowledge, not only failure, but possibly, injury may result. An outcry has been raised against correspondence schools of Osteopathy, by prominent osteopaths, on the ground, that personal experience with the human body is absolutely indispensable, and that it is impossible to communicate this practical knowledge by letter. If this be true, and we know it to be so, then the same contention should hold good against education by pictorial illustration. This is our opinion, but possibly, osteopaths may think differently.

The osteopaths who "think differently" are so scarce that there are not enough of them to make a corporal's guard.

The following telegram to *State Journal* from New York on September 16, is sufficient proof if there were no other of the dangers of drugging:

NEW YORK, Sept. 16.—Of all the drugs sold in the city of New York, 72 per cent are adulterated or in some other way fail to comply with the standard of the pharmacopoea and are consequently unlawfully sold. Only 28 per cent are absolutely or reasonably pure, and 36 per cent are so rank, so dishonestly compounded and labeled, so dangerous to life, that they call for the instant prosecution in a criminal court of the manufacturers and wholesale dealers.

These figures are not the result of guesswork, but are founded upon analysis and assay of 10,000 specimens or samples procured from the wholesale drug establishments either located here or represented by agents. In this list no account is taken of the thousands of cases of criminal substitution by the retailer, who, for a trifling profit, does not hesitate to employ entirely different drugs, although cheaper, for the component parts of prescriptions intrusted to him for compounding by physicians.

Dr. Darlington, Commissioner of the Department of Health, under whose direction the work of stamping out adulteration and substitution in drugs, has been carried on, has determined to make the work of his department thorough. At the same time correction of the fraudulent practices and the sale of absolutely pure drugs have been his aim, rather than meting out punishment for wrongdoing in the past, and he has given to the wholesalers ample warning and opportunity to reform, setting the date when the reforms he demands shall be operative as October 1, the date when the United States pure food law goes into effect.

If druggists continue to evade or defy the regulations of the department after that date they will be prosecuted with unusual vigor and all will be made to feel the power of the department. In endeavoring to make it impossible for wholesale dealers and manufacturers who decline to do an honest business to operate at all. Dr. Darlington has insisted upon the trade throughout the country, accepting certain regulations which he prescribes, and which the druggists with a few exceptions, have agreed to abide by.

The following resolution, among others, was presented by the Committee on Resolutions at Put-in-Bay, and unanimously adopted:

"That Thursday preceding Thanksgiving in each year be observed as 'Educational Day,' on which members of the profession may set apart as a thank offering the proceeds of the day's business, the sums, collectively, to constitute a guaranty fund, which shall be available for the use of the Board of Regents in carrying on its work, or, in its discretion, to be added to the Endowment Fund."

Every osteopath ought to be willing to give one day out of the year for the general good of the profession, and we believe most of them, whose attention

is called to the matter, will do so. That there is an earnest spirit existing in the profession on this subject is evidenced by the fact many who subscribed to the endowment fund at Put-in-Bay told members of the committee that they expected to do more than was signified by the amount of the subscription made at that time. One who subscribed twenty dollars then, has since voluntarily raised the amount to one hundred and fifty dollars annually.

It will not be necessary to notify any one if you expect to give the proceeds of the day's business for this purpose. Just send the money to the Treasurer of the A. O. A., who will temporarily care for it. Specify whether it is intended for the "endowment" or "annuity" fund. Inasmuch as the latter can be made available at once for research work it would be well if most of what is raised on "Educational Day" were applied to that fund.

During the coming winter there will be two legislative contests that are of especial interest to our profession, and where success will do much toward the advancement of osteopathy in a legislative way. The first is the bill pending before the United States House of Representatives, which provides for a Board of Examiners for the District of Columbia. Every osteopath who can exert any influence in a legitimate way should do so. Recognition of our profession by Congress will help our cause greatly before state legislatures.

The second contest to which we refer will be in Canada. Dr. Edgar D. Heist, Secretary of the Ontario Osteopathic Association, writes that he would be glad of suggestions from any one who has any to offer. There are many prominent Canadians in this country who could exert a favorable influence upon legislators in the Dominion. Those who can reach such will be doing a good work. This is the first attempt that has been made to secure legal recognition and regulation for osteopathy outside the United States and its possessions, and it should not be allowed to fail. Every osteopath in the United States should be glad to lend his influence to spread the science in foreign lands.

Several changes were made in the constitution of the A. O. A. at Put-in-Bay. In order that every member may have a copy as it now reads we print it in this issue.

Attention of State Associations is called to Article X, which is an entirely new article. It brings the State Associations in closer relationship with the A. O. A. For several years past some of the State Associations have elected delegates to the A. O. A., but there was no constitutional provision by which they could be officially recognized and no functions for them to perform. Hereafter they will have a distinct legal status and the duties devolving upon the body of delegates will be very similar to those heretofore conferred upon the Special Committee on Referred Resolutions and Motions.

Each State Society, at its last meeting before the Norfolk meeting of the A. O. A., should elect a delegate or delegates under the provisions of Article X., and see that they are given proper credentials.

We are glad to give space in this issue to the tributes that were paid to Dr. A. T. Still at the Put-in-Bay meeting on the occasion of his 78th birthday. We agree with Dr. Hildreth that it is much better to bestow our flowers when he, for whom they are intended, is living than to cast them upon his coffin after he has passed away. It is well for us all in this money-getting age to pause occasionally and contemplate those heroes who, through adversity and all manner of discouragement,

ment, have stood for a principle, for an ideal, for truth. Such an one was Dr. Still. There are many valuable lessons in his life, and we do not need to wait until he has passed from earth to take them to heart. Every member of the profession is his debtor, as well as every one who has been helped by osteopathy. We rejoice that the Old Doctor, the father and founder of osteopathy, hale and hearty, is still with us to enjoy the fruits of his labors and the love of the multitudes that have been made happier as a result of his wonderful work.

On page 19 of the supplement to *THE JOURNAL* for September in the portion of the report of the inspector dealing with the Massachusetts College of Osteopathy, a copy of a circular letter is printed which is introduced in these words: "The following is a copy of a letter sent out by the college." After the report had been read at Put-in-Bay, Dr. Teall, upon representation of the officers of the college that they were not responsible for the letter, requested that it be not published as part of the report, but it, inadvertently, appeared, much to his regret.

Members of the profession will be glad to learn that we are assured by the authorities of this college that the dispensary run in connection with the college has been put on a strictly osteopathic basis, and all internal medication has been discontinued.

We trust that the essayists in the profession will not forget the contest for 1907. The conditions of this will be found in *THE JOURNAL* for October. The prize is one of which any one might be proud. The following is a letter to the Chairman of the Committee on Publication from Dr. C. W. Young, the winner of the medal in the last contest:

"The medal came all right, and it is certainly a beauty. I also received this morning your check for \$37.75. I am glad that prizes for essays are not going to be discontinued. I certainly prize my medal more than the money cost many times over; and the cash received I intend to spend for the good of the profession. A little encouragement helps some people wonderfully to buckle down and work."

Any error that appears in the A. O. A. directory, issued in October, should be promptly reported to the editor. It is important, too, that he should be informed of changes of location as soon as they occur, this not only that the directory may be kept accurate, but to insure delivery of *THE JOURNAL*. The A. O. A. directory will probably be used by the publisher of the Osteopathic Directory, which will appear early in January, to secure data concerning A. O. A. members. This affords another reason why every member should cooperate to the end that it be made absolutely correct.

We have just received from Dr. Franklin Fiske, Portage, Wis., Secretary of the Wisconsin Osteopathic Association, a neatly printed directory of that body. It gives many interesting bits of information pertaining to the association. In urging loyalty to the A. O. A., it says: "Let us strive to the goal that every licensed osteopath in Wisconsin become a member of the A. O. A." This is a spirit we should like to see in all State Associations.

The next meeting of this organization will be held in Beloit in February.

Concerning the last directory Dr. C. A. Upton writes:

"The geographical feature of the last directory is a welcome change. I had occasion today to send a patient to osteopaths in Philadelphia and Baltimore, and find the directory much handier to use."

We are rather proud of the directory, and should greatly dislike to see a single name dropped from it. A prompt payment of dues on the part of every member will prevent it.

Read the notice of the Treasurer, and if you have not already sent him a check for your dues, do so at once. There is still time to do this before the last day of grace expires. Bear in mind that the names of those whose dues are not in the hands of the Treasurer by November 10, will be dropped from the subscription list of *THE JOURNAL*, the A. O. A. directory, and will not be marked as members in the Osteopathic Directory.

The Committee on Legislation of the A. O. A. in its last annual report requested all State Associations to elect, each year, at their annual meetings a standing committee on legislation to act with the A. O. A. committee. This recommendation applied to all states, not merely those in which legislation is anticipated. The idea is a good one, and we trust will be acted upon by the State Associations.

We want to urge upon every osteopath the importance of rendering every possible aid to the publisher of the Osteopathic Directory, Dr. R. E. Hamilton, Kirksville, Mo. The value of this publication is in direct proportion to its accuracy. If every one will see that the information asked for concerning himself is correctly reported the book will be practically free from errors.

Bear in mind that the next series of case reports will be sent only to those who contribute by December 1, 1906, an acceptable report of a case to the editor, Dr. Edythe Ashmore, 42 Valpey Building, Detroit, Mich. Those who do not contribute a case, however, may have a copy by sending to her fifty cents.

The following item was clipped from a newspaper:

"Medical men, on an average, die sooner than other professional men, says an authority. Between the ages of 45 and 65 two doctors die to one clergyman." Can it be possible they take their own medicine?

Especial attention is called to the advertisement of the A. S. O. Book Co., which appears in this issue. Copy for change, which announced McConnell & Teall's Practice, was furnished for the October number, but was omitted through an oversight of the editor.

Do not fail to read Dr. Asa Willard's article in this number of *THE JOURNAL* on "The Card System in Connection with Professional Reading." He makes a most excellent suggestion, which all would do well to adopt.

Bind together your spare hours by the cord of some definite purpose.—Taylor.

CONSTITUTION A. O. A.

ARTICLE I. NAME.

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

ART. II. OBJECTS.

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

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

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

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

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

ART. III. MEMBERS.

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

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

ART. IV. MEETINGS.

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 the date on which the meeting is to be held.

ART. V. OFFICERS.

SECTION 1. The officers of this Association shall consist of a President, two Vice-Presidents, Secretary, Assistant Secretary, and Treasurer, elected annually, and a Board of Trustees consisting of the President and Secretary of the Association ex-officio, and nine other members, three of whom shall be elected each year. The officers shall be chosen from the roll of members and shall be elected by nomination and ballot, and shall assume the duties of their respective offices immediately upon the close of the annual meeting at which they are elected.

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

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

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

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

SEC. 6. The Treasurer shall have charge of the funds of the Association and shall disburse them only on the order of the Board of Trustees, attested by the President and Secretary. He shall make a report annually, and at such other times as may be required of him, to the Board of Trustees, of the affairs of his office; and at the expiration of his

term of office, he shall deliver to his successor all moneys, books, papers and other property of the Association, in his possession. The Treasurer, at his entrance upon the duties of his office, shall execute a bond for the faithful performance of his duties, subject to the approval of the Board of Trustees, and in a sum amounting to twice the estimated value of the funds in his hands at any one time.

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

ART. VI. COMMITTEES.

SECTION 1. The Secretary and Treasurer shall act as a committee on credentials for permanent members, and they shall report at the opening session of each annual meeting the names of all permanent members in good standing.

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

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

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

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

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

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

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

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

ART. VII. FEES.

SECTION 1. Members shall pay an annual fee of five dollars in advance. If a member's dues remain unpaid for three months after an annual meeting his name, after he has been notified of his arrears, shall be dropped from the roll. A person thus dropped from membership may be reinstated at any time within the year by a favorable vote of the Trustees and payment of all back dues. Any person dropped from membership and remaining out of

the Association for one or more years may be reinstated by a favorable vote of the Trustees and the payment of a reinstatement fee of five dollars.

SEC. 2. Each application for membership must be accompanied by five dollars, for which the member shall be credited with dues until the end of the first annual meeting following his election to membership.

Provided, however, that anyone joining the Association within three months prior to an annual meeting may, as an alternative to the above, be credited with dues until the second annual meeting following his election to membership, in which case he will receive copies of the JOURNAL beginning with the issue which contains his name as a member, but will be barred from other privileges until the annual meeting immediately following his election to membership.

ART. VIII. ORDER OF BUSINESS.

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

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

ART. IX. AMENDMENTS.

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

ART. 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 fifty members who are also members of this Association. In associations where there are not fifty 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 two 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.

The Southwest Iowa Osteopathic Association will meet Nov. 13, 1906, at Chariton, Iowa. A good meeting is anticipated and a good program. All who can are urged to be there.

LILLIE E. WAGONER, Secretary

The Card System in Connection With Professional Reading.

In the commercial world there are constantly being evolved plans and schemes for the saving of time and the development of the utmost accuracy and completeness. The business side of our own work has received such consideration. In a professional way the short cuts are not very numerous. For the past few years the writer has been making use of a plan borrowed from the business world which has saved many hours and been a source of satisfaction many times. Possibly numbers of others are using the same plan but I have not happened to encounter any one who did, and, as the few to whom the idea was mentioned appropriated it, I thought perhaps it might be worth, to other members of the profession, the space taken to present it here.

I refer to the use of the card system in keeping tab on our professional reading, especially magazine reading.

A set of indexed cards, two hundred blank cards and a little oak box about six by ten inches, with a slide for keeping the cards upright, can be purchased for two dollars. The blank cards can later be secured in any quantity as needed. The below is a sample of a card just started:

Cerebro-Spinal Meningitis.	
PAGE	
	1670 Journal A. M. A. June 2, 1906 (Billings) N. Y. City reports, '04-'05.
	5 Journal Des Moines College Aug. '06. (Ruddy) Clinic.
	247 Journal A. S. O. Aug. and Sept., '06 (Crawford) Ost. vs. Allopath.

Oftentimes we wish to call to mind something read in some article and can not remember in what magazine it was, nor even just in what article, and we only have a hazy idea of what it was, but know it had a bearing upon the subject under investigation. If we have for years been using the card system in our reading we can find at a glance just where to look for anything we have read. Suppose you wish to read up on cerebro spinal meningitis. You push the index card C back and take out the "Cerebro Spinal Meningitis" card, which refers you to exactly where you will find all of your material. It is no trouble to keep up the cards. With your card case at your elbow as you read, when you have finished an article worth remembering or referring to in the future, just jot the reference to it down as on the above sample. When you have finished one card on a subject start another just in front of it. The mere jotting down of the reference to the article at the time of reading will in itself be an aid to memory. It often happens, too, that we receive magazines that we at the time of receiving only have a chance to glance over. If in this hurried inspection we note articles that appear to be well written and consider phases of subjects that might at some time be of special interest to us, we can tabulate these articles on the proper cards and in future reading will have them located for more careful perusal. Otherwise they would probably never be seen or remembered again.

Missoula, Mont.

ASA WILLARD.

BOOK REVIEW.

A Manual of Osteopathic Gynecology.

BY PERCY H. WOODALL, M. D., D. O., Birmingham, Ala.

This is the second edition of this popular text, and is just from the press, the first edition appeared in 1902. It is thoroughly revised and much of it rewritten. The mechanical features are a great improvement over the first edition and would be hard to excel. Several original illustrations and a few of the best from contemporary writers are given to show the normal relationship of the pelvic organs and the best method of restoring this

relationship when disturbed. A chapter on Diseases of the Bladder and Urethra has been added.

It has been said that some medical texts have been written by men who were not a success in the practice. This is not true of osteopathic authors and certainly not of Dr. Woodall. He was for several years professor of symptomatology, gynecology and obstetrics in the Southern School of Osteopathy and superintendent of the Southern Infirmary of Osteopathy at Franklin, Ky. His masterful knowledge of the theory of the subject has been supplemented by experience gained in a large and successful practice in Birmingham.

The book is for sale by the author.

NOTES FROM THE SECRETARY'S OFFICE.

August 6, 1907, will be published to the world by the Jamestown Exposition company as "Osteopathy Day." It is said that this action at the St. Louis Exposition did more than any other one thing that has been done to call the attention of the thinking world to osteopathy. While this exposition will not be so largely attended, people will be more easily impressed now by the mention of the word than three years ago, so that the results will perhaps be no less far-reaching.

We are now assured that there will be buildings at our command that will have a number of convenient rooms for clinics. We are determined that no one shall go away from this meeting still hungry for clinics.

Several members yet have not had their membership certificates, simply because the treasurer has not told me that you have paid the dues. Pay up and get a full year's wear out of that certificate.

You will notice a good list of applications in this issue of *THE JOURNAL*. Reader, did you send in one of them? You could send in one if you tried, could you not? Certainly there is one practitioner of your acquaintance who would make a good member, and whose application you could secure if you made the effort to. Get one member. Get him now.

Recently there have been published in a paper that goes to as many who are not members of the Association as those who are members, letters and articles containing criticisms of the management of the A. O. A. Criticism, even unjust criticism, is not bad always if done to your face and not in the presence of strangers. It makes you investigate yourself, and may be very helpful. But it may give the stranger a very wrong impression.

I believe all connected with the A. O. A. officially would really like to be told the shortcomings of the Association and its annual meetings if told to the membership only.

So far as the secretary is concerned, he is on the lookout for good men and women to recruit our membership. Those who have criticised the meeting to non-members do not realize what a blow it is to increasing the membership to have these complaints made to those who are not interested in the Association. There are quite a number in the profession who profess to believe that there is no need of the Association. This line of talk to them convinces them, and confirms them in their position. No reader of these notes has an idea how many replies I got to a circular letter I sent out asking the practitioner to tell me why he had never applied for membership in the Association, who called attention to these complaints as showing that our members were not satisfied with it, so they thought they did not want to belong to it. Criticise the Association, its meetings or whatever you see about it that is not as it should be, but do it in *THE JOURNAL*, where all of the members can see it—and nobody else.

H. L. CHILES.

Auburn, N. Y.

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.]

Harris, Wilfred E. (Massachusetts Journal of Osteopathy, May-June, 1906)—The Value of Osteopathy in Appendicitis.

The appendix is attached to the caecum quite near its junction with the small intestine: usually just below this junction, or below and behind the same. The consensus of recent-day writers is that its walls secrete a thick mucus, which is discharged into the large bowel. At the junction of the small intestine with the large is a membranous valve (known as the ileo-cecal valve), which serves to prevent the too rapid passage of the intestinal contents, and

the reflux of the colon contents to the ileum. This very fact renders this section of the intestinal tract particularly prone to fecal impaction, with resulting inflammation.

Heavy muscular strain, as in lifting heavy weights; running or jumping; falls, blows or other injuries in the lower part of the abdomen, are thought to be predisposing causes. One of the most important of all causes is carelessness in the dietary. After all, we have in this disease as in all others, two main predisposing factors, viz: a disturbed nerve and blood supply, producing in turn functional inactivity of the bowel, and making germ invasion possible.

Everyone should be taught to give intelligent manipulation to the ileo-caecal region; and I consider a couple of minutes of gentle work done morning and night, over said region, will almost certainly insure one against appendicitis. Treatment, careful work done over the liver and controlling spinal centers. The pain is greatly mitigated by relaxing the spinal muscles and quieting the spinal nerves and centers. Evacuation of the bowel will be aided by high injections of water or oil. The application of an ice bag, or very hot fomentations (quickly changed) gives great relief to the painful side. The use of the hot water bag to the side should be discouraged; as the steady warmth favors congestion. All food should be withheld till the dangerous symptoms subside.

Taplin, George C. (Massachusetts Journal of Osteopathy, May-June, 1906)—Clinic—The Innominate.

With the upward and backward slip the Y ligament supplies the right purchase if the femur is rotated outward and extended. With the downward and forward slip the internal obturator muscle which draws around the ischium, passing through the lesser sacro-sciatic notch, and inserting into the great trochanter by the strong tendinous band, is as good as a block and pulley if the femur is flexed and rotated strongly inward.

In the upward lesion have the patient lie on the back, grasp the ankle with one hand and the knee with the other, slightly flex, rotate strongly outward, and extend gradually, maintaining outward rotation. The femur as a lever in conjunction with the Y ligament easily draws the innominate into place. In the forward, downward type have the patient as before, flex the knee and the hip, rotate strongly inward. No jerky force is necessary. A convenient way is to rest one of your knees upon the table, place the patient's instep in your groin and one hand upon their knee, then with the disengaged hand lift up under the trochanter, and thus assist your leverage.

A few cases of long standing will not stay replaced even after repeated reduction. These are managed by strapping a tight bandage around the hips after reduction, so as to press the articular surfaces more firmly together while the ligaments shorten and strengthen.

Laughlin, Geo. M. (The Journal of Osteopathy, October, 1906)—Infantile Paralysis.

The extent of this atrophy will depend upon the amount of destruction that has taken place in the spinal cord as a result of the acute inflammation which has attacked the anterior horns of the gray matter. If such is to be accomplished, the patient must be seen comparatively early in the disease. The best results are obtained where the cases are seen and treated from the onset. In the beginning of the disease, the object of the treatment is to allay the inflammation in the cord and if this is accomplished in time, the inflamed area will undergo resolution and the function will return to the paralyzed limbs, but if the inflammatory process continues until the cells are destroyed and replaced by fibrous tissue, a complete cure cannot be effected.

The treatment consists in manipulating the spine in the region of the areas of the cord involved, with the idea in view of correcting any abnormality for the purpose of improving the circulation to the cord. The cervical region must be given special attention, as in many cases, lesions here affect the spinal circulation through interference with the spinal arteries. The nurse or parents also should be instructed in the matter of rubbing the limbs and exercising them for the purpose of keeping up the circulation. Old cases will improve a little along for several years, but of course, on account of the nature of the pathology of the disease, a cure cannot be expected.

Smith, Orren E. (The Journal of Osteopathy, October, 1906)—Overwork.

The elementary constituent of the body as a whole, is the cell. The built up protoplasmic mass, (i. e., the cell equipped for work), is composed of a number of chemical compounds, which, upon being oxidized, or torn down, liberate energy for bodily processes and activities. Oxidation is a burning process and from it are left end products. These waste products consist of various acids and gases which are poisonous to the vital part of the cell and are very detrimental to it when retained. In muscular contraction sarcolactic acid is one of the chief end products of waste and increases as work is continued. As the acidity of the cell increases its protoplasm becomes more inert.

This makes of sarcolactic acid, carbon-dioxide and other waste products from oxidation, a chemical irritant to muscular and other tissues of the body. The stimulus thus constantly applied to sensory afferent nerves is sent into the nerve cells in spinal cord and brain from whence they are reorganized and reflected over efferent pathways, which in muscular tissue becomes manifest in excessive muscular tonus.

This shortening, which the muscles undergo in contraction, has an effect upon the bones and other parts to which they are attached, in drawing them closer together. This pressure causes irritation, congestion and inflammation, not only of the parts so restricted, but of distant organic parts through their blood and nerve-supply being interfered with.

Goetz, Edouard W. (The Journal of Osteopathy, October, 1906)—Obesity, and the Treatment.

The pancreas, either through organic disease or functional disturbance is unable to cope with the amount of work thrown upon it, thus allowing the fats to be absorbed in an emulsified state instead of being saponified, and in this form deposited in the various tissues. Every part which is abnormally large must have its special attention or manipulation. As there is a faulty digestion, especially involving the pancreas, pay particular attention to these organs. Work all parts deeply. Exercise in the open air should be insisted upon. The main object being to remove from the dietary all fat forming foods, the patient should avoid sugars and starches and most fats, though a certain amount of fat with the food is essential.

Tete, Henry. (The Journal of Osteopathy, October, 1906)—A Specific Treatment for Malaria.

In fifty-three cases, where the appointment (hour of treatment), had been previous to the hour of, and on the same day as, the expected paroxysm, the results were remarkably speedy. All cases cured in one, three, and five treatments being of this number, whereas those cases requiring many months treatment were treated on days on which they had no paroxysm, or after a paroxysm. I had now on a working basis a patient who had a chill at twelve o'clock today (in tertian) was told to come day after tomorrow at eleven, (or if his attacks anticipated) at ten-thirty for his treatment. Now as to treatment, a good strong "local" and "spinal" treatment to liver and spleen and a general vaso-motor stimulation. Upon the basis of phagocytosis, the phagocytes being stimulated in the blood stream by the treatment; at the moment the plasmodium ruptures the red corpuscle, and emerges in search of a new home, he is destroyed. Or if we accept the "splenic wave theory" advanced by Dr. E. E. Tucker, we can account for the results by alteration of nerve suppl-.

Stratton, C. M. (The Journal of Osteopathy, August-September, 1906)—An Oculist's Experience With Osteopathic Patients.

My experience in correcting errors of refraction with patients who were under osteopathic treatment, has been the occasion of considerable thought with me. My attention was first seriously called to the matter in a case where I examined the patient in November, 1905, and found considerable astigmatism, and upon a second examination, made a month later, found less than one-half of that error present, and learned that he had been taking osteopathic treatments regularly in the interim. I examined the refraction from time to time of persons who were under treatment, and arranged for treatments with a number of my patients and watched the result. My observations have extended over a period of six months and have proved conclusively to me that in a majority of cases osteopathic treatments do make changes in the refraction of the eye.

Editorial. (The Journal of Osteopathy, August-September, 1906).

Let us be consistent. We have no right nor need to fool with drugs. On the other hand a man who has studied medicine may know the fruitlessness of drug treatment as well as you. We know an old man named A. T. Still who was once a medical man, but who now passes as a pretty fair osteopath. And yet in spite of the Old Doctor we now and then hear some non-thinker say, "I never knew of a medical man making a good osteopath."

North Carolina Osteopathic Association.

The third annual meeting of the North Carolina Osteopathic Association met in Durham Saturday morning with a large attendance. Those in attendance consisted of all the osteopaths from the principal cities in the State.

The morning session was devoted to the reports of committees, including the legislative and executive committees. Other matters was the secretary's report and other business in general.

Much interest was taken in the afternoon session. This was considered the general assemblage, and short papers were read by the doctors, as follows:

"The Present Condition of Osteopathy," by Dr. W. B. Meacham, of Asheville; "Frequency and Length of Treatment," by Dr. W. H. Glascock, of Raleigh.

The following furnished papers in a symposium on osteopathic manipulation:

Introductory paper, Dr. A. R. Tucker, of Durham; "Cervical Region—How to Diagnose, and Correct Lesions," by Dr. E. C. Armstrong, of New Bern; "Dorsal Region—How to Diagnose and Correct Lesions," by Dr. E. J. Carson, of Wilson; "Lumbar Region—How to

Diagnose and Correct Lesions," by S. W. Tucker, of Durham; "Innominate Sacrum and Coccyx—How to Diagnose and Correct Lesions," by Dr. J. M. Carson, of Wilson; "Clavicle and Ribs—How to Diagnose and Correct Lesions," by Dr. Roy Armstrong, of Salisbury; "Success in the Practice of Osteopathy," by Dr. E. J. Carson, of Wilson.

An informal reception was held at Hotel Carolina at 7:30 o'clock in the evening. This was a brilliant affair and proved to be an enjoyable feature of the occasion.—*Richmond Times-Dispatch*, Oct. 22, 1906.

New Jersey Osteopathic Society.

The sixth annual meeting of the New Jersey Osteopathic Society was held at Newark, October 6. Features of the meeting were addresses by Dr. S. A. Ellis, President of the A. O. A., and Dr. C. E. Fleck, President of the New Jersey Osteopathic Society.

The following program was carried out:

"Practical Osteopathy," S. A. Ellis, Boston.

President's Address—"Osteopathic Legislation," C. E. Fleck, Orange.

Papers—"Ethics," Milbourne Munroe, Orange.

"Effects of Drugs on the Tissues of the Body as Compared with the Changes Produced by Osteopathic Treatment," J. W. Banning, Paterson.

"Osteopathic Treatment of Appendicitis, Apropos of Five Cases," D. W. Cranberry, Orange.

Operative technique for correcting lesions of:

Cervical Region, Herman T. Still, Trenton.

Lumbar Region, C. H. Lyke, Camden.

Dorsal Region, J. F. Starr, Passaic.

The following officers were elected: President, C. E. Fleck, Orange. Vice-President, Helena Smith, Montclair. Secretary and Treasurer, Hardy W. Carlisle, Paterson.

Executive Committee: S. H. McElhaney, Newark. R. M. Colborn, Newark. E. M. Her-ring, Asbury, Park.

Idaho Osteopathic Association.

The Idaho State Osteopathic Association closed a two days' session in Boise, Oct. 18. Nampa was selected as the meeting place for next year.

The meeting was called to order by Retiring President Dr. H. D. Morris, of Boise, at 9 o'clock Wednesday morning, Oct. 17, in the office of Dr. S. R. Rightenour, in the Senna building. The invocation was pronounced by Dean Hinks, of Boise.

After a program had been arranged an adjournment was taken till 2 o'clock in the afternoon.

At the afternoon session a paper on "The Stomach" was presented by Dr. O. W. Kingsbury, and discussed by Dr. H. D. Morris and Dr. Jane Shank, which was followed by a general discussion. A paper on "The Uterus" was read by Dr. E. G. Houseman, of Nampa, and discussed by Dr. P. W. Polly, of Emmett and Dr. Avis Bodle Maxwell. A general discussion followed. The meeting was then adjourned till 9:30 the following morning.

At the morning session the following clinics were presented: Dr. Rightenour presented two cases of rickets. Dr. Kingsbury one case of neurasthenic complication, also one case of intestinal abscesses, and Dr. Morris presented one case of anterior polio myelitis. An adjournment was then taken till 1:30.

At the last session a general discussion was held of the clinical patients presented at the preceding session, and the following officers were chosen: President, Dr. E. G. Houseman, Nampa; First Vice-President, Dr. Avis Bodle Maxwell, Boise; Second Vice-President, Dr. Jane Shank, Twin Falls; Secretary, Dr. C. W. Kingsbury, Boise; Treasurer, Dr. Mary A. Kingsbury, Boise.

Michigan Osteopathic Association.

The seventh annual meeting of the M. S. O. A. was held at the Post Tavern, Battle Creek, Saturday, Oct. 6, with thirty members in attendance. Due to the indefatigable labors of the local committee, who gave the entire day Saturday to the care of the convention, a most profitable meeting was held, there being plenty of clinic material for demonstration by the speakers.

The program was opened by the president, Dr. W. S. Mills, of Ann Arbor, with a paper upon "The Office." Dr. Betsy Hicks presented a clinic upon "Little's Disease." Dr. Edythe Ashmore gave a paper upon "Technique—A Neglected Study," and Drs. H. W. Conklin and R. B. Peebles discussed a case of paralysis. Dr. Annabel Hicks was appointed secretary pro tem in the absence of Dr. A. D. Glascock, who was called away by the serious illness of his mother. Three new members were elected: Drs. Betsy Hicks, of Battle Creek; Dr. Glenn Hicks, of Jackson, and Dr. Frances Platt, of Kalamazoo.

The afternoon session opened with two clinics upon "Epilepsy," presented by Drs. F. H. Williams, of Lansing, and Edythe Ashmore, of Detroit, followed by the following clinics: "Partial Congenital Dislocation of the Shoulder," Dr. J. O. Trueblood, Traverse City;

discussed by Dr. S. R. Landes, Grand Rapids; "Inflammation of the Knee-joint," Dr. E. E. Schwartz, Coldwater; "Malnutrition," Dr. John M. Church, Detroit; "Goitre," Dr. Carrie Classen, South Haven, and a general discussion of the clinics manifesting blindness, neuritis, and articular rheumatism.

An invitation from the Detroit Osteopathic Society to meet in Detroit in Oct, 1907, was unanimously accepted. Election of officers resulted in the following choice: Dr. Hugh W. Conklin, Battle Creek, President; Dr. Annabel Hicks, Jackson, Vice-President; Dr. A. D. Glascock, Owosso, Secretary; Dr. John C. Garrett, Ypsilanti, Treasurer.

Drs. Holme, of New York, and Slater, of Omaha, were guests of the Association.

Vermont Osteopaths.

The following is the program for the seventh annual meeting of the Vermont Osteopathic Association to be held at Montpelier, Wednesday and Thursday, Oct. 31 and Nov. 1, 1906:

President's Address—Dr. C. G. Wheeler.

Clinical Diagnosis—Dr. G. E. Loudon.

Failures in Osteopathic Practice—Dr. L. D. Martin.

Clinical Demonstration—Dr. W. W. Brock.

Osteopathic Procedure in Contagious Diseases—Dr. L. W. Allen.

Osteopathy in Acute Diseases—Dr. H. M. Loudon.

My Experience with the M. D.'s—Dr. H. K. Sherburne.

Discussion to follow each paper.

Washington Osteopathic Association.

The following account was clipped from the *Spokane Review* for Sept. 9, 1906:

The State Association of Osteopaths held its first session in eastern Washington in this city yesterday in the offices of Dr. G. M. Nichols, in the Nichols block.

About fifty members of the profession participated in the proceedings. The day session was occupied principally in making addresses. Dr. J. E. Hodgson, of Spokane, made the address of welcome, to which Dr. R. E. Chase, of Tacoma, responded. Later Dr. E. B. Neffler, of Everett, made some remarks.

Dr. Ella D. Still, of Des Moines, Iowa, was present and addressed the convention, after which Dr. Fiedler, of Seattle, read an interesting paper. The afternoon session ended with a clinic in which Dr. Carrie A. Bennet, Dr. Ina F. Rupert and Dr. Hodgson, all of Spokane, were the principals.

The evening session was more of a business meeting. Questions of legislation were discussed. The convention adjourned at 10 a. m., and the members proceeded to the Silver grill, where a dinner was enjoyed. An elaborate program of toasts and responses was a feature of the dinner.

Dr. Nichols was toastmaster. This was the program: "The Local Spirit," by Dr. A. H. Bennet; "The Country Member," Dr. Teeter, of Davenport; "The Spokane Members," Dr. W. B. Neffler, of Everett; "The Pelvis," Dr. Ella D. Still, of Des Moines, Iowa.

Maine Osteopathic Association.

The Maine Osteopathic Association convened for its first meeting after the summer vacation at the office of the president, Dr. Viola D. Howe, in "The Somerset."

All members were present.

Very interesting reports of the A. O. A. meeting at Put-in-Bay were given by Drs. Rosebrook and Wentworth.

A quiz on epilepsy was conducted by Dr. V. D. Howe, followed by discussions and case reports.

The meeting adjourned at a late hour, each member feeling that the time had been well spent.

D. W. COBURN, Secretary.

Buffalo Osteopathic Association.

The Buffalo Osteopathic Association held the first regular meeting of the year Monday, Oct. 8th, and elected the following officers for the ensuing year:

President, Dr. C. W. Proctor; Vice-President, Dr. Joanna Barry; Secretary, Dr. Andrew L. Wiley; Treasurer, Dr. A. C. L. Kugel.

Program was outlined for coming year and preliminary discussion was had of ways and means in taking care of our interests in the legislature this coming session.

ANDREW L. WILEY, Secretary.

A New Osteopathic Association.

At a meeting of the San Antonio Osteopaths, held this week, "The Bexar County Osteopathic Society" was organized. Eight practitioners in the city all enrolled as members. It was noticed that every one present was also a member of the state society.

Officers were elected as follows:

Dr. Paul M. Peck, President; Dr. J. R. Cunningham, Vice-President; Dr. Mary E. Noonan, Secretary and Treasurer.

The object of the society will be to hold semi-annual meetings for the discussion of scientific subjects and matters pertaining to the advancement of the profession locally and abroad. Also to render harmonious action in the interest of the osteopathic legislation proposed for the next session of the state legislature.

MARY E. NOONAN.

Sept. 27, 1906.

South Dakota Osteopathic Association.

The third annual meeting of the South Dakota Osteopathic Association at Mitchell, Sept. 27, was the best ever held so far in the state. A good attendance and keen, interesting discussions were noted.

The legal question came in for part of the discussion and the Association voted to get busy.

A paper by Dr. W. V. Goodfellow, of Alexander, was read, subject, "As Others See Us." Clinics were conducted by Drs. Glasgow, Atkinson and Heyler.

The D. O.'s present were so much in earnest that only two stayed away from the afternoon session to attend the concert in the Corn Palace.

The following officers were elected:

President, E. W. Heyler, Mitchell; Vice-President, Winifred Atkinson, Mitchell; Treasurer, Mrs. May Redfield, Parker; Secretary, S. W. Heath, Sioux Falls; Trustee, Lena Eveloe, Canton.

A legislative committee was also appointed.

C. S. BERTS, Secretary Pro Tem

PERSONALS.

Born, Oct. 6, to Dr. and Mrs. A. D. Campbell, Philadelphia, a daughter.

Dr. Jose C. Howell, Vineland, N. J., will practice three days each week in Philadelphia, at 420 Pennsylvania building.

Dr. E. D. Heist was prevented from reading his paper on "Emergencies—(unconsciousness and insensibility)" by an acute throat affection which developed at Put-in-Bay.

The marriage is announced of Dr. Katherine Frazer McLeod, New Castle, N. B., to Dr. John Herbert B. Scott, South Charleston, Ohio. The wedding occurred, on Wednesday, Oct. 10, 1906.

Dr. F. E. Moore, one of the trustees of the A. O. A., on his way to his home in LaGrande, Oregon, did some good work in recruiting the A. O. A. membership, though he had sometimes to stop over and go out of his way to do it.

Dr. Festal Crain, who has practiced for several years in Tokyo, Japan, will return soon to the United States. Her address will be 45 S. Marengo avenue, Pasadena, Calif. She is bringing her partner, who has been quite ill, to that place to try the effect of the climate.

Dr. Frank P. Smith, Caldwell, Idaho, has been ill during the past year. His trouble began with typhoid fever, which was a protracted case and left him with a spinal affection. He has been attended by his wife and Dr. Morris, of Boise. Dr. Smith's friends hope and believe that he will eventually entirely recover.

Dr. Ben S. Adsit, of the Southern College of Osteopathy, Franklin, Ky., has been seriously ill for the past five or six weeks. Dr. Adsit and his wife, Dr. Marie Neely Adsit, are at the Women's hospital in Nashville, Tenn., where an operation for abdominal abscess was performed on Oct. 26. He stood the operation very well and the surgeons say he will recover.

Dr. Louise P. Crow, of Milwaukee, whose name appeared on the program of the Put-in-Bay meeting, had fully expected to be present, had even engaged a berth, when circumstances arose which made it absolutely impossible for her to go. She at once wrote the program committee to this effect. She deeply regrets not having been able to fulfill her promise, as well as having been obliged to miss the meeting.

Mrs. Francis J. Tuttle, of Yonkers, N. Y., mother of Dr. Lamar K. Tuttle, of New York City, was terribly injured in a runaway accident about two months ago. The *New York World* for Oct. 17, describes her injuries as follows: "Besides sustaining a bad scalp wound, her left ankle broken, the right ankle and foot bruised so that amputation seemed inevitable, and the right leg and thigh broken in three places, Mrs. Tuttle's left arm was so badly injured that the flesh hung in ribbons from the wrist to the elbow." In order to save his mother's arm Dr. Tuttle yielded to the surgeon's knife, grafting forty pieces of skin. It is said ten more pieces will be necessary. From last accounts it appears that the

operation will prove a success and that Mrs. Tuttle will recover. Aside from the pain and soreness Dr. Tuttle experienced no ill effects from the operation.

Drs. Greenwood and Ellen L. B. Ligon have decided to leave Mobile, Alabama, where they have been practicing for the past six years and will locate in New York City. The *Mobile Daily Item* for Sept. 23, pays a tribute to the high esteem in which the family is held both socially and professionally. Among other things, it said: "It will be with exceeding regret that the many admirers of this distinguished couple discover their intention to make New York City the scene of their work in future. In Mobile Dr. Greenwood Ligon and Mrs. Ligon—prominently known as Dr. Ellen Barret Ligon—have made no small name for themselves in the growing science of osteopathy, while in the social world their station has been ever foremost and Dr. Ligon, since his residence in this city, has but added to his distinction gained as a professional man of high esteem in his native town of Okalona, Miss. Personally, he embodies the inherent attributes of the true Southern gentleman, and has won for himself much sincere regard. Mrs. Ligon, as a native Mobilian, has been a personage of mark wherever she has chosen to shine, being prominent in society, club work, D. A. R. and Colonial Dame affairs, and of late years especially noted in osteopathy."

REMOVALS.

Jessie B. Johnson, Los Angeles, Cal., to Brewster Block, Lisbon, Ohio.
 Vinnie E. Turner, 453 Grand View Street, to 1827 Normandie Street, Los Angeles, Cal.
 Mary W. Clinton, Paris, Ill., to 1007 Arrott Bldg., Pittsburg, Pa.
 C. E. Thompson, 1071 Twenty-second Street, to 1104 Nineteenth Street, Des Moines, Iowa.
 Cordelia Foutz, Hartshorn, Kan., to Ada, Indian Territory.
 Della Renshaw, 56 Winder Street, to The Fuller Hotel, Detroit, Mich.
 A. H. Hall, St. Louis, Mo., to 240 Arundel Street, St. Paul, Minn.
 R. Annette Ploss, Wildwood, N. J., to 331 Witherspoon Bldg., Philadelphia, Pa.
 Mary C. Moomaw, 234 Central Park W., to 23 W. Eighty-fourth Street, New York.
 Oliver Van Dyne, The Kanatenah, to Suite 24 Gardner Bldg., Utica, N. Y.
 Geo. H. Wood, 438 Madison Street, to 333 Lewis Avenue, Brooklyn, N. Y.
 John C. Herman, Magnetic Springs, Ohio, to Daytona, Fla.
 Chas. W. McCurdy, 724 Real Estate Bldg., to 331 Witherspoon Bldg., Philadelphia, Pa.
 J. W. Maltby, Buffalo, N. Y., to 521 E. Twenty-fourth Street, Indianapolis, Ind.
 T. L. Herroder, Detroit, Mich., to Windsor, Ont.
 Frank L. Martin, Marysville, to 989 Page Street, San Francisco, Cal.
 Mrs. T. E. Purdom, 1331 Troost Avenue, to 1017 E. Twenty-ninth Street, Kansas City, Mo.

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.

Rena Bammert, Kirksville, Mo.
 Roy Herbrt Breeman, Jersey City, N. J.
 Frances M. Butcher, Spantenburg, S. C.
 Leone Dalton, Kirksville, Mo.
 E. F. Day, Hardingsburg, Ky.
 Emma B. Dill, Kirksville, Mo.
 J. Arthur Dillon, Centerville, Iowa.
 Chas. D. Finley, Atlantic, Iowa.
 Wm. O. Flory, Minneapolis, Minn.
 Joseph C. Goodell, Covina, Cal.
 John A. Herron, Minneapolis, Minn.
 L. A. Kissinger, Beloit, Kan.
 W. O. Lewis, Hamilton, Ont.
 Robt. H. Long, Richmond Hill, N. Y.
 John A. MacDonald, Boston, Mass.
 R. L. Maxwell, Boise, Idaho.
 Sarah Middleditch, Winona, Minn.
 Ella Lake Myers, New York, N. Y.
 Mrs. Rebecca Nicholas, New York, N. Y.
 Frank P. Pratt, Kirksville, Mo.

Mrs. Emma E. Talbot, Cameron, Mo.
 G. A. Townsend, Fitzgerald, Ga.
 Anna M. Roberts, Providence, R. I.
 Edgar Q. Thawley, Peoria, Ill.
 S. H. Righenour, Boise, Idaho.
 C. S. Samuels, Baker City, Oregon.
 Josephine A. Tradue, Pittsburg, Kan.
 W. E. Scott, Spartanburg, S. C.
 Jennie E. Smith, Boston, Mass.
 Geo. E. Smith, Boston, Mass.
 Ernest W. Robson, New York, N. Y.
 E. Ellsworth Schwartz, Coldwater, Mich.
 John A. Vreeland, Pittsfield, Mass.
 Glenn B. Wheeler, Wahpeton, N. D.
 Jane Wells Craven, Pittsburg, Pa.
 John Hale, Atlanta, Ga.
 Jay Dunham, Belfast, Ireland.
 Sandford S. Smith, San Bernardino, Cal.
 James Ray Clifford, Carbondale, Pa.

REINSTATEMENT.

Anna Prince Thompson, Providence, R. I. A. M. Smith, Hagerstown, Md.

The Journal

of

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SYMPOSIUM OF PRACTICAL TREATMENT.

Clinic Demonstration of Technique before the A. O. A. at Put-in-Bay.

Those in attendance naturally get the most benefit from a demonstration. There is much that must be "seen and not heard," in order to get a clear understanding of an operator's methods. But there is so much of a helpful nature brought out in the following by the demonstrators and those participating in the discussion—so much that acts as a stimulus to thought and study as to fully justify its publication.

It is but fair to state that Drs. Davis and Teall took the places of others who were assigned the subjects but were not present. Dr. Davis had practically no notice that he would be called upon.—Editor.)

Cervical Region.

BY G. A. WHEELER, D. O., Boston.

The treatment of the cervical region is such a vast subject it would take a great while to cover it, but I will touch upon one or two points that I have found useful in my practice. It having been nearly eight years since I graduated I shall expect to get much benefit from the discussions which will follow my remarks, as many of you have had a larger experience, and some are possessed of many new ideas from more recent study; not that the fundamental principles of osteopathy will change, but the method of applying them. Two men may have a certain piece of work, each doing it a different way, but in the end they accomplish the same result. So in osteopathy different methods may meet with equal success. The movements I use are not given because they possess superiority over those followed by others, but simply the way I do it.

It being theoretically if not practically true that any organ or tissue in the body may be made to suffer through interference in the cervical region, it behooves us to use extreme care in our examination and treatment of this portion of the spine. As I said before, there are one or two points that I try to bear in mind. In the treatment of the cervical region, especially where we find normally the greatest amount of motion, *mobility* is my watchword, as the slightest deviation from the normal condition is certainly a manifestation of either a muscular, a ligamentous or an osseous lesion. In our examination we should be careful to note the pathological contraction and a voluntary rigidity on the part of the patient. Self-preservation being the first law of nature, often times they will unconsciously resist treatment through fear. When our examination has revealed that a certain subluxation is present, there is one of two methods that may be followed. One is by correcting the subluxation without any real preliminary work, and the other is by taking a little time to relax all the tissues;

surrounding the subluxation, removing as much of the tenderness as possible before making the correction. Theoretically when I find a lesion or subluxation I try to correct it. I think, from the standpoint of the patient, that the second method is the better. It often times avoids the possible unnecessary bruising of surrounding tissues, to say nothing of the time it takes to explain to the patient why they were so sore the next day. I think that has frequently been the means of creating the impression that osteopathy is a very severe treatment.

This being in the nature of a practical clinic it naturally deals with structural conditions rather than functional, and I shall purposely avoid making any reference to the relationship that special lesions might have to special diseases, as we all know from a purely osteopathic standpoint it matters very little the name of the disease. It is enough for us to know something is wrong and how we shall correct it. (Demonstrating upon Dr. Teall.)

There are a great many ways of going about an examination of the cervical region. One of the points I first emphasize is to ascertain if there is lack of motion. I notice if there is free motion; to see if there is any deviation from the normal amount. I think in many ways we can get a more accurate condition of the muscles with the patient upon the table. In trying to maintain the erect position of the head there is oftentimes a little tension in these muscles. I begin, however, with the patient in the chair with a few of these motions of the head backward and forward without producing very much irritation, and grasping the bodies of the vertebrae with one hand and throwing the head laterally to one side with the other. The third cervical in this patient is a little anterior on the right. In correcting most cervical lesions I believe in a little preliminary work by gentle relaxation. By throwing the head over to the left this third cervical is made a little more anterior, and holding the body of the vertebra below and turning the head back to right we get the rotation. That is practically the movement I would give if any of these cervical vertebrae were anterior. On the other side you would do the same thing with movements reversed. All through the upper cervical region (the sub-occipital) is where we find a great deal of undue approximation; there is more or less contraction. It is always well to not only palpate the anterior surface of the transverse processes, but the posterior as well. I pay very little attention in the examination to the spinous processes, because, if you will notice, most of the skeletons show a wide deviation in the formation of these processes, and hence are a poor guide. Sometimes if we have a posterior condition we will get a little separation of them which will be of some help, but I pay more attention to the transverse processes. (Holding up a spine.) You will notice there is a great deviation in these spinous processes. In following along down the spine, if we use those as a guide, I do not believe we would come very near to the exact condition. We might say the third was to the right and the others to the left, when really these spinous processes are perfectly normal. We should palpate the bodies of the vertebrae whenever possible to do so. In determining the anterior or posterior position of the occiput on the atlas I prefer to have the patient upon the table.

I have the patient's head rest back against the abdomen. If the head is forward the body will press down without even touching the hands; the operator leaning forward over the patient until his chin is depressed and occiput lifted by pressure of your abdomen on the top of his head. In this way you can get pressure backward and downward. Many of us use that in the relaxation, slightly rotating the head from one side to the other. That accomplishes the simple re-

laxing of the superficial muscles, and a few such treatments is usually sufficient to correct the above-mentioned lesion. By these movements throwing the head forward, we accomplish the stretching of the posterior muscles of the neck and the ligamentum nuchae. Throwing the head downward and backward we get perfect freedom. The vertebrae are seldom directly lateral. You will notice in the articulation you do not get much of a lateral lesion without a little rotation; you get a slight rotation at the same time you are holding the thumbs upon the transverse processes. I know that a great many use extreme rotation in producing a pop. I do not dare to do it. I do not think I ever popped a neck in my life by turning the head completely to the right or left until something snaps. That is an unwarranted tension on those ligaments. When I say I have not popped a neck understand what I mean. Dr. Teall knows when I had him on the chair, when I brought the head back it made a little pop, but that is a very different condition from what I mean when I rotate the head to the extreme right or to the extreme left and produce a pop of that kind. And so I say that I never have resorted to the extreme rotations in those cases, because I have not thought it was necessary. There are many conditions connected with this region in the nature of treating the hyoid bone, but I have omitted those things, dealing with a few of these little subluxations in the cervical region. There is one thing we should bear in mind; it was brought home to me forcibly a short time ago: that the cervical, in turning, does not turn on the central axis, but turns off at the lateral. It may move off here, or it may move back there, but it does not turn here. (Demonstrating.) This will help us to know that if it moves it moves like this. (Indicating.) This lateral articulation on this side does not really change; but it makes a little deviation, either to the front or back. And that is what we found in Dr. Teall. I had not examined his neck before we came in. I treated him four or five months ago when he happened to be in Boston.

I am a great believer in the wonderful possibilities of misapplying treatment to the region of the neck. If the pressure is sufficient to correct a lesion, misapplication might produce one. I use extreme care when I work near such a delicate structure as the medulla. Those connections are very intimate at that point. When we speak of these little things producing such wonderful effects, I often wonder if we do not produce some. It may not develop immediately, but later. In my practice I avoid resorting to anything specially heroic. I am as much of a crank on the cervical region as Dr. Teall is on the innominate. He has been accused of looking to the innominate region for otitis media; and I am not sure but what I would look in the cervical region for sciatica. I mention that point in a ludicrous way to more fully emphasize the remote effects from the causes. I think it is wonderful when we consider the different conditions that are reached by treatment in this region.

In an examination of the atlas we notice the angle of the jaw, and we all use the same principle in correcting a lesion that is exaggeration, rotation and pressure. The least important of all these principles is the pressure. I think if you exaggerate the lesion properly, and use the right amount of rotation, you can make the correction with the minimum amount of pressure. We often use pressure when we are pressing in the wrong direction, and we get the unnecessary soreness. If those conditions are brought in the right relation, they are very easily corrected. We have some that we cannot move at all. I have had many of

them that I could not correct, try as hard as I could; but I do not think we should necessarily be discouraged because we run across those cases.

A Member: I want to know if you help those conditions in which you do not correct the subluxation?

Dr. Wheeler: Many are greatly benefited. The effect of the trouble seems to be lessened. I have had many cases where I could not see that I had changed the lesion, but the patient seemed very much better in every way. I am not exactly clear why that is so, and I would like to have some one shed light upon it.

Dr. Hulett: Don't you find in some of those lesions that you get greater motion and yet not correct the lesion? Don't you increase the mobility?

Dr. Wheeler: I think we do.

Dr. Teall: I believe that this motion which Dr. Hulett speaks of is often down at the point of the lesion and promotes absorption of the thickened tissue, the exudate which might have resulted from the original irritation, and the result is that the foramen is free, or is open, and the nerve and blood channels are open. That is a good explanation of how results are had where the lesion is apparently not corrected.

Dr. Wheeler: If you can aid nature a little it will do much. If you get a little mobility there, there is a tendency on the part of nature to increase that to its normal extent.

Dr. F. M. Hulett: There is not much danger of the return unless there is great violence, perhaps similar to what in the first place set up the inflammation.

Dr. Wheeler: You must have something to produce the condition the second time. If the same cause comes about in the second as in the first, you will get the same condition. That might occur after the lesion was corrected. The patient might have a fall or some twist or strain to cause the original lesion to return. I do not think there is much danger in giving a straight pull. I do not think a straight stretch, as we sometimes give, would cause any lesion in the intervertebral spaces. I do not think it would specially cause any lesion.

Dr. Loudon: I have never been able to reconcile myself to the statement that the force employed to correct a lesion might cause one. If the lesion is present with the natural contraction of the ligaments and muscles, nature is exerting some force to correct that lesion, and consequently it would take less pressure from the osteopath to restore that lesion to normal than it would to overcome the natural retaining force of the ligaments and muscles to produce a fresh lesion. I would like to have that discussed.

Dr. Wheeler: Nature tends toward the normal. I know Dr. Mitchell, of Philadelphia, made the statement that the worst form of insanity is but one step to a sane condition. His wife took him to task for that, because she says, "Doctor, how near are we all to being insane?" and he said that would be so if it was not for the fact that the purpose of nature is to tend toward the normal. I do not say the same force used to correct a lesion *would* produce it, but I think it *might* produce it. I think we ought to be very careful that we know what we are doing in these cases, especially in the cervical region, where we are so close to such important structures.

Dr. Ray: I think that lesions may be produced by osteopaths if they are not careful. I remember in school one of the attendants was treating me for a little trouble in my eye. He said the atlas is a little out, and he gave me the rotation one way, and made it pop, and then he went the other way, and made it pop, and immediately everything turned black before me and I was gone, and when

I came to Dr. Still was over me. A lesion had evidently been produced, and if Dr. Still had not been handy I do not know whether I would be here today. I think that quick rotation is inexcusable in the osteopath, and unless he knows that there is a lesion there he should rotate it but one way in order to correct the lesion. If the atlas is rotated one way, it is inexcusable to make it pop both ways.

Dr. C. B. Atzen told of a case of insanity treated by him. The patient was a bookkeeper for a musical house whose business, on account of a carnival held in Omaha, greatly increased during the summer and fall. This man had been insane during August, September and part of October for about five years. He had attempted suicide, and even murder. He was quite violent when brought to Dr. Atzen's office by two friends, but finally permitted an examination. Dr. Atzen thus told of the conditions found:

"I found in examining the neck that the spine of the axis seemed to be right up against the occiput, so that I could not get the finger introduced at all between the spine of the axis and the occipital bone. I reasoned that there must be some cause for it, and I took the skeleton and studied the articulations of the neck closely, and here is the point I want to bring out: In noticing the articulation of the axis with the lower articulation of the atlas, that it is much more forward than the articulations that articulate with the third cervical. You are familiar with the peculiarity of the axis. I reasoned that in his position of bookkeeper it was possible that he held his head in such a way that the axis had a tendency to tip. The objection to this argument was that the odontoid process would prevent that, but I did not care anything about the odontoid process. I found the condition as I stated. I first stretched the anterior muscles of the spine by catching hold of the man's chin, and putting the hands under the neck and lifting it up gradually with such force as I dared to apply, and then extended the head forward with such force as I thought necessary, and the moment I did that the man put his hands up and said, 'Hell is gone!' and the man has been sane ever since. He gained in weight to the extent of about forty pounds in two months."

Dr. Atzen met the objection of a surgeon that his lesion theory was incorrect or the man would be insane during the entire year by this argument: The condition of his body allowed him to do a certain amount of work and that, under ordinary conditions, he would recover at night from the strain of the day's business, but that when he was obliged to do the extra work that accumulated at a certain season the organism was unable to adjust itself to the increased strain and that insanity would follow.

Dorsal Region.

WARREN B. DAVIS, D. O., Milwaukee.

Dr. Davis demonstrated his technic of correcting certain dorsal lesions. The main points brought out were: The importance of overcoming muscular and ligamentous rigidity in the areas affected by means of pressure, rotation and traction. This might be accomplished with the patient in the prone, lateral or sitting position. He did not approve of straps or other mechanical devices to hold the patient in position, but sometimes employed an assistant for that purpose. Sudden wrenches of the spine were to be avoided and no attempt should be made to elicit the articular click. In his experience the most difficult lesion to manage.

was an anterior upper dorsal. It could not be corrected immediately, but usually required two or three months. He determined the pressure and character of the lesion by the sense of touch, aided by the patient's sense of pain. When the upper dorsal was anterior, and at the same time one or more of the vertebrae presented a lateral deviation, his first concern was to improve the mobility of the affected group. Dr. Giddings suggested that suitable exercises would help to correct the lesion. Dr. G. A. Wheeler said that for the purpose of relaxing the spinal tissues rotation, carried throughout the length of the spine, was one of the most valuable measures at our command. He would free up the whole dorsal spine by beginning below and applying rotary force to each vertebra, first on one side and then on the other.

Lumbar Region.

JOSEPHINE DE FRANCE, D. O., St. Louis.

I first make the general examination of the whole spinal column, for the lumbar region may have lesions which are meant to compensate for trouble above that portion of the spine. There are three methods of examination of the patient: inspection, palpation, and percussion, and I do not think we can make these too carefully. First, inspection, have the patient walk back and forth to see how he carries the body, and then my favorite method of examining the patient is to relax all the muscles.

A patient of Dr. Crow's has consented to act as my clinic today. I have the patient lie face downward on the table. In my examination of the lumbar region I find that the tissues are very thick and heavy. These spinous processes and the different bony parts of the lumbar vertebrae are covered by the heaviest muscles in the back, and you have to be careful to get thorough relaxation. My favorite method of getting this relaxation is to place the patient on the face with the arms hanging on each side of the table with a pillow under the chest. If you cannot bring sufficient pressure standing on the floor stand on a small stool and throw the weight on the palms of your hands, so.

(This table is too low, and, by the way, here is a point we should never forget: work with a table that allows the operator to stand with her own spine straight. We try to get the benefit of practical experience here in our meetings. If our operators will remember this they will save half their strength.) You get the benefit of relaxation better in this way, I think, and I stand up and use the flat of my hand in examining the back, with deep slow pressure, and I will say that I do not believe we are ever justified, especially when a new patient comes to us for examination the first time, in making quick or abrupt movements. In my treatment of the lumbar region I aim to use some form of the lever and fulcrum movement. In treating the upper lumbar region you have to go in very carefully, and deeply and slowly. Go slow with your first examination. There is no person's hands strong enough to counteract the effect of the muscles if they are made rigid by quick movement.

I do not pay attention to the irregularities of the spine of the lumbar vertebrae. Take half a dozen spinal skeletons, and hold them up, and they are very different in shape, very irregular, and unless there is some trouble that would lead me to suspect a lesion at that point I do not pay any attention to the irregularity in the shape of the vertebrae. I do pay attention to the contraction of the muscles and look for irregularities, and we have to examine the whole spine to know

whether it comes from the dorsal or lumbar regions. There will often be compensations in the lumbar region for dorsal lesions. We seldom have a lesion to any degree excepting at the twelfth dorsal and first lumbar, and the fifth lumbar and the sacrum. For the purpose of bringing out the discussion, I will say that in my opinion a great many of our so-called innominate lesions are lesions of the fifth lumbar. One of my favorite methods of correcting lesions at the fifth lumbar is by getting up on the stool and placing the palm of my hand there, and raising the lumbar carefully and slowly, with the patient in this position, or in the upper lumbar by raising the shoulder, and I put my knee on the back; but I do this carefully. I use this method a great deal, letting the patient rest his head on my arm, and stretching the spine, if it is the upper point you want to affect; you get a slow, easy motion that you can use in any part of the lumbar region in correcting the lesion. Here is the method that I use a great deal for the upper lumbar, reaching around the patient. I have the arms pressed on the shoulders here. This is a pretty hard treatment on the operator's back, but you can sometimes get an even slow stretch on the spine that you cannot get any other way. This shows the difficulty we small people sometimes have in handling a large patient, but I will just say that I have treated patients weighing three hundred pounds and I have gotten very good results.

Here is another favorite method: I wish to call your attention to the use of the palm of the hand. We get the reputation of being pinching doctors. Our tendency, if we try to lift a heavy portion of the spine, or work with a difficult portion to move, we will go in too deep and we will hurt the patient. And that reminds us of the story Dr. Charley told last evening about "the old lady who said she did not care to see the old doctor the next time." We want to be careful to bring our patients back. They will not come if you hurt them the first time.

This case is one of Dr. E. C. Crow's patients, of Elkhart, Ind., and is an illustration of what can be done in cases that a great many people would call altogether surgical. This gentleman, about six years ago, while bowling, injured his back at about the eleventh and twelfth dorsal. I did not examine the patient, but got the history from Dr. Crow. His treatment has been successful and his diagnosis is correct. The injury seemed to come at about the eleventh and twelfth dorsal and first lumbar, and for about eighteen months there was an exudation in the spine, or, I should say, at the beginning, and it afterwards developed into a psoas abscess, pointing just above Poupart's ligament. It was opened for drainage, and there has been a discharge from the abscess, and to show that it was a central lesion, caused by trouble with the vertebrae, the abscess developed on the left side, pointing a little higher, but still in the abdomen, and the sinus is closed part way. And I will say that our friend here, who has so kindly come up here for our benefit, is a graduated pharmacist. He, of course, knows better than to take any drug remedies for this trouble. He was presented to the Toledo Medical Association, and they pronounced the trouble tubercular and gave no encouragement for recovery. He never had encouragement from a medical standpoint except one surgeon, who told him his trouble was not tubercular. There has been a slight infection there, which was external, coming from the injury. Often times we get a bruise or injury, and if it is not properly cared for it weakens the tissues and infection follows, sometimes tubercular. This patient had been afflicted with this abscess before Dr. Crow received him, about sixteen months ago. At first he gave him a light treatment twice a week, beginning very lightly, and the abscesses or sinuses are almost closed, only discharging slightly.

When the patient first came to him his legs were bent, due to the contraction of the abdomen, so the patient had to lie on his back on the bed to make the first examination. He could not use my favorite method of examining the lumbar region in that case because he could not get the patient on the face. Take a case where there is necrosis or breaking down of the vertebrae: if you use violent treatment or give quick motions of treating the spine you are liable to do much injury. We must never forget this fact in any case where conditions are doubtful.

I have the reputation among the profession generally of being a rough operator, a strenuous one, but I always begin very gently with the patient. I am informed an X-ray examination was made and a honey-combed condition of the spine found, starting from the eleventh and twelfth dorsal and first lumbar in the intervertebral disks. The bodies of the vertebrae would not have shown as much improvement if they had been affected. It shows it was a true psoas abscess along the course of the muscle, extended along the length of the spine. The patient is now able to walk, and, of course, the treatments given are stronger than at first.

In making an examination I do not think we need ever be afraid to send our patients to the medical doctor to be examined in any way, if we do it in the proper way, and we will obtain a better hold on our patients. I think the best method is to try and present osteopathy as the best medicine and not "knock" any other system, and not try to enter into any discussion or contests with the medical practitioners. I have sent dozens of my patients to the regular practitioners of medicine in St. Louis, asking them to go there and have a diagnosis made of their case, telling them that I did not feel confident of my examination, and I think one-third of my work in St. Louis has been sent to me by the doctors there. I realize that in Missouri the medical profession treat us better than in other states, because they are better acquainted with us.

In this case we had drainage and where we find pus in the body, if it can be treated surgically first, and then osteopathically, to build up the tissues and restore the circulation, thereby gaining strength, it is the ideal way to treat a case of that kind.

Another point I make in my work as an osteopath: I never tell the patient very much about the particular lesion I find. We find that most of our patients are sent to us by someone who has been helped or cured by osteopathy. My personal experience has been that if you tell patients that they have a lesion of the first lumbar, dorsal or cervical, or any other place, they will not understand the degree of the lesion, as a great many of them come to us totally unfamiliar with our work, and they will get our statements exaggerated and will repeat to their friends or the family physician a different condition from what the osteopath has tried to represent. They get the idea that they can slip a vertebra by slight exertion, which is ridiculous, and makes us appear so to ones who know better. That is the patient's mistaken impression; but it often gets osteopathy severely censured by medical practitioners. They get this misguided impression from the idea that the bones slip backward and forward loosely on their articulation. Your patients will be sent to you by the ones you help and cure, not by the ones you spend time explaining methods to. They will say they were sent to you by so-and-so, who was cured. I never advertise. When patients come to me I ask them to let me make a careful diagnosis, and after I have taken charge of their case I tell them to let me do all the worrying. I say to them: "What your duty is, is to come regularly for treatment and give me sufficient length of time in

which to effect a cure, and let me do the thinking about your particular ailment. Don't think of your case at all after you leave my office."

Dr. A. S. Melvin thought osteopaths were not justified in being influenced by the diagnosis of M. Ds., and that if a case was considered purely surgical it should be sent to a surgeon. He cited a case that had been diagnosed as Pott's disease by several eminent surgeons and who recommended a brace to be worn not less than fourteen months, and possibly two years. The patient finally called on an osteopath, Dr. Cunningham, of Bloomington, who did not consider it Pott's disease, there being no pus formation and no fistula. He found it to be an anterior fifth lumbar. The patient was cured in three months.

Dr. Emma De Vries said she was a firm believer in unadulterated osteopathy, but thought it well to recognize our limitations. She sometimes, for her own satisfaction as well as that of the patient, had an examination and diagnosis made by a surgeon, or by means of the X-ray. She thought it possible to get a firmer grip on the confidence of the patient by that method than by being too radical.

Dr. Ellen B. Ligon believes in telling patients specifically what is wrong. We are not only trying to cure patients, but to educate them in regard to the principles of osteopathy. By this means, when we make a cure we make an intelligent supporter of osteopathy. She finds that patients can more readily understand how the correction of osteopathic lesions cures disease than they can comprehend how drugs can do it.

Dr. Ligon did not think we could trust a surgical diagnosis, since the surgeon's viewpoint is so different from that of the osteopath's. She cited two cases in support of her position. The first case was that of a girl who suffered with persistent pain in the hip and thigh. There was a difference in the length of the limbs of an inch and a half. A surgeon had ordered a shoe with a sole thick enough to compensate for the difference in length of limbs and told the patient she would have to wear that through life, and probably have to have the sole thickened. An examination showed that the innominate was rotated backward, pulling up the leg on that side. In one minute in that particular case the innominate was adjusted and the patient walked away on even feet.

The second case was that of a young girl who had suffered from recurring attacks of pain in the right side and persistent headaches for four years. A surgeon had diagnosed the case as a floating kidney, and told her nothing would relieve here but an operation to anchor the kidney. This, too, was an innominate lesion, the correction of which gave immediate relief of the pain in the side. After one month's treatment the patient was well.

F. A. Turfler: In the matter of innominate and atlas lesions that have been corrected I give the patient full instructions. In atlas lesions, if the atlas has been out a long time I tell them not to turn the head too far to one side, for in doing so they stretch on the muscles and ligaments, thereby tending to throw it out again, and I caution them about it. Also in innominate lesions, if it is very weak by simply falling from a chair or a distance of twelve or fourteen inches, they will slip the innominate again. If it happens to be the right limb I tell them to put the left limb down first. And so I think it is very important in the case of these two lesions to advise the patient what will produce them, and in that way they will know how to take care of themselves; for the tissues will gradually grow strong and firm, and there will be less liability of the recurrence of the slip.

Pelvis-Sacrum, Coccyx, and Innominate.

CHAS. C. TEALL, D. O., Weedsport, N. Y.

I am here to try to demonstrate to you in some way or other that there are actual innominate lesions, and I believe it easier to tell the diseases that they will not cause than to tell the ones they do cause. I have cured facial neuralgia that way. A friend of mine cured deafness by setting the innominate, and I am sure that it has a very great effect on this question of race suicide. At any rate, this is a poor time for us to disbelieve in the innominate lesion when our friends, the medical men, are just discovering it. Although Hilton, in the sixties, wrote entertainingly on that subject, and more recently certain men in Boston, the various orthopedics, and the writers on physical diagnosis are taking that matter up, so it is for us to believe more firmly, rather than to weaken in it. (The clinic is a boy.)

I know nothing about this case except that he fell when three years of age. Almost immediately the effects were shown in lowered vitality and in various constitutional ways. The boy is now 11 years old. The innominate is involved, and for that reason I will merely take up that part of the case. It is well to have the patient prone and approximate the heels and observe the length of the legs. That is not a very reliable diagnostic point, but it shows that something is wrong. The next step is to ascertain what is wrong. There is a decided difference in the length of those two legs. It was still more marked some six week ago, before treatment was begun. There was about three inches difference. There is now but a trifle over an inch. It is well to rotate the legs slightly, the femur in the socket, and relax the muscular tension; so that the shortening is not simply a muscular one. Shortening of the leg may come from a great many causes. It can be an actual shortening of the bone; it can be from a subluxation of the femur in the acetabulum, the head of the femur lodged on the brim and not entirely out; it can come from a complete dislocation; it can also come from lower lumbar lesions; it can come from lumbar muscular contractions; but most probably it is most frequently the result of an innominate lesion. After having tested the length of the legs, have the patient sit up and bare the back. There is no use trying to diagnose an innominate lesion through a sealskin sack. If your patient will not permit you to make a proper examination tell him to try some other shop.

First, with the patient sitting, put the hands on the crests of the ilia and see the difference in height. That is the first objective point or sign. Then place the thumbs at the synchondrosis, at the articulation. This is not a typical innominate case. It is exaggerated in many ways; but I am now speaking of an ordinary case, where the innominate would be the only lesion. Tenderness is a very valuable diagnostic point. The next is the posterior spine, which we see distinctly. With the patient bending forward, the posterior spine will be brought very prominent. I neglected to say that when the patient was on the back that the anterior spines should have been observed; then the posterior. The further signs are tenderness at the symphysis about an inch from the articulation; also, immediately at the articulation the under border of the rami can be palpated, and also the external cutaneous nerve as it passes over the crest of the ilium will be found extremely tender on the unaffected side. This is about all the symptoms. Any one of these well marked is enough to go by, but you can check them all up.

Dr. Atzen: Do you mean to say the external nerve on the unaffected side?

Dr. Teall: Yes. In making this diagnosis it is well not to be confused or

confounded with a fifth lumbar involvement, for the reason that I want to say that I am not a great believer in pronounced fifth lumbar lesions, from the fact that it is one of the most permanent of all of the spinal segments, and often what appears to be a fifth lumbar lesion is a combination of lumbar and sacral changed relations with kyphosis, making an approximation of the lumbar spine with the apparent anterior position of the one vertebra; but be careful not to be confounded and have the lower lumbar fourth or fifth, or fourth and fifth lesion, and mistake it for an innominate lesion from the fact that they can bring the elevated crest and produce certain signs which might be erroneously construed as an innominate lesion.

When the diagnosis is complete, the reduction of that joint ought not to be very difficult. Furthermore, it is a lesion which seldom requires much, if any, preparatory treatment. There is, in neurotic cases, a certain amount of shock connected with the reduction. However, that is not frequent, and it will sometimes stir them up a little; so if you have a case of that sort it is well to treat them a few times and not attempt to get too quick results by curing them in the first treatment. Now in this boy, the relation of the sacrum and the ilium are not very materially interfered with. If anything, the ilium seems to be directly up on the sacrum, probably by his striking flat on the ischia when he fell and driving them up. I am free to admit I know more about a case after I have treated it two or three times than at first examination. The tension of the lumbar muscles is very pronounced. I lift him bodily at this angle. If that were a backward and upward dislocation the method of reduction would be like this. Now remember the principle of an innominate is the wheel and axle, and the ilium is simply rotated on its articulations, and with the rotation up and back you have this effect and shortening. You rotate it back into place and you simply turn the wheel down.

Dr. Atzen: In several text-books there is a difference of opinion whether the ilium is up and back or back and down. You will find in Dr. Hazzard's book he claims that it is back and down, and he claims it is due to the peculiar condition of the sacrum; and the others make the same statement you did.

Dr. Teall: I do not see how it can be other than the way I stated, from the fact that the fall which would produce this would necessarily have to make that change. At any rate this is back and up. With the leg resting over the arm, the right fingers at the ischium and the other hand at the articulation (I am not going to set this innominate), the leg elevated so as to swing the ilium by the muscular and ligamentous attachments, I push it back. I have set hundreds of them. This is my method of setting them. Others may have different methods, but I can set the average innominate that way without risk or undue force. I believe some of the other methods are dangerous.

I know one case where the femur was fractured, although not from the force used, but from the peculiar condition the leg was in, the result of the tonic contraction of the muscles of the leg. In various diseases of the bone, in tabes, especially, any method which would bring much leverage on the long bones would be liable to fracture. The placing of the patient on the face, and with one hand on the sacrum and the other hold of the leg, and the leg used as lever, is used a great deal, but as a matter of fact there is more force distributed in the lumbar than is at the point where it is needed. You will find that the whole lumbar region will bend in, and that it requires a great deal more force to replace the innominate in that position than in the one that I have just mentioned, if the

innominate is in a posterior position. If it is anterior it is very easy to flex the leg with the hands on the sacrum, and with that sort of motion to put it back. Remember the articular surfaces of the sacrum and the innominate are such that it requires very little force, and if started in the right direction they must necessarily take position, and I believe that is the reason that they are so easy to set. The sacrum is so intimately related with the ilium that there are only one or two lesions strictly of that bone. It can be posterior and it can be anterior. The anterior is rather infrequent. The posterior is very easy to correct. The knee protected with a pillow placed against the sacrum, the patient sitting, reach forward, grasping the crest of the ilium, and pull back. When it is anterior the legs must be used, and practically the same movement that you would use in correcting a posterior innominate—a simple adjustment on both sides. The same providence which makes it easy to displace an innominate will assist in its going back. The anterior is more difficult. It may also be corrected with the patient sitting up, and with an assistant holding the crests, and the operator in front, and the patient leaning forward, it can be rocked loose and raised.

The coccyx is of a great deal of importance from the fact of its situation near the end of the sympathetic system, and reflex disturbances are frequently traced to mal-position and old fractures. In the examination I have the patient on the side and use the right hand and outline externally with my finger the direction of the coccyx, which can be easily done. If in doubt an internal examination will make you absolutely sure. When you have decided what it is, if it is an old fracture with a fibrous union, and not a bony ankylosis, you are justified in attempting to correct. Your preparatory treatment should be to get it in condition for that movement. That will depend entirely on the condition of the tissues. There must be relaxation. The inflammatory products must be absorbed, and finally, with the patient on the left side, and with the right index finger in the rectum, and the thumb external at the point of the break, which is usually between the sacrum and the first segment of the coccyx, it can be drawn into position.

In an acute case, where there has been a fracture or a dislocation, and it is quite difficult to distinguish between these, if the case can be seen soon enough it can be attended to and no bad permanent results had. The examination should be the same as in a chronic case, but with the two fingers in this way, one inside and the other out, you can outline and hold the whole length of the coccyx and move it bodily and place it in the proper contour, depending entirely on the extent of the injury. It is well to leave the finger in the rectum for some time, until danger of spasm of the muscle is over, so that the spasm of the muscle will not pull it out of position. This is in a case that can be seen within half an hour after the injury. Inhibition of the anterior nerves will do a great deal towards subduing the pain. It will also inhibit the action of the coccygeal muscles. The pain which follows will depend largely on the amount of the injury, naturally, and it can often be controlled by an internal treatment. The relaxing of the contracted tissue which is the result of this irritation, and which is pulling on the coccyx, has a tendency to displace it. Hot water bags placed externally will also help allay the pain. This pain will be quite persistent for several days, and frequent examinations must be made, externally at least, to see that the coccyx is in position and that the union is a proper one.

A Member: I would like to ask for information, if there is but one way to reduce a subluxated innominate? I used the same method Dr. Teall describes and

ran against a snag the other day. It was a case of a posterior right innominate, very marked, with a difference of two inches in length of legs. I tried to reduce it and failed. A few days afterward I had the patient come again, and had an assistant, and we applied pressure upon the ilium with my right hand, and failed again. I would like to know if there is any other way to get those corrections aside from the one that was just demonstrated.

Dr. Teall: There are ten or a dozen different ways of correcting an innominate, but I usually follow this way. When I have exerted a certain amount of strength on a lesion and do not move it is well to stop and try again. In those difficult cases preparatory treatment should be given. There may be ankylosis. It is possible that where there is that difference in the length of the legs you mention that there are other complications, and I would be very careful about using too much force.

A Member: Do you know of any cases where harm has resulted from it?

Dr. Teall: I have mentioned one. Some methods are more dangerous than others, why take any chances?

Ribs and Vertebrae Correlated.

W. J. CONNER, D. O., Kansas City.

I am a lesion osteopath, and when I talk I am a lesion thinker. I do not go over the whole field. When I treat a patient I do not go over the whole body to treat one rib. I will not consume much of your time as this subject has been discussed by those who preceded me this morning.

My subject is the relation of the rib to the vertebra, as I understand it in a lesion. If there is a lesion of the rib what effect does it have on the vertebra, and if there is a lesion in the vertebra what effect is produced on the rib. Dr. Davis in his discussion told you that when he looked for a lesion in the vertebrae, or at least if he supposed he found a lesion in the vertebrae that the deviation in the spinous processes was not sufficient evidence to him that there was a lesion. So he went to the rib to see what position the rib was in. And as I understood it if he found the ribs dislocated, or a lesion in the ribs at that point he decided that that vertebra was out of order. Well, I can hardly agree with him on that point. As I see it a rib may be dislocated, or out of its normal position without affecting the vertebra. Yet a vertebra cannot be out of its normal place without affecting the relative position of the ribs.

Dr. Tasker also said in his talk that he did not think there were very many specific lesions between two specific vertebrae; that the lesion consisted of a curvature, or a lesion in several vertebrae combined. Now, I think that is very good philosophy. And therefore when we have a lesion in the spine there are three or four or six ribs affected instead of but one. The best illustration we can have of this is in a case of Pott's disease. There is a specific lesion and one we all can see. I believe there are a great many lesions of the spine and also of the ribs which are so delicate and so small that we cannot detect them except by reasoning from cause to effect. At least I cannot. For that reason I take this large lesion to illustrate that when the vertebrae are lateral, and you see the ribs push the shoulder blade up, it indicates the position of the ribs when the the vertebrae are pushed to one side. And the same way, when you see the vertebrae pushed back ward, or posteriorly and you see the ribs pushed back this way, it indicates that

the ribs go out along with the vertebrae. On the other hand you can find the ribs pushed together with absolutely no irregularity in the spine. For example, in cases of asthma, where the ribs, as the Old Doctor used to tell us, the head of the rib jumps off its articulation and gets into the intervertebral foramina, which I do not think affects the relative position of the vertebrae. And for that reason a dislocated rib would not always indicate that there was a dislocated vertebra. Yet if there is a lesion in the vertebrae I think that it would indicate that the ribs were out of proper position. In those cases where the ribs are out and not the vertebrae the only thing to do is to correct the ribs; while if you find a place where the vertebrae is out of proper position you have to correct the vertebrae before you can correct the ribs, and the work should be directed entirely to the vertebrae with the hope of correcting the ribs by correcting the vertebrae.

OSTEOPATHIC APPLIED ANATOMY.

Demonstration before the A. O. A. at Put-in-Bay, by M. E. CLARK, D. O.,
Kirksville, Mo.

My subject is rather an extensive one, and one that ought to be of interest to all of you, because all of you examine backs and try to interpret the signs you find; and so I will endeavor to impress on you the importance of certain signs, not aiming to give you anything particularly new. I was asking Dr. Teall this morning if he thought anyone could get anything new, and he thought so, but I do not know. It is a repetition, but that is necessary to certain forms of learning, and I will aim to give you a repetition of what we all know with a possible emphasis of certain signs that appear to us as important ones. Applied anatomy is a subject that we have put in our curriculum at Kirksville with the idea of explaining symptoms found from our anatomical view point. If we are right in our assertion that disease is due to structural derangement, if that is true, then we can interpret symptoms by finding structural derangements. In other words we can tell what the symptoms must be if we find certain derangements. As to the signs of the back we have changes in color, in contour, in condition and position. You are acquainted with what they are. Most of them are changes in condition, contracted muscles, etc. The interpretation of these signs means an accurate knowledge of anatomy. It means that you can treat specifically. It means you can diagnose. My idea of physical diagnosis is an ability to interpret all signs the probability is you can cure the patient if the case is a curable one. The explanation of why we have these signs is that the spinal cord connects with every part of the body. I do not know as I can prove that from a medical text book, but I would infer it from what I found from an examination of many cases. The skin, muscle, bone, viscus, blood vessels, everything, has some connection. In other words the condition of the parts of the body is determined by the condition of the spinal cord, and the condition of the spinal cord is determined by the condition of the spine. So we can locate and interpret signs, and explain symptoms. (Dr. Chiles will act as my clinic.)

Every visceral disease is characterized by some tangible or visible change in the spinal column or back, this including the vertebrae and ribs with their ligaments, muscles, etc. It matters not whether the disease be an acute one or whether it is of long standing; whether due to an abuse, or to an injury; whether hereditary or acquired, there will be some sign manifest in the back to be interpreted by the careful osteopathic diagnostician. We admit that the change in the back may be secondary to other conditions, that is, the changes there are not always primary, and constitute the cause, but in most instances, the cause is in the back and these changes result from the primary bone lesion.

Physical diagnosis should be based on the locating and interpreting of these changes, and it is my purpose to point out the interpretation of these signs. I am a great believer in the theory that every part of the body is in some way connected with the spinal cord and is to a great extent dependent for its nutrition and activity on the integrity of the spinal cord and the lines of communication that connect them. These lines of communication pass through the intervertebral foramina which are subject to change in size from changes in posture and especially from lesions. I offer this change in size of the foramina and the effect on the structure therein as an explanation of the signs of the back which we are going to discuss. The fundamental cause of disease, viewed from our standpoint, is mal-alignment, and especially that of the vertebrae and ligaments and the fundamental principle that should be used in the treatment of disease is adjustment, all other measures as a rule, being palliative, not curative.

A pigmentation of the skin of the back is suggestive of a posterior condition of the spinous processes, this permitting of friction from the pressure of the clothing and the backs of seats. The pigmentation alone is of no pathological significance if localized over the processes, but if general, it is indicative of some constitutional affection, such as Addison's disease.

If the mobility of the spinal column is too free, it is indicative of relaxation of the spinal ligaments and muscles, which occurs especially in the young, anemic, and in those that are mal-nourished. The movements of the spine should be distributed amongst all the vertebral articulations. In cases of hypermobility, there are articulations that have little or no motion, while in others there is compensatory mobility; at which joints the lesion is supposed to be located. The treatment should be applied to the area of restricted mobility, there will be found on close examination an area, perhaps of only one or two vertebral articulations, in which the movement is restricted or entirely lost, and I claim that it does harm rather than good to give a general spinal treatment in such cases, and that the manipulation should be applied only to the immobile area. A localized lesion in the mid-dorsal region is responsible for the most of these cases, that is, there is restricted mobility at the articulations of the third, fourth and fifth dorsal vertebrae.

Restricted mobility is indicative of flattening of the discs, contracture of the spinal muscles, thickening of the spinal ligaments, and of inflammation of the

spinal joints. In most pathological cases, inflammation of the joint is the primary cause. This starts in the average case as a result of a sprain. The movement is greater than that provided for by nature, and the tissues are torn. Exudates result, the ligaments undergo thickening, and movement is restricted. This, to my mind, constitutes the typical lesion.

The function of a joint is movement. If there is normal function, that is movement, the parts are in their proper place and the structures in relation are undisturbed. The moment that the function of a spinal joint is affected, so soon is the function of the structures in relation affected, especially those in the foramen corresponding numerically to the affected joint. The interpretation of this sign is that the structures in the corresponding foramina are to a greater or lesser extent affected, that is, the viscera and tissues in general that depend for their nutrition, etc., on the integrity of the nerve in the affected foramen are weakened and predisposed to disease. For example, if there is restricted motion at the fourth dorsal articulations, the patient is predisposed to heart affections since the nerve supplying the heart would be compressed in the foramen by such a condition. The essential reason why spinal lesions predispose to or actually produce disease is, that they lessen the size of the intervertebral foramina, and consequently interfere with the connections existing between the spinal cord and the viscus, or else the nutrition of the nerve cells is affected, that is, the blood vessels that supply and drain the cord, are compressed by the lessening in size of the foramen. Restricted motion of the vertebral joint means in the pathological case a lessening in the size of the foramen. This has been demonstrated to my satisfaction not only by clinical observations but by dissections. On the other hand there are conditions characterized by ankylosis in which the foramen is not lessened in size, and on this account the patient is free from disease. This serves to explain some of the cases of hunch-back, Pott's disease and other curvatures.

Restriction of the mobility of a vertebral joint is practically diagnostic of impairment of the viscera and structures innervated by the nerves that pass through the corresponding foramen, viz., rigidity at the fourth lumbar articulations means disorder of the pelvic organs.

The contour of the back is a fairly reliable indicator of the condition of the patient. In order to get the full significance of changes the back should be examined in every case by inspection. In the average case, the spinous processes are slightly irregular. This is of little value as a diagnostic indication. In dissections we find that it is the rule rather than the exception for the spines and often the bodies to be irregular. Irregularity of the spinuous processes is not diagnostic of irregularity of the articular, but it is so taken by many osteopaths. I have had many point out to me a slight deviation of a spinous process, and upon this slight irregularity diagnose a lesion. Such irregularity is suggestive of a lesion but far from diagnostic. Some of our practitioners have lost confidence in osteopathy because they base their diagnosis of a lesion on this irregularity, and when after persistent effort they were unable to overcome it, they said that there was nothing

new in osteopathic therapeutics, that there was no such thing as a bony lesion, or that the lesion (the irregularity) had nothing to do with the patient's condition for the irregularity was as great after treatment as before, even though the patient recovered. Irregularity of the spinous processes is suggestive, not diagnostic of the lesion. In old cases irregularity alone is of greater significance than in recent ones.

In posterior conditions of the spine the spinous processes appear large, while in some diseases they are actually larger than the normal, as in diabetes mellitus. A lessening in size of the spine is indicative of an anterior condition and is often found in neurasthenics. I suppose that the explanation is that in anemics and neurasthenics there is usually an anterior displacement of the vertebrae in the mid-dorsal region. Impaction of the spinous processes is indicative of impaction of the bodies with a lessening in size of the intervertebral foramina. If accompanied by restriction of movement it is always pathological. The effects are determined by the area affected; it being most frequent in mid-dorsal region, consequently liver and gastric complications are most common. The significance and importance of spinal curvatures are determined more by the cause and rapidity of formation than by all other things combined. Curves that come from occupations and those that develop slowly cause little disturbance compared with those that follow trauma. It is my opinion that practically all pathological curvatures of the spine develop from lesions of the vertebral articulations. A joint is injured, muscular contracture with pain and faulty posture result, and soon a well developed curve makes its appearance. At first there is no change of contour, nothing but the lesion. There are symptoms, but they are overlooked by the family physician. Not until the deformity is quite noticeable, is the child taken to an osteopath and the proper diagnosis is made. I contend that it will not be long until parents will take their children to the osteopathic physician to have their spines examined as often as they themselves consult the dentist to ascertain the condition of their teeth. This is the way it should be and we should educate the laity accordingly, if for no other reason than for humanity's sake.

A knuckle corresponding to a spinous process is strongly suggestive of Pott's disease. The posterior spine of children is the result of weakness and posture and is of little pathological significance. The anterior dorsal spine is by far the more important of the two. In a child the anterior curve of the cervical region is the result of the super-imposed weight of the head; the posterior of the dorsal to the expansion of the lungs; and the anterior of the lumbar region, to the action of the psoas muscles, and the weight of the viscera. The most important is the dorsal curve and impaired development of the lung is one of the prime causes aside from vertebral lesions. The first indication of a lateral curve is a fullness on the convex side. This fullness is the result of hypertrophy of the muscles, the erector spinae mass. The explanation is that these muscles undergo contraction to prevent the spine from falling to the opposite side. For example, if the spinal column is bent the least bit to the right, this requiring but little force, the muscles on the left immediately undergo contraction to hold it there, otherwise gravity would draw it entirely over. This repeated contraction causes hypertrophy and is the result rather than the cause of the curvature. In the treatment of scoliosis it is useless to attempt to overcome this contraction as many do, since it is an effect, not a cause. In other cases there is a contracted condition of the spinal muscle:

which results from the primary lesion. This is always pathological and should be overcome if possible.

The median furrow is the longitudinal depression between the erector spinae masses of muscles. In the normal back the width is about the same throughout the entire length, while the depth varies slightly, it being deepest in the lumbar and shallowest in the upper dorsal region. If the furrow is widened it means that the muscles forming the walls have undergone atrophy; if deepened they have undergone hypertrophy. Atrophy of these muscles is diagnostic of a lesion in that region with the impairment of the viscera supplied by that part of the spinal cord. For example, a widening of the median furrow in the mid-dorsal region is practically diagnostic of weakness or disease of the stomach. There are two reasons for atrophy of these muscles, viz., vertebral lesions that affect the innervation, and disease of the viscera supplied by that part of the cord that supplies the muscle. Abuse of the function of the stomach will at first produce contracture of the erector spinae muscles in the dorsal region, which is always followed by atrophy. The explanation is that in every visceral disease the corresponding segment of the cord, that is, the segment that gives rise to the nerve impulses that innervate the viscus, is affected. I mean by that, that there is at first congestion, later nutritional disturbances of the nerve cells of the cord. As a result of this every muscle innervated by the same segment will undergo some change, usually that of contracture, and later on by atrophy. Meigs (*Origin of Disease*) states that the spinal cord is affected in practically all visceral diseases and he supports the statement by microscopical mountings of sections of the cord taken from various autopsies in patients dying from some visceral disease. In acute cases the median furrow will be deepened, in chronic it will be widened and becomes more shallow, and whenever these changes are found it is diagnostic of impairment of viscera innervated by the same segment of the cord that gives rise to the impulses that supply the part of the erector spinae that is affected.

Muscular contracture is indicative of spinal or rib lesions, abuse of the muscle, exposure, and irritative disease of the viscus innervated by the same segment. It signifies fatigue and congestion of the muscle and congestion of the corresponding segment of the cord. On account of the arrangement of the blood vessels of the muscles of the back and the spinal cord, it is impossible to get perfect circulation of the spinal cord when there is contracture of the muscles of the back. Any treatment directed to the relaxation of these muscles, will improve the circulation of the spinal cord and will do good. Excessive manipulation of the muscles of the back will induce fatigue of the muscles, this resulting in contracture and congestion of the spinal cord. The application is evident. The contracture is an effect, and the cause must be removed if permanent results are to be expected. Manipulation of the muscle itself may give temporary relief, but it is scarcely osteopathic and should be discouraged since many confuse our methods with massage, and I am sorry to say that many so-called osteopaths are only crude masseurs.

We must adhere to the bony lesion idea or else we will lose our identity and become merged. Tenderness of the spine is one of the most common indications of diseased conditions and one on which the osteopathic diagnostician places a great deal of importance. The question immediately arises, what is tenderness? what is the cause? The significance? the interpretation? We believe that in all spinal lesions there is at some time a certain amount of arthritis. This will explain most of the cases. As the inflammation subsides the tenderness disappears and rigidity takes place. Inflammation produces tenderness on account of the co-

existing congestion and the toxemias and mal-nutrition. Congestion results in increased pressure. Pressure is one of the essential causes of pain. In each case there is mal-nutrition of the nerve trunk and cell. Reasoning along this line, tenderness of the spine is indicative of congestion of the part affected or of toxemia, usually from a lesion of the vertebral articulation in relation, but may be from any cause that produces congestion, such as over use or abuse, or muscular contracture from any cause. If the tenderness is deep, that is in relation with the vertebra, it is indicative of congestion or inflammation of the ligaments, and constitutes a reliable guide to the diagnosis of a vertebral lesion. If in the muscles it is suggestive of contracture, while if superficial it is suggestive of a toxemia or congestion of the peripheral nerves of the part. In all bony lesions there is more or less of thickening of the ligaments of the joint, which condition may remain for a long time. The function of the joint is impaired, and the best way to overcome the ligamentous disturbance is to produce passive movement in the affected joint, provided the parts are not irritated too much. If the treatment is too hard the congestion or inflammation may be increased instead of lessened. I have reached the conclusion, as stated before, that sprains of the vertebral joints constitute the majority of all bony lesions, and that by securing movement at that joint the effects can be overcome.

Certain popping sounds are often elicited by manipulation of the spinal column. Their significance has been discussed pro and con. The interpretation of these "pops" is that movement is obtained at the point, and especially that of separation as in cracking the joints of the fingers. Further than that it is of little significance aside from the suggestion to the patient that the lesion has been "set." I have found that the more relaxed the ligaments around the joint the louder the "pop," and the more easily it is obtained, and that where it ought to be secured it is hard or even impossible to elicit it. If obtained too frequently there is a liability of producing hypermobility with relaxation which is even worse than the original disorder.

In conclusion permit me to emphasize the importance of noting the signs of the back, their cause, significance, interpretation and their correction. The signs of the back are, change in color, change in contour, change in condition, and tenderness. I believe if you interpret this properly you can cure the patient if the disease is a curable one. And that is my idea of physical diagnosis, to be able to find the lesions. It does not make any difference what the name of the disease is, so long as you can correct that lesion; and I think we spend too much time in reading medical literature in order to be able to name a disease. The Old Doctor has lectured me so much that I have come over to his way of looking at things. We must examine the body as a machine, and locate where the friction is, where the derangement is, and we can do it by proper attention to the body. These signs then constitute the most valued indications of impairment of visceral as well as other activity, and in proportion to the ability of the osteopathic practitioner to locate and interpret these signs will the success of osteopathic treatment be.

I think Dr. De France was misinterpreted yesterday when she spoke of consulting other physicians. I think her idea was, in treating certain cases it is well for the sake of the patient to have the diagnosis confirmed by some physician or surgeon in whom the patient has confidence. Those people cannot tell you where the lesions are. Leave them alone for they are not acquainted with lesions. They can name the disease, but you are no better off so far as treatment is concerned. So I want to leave a few cardinal points with you. Test the mobility of the joints.

If the mobility is restricted it constitutes a lesion. If there is a hypermobility it constitutes a lesion. The basic principle of treatment is to restore mobility by adjustment. Adjust the joints and the inflammatory exudate will be absorbed.

Discussion.

Dr. A. G. Hildreth: I wish to say just one word with reference to what Dr. Clarke said about Dr. DeFrance's position. I think Dr. DeFrance was right in the position she took when she said that we should not explain to our patients their condition. I also agree with Dr. Ligon in her position that we should educate the people. Dr. DeFrance's idea was that we should not tell our patient this bone is dislocated or the other one is dislocated, thereby scaring your patient almost to death. You have no business to so express yourself, but you should tell them what the lesion is and what it leads to, thereby educating your patients to understand their true condition in an intelligent way, and every intelligent person with whom you come in contact is always ready to know and understand when you explain it from that standpoint. But if you say the first cervical or the fourth dorsal is dislocated, and so on, you excite them, and they carry away the wrong impression, and you give to the medical profession the strongest lever they have against us. I believe that is the position she takes.

There is another thing in connection with Dr. Clarke's talk that I wish to state. He laid stress upon the mobility of the spine. There is one thing that has not been brought up here. There are two extremes in our method of treatment. How to treat and the place to treat I would like to hear discussed. We are utilizing two extremes. The one is overtreatment, or too hard treatment, and the other is light, common massage, and for the Lord's sake and for the sake of our own profession let us get away from it, and let us discuss these things on this platform and go home with the determination of correcting these two evils.

I have had patients come to me who had been treated by physical strength only, and not by intelligent application of the greatest science on the face of the earth; and the other extreme is, they will come in say this one and that one treated me for half or three quarters of an hour, or an hour. We must get away from those bad habits. Osteopathic treatment, if it is one thing above another is scientific, but when it is misapplied it is just the opposite. In the treatment of the neck, so many times our people twist it from side to side, when you should never do it. It should be treated with the understanding and a full comprehension that you are dealing with the most delicate texture on earth, and the only way to handle it is to handle it in that scientific way which corrects the lesion which you find, and not by brute force. I had an illustration not long ago when one of my patients told me that a friend of his in a southern city consulted an osteopath, and he treated him so roughly that he never went back to his office, and I could tell you of numerous similar cases. Understand me, I am not criticising or finding fault with any man or woman, but if we are here for one purpose above another it is to correct the evils that exist in our profession, and I tell you right here that the true principle lies in the manner in which we treat our patients. And the day and the hour we reach the place where we can put our fingers on the spot, locate the lesion, from lack of mobility or from any other of the many physical signs, and treat that spot and correct it, we need have no fear for legislation or the absorption of osteopathy by any other school of healing.

Dr. Spaunhurst on Fakers.

The *Indianapolis Sun* thus reports a portion of Dr. Spaunhurst's remarks at the recent meeting of the Indiana State Association :

"It is but fair to the public that those who presume to heal the sick should possess such qualifications as honesty, intelligence, skill in the system or method of the school they represent," said Dr. Spaunhurst. "Dr. Spurgeon, a member of the State Medical Board, in a recent interview, said: 'In reference to the work of the board, the Indiana Medical Law is regarded as one of the best in the United States. It was an imperative necessity. Before its enactment diploma mills were in operation, selling diplomas to any person who had money with which to buy. Now there is not a diploma mill in Indiana or any neighboring state.' I disclaim any feeling save that of friendship for the doctor, and I do not intend any reflection on his honor or integrity, but he has certainly failed to make a searching investigation, for there exists a diploma mill in Indianapolis, and it has had free rein the last two years. Under the name of 'manual therapeutics' the egregious claim is made that it is 'improved osteopathy,' and graduates are ground out 'at so much per' in from one to three months. Permitting those to practice who are incompetent and who have not legally earned their title, besmirches the good name of osteopathy, and fosters quackery. Their lack of skill and knowledge is a menace to the best interests of the afflicted, and human health is far too precious to be jeopardized in the hands of ignorant pretenders.

"The fact that competent osteopaths, whose schooling requires three years of nine months each, are denied examination, not for lack of knowledge, but by the construction of the present law by the board requiring less education but more time in acquiring it, is unjust, when magnetic healers and fakers are permitted free rein and go unmolested. Therefore I recommend that the secretary of the society be instructed to write a letter to Dr. Holland, our representative on the medical board, advising him of his failure to do well by the osteopaths by weeding out the 'four-flushers' and imitators; that the situation warrants vigorous action on the part of the board and that we look to him for relief."

At the conclusion of Dr. Spaunhurst's remarks, Dr. F. H. Smith put the recommendation in the form of a motion, which was unanimously adopted.

Below are a few excerpts from letters to the Treasurer which accompanied remittances for dues to the A. O. A.

"Might as well be out of the world as not to belong to the A. O. A."—J. C. Garrett, Ypsilanti, Mich.

"I never regret any money spent in the Association, for it does us more good than any other way we could spend ten times that amount."—D. L. Conner, Phoenix, Ariz.

"I take pleasure in sending my dues, and find the literature of the A. O. A. great help in keeping me posted relative to our science. I hope the time will soon come when all the D. O.'s will belong to the A. O. A. as it increases our pleasures and usefulness in the profession."—Albert Louis Galbreath, Philadelphia, Pa.

"I enclose \$5.00 dues for the A. O. A. I have as yet been unable to attend any of the meetings. Still, I hope that keeping up the membership will show those to whom my word is not personally known that I am anxious to have osteopathy advance continually. I feel that each success, obtained by pains-taking, conscientious effort, places osteopathy upon a higher plane."—Myra E. Sperry, Santa Barbara, Cal.

"I fully appreciate the good work done by the Association, for the profession at large. I am glad to be a member of so grand an organization. By our united efforts we have done well; there remains yet much to do. Party lines and pet prejudices should be entirely forgotten; let each member do his part to promote harmony. In the language of Omar:

Ah, my beloved, fill the cup that clears
To-day of past regrets and future fears;
To-morrow—why, to-morrow I may be
Myself with yesterday's sev'n thousand years.

Wishing you all God speed in the noble work we have to do, I remain,"—R. J. Waters, Napa, Cal.

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DECEMBER 1, 1906.

The Mission of the A. O. A.

The real worth and effectiveness of the Association and the work and capabilities of its officers cannot altogether be properly estimated by the scientific part of the programs rendered at the annual meetings. The real work, which is performed many sided, is going on day by day throughout the year. No one who is familiar with the history of osteopathy and has given the subject serious consid-

eration can doubt for a moment that the osteopathic profession is today more unified; is a greater cohesive force, occupies a higher plane professionally, scientifically, and ethically by reason of the labors performed and influence exerted by the A. O. A.

In the very nature of things it should not be expected that the meetings of the Association, lasting as they do from three to five days, can take the place of the colleges in the matter of scientific training, nor that its sessions can serve fully even as a post graduate course. It is true that, on their scientific side, they should give an epitome of the latest and best that has been developed during the year within the profession. This should serve rather as a stimulus to increased efforts on the part of the members along scientific lines than as mental nourishment until another meeting. We must not selfishly concern ourselves with our private affairs during the year and expect others of the profession to do the research work and come to the annual meeting to provide a feast for the rest of us.

In other words the A. O. A. does not exist solely for the sake of the annual meetings. It would be more nearly correct to say that the annual meetings are held for the sake of the A. O. A. While on one hand the meetings are to promulgate and give expression to what has been accomplished, on the other hand perhaps the greatest mission of the meetings is to plan for and give direction to work that lies in the future. While scientific advancement lies at the base of our professional growth there are correlated problems involved in our educational, ethical, legislative, and literary interests that must receive careful consideration. All of these must be guarded if we are to make harmonious and balanced progress as a great profession.

If at our annual meetings those who, on account of their peculiar fitness, have been selected from the profession by the committee for places on the program do not give evidence of having delved deeply into pathological research the fault is not so much with the meeting as with the profession. If it is true, which we do not concede, that after fourteen years of professional life "*scientifically* we are marking time," it simply means that we cannot exhibit what we have not got. To say that our meetings are not as scientific as they should be, which is doubtless true, is but to say that our profession is not as scientific as it should be, which is also doubtless true. We do not agree, however, that we have made no advance scientifically, nor that our last meeting was void of results in that direction. There were papers and demonstrations that showed research, and there were few, if any, on the program who did not present something of value and we hold that they are deserving of thanks for their efforts rather than censure.

But granting that the profession is not as scientific as it should be, and that such is the case is no recent discovery made at, or since, the Put-in-Bay meeting. what is the remedy? The fact indicates that in order to make greater advancement along scientific lines a change is needed in our professional methods. We must cease to rely upon individual efforts for our research work. We must cooperate. Every member who desires the advancement of osteopathy must do what he can to further its interests. In our opinion the best plan of securing this cooperation and achieving the desired results was inaugurated at Put-in-Bay when steps were taken to establish an endowed post graduate college, a plan which includes research work.

The fact that the lesion was discovered and energetic steps undertaken to correct it, does not indicate that the Association is "mortally ill," but is rather an evidence of its virility. The reports of the various committees showing what had

been done during the past year and their recommendations as to what should be done in the future pretty fully covered the field and gave strong evidence of intelligent activity and substantial progress. The action taken with so much enthusiasm and unanimity toward the founding of a post graduate college and providing the ways and means for needed research work displayed a commanding view of the needs of the situation and a loyal determination to rise to the emergency. It is this step, fraught, as we believe, with such tremendous and far-reaching influence for the advancement of the science that will cause the future impartial historian of osteopathy to say of the Put-in-Bay meeting, despite its short-comings, real and fancied, what the *Journal* said a few weeks after its adjournment, that it was "the best meeting in the history of the Association" held up to that time.

Concerning Legislation.

The legislatures of about forty states will be in session within the next few months. Osteopaths every where should be on the alert to see that no hostile legislation is slipped through. In some states osteopaths will attempt needed legislation and in such we trust that every member of the profession will assist in every way possible.

We print in this number the bill recommended by the A. O. A. It is not asserted that this is a perfect bill in every detail and that it would apply without modification to every state. It does, however, represent the general principles of legislation for which the Association stands, and which it will assist so far as possible in enacting into law. We trust that in preparing bills the A. O. A. bill will be used as a model, not alone because of the desire for uniformity in legislation, but because, under existing conditions, it embodies correct principles and policies.

The important points to be looked after in legislation are—*independent osteopathic boards, making the three years' course obligatory upon those graduating after 1908, making certain reasonable requirements as to preliminary education a prerequisite to granting a license to practice, and reciprocity between states having equal requirements.* There are many other provisions of the A. O. A. bill, such as giving the profession a voice in the appointment of the board, etc., that are admirable, but the four above mentioned should be insisted upon.

The A. O. A. bill represents the settled conviction of the Association upon legislative matters as conditions now exist, and the reports of the Committee on Legislation have time and again recommended that the principles therein embodied be adhered to, and that no legislation is preferable to laws that do not give us the rights and privileges set out in the bill. We urge members of the profession in all of the states where legislation is contemplated to keep in close touch with the A. O. A. Committee on Legislation. Those desiring copies of the bill as a guide to attorneys in drafting bills may obtain them from the chairman, Dr. Hildreth.

There is often as much danger in moving too rapidly as too slowly. The osteopathic profession is now committed to the three years' course. We are not yet ready for a longer one and should not attempt to engraft into our statutes any

provisions making a four years' course obligatory. It is believed that such an attempt in one state would seriously affect legislative efforts in others where such a course is not necessary or desirable. Such an attempt therefore cannot expect, at the present, any support or assistance from the A. O. A.

It is our purpose to print in the *Journal* for January such matter as will be of service in assisting to secure favorable legislation. A reasonable number of copies will be furnished gratis to those having legislative campaigns in charge. Those desiring copies of this legislative number should notify us before December 25, specifying the number of copies needed so we may know how many extra copies to print.

The Case of Doctor Hively.

The action of the Indiana Osteopathic Association in expelling Dr. J. L. Hively, a report of which is published elsewhere in this number of the *Journal*, raises an important question and one about which there is likely to be differences of opinion among members of the profession. If this action had been based solely upon the fact that Dr. Hively had taken a course in chiropractic with the hope of learning something that would improve his technic, yet holding to the principles of osteopathy, we believe a majority of osteopaths would regard his expulsion as an exhibition of intolerance.

The action of the association appears, however, to have been based upon a published statement made by Dr. Hively which puts a different phase upon the matter. It fairly appears from this statement that he places osteopathy upon a lower plane than chiropractic as a science. This without taking into account the historical fact that maladjustment as a cause of disease and readjustment as a cure is the discovery of the founder of osteopathy. Dr. Hively does not appear to take into consideration the three years of education in the fundamental medical sciences required of osteopaths in contradistinction to the few months or less of study required of chiropractors. He ignores the advantage which this knowledge and the actual training and experience in caring for the sick must give to osteopaths, and seems to imply that instead of osteopathy being founded upon a great principle capable of varied and manifold application that it simply consists of "certain movements" and that the "one movement" of chiropractic is superior.

It is this belittling and vital misconception of osteopathy, this inferior and false position to which he has publicly assigned it, and not that he has sought a new "movement" for the correction of abnormalities that, in our judgment, abrogates his title to fellowship with osteopaths.

Directions Concerning Correspondence on A. O. A. Business.

It will save members of the Association considerable annoyance by insuring more prompt replies as well as lighten the work of the officers and result in a saving of postage to the Association if the following directions are observed in all cases:

Send all remittances in payment of dues to the Association and subscriptions to the endowment or annuity funds to the treasurer.

Send all applications for membership, *together with the membership fee*, to the secretary. Also write him for application blanks.

Send all case reports to the editor of the case reports, Dr. Edythe Ashmore. Write to her for blanks and any information concerning this department.

Send all suggestions concerning the program of the next annual meeting to the chairman of the Committee on Publication. Also write him for information concerning the prize essay contest for 1907.

Report breaches of ethics on the part of members of the profession to the chairman of the Committee on Education. Also write to him concerning advertisements of fake osteopathic schools which may be found in any publication.

On all matters of legislation and for copies of the bill recommended by the A. O. A. write to the chairman of the Committee on Legislation.

Concerning the work of the Board of Regents and the endowment movement write to the chairman or secretary of the board.

If you wish to subscribe to the endowment fund write to the member of the Special Committee on Endowment who is located nearest to you.

Any new matter that you think should be taken up by the Association or anything requiring action by the Board of Trustees would be properly addressed either to the president or secretary of the Association.

To insure that your name, address, alma mater and year in which you graduated appear correctly in the annual osteopathic directory, send this data to the publisher, Dr. R. E. Hamilton, Kirksville, Mo.

Report promptly all changes in address and all errors that appear in the A. O. A. quarterly directory to the editor of the *Journal*; also report to him promptly when you fail to receive the *Journal*, and write him for prices on back numbers and bound copies. Send direct to the editor all matter intended for publication.

The addresses of all officers and members of committees will be found on the editorial page of each number of the *Journal*.

President Ellis authorizes us to announce the following committees recently appointed by him.

Committee on Prize Essay—Drs. C. W. Young, St. Paul, Minn.; D. Ella McNicoll, Frankfort, Ind.; John E. Hodgson, Spokane, Wash.

Necrology Committee—Drs. Bessie A. Duffield, Nashville, Tenn.; W. L. Buster, Mt. Vernon, N. Y.; A. B. King, St. Louis, Mo.

Transportation Committee—Drs. E. C. Pickler, Minneapolis, Minn.; F. E. Moore, La Grande, Ore.; Wm. Berry Ervin, Milledgeville, Ga.

Dr. K. Virginia Hogsett, late of Butte, Montana, like many members of the profession had overworked and thus lowered her vitality. After a lingering illness she passed away at her home on November 6, 1906.

In her death the profession loses an enthusiastic co-worker and the A. O. A. a valued member. In a letter written late in August she expressed her sorrow at not being able to attend the Put-in-Bay meeting and said that her thoughts were with the Association every day.

Most of the state associations that have met since the last meeting of the A. O. A. have given prominence on their programs to demonstrations of technic. While the profession is preparing to go more deeply into the theoretical aspects of the science it is pleasing to note that instead of a diminution there is a revival of interest in the practical matter of technic. This is as it should be; we want a harmonious development along all lines.

The plan of organization for the post graduate college, proposed by the Board of Regents has, with some slight modification been approved by the Board of Trustees. This body is now engaged in selecting the first Board of Trustees for the college. It is hoped that the plan of organization together with the names of the trustees selected for the college will be ready for publication in the next number of the *Journal*.

There seems to be some misunderstanding in regard to the matter as to who is preparing the program of the Norfolk meeting. As usual the Committee on Publication has this in charge. The chairman is giving it his personal attention as well as the other members of the committee. President Ellis is also actively at work in the interest of a good program and we are safe in saying that it will be the "best ever."

Dr. Edythe F. Ashmore of Detroit has recently been appointed by Gov. Warner as a member of the Michigan State Board of Osteopathic Examination and Registration. This is a deserved tribute to one who has ever held the interests of osteopathy paramount, and done much to advance its interests.

The *Journal* for January will be a legislative number. We solicit suggestions and suitable matter for publication. Those desiring copies, which will be furnished gratis, for campaign purposes, should notify us of the number wanted before December 25.

The osteopaths of Denver publish weekly in the newspapers a directory of all graduates of reputable colleges who have met the legal requirements entitling them to practice osteopathy. Not a bad idea.

The Ohio Osteopathic Society is expecting a great meeting on December 29. Dr. Geo. M. Laughlin, of Kirksville, Mo., will be present and a profitable time is anticipated.

Those who pledged money at Put-in-Bay for the relief of the San Francisco sufferers should send the amount of the treasurer of the A. O. A.

Men shut their doors against the setting sun.—Shakespeare.

Dr. Ashmore writes that "case reports are coming in fine."

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 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; an said appointees 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 diploma 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 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. 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.

NOTES AND COMMENTS.

A Legislative Suggestion.

The Nebraska osteopaths have the right idea in inserting in their prospective bill, a definitive clause, so as to preclude osteopathy being practiced under another name. The M. D.'s always make "the administration of drugs to be the practice of medicine," but the osteopaths, so far, I believe have failed to make "the adjustment of the spine to be considered the practice of osteopathy." In the Wisconsin "Chiro" fight, that the chiropractors had no license was admitted, that they treated by adjusting (or attempting to adjust) the spine was also admitted, the only point of controversy being whether this latter of itself constituted the practice of osteopathy although called by another name. It was so decided but it took an initial trial and an appealed one before the case was closed. Wherever new legislation is attempted, let us use the prophylactic treatment.

Fraternally,

Portage, Wis.

FRANKLIN FISKE.

The Post Graduate College.

The idea of the endowed post-graduate college is one which appeals to me more and more strongly upon maturer reflection. Our Association has done many worthy things, many things which have helped to place our science upon its present eminence, but it seems to me that this proposed endowed college will do more to develop and perpetuate the system than any other thing the Association has ever undertaken.

Not one of us can at this day conceive of the strength and virility which will come to our profession from the working out of this college idea. We need just such a sheet anchor, something which will hold us fast to the central truths of our science, and prevent drifting. Such a college would afford not only an opportunity for continued and methodical research work, but would also be a clearing house for ideas, a place where the experiences of the individual practitioner could be made available for the whole profession.

I can see nothing ahead of such a program but a more thorough unification of the entire profession, and a more uniform presentation of osteopathy by the individual physician. The democracy and altruistic character of such a college is assured because of its management being vested in the National Association, which may be trusted to wisely govern its own institutions.

Let us all take hold, then, with a whole-hearted energy, and assure the fullest measure of success to this proposed college, which means so much to each one of us.

By the way, what is the matter with having a post-graduate session for say ten days or two weeks after the next convention, where, for a stated fee, we might refresh ourselves with a course of study provided by our worthy Board of Regents? I believe this would make a good beginning of the college idea, without drawing upon the funds subscribed for endowment. And then, too, it would prove an additional attraction for the convention, which, I am told, is going to be a "hummer." Let us by all means have such a course.

Fraternally yours,

Boston, Mass.

FRANCIS A. CAVE

Gall Stones Unusually Large.

It was my privilege recently to examine some gall stones of unusual size. Thinking that it might be of some general interest I send in this report. They were found voided with fecal matter. The first, cylindrical in shape, one inch long and one and one-half inches in diameter—flat ends—four and one-half inches in circumference. Another, evidently originally resting with its flat end against one of the ends of the first, cone shaped—the cone being rather oval (if such description is permissible), with a flat base measuring one and one-half inches in diameter, and about the same distance from base to apex. We have assumed that there must have been another one similar to this last which rested at the other end of the first named. It was either overlooked in the fecal matter voided, or is yet retained. With this assumption we may say that here was a gall stone with oval ends measuring four inches long and one and one-half inches the short diameter, but appearing in three sections. A close examination of the stone convinces us that there has been an additional outlayer covering the whole mass about one-eighth of an inch thick, as indicated by small pieces adherent at different places. The third stone found is about three-quarters of an inch in diameter, and nearly round.

The patient, female, weighs about one hundred and five pounds. She has been a sufferer for years, but until recently the physicians failed on diagnosis. For some time past a shifting tumor in the right side has been plainly outlined. Her physician thought it a floating kidney. Her last severe attack occurred about a month ago. It finally culminated in an obstructed bowel, and for a time it was thought she could not recover. Morphine to relieve pain was administered by the physician. She became unconscious, and the doctor gave up all hope. A son and daughter then began kneading the abdomen, until finally the bowel obstruction was loosened and great quantities of fecal matter passed. It is supposed that the large gall stones formed a basis for the obstruction, possibly at the ileo-caecal valve.

A legitimate question might be asked: How large a gall stone will pass through the gall duct without rupturing? It seems unreasonable that in this case such were possible. Another theory is that the gall bladder becomes inflamed, adheres to, and finally ruptures and discharges its contents into, the intestine.

M. F. HULERT, B. S., D. O.

Columbus, O., Nov. 7, 1906.

The American College of Osteopathic Medicine and Surgery.

STATEMENT FROM THE PRESIDENT DR. J. MARTIN LITTLEJOHN.

In preparing the account of the Put-in-Bay meeting from the stenographers notes it became evident that considerable matter would have to be omitted. The editor and chairman of the committee on publication decided to omit the informal discussions and to print only such remarks as were addressed to some motion. It happened that a considerable part of the discussion on the report of the committee on education, which included the report of the inspector, was of an informal nature. There was no disposition to do an injustice to any institution and all were treated alike in this respect. To avoid even the appearance of injustice we are willing to print any reasonable explanation or statement that any one, or any institution, that may feel aggrieved by the report may care to make. Below we print a statement from Dr. J. Martin Littlejohn, president of the American College of Osteopathic Medicine and Surgery, which include the points mentioned by Dr. J. B. Littlejohn at Put-in-Bay and some in addition thereto:

Editor of The Journal of the A. D. A.

I am very sorry that it is my duty to enter my protest against some statements in the report of the inspector of colleges, Dr. C. C. Teall, published in the Appendix to the Journal of the A. O. A. for October. For six years past we have been loyally trying to uphold the banner of osteopathy in this college. We have had to meet medical tyranny in many

forms and above all to contend against a registration law that places osteopathy with the mongrel breed of know nothings. Ours has been an uphill fight, but everywhere we have maintained our stand upon the basis of the chartered idea, an independent physiological system of healing. We have been taunted again and again with teaching medicine by men who know not of what they were speaking because they have never visited our college. At the present time we have a faculty that will bear favorable comparison with any osteopathic college, from the standpoint of educational qualification, experience in teaching and loyalty to osteopathy. There is no division among us—every man and woman is loyal to the charter thought of the college.

Instead of the inspector coming to us and giving us a word of encouragement to help us in bearing aloft the banner of osteopathy, he comes with cold water on his shoulder and insinuates that we are disloyal to osteopathy and incompetent to teach. Although Dr. Teall excludes myself and my brother from his condemnation of inefficiency, I resent none the less the imputation against my loyal colleagues. Such things as these do not help osteopathy. Misrepresentation cannot bring any gain and in the long run it will help us. All our faculty and students when they read the report know very well that it is not so.

Let me point to a few facts (1) "The building is shared in common with the college of medicine and surgery." The secretary of the college replied to Dr. Teall's query and yet *doubting this statement* Dr. Teall says "just how far this union extends I have not found." Dr. Teall was told there was no union. There was no mixing of students. In chemistry and histology some of the students of the College of Medicine and Surgery received special permission to attend our classes under our own professors. And yet when Dr. Teall knew this he gets a fling at the college when he says, "the medical end was still at work." There was no medical end. He was not sent to inspect the College of Medicine and Surgery and to our college there is no medical end. (2) Dr. Teall says there was no roll call. In some classes there is, in others there is not probably a roll call. But each one keeps a roll, marks his roll, hands it to the assistant secretary each day and signs the roll of the faculty after each lecture. If Dr. Teall wanted to know what was done, he could have inspected the roll of every class and the record of every lecture, clinic, demonstrations from the first day of the session.

When he was told about these he did not want to examine them. (3) Dr. Teall says "instructors seemed to be changed frequently in the midst of work." I do not know what he means. If he means that our instructors were changed during the course of the term or year work that is absolutely false. We have kept in the main our instructors from the very opening of the college, adding year by year new members from the ranks of our graduates. (4) Dr. Teall states that we employ students as instructors, three of the instructors he says were undergraduates. One of these our teacher in biology, is a certificated teacher in Great Britain, certified in science under the South Kensington, London, governmental board, and a teacher for over fifteen years. Another, our teacher in chemistry, was a high school teacher of chemistry for years and acknowledged by everyone as an excellent teacher. Dr. Teall spent five minutes in this class of chemistry. (5) Dr. Teall says "the instructors, outside of Drs. Littlejohn, were not of a class to insure the best results. With *two* exceptions the instructors were M. D.'s, etc." I wish to call Dr. Teall's attention to positive misrepresentations. Excluding myself and my brother there were nine M. D.'s on our faculty; of these six were supplying the material for our class in post-graduate work on comparative therapeutics. The other three are our own graduates who completed a medical course after graduation for the sake of surgery. When these materials were supplied I conducted a two-hour class on osteopathic therapeutics in which I compared the osteopathic theory and practice with that of the other systems and told why ours was better. This class Dr. Teall never visited although I was present and held my class. Instead of *two* osteopathic graduates as instructors, excluding my brother and myself, there were seventeen D. O.'s, pure and simple, actually engaged in the teaching work of the college as regular instructors when Dr. Teall was here. I would be willing to put these against an equal number anywhere for experience, ripe scholarship and loyalty to osteopathy. Dr. Ford has been teaching regional anatomy in this college for six years and I consider him an ornament to the anatomical science, as well as a loyal osteopathic friend. There were but *two* M. D.'s teaching at the time Dr. Teall was here. Theoretical pathology was taught by Dr. Griffiths, a graduate in arts and medicine, and an accomplished teacher. Laboratory and research pathology was taught by a D. O. Dr. Teall says "under such conditions the emphasizing of osteopathic principles could not be expected to be very strong." He also says the examination of clinics was not complete. He visited my clinics on Monday when I examined two patients, a report of which is in our clinic record taken down during the clinic. For an hour I talked on the lesions, their significance, the line of treatment and the possible benefit, demonstrating the mechanical basis or the lesions found and their treatment. Then I turned the patients over to the demonstrators who show the students how to treat in the treating room. Our students examine each patient, get a history and report to the public clinic. Then we examine and demonstrate in public. Was Dr. Teall in a position to say whether we taught osteopathically or

not? My class in osteopathic technique, diagnosis and manipulation was meeting twice a week and he never visited it. He spent less than twenty minutes in my class on the principles of osteopathy and less than fifteen minutes in my class on the practice of osteopathy. During the last year I gave to my students thirteen hours a week on the principles, practice and technique of osteopathy and comparative osteopathy. And it is not medicine either as my students can testify. Dr. Teall says there was a class scheduled in the fourth year practice of medicine. Yes, the Supreme Court of the State of Illinois has decided that the practice of osteopathy is the practice of medicine (see catalogue of school 1905-6, p. 10-12.) "As the materia medica, theory and practice of medicine are taught by the particular school to which they belong, so is the osteopathic system representing an independent method of healing diseases, taught and applied according to the osteopathic theories of diagnosis and therapeutics, surgery and obstetrics, so as to maintain the same as an independent system or science of healing." "As the independent and distinctive system, as our definition makes clear, osteopathy includes all that is commonly included in the field of the practice of medicine, namely, diagnosis, therapeutics and surgery, from its own distinctive standpoint. It is not the practice of medicine by drugs." (Catalogue p. 14.)

I am sorry that Dr. Teall was not generous enough to give one word of commendation. I protest against the wholesale denunciation of my colleagues, some of whom have been years in osteopathic practice. We did not parade anything for display. Dr. Teall came at the close of a long and tedious year of work. We were near the close of the ninth month of work. It may be some of us were fagged, but I know that we are as loyal to osteopathy as our critic. I feel satisfied that our condemnation will bring us more friends than otherwise, because those who know us best, know that we have not hesitated to spend our time and money in the defense of osteopathy and even in research work that the world has not yet even heard of.

In regard to the hospital clinics that Dr. Teall thinks of doubtful value and tending to mixing with medical students. A schedule is made out of clinical work in surgery, eye, skin, heart and diagnostic clinics at the County Hospital where the students can see a variety of operations and acute cases not seen anywhere to better advantage in this country. They have the privilege before and after the public clinic of examining the cases for lesions. During the first three years of the college existence I personally took the students and examined with them all the cases. During that time I was privileged to act as assistant to Dr. Duncan. Since then I have not been able to spend the forenoon of each day on account of other work but this does not limit the field of usefulness in seeing and examining these cases. We have tried to secure our place which belongs to us by right to share in conducting the county clinics but so far have been unsuccessful, largely through the apathy of the osteopathic profession. The time is coming when we will have our share in the examination and treatment of all cases in the county of Cook. Till that time comes we can use the facilities offered to splendid advantage for our students. I remember when Dr. Teall graduated from Kirksville he solicited the help of the Drs. Littlejohn to get admission to these clinical facilities of the Chicago hospitals, and at that time Dr. Teall did not despise the day of small mercies.

As a college we realize that we have failures and we are trying to improve on these. The college, like the system, is young. We are not incompetent, dishonest or disloyal to osteopathy. Any reasonable counsel is welcomed and the good will and fellow feeling of osteopaths is asked in helping us to make this college a center to represent osteopathy. The clinics conducted by us free of cost as a labor of love give us cases that amply repay the time expended in developing and extending the osteopathic field here.

In justice to osteopathy I ask you to give this statement a place in the *Journal of the A. O. A.* Our faculty sends its loyal greetings to all honest and straightforward osteopaths.

J. MARTIN LITTLEJOHN,
President.

Chicago, Ill., Nov. 28, 1906.

Two Cents Per Visit.

ORANGE, N. J., Oct. 10, 1906.

Through the efforts of the Practitioners' Society of the Oranges, which includes the leading physicians in the community, the doctors in the Oranges have agreed not to do contract work. This will prevent any doctor from acting as lodge physician at a fixed rate for each member a year. Hereafter all service of this kind will be done at the scheduled rates for visits.

The society found that a number of physicians were doing contract work at a very low rate. One is said to have treated not only the members of a lodge, but also all the members of a family. It was said that his rate of pay averaged two cents a visit on this plan. The society took up the matter last spring and its efforts have been approved by physicians of the allopathic, homoepathic and osteopathic schools.—*The Sun*, Oct. 11, 1906.

A great mind will neither give an affront nor bear it.—Horne.

North Carolina Osteopathic Society.

The account of the meeting of this society which appeared in the November *Journal* was clipped from a newspaper and, we are informed, contained some errors. We therefore gladly give space to the official report this month.

North Carolina is one of the best organized states, osteopathically, in the Union, and the members of the profession there are doing much to advance the interests of the science.—Editor.

The North Carolina Osteopathic Society held its third annual meeting at Durham on Oct. 20th. The following is a list of those present: Drs. H. F. Ray, Charlotte; W. B. Meacham, Asheville; C. H. Grainger, Winston-Salem; A. A. Basye, Greensboro; A. R. Tucker, S. W. Tucker, Mrs. S. W. Tucker, Durham; E. J. Carson, M. J. Carson, Wilson; A. H. Zealy, Goldsboro. There are fourteen osteopaths in North Carolina, all except one are members of the state society and twelve of the fourteen are members of the A. O. A. This meeting marked a larger membership, better attendance, better program, more enthusiasm and in every way there was evidence of a healthy growth of the N. C. O. S. Much business of importance was brought before the society. Legislative affairs were discussed thoroughly but no definite action taken. Dr. W. B. Meacham was appointed to confer with the representatives from this state in regard to the bill which will come before the house in the District of Columbia this fall. It is the earnest desire of every North Carolina D. O. that our D. C. brethren secure a good law, both for their own good and to make legislation easier in many states where it is so much needed.

The program was rendered in a manner most instructive and helpful to all those present. Dr. A. R. Tucker's paper on "Osteopathic Manipulation," was an especial feature of the program. To show the society's appreciation of Dr. Tucker's paper it was voted unanimously to send it to the A. O. A. Journal for publication.

Officers were elected as follows: Dr. H. W. Glascock, Raleigh, president; Dr. A. R. Tucker, Durham, vice-president; Dr. A. H. Zealy, Goldsboro, secretary-treasurer. Executive Committee: Drs. A. A. Basye, W. B. Meacham, H. F. Ray. Legislative Committee: Drs. E. J. Carson, E. C. Armstrong, S. W. Tucker.

The society was tendered a reception by the Drs. Tucker at the home of Dr. A. R. Tucker, which was an enjoyable occasion, a love feast as well as a feast of good things.

Dr. Ben S. Adsit, professor of anatomy at the Southern College of Osteopathy, Franklin, Ky., who was on the program, was absent on account of sickness. Dr. H. W. Glascock, of Raleigh, was also detained on account of sickness.

PROGRAM.

Morning Session—

Meeting called to order.
Reports of committees.
Secretary-treasurer's report.
Regular business.
President's address.

Afternoon Session—

Unfinished business.
"The Present Condition of Osteopathy"—Dr. W. B. Meacham, Asheville.
"Frequency and Length of Treatment"—Dr. H. W. Glascock, Raleigh.
"Symposium on Osteopathic Articulation"—Drs. A. R. Tucker, W. B. Meacham, S. W. Tucker, E. J. Carson, M. J. Carson, A. A. Basye, C. C. Grainger and A. H. Zealy.
"The Spinal Column from an Osteopathic Standpoint"—Dr. B. S. Adsit, Franklin, Ky.
"Success in the Practice of Osteopathy"—Dr. E. J. Carson, Wilson.

Election of officers, adjournment.

ALBERT H. ZEALY, Secretary...

Southwestern Iowa Osteopathic Association.

Southwestern Iowa Osteopathic Association met in Chariton on Tuesday. Meeting was called to order at 1:30 p. m. The president and vice-president being absent Dr. Wyland was chosen as chairman. R. W. Bowling M. D. D. O., dean of Still College, addressed the association on the subject of "Compared Therapy," he having mastered both sciences was well able to handle same. He discussed the six specific drugs that the noted Dr. Wm. Osler claims to be sufficient to use in some of their many forms in any kind of sickness. Mercury, iodid of potassium, opium, digitalis, quinine and iron. He clearly showed how the osteopath can bring the same results through osteopathic treatment without leaving the injurious effects of the drug. Discussion was led by Dr. Maddox, of Fairfield. Dr. Gilmour presented the subject of "Nervous Prostration." He has had an extensive practice along this line with the very best of results. Discussion by Dr. Gates. Dr. McAfee presented a clinic case which was thoroughly examined and fully discussed.

W. E. D. Rummell, A. M. L. L. B., secretary of Still College, then spoke in the interest of that institution. Dr. Wyland handled the subject of "Cervical Ganglia" to the satisfaction of all. Dr. Dalin discussed the subject of "Asthma" from the osteopathic standpoint. Dr. Elliott spoke to the association on "Organization and Legislation" and urged every one present to lend his support in that direction.

Election of officers: President, Dr. S. I. Wyland; vice-president, Dr. W. S. Elliott; secretary and treasurer, Dr. L. E. Wagoner; trustees, Dr. J. R. Gilmour, Dr. C. C. Dalin, Dr. Dora W. McAfee.

Dr. Hemstreet, of Galesburg, Ill., reported a case of spasmodic singultus (hiccoughs) that had baffled the medical profession of the city. The case was greatly benefited by osteopathic treatment. Discussions were resumed after supper. Osteopathic obstetrics was quite thoroughly discussed. An amendment was made to the constitution and by-laws article 3, section A, to be read third Tuesday in April and October of each year. There was a good attendance and the meeting was very beneficial to all. Corning, Iowa, was selected as the place for the April meeting.

L. E. WAGONER, Secretary.

Oregon Osteopathic Association.

The Oregon Osteopathic Association convened in special session at Portland, Oregon, on October 27, 1906. The meeting was a splendid success, surpassing all previous ones in attendance and enthusiasm. Demonstrations and clinics formed the most interesting feature.

The following program was carried out:

Prayer	Rev. C. D. Sawtelle
Address of Welcome	Dr. H. F. Leonard
Talk by President	Dr. G. S. Hoisington.
Report A. O. A. Convention	Dr. Gertrude L. Gates
Paper, "Our Needs"	Dr. W. L. Mercer
Paper, "Advertising"	Dr. F. E. Moore
Paper, "Our Relation to the Medical Profession"	Dr. Otis F. Akin
Demonstration—Lesion-Atlas	Dr. C. E. Walker
Demonstration—Lesion-3rd Dorsal	Dr. B. P. Shepherd
Demonstration—Lesion-Lumbar	Dr. L. B. Smith
Demonstration—Lesion-Itib	Dr. E. T. Parker

The evening session was principally consumed in a discussion of the feasibility of attempting legislation at the next legislative session beginning January, 1907.

On ballot a unanimous vote was had in favor of another effort. The legislative committee was empowered to draft the bill deemed most suitable to our needs. An assessment was made for the necessary funds to meet the legislative expense and the Board of Trustees were authorized to select the best available man to be present during the entire session and prosecute the proposed work. Four new members were added to our state association and two were secured for the National Association. Members were urged to bring every influence to bear on legislators, meanwhile through friends and patients.

MABEL AKIN, Secretary A. O. A.

Maine Notes.

The October meeting of the Maine Osteopathic Association was held with Dr. D. W. Coburn. A discussion of gall-stones was led by Dr. Coburn, followed by a clinic.

The November meeting was held at the office of Dr. F. A. Covey where we had the great pleasure of listening to Dr. Ella D. Still, of Des Moines, Iowa, but a "Maineac" by birth, being related to Portland's poet—Longfellow.

At the afternoon session Dr. Still gave a very instructive discourse on "Uterine Displacements," and in the evening several gynecological cases were examined and discussed.

Dr. Still's visit to Portland will long be remembered by the Maine osteopaths.

D. WENDELL COBURN, Secretary.

Indiana Osteopathic Association.

The Indiana Osteopathic Association met in ninth annual meeting November 10th, in Hotel Claypool, at Indianapolis. Was called to order at 10:10 a. m., by President Kinsinger, of Rushville.

After reading and approving the minutes of the Lafayette meeting, came the regular

order of business. Dr. J. L. Hively, of Elkhart, who had been suspended for a year for giving drugs and having his wife (who is not a graduate), give treatments, was present and denied the charge.

On motion Dr. Hively was reinstated, when immediately there was a charge preferred against him for circulating literature, (to get business), that is a detriment to osteopathy. It seems Dr. Hively has taken a course in chiropractic, and to his mind, from the literature distributed, it is far superior to osteopathy. He claimed not to practice osteopathy, but the new science. Dr. Hively confessed distributing the literature and was expelled for conduct unbecoming an osteopath.

Dr. J. F. Spannhurst, of Indianapolis, made an earnest appeal to the association to take some action in regard to the fake osteopaths of the state. On motion the secretary was instructed to notify Dr. J. E. P. Holland, (our member on the medical board), that through him we expect relief from the pretenders who put a blot on the fair name of osteopathy.

At 2 p. m. the association met and elected officers as follows: Dr. J. F. Spannhurst, president, Indianapolis; Dr. Chapman, vice-president, Laporte; Dr. Z. T. Nevins, treasurer, Brazil; Dr. J. E. Baker, secretary, Brazil; Dr. Crow, Elkhart, and Dr. Schrock, Bedford, trustees, three years; Dr. Smith, Indianapolis, Dr. McNicall, Frankfort, trustees, two years; Dr. Seaman Seymore, trustee, one year.

Dr. M. E. Clark, of Kirksville, Mo., was present and conducted a clinic, after which he gave a forty-five minute lecture on "Gynecology," which was very interesting and instructive. Dr. Clark gave a number of opinions he has come to from his vast amount of practice in the past ten years.

Dr. Clark could not leave until 11 p. m. and an evening session was arranged for those who could be present, when a round table talk was indulged in which was very helpful and interesting.

The association adjourned to meet again next May in Indianapolis.

J. E. BAKER, Secretary.

Dr. George J. Helmer in Boston.

The Boston Osteopathic Society has commenced its work for the winter of 1906-7 in the most enthusiastic and successful manner.

On October 23. Dr. George J. Helmer, of New York City, gave a demonstration on technique of the cervical and upper dorsal regions, followed by a practical and helpful talk on the "Possibilities of Osteopathy as a Profession." The demonstration and talk were greatly appreciated by all who were so fortunate as to hear him. Dr. Helmer has enthusiasm, confidence and ability born of long and successful practice and left an impression for good that will not soon be forgotten in Boston.

Among other prominent osteopaths who have promised to appear before the Boston society this winter are Doctors Ella D. Still, of Des Moines, Iowa; Walter W. Steele, of Buffalo; Ernest C. White, of Watertown, N. Y.; Herman E. Hjardemaal, of Brooklyn, and Ella Barrett Ligon and Mrs. A. L. Conger, vice-president of the A. O. A., of New York City.

ADA A. ACHORN, Secretary

Florida Osteopathic Association.

The Florida Osteopathic Association convened for its first annual meeting at the office of Dr. C. E. McKinnon, Jacksonville, Fla. The meeting was called to order by the retiring vice-president, Dr. A. E. Berry, of Tampa, at 9 a. m., Nov. 10, 1906.

The association had been formed by the "mail order" plan two years ago. Every D. O. in the state, except one, was present, and each one is a member of the A. O. A.

New officers elected for the ensuing year: President, A. E. Berry, Tampa; vice-president, C. E. McKinnon, Jacksonville; secretary-treasurer, J. S. Blair, St. Petersburg.

Several interesting clinics were before the meeting.

Preliminary plans for legislation were presented and a meeting to be called sometime in March to decide definitely, and complete plans was decided necessary.

At 8 p. m. the meeting adjourned to meet in March at the call of the president.

J. S. BLAIR, Secretary.

K. Virginia Hogsett.

In the death of Dr. K. Virginia Hogsett, who died Nov. 6, 1906, we, the members of the osteopathic profession in Montana, feel that we have lost one of our most valued and trusted members. Conscientious and high-minded in her individual practice, she was ever found loyal to and interested in the advancement of the profession. She will be sadly

missed at our state gatherings where her gentle cordial nature and lovable disposition did much to promote that feeling of comradeship which brightens our lives and makes us more helpful to one another.

Though her death seems to us untimely, we bow in humble submission to the will of the Shepherd who knows best when his sheep should enter the fold. We shall ever cherish and honor the memory of our sister, and to her daughter, Miss Virginia Hogsett, we extend our sincere sympathy.

Be it therefore resolved, That a copy of this memorial be spread upon the permanent records of the state association, a copy sent to each of the journals of our profession and a copy presented to Miss Virginia Hogsett.

This memorial was unanimously adopted by the Montana Osteopathic Association, also the resolutions therein.

ASA WILLARD, Committee.

The Southeastern Iowa Osteopathic Association.

The above association met at Grinnell on Nov. 10, 1906. There were twenty-one osteopaths in attendance from outside the city. The following program was carried out:

Invocation	Rev. J. M. McClelland
Address of Welcome	Mayor R. G. Coutts
Response	By Dr. S. B. Miller, Cedar Rapids, Iowa
Paper, "Prophylactic Treatment"	Dr. J. R. Bullard, Marshalltown, Iowa
"Our Educational Requirements"	Dr. Geo. M. Laughlin, A. S. O., Kirksville, Mo.
Paper, "Lesions on 3rd Dorsal Vertebra"	Dr. E. H. Beaven, Cedar Rapids
Discussion	By Dr. J. S. Baughman, Burlington, Iowa
"Obstetrics"	Dr. Nettie Olds Maight, Still College, Des Moines, Iowa
Discussion	Dr. S. B. Miller, Cedar Rapids, Iowa
"Clinics"	Dr. Geo. Laughlin, Kirksville, Mo.
"Case Reports"	Dr. Guy C. Trimble, Montezuma, Iowa
Paper, "The Osteopath in His Relation to Tuberculosis" ..	Dr. L. O. Thompson, Red Oak, Ia.

Dr. G. C. Farmer, Oskaloosa, was elected president, and Dr. Mary G. Forrest, Albia, secretary. The next meeting will be held in Oskaloosa.

In the evening Dr. J. Martin Littlejohn, of the American College of Osteopathic Medicine and Surgery, Chicago, Ill., delivered a scholarly lecture on the subject of "Compared Therapy," which was highly spoken of by the press of Grinnell.

Portland Osteopathic Association.

On November 10 the Portland Osteopathic Association was organized. A very comprehensive constitution with bylaws was adopted and officers for the year were elected as follows: President, Dr. R. B. Northrup; vice-president, Dr. H. F. Leonard, secretary, Dr. Mabel Akin; treasurer, Dr. B. P. Shepard; curator, Dr. Clara MacFarlane; board of trustees, Drs. C. E. Walker, W. A. Rogers and Gertrude L. Gates. Eighty per cent of the osteopaths of the city were present and launched the society as charter members. Weekly meetings are to be held between now and our anticipated legislative fight in January. Plans for the promotion of our cause together with clinics and discussion will be features. It is proposed also to conduct a dignified educational campaign through the press.

OTIS F. AKIN, Chairman Publication Committee.

The Preparation of Nostrums.

An article in the *American Journal of Clinical Medicine* for September draws attention to the fact that many of the quack remedies on the market are manufactured by some of our leading pharmaceutical houses, whose reputable ethical standing is supposed to be well established. If such be the case, and the evidence seems to be pretty conclusive, it is high time that an effort should be made to dissuade the manufacturing firms from supplying the infamous concerns with their ready made nostrums. It will probably be a difficult matter to do this, the profits to the manufacturing pharmacist from this source must be very large and if he relinquished the act must be a purely voluntary one upon his part as he is duly within his legal rights in supplying them; only his desire to maintain his good standing

with the medical profession will impel him to sacrifice this remunerative business, but it is hoped that when the matter is duly brought to his attention, in each case the practice will be discontinued.—*Cleveland Medical Journal*, Sept, 1906.

BOOK REVIEW.

The Practice of Osteopathy.

BY CARL PHILIP MCCONNELL AND CHARLES CLAYTON TEALL.

We have had the pleasure of examining the third edition of McConnell's Practice, which is just from the press. This has been rewritten and revised by the joint authors above mentioned.

In part one, following the interesting introduction, comes a chapter on Osteopathic Etiology and Pathology. This is succeeded by chapters on Osteopathic Diagnosis and Prognosis, Osteopathic Technique, Osteopathic Centers, Pathological Spinal Curvatures, Pott's Disease, Sprains and Fractures, Postural Defects and Prolapsed Organs. Following this are the chapters on Diseases of the Eye and Ear, Mental Diseases, Skin Diseases, Animal Parasites, Hemorrhages, the Rectum, Genito Urinary and Heat Stroke.

In part two, the various diseases are pretty fully discussed. The definition, symptoms, diagnosis and treatment are given. In most cases the osteopathic etiology and pathology are given.

In addition to the peculiarly osteopathic measures in the treatment of the various diseases which are fully set out, the authors have included a great deal on hygienic and prophylactic measures that will be found of value. Appropriate diet, the use of heat and cold, water and other rational measures are described.

The authors have quoted from contemporary osteopathic literature, and have given the experience and conclusions in many diseases, and phases of diseases, of successful osteopathic practitioners throughout the country.

The concluding chapter is one of great interest. It is on the "Hip Joint," and is contributed by Dr. Geo. M. Laughlin, of Kirksville, Mo. For several years past Dr. Laughlin has been making a study of hip cases and has had considerable experience in treating them, his conclusions, therefore, add much value to the book.

The book is the most pretentious yet issued on the subject, consisting as it does, including index, of 731 pages. The fullness with which subjects are treated, the care and study evidenced in its preparation, the capabilities and wide experience of its authors, their high standing professionally and scientifically, as well as the volume of matter which the book contains, entitles it to rank as the *magnus opus* on the subject of "Osteopathic Practice."

The book is for sale by osteopathic book dealers.

Life and Sayings of Sam Jones.

There will be issued from the press of J. L. Nichols & Co., Atlanta, Ga., early in December, a volume entitled as above. The manuscript has been supervised by Mrs. Jones, assisted by Rev. Walt Holcomb, who was Mr. Jones' evangelical co-laborer and closest friend.

Osteopaths will, we believe, be especially interested in the life of this remarkable man on account of the strong, consistent and practical friendship which he manifested for our school of practice for many years. He spoke out for osteopathy when it was not the popular thing to do.

The osteopaths who had their recent session in Albany, are growing in numbers and influence and will no doubt soon receive at the hands of the legislature that consideration and legal acknowledgement to which they are properly entitled.—*Albany (N. Y.) Express*, Nov. 4, 1906.

He who loveth a book will never want a friend, a wholesome counsellor, a cheerful companion, an effectual comforter.—Isaac Burrow.

PERSONALS.

Born, on October 31, a son, to Dr. and Mrs. Arthur Taylor, Northfield, Minn.

Born, to Drs. Hugh W. and Ida M. Conklin, at Battle Creek, September 25, a son.

Dr. W. S. McClain, late of Cookeville, Tenn., has been added to the faculty of the Southern College of Osteopathy.

Dr. C. M. T. Hulett has just finished reading the proof for the fourth edition of Dr. Guy D. Hulett's "Principles of Osteopathy."

Dr. F. P. Young, of the A. S. O. faculty, at the election held November 6, was elected to represent Adair county in the Missouri legislature.

Married, in Chicago, September 9, Dr. John H. Wilson, of Napoleon, Ohio, and Miss Catherine V. Thumser. Dr. and Mrs. Wilson will reside in Napoleon.

Dr. J. S. Baughman, Burlington, Iowa, has kindly given a copy of his chart on physiological chemistry to each of the San Francisco earthquake sufferers.

Dr. Guy E. Loudon, Burlington, Vt., and his brother, Dr. Harry M., of St. Albans, have formed a partnership and will practice in Burlington. The former has become a little worn from over work and is now recuperating in the Adirondacks. He hopes soon to be as well as ever.

We are in receipt of a letter from Dr. Ben S. Adsit, whose serious illness was mentioned in the November JOURNAL, written on Nov. 24, in which he states that he expects to be able to return to his home in Franklin, Ky., in two weeks. He does not expect, however, to resume his work before February 1.

Mrs. Essie S. Cherry, D. O., of Milwaukee, widow of the late Dr. L. E. Cherry, accompanied by her mother and father, Dr. Cherry's mother, and her four-year-old son, spent a day or two in Chattanooga early in November. They were on their way to Florida where they will spend the winter. Mrs. Cherry is not now in the practice.

The Cosmos Club was entertained Monday evening, Nov. 3, 1906, by Mrs. J. H. Pike, 46 Norwood street. The feature of the evening's program was a lecture on "Anatomy" by Florence G. Covey which was most instructive and interesting. Dr. Covey is a gifted speaker with a charming personality and the occasion was to be remembered. At the close of the lecture refreshments were served.—*Portland (Me.) Evening Express.*

"At the gateway of life each soul finds as it were a block of finest marble (time), a chisel and mallet (ability and opportunity), placed at his disposal by an unseen messenger. What shall he do with the marble? He may chisel out an angel or a devil; he may rear a palace or a hovel. One shapes his marble into a statue which enchants the world or sculpts it into frozen music. Another chisels his into disgusting forms which shall demoralize man in all time and poison every beholder."—Orison Sweet Marden.

Nothing can be honest which is destitute of justice.—*Cicero.*

REMOVALS.

- Emma K. Gnadinger's address is 501 Steinway Hall, Chicago, Ill.
 J. W. Martin, 59 Court St., to the Standish Arms, 169 Columbia Heights, Brooklyn, N. Y.
 Homer Edward Bailey, 203 Odd Fellows Bldg., to 229-30-31-32 Frisco Bldg., Cor. Ninth and Olive Sts., St. Louis, Mo.
 A. S. Melvin, 300-302 instead of 400, 57 Washington St., Chicago, Ill.
 W. B. Ervin, Milledgeville, Ga., to 501 Brynn St., Chicago, Ill.
 T. W. Sheldon, Berkeley, Cal., to 1844 Sutter St., San Francisco, Cal.
 V. A. Bergland, Illinois Theater Bldg., to 1721½ Second Ave., Rock Island, Ill.
 Jessie Willard, Chicago, is now Jessie Willard Cornett, 522 Barclay Bl'k, Denver, Col.
 George E. Fout, 204 E. Franklin St., to the Virginia Bldg., Richmond, Va.
 E. Clair Joues, 4th and Locust Sts., to 459 Walnut St., Columbia, Pa.
 R. H. Goodale, San Diego, Cal., to 275 Bandini Ave., Riverside, Cal.
 Chas. Carter, New London, Mo., to Dudley Bl'k, Danville, Va.
 Frederick H. Martin, 358 W. Ninth St., to 321-329 Mason Bldg., Los Angeles, Cal.
 J. A. Kerr, Nolle Bl'k., to Wayne Bldg. & Loan Bld., Wooster, Ohio.
 Elizabeth M. Ingraham, 303 Century Bldg., to 14 Ghio Bldg., St. Louis, Mo.
 Edward F. M. Wendelstadt, 15 Broad St., to Hotel Colonial, 81st St., and Columbus Ave., New York.
 Harry M. Loudon, St. Albions, to 199 So. Union St., Burlington, Vt.
 Annie McC. Brownlee, Paterson, N. J., to Edina, Mo.
 Herman F. Goetz, Century Bldg., to 202 Odd Fellows Bldg., St. Louis, Mo.

 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.

- Susan Balfe, Alliance, Neb.
 P. J. Bergin, Kansas City, Mo.
 E. Heath Clark, Boston, Mass.
 Homer D. Bowers, Newberg, Ore.
 Lewis F. Curl, Paris, Ill.
 C. E. Dailey, Rawlins, Wyo.
 W. Nelson Daniels, Philadelphia, Pa.
 Charles S. Fisher, Milwaukee, Wis.
 W. F. Harlan, Grand Forks, N. D.
 Ethel L. Hearst, Salina, Kan.
 Ancil B. Hobson, Detroit, Mich.
 Seth Y. Kennedy, Gloversville, N. Y.
 Samuel R. Landes, Grand Rapids, Mich.
 Matilda E. Loper, Kansas City, Mo.
 C. C. Martin, Central City, Ky.
 C. E. McKinnon, Jacksonville, Fla.
 J. P. Merritt, Tekamah, Neb.
 F. P. Millard, Toronto, Ont.
 C. T. Mitchell, Albany, Ga.
 James C. Monks, Bridgeton, N. J.
 Charles A. Rector, Indianapolis, Ind.
 Nellie Slaght, Newton, Iowa.
 C. E. Walker, Portland, Ore.
 J. Jay Walker, Middleport, N. Y.
 Margaret E. Bowen, Kirksville, Mo.
 J. M. Gladman, Kirksville, Mo.
 J. F. Knox, Bellingham, Wash.
 Allen Munu, Bellingham, Wash.

REINSTATEMENT.

- Guy Wendell Burns, New York, N. Y.
 Grace Huston, Sunbury, Pa.

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OSTEOPATHY AND THE STATE.

Delivered to the New Jersey Osteopathic Society, Jan. 24, 1906 by C. M. TURNER
HULETT, D. O., Cleveland, O.

In complying with your request to discuss this subject, I am somewhat at a loss as to the phases of it that will most interest you. I was helped to decide what not to say and how not to say it by a paper by Philip Marvel, M D., of your State, on osteopathy and its legislative demands, and will try to be at least truthful and courteous in what I do say. I am disposed to avoid unsupported assertion as to the truth of our position, but to let it appear from discussion of the principles on which it rests. While this involves a somewhat more technical coloring, it need be none the less clear and conclusive. Nature is mysterious only when not understood. Her profoundest truths are simple when fully comprehended, and complexity in nature is but a multiplication and combination of simple elements.

To Robinson Crusoe alone upon his island there was no question of his rights until Friday came upon the scene. Humanly speaking, man's rights in his individual function are but the expression of his will, but in his social function that expression must take cognizance of his neighbor. Society must often restrict the inherent right of the individual, but only when necessary for the general good. Occupations, legitimate in themselves, must sometimes be prohibited, often regulated. The practice of the healing arts being concerned with the health and physical welfare, with the issues of life and death, of the people, may be fraught with much of danger in incompetent hands. The police power of the State is, therefore, exercised in requiring that any person engaging in the practice of medicine shall first give evidence of qualification, and so long as this required evidence is maintained, that person is not further prohibited by the State, but may proceed in the exercise of his inherent right to engage in this occupation.

How is the State to ascertain if the individual be qualified? The educational fundamentals are easily determined in accordance with established standards. The process of determining the professional status does not rest on so well-established data. It is a special case and requires special treatment. If medicine were an exact science, like mathematics or chemistry, there might be but one system of practice, with one right remedy for each condition, one profession, one standard, one criterion of qualification. But it is not an exact science; it does not rest on well-defined and demonstrated general principles; its practice is not even a consistent attempt to apply some plausible theories. But medicine is progressive? Very true, but that is a relative term and tells us little. The real question is how far has it progressed from the beginning point to zero. The practice of medicine, unlike many of the arts of civilization, is not a

development from the cultivated tastes of an advanced race, but is an attempt to relieve a necessity incident to life from its beginning. Primitive man suffered from injury and disease just as we do, and his quest for relief was just as earnest. But knowing nothing of his body or of the nature of disease, he sought relief by trying things. Repeated trials taught him the effect of various remedies. The materia medica of today comprises the result of this "cut-and-try" method, or, as Dr. Marvel, of your own State, puts it, "knowledge acquired through observation, which, if you please, may be called empirical." Science has taught the medical profession much, especially during the last century, of the cause and effects of disease, but, surgery aside, relatively much less of enduring value in the way of remedies. A man may now be sick much more intelligently than formerly. He may know why he is sick and how he is sick, but how he may be made well is still almost the same unsolved problem. This is not said to emphasize a truth by exaggerating it, but is a simple statement of an unfortunate fact, recognized by the profession itself. The newer treatises on the practice of medicine show an increasing indifference to drug medication as the basis of medical practice. Dr. Hare, of Philadelphia, recently read a curtain lecture to the younger generation of surgeons for their attitude of drug nihilism, using as a text a statement by one of them that the credit of practically all the advance in medicine in the last one hundred years was due to surgery. Dr. Dyce Duckworth, an English authority, in a recent address on "The Present Decline in the Art of Medicine," makes this significant statement: "While the sciences on which medicine is based have made astonishing progress in the last half century, the art of medicine itself has materially declined and fallen into neglect during this period." In this respect the "progress" of medicine consists largely in a constant and rapid succession of medical fads, noisily exploited, quickly proved failures, and hurriedly consigned to the limbo of forgetfulness.

This condition is not one calling for criticism. It is unfortunate, but inevitable. It is part of the general heritage of the race, placed here to work out its own salvation. The medical profession has been groping about in darkness seeking the light. The present achievement in medical science, vast as it is, is still relatively superficial. The profounder truths are still beyond our ken. As Dr. Marvel says: "A clearer conception of etiology, a keener comprehension of the morbid and destructive changes present, and a finer discrimination between normal and perverted function, are the essentials for a greater and more scientific advancement in the practice of medicine." In other words, medical practice has not yet reached the bottom of its problems, and it must necessarily base its work largely on theory and hypothesis, conforming these to what is known of the laws governing structure and function in the body, and looking forward to the fuller knowledge of the future to confirm or correct the present tentative systems. This process has continued through many centuries in the past, and we know not how far in the future is the time when we may replace theories with one demonstrated system.

In the meantime, as in all science, theories, as working bases, are a necessity. A science of medicine in the real sense of the word, is not only not a fact of the present, but is not possible for a long time in the future. Hence, any attempt to anticipate such a condition at this time must be artificial and forced. Recognizing the deficiencies in medicine in no way detracts from what has been accomplished. But the accumulated knowledge in medicine, great as it is, has not been of as much use to us as it ought, because we had not found the organiz-

ing principle. It was like a great library which might be classified alphabetically, or according to size, or style of binding, or date, or language. Either way it would be a great pile of books, but of little use to us. So it has been in medicine. There has been no great underlying principle, such as any science worthy of the name must have as a foundation. We see then that differences in the healing arts are fundamental and necessary under present conditions. It is our contention that the differences between the osteopathic and other systems are of such a nature as to preclude equity and justice in any attempt to apply a single system of legal regulation, and this is our reason for insisting on a separate law and examining board in the several states.

A brief statement of some of the points of difference will show why we take this position, and that it is not because, as our medical friends so mendaciously insist, we want a lower standard; on the contrary, we want a higher standard than any medical board, ignorant of osteopathy, could intelligently apply. Nor because of our "inability to comply with the requirements of the law already existing," but that very much in the medical requirements are to us utterly useless trash, and no more germane than would be an examination for a professorship in astronomy. Nor because we want less rigid tests of our applicants, for the portions of a medical examination rejected by us are more than replaced by those things necessary to qualify an osteopathic practitioner and not found at all in a medical examination.

There are four schools of medical practice recognized by statute in this country—the allopathic or regular, the homœopathic, the eclectic, and the physio-medical. In their interpretation and relative valuation of the facts of structure and function; of etiology and the whole natural history of disease; of the scope of surgical therapeutics; of hygiene, sanitation, and other contributing aids to health, these schools are one and identical. The same text books, course of study, instructors and equipment, would serve to prepare students for either equally well. The difference between them begins and ends in the subject of pharmacotherapy, the knowledge and application of which constituted medical practice in even the recent past, but which has been declining, not only relatively but actually, in recent times, with a speed that is accelerated with each passing year, leaving its practitioners to grasp at therapeutic straws in the form of electricity, X-rays, violet rays, and other rays, bake-ovens, sero-therapy, organo-therapy, anti-toxins, radium, what-not; with some result it is true, but so pitifully small that it would be amusing if it were not so tragic in its import to society. In sheer desperation they are forced to fall back upon good nursing on the one hand and on the other a reckless, almost at times criminal, abuse of the surgeon's knife. So their chief difference being, not as to the properties of drugs, nor as to their effects in the body, nor even in any considerable degree as to the kind of drug to be used in a given case, but only a theoretical conception as to the way in which drug effects come about in the body, one board and one examination will very well serve for all their applicants for license to practice, by a little slurring over of this one point of difference.

But osteopathy differs fundamentally from all medical systems. Its divisions of therapeutics, diagnosis, and etiology are in large part new to the science of medicine, while all that knowledge, vast and fragmentary, which is the fruit and heritage of the past, which we can use, is still, in its setting, from the point of view of the osteopathic philosophy, so changed in its interpretation and its bearing, that there can be but little in common between the two systems.

A brief statement of general principles may make this clearer. The "regular" school takes pains always to declare its freedom from theory, that its practice is based on no hypothesis but that it "rapidly adopts all advances and adaptable discoveries which are proven to be helpful in either alleviating, restoring or assisting the diseased to health." This excerpt from Dr. Marvel's paper at once correctly states their attitude and illustrates its weakness. The evolution of medical practice is not guided, stimulated, and intelligently directed by any principle, proved or tentative, by which each step becomes suggestive of the next. Its method is rather the cut-and-try, go-as-you-please one of the beginnings of all science, in which isolated items of Nature's secrets are stumbled upon, one after the other, without necessary connection or relation, instead of the orderly development of a fixed science in which its ramifications are traced systematically from the known base of established principles. Medical science, then, must be in its callow youth. But is the medical mind so different from the average human mind that it works best without plan or system? Here again Dr. Marvel helps us out. He says that a new system of medicine, important in the treatment of disease, must be "a system capable of *exciting* and *assisting* these *forces* and functions (of the body) to a more nearly perfect performance of their normal activities." And again, "Science has demonstrated that in all diseases, both organic and functional, groups of physiological *forces* become directly or incidentally disturbed or altered, and an attempt to aid nature in *bringing* these *forces* back to the normal, that is, in *restoring* them to their natural activities, is the chief work of the therapist." The words I have italicised in these quotations indicate the point of view from which the whole subject of disease and its cure is approached by the medical profession. The relation of the therapist to these forces is an active one. He seeks to take in hand, to modify, correct, regulate, and bring back to normal action these aberrant forces. In the first half of the last century, with the development of the science of chemistry, this control was thought to lie in the chemical problems involved, that drug action was chemical action, and that in time chemical formulæ would express drug effects in the body. Chemical investigation was greatly stimulated, with much good result, but not in the way expected. It was found that the cells of the body possessed a power of choice, and as the transporting streams, the circulating fluids, flowed by them, they chose what they wanted and rejected what they did not want, and that their wants were only for nutrient materials, products of digestion and oxygen, and that any excess of these with all waste matter and all drugs were simply carried away to the eliminating organs and expelled from the body. The cell chose to refuse to take the drug into its composition, and from its choice there was no appeal. The chemical theory of drug action was hence untrue, and had to be abandoned.

In more recent years the biologist, working along entirely different lines, with at first, perhaps, little thought of any relation to medicine, in developing the laws of vital activities in living organisms, has nevertheless established, not a theory, but a principle, which is now the scientific basis of drug action in the body. Inasmuch as in the interpretation of this principle and its relation to disease and its cure lies the basic difference between osteopathy and the medical systems, a brief discussion of it will be in order.

Living organisms present a material body actuated by an animating principle. Whether this principle be an extra-material vital force, or simply the sum of the physical and chemical forces in the body, has no bearing on this discussion. It is there, and for present convenience we may call it the life forces. Its expres-

sion in the form of function is what the physician has to deal with. The physiological functions of the organs of the body are the mode of its expression, and disturbance of these functions we call disease. When function ceases and life departs, the body is no longer an organism, but only a bit of common clay. Biologists, working from the simple, uncomplicated vital activities in low forms of life composed of a single cell, up through the increasingly complex to the most highly developed organism composed of many groups of cells specialized for the diversified functions in the human body, have found to be universal a law of nature, that function is a response to a stimulus, an action originated in and by the organism by which it adapts itself to the stimulus of any change in its environment.

All the various forms of stimuli to the body may be classed under a few general heads:

Chemical stimuli, the chemical effects of the air and all external environment, of food, of fluids and substances of one part of the body on some other part, of all drugs and chemicals; these are more numerous and general than any other form.

Stimuli from heat.

Stimuli from light.

Electrical stimuli.

Mechanical stimuli, contact with objects externally, and of parts of the body with each other internally, changes in pressure, gravitation.

And lastly the effect of the will upon the voluntary functions.

The play of the life forces, in response to the complex influence of the innumerable stimuli impinging upon the body and its organs, constitute the vital functions. Raising the temperature will elicit one form of response, lowering it will elicit another form. Moisture or its absence, electric currents of different kinds, contact with solid objects, all are met by suitable adaptive response. The stomach responds to the presence of suitable food in the complex processes of digestion. It responds to unsuitable food by a different set of activities in the act of ejection. The heart contracts only because the blood flowing into it acts as a stimulus. Muscle contraction, secretion, excretion, respiration, circulation, nutrition, all the vital forces are governed by this law. The cells composing the several organs of the body are in each case specially developed for a certain function which that organ performs for the whole body. To meet the necessities arising from this fact two principal systems of intercommunication exist. The transportation system of the body is the circulating fluids by which all carrying in the body is done. The control, regulation, and coordination of all these vital activities is accomplished by the nervous system. Stimulus and response in the body are usually at separating points, the transmission between them being by the nerve pathways. In the light of the full comprehension of this law of response to stimuli, what once seemed obscure and complex is now seen to be simple and common sense, and the manifold activities of the human body are seen as the operation of a basic law of nature.

Health represents the perpetual process of adjustment in the living body to these influences. These activities never cease. The life forces are in a constant flux, rising, falling, a condition of moving equilibrium. When the variation passes a certain limit, either because the stimuli are too strong or the body is too weak for the adjustment to be maintained, we call the resulting disturbance in the vital forces disease.

And now we are prepared to more intelligently comprehend the basic principle of drug medication as enunciated by Dr. Marvel. He lays down as a basic law of the healing arts that the therapist should seek to *excite* and *assist* the forces of the body, to *bring* these *forces* back to the normal, to *restore* them to their normal activities. Notice the point of view. The keystone of this system is the disturbed forces which he is active in correcting. If some force rises too high, is too active, he uses a sedative or depressant to bring it down to normal. If a force sinks too low he uses something to increase it and bring it up to normal. Any disturbing stimulus is met by a counter stimulus that will correct the disturbance. Chemical stimuli are more numerous than any other in nature. In the form of drugs they are more diversified in their properties and effects, more easily handled, controlled, and administered, than any other. Hence drugs are the basis and backbone of the medical system. With more than ten thousand drugs in the materia medica from which the physician is daily and hourly choosing, with their diverse properties, uses, incompatibilities, and dosage, it is little wonder that the bugbear of the medical profession is the question of a longer course of preparatory study. Surely the longer the better!

Electricity, heat, light, have all been brought into requisition for greater variety in the form of stimulus. Mechano-therapy among savages and Oriental peoples, the Ling system, massage, the bone-setters of England, physical-culture, fads of all kinds, machine for shaking, stretching, thumping the body, vibration, surgical nerve-stretching, all represent blind, empirical, and hence more or less abortive efforts to find something which always just eluded the grasp. In more recent years the idea of mechanical stimulus still failed to produce much result. The premises were wrong. In this, too, nature was misinterpreted, and it remained for Dr. A. T. Still to first recognize the great fundamental principle of medicine, with an intelligent and scientific mechano-therapy as its chief mode of application.

These demonstrated facts of nature, that disease is disturbed function, and that drugs are the most diversified, accurately handled and applied agents for corrective stimuli, make a basis for a beautiful system of scientific therapeutics, were it not for another fact not yet noted. Human bodies differ. Not only obviously in structure, function, organic activity, vitality, resistance and special peculiarities, but in the very protoplasmic basis of life there is essential difference. Here, too, is individuality, indeed, the basis of all physical individual difference. So the old saw, that what is one man's meat is another man's poison, is literally and scientifically true. Variations in drug effects on different persons were once thought to be due to incomplete knowledge of their properties and action, and it was fondly hoped that the time would come when every new patient would not have to be a subject of experiment until it was determined how the drugs were going to act in his case. Now we know that this necessity is inherent in the nature of things, and that any real science of medicine on this basis is a scientific impossibility. There is absolutely no way of knowing the effect of any drug in a given case but to try it, to introduce it into the system and then wait and note the result. The drug selected is brought into contact with the cells to be influenced, usually by introducing it into the circulating fluids, which carry it to the point desired. The cells respond to its presence by changing their action. This change is a biologic function not necessarily related to the disease. Its close approximation to the disease conditions by the physician in the selection and manner of administration of this drug is an artificial and incidental relation. And,

again, this change varies with each patient. No two are exactly alike. Observation of ten thousand cases will make the next one no less an experiment. How much consolation is it to a man suffering injury from a drug given him by his physician to be told: "You seem to be peculiarly susceptible to this drug." These are the two rocks on which the medical system goes to pieces. They constitute an impassable barrier to the achievement of a real science of drug medication.

So much for the medical point of view. For the osteopath the elements of the problem of disease and its cure up to a certain point are the same. The facts of structure and function, of the character, progress and termination of disease, are, of course, the same to whoever may regard them, but even so, their relative importance may be subject of disagreement. The difference between the medical and osteopathic systems is primarily in the point of view. As stated, the keystone of the medical system is the *disturbance*. Everything else is secondary to and grouped around this in the order of their relations to this central factor. The keystone of the osteopathic system is the *cause of disturbance*. Everything else is secondary to and grouped around this in the order of their relations to this central factor. This position of osteopathy is necessitated by a consistent and logical interpretation of Nature's law of response to stimuli. She will do her work to the limit of her power in any given case. Then any human prodding, with drugs or otherwise, is not only unnecessary but foolish, and may be harmful. At the very moment of beginning of disease Nature sets in motion her corrective forces. Daily, hourly, unknown to us, this suffices, and we remain in health. Disease is the stimulus to its own cure. When any disturbance in the smooth and regular running of the vital machinery occurs, instantly the system responds by directing the whole power of that machinery to the correcting of the disturbance. Sir William Treves, the noted English surgeon, has lately emphasized the truth that a large portion of the total disturbance, as it appears to us in disease, is usually but the physiological effort of Nature to overcome the disease. If this were all, if Nature could always exercise effectively her corrective forces to the limit of her power, there would be no place for therapeutics. It is at this point that osteopathic principle finds its practical application. Dr. Still's great work consists in showing that disease is maintained, that Nature's corrective efforts sometimes fall short of success, because of an obstruction to their full operation. This obstruction may be anything which interferes with the normal functions. Contracture in any one of the four hundred muscles, contracted ligaments, displaced tissues or organs, new growths as tumors, an overloaded stomach, or impacted colon, anything which will interfere with or obstruct nerves, blood-vessels or other organs. These terms express the gross representation of the microscopical, molecular physics and mechanics of living matter. The cell, the unit of life, will die in extreme contraction or in extreme expansion. Between these two extremes somewhere lies the best conditions for its life processes. The balancing of physical forces and mechanical stresses constitute the best conditions for the unit of living structure, and the most complex structure is but a multiplication of units. Therefore we believe that the osteopathic conception is the logical conclusion from all the highest teachings of modern biological science. At the bedside the medical practitioner asks the question "What may I do to cure this sick man?" The osteopathic practitioner asks the question: "Why does not this sick man get well?" "What is preventing Nature from curing him?" Usually he finds an obstruction in the form of structural derangement, correction of which is "his chief work as a therapist."

This brings our discussion to the test and record of actual practice. If the work of thousands of practitioners, succeeding on the merits of their work in relieving sick people, with the corollaries of established colleges, a literature, organizations, local recognition in one-half of the states, and all this a normal development along strictly ethical lines, is not demonstration of the truth of our position, then nine-tenths of the medical system is undemonstrated theory.

Let us now turn to the secondary factors in the etiology and cure of disease which Dr. Marvel so artfully implies that we ignore.

Good habits of life, and a good environment in which to live are conducive to good health, in that when from any cause the bodily powers are below normal, the conditions will be the most favorable for repair and recuperation. Preventive medicine dealing with these matters has made much greater advance in recent years than has curative medicine, and it will reach its highest development when interpreted and applied in accordance with the principles of osteopathy.

Abuse or overuse, excesses or exhausting strains of any kind, will impair vitality and predispose to disease. Here the prime necessity is to stop the excess. Then correction of the accompanying structural derangement usually found, permits of natural repair of the damage.

Bacteria are occasion, but not cause of disease. Each one of us is taking quantities of germs into his system every hour of his life, and if these germs were the cause *per se* of disease, the earth would be depopulated within a month. But they are innocuous except when they find tissues in a subnormal state with just the right conditions to make a suitable nidus or nesting place, when they locate and proceed to business, and the one thing that will dislodge them is to flood their camp with an abundance of good blood, the only effective internal germicide which will not also destroy the tissues. This we do by correcting the structural derangement which causes the predisposing subnormal condition, and Nature's routing, destroying, and repair forces will then take care of the invasion and its effects. Manifestly, then, the important thing for you and me, as individuals, is that our bodies be kept able to protect themselves by continually destroying the germs taken into them.

At the same time, to help the public in this respect where it neglects itself, and curtail the number of germs in the world, developing and applying the principles of hygiene, diet, sanitation, quarantine, restricting and destroying sources of infection, control of epidemics, are all a necessary part of the physician's work and of the osteopathic system.

Obstetrics and gynecology are simply convenient designations of departments of practice, in which the same principles apply as in other departments and which are a part of the osteopathic system.

Surgery is strictly osteopathic in principle. The surgeon removes an obstructing condition in the form of a broken, displaced or dead tissue, foreign substance, new growths, anything which may be a menace to the system, then nature repairs the damage. Osteopathy has not yet had time to gather the expensive paraphernalia in hospitals and operating amphitheaters, and to train the teachers necessary to properly give a course in major surgery. This will come in due time. In the meantime our students are trained in surgical principles and diagnosis, all the minor procedures, the principles of asepsis and the use of antiseptics, with a full course of toxicology.

Osteopathy then is a complete system of medicine. For the present we do not ask the right to practice major surgery. And at last nature's repeated and pa-

tiently reiterated protest was understood by Dr. A. T. Still, and we do not force upon her the unnatural method of the internal administration of drugs for their supposed curative effect. The principles of our system based upon the laws of nature, proved dependable by our record, entitle us to legal recognition and regulation and equal opportunity with other schools. This granted, the question of the mode of regulation arises, whether by separate law or in common with other schools of practice, "One science, one standard which shall include the embodiment of all scientific truths touching upon or allied to the relief of all diseases," is an attractive dream, which may indeed come true some time in the distant future. But not now, and any attempt to embody in one set of requirements the test for all, necessitates the elimination of so much that is special to one or another school that what is left is so elementary and general as to be a farcical travesty upon intelligent regulation. For examination on the fundamentals may show a man's ability to recognize disease, but not to cure it, and an examination in either the allopathic, homoeopathic, or osteopathic system of therapeutics will not test a man's ability to use either of the others. But even in the fundamentals an examination of an osteopath should differ greatly from the others. In illustration, a thousand questions may be formulated on the subject of anatomy. An examiner selects ten, and of course, those of practical value to the physician because of their frequent recurrence in his work. Such a working list for an osteopath and for a medical man would be essentially different. The same rule would apply throughout all the subjects of an examination.

The spirit of Dr. Marvel's paper is in consonance with the precedents of medical history, looking backward rather than forward, preferring authority even to truth, and assuming a special fitness for an advisory judgeship charged by the public with the duty of warning people. But his paper shows two serious errors. He forgets that age does not hallow an untruth and nature does not change the operation of her laws because a misinterpretation of them is venerable. Tradition always opposes change, and established systems are the last to see good in anything different from themselves. It was in this spirit that a medical member of a State legislature a few years ago introduced a bill intended to prevent the practice of osteopathy by making it unlawful for any person "to administer any new or untried form of treatment not recognized by the medical profession." In the same spirit Dr. Marvel urges his professional brethren "to reach every member of the State legislature . . . and importune them to familiarize themselves with the grave responsibility of legalizing the practice of so-called 'healing arts' under any other act or fostering them by any other protection than that which the State at present maintains." Could arrogance and impudence go further?

This introduces his second error, viz., that the bounds of science can be fixed by legal enactment, that the State in prescribing the conditions under which medical practitioners may pursue their vocation has bestowed on them a monopoly, and that mere lapse of time has endowed them with vested rights in the healing arts, and that having secured these exclusive privileges, they will use the executive machinery of the State to prevent any investigation, promulgation, or application of nature's laws, except through agencies controlled by them, or through channels which they approve.

His discussion of the educational qualifications of osteopaths is marked by such wilful mendacity or unpardonable ignorance as to be beyond the pale of ordinary courtesy. Our colleges, in the scope and character of their courses of

study and in the thoroughness of their instruction, are the peers of the medical colleges of this country, and are doing thoroughly honest educational work of a high grade. Their graduates are fully the equal in every respect of the graduates of medical colleges, as shown on the occasions where they have been subjected to like tests. Our people have taken the medical examination in States where a medical diploma is not a specific requirement and where it was necessary to insure them a footing and opportunity to work for really effective regulation of the practice of osteopathy on its own merits.

Osteopaths do not ask any special privileges. They simply expect the right of American citizens to manage their own business, under the proper control of the State. Osteopathy is not simply a new method of treatment, or a little different variety of procedure. It is based on demonstrated laws of nature that lie at the very foundation of the subject of health, laws which were not known half a century ago, and the application of which in the osteopathic system of therapeutics is so different from the spirit of medical practice that there is no common ground on which they can come together. Separateness, therefore, of the two systems is an inherent necessity. Each has its distinctive central conceptions, base of operations, and differing lines of work. The medical system has its law, suited to its special needs, to protect the public against incompetent medical practice. The osteopathic system asks no more, and has a right to no less than a law suited to its needs, to protect the public against incompetent osteopathic practice.

1208 New England Building.

GROWTH OF OSTEOPATHY.

E. R. BOOTH, PH.D., D. O., Cincinnati, Ohio.

About the year 1838 a farmer lad ten years old, suffering from a sick headache, found relief by lying on his back and resting his head in a swing made of a plow-line stretched between two trees. The lad was Andrew Taylor Still and the incident was the first recorded in the development of osteopathy. With Dr. Still a newly discovered fact establishes trains of thought and investigation which are followed up till their relations to other apparently allied facts are proven or disproven.

Dr. Still was a physician and the son of a physician who was also a pioneer preacher in the missionary fields west of the Mississippi. About 1858 he became convinced that the healing art, depending as it did then and does now almost entirely upon the giving of drugs, was not a success. He lived in Kansas and went directly to the study of nature in his attempt to find something to take the place of the old practice. He exhumed Indian bodies and studied anatomy in detail in his search for a more minute knowledge of the human body. But his one constant object of study was the living human being both in health and disease. A knowledge of what a normal person is in structure and function became to him the only true basis upon which the healing art could become a scientific structure.

It was therefore, quite natural that he should formulate certain definite principles upon which all his thoughts and experiments should cluster. These were, of course, simple and with our present knowledge of anatomy and physiology, axiomatic. They were, in substance, as follows: 1. The human body is a perfect machine, within which the spirit of life dwells, every part of which will do its work properly if not interfered with. 2. Any obstruction to the arteries

or other tubular structures to or from a part will interfere with nutrition or with the elimination of waste material, in either case interfering with the normal condition and reducing the vitality of the part below par. 3. Any disturbance to nerves may produce disease, because every function of the body, even to the building up and tearing down of cells, is performed by their influence. The above principles became fixed in Dr. Still's mind and were elaborated by him prior to 1874. He had been applying his principles in treating almost all forms of disease met with in the practice of a country physician, and finally the scope of a complete system dawned upon him almost as by inspiration. He taught his sons his methods and preached his doctrines to all who would listen. Most of his hearers were scoffers, but they did not dare deny the results. His Christian friends thought that his good work was accomplished through the influence of his Satanic majesty, and even held prayer meetings to make intercession to the God whom Dr. Still claims never made a mistake in any of His works to convince him of the error of his way.

OSTEOPATHIC COLLEGES.

Dr. Still claimed from the first that he possessed no special gift and that others could be taught to do the same work. He tried to convince drug doctors but they were wedded to their idols and with few exceptions would not give the subject an intelligent consideration. But the common people had tried the new system and demanded more of it. Hence the American School of Osteopathy was established in 1892, at Kirksville, Mo., the home of the founder of osteopathy. The school has grown in strength and influence through these fourteen years. Other schools are now in successful operation in Boston, Philadelphia, Chicago, Des Moines, Franklin, Ky., San Francisco and Los Angeles, Cal. All require at least a three year's course of study of not less than nine months each. The course of study is as complete as that of most medical colleges and more complete than many of them. The materia medica of the drug doctor is not taught; in its place osteopathic principles and methods receive careful attention. Surgery is taught but our schools have not the facilities for major surgery that some medical colleges have, yet they give the training necessary to the general practitioner. Osteopaths believe that no one should be licensed to perform major operations without being specially trained in that work. We all know that most medical doctors are not so trained. Many of them have never used the instruments in such operations, much less had the training under competent instruction necessary to acquire the requisite knowledge and skill to perform the most delicate and dangerous operations. Yet doctors are licensed in every state to cut into a patient's brain or chest who were never trained for such work. We believe this is an imposition upon humanity. Hence osteopaths have insisted that they be not licensed to practice major surgery till they can show better qualifications than is required of drug doctors. Furthermore there is no more reason for most general practitioners doing the work of the special surgeon than that of the dentist, or the oculist.

OPPOSITION TO OSTEOPATHY.

Osteopathy has had to fight for every victory won. Space will not permit a recounting of details. Reference is made to the chapters on "Osteopathic Legislation" and "Osteopathy and the Courts" in the writer's *History of Osteopathy and Twentieth Century Medical Practice*. Suffice it to say that, through the demand of the people for the privilege of securing the services of an osteopathic physician if wanted, the claim of the osteopaths for a fair deal, the sense of jus-

tice in our courts, and the fairness of legislatures in passing laws generally satisfactory to the people and the profession, there is now only one state in the union where osteopaths are molested or seriously hampered in their practice.

“SOMETHING JUST AS GOOD.”

The plea has been made in almost every legislative and judicial contest that the old schools of practice includes every thing in osteopathy. They claim osteopathy is massage, yet you will look in vain in all the books on the practice of medicine, in all the writings on massage, and in the practice of both drug doctors and masseurs for even a hint of the fundamental principle of osteopathy; namely, the correction of structure. Hence the methods of examination as well as treatment are unlike those of other doctors. While the osteopath may, and often does, make diagnosis of a case the same as a drug doctor, he must of necessity, in most cases, go further with his examination of a patient and find the predisposing causes to the disease or the causes that are preventing a cure. This is a field entirely ignored by the old medical schools, their claim to making a thorough examination to the contrary notwithstanding. Not being trained in osteopathic theory or practice they have been trying to find “something just as good.” In the attempt to compete with osteopathy and make the people believe they are prepared to give osteopathy at least thirty machines, according to a medical journal have been placed upon the market within six or seven years. Of course no one who knows anything about osteopathy will ever believe for a moment that an inert machine can be made that will do the work of the hand only after months and even years of intelligent training. The genuine osteopath knows what the conditions are when he begins to treat his patient and the changes that take place during the progress of the treatment.

LET THE BEST SURVIVE.

Osteopathy is not in the field to kill off any other system. It is not afraid of competition, but believes that all good things should have a fair chance to prove their merits. It does not believe that any one has a right to say that another must employ a certain kind of a doctor; but it does believe that all have a right to choose the kind of a physician they want. It does believe that all who practice the healing art should be held to a strict account and show that they are qualified in the system they profess to practice. It believes, furthermore, that every physician should be a conservator of the public health and should be versed in the sciences relating to hygiene, public health, etc.

WHAT IS OSTEOPATHY?

In order to make clear to the mind of any one not familiar with osteopathy just what it is I will quote briefly from the book mentioned above.

“Osteopathy is that school of medical practice whose distinctive method consists in (1) a physical examination to determine the condition of the mechanism and functions of all parts of the human body: (2) a specific manipulation to restore the normal mechanism and re-establish the normal functions; and (3) the adoption of all hygienic measures conducive to the restoration and maintainance of health. This definition lays stress upon the following points: (1) Correct diagnosis based upon a physical examination. The osteopath must know the normal and recognize any departure from it as a possible factor in disease. There is not one fact known to the anatomist or physiologist that may not be of vital importance to the osteopath. Hence a correct diagnosis based upon such knowledge is

necessary. (2) Removal of the cause of disease. A deranged mechanism must be corrected by mechanical means specifically applied, which is the most natural and only direct method of procedure. This work is not done by any of the methods of other schools. After the mechanism has been corrected little remains to be done to restore function; but stimulation or inhibition of certain nerve centers may give temporary relief and aid nature. (3) Wholesome living, both in sickness and in health. All the means employed by other schools, including proper use of pure air, water, food, heat and cold, exercise and rest, cleanliness and surgery, and public hygiene and sanitary science, are the common heritage of all schools, and especially in line with osteopathic theory and practice."

"Osteopathy does not injure a healthy part in treating any case of disease. The stomach is strengthened in treating for lung troubles, rheumatism, sciatica, etc., instead of being weakened as in the administration of opiates or salicylates. The heart, or circulation, is not injured in headache or any form of nervous diseases as by the taking of a coal tar preparation or any kind of a depressant. The well parts of the body are kept well and the diseased parts are put in a condition to recover, if recovery is possible.

"In short, osteopathy is simply common sense. Theoretically, it rests upon verified knowledge of the human body. Practically it rests upon the application of skill in recognizing and correcting abnormalities of the human body. It has been attacked by abuse, misrepresentation, ridicule, sneers, contumely, secret contempt; but it has never been opposed by argument. It stands today as the only system which requires a thorough study of the human body in health and disease, and which is built upon unassailed and unassailable scientific facts."

601 Traction Building.

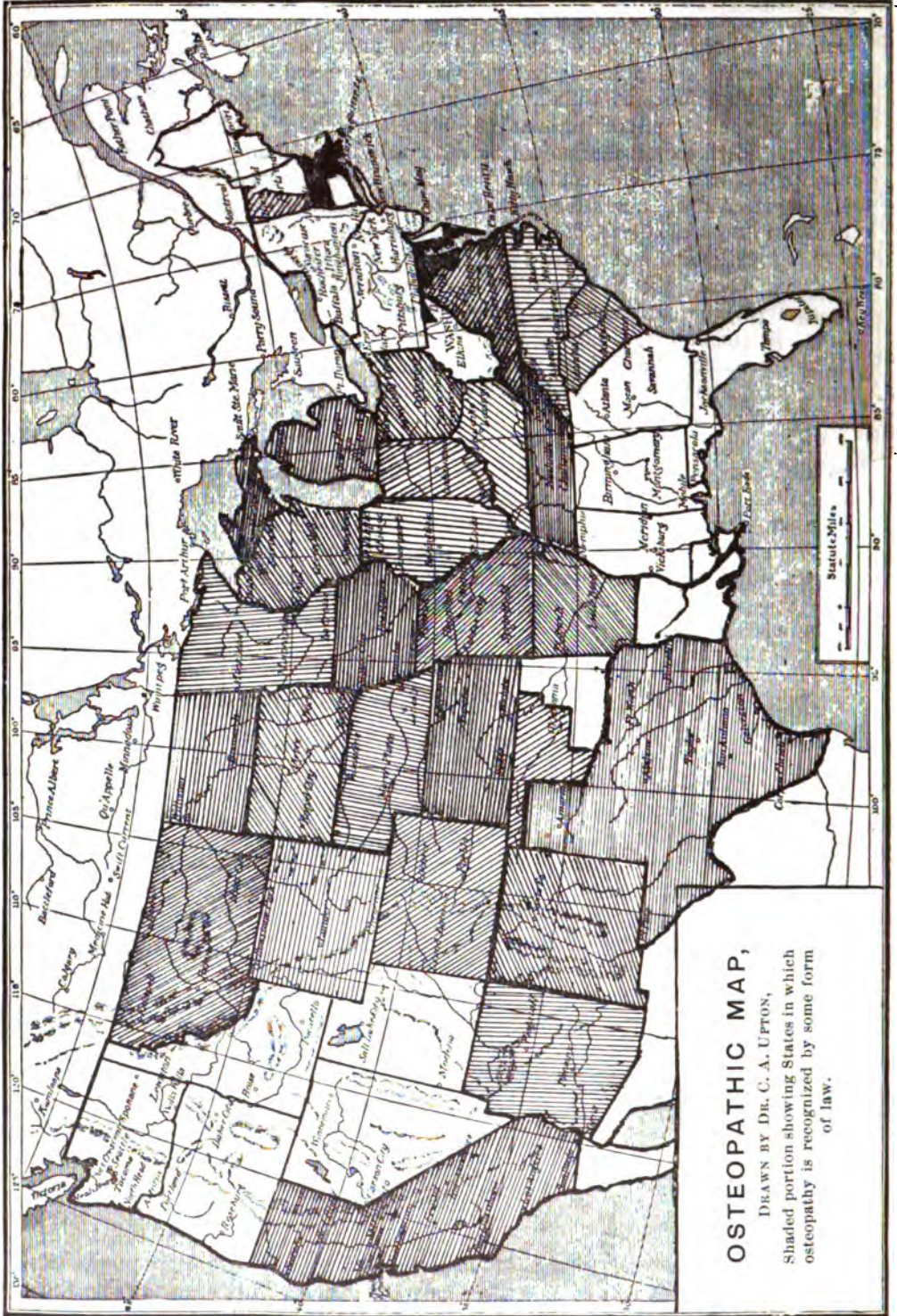
THE LEGAL STATUS OF OSTEOPATHY.

C. A. UPTON, D.O., St. Paul, Minn

Thirty-four states and territories have by some form of legislation or court decision legalized or recognized the practice of osteopathy. Of these, thirty-two are in the form of legislation and two of court decisions.

In eleven states—Arkansas, California, Connecticut, Minnesota, Missouri, Montana, Michigan, New Mexico, Oklahoma, Tennessee and Vermont, there are independent state boards of osteopathic examiners, composed of from three to five members. Their laws differ somewhat, but in general they require the applicant for a license to have a good preliminary education, to have a diploma from a reputable osteopathic college recognized by the board, and to pass a satisfactory examination in anatomy, physiology, histology, pathology, gynecology, obstetrics, chemistry, urinalysis, toxicology, bacteriology, symptomatology, hygiene, dietetics, minor surgery, diagnosis, theory and practice of osteopathy, and such other subjects as are deemed necessary. The osteopath is subject to the same rules as other physicians regarding contagious diseases, births and deaths, and other regulations pertaining to the public health, and entitled to all privileges of other physicians. Penalties of fines and imprisonment are provided for infraction of the law.

The Michigan law also allows the osteopath to practice major surgery and internal medication, and the Montana law permits them to practice major surgery, by taking the medical examination. This is significant, in that it recognizes the high standard of the course in the osteopathic colleges.



OSTEOPATHIC MAP,
DRAWN BY DR. C. A. UPTON,
Shaded portion showing States in which
osteopathy is recognized by some form
of law.

In Kentucky, Indiana and Wisconsin osteopathy is represented by having one member on the board of medical examiners.

In Ohio there is an osteopathic examining committee of three members which acts with the medical board, and the board issues licenses on recommendation of the committee.

In North Dakota graduates of reputable osteopathic colleges may practice by simply registering their diplomas with the clerk of the county court.

In South Dakota and South Carolina the medical boards grant licenses to osteopaths without examination, on presentation of diplomas from reputable colleges.

Maryland, Texas and Massachusetts exempt osteopaths from the penalties of the medical laws, by reason of their not using drugs for internal medication.

In the Hawaiian Island osteopaths are licensed to practice if they hold a license from the California board of osteopathic examiners.

Wyoming has only a medical board, but if any applicant for a license is a practitioner of a school not represented on the board, the board may call a licensed practitioner of that school to assist in the examination.

In Colorado the medical laws are so worded as to recognize the practice of osteopathy.

In eight states—Arizona, Illinois, Iowa, Kansas, Mississippi, Nebraska, North Carolina, and Virginia the osteopaths are examined by the medical boards.

In New Jersey and Utah the osteopaths are protected by court decisions which permit them to practice without examination.

In addition to the above, the United States Senate has passed unanimously, a bill creating an osteopathic board and legalizing the practice in the District of Columbia, and indications are favorable for its passage in the House.

New York Life Building.

Arrangements For Next Annual Meeting.

Drs. S. A. Ellis, President, and W. F. Link, Chairman of the Committee on Publication of the A. O. A., met in Norfolk on Dec. 24 and discussed in detail the program for the annual meeting which is to be held in that city in August next. While we are not able as yet to announce the arrangements in full, we can say that the program will abound in clinics and demonstrations of technic.

In addition to Drs. Ellis and Link the following were in attendance at the conference: Drs. W. D. Willard, Norfolk; Geo. Fout, Richmond; Earl S. Willard, Philadelphia; E. H. Shackelford, Richmond, and Wilbur L. Smith, Washington, D. C. These latter, together with Drs. Chas. Carter, Danville, C. R. Shumate, Lynchburg, and Jas. M. Kibler, Staunton, constitute the Committee on Local Arrangements, of which Dr. W. D. Willard is chairman.

Medical men in some states boast of the fairness and liberality of their laws because examinations in materia medica and therapeutics are omitted. Liberal they may be—too liberal; but fair they are not. It is not fair to the people that a man be licensed to prescribe poisonous drugs without giving the highest evidence of his knowledge of their properties and actions. It is not fair that a man be licensed to practice any system of healing without demonstrating his skill and knowledge of its peculiar therapeutics.

The JOURNAL for February will contain the quarterly directory of the A. O. A. Members who have changed their addresses since the directory was issued in October and have failed to notify the editor, should attend to the matter at once.

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JANUARY 1, 1907.

Equal Rights Before the Law.

Theoretically, in this country, we do not legislate in the interest of classes. Neither do we abridge the liberty of the individual nor curtail his natural rights except as such abridgment or curtailment is necessary to secure the greatest good to the greatest number. The state does not undertake to say how a man shall worship, nor what beliefs he shall hold in regard to the future. It does under-

take to guarantee him the right to worship God according to the dictates of his own conscience, and that in the exercise of that right none shall molest or make him afraid. The state does not presume to say what a man shall eat or drink, but it does assume to insure that his food shall not be injuriously adulterated, that it shall be pure. Neither does the state undertake to dictate what kind of treatment one of its citizens shall have when sick. It does not say that he shall employ a physician of any particular school no more than it prescribes any particular drug for a special ailment or that he must worship according to any special form or eat certain kinds of food.

The state has the right, and frequently exercises it, in the interest of the public health, to say that a person who holds himself out as a physician must possess certain qualifications in the matter of education before he can legally pursue his calling. The question of what is the right kind of treatment for a sick man is not properly one for law making bodies to determine. It is a question of science, and scientific facts are not settled by legal enactment. There are in this country different schools or systems of healing. Some of them holding radically different ideas as to the treatment of disease, and while it is admitted that the state may, and should, prescribe the standards to which physicians of these schools comply, it would be manifestly unfair to say that the fitness of the adherents of one school to practice should be measured by the standards of the other. A just law could only go so far as to make obligatory upon an applicant for license to practice that he possess the requirements deemed necessary by the authorities of the school to which he belongs. The practical operation of a statute undertaking to prescribe one standard to which all schools must conform in all particulars would result in a state system of medicine. It would, in effect, be determining a question of science and would preclude all possibility of advancement in therapeutics except such as the state doctors might choose to incorporate in their system, and any change in such system would probably require a special legislative enactment. It will hardly be contended that this is, or should be, the attitude of the state toward the healing sciences.

The osteopathic school of healing has been in the field about fourteen years, and now has eight recognized schools, each maintaining a minimum course of three years of nine months each. There are about four thousand graduates of these schools in practice throughout the states of the Union and in many foreign lands. In addition to the schools above mentioned there is now being organized an endowed post-graduate osteopathic college for better training in surgery and special lines of practice.

Osteopaths have held to the theory that the practice of their profession is not a crime; that the large number of people who believe that their system is meritorious are entitled to that form of treatment, and that those who hold themselves out as osteopaths are qualified according to the standards of that profession. They consider that these laws are necessary in the interest of the public health, and are not to stifle competition. Acting upon these ideas, beliefs and theories in regard to the law, they have appealed to courts and legislatures all over this land. That their position is right is evidenced by the fact that in nearly two-thirds of the states, either by the enactment of new laws or judicial interpretation of old ones, they have been accorded in part, at least, the rights they claim.

In scarcely any state, however, have these rights been written into the statutes or court reports without a stubborn contest, but it is worthy of note that all opposition has sprung from one source, viz.: the practitioners of that school of medi-

cine who style themselves "regulars." In this opposition they have wilfully disregarded the evidence, both clinical and laboratory, which has been plentifully adduced as to the beneficence of osteopathy. They have betrayed a partisan and prejudiced zeal in their efforts to belittle osteopathy and have sought strenuously to have written into the statutes such definitions of the practice of medicine as bring osteopathic practitioners under the terms of the medical practice acts. While the "regulars" claim to be working in the interests of the public health, such claims really beg the whole question by assuming as true what cannot be demonstrated, that "regular" medicine has the whole truth and that the public health would suffer by reason of the practice of osteopathy. The "regulars" seem to lose sight of the real purpose of regulative statutes, and to assume that through prescription they have acquired a right to a monopoly of the healing business. All of their efforts in the way of legislation have this end in view. We believe that in this day of the "square deal" the people, through their representatives, will rebuke such an un-American attitude on the part of the "regulars," and will freely accord to osteopathy all it asks—equal rights before the law.

The Endowed Post Graduate Osteopathic College.

Readers of the JOURNAL will recall that at the annual meeting of the A. O. A., held at Put-in-Bay in August last, active steps were taken toward the founding of an endowed post graduate osteopathic college. The objects of such an institution to provide facilities for research work, supplement the work of the other colleges by providing a more thorough training in surgery and in special lines of practice. The practitioners present at the meeting pledged \$25,000 as a nucleus for the fund which it is believed can be raised in a few years. The matter was then given into the hands of the Board of Regents of the A. O. A. to formulate plans, and to "take steps at once toward establishing a foundation for a post graduate school."

As befits an undertaking of so great magnitude the work has proceeded with due deliberation, but with no unnecessary delay. On September 8 a meeting of the Board of Regents was held in Chicago, where plans for the organization of the college were formulated and submitted to the Trustees of the A. O. A. These have been duly considered by that body. The plans as submitted provided for a Board of Trustees for the college, to be composed of fifteen osteopaths and ten lay members. This was amended by the Trustees of the A. O. A. making the total number of trustees twenty-seven, of which board the chairman of the Committee on Education and the Board of Regents of the A. O. A. should be *ex officio* members. Pursuant to the plans proposed the Trustees of the A. O. A. are now engaged in the selection of the seventeen osteopathic members of the college board. They are proceeding with great care, and as the work has to be done by correspondence it is necessarily slow. Thus far those selected for membership on the Board of Trustees are as follows: Drs. E. R. Booth and C. M. T. Hulett, *ex-officio*; Guy E. Loudon, Chas. Hazzard, J. L. Holloway, C. P. McConnell, N. A. Bolles, H. L. Chiles and Harry M. Still. We hope to be able to announce in the February number of the JOURNAL the personnel of the board, so far at least as the osteopathic members are concerned.

Not a great deal of work can be accomplished until the Board of Trustees is selected. The work of soliciting funds will not be actively pushed until that is done, but some unsought contributions are being made. Subscriptions to the endowment fund are now payable. The money should be sent to the Treasurer of the A. O. A., Dr. M. F. Hulett, Capitol Trust Building, Columbus, Ohio.

Case Reports.

The publication committee of the A. O. A. announces that the editor is now ready to receive reports for Series VII, the files for Series VI being closed and the manuscript in the hands of the printer.

By the adoption of the report of this committee at the meeting of last year, it becomes possible for all practitioners of osteopathy to obtain these reports upon sending two or more acceptable reports to the editor, Dr. Edythe Ashmore, 213 Woodward avenue, Detroit, Mich., or upon sending fifty cents for each copy desired. The files for Series VII will close March 5, 1907. All reports must be in on or before that day.

The Legal Status of Osteopathy in Canada.

The Lieutenant-Governor-in-Council by Order-in-Council bearing date of April 24, 1906, pursuant to the laws of the province referred to the court of appeals for Ontario for hearing and consideration the following question:

Ought it to be held upon the true interpretation of section 49 of the Ontario medical act, R. S. O., 1897, Cap. 176, that a person not registered under the act, undertaking or attempting for reward to cure or alleviate disease does not practice medicine within the meaning of that section, merely because the remedy advised, prescribed or administered by him does not involve the use or application of any drug or other substance which has or is supposed to have the property of curing or alleviating disease, that is to say, do the words "to practice medicine" in the said section mean to attempt to cure or alleviate disease by the use of drugs, etc., or do they include cases in which the remedy or treatment advised, prescribed or administered does not involve the use of drugs or other substances which have or are supposed to have the property of curing or alleviating disease.

The foregoing question was before the court for hearing upon September 18 and 19, in presence of counsel for the College of Physicians and Surgeons of Ontario, the osteopaths and the Christian scientists. The court after consideration of the matter answered the question as follows:

That each case must depend or be determined on its own circumstances; but dependent upon the facts in each case there may be a practicing of medicine which does not involve the use of drugs or other substances having or supposed to have the property of curing or alleviating disease.

The chief justice and each of the associate justices rendered opinions in the case and the above represents their conclusions. It will readily be seen that the legal status of osteopathy in Ontario is unsatisfactory and the osteopaths there have wisely decided to appeal to the legislature for relief. The following excerpt from the opinion of Mr. Justice Garrow, delivered in the above case, points out what, in our opinion, is an injustice in the present law, inasmuch as it is designed for "the protection of the monopoly of practicing." It also indicates the remedy, an appeal to the legislature, where we feel sure justice will be done. Mr. Justice Garrow in considering the statute sought to be interpreted said:

The act is entitled an "an act respecting the profession of medicine and surgery." Its history in one form or other goes back for many years, and section 49, the section in question, has had substantially its present form since at least the year 1874. 37 Vic. Cap. 30 (Ont.) section 40, except that the prohibition there is against practicing "physic," etc., an unimportant difference in my opinion. And the plain object of the statute in its various evolutions and developments was, I think, to organize the profession of medicine and to create an examining and licensing body, and to prohibit the unlicensed from practicing in competition with the licensed, and whatever protection the public receives comes incidentally from presumably having under the statute a learned body of practitioners who have passed the necessary examinations before being admitted to practice, upon whom to call when required.

If the interests of the public had been the main consideration as contended, the prohibition would scarcely have been confined to practicing for hire, gain, or hope of reward, and some exception might in that case have been expected in the case of a practitioner with undoubted learning and skill, such for instance as an eminent physician from a foreign

country or province. And one might also expect to find in that case a prohibition against the universal and, no doubt harmful prescribing by means of advertisements of all sorts of mixtures for all sorts of diseases.

Considerations such as these have led me to the conclusion that the prime object of the section in question is the protection of the monopoly of practicing and not the protection of the public against the quacks or unregistered.

My next general remark is that in my opinion we are bound in answering the question to regard the decisions already given upon the construction of the section in question. The decisions so given so far as they go, for they have probably not covered the whole ground, establish the law upon the subject, and cannot be reviewed by us as if this was an appeal from them or any of them. If the law as so declared is wrong, or if from any cause they are unsatisfactory, the proper forum for their reconsideration is of course the legislature where all parties are presumably represented and can be properly heard and complete justice done.

There are those who assert, and with some show of reason, that there is danger in this country of too much government, too much machinery, too many officers, bureaus and boards. Yet it cannot be maintained that there is the slightest danger from any board whose function is necessary to the orderly execution of the government's business and which function cannot properly be performed by any other agency. The argument has been made against the regulation of osteopathy in the manner asked for by osteopaths, that it involves the needless multiplication of boards. Let us see. No one would say that a board able to pass upon the qualifications of applicants for license to practice law would necessarily be able to test the qualifications of one wishing to practice dentistry. A board of dental examiners would very likely be incapable of passing upon the fitness of steamboat pilots. In the very nature of things we must have different boards for different kinds of service. If it is important that those who treat the sick should be competent then we should provide the best means possible to test their competency. Medical men are not trained in osteopathic methods of treatment; they do not believe in their theories of the cause of disease. To empower medical boards, then, to examine osteopathic practitioners would be not only entirely ineffective, but manifestly unfair. In this case, as in that of others, why not place the power to determine an applicant's fitness to enter the profession in the hands of those most capable of judging? The argument of "multiplicity of boards" really deserves no serious consideration and especially since not one dollar of expense is created for the state to bear by osteopathic boards.

Since, through sheer force of merit, osteopathy has won its way to a point where recognition can no longer be denied medical men in some states are saying that they are willing to give a place to osteopaths upon existing medical boards, and affect to be greatly surprised that osteopaths will not be content with this. It is well known that the minority members, and of course we are offered nothing more, of most boards are destitute of any real power, and in a case like this, where the majority have in so many instances demonstrated their active hostility to the theories, principles and practice of the minority, it would be worse than useless to expect an orderly and harmonious transaction of business by a composite board. This is simply a method adopted by the "regulars," since they find that some form of regulation can no longer be delayed, to get the osteopathic profession under their control. We think we are safe in asserting that the composite board has not proven satisfactory to the osteopathic profession in the few instances where it has been tried. The "regulars" have unceasingly fought all forms of legislation proposed by osteopaths; their literature bears ample evidence of disbelief in our theories and contains many sneers in regard to our practice;

they have opposed granting the right to osteopaths of signing death certificates; they have opposed their being admitted to practice in hospitals and the circumstances must be exceptional indeed where justice to osteopathy could be expected from a board dominated by them.

In a number of states the courts have decided that the practice of osteopathy is not the practice of medicine within the meaning of the medical practice acts. While these decisions relieve osteopathic practitioners in such states from the penalties imposed by these statutes and permit them to practice unmolested, they afford no protection to the public. Anyone claiming to be an osteopath—and it argues strongly for the worth of osteopathy that there are fake osteopaths—may practice with as much legal right as those who meet the requirements which the profession in its organized capacity deems necessary. The object of laws regulating the practice of the healing arts is to insure competency on the part of physicians, and obviously the state should exercise as much care in behalf of that large and increasing number of its citizens who prefer physicians who do not prescribe drugs as it does in behalf of those who desire drug medication.

One objection to laws compelling osteopaths to pass an examination before medical boards, and it is a vital one, is that no means is provided, nor under such an arrangement can be, for testing the applicant's knowledge of osteopathic therapeutics or of osteopathic technic. Desirable and necessary as it is that an osteopath should understand the fundamental medical sciences, it is even more necessary that he should understand *osteopathy*. What the public is most vitally concerned about in an applicant for a physician's license is, can he cure sick folks? Any system of examination which ignores therapeutics fails at this crucial point.

EPITOME OF CURRENT LITERATURE.

Jacobi, (Therapeutic Gazette, February 15, 1906.)

Thirdly, the last point which I would make, and possibly the most important, is that more of our patients are damaged than helped by the promiscuous drugging which is still too prevalent. I believe if fewer drugs were given in pneumonia a very much larger number of uncomplicated cases would recover with no medical treatment beyond an occasional laxative.

Van der Warker, E., (N. Y. Medical Journal, May 27, 1905.)

We are all inclined to minimize the objections to an operation, to think that if recovery follows the patient is as well as he was before his tissues were divided. He passes from observation and we do not see the overgrown, or widened scar, we do not appreciate the weakness of the divided muscles or the stiffness of the opened joint. The readiness with which men and women, especially the latter, submit to operations is only equalled by their indifference concerning the fitness of the operator.

Kemp, R. C., M. D., (American Medicine, November, 1906)—Rectal and Colon Irrigations in Nephritis.

Employ from 3 to 12 gallons of a normal saline solution at 115 degrees to 120 degrees F., at a sitting, from a pint to a quart being kept continuously in the bowels. I can report many cases of benefit derived from rectal and colon irrigation in uremia, suppression of urine, acute congestion of the kidneys, and in oliguria, also in various dropsical conditions resulting from the latter; the value of the method to further elimination in various toxemias and sepsis is also self-evident.

McConnell, C. P., (Journal of Osteopathy, December, 1906)—"Prevention of Disease."

The medical profession well knows that with all of their knowledge of heredity, environmental influences, hygiene, sanitation, micro-organisms and dietetics there is still something lacking to not only round out but actually to furnish a "back-bone" not only to prophylactic

medicine but to palliative and curative medicine as well. Osteopathy will supply the basic factor of preventive medicine of the future. Osteopathic etiology, pathology, diagnosis and treatment are based upon physiologic laws and anatomic mechanics, no more, no less.

Experience has taught us again and again the importance of slight injuries wherein some structural change results. And the average physician scoffs at the idea that a slight structural impairment—the osteopathic lesion—may result in serious or far-reaching disturbances—which of course shows either his lack of knowledge or of appreciation of applied anatomy and physiology.

Hulett, M. F. (Journal of Osteopathy, December, 1906)—“Disease from the Osteopathic Viewpoint.”

All function is governed by the nerve stimulus; a disturbance of the relation of parts, even though slight, produces friction somewhere, or impedes or restricts the nerve current. This done and function is impaired or ceases in the organ supplied by that nerve. The products of that organ become deficient, in quantity or quality—often in both—or its power to excrete the poisonous bodily wastes ceases. Disease results in direct severity as the importance of the function, in proportion to the amount of destroyed tissue, or according to the amount of poisonous matter retained in the system. There is only one way in which tissue can be reconstructed. The work must be done by the natural tissue-building properties of the body. No medicine will do this for the organ. Osteopathic therapeutics, therefore, depends upon the mechanical principle of adjustment of structure. Nature always tends toward the normal so long as she has freedom of action.

Jacobson, A. C., (American Medicine, November, 1906)—A Retrospect: Being a Study of Medical Manuscript Found in the Ruins of New York in 5086, A. D.

It appears almost incredible to us how the so-called leaders of the profession of those days could have sustained their positions at the head of the great medical herd, considering the flimsy basis of their teachings. It was claimed that corrosive salts and deadly alkalis were invested with palliative or curative effects in the treatment of disease. The meaningless term idiosyncrasy was employed to “explain” unfavorable, dangerous or fatal effects ensuing upon the experimental or empiric administration of a drug and everybody was satisfied.

A few philosophic minds realized the unsatisfactory state of drug therapeutics and fully comprehended the fact that the profession was not “making good.” The saddest spectacle in all the practice of medicine was that of the physician administering drugs to patients who did not need them, but who did need to be told how to live. Nothing really valuable was ever adopted without a struggle. There was prevalent a peculiar form of intellectual dyspepsia and malassimilation which yielded but slowly even in the face of convincing demonstration.

John P. Arnold, M. D., (New York Medical Journal)—The Role of the Blood in Nutrition and Repair.

In recent years much time and work have been spent in the study of the blood, with very valuable results. The quantity of blood supplied to any particular part is regulated by the vaso motor mechanisms; and the quality of the blood is determined by the character of the food ingested, its proper digestion, the air we breathe, and the proper removal of waste materials. An animal membrane is porous. The openings are very minute. The diffusibility or non-diffusibility of any substance is therefore largely a question of the size of its constituent molecules. The stomata are therefore to be considered simply as large openings through which the blood proteids and frequently the leucocytes pass through the capillary walls into the pericellular lymph spaces.

As before stated, each cell, except those of the spleen (which are in direct contact with the blood itself), is surrounded by lymph which is derived from the blood in the capillaries. The cell takes its nutritive materials from the lymph which surrounds it. No cell can be sick or diseased, except as the result of direct injury, if it be supplied with the proper quality and quantity of blood and have its waste products properly removed. Even the result of direct injury may be brought within this conclusion, for an injury immediately alters the quality and quantity of blood in the injured part.

The blood supply to any part or parts of the organism can be regulated. This can be done by a nervous mechanism. The vasomotor mechanism consists of a nucleus in the medulla connected with cells distributed throughout the spinal cord which send their axons to cells in some vertebral or prevertebral ganglion. These ganglionic cells send their axons to the muscle cells in the walls of the blood vessels.

All curative measures must be directed to the restoration of the normal quality and quantity of blood to the part or parts affected. When we are able to do this, therapeutics will have become a science.

Women's Osteopathic Club, Boston.

The program of the above club for 1906-1907 is as follows:

October 19—Subject: Hemicrania. Paper: Dr. Byrkit. Demonstration: Dr. Carter.

November 24—Subject: Membranous Dysmenorrhoea. Paper: Dr. Crawford. Demonstration: Dr. Tallant, Dr. Taplin.

December 22—Subject: Amenorrhoea. Paper: Dr. Clarke. Demonstration: Dr. Achorn, Dr. Sheehan.

January 26—To be announced.

February 23—Subject: Uterine Displacements. Paper: Dr. Cave. Demonstration: Dr. Ericson, Dr. Heard.

March 23—Subject: Prolapsus. Paper: Dr. Nott. Demonstration: Dr. Small, Dr. Willey.

April 27—Gentlemen's Night.

May 25—Subject: The Baby. Paper: Dr. Ellis. Demonstration: Dr. Lown.

June 22—Annual business meeting—Subject: Remote Lesions as Causing Pelvic Disorders. Paper: Dr. Jacobs. Demonstration: Dr. Conant, Dr. Kendall.

The officers and committees of this club are as follows:

President, Edith F. Child; vice-president, B. Rees Conant; secretary-treasurer, Ellen B. Nott.

Program Committee—Grace B. Taplin, Anna W. Byrkit, Bertha E. Carter.

Social Committee—Ada M. Bearse, Julia C. Clarke, Edith S. Cave.

Membership Committee—Erica Ericson, Margaret T. Finneran, Marguerite A. Willey.

Dr. Ella D. Still Visits Boston.

Dr. Ella D. Still was the guest and speaker of the evening at the regular monthly meeting of the Boston Osteopathic Society on November 20, her subject being "Uterine Displacements."

In order to make the most of Dr. Still's eastern visit a class was organized for further study on gynecological subjects and Dr. Still gave three additional lectures and demonstrations on the evenings of November 22, 23 and 24. Besides having given much time and careful study to her special line of work, Dr. Still is a forceful and convincing speaker and a painstaking and instructive demonstrator. As would be expected of one of our pioneers in the field of actual practice, her treatment is practical and resourceful and one cannot hear her without being more firmly fixed in one's osteopathic belief.

ADA A. ACHORN, Secretary.

Dr. Loudon Resigns.

We regret to announce that Dr. Guy E. Loudon has tendered to the trustees of the A. O. A., his resignation as chairman of the special committee on endowment. The step was necessitated in part by the condition of his health, which requires considerable out of door life, and in part by private business affairs.

It was largely due to the active and intelligent efforts of Dr. Loudon that the endowment movement acquired such an impetus at the Put-in-Bay meeting. It is especially therefore a matter of regret that he should feel obliged to resign. We are pleased to state, however, that he has abated not one jot of interest in the movement and that he will do all that his time and strength will permit to further it.

His successor has not yet been chosen.

Washington Osteopathic Association.

The annual meeting of this association was held in Seattle, November 24, 1906. The meeting was the best attended and most enthusiastic ever held in the state.

The following officers were elected for the ensuing year: President, E. B. Neffeler, Everett; first vice-president, R. H. Slayden, Tacoma; second vice-president, H. B. Thompson, Walla Walla; treasurer, Roberta Wimer, Seattle; secretary, R. E. Chase, Tacoma; trustees, L. M. Hart, Seattle, and Wm. Snell, Tacoma. The president and secretary are also members of the board of trustees.

Rhode Island Osteopaths Organize.

The osteopaths of Rhode Island met on December 15, and organized the "Rhode Island State Osteopathic Society." Dr. C. H. Wall was chosen president and Dr. Annie M. Roberts, secretary and treasurer. A committee was appointed to draft a constitution and by-laws to present at the next meeting, two weeks later.

ANNIE M. ROBERTS, Secretary.

The legislative committee of the Vermont osteopathic association is composed of Drs. Guy E. Loudon, L. D. Martin and W. W. Brock. Dr. C. G. Wheeler was chosen as delegate to the A. O. A. meeting at Norfolk.

PERSONALS.

Dr. and Mrs. J. W. Dixon left their home in London, Ohio, on December 18 for Los Angeles, Cal., where they will sojourn until May next.

Dr. Arthur Still Craig has completed his anatomical drawings showing horizontal sections of the human body and will soon have them on sale.

Doctors C. W. and Alice H. Proctor celebrated the twentieth anniversary of their wedding with an "At Home" Monday evening, December 31, 1906, from 8 to 11 o'clock, 12 Bidwell Parkway, Buffalo, New York.

Died, December 2, 1906, at Lincoln, Neb., of lympho-sarcoma, Mr. Lewis O. Cramb, brother of Dr. Jno. L. Cramb, Denver, Colo.; Dr. E. M. Cramb, Lincoln, Neb.; Mrs. B. F. McAllister, Fayetteville, Ark., and Dr. L. K. Cramb, Butte, Mont.

Dr. Mason W. Pressly announces the association with him on January 1, 1907, of his son, Dr. Mason W. Pressly, Jr., in the practice of osteopathy, and the removal of his offices from 613 Witherspoon building to suite 401-402 Hale building, 1326 Chestnut street, Philadelphia.

Drs. Coral and Festal Crain are associated together in practice at 107 S. Marengo avenue, Pasadena, Cal. The latter, accompanied by her former partner, Dr. G. Remington, who is taking a much needed rest, expects after a few years to return to her former location in Japan.

Dr. Marion E. Clark, who for the past eight years has been connected with the American School of Osteopathy in the capacity of teacher, and physician in the infirmary, will locate next month in Indianapolis, Ind., for the practice of osteopathic gynecology and obstetrics. The withdrawal of Dr. Clark from the A. S. O. creates a vacancy in its staff that will be difficult to fill, but the people of Indianapolis are to be congratulated upon the accession of one of such distinguished ability in the specialties he proposes to practice.

REMOVALS.

Roger E. Chase, 15 Bostwick Block, to 205 Maritime Bldg., Tacoma, Wash.

F. J. Barr, DeKum Bldg., to 207 Mohawk Bldg., Portland, Oregon.

John H. Lucas, 2048 Indiana Ave., to 208 Trude Bldg., Chicago, Ill.

S. T. Lyne, Bank of Commerce Bldg., to 612 Shukert Bldg., Kansas City, Mo.

Frederick W. and Anna Bruce, Woodhull, San Diego, Cal., to 439 Mint Arcade Bldg., Philadelphia, Pa.

Mason W. Pressly, Witherspoon Bldg., to 401 Hale Bldg., Philadelphia, Pa.

J. Lovell Lawrence, 1965 Geary St., to 2124 Bush St., San Francisco, Cal.

L. K. Cramb, 421 Hennesy Bldg., to 16 Owsley Block, Butte, Mont.

Coral Crain, 47, to 107 S. Marengo Ave., Pasadena, Cal.

A. B. Clark, 750 Ellicott Sq., Buffalo, to 10085 Metropolitan Bldg., 23rd St. and Madison Ave., New York City.

Ellen L. B. Ligon, Mobile, Ala., to "The Cambridge," corner 5th Ave. and 33d St., New York City.

Herbert F. Morse, Worcester, Mass., to Corry, Pa.

Minerva Baird, Moses Bldg., to 518 S. Lawrence St., Montgomery, Ala.

D Ella McNicoll, Frankfort, to Indiana Pythian Bldg., Indianapolis, Ind.

Dain L., Cora N., and Anna E. Tasker, Grant Bldg., to 526-9 Auditorium Bldg., corner 5th and Hill Sts., Los Angeles, Cal.

Benj. F. Bailey, Minneapolis, Minn., to Gladstone, Mich.

W. Edward Reid, Marion, Ill., to 416 Commonwealth Bldg., Denver, Col.

Milbourne Munroe, Newark, to 215 Main St., East Orange, N. J.

Laura Leadbetter Munroe, Orange, to 215 Main St., East Orange, N. J.

W. A. Gravett, Troy, to 1003-4 Conover Bldg., Dayton, Ohio.

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.

Doula M. Burrus, Boulder, Colo.

Mrs. Emma C. Cain, Hannibal, Mo.

Bessie Calvert Childs, Milwaukee, Wis.

A. E. Erdeman, Chicago, Ill.

J. H. Gladman, Kirksville, Mo.

J. Orlin Glenn, Ortzville, Wash.

F. C. Lindstrom, Janesville, Wis.

Floyd F. Peters, Monroe, Wis.

J. Edward Strater, Providence, R. I.

Clara A. Westlake, Washington, D. C.

Blanche L. Baldy, Tacoma, Wash.

James B. Baldy, Tacoma, Wash.

Margaret C. Eck, Seattle, Wash.

C. G. Hewes, New Orleans, La.

Platt Rogers Spencer, Racine, Wis.

John R. Young, Beloit, Wis.

Mary M. Marshall, Albany, Ore.

Lewis G. Boyles, Seattle, Wash.

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SYPHILIS.

Prize Essay, A. O. A. Contest for 1906, by C. W. YOUNG, D. O., St. Paul, Minn.

Doctor Evans, in his splendid prize essay, expresses a burning desire to have osteopathy "supersede all other systems of healing and become not *a* but *the science of healing*." He further expresses the hope that the osteopathic profession shall with singleness of purpose unite in their efforts to realize for osteopathy the high destiny to which its transcendent worth entitles it. The entire profession is becoming fully alive to the fact that we are very far at present from realizing this high ideal.

The treatment of gonorrhoea and syphilis forms a substantial part of the practice of the average doctors of medicine, while the osteopath as a rule, is unable or unwilling to treat cases of this character. It will not do to say that these diseases are unclean and are inflicted as a scourge for sin. The perfectly innocent among unsuspecting wives and many others are numerous in every community, and even the guilty, are entitled to the care and consideration of the physician. The complete system of healing, to supersede all others, must embrace a superior treatment in obstetrics, in diseases of the sexual organs, and all other bodily afflictions of humanity from birth to old age.

Doctor Link, in his announcement relating to the prize essay contest for 1906, states that "the subject of the contest is to stimulate original thought and research and to develop the osteopathic philosophy of health and disease." Such stimulation is certainly very fitting in view of the stupendous task before the profession of filling in all the gaps, that must be filled to make osteopathy the one science of healing. For several months past, the writer has been spending considerable time and research with some clinical experience relative to the treatment of syphilis, and it gives him great pleasure to write out the results of his investigation for the consideration of the honorable judges of the prize essay contest.

No one with knowledge of the facts would have the temerity to dispute the statement that syphilis is an infectious disease. The infection is spread by inoculation. Some of the discharges from a syphilitic ulcer or rash pass into an open sore or an abraded surface of another and the scourge is transmitted. Within from two days to several weeks after infection, a pimple or pustule appears on the skin, along the course of the lymphatics, some little distance away from the point of infection. A few days later the pimple or pustule resolves itself into the characteristic ulcer of elliptical form, encircled by a red rim such as is not produced by any other cause. The victims in the early stages of the disease have

no fever and are able to engage in their ordinary occupations, and if they have habitually ignored unpleasant constitutional conditions, they may not observe any marked changes in their bodily state as a result of the poisonous infection. But most of them become aware of feelings of heaviness, dullness and stupidity that become grounds for alarm. It seems as though some silent, hidden foe was surrounding them, determined to slowly crush out their life forces. Such horrible uncertainties loom up before the frightened victims! From the very nature of the disease, they must bear the torturing anticipations alone without any word of cheer or encouragement from unsuspecting friends or from those who are near and dear. There is no other disease, where the prognosis is more uncertain, if one is under medical treatment. The ulcer may prove to be merely a chancroid, that will disappear in a few days or weeks, and all symptoms of syphilis entirely disappear, never to recur throughout the life of the infected one. On the other hand, the ulcer may be small and of apparently slight virulence, and yet the disease will constantly progress from bad to worse, until after years of slow destruction of tissue the victim ends an existence as miserable as that of those afflicted with the worst case of leprosy, so familiar to readers of sacred pages.

For the purpose of convenience, the progress of syphilis is divided into three stages, though there is no abrupt line of demarcation between these stages. The first stage, known as the primary stage, lasts on an average, from forty to fifty days after appearance of the chancre. As a general rule the lymphatic glands, along the course of the lymphatic vessels draining the area occupied by the chancre, become swollen several days after the appearance of the chancre. The appearance of characteristic rash and eruptions on the skin mark the beginning of the secondary stage. Mucous patches also appear in most cases. The rash or exanthem, as it is usually termed, may occupy only a small area of the skin, and may cause only a slight discomfort to the patient. On the other hand, the syphilitic eruption may cover the entire surface of the skin and appear like a mass of small boils. Fever of more or less virulence, according to the virulence of the disease, usually accompanies the secondary stage. In this stage the constitutional symptoms become much more marked than in the primary stage. In the tertiary stage begins the destruction of tissues other than the skin and mucous membranes, and this slow destruction may continue until death ensues.

The differences in the progress of the disease in different individuals is surprising. In some few cases the chancre appears as soon as two or three days after infection, while in some other cases this appearance requires four or more weeks. Sometimes there is scarcely any swelling of the lymphatic glands. The secondary stage has been known to appear almost immediately after infection, and even the tertiary stage has in rare cases begun its ravages within a few weeks after infection, though it is usually postponed for a year or more. The secondary stage may end in a few days after the coming and going of a slight rash or it may last for many years or be so virulent as to end the life of the patient. The tertiary stage may first appear seven, eight or ten years after the disappearance of all secondary symptoms. It may slightly damage a bone or some other tissue, such as is revealed only by a postmortem examination or it may prove the most virulent scourge with which a human being can be afflicted.

Ulcers appearing on the skin after infection, as a rule assume two different series of characteristics, in different cases. Ulcers possessing one series of characteristics are called chancres and the other chancroids. The greater weight of medical authority, at the present time, consider chancres and chancroids as being

produced by entirely different diseases, and that one having chancroids will not thereby ever have syphilis. The usual characteristics of the chancroid are:

- (1) their prompt appearance after infection,
- (2) multiplicity,
- (3) appearance in generations,
- (4) softness,
- (5) moisture,
- (6) tendency to discharge,
- (7) irregularity of outline,
- (8) irritability, and
- (9) non-appearance of secondary symptoms of syphilis.

A chancroid generally appears in two or three days, while the chancre usually requires at least two weeks. The chancroid is multiple as a rule and after the virulence of one set begins to disappear, another set may burst forth, while with the chancre there is as a rule only one during the entire stage of the disease, though cases of so-called mixed infection are not uncommon, when the patient has both chancre and chancroid, with subsequent secondary syphilis. The chancroid is soft so as to yield to pressure when held between the thumb and finger, while the chancre feels like a piece of cartilage. The chancroid is moist with a marked tendency to slough off, making the rim irregular, and pressure produces pain, while the chancre is nearly dry, it discharges but slightly, it maintains its regular outline, and moderate pressure produces very slight pain. The chancroid is said never to be followed by skin eruptions or any other symptoms of the secondary stage of syphilis, while medical authority maintains that secondary syphilis inevitably follows the appearance of the chancre.

The budding school of natural healers forming in Germany and elsewhere hold to the opinion formerly held by medical writers, that chancre and chancroid are both manifestations of the same disease. They believe that the varying symptoms are caused by the varying capacities of different individuals to throw off the poisonous infection. They assert too that by the employment of natural forces promptly after infection or after the appearance of the chancre, such assistance can be given to the eliminating powers of the body as to enable it to throw off all the poison of infection, so that the secondary stages need never follow the appearance of any kind of a syphilitic ulcer. They cause the chancre to possess the characteristics of the chancroid, keeping it soft and moist with free discharges, etc. The writer is convinced that the naturopaths are right. He personally observed a case of infection from a bad case of undoubted syphilis in the secondary stage. Under the natural treatment, the patient escaped all secondary symptoms. The medical writers do not deny that chancroid may be the result of infection from a case of syphilis, but they say the syphilitic must have had chancroid also, i. e. he had two diseases at the same time, although there were no symptoms by which one could be sure he had chancroid, as well as syphilis. This position does not appeal to the writer as being tenable. Furthermore the diagnostic signs determining the difference between chancre and chancroid are frequently not so evident in actual practice as they appear on paper. There are many cases, where, it is impossible for the most skilled of syphilologists to say positively whether a given ulcer is a chancre or a chancroid. Medical texts warn physicians never to advise an infected patient that he may safely enter the marriage relation, on the ground that the ulcer can be surely diagnosed as being merely a chancroid.

Probably many osteopaths cherish at least a secret belief that drugs should be used for syphilis and that the treatment of this disease should be left in the hands of the M. D. The writer has reached the conviction that drugs are just as pernicious in the treatment of this so-called king of diseases as in the treatment of any other disease. The naturopaths unite in saying that mercury does not cure syphilis and that it does more harm than good. They admit that mercury may cause a disappearance of the exanthem in the secondary stage, but they contend that this merely interferes with nature's plan of eliminating poison, which is forced into the deeper tissues eventually making tertiary syphilis more sure to come and more terrible in its ravages when it does come. But we do not need to rely on the views of the naturopaths to find authority for the doubtful propriety of using mercury. The simon pure homeopaths condemn this drug *in toto*. They say it never has and never can cure any case of syphilis. Furthermore there are a few clear-headed thinkers among the regular profession who become shocked at the evident harm they have seen done in some of their cases by the use of mercury and who now and then sound the note of warning in no uncertain tones. For example, Dr. O. L. Walter, in the *St. Louis Courier of Medicine*, for February, 1906, maintains that severe cases of paralytic dementia and locomotor ataxia, observed in his practice, were caused by mercury given for syphilis. He says that it has long been known that the serious symptoms of secondary and tertiary syphilis can be produced by mercury; that mercury a heavy metal with an atomic weight of 200 and endowed with the property of diffusibility finds lodgment in the vital tissues of the cord and brain and that mercury is a foreign body and brings on inflammation and injurious tissue changes. Dr. J. N. Hyde, in the Reference Handbook of the Medical Sciences, published in 1904, speaks very enthusiastically of mercury, and yet he admits that treatment by a competent physician for two to four years will prevent symptoms of the return of syphilis in only three-fourths of the cases, while at least two-thirds of all patients in all countries, and subjected to all methods or none, escape the destructive ravages of the disease.

If we do away with drugs, it is important that we have an efficient method of eradicating the disease without them, and manipulation alone or adjustment of structural defects will rarely prove sufficient. Furthermore, as a general rule, an osteopath has no right to give manual treatments in his office to a syphilitic. The danger of infection is too great, especially in some phases of the disease, and it would be difficult to make sure that other patients could not come in contact with infectious matter, adhering to the physicians clothing, or the table or any object with which the syphilitic might come in contact. Right here, Dr. Hazzard in his paper, "Safe-guard the Future," comes to the rescue with the assertion that "We may use all non-drug remedial agents to assist nature; all upon fundamental osteopathic principles." Hence thought and research relative to the non-drug treatment of syphilis will tend "to develop the osteopathic philosophy of health and disease" within the conditions prescribed by Dr. Link for the prize essay contest.

Some of the regular physicians give no treatment whatever in the primary stage, while others prescribe mercurial ointment for the ulcer, or internal administration of mercury or the iodides and still others might cut out the ulcer, but all these treatments have proven so unsatisfactory that very few medical texts speak of them with much enthusiasm. Surgical removal of the ulcer is usually followed by its reappearance. While mercurial ointments may cause a disappear-

ance of the ulcer, they do not prevent secondary syphilis, and in some instances, where the ointment causes a prompt disappearance of the ulcer, bad cases of tertiary syphilis follow in several weeks without the intervention of the secondary stage.

The natural healers on the other hand give strenuous treatments as early as possible. In fact, they would begin before the appearance of the chancre, if infection was suspected. The infection enters the blood stream almost immediately, and the disease is probably systemic from the very first, hence local treatment alone must prove insufficient. Cases have been reported, where the entire penis was cut off very soon after infection, and yet it proved to be no prevention of the disease.

The principal natural weapons of warfare against syphilis are the Mehl-light, compresses of lemon juice, earth or water; vapor baths, sheet packs and diet. The Mehl-light consists of a concentration of the sun's rays by means of a burning glass or reading glass. Mehl, of Berlin, Germany, originated this method of treatment. It is more effective in the removal of bad cases of lupus, skin cancers, birth-marks, etc., than the Finsen light. The writer has seen the Mehl-light remove a rodent ulcer, of three year's standing, from the nose of one of his patients. After a few minutes' application of the light, a loud popping noise was heard, whereupon the outer scale of the ulcer peeled off, revealing a mass of whitish material. The continued application of the light caused a combustion of the white material, while livid flames appeared and smoke rose to the ceiling. There were a few subsequent burnings of diseased material, that escaped the first application, after which complete healing came with sound material. The nose healed up nicely, leaving only a slight scar to mark the place, where once was a growth similar to the malignant cancer.

If a patient comes soon after infection with syphilis, the Mehl-light should be applied to the point of infection, with the purpose of consuming as much of the infected material as possible, though the constitutional treatment hereafter described should not be omitted. In case the physician has the case in charge when the papule or pimple first appears, he should apply the light concentrated by a glass about five inches in diameter, and burn out all diseased tissue, being careful to smooth out the edges. If the five-inch glass makes a light larger than the diameter of the pustule and the rim around it, a second glass of smaller diameter, should receive the rays from the larger glass, thereby making still greater concentration. When the glass is first applied, it may cause some pain, necessitating the use of some will power on the part of the patient, to keep still, but after the crust is broken and the flames and smoke burst forth there is, as a general rule, but little pain, while the foreign matter is being consumed. The light is far superior to the knife or a caustic, in that it tends to select for destruction only diseased tissue or foreign matter. Furthermore, its rays penetrate deeply into the tissues searching for all poisonous matter. When ointments cause the chancre to disappear, the poison is thrown into the system, while the Mehl-light destroys such poison as is present in the chancre, and yet it does not have such an effect on the chancre as to preclude a further attempt of the body to eliminate the poison in the blood through the place the burning took place.

The writer has observed several ulcers, where syphilitic material was again deposited, after an application of the Mehl-light had destroyed all inflammation, having apparently burned out all infectious matter. On the other hand, in one case at least, the application of the light to a chancroid seemed to end all syphi-

litic symptoms in it. In a chancre there is an amber colored fluid deposited in solid tissues, like honey in a honey-comb. In one case of a syphilitic ulcer, that appeared the third day after infection, taken from a syphilitic in the secondary stage, the writer applied the rays of the sun as concentrated through a glass three inches in diameter, when the ulcer was two days old. The rays were not held over one spot long enough to cause burning. The light and heat caused bead after bead of amber colored fluid to exude from the ulcer. At one time the glass was applied continuously for nearly three hours. This treatment seemed to relieve the constitutional symptoms quite markedly. The sense of weight and oppression and the contraction of the spinal muscles began to disappear, but on subsequent days the amber colored fluid would re-appear and the constitutional oppression would again re-assert itself, though the elimination of the amber colored fluid undoubtedly tended to rid the system of the syphilitic infection.

The Mehl-light should not be applied when the ulcer has commenced to heal by granulation, and there is no marked swelling or inflammation. Again the ulcer may be too far advanced or cover too large a surface to make this treatment advisable. After use of the Mehl-light, or when its use is not advisable, the ulcer should be kept packed in some compress. Moist earth or clay as a rule is very satisfactory. The writer has found that packing in Marach or Antiphlogistine reduces the pain to a minimum, wards off danger of infecting another, and tends to limit the size of the ulcer. After thoroughly cleansing the ulcer with sterilized water, the Antiphlogistine should be applied directly over the ulcer and then a layer of cotton should be bound on with cloth. This compress should remain until dry. An ordinary clay compress will dry in a few hours, while the Antiphlogistine will remain moist for twenty-four hours. The ulcers should be exposed to the air as little as possible. The pack should be applied from the first appearance of the ulcer until the active stage of inflammation disappears. This may require three to eight weeks or more.

In case the ulcer does not discharge freely, letting out the pus, or the amber colored fluid, it should be packed with absorbent cotton thoroughly soaked with lemon juice. If the lemon juice is too painful or too drastic in its action, it can be diluted with warm water. After the lemon juice has secured the results desired, the earth compress should be resumed, as constant application of lemon juice may cause excessive irritation. Exposure of the ulcer to sunlight or subjection to heat assists in cell metabolism and tends to assist in eliminating the poison. Bathing in hot water or hot fomentations are valuable. The large incandescent electric light of a hundred candle power or more, now found in many physicians' offices, may be applied extensively to the ulcers with advantage. The enlarged lymphatics, called buboes, should be poulticed with earth or cold water compresses.

The most important feature in the natural treatment of syphilis, from the earliest possible time to the later stages, is the steam or vapor bath. Nature tends to eliminate the poison through the skin, and the hot bath assists and cooperates with nature in driving out impurities by means of perspiration, to a very marked extent. The bath relieves the constitutional discomfort very largely. The muscles in the spine and neck will relax and the feeling of languor and stupidity will disappear. As a rule the bath should be followed by a cold, wet sheet pack. An ordinary vapor bath cabinet can be made to produce all the perspiration required. One should stay in the cabinet until the head and face are perspiring very freely. He may then take a rub-down in hot water, followed immediately by the wet sheet pack.

The length of time the patient should be in the bath and pack, and the frequency of these procedures should be determined by the virulence of the disease, the readiness with which discomfort is relieved and the reactive powers of the patient. In some cases, the vapor bath and pack should be taken every day, while in others they may be taken every other day, while hot tub baths are taken between times. The writer is informed that the perspiration treatment is very extensively practiced in Austria, where the bathing is pushed up to the limits of the capacity of the patient to react.

For the wet sheet pack spread six woolen blankets on a couch. Wring out two sheets in cold water and spread over the blankets, with the lower sheet extending about five inches above the upper one. The patient lies on top of the sheets. Fold the upper sheet over the body so as to extend below the arms. Let the arms fall on top of this sheet, and then fold the other sheet snugly around the neck and over the arms, so as to envelop the top sheet. The blankets should then be drawn over the sheets, thereby packing the patient in so as to shut out the air. For a warm-blooded person, with good vitality and strong reactive power, the sheets may be wrung out of water as cold as that which comes from a city hydrant in the winter time, but for weaker patients the water should be warmer. Reaction is more easily secured after the hot bath. There should be only a momentary chill when first coming in contact with the sheets, after which there should be a delicious warmth through the entire body. Patient should remain in the pack as long as he enjoys it, usually an hour or two. If everything is proceeding all right, he will very likely go to sleep. After emerging from the pack, all impurities forced to the surface of the skin should be washed away. Vigorous rubbing with the hand, performed by the patient himself or by an attendant, will prove grateful to the patient and is an effective aid in ridding the skin of foreign matter.

The diet of a syphilitic should be of a non-meat character. This is important. The skin has enough to do to rid itself of the poison of infection without having the added burden of eliminating the impure matter so plentiful in meat. The raw diet, consisting chiefly of fruit, nuts and the raw vegetables, is to be particularly recommended, but if the patient finds marked difficulty in suddenly accommodating himself to the absence of the stimulation induced by cooking his food, he may indulge in cooked food to a limited extent. He had better, however, suffer considerable inconvenience rather than eat meat. Of course all articles difficult of digestion should be avoided. Likewise tea, coffee, alcohol and tobacco. The syphilitic should be especially careful not to eat so much as to cause any overloading. He must devote all his energies to eliminating a deadly poison. Hence he must not be hampered by charging his lungs, kidneys and skin with the task of throwing off excess of food. Judicious fasting could be of great benefit especially if the patient's weight is excessive or he is overcharged with impurities. All food should be Fletcherized.

Drinking of much water is said to scatter the poison and prevent free elimination. Hence no more should be drunk than thirst demands, and in the tertiary stage, it is recommended that the patient subsist on a dry diet, without water, so as to dehydrate the body. It is imperative that the bowels be kept open. Have them thoroughly flushed out once in a while to see if there is any tendency to accumulation. This should be done even if the bowels move every day. Deep breathing will help elimination through the lungs. Considerable exercise, especially that taken in the open air will aid materially. But the patient should not

exhaust himself, nor render himself greatly fatigued. He should also avoid undue exposure to cold, or any procedures that might induce chill, as it is imperative that he keep open the pores of the skin. The baths and other treatment for primary syphilis should be continued for six months. This may be two or three months after all chancres or chancroids have disappeared, and after the constitutional discomfort has largely abated.

The treatment in the secondary and tertiary stage is largely similar to that for the primary. The vapor baths in the secondary stage, may at first act right opposite to the action of mercury, as they may increase the eruptions, while the mercury suppresses them. But the natural healer regards the eruptions as nature's method of eliminating poison, and he seeks to aid nature, rather than thwart her plans. Some cases of tertiary syphilis can be cured, by natural methods, while others have progressed so far that the patient cannot react, and death is inevitable. The extent of the bathing and limitations as to food and water must be increased for tertiary syphilis, though it is desired to say nothing in this connection, that would tend to lessen the diligence of either patient or physician in a case of primary syphilis.

During the progress of the natural treatment, carbuncles or boils may appear. They are always to be welcomed even if severe in character. They should be poulticed with earth or Antiphlogistine, and every effort made to encourage free discharge of pus and other impure matter.

The patient must be thoroughly impressed with the necessity of avoiding giving infection to others. All substances coming in direct contact with the ulcers should be burned at once after removal. Cloths used for compresses and sheets used in packing should be boiled as soon as possible. Hands of patient or attendant should be washed in a weak carbolic acid solution or some other safe aseptic after every time they have been used in removing bandages or packs.

The writer is greatly indebted for information on this subject to Dr. H. P. A. Curstens, of Rock Island, Ill., who has made an extensive study of the natural treatment of syphilis in Germany, where natural healing is becoming general.

Osteopathic manipulation is very grateful to the patient. A general spinal treatment will relieve the constitutional discomfort almost as fully as a vapor bath. In case of infection of the sexual organs, attention should be paid to removing pressure at the nerve centers for these organs. Springing of the innominate bones and other procedures, so familiar to all osteopaths, should not be neglected. But if the osteopath does not care to put his hands on the patient, he may still learn to effect a cure in a wonderful way by directing the use of drugless methods, and thereby take one further step towards deserving the title M. D. in the sense the title ought to mean—that is Master of Disease.

801 Pittsburg Building.

Those who have carefully noted the efforts of the regulars to secure a monopoly of the healing business will understand, without the following frank statement from the *Medical Mirror*, whose "health" it is about which they are so solicitous:

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 toscin 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 quacks, proprietary and patent medicines is going merrily on in several states.

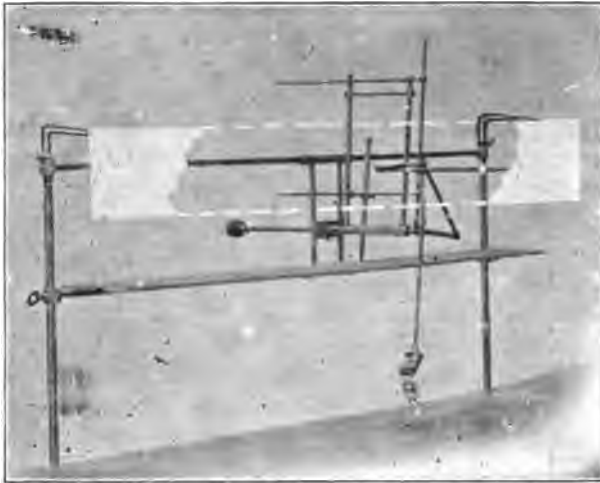
THE GRAPHICAL REPRESENTATION OF SPINAL CURVATURES.

A New Spinograph.

A demonstration before the A. O. A. at Put-in-Bay, by H. F. GOETZ, D. O., St. Louis, Mo.

The Spinograph is a mechanical device designed by me for the purpose of recording graphically all spinal curvatures, that is, recording anterior, posterior, right and left lateral spinal curvatures simultaneously.

Its use is not limited to these curves, as the spinograph can be made to trace any contour in outline that can be brought under the tracer. In calling your attention to this apparatus I realize fully that if the spinograph will do all that is claimed for it, is practical, of such construction that all can use it, it gives to the profession an entirely new method of diagnosing those pathological conditions of which the osteopath takes particular and insistent note, namely, spinal lesions. In approaching this entirely new problem in osteopathy of recording our diagnosis



graphically, please remember that this is the crucial test only in so far as my apparatus is concerned. Naturally I court criticism, and when we are through let us determine what is left, since the problem of recording lesions remains an open field, unworked and yet fruitful of striking results for those who will cultivate it.

I must now restate just two points in osteopathic diagnosis, that I may lead you up to my final argument, not that I wish to burden you with reiteration of elementary principles.

1st. That an abnormal position of a functioning (vitalized) anatomical structure is followed by and causes pathological changes.

2nd. We know from clinical evidence, from the localization of nerve functions, from the microscopic findings of Dr. McConnell that these pathological changes take place in those nerves, blood vessels, lymph channels (and in those tissues contiguous to them, ramified by them) affected by the obstruction.

The object of diagnosis resolves itself largely then into determining the location of the obstruction to nerve force, blood and lymph-flow, that we may exercise our greatest manipulative skill in treating.

While this is the general scheme or theory in osteopathic diagnosis, we must

here ask the question "What is the character of our obstruction and what is its prevailing form?" This is another question that admits of many divisions and sub-divisions; hence I shall only consider that sub-division pertaining to the prevailing, osseous spinal lesions.

The cause and effect of these osseous obstructions will not form a part of this study. I have designed an instrument of precision to aid in diagnosing them. The spinograph records, and studies of skiagraphs, in so far as I have been able to secure them, has led me to formulate this very important theory and question to the osteopath, "Do you find that a single vertebra is more often or less often in disalignment than are groups of vertebrae?" This question is one most difficult to answer without spinograph or skiagraph records. It is a question of data; a question that must be put to the test of comparisons before final answers are given. In my experience this question has passed beyond the realm of mere conjecture or coincidence. To find a spine with only one vertebra in disalignment has been exceedingly rare, when the spine did show disalignment it was in every instance a matter of curves and not angles. Sometimes two, more often three, most often four or five vertebrae are in disalignment. I have never seen a skiagraph in which a single vertebra showed displacement, although I have seen a number that showed cervical, dorsal and especially lumbar curvatures. Single vertebrae are more often found accompanied by fracture and so usually fatal that we need scarcely consider these in the statistics of the condition of disalignment.

All this explanation resumed resolves itself into the assertion that disalignment of groups of vertebrae are far more often found than of a single vertebra, and that a specific lesion of a single vertebra is exceedingly rare.

If this be a fact then any means that will aid in diagnosing the more prevailing lesion is advantageous.

This then is the object of the spinograph, to make graphical records of the *prevailing* osseous spinal lesion.

Accuracy in operation, positiveness to the operator, unity in diagnosis to the profession, interchanging records for comparison are some of the advantages given by the spinograph.

Cervical, dorsal, lumbar and coccygeal lesions become a matter of record, these records I think we had better call spinograph records, as the picture presented is a measure of the extent of the spinal lesions. This aid to diagnosis is an incalculable one when it comes to treatment, with your spinograph record before you, it makes of "lesion osteopathy," rather of specific treatment, a positive triumph. You need not work blindly, you know where to treat. You will be very much surprised at the appearance of the "record" of your first case in which you use the spinograph, for the reason that the mental picture that you form of your case is so different from the actual record. This led me to make a number of observations, and I can only conclude that one seldom forms the correct mental picture of the case, the reason for this is of course obvious, you have no real basis for comparison. Conceptions of lines or contours straight or curved are, as we know, only possible when we have some constant line or measure to compare them with.

The spinograph gives you this line for comparison, also a template to which you can gradually conform your case under treatment. These spinograph records form valuable case records to be filed, they give you an increased assurance in your practice because you know that *they are true records; that would stand in any court.*

In medical jurisprudence, then they may be made to play a very important part.

Forgetting, re-diagnosing, treating the wrong group of vertebrae, giving the incorrect treatment or unnecessary treatment can all be avoided, and are inexcusable.

The substitute for vagueness and uncertainty—positive knowledge—is sufficient justification for the use of any apparatus. Other features that will appeal to you, are its possibilities for unity in diagnosis and the comparison of records taken before, during and after treatment.

You cannot eliminate the personal equation of diagnosticians, but you can minimize their inaccuracies, by the use of proper apparatus. Thus in using the spinograph, let any number of observers make a record of the same spine, when practically the same picture is placed before each one, I can make my point much clearer here by a comparison. Supposing that 100 men all try to guess the weight of a heavy object, they lift it, examine it, etc., and 100 guesses, all different, widely divergent are the final results. Now let these 100 men weigh the object on an *accurate scale*, and the difference in the results would be very slight; so in diagnosing spinal curvatures you form many mental pictures of the case, all guesses, while a perfect apparatus compels the same observations, compels unity.

Can you at any time demonstrate conclusively the amount or measure of improvement, if any, that is, or has taken place in your cases? In a case of spinal curvature, do you yourself know whether you are getting results or not? I contend that you do not, from actual experience I know that I cannot detect a change of one-half inch correction, in the case of a posterior curvature (dorsal) and yet I have used successfully the most delicate measuring instruments. Why? as I have said before, because you have "no line of comparison" without this, absolute measurements are impossible to any eye. This line is given by the spinograph.

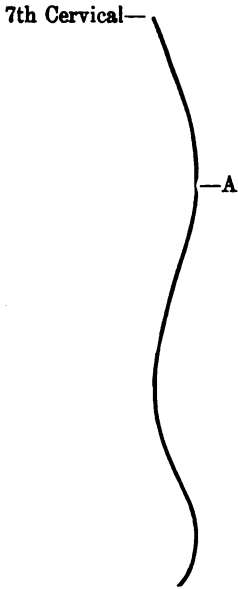
If you cannot detect variations of one-half inch with the eye alone, the effect that this must have on the treatment is obvious.

I wish to call your attention here to the advantages interchanging these records have both for you and the doctor to whom you may send your patient; since it gives a perfect understanding of the case; takes the place of letters that seldom tell you just the things you want to know.

This is not as small a matter as would at first appear. Dr. Jos. Sullivan, of Chicago, has been so annoyed by the suggestions made concerning diagnosis, to his patients, whom he refers to other practitioners, that he has expressed himself, in a rather forcible manner, in the *Journal of Osteopathy*, calling attention of all the osteopaths to the fact that it would be wiser to exercise a little more professional courtesy along this line. My only object in referring to this incident is to show that unity of diagnosis and the interchanging of records for comparison will do much towards overcoming this evil.

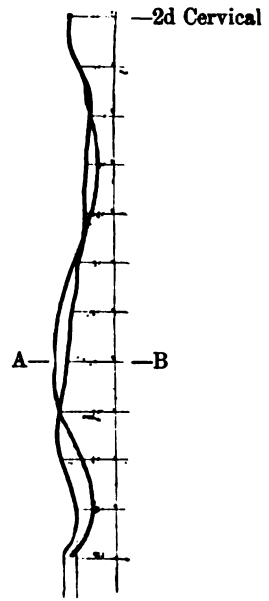
I will show only a few studies that I have made, at this time, as we can't do it all at once anyway and I do not want to tire you out completely. This first record (No. 1) one made by the spinograph, is of course the normal spine. It is one that I use as the basis for all my comparisons and is almost ideal in its formation. This patient has lived an almost ideal life from correct living view point, an athlete, not of the extreme type, but temperate in this as he is in all other things.

This record (No. 2) I want you to notice particularly, also the one to follow, (No. 3), for they show the future of an important chapter in osteopathy, a chapter that has not been written.



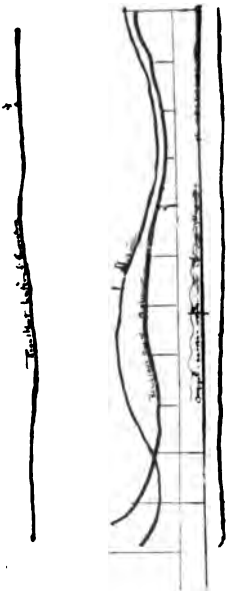
No. 1.

A—Anterior-Posterior.
Normal Spine.



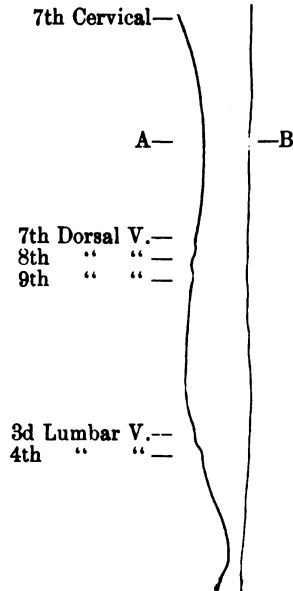
No. 2.

B—Spine of Functional-Nerve-Disease.
A—Overlaid by cut of Normal Spine.



No. 3.

Normal Spine.
Spine of Visceral-Prolapse.



No. 4.

Case Epilepsy.
A—Anterior-Posterior.
B—Lateral.

This is not the curve of any one spine, but it is the "resultant" curve, the composite curve, of thirty cases of functional nerve conditions. I realize that this is not a large number on which to base my conclusion, but it is a beginning, and as you know, it is very difficult to collect clinics of specific nerve conditions.

This curve (No. 2) is the average curve of neurasthenia. I also included three of epilepsy and two of other functional nerve disorders. This is what I term *the straight spine*, and rightly too, I have drawn this normal spine over it in red, (dotted), that you may easily make the comparison. You will now note, the *straight*, almost flat dorsal region, and the *posterior* lumbar group. This spine has been referred to as the spine of functional nerve disorders in osteopathy for the past seven years and yet not sufficient importance attached to our knowledge, to this observation.

Dr. Hazzard first noticed it and refers to it occasionally, in his writings. I began to confirm his observation at that time and two years later spoke of this straight spine as being found in almost every instance of spinal neurasthenia, in an article published in the *Journal of Osteopathy*. My conclusions then were based on but a few cases; now the spinograph confirms this assertion again. Now is this more than a coincidence? for mark me I do not conclude even at this time, that this straight conformation of the spine accompanied by the posterior (probably compensatory) lumbar curve is the cause of nerve exhaustion, although I am at least mightily tempted to make conservative claims to this effect.

This very important record (No. 3) is like No. 2, a composite, the average curve then of thirty cases of visceral prolapse, including prolapse of the stomach, intestines, kidneys, ovaries, uterus, or rectum. Of these sixteen had floating kidney, three of these have since been treated surgically and the diagnosis thus confirmed.

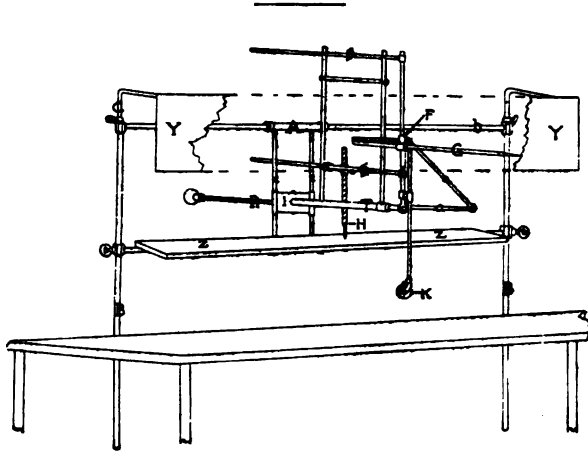
I do not know positively whether I am the first to note this spine or not. I wrote of it about five years ago, as the spine that seems to accompany or cause visceral prolapse. Dr. McConnell mentions this spine in a recent article of his in the *Journal of Osteopathy*, under the title, "Postural Defects," here in this curve No. 3 that I show, you will note just the opposite conditions prevail in this one comparing with No. 2, note the exaggerated posterior dorsal curve and the flattened, almost straight, lumbar curve.

I call your attention again to the fact that these are not the records of an individual case, it is *the average* that you have before you. I hope finally to prove that distinctive spines are always found in certain diseases, or that certain spine conformations are noted with certain groups of symptoms.

This is an entirely new idea for you to consider. Observe! and let us see if this can eventually be proven. In conclusion, the point I wish to make is, supposing that at some future time you observe spinograph records like this one, (No. 2,) or this one, (No. 3), you know that instead of sixty cases, the curve is the average of 1,000 or more observations, would you hesitate in saying, "This, (No. 2), is the spine of neurasthenia." "This (No. 3), the spine of visceral prolapse." I would not and neither do I think that you would. We have now the opportunity for developing an entirely new chapter in the symptomatology of osteopathy, namely, "Diseases (groups of symptoms) accompanied by characteristic conformation of the spinal vertebrae. In order to carry out this phase of diagnosis, we must have a way to collect the data on which to base our conclusions, hence the necessity for mechanical diagnosis. We cannot collect these data, we cannot study these spinal lesions and rest our case on mere dogmatic assertion, we must record

and preserve records. We have reached the age in our development when scientific men are demanding of us that we give proof of our newer symptomatology and pathology. We must find the way to record.

202 Odd Fellows Building.



ADDENDA—MECHANICAL DESCRIPTION OF PANTAGRAPH.

The carriage A, travels on the guides B, attached to the carriage A, and moving vertically on the rods C C; for guide adjustment of the roller K to the spine, is a second carriage I; passing through I is the rod R, which slides back and forth in the bearing T. To T is attached the third carriage F F; to E E is attached the rod F K, carrying the marker or pencil G. G is raised and lowered by turning the handle R, which raises F, through the two fingers A A. The pencil G registers the anterior and posterior curvatures on the plane Y Y. Roller K passes over the spine of the patient lying prone on the table as K, rises or falls, the pencil G rises or falls, thus marking the anterior, posterior, curvature on the plane Y Y.

To the lower rod E of carriage E E is attached the pencil H; this pencil is under the control of the handle R, and as the roller K traverses the *lateral* curvatures of the spine, pencil H moving backwards and forwards, reproduces these lateral curvatures on a sheet of paper attached to the plane Z Z.

To use the spinograph, the patient lies prone on the table; the roller K is adjusted to spine by turning R, for ant-post curvatures and drawing it in or pushing it out for spine by turning R; for ant-post curvatures and drawing it in or pushing it out for lateral curvatures: the markers G and H are automatic, and trace all curves in two planes, simultaneously. The spinograph can be attached to a board, placed on top of any operating table; or this board can be placed upright, and tracings made of the spine while patient is standing. I prefer the prone position because the patient does not move.

OSTEOPATHY AS A PROFESSION.

Paper read before the A. O. A. at Put-in-Bay by J. H. SULLIVAN, D. O., Chicago.

“Order is heaven’s first law;” this fact is apparent all about us, whether we look at the heavens above us, at the ebb and flow of the ocean’s tide, or more closely observe the grasses grow, the trees blossom and shake off winter’s thralldom at the bidding of welcome Spring. Order is apparent everywhere from the mathematical accuracy of the earth’s movement in space even to the minute blood corpuscle wending its intricate way through our arterial system. Proper understanding of order, if indeed possible, would demand of us more years of life in study than we may safely count upon as ours.

In this paper, however, order is not that which calls for its production; rather may we deem disorder or disease the exciting cause for the paper as well as for the

birth of the profession of osteopathy which has for its only claim on man's love and confidence its desire to restore order in man.

The preparation of a paper, a treatise or theme on any subject, to be a success must of necessity be the offshoot of the thoughts of one whose heart and soul is in the subject. This is my position perfectly wherever or whenever I am questioned as to osteopathy as a profession, a means of relief for ills. I appreciate too well my shortcomings in the ability to fully express myself—I wish for a hundred tongues with which to carry conviction.

Like Mary Antony in Julius Caesar :

Were I Brutus, and Brutus Antony

There were an Antony would ruffle

Your spirits and put a tongue in every wound of Caesar that should move the stones of Rome to rise in mutiny."

The mutiny I desire is that against established drug therapeutics. The revolution is here; if we have recently read *Collier's* and other publications which have braved the ire of the patent medicine trust we cannot but have become cognizant of the revolt against the proprietary medicine combination, culminating in the recent congressional enactment.

The Ladies' Home Journal has formulated a hostile bill for use in all states against the octopus, and said Journal complains that strangely enough the regular doctors seem indifferent to the cause; rather show a lethargy unexplainable.

I feel confident that those in touch with things in general can understand the lethargy mentioned; in what essential way does the proprietary dose differ from the ordinary prescription? Are not the allowances of strychnine or alcohol exactly the same—assuredly they are regular school prescriptions unethically exploited, hence the lethargy. Certainly most of you in my hearing have read and re-read medical practice; if so, you must substantiate the contention.

Are we then wise prophets if we claim that suffering humanity will shortly rally around some non-medical standard—we are indeed tardy in the prophetic line, for the time is here, *now*, this minute. It is no uncommon thing to overhear two people discussing their ills and to hear the remark: "Do you know I have quit drugging?" And the other party's query, "What are you taking, osteopathy or Christian science?" This is often heard, and it indeed bodes ill for drug practice in the days to come.

Let us ponder a moment and decipher the handwriting on the wall; we then realize the approaching doom of the noxious dose; it has held sway for a comparatively short time in the history of the race and at great cost to humanity from an osteopathic standpoint. Osteopathy as a profession has one competitor and a formidable one in the Pantheistic doctrine called today Christian science.

Oddly enough we find in Century Cyclopaedia pantheism defined in one passage as essentially unchristian, is that God is the only substance of which the universe and man are only manifestations.

Pantheism flourished among the ancient Greeks and Romans, and withal few more noble people physically ever existed. Every ill had its own god, who on appeal silenced disease; suggestion you see had its place then as now, the difference being that numerous deities had power to banish numerous ills, while now the idea is to endeavor to convince yourself that you have naught but mind with which to suffer disease—really a more convenient situation if one can so reconcile one's self.

Do not understand me as ridiculing Christian science or any form of sugges-

tion. Osteopathy as a profession must in part utilize suggestion if it wishes to fully gain its goal in its race with disease. True, suggestion has little in common with setting a hip, with the reduction of dislocated phalanges, etc.

On the other hand, however, I venture the opinion that your average case under osteopathy makes a quicker recovery if not taking treatment under protest. I recall the case of a youngster of twelve, an embryo footballist, whose treatments on Saturdays always spoiled his football practice; as a result he disliked the doctor every Saturday, but on Tuesday, when he had a half day off from school work he appeared better and really was better. He was cured of eczema, his bony lesion was a bad eleventh and twelfth dorsal, the auxiliary lesion was enforced absence from his play on Saturdays.

Osteopathy as a profession has a place all its own; we are not in any sense wonder workers; no, we are simply proving by a simple adjustment the infinite wisdom of God, the Creator of man. Man is endowed with a free will; said will allows the man to cast himself from the highest building if he so wills and with great cost to the man. This being granted, what more natural than to accept the proposition that man from infancy to old age falls in learning to walk, strains in youth, over works his framework in toil or totters and meets with mishaps in his dotage; who dare gainsay the probable wrong adjustment resulting with the osteopathic theory of pressure on some of the intricate mechanical arrangements in man.

There had been no cognizance of this situation with reference to man in disease until our revered Dr. Andrew Taylor Still had the hardihood and the courage of his conviction and honesty of purpose enough to blazon it forth to the world. The world at once grasped eagerly the new truth and is better for it. God bless Dr. Still and credit him for the existence of osteopathy as a profession.

I hope by these foregoing words I am understood as being a bony lesion osteopath; if any doubt exists along that line, pray pardon me if I try to make my position plainer—osteopathy as a profession became such—why? Dare we deny that it was because of the elimination of drugs from treatment of disease? Was it not because osteopathy rendered unnecessary in scores of cases butchery of woman, ovarian surgery, rectal surgery and the like? Assuredly it was. Has not osteopathy rendered less imperative hydrotherapy, dietetics, eliminated the vibrator, special ointments externally in eczema, physical culture, climatic changes and the like; assuredly this is why I entered and have loved osteopathy as a profession.

Be indulgent, then, with me when I say that when asked to turn back again after practicing for years with some success pure Dr. Still osteopathy and take up again those discarded relics, I say it appears too much like the inelegant but true saying, "The dog returns to his vomit"—I'll none of it. Osteopathy as a profession has served me faithfully for ten years in constant practice, my reward has been good, first in the consciousness of being able to heal suffering mankind, and a natural sequence was the monetary adjunct, which helps some.

During these years of osteopathic practice I have never for one moment had a desire to utilize mercury or quinine as an aid to my work—rather would I deem them sacrilegious. It is generally known, of course, that mercury and quinine are almost two solitary chemicals which support medical practice. High priests in medicine are on record to this effect; they also confess them very uncertain.

Regarding the whole range of adjuncts to medical practice, massage in all forms, hydrotherapy, the serums, anti-toxins, vibrators, light rays and of necessity

the blood count, what of them? I assert without fear of contradiction that they have come in vogue prominently within the past twenty years. Why? Because of the discovered uselessness of the former wide diffusion of noxious drugs.

In view of all this my faith in man's ability to think independently is frequently shaken at sight of the D. O. frantically striving for the M. D. cognomen. Oil and water striving to affiliate. It cannot be.

There is no specific in medicine for pneumonia, rheumatism, the fevers and paralysis; this is freely conceded by the authorities. I will mention, however, that many Chicago practitioners now admit the bare possibility of osteopathy being of service in cases of the above; for which we are grateful.

Too much stress cannot be laid on our most careful attention to osteopathic diagnosis in handling our cases, to the exclusion of the spectacular methods in vogue in other schools, a plain simple statement of facts by our patient should suffice to guide us in the quest for the cause of disease osteopathically.

A patient in the throes of acute or chronic gastritis profits nothing from examination of stomach contents; our duty lies in the direction of adjustment, of releasing contractures along the pathway of the splanchnics, of renewing proper vaso motor control of the part. This can be done by mechanical procedure to the exclusion of every book on medical diagnosis ever printed.

The osteopath who muddles his good osteopathic position with confusing books on medical diagnosis, waiting for certain symptoms to appear, hesitating in his work for fear of certain types of disease being likely to develop, reminds one of the old Kirksville story in the case of a fire department responding to an alarm, and on reaching the blaze instead of throwing water on the fire sat down and held a consultation as to how best proceed and which company had precedence in overcoming the fire. Go right to work; we are armed to rout fever, to dissipate chills, to rouse inactive livers, to cause renewed gastric secretions. Let us adhere strictly to our teachings if we expect to occupy a proper place in the esteem of a discerning public. It might be remarked at this time that the people at large have learned to a remarkable extent that the safest osteopath is he or she who uses no paraphernalia, which lacks the same degree of intelligence as is embodied in two hands guided by a clear head. Look over the roster of those in most successful practice for verification.

The vibrator has found its proper home in the barber shop or the bath room. Electric lights of varied colors as applying to diseased conditions have received their quietus from the great Edison, who says mankind may light cities and move cars with the subtle fluid, but should disabuse his mind of the idea that it has any therapeutic value.

This is as we would wish. We are confident of being fully equipped for practice in being in full possession of two good hands and one head, which I hope is good and stored as far as we are able to store it with unadulterated osteopathic knowledge.

Nothing we have absorbed should in any manner militate against our advising a man to drink water before breakfast or to walk to his business instead of riding, to open his window at night. It would be mere quibbling were we to debate such.

It is humiliating to have to apologize frequently for some wise brother or sister who practices with a 500-candle power light with which to burn it in or who drives home the treatment with a faradic battery. However, the apologizing is usually done when the subjects have awakened to the fact that proper treatment needs none of the above and have placed themselves in the care of such practition-

ers, so that some of the humiliation is mitigated by observing prompt response to intelligent adjustment of structure without aid of foolish auxiliaries.

Osteopathy as a profession has passed its crisis, thanks to those in the work who absorbed its vital principle of being an independent and complete system.

Man is a complete system, or world, if you will; let us fully understand this idea and our position is unassailable. If we question the fact then we are drifting, and without chart or compass we shall continue to drift with the ebbing and flowing tides, buffeted by the shifting winds as to the efficacy of a slight operation for the tonsils, or the removal of an ovary or a gland, or perchance the prevailing fad of the well-to-do man of being separated from his poor appendix.

We must of necessity keep our bearings in the practice of osteopathy; keep in sight of the noble standard reared by Dr. Still; he who hesitates is lost in osteopathy as a profession, as in other things where steadfastness is essential. Let us always keep in mind the fact that interference with the coursing of the artery or vein is the primary cause for disease and our diagnosis and treatment is made easy.

How disheartening the controversy as to what class of osteopaths one owes allegiance. There should be but one brand of osteopath; an adjuster, with all due respect to the chiropractic plagiarists. Harmony is what we all seek to establish in man, as it exists in all nature, and the practitioner in osteopathy should recognize the fact that drugs are sowers of discord; they do nothing toward harmonizing man.

Surgery has its place, also its limitations. Osteopathy has firmly established itself in public regard as a preventive of the occasion for surgery. Surely all of us recall more cases saved from surgery than have had to resort to the knife, following osteopathy; in my experience the ratio is far to the advantage of osteopathy. If this is granted, why forsooth, do we not advance our profession to the point of still further prevention of surgical necessity rather than add surgery to our list of attainments?

Osteopathy as a profession has suffered more keenly from incompetents within than those opposing us from without; the natural deduction must be that the fault lies often in the school as well as with the individual. Many have become convinced that too little time is devoted to osteopathic advancement and too much attention given to extraneous branches, and should delight in seeing the balance show the other way. I am an earnest seeker after truth and I am open to conviction as to whether surgery, abdominal and pelvic, saves life in the proportion claimed; experience has taught me that the claim is false. I fear that medical statistics are not reliable, in truth—I more than fear it.

Individuality attaching to the osteopathic practitioner is very great. We study the general principle, to be sure, but in the individual case coming before us we stand or fall in proportion to our ability to harmonize the disordered structure and successful efforts redound to our individual credit more than to the works of any school or practice, surgical or medicinal.

Two systems of healing are making progress today, osteopathy and suggestion. Osteopathy has nothing to fear from suggestion. We all make use of it daily in casual meetings with friends; we flatter, we cheer them on, we unconsciously rely on its potent influence even in our meditations. However, its scope is not as wide as that of osteopathy as a profession; bone setting calls for more materialistic effort than does suggestion, and while man is man he shall not be immune to common effects, resultant from accident, whether slight or great, with the logical necessity for the ministration of the adjuster, the osteopath.

All those longest in osteopathic practice no doubt have been asked many times by their fellows what things are most essential to the building of a practice. Experience has demonstrated one great essential—the appearance of confidence on the part of the doctor; another great factor never to be lost sight of is the necessity for clean, tidy quarters for practice. A treatment room is better without adornment of any description than with horror-inspiring charts and unintelligible illustrations along anatomical lines; these things should appear only in a consultation room, not in the room devoted, perhaps at times, to the quieting of a case of wild hallucination.

The exaction of a legitimate fee for service should never be lost sight of in practice; he or she who will accept a fifty cent fee is always looked upon as a fifty cent osteopath. A case in point is that of a party not one hundred miles from Chicago, who treated another case once for another practitioner. Said case had been paying about four dollars a visit, and this individual charged him twenty-five cents and was rated, of course, as a quarter-dollar man. The laborer is worthy of his hire and we cannot possibly possess the esteem of those whose regard we seek if we make of ourselves petty catch penny people—there are many examples to fit this paragraph.

Let us be dignified and proud of our profession and no code of ethics but will be easy for us to follow; we will command the esteem of even those opposed to us in other schools. Should we falter in our profession, remember we have more of truth than any other school of practice. Let us not allow ourselves to pick up any of the discarded relics of drug practice; the family prescription is identical with the advertised proprietary dose.

Colliers' of recent date says:

“Study the medicine advertising in your morning paper, and you will find yourself in a veritable goblin realm of fakery, peopled with monstrous myths. Here is an amulet in the form of an electric belt, warranted to restore youth and vigor to the senile; yonder a magic ring or a mysterious inhaler, or a bewitched foot-plaster which will draw the pangs of rheumatism from the tortured body ‘or your money back’; and again some beneficent wizard in St. Louis promises with a secret philtre to charm away deadly cancer, while in the next column a firm of magi in Denver proposes confidently to exorcise the demon of incurable consumption without ever seeing the patient. Is it credible that a supposedly civilized nation should accept such stuff as gospel? Yet these exploitations cited above, while they are extreme, differ only in degree from nearly all patent medicine advertising. Ponce de Leon, groping toward that dim fountain whence youth springs eternal, might believe that he had found his goal in the Peruna factory, the Liquozone ‘laboratory,’ or the Vitae-Ore plant; his thousands of descendants in this country of enlightenment painfully drag themselves along poisoned trails, following a will-o'-the-wisp that dances above open graves.”

Our profession will not be advanced by unwise and unprofessional reference derogatory to our brothers and sisters in the work; the mantle of charity should be spread over their shortcomings, whether they err in a professional sense or otherwise; we lose caste and lose practice if we allow ourselves to lapse along this line.

The unfortunate and baneful idea advanced by some parties that one sex cannot with advantage or propriety be treated by one of the opposite sex has given birth to a spirit of hostility in some, which is justified by the facts and has done much to injure the profession as a whole, and calls for correction—as well

might we call for the drawing of such lines in surgical work of all kinds. The idea is childish and without justification and acts as a boomerang on those who have launched it, as has occurred in other schools of practice.

The profession is having much to carry in a few localities where, instead of pulling together and dwelling peacefully, rival organizations exist in osteopathy; as a rule this condition is the outcome of some of our number trying to control such societies for selfish ends and indulging in cheap peanut political methods to attain them, thereby driving away any fraternal spirit which such organizations were intended to foster and working great injury to us all. No organization at all is preferable to such conditions. United we stand, divided we fall.

The public has opened its arms to osteopathy; let us awake to the tremendous fact that we have a system which is accepted as more exact in its workings than any system ever has been; proper appreciation of this by us will inevitably strengthen us in our profession and prove a needed boon to suffering humanity.

Do we hesitate? Do we falter? Turn our eyes on the career of the great osteopath, Andrew Taylor Still and we will gather new hope. He fought the real fight for years; he suffered poverty, calumny, misrepresentation and yet kept on and on, conscious that truth is mighty and must prevail; and it seems providential that he should be spared to see the result of his life work as he has been allowed to do. Let us properly cherish the heritage given us; let us be osteopaths indeed, not in name only, and thereby honor Dr. Andrew Taylor Still, and an appreciative humanity will support us in the future as in the past; and all, whether doctor or layman, will advance to its rightful goal, osteopathy as a profession.

504 Trude Building.

THE VASO-MOTOR SYSTEM.

Read before the Montana Osteopathic Association at Helena, September 6, 1906, by
L. K. CRAMB, D. O., Butte, Mont.

The condition of the vaso-motor mechanism has more to do with health or disease than any other one thing. Many diseased conditions result from interference with the vaso-motor system.

The osteopath in his treatment of diseased conditions, seeks more than anything else to correct vascular abnormalities, which are due almost entirely to lesions influencing vaso-motor centers or nerves.

Considering their importance, a discussion of the normal anatomy and physiology of the vaso-motor system, together with a brief reference as to how abnormal conditions are brought about and how treated, will not be amiss here.

The vaso-motor system consists of a general center in the medulla, with other centers in the cord and sympathetic ganglia, neuraxons connecting the centers, and the vaso-motor nerves proper, going to all the arteries of the body, and probably the veins. The middle coat of the arteries is muscular, and it is through the action on this coat that blood flow is controlled.

Henle says: "The movement of the blood depends upon the heart beat, but its distribution upon the blood vessels; now the vaso-motors control the distribution of the blood by action, more particularly on the smallest arteries, just before they break up into capillaries. In the larger arteries the elastic coat is more highly developed but in the smaller one the muscular coat is highly developed at the expense of the elastic."

Vaso-motor nerves are of two kinds—vaso-constrictors, which on stimulation

diminish the calibre of the vessels they supply, and vaso-dilators, which on stimulation dilate the vessels.

Section of a vaso-constrictor nerve causes the vessel to dilate. An example is, that section of the cervical sympathetic or removal of the superior cervical ganglion, results in dilatations of vessels on the corresponding side of the face.

Section of a vaso-dilator does not, however, result in constriction of the vessels which it supplies.

The explanation usually given is that the vaso-constrictor nerves act continuously and thus keep the blood vessels in a state of tonus, while the dilator nerves are only called into action at intervals, that is, when needed.

This seems probable when we consider that the pressure of the blood within the vessel is outward.

This is necessary to regulate the right amount of blood which shall pass through a given vessel, and the vaso-dilators are only occasionally needed.

The chorda tympani is a typical vaso-dilator nerve. No apparent result follows its section, but upon stimulation of the end in connection with the sub-maxillary gland large quantities of bright scarlet blood immediately flow through the gland, and an abundant secretion follows.

As vaso-motors have been proven to exist in the portal vein and the superficial veins of the trunk, from deductions we are led to believe they exist in all the veins, but of course are not as highly developed as in the arteries.

The following differences between vaso-constructor and vaso-dilator nerves are taken from the American Text Book of Physiology :

"Vaso-constrictors are less easily excited than vaso-dilators. Warming increases and cooling diminishes the excitability of the vaso-constrictors to a greater degree than the vaso-dilators. Vaso-constrictors degenerate more rapidly than vaso-dilators after separation from their cells of origin. The maximum effect of stimulation is more quickly reached with the vaso-constrictors than with the vaso-dilator nerves. The two sorts of nerves have been said to differ in the manner in which they are distributed. The vaso-constrictor nerves leave the cord as medullated fibres enter the sympathetic chain of ganglia and end in terminal branches probably in contact with a sympathetic ganglion cell. The constrictor impulse is forwarded to the vessel by a process of this cell, either directly or by means of still other sympathetic ganglion cells. The vaso-dilator fibre on the contrary, was thought to run directly from the cord to the blood vessel; but recent investigation makes it probable that all spinal vaso-motor fibres end in the sympathetic ganglia." (Page 196-7, Vol. I).

Vaso-constrictors are said to be distributed chiefly to the viscera and cutaneous vessels, and the vaso-dilators chiefly to the skeletal muscles, and some local structures and glands. The vaso-dilators are specialized in connection with secretory glands, where a special mechanism is needed to regulate blood flow, on account of extreme variations at different times.

That the general vaso-motor center exists in the medulla is proven by section of the spinal cord in the upper cervical region, which results in general vaso-dilatation. Stimulation of the cut fibers of the cord results in constriction of the previously dilated vessels.

Hence from this it is evident that the vaso-constrictor fibers must have been severed, the section resulting in an interruption of the vaso-constrictor impulses. This also shows that the vaso-constrictor center is always active or has a tonus. It seems to be located in the medulla not far from the corpora quadrigemina. A definite vaso-dilator center has not been located.

It has been demonstrated experimentally on lower animals that vaso-motor centers exist in the spinal cord. This is done by section of the cord, thus cutting off connection with the general center in the medulla.

Thus the stimulation of the central end of the brachial nerves after section of the spinal cord at the third vertebra causes a dilatation of the vessel of the fore limb." (Am. Text Book of Phys., page 200, vol. I).

This shows that the spinal nerve cells take a part in the vaso-motor reflexes, and the existence of spinal vaso-motor centers, which are of course under control of the general vaso-motor center in the medulla.

Existence of vaso-motor centers in the sympathetic ganglia has been demonstrated. Even after the removal of parts of the spinal cord vascular tonus is still maintained. The sympathetics are also probably centers of reflex vaso-motor action.

The general vaso-motor center exists in the bulb; from cells in this center neuraxons pass down through the spinal cord to arborize around cells in the spinal vaso-motor centers; from these cells neuraxons leave the spinal cord by way of the anterior roots of the spinal nerves, and enter the sympathetic ganglia, where they terminate by arborizations around vaso-motor cells; some may pass on through the ganglia; from these cells neuraxons pass directly to the smooth muscles of the walls of the blood vessels, either over spinal nerves or to the sympathetic plexuses on the blood vessels.

Vaso-motor centers also exist in the nuclei of certain cranial nerves; neuraxons pass from the general vaso-motor center to these nuclei; from these fibers pass to the sympathetic vaso-motor center or ganglia on the cranial nerves.

The spinal vaso-motor centers are probably situated in the anterior and lateral gray substances in or near the column of Clark from the first or second dorsal to the second lumbar.

Most of the cranial nerves contain vaso-motors. Vaso-dilators are found in the chorda tympani branch of the seventh; the trifacial contains vaso-dilators for the eye and parts of the face; the lingual branch of the fifth and the glosso-pharyngeal for the lingual vessels, and the vagi for the coronary arteries of the heart. Some vaso-constrictors are thought to exist in the lingual, also the ophthalmic branch of the fifth. The vagi, by some authors, are thought to contain vaso-constrictors and probably vaso-dilators for the lungs, heart, stomach, intestines, kidneys and spleen. (Reference Handbook of Medical Sciences.) The hypoglossus contains vaso-constrictor fibers for the tongue. "Most if not all of these vaso-motor fibers arise in the dorsal sympathetic, and reach the above mentioned nerves by way of the superior cervical ganglion."

Vaso-motor nerves may be excited reflexly by different impulses, from sensory nerves in general, or from impulses arising from the blood vessels themselves. The reflex usually appears in the area from which the apparent impulse arises, but not always so; if not, some part with an associated function is affected or a bilateral part.

As a usual thing when the superficial vessels are constricted there is dilatation of the deep vessels, and vice versa. Thus congestion of the abdominal vessels is usually associated with constriction of the superficial vessels. This is vividly demonstrated in the case of a chill, where there is deep congestion and maybe fever, but the superficial anemia causes the sensation of cold—thus the chill.

In this way the vaso-motor nerves take a very important part in the heat regulation of the body. While special heat centers and nerves probably exist they are

very intimately associated in action, the vaso-motor being brought prominently into action in heat production, regulation and dissipation. The bulbar vaso-motor center controls, or I might say, presides over all the vaso-motor nerves. It is probably, as before stated, always active, and serves to keep the vaso-motors in a state of tonus and causes or tends to cause general constriction of the blood vessels. Therefore any agency which would inhibit or show the action of this center would cause general vaso-dilatation. The depressor nerve leading from the heart to the bulb through the vagus, causes general dilatation of the blood vessels when stimulated. It is not proven but seems very probable that the depressor nerve causes reflex dilatation of the blood vessels by inhibition of the bulbar vaso-motor center. In speaking of the action of the depressor nerve the American Text Book of Physiology says: "It probably acts on all the vaso-motor nerves connected with the vaso-motor center," and further says: "The depressor nerve is not in continual action; it has no tonus, for the section of both depressor nerves causes no alteration in blood pressure."

The stimulation of the depressor nerve seems to come directly from the heart; probably the effects of high blood pressure stimulate it through the action on the heart.

A rapid heart is usually associated with a general rise in blood pressure. Speed of the blood and rise in blood pressure occur synchronously. This may, however, occur independently of the bulbar center. In a rubber tube into which water is forced, the more force used the faster the flow and the higher the pressure. But in the case of the blood vessels the increased velocity of the blood, and rise in pressure, would tend to expand the blood vessels, then the bulbar center may be brought into action, either to keep the vessels from expanding too much from the increased pressure, or letting them expand more so as to lower blood pressure. The rate of the heart and peripheral resistance vary inversely, and the action is regulated through the bulbar vaso-motor center.

Other afferent nerves may have some influence on the bulbar center. Thus stimulation of the central end of the cut splanchnic nerves causes a reflex rise in blood pressure, but sometimes a fall. Normal impulses may come through afferent nerves to the bulbar center, and act similarly to the depressor nerve, but it seems to me, the depressor nerve would be all the afferent nerve necessary to affect the general center; other afferent nerves would affect local or spinal centers, influencing local blood flow.

The condition of the blood itself undoubtedly has an effect on the bulbar center, also the spinal centers. A nerve center must have the proper amount of the right kind of blood, in order to act properly. Any condition, then, that would affect the quality of the blood would have an effect on the center, the kind of effect depending of course on the nature of the blood change. Kirk's Physiology says rise in blood pressure may be produced by a stimulation of the vaso-motor center in the medulla by carbonated or deoxygenated blood, or decrease in blood pressure, produced by oxygenated or aerated blood.

Other conditions of the blood, whether toxic or lessened in nutritive properties, would certainly affect the bulbar center, also the spinal and sympathetics.

The bulbar center is undoubtedly affected by local interference with the blood supply to the medulla and thus affects the vaso-motor condition of the entire body.

Lesions to the upper cervical vertebrae or contracted muscles, would affect the blood supply to the medulla.

It has been stated by some authorities that sympathetic fibers exist in the cervical region, which have a controlling influence on the bulbar center.

If such is the case, any interference in the neck by lesions or otherwise, would affect the center in some way.

The bulbar center is also influenced by the higher centers, as a sudden pallor or blushing, although this result is manifested locally in the face on account of its greater vascularity and because the face is exposed to view and attention is directed to it. The spinal and sympathetic vaso-motor centers are controlled by the bulbar center, but have an independent action, which is influenced largely by afferent nerves. The effect of afferent nerves on the local spinal and sympathetic centers is probably very similar to the action of the depressor nerve on the bulbar center, yet the local centers are more highly specialized.

In the digestive glands and organs, for example, local vaso-motor conditions play a very important part, as increased blood supply is needed to furnish secretions, and afferent nerves necessarily lead from every organ and gland to its local center, although nearly all the digestive glands are affected by the higher centers, or by afferent paths remote from them, as the increased blood flow to the salivary glands and increase in the secretions of saliva upon seeing food, or the secretion of gastric juice as soon as food is introduced into the mouth. The local centers are probably affected in about the same way as the bulbar center by the quality of the blood, by the higher centers or by local interference with the blood supply by lesions along the spine, which may also affect the afferent or efferent nerves to the center.

Besides vaso-motor centers in the spinal and sympathetic cords, local ganglia and plexuses, are centers for local vaso-motor actions, especially in association with a secretory organ, but these are dependent on centers higher in spinal and sympathetic cords.

Vascular changes produce changes in the tissues—the first effect of dilatation of the vessels and congestion of an area, is a red mottled appearance of the skin, with increased temperature and hyperesthesia. If prolonged, secondary changes take place—the area is cold and clammy, blue and edematous, although subjective heat remains. Hypertrophy or hyperplasia may also take place. In prolonged constriction of vessels we find the area cold, dry, lowered temperature, anesthesia and atrophy. In congestion the hyperesthesia may amount to pain due either to the pressure on the terminals of the nerves or the toxic effect of stagnant blood on nerve terminals.

Vascular changes due to vaso-motor disorders may be conveniently classified as follows:

I. Local anemia or congestion of an organ or part of the body, due to lesion to the center from which the part is supplied or to its nerves, or overuse or disease of the part. Under this head is included a congestion or anemia of any organ or part, primarily heart, lungs, digestive organs, genito-urinary organs, etc.

II. General vaso-motor effects due to a general or local cause, as impressions from the higher centers, or a local cause sufficient to cause general effects. Under this head is included some cases of hysteria or hysteroneurosis, shock, chill or chilliness of the body or coldness or dryness of the skin, flushing, certain febrile conditions, etc.

III. Local reflex vascular changes, as redness of the nose and malar prominences in post nasal catarrh or gluttony; flushing due to menopause or menstrual disorders; coldness of the extremities due to biliousness; burning of the vertex and occiput in uterine or ovarian disease; numbness or coldness of the left side of the

body, due to indigestion; hemicrania due to various reflex troubles; various **vascular changes** in the head; heart, digestive organs, etc.; in laceration of the cervix; **weak eyes** in pelvic diseases of young girls; vertigo due to stomach trouble; **gastric headache**; salivation reflex from menstruation and early symptoms of pregnancy; **thymic enlargement** from uterine irritation; congestion of mammary gland from menstruation or conception; congestion and pain in ovary or testicle, due to **parotitis**, etc.

IV. Disease due to prolonged anemia or congestion or tissue changes in the **spinal cord** or sympathetic ganglia affecting nerve cells, as in locomotor ataxia, **spastic paraplegia**, progressive muscular atrophy, probably epilepsy and probably the primary cause of most of the conditions in the above classes.

V. Congestion of one part of the body causing anemia in another part—as **fainting** due to pelvic or abdominal congestion, constipation due to pelvic congestion, etc.

In every diseased condition of the body, we find vaso-motor change as either the **cause** or result—very often as the cause and always as a result.

In some cases vascular changes are physiological, as congestion to carry away **impurities**, or to build up destroyed or diseased tissue.

In some cases vascular changes are the result of constant irritation or overuse or **abuse** of an organ, and becomes chronic, leading to catarrh, tissue changes and **abnormal function**, and then the irritation is carried to the center in the cord, and produces its effect there, as well as the muscles and ligaments of the back supplied from that segment.

In a case of long standing of this kind, the removal of the irritation alone will **not suffice**—changes in the muscles and spine in that region caused by the **irritation** which now have become a lesion, must be corrected.

A lesion which will produce a derangement of an organ or part, whether **vascular** or not, will also cause all tissues supplied from the same region in the spine. **to be affected**, thus we find contracted or flabby muscles and ligaments near a **spinal lesion**—which may be caused directly by the lesion, or through vascular changes caused by the lesion.

Vaso-motor derangement will affect the secretory glands or tissues by causing **excessive secretion** (diarrhoea, leucorrhoea catarrh, etc.), **deficient secretion**, (constipation, decrease in bile secretion, etc.); or disproportionate secretion (diarrhoea alternating with constipation, etc.)

In general vaso-motor disorders, we may find a local cause or irritation so great as to affect the entire system or a condition of the blood or spine, affecting the **vaso-motor centers** along the spine.

In reflex vascular troubles, the irritation, as irritation it usually is, travels **along** the line of least resistance—through spinal or sympathetic cord, or along **sympathetic plexuses** (as hypogastric to aortic, to solar, or from there to heart through splanchnics) to the weakest part. In hemicrania due to pelvic disease, we would expect to find a lesion to the neck, interfering with the circulation to the head, as well as lesion affecting the pelvic organs.

In hot flashes due to menstrual disorder or menopause the effect is seen more **in the face** because of its vascularity.

In considering the treatment of vaso-motor troubles, there are two things to **consider**, first, the means or methods used, and second, when, where and how to **use** in a particular case. First find the cause—the lesion—and remove it. The **methods** used to correct a lesion—loosening the tissues about it, and the en-

deavor to correct it, in themselves aid in the cure, and temporarily relieve. As for instance, where a lesion exists in the spine, the relaxation of the muscles and spine, frees the circulation to the spinal cord and adjacent tissues and certainly gives at least, temporary relief.

Relaxation of tissues and inhibition in the sub-occipital region will equalize circulation over the entire body by causing general vaso-dilatation—this effect is probably obtained by bettering the circulation to the bulbar center, and by inhibiting constrictor impulses passing from it. We know inhibition to the sub-occipital will relieve a congested headache, or in fever, reduce temperature by relaxation of the superficial blood vessels, so more blood is carried to the surface of the body and heat dissipation takes place—also causing perspiration.

A congestion in one part of the body, means anemia in some other part, or vice versa. Correction of one will correct the other. Besides inhibition of the sub-occipital region, inhibition or relaxation of the splanchnic region of the spine, and inhibition over solar plexus, will relax the abdominal blood vessels and relieve congestion elsewhere.

As stated elsewhere, heat and cold have effect on vaso-motor nerves (the effect may be on the muscular wall of the artery). The application of heat will cause a relaxation of the blood vessels, and a tendency to congestion of the part; and cold will have the opposite effect—although in the case of cold, the vaso-constriction may be followed by a vaso-dilatation. Along this line I wish to quote from an article by W. F. Glenn, in "The Medical Record" taken from the Nashville Journal of Medicine and Surgery:

"When there exists any disease causing an increase of blood in the capillaries of an organ, the application of heat over the vaso-motor centers presiding over the organ, causes almost at once a normal flow of blood in them, and consequently a normal circulation in the organ affected; when there exists any disease, which lessens the normal amount of blood in any organ, then the application of ice over the vaso-motor center presiding over that organ, will cause a normal amount of blood to flow to that organ, resulting at once in a normal circulation, and a consequent subsidence of the disease." It would seem from this, that heat to the center and cold to the organ, in case it is congested, would bring about the desired result.

Local specific work over a congested area will free circulation both by the mechanical action in forcing the blood out, and by the constricting effect on the arteries; or if a local part is anemic, inhibition over the center supplying it, will tend to cause a dilatation of the blood vessels.

The heat has a marked effect on the circulation both by its mechanical propulsion, and by the stimulating effect of fresh blood on the vaso-motor cells.

Perfect aeration of blood is necessary to the nutrition and action of the vaso-motor centers. The effect of carbonated and aerated blood on the bulbar center has been considered. The quality of the blood has a marked effect on the vaso-motor centers, but the quality of the blood depends largely upon the vaso-motor nerves to the blood producing organs.

In long standing cases of vaso-motor trouble, where weakness of the muscular wall of the vessels has taken place, either from distension, poor nutrition or lack of vaso-motor impulses, a long course of treatment will be necessary to build up the tone of the vessels, and even after that is accomplished, the effect on other tissues—atrophy, hypertrophy, hyperplasia, etc., will have to be overcome and will require time. As an aid to the vessels or circulation, working along the veins or

aiding circulation by gravity, will accomplish much. This is illustrated by working upward over the lower part of abdomen in pelvic congestion, lifting the abdominal contents, and using the knee chest position, to free circulation, by the action of gravity, both on the blood and removing pressure by the viscera. Where we have a reflex vaso-motor trouble, we must deal both with the remote cause, whatever that may be, and also correct local lesions. In functional vaso-motor trouble, where we have a weakened condition of the vaso-motor centers, fresh air, out-door life, exercise and good nourishing food will be of untold benefit. While I have stated other methods beside the correction of the lesion, in aiding in the cure of vaso-motor derangements, I do not want to put too much emphasis upon such methods; whatever else is done to help, I want my last words of this article to be, and to admonish every osteopath, *to correct the lesion.*

16 Owsley Block.

HYPOTHETICAL LESIONS.

DR. H. S. BUNTING of Chicago, in discussing the demonstrations before the A. O. A. at Put-in-Bay, which were published in the December JOURNAL, spoke in part as follows:

We have made the error of distinguishing only between absolutely specific treatment and plain general treatment, and have ended our discussions there as if there were no midway ground to occupy between those extremes. The purpose of my talk today is to emphasize that what I call *hypothetical diagnosis and treatment* is daily necessary in our work; and that by failing to recognize this fact we have not done all we can to help ourselves and others in investigating and in perfecting our methods.

To repeat, for the purpose of making my point perfectly clear, Dr. Clark developed this idea quite clearly this morning: He pointed out, for instance, that a rib did not need to jump out of its articulation and move over into the territory of the intervertebral foramen to become a sufficient cause for disease. I have seen osteopaths who believe when they had a bad cold that such a thing had happened to them. We all know osteopaths who diagnose their cases in such a manner, believing and fearlessly asserting that a vertebra has slipped from its correct position or that a rib has assumed a false alignment, and being unable to account for the disease unless they could impute it to some such serious surgical accident. Now while these things do happen, really I think I voice the sentiment of the great rank and file of our practitioners when I say that such surgical accidents are not so very frequent. We must account in a more rational way for the larger number of cases that come to us, and as it has been pointed out by more than one speaker on the program at this meeting, and now seems to be fully agreed even among our strictest lesion osteopaths so-called we do not need to have a bony displacement as the basis for every malady we find.

Lesions are just as specifically located and treated when they happen to be nothing but congestion of soft tissue or the contraction of muscle and ligament, as if they were actually a dislocation of bones. Dr. Clark made the point plain when he cited the case of a disabled finger received from playing baseball where there was no actual displacement of the bones, and yet where there was soreness at the joint, inflammation and marked disability.

Now I insist that we should all realize that there are countless cases of lesions which are disturbances at articulations of the various tissues without any disturbances in the alignment and adjustment of the bones making up the involved joint; and that such disturbances very commonly exist up and down the spinal

column. And I insist that this being true the man who is always insisting on finding a bone out of joint to cause the trouble and to re-set such a bone to cure it, while he is inspired with the idea of being a strict lesionist, is nothing of the kind, but is a visionist and is deluding himself every day that he practices. Mind you, I am not saying that all sorts of bony lesions do not occur, for we know that they do from the point of infinitesimal malalignments and adjustments up to the point of gross surgical dislocations. But the point I am trying to make plain to you is that when these minute maladjustments do occur at the joint it is not within the power of finite intelligence to diagnose them by sight or touch, and be certain about the matter; but under such circumstances our knowledge of function enables us to make a hypothetical diagnosis of the case which for all intents and purposes is practical, because when we give a hypothetical treatment at that area seeking to restore correct adjustment and tension we usually have the satisfaction of curing the case.

Now, do I make this point plain? Our finite intelligence is such that we cannot always assign a specific lesion for every malady, and our reasoning and common sense leads us to believe that there need not always be just one sort of a lesion, as many persons in our ranks in the past seem to have believed, it being even probable that the majority of our cases are more or less of the class of these indefinite lesions affecting the tension at certain spots, we are not only justified but our only rational procedure is just to locate the area involved as closely as possible, and then by putting the joints of that area as carefully as possible through all the normal range of motions that is natural to them, we will go a great ways towards restoring the normal tension and function of the tissues at the affected spot.

These considerations make it very plain to me that we osteopaths should give more time to this particular branch of study, viz: the figuring out theoretically of the results of the wrenches, sprains, slips and mal-alignments that are possible to each of the joints between the various bones of the body, and especially of the spine, and that we should figure out corresponding manipulations which are calculated to restore these by adjustments. And in case of doubt where we have trouble at a definite spot as manifested by pain and loss of function, that we should give such a treatment at that spot as is calculated to restore due normal mobility to parts, feeling sure that by such a treatment we are both restoring structure to correct alignment and re-establishing normal tension, both of which must result in a re-establishment of a normal nutritive condition.

It is to cover this line of thinking and this line of work that I offer the profession the term hypothetical treatment, and we believe we will profit much to work along this line, admitting our handicaps, as creatures of finite intelligence dealing with a well nigh infinite variety of conditions, and I believe that work along the line of hypothetical treatment will result in bringing our therapeutics to even a much better degree of efficiency.

NOTES FROM THE SECRETARY'S OFFICE.

Practically all of the trustees for the Post-Graduate College from the membership of the Association have been selected by the board of trustees, seventeen in number, and the constitution and by-laws to govern the institution are about ready to be approved.

It is proposed to select several, perhaps as many as ten, prominent lay-people to cooperate on the board in giving the institution strength in the business world. The college will not be self-supporting; it must be endowed. Much of the endowment must come from outside of the profession; in order to secure this it will be a good policy to secure the help, if we can get it, of first class business men on our board.

The secretary has had many letters within a few days from members of the Association suggesting prominent people for places on the board. From all quarters assurances of hearty co-operation and assistance come. The movement to operate this school as soon as we are prepared, financially and otherwise to do so, is practically universal. In fact, there have been just two who did not thoroughly approve. One wrote that he believed that the Association should not go into the school business; and another thought that we should not have any on the board except members of the profession, that with business men in it, the tendency might be to run to commercialism.

I believe that neither of these points is well taken. We are now at a point when the education of the profession will determine the position osteopathy will take a generation hence. Osteopathy has passed through the experimental stage—the boom stage—it has attracted to it, to take it up as a profession those who seek the new, and those who want a profession, and are not qualified in educational attainments or have not the time to prepare for one of the other professions. Henceforth osteopathy will appeal to the class that the representatives of osteopathy in the field attract to them. There will be few to take it up of a higher caliber or of better qualifications than the representative who introduces the science and practice to them.

This last named fact, for it is a fact, makes it to the interest of practitioners to see that not only educational advantages are offered, but that at least in a measure the same advantages that the other schools of medicine offer, and the school of dentistry. If we are to draw college-equipped men from the best families in the communities in which our practitioners have gone, we must show them that we can give them the equipment that the other schools can give. It is a noticeable fact that, while osteopathy is practiced in many of the very best families in almost every city and town, the fewest number of the young men from these families take up osteopathy as a profession as they do the other branches of medicine. There are several reasons for it, but one serious one is our lack of stability dependent on lack of educational facilities.

This was not so earlier in our history. Then it was looked upon as a new thing and these advantages were not expected of it. We have as a result of the first ten years' work men that would rank with the highest and best in any profession, however proud it may be; but will this state continue?

The schools without endowment cannot meet the needs. If without the help of the profession they can give the minimum requirement for practice they do well. It is a question as to whether we shall, as alumni, or by districts, endow each school, or shall we by putting all in one, unite all in one, and all working together make a school that would do credit to any profession.

There has recently appeared a statement to the effect that the A. O. A. is going into the school business and become a competitor of the other schools, etc. Certainly, as I understand it, the Association has no idea of doing the work done by the present schools, or work what they can possibly afford to do, or it would not be established. If the schools can equip their graduates to take up the work that the post-graduate college has in mind to have for them to do, it will be well. So there is, and is to be, no competition. When it is known that the object is to give the opportunity for graduates and practitioners to carry on studies that they now must get in Harvard medical or some other richly endowed college and enable them to experiment in lines that are of interest to them, and of possible benefit to science; that no one can enter this post-graduate school who has not passed through one of the established osteopathic schools; that many may take up the work, there will be no hard feeling, nor occasion for such patronizing talk "as we welcome it as a competitor, only demand a fair field and no favor."

The committee appointed at the last meeting to prepare designs for the memorial tablets, for the Hall of Fame has completed its labors, and there will be a large tablet with a striking and very appropriate inscription upon it and a smaller tablet for each whose name is inscribed there. It will be recalled that Drs. W. L. Riggs, H. E. Patterson and Guy D. Hulett were to be thus commemorated.

It is probable that these tablets will be unveiled, at the time of the great Tri-State meeting in Kirksville, in May.

Dr. J. A. DeTienne of Brooklyn has been chosen by the Trustees of the Association to succeed Dr. Loudon as chairman of the Special Committee on the Endowment Fund. Dr. Loudon was greatly interested in the movement but health and business considerations compelled him to resign. It is believed that Dr. DeTienne will bring much zeal and effort to the work.—*H. L. Chile, Auburn, N. Y.*

Dr. John A. DeTienne, of Brooklyn, N. Y., has been chosen to succeed Dr. Guy E. Loudon, whose resignation was announced last month, as chairman of the special committee on Endowment. Dr. DeTienne was the first member to subscribe \$500 to the endowment fund and it is safe to say that the work of this committee will be ably prosecuted under his direction.

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FEBRUARY 1, 1907.

Some Figures Concerning the A. O. A. Membership.

In the directory published in this number of the JOURNAL the names of members failing to pay the annual dues have been dropped and those elected since the meeting at Put-in-Bay have been added. There were 94 delinquents, and 97 new members. By this it will be seen that the A. O. A. has a little more than held its own in the matter of membership. This is not a bad showing for this time of the

year, as it always occurs that the gains in membership are made during the three months preceding, and at, the annual meetings. There is every reason to believe, therefore, that the close of the Norfolk meeting will see the usual per cent of gain in membership for the year. The following states suffered no losses on account of delinquencies: Arizona, Connecticut, Delaware, Florida, Indiana, Indian Territory, Louisiana, Maine, Maryland, Minnesota, Mississippi, New Hampshire, New Mexico, North Dakota, South Carolina, South Dakota, Vermont, Virginia, Washington, D. C., Wisconsin and Wyoming.

Of the above states the following made gains varying from 1 to 6, the latter being the gain in Wisconsin: Connecticut, Florida, Indiana, Louisiana, Maryland, Minnesota, North Dakota, South Carolina, Washington, D. C., Wisconsin and Wyoming.

The heaviest losses from failure to pay dues resulted in the following states: Missouri, 13; California, 8; Illinois, 7; Iowa and New York, 6 each; Colorado, Kentucky and Ohio, 5 each

Missouri, while it led in the number of delinquencies, also led in the number of recruits, there being eleven of the latter, which makes a net loss of but two in this state.

The number of new members gained in some of the other states is as follows: New York, 8; Massachusetts, 7; Illinois, 6; Pennsylvania, 5; Minnesota, California and Washington, 4 each; Georgia, Idaho, Kansas, Oregon and Rhode Island, 3 each.

In the above figures no account is taken of gains or losses made on account of removals from one state to another.

California Osteopathic Law Unconstitutional.

In the *JOURNAL* for September, 1906, it was announced that the Los Angeles College of Osteopathy had brought mandamus proceedings against the California State Board of Osteopathic Examiners to compel it to recognize said college. The case was decided on December 28, the opinion being handed down by Judge James, of department 7, of the Superior Court.

The attorneys for the board filed a demurrer to the petition of the plaintiffs alleging an improper joinder of parties, the college having joined with some of its graduates in bringing the proceedings. The demurrer was sustained and the petition dismissed. The reason for dismissing the petition, however, was not wholly on account of the improper joinder, as it is believed that that defect could have been remedied. The court held that the act creating the board was unconstitutional, and that this being true the board had "no function to perform and therefore none to be directed by the writ sought."

The following, from the opinion of the court, which is copied from the *Los Angeles Herald*, for December 29, gives the essential features of the statute:

"The act of the legislature, under which the state board of osteopathic examiners was appointed, was passed by the legislature in 1901. This act provides that said board shall consist of five members who shall be qualified osteopaths and graduates of legally authorized colleges of osteopathy. It is then provided.

"Said board shall hold meetings for examination at the state capital, or at some regularly conducted and legally authorized college of osteopathy within the state * * * and shall issue a certificate of qualification to all applicants having a diploma or who pass the required examinations, as provided by section 4 of this act.

"Section 4 of the act provides as follows:

"It shall be unlawful for any person to practice osteopathy in this state without a license from said board. All persons practicing osteopathy within this state prior to the passage of this act and holding a diploma from a legally authorized college of osteopathy of good repute may be licensed to practice osteopathy in this state by submitting to said board of osteopathic examiners such a diploma and satisfying such board that they are the

legal holders thereof, or by undergoing an individual examination in the following branches, to wit: Anatomy, physiology, chemistry, histology, pathology, gynecology, obstetrics and theory and practice of osteopathy, and such other branches as the board shall deem advisable.

"All persons after August 1, 1901, desiring to commence the practice of osteopathy in this state shall apply to said board for a license to do so and such applicant at the time and place designated by said board, or at a regular meeting of said board, shall submit a diploma from a legally incorporated college of osteopathy recognized by the board of examiners. Having complied with the requirements of this act said board shall grant a license to such applicant to practice osteopathy in the state of California, which license shall be granted by the consent of not less than three members of said board and attested by the seal thereof."

Upon the statute as above set out the court delivered the following opinion:

"The real question which at once suggests itself, however, upon an examination of the act of the legislature under discussion here is not one of technical form merely, but affects the life of the act itself. It will be noticed that by the provisions quoted in the foregoing, subsequent to the first day of August, 1901, there is only one course prescribed for the applicant for a certificate to practice osteopathy to pursue; namely, to present a diploma from a legally incorporated college of osteopathy, recognized by the board of examiners. The act provides nowhere for any examination of applicants for certificates who may desire to practice osteopathy after the first day of August, 1901; so then, since that date, every applicant must have possessed and must possess a diploma from a legally incorporated college of osteopathy, recognized by the board of examiners. No standard is fixed by the act determining any form of measurement that the board of examiners shall apply in determining what colleges they will recognize. A college might be a "legally incorporated college of osteopathy;" that is, incorporated so far as legal forms are concerned, but with a course of instruction wholly insufficient to educate the students who might attend it in a thorough knowledge of the science, system or art it intended to teach. The act confides to the board of examiners the right and duty of determining for itself by what standard the course of instruction given in any particular college shall be measured; it is left to the judgment alone of the board of examiners to determine when they shall recognize a college and when not, and in this particular is attempted to be delegated powers which the legislature has not the right under the constitution to confer. The act leaves it to the board of examiners to legislate for themselves just what the qualifications of a college shall be to entitle it to be "recognized" by them. The legislature might perhaps have provided that graduates of a school or college having a certain prescribed course of a given number of years and of good repute should be admitted by the board of examiners; this they have not done; the privilege of taking an examination to test his or her proficiency is also denied the student by the terms of the act. The last mentioned objection has nothing to do, however, with the main question just discussed. The act appears to be clearly unconstitutional and if this conclusion is correct the board of examiners have no functions to perform and therefore none to be directed by the writ sought.

"The demurrer to the petition will be sustained and a judgment of dismissal ordered."

The weak point in this law will be of interest and should be of profit to the osteopathic profession, as it shows at least one thing to avoid. Henceforth more care should be exercised in drawing bills to be presented to legislative bodies. It is unfortunate, of course, to have our laws declared unconstitutional, but it is perhaps fortunate that the defect in this particular one was pointed out at a time when it is possible that it may be speedily remedied. We understand that portions of the medical act of California were recently declared unconstitutional for similar reasons. It may be presumed then, that if the osteopaths of the state can unite upon the provisions of a bill, which it is hoped will be the case, that they will encounter little opposition from the medical men who will themselves be seeking legislation.

Osteopathy Versus Scientific Massage.

Another oracle has spoken. Once more a doughty champion has entered the lists to demolish osteopathy. This time it is Dr. Douglas Graham, of Brookline, Mass. Like those that have gone before, this ebullition bears the ear marks of ignorance, prejudice and genuine alarm. It sounds very much like he was whistling to keep up his courage.

We quote from the Brookline Chronicle for January 5, 1907:

Dr. Douglas Graham of Brookline some time ago read a paper before the Boston Homoeopathic Medical Society on "Osteopathy," which has since been printed in the New England Medical Gazette.

"Osteopathy," says Dr. Graham, "is a word that has long been in use to signify disease of bone. It is the worst possible term that could have been cribbed for any form of manual treatment whatsoever.

"Osteopathy is nothing but a crude, rough, awkward sort of massage or movement done by people who know little or nothing about either, and who assume to know everything and who shut their eyes to all that has ever gone before them in the way of manual treatment. It is doubly true, what Dr. John K. Mitchell says, 'that if physicians had only been wide-awake to the value of massage in suitable cases, the osteopaths would never have had a chance.' When osteopathy continues to thrive, it is time the general practitioner studied massage, so says the St. Louis Courier of Medicine."

If a "crude, rough, awkward sort of massage," administered by people "who know little or nothing about either," can so alarm learned (?) doctors as to cause them to write scientific (?) articles, abounding in misrepresentation and abuse, to be read before gatherings of their professional brethren all over this country; if it can make such progress in a dozen years as to bring together for mutual protection such ancient enemies as the old schools of medicine, and cause them to unite their forces in opposition to its recognition and regulation by State Legislatures, and even then, in most instances triumph over them, does it not argue an exceedingly flimsy basis for the old schools? Since three-fourths of the states and territories have extended legal regulation and protection to this "crude, rough, awkward sort of message," and since it has grown, in little more than a dozen years, from an idea in the brain of one man to a system with 4,000 practitioners patronized by hundreds of thousands of the most thoughtful people in the world, what would have happened to the old schools if it had been a mature, tender, dexterous, and scientific sort of massage? Since, with all its crudities it has become such a powerful competitor of the old schools, no wonder their practitioners are beginning to seriously consider the study and practice of massage. They doubtless would accomplish much more good by this sort of practice than by adhering to their present antiquated system. But we may say to them, in all kindness, that if they wish to keep up with the procession and to retain their hold upon their clientele they will have to go very, very much farther than this, and devote several years to the hard and faithful study of osteopathy.

An Alleged New Method of Producing Anesthesia.

Anaesthesia produced by pressure on certain nerves of the neck is the latest thing in scientific circles.

William Bankier, of London, demonstrated the system last night. Bankier placed his two hands upon the neck of the subject, and, pressing thumbs slowly into either side of the neck, he pressed against the nerves running along the carotid artery.

Without interfering with the larynx or windpipe, without violence of any kind, and absolutely without pain or discomfort, he produced as complete anaesthesia as could be produced by chloroform or ether. It was all accomplished in a moment, and the state remained while pins were stuck into the flesh without feeling.

Consciousness was restored by raising the inert body to a sitting posture and twice striking the knee of the operator into the back of the patient sharply, producing a shock between the fourth and fifth vertebrae.

Then the patient was lifted to his feet and shaken once, and quickly recovered full possession of his powers. It was tried repeatedly, and in each instance was successful, and each one who submitted to it declared there was not the slightest pain or discomfort attached to any phase of it.—*New York Journal*, Dec. 21, 1906.

The above is not entirely new as similar items appeared in the newspapers about four year ago. It would appear that it is not impossible to produce insensibility by pressure "of the neck." But it is probable that it is induced not so much by pressure exerted on nerves as by cutting off the blood supplied to the brain by the carotid arteries, and if so cannot be without its element of danger,

We would be glad to have expressions on this subject from members of the profession.

The following comment on newspaper accounts of this phenomenon, written by Dr. W. F. Link, Knoxville, Tenn., appeared in the *JOURNAL* for December, 1902, and is still pertinent:

Inducing general anaesthesia by means of pressure upon the carotid artery or upon the carotid sheath which incloses the artery, the internal jugular vein and the vagus nerve, would seem an eminently osteopathic procedure; but we know of no osteopath who has tried it.

We have heard of a case where brief loss of consciousness resulted in a patient whose neck was being treated; but we have never heard of an osteopath who intentionally achieved such a result.

Perhaps some of the *JOURNAL*'s readers have had experience or made observations along this line. If so, we should like to hear from them in detail.

It would be a priceless boon to humanity if surgical anaesthesia could be certainly, painlessly and safely induced in the manner indicated, and if any person is competent to perfect the technique of such an operation it should be an osteopath.

We suggest to the clinical department of the schools, rather than to the general practitioner, that some carefully conducted experiments along this line might yield the most valuable results.

The Council of Delegates.

Once more we call the attention of the officers of state associations to Article 10 of the constitution of the A. O. A. This was published in the *JOURNAL* for November, and should be read by those having the preparation of programs for these meetings in charge. Every state is entitled to at least one delegate in the council, and it is to be hoped that the election of such delegate will not be overlooked by any state association.

Remember the Prize Essay contest for 1907. Full particulars concerning it were given in the *JOURNAL* for October. Any member who has mislaid this copy and contemplates submitting an essay should write to the chairman of the committee on publication, Dr. W. F. Link, 703 Empire Building, Knoxville, Tenn.

Men are never so likely to settle a question rightly as when they discuss it freely.—Macaulay.

Are there any differences of opinion among the members of the Association as to the policy of the A. O. A. in any particular? If so let them be threshed out in the columns of the *JOURNAL*. Let those who dissent from its policies speak out in a manly way, in open meeting. Family disputes should be settled within the household. The *JOURNAL*, as we have heretofore stated, is the property of the members of the A. O. A. and they have the right to be heard. The only stipulations we make are that the name of the author be affixed for publication to communications; that they be written in parliamentary language; that they be of reasonable length and that unpleasant personalities be avoided. We are convinced that a frank discussion would reveal the fact that we have no grievous differences of a vital nature; that those that may seem to exist are more the result of misunderstanding than anything else.

Tennessee Board of Osteopathic Examiners.

The Tennessee Board of Osteopathic Examination and Registration will hold its next meeting in Nashville, on Thursday and Friday, February 21 and 22, 1907. Address J. E. Collier, D. O., Secretary, 502 Willcox Bldg., Nashville, Tenn.

A hearing was held at Washington, D. C., on Jan. 17 before the Committee of the House of Representatives to which the bill providing for an osteopathic board of examiners had been referred. Dr. Charles Hazzard, of New York, appeared for the osteopaths and made a favorable impression. It is hoped and believed that the bill will be reported favorably and subsequently pass.

Dr. M. E. Pearson Killed.

The following from the *Louisville Courier Journal* for Jan. 23, 1907, will be bad news to the many friends of the deceased in the osteopathic profession. Dr. Pearson was a valued member of the A. O. A.

Dr. M. E. Pearson, a young osteopath of Louisville, was struck by a Pewee Valley car at Park and Frankfort avenues at 7 o'clock last night, and sustained injuries which resulted in his death at St. Anthony's Infirmary three hours later. When struck he was thrown a distance of several feet and his head was dashed against the stone curbing with such force that he became unconscious. He was taken into the Crescent drug store at Park and Frankfort avenues, but later he was removed to St. Anthony's hospital. He died at 10 o'clock.

Dr. Pearson was thirty-five years of age and was a native of Iowa Falls, Ia. He was reared and educated in that place, and five years ago, after he had completed his education as an osteopath, took up his residence in this city, associating himself with Dr. Bush. For several years they had offices at Fourth avenue and Breckinridge street, where Dr. Pearson also lived. Dr. Pearson was a graduate of the State University of Iowa, and also of the American School of Osteopathy at Kirksville, Mo. Shortly after he came to Louisville he took a course at the Louisville School of Medicine. Dr. Pearson is survived by his mother and two brothers.

Dr. Pearson's death was the cause of a great shock to a wide circle of acquaintances, among whom the young man was well liked.

Resolutions in Memory of Dr. M. E. Pearson.

At a meeting of the Louisville osteopaths, held January 23, the following resolutions were adopted:

Whereas, on the 22d day of January, 1907, through the sudden and untimely death of our beloved brother, Dr. M. E. Pearson, we have sustained a grievous loss; and

Whereas, the profession has lost a representative of sterling worth, suffering humanity a skillful practitioner, his associates a most estimable colleague, and his intimates a most loyal, open-hearted friend; therefore, be it

Resolved, That we, deploring our loss, share with the bereaved family of Dr. Pearson their sorrow and grief and hereby tender our heartfelt sympathy; that copies of these resolutions be sent to the afflicted family, to the local papers, to the osteopathic journals and to the Bulletin of the Atlas and Axis Clubs.

Committee: DR. W. C. M'MANAMA.
DR. DORA WHEAT.

DR. SILAS DINSMOOR.
DR. S. N. EPPERSON.
DR. R. H. COKE, Chairman.

The Ohio Osteopathic Association.

The Ohio Osteopathic Association had an excellent meeting at Columbus on December 29.

Dr. Geo. M. Laughlin, of Kirksville, was present and read a paper on "Tuberculosis in the spine and Hip," following which he conducted a clinic with much profit to those present.

The other parts of the program as previously announced were carried out.

Officers as follows were elected for the ensuing year: President, Dr. H. E. Worstell, Canton; Vice-President, L. A. Bumstead, Delaware; Secretary, Dr. E. H. Cosner, Up per Sandusky; Treasurer, Dr. W. E. Peirce, Lima.

Executive Committee—Drs. F. E. Corkwell, Newark; C. L. Marsteller, Youngstown; E. H. Boyes, Marietta; R. E. Tuttle, Hicksville, and Clara A. Davis, Bowling Green.

Retiring President Dr. E. W. Sackett, of Springfield, was elected delegate to the A. O. A., meeting at Norfolk.

Dr. E. R. Booth, of Cincinnati, was recommended for reappointment as a member of the State Osteopathic Examining Committee.

A New Osteopathic Society.

The Southwestern Michigan Osteopathic Association was organized at Kalamazoo November 13. Meetings will be held on the first Saturday evening of each month at Kalamazoo and Battle Creek alternately. The object of the association is mutual benefit and advancement of osteopathy.

The officers are as follows:

President, Dr. R. A. Glezon, Kalamazoo; Vice-President, Dr. Betsy Hicks, Battle Creek; Secretary-Treasurer, Dr. Frances Platt, Kalamazoo.

In the *Inter Ocean* (Chicago) for Sunday, Jan. 13, Mary H. Moore, President of the National Women's Exchange, under the caption "A New Profession" discusses osteopathy as a profession for women. There are some inaccuracies in the article, as for example, the omission of anatomy and physiology from the list of studies, but on the whole it is a pretty good presentation of the subject and is complimentary to osteopathy.

The following newspaper clippings, under date of Jan. 11, shows that the fight will be on in New York again this year. As would be expected the osteopaths of the Empire State are prepared to look after their interests:

"Chairman Whitney of the Assembly Committee on Public Health is to introduce next week the bill of last year providing for a state board of medical examiners of nine members appointed by the Regents, all of whom must be doctors of medicine graduated from a registered medical school. The board would be vested with power to hold examinations which shall be the standard of admission to the practice of medicine in this state, thus shutting out the osteopaths, unless they also take the required examination."

PERSONALS.

Born, Dec. 27, 1906, to Dr. and Mrs. M. F. Hulett, Columbus, O., a daughter.

Drs. Wilfred and Jesse Fulton Streeter of Worcester, Mass., expect shortly to locate in London, England, for the practice of osteopathy.

Dr. J. Martin Littlejohn has recently been elected to membership in the National Historical Society. This is an unsolicited honor which he greatly appreciates.

Dr. Effie Koontz of London, Ohio, has been ill for several weeks. She is now in the Mt. Carmel Hospital, in Columbus, under the professional care of Dr. M. F. Hulett and is improving.

Mr. C. H. Teall, father of Dr. C. C. Teall, died on Jan. 24 of senile gangrene at his home in Weedsport, N. Y. Mr. Teall was about 80 years of age and had been a sufferer for a year.

Dr. Charles A. Upton calls attention to the fact that Connecticut, and not Rhode Island, should be shown on the osteopathic map, prepared by him, and printed in the January JOURNAL, as having an osteopathic law.

On Dec. 7, 1906, Mrs. A. L. Conger, D. O., Second Vice-President of the A. O. A., was seriously injured in an automobile accident in New York city. She has since been confined to her bed, but under the skillful treatment of three osteopaths is gradually improving and it is hoped she will soon be well.

REMOVALS.

A. M. Hewitt, Redlands National Bank Bldg., to 122 Cajon St., Redlands, Cal.

W. B. Ervin, Chicago, Ill., to Navarro Flats, Macon, Ga.

J. T. and Elizabeth C. Bass, 1157 Broadway, to 624 Empire Bldg., Denver, Col.

W. J. and Daisy D. Hayden, Hill and Fifth Sts., to 515-521 Auditorium Bldg., Los Angeles, Cal.

George Tull, When Bldg., to 727 Pythian Bldg., Indianapolis, Ind.

Charles K. Hale, San Francisco, to Modesto, Cal.

Herbert Bernard, 504 Ferguson Bldg., to 504 Fine Arts Bldg., Detroit, Mich.

S. W. Tucker, Durham, to 402 McAdoo Bldg., Greensboro, N. C.

Elvira McKemson, Biggsville, to 706 North A St., Monmouth, Ill.

Frederick W. Gottschalk, 18 Bowker St., to 9 Linden St., Brookline, Mass.

T. C. Morris, Nez Perce, Idaho, to Spokane, Wash.

E. O. Millay, Barry, Ill., to 232 Woodward Ave., Detroit, Mich.

Henry F. Dessau, San Francisco, to Burke, Cal.

D. H. Reese, Fremont, to 442 The Nicholas, Toledo, O.

W. E. Reese, Bowling Green, to 442 The Nicholas, Toledo, O.

Dain L. and Cora N. Tasker, 417 Grant Bldg., to 526-529 Auditorium Bldg., Los Angeles, Cal.

George Wenig, Bath, N. Y., to 54 Federal Life Bldg., Hamilton, Ont.

Cythie J. Ramsay, Albany, to McCleay Bldg., Portland, Oregon.

Martha M. Foss, Cincinnati, O., to 38 Orton Place, Buffalo, N. Y.

Frances A. Howe, Springville, N. Y., to 38 Orton Place, Buffalo, N. Y.

Charles F. Ford, 1239 O'Farrell street, to 1350 Franklin St., San Francisco, Cal.

APPLICANTS FOR MEMBERSHIP IN THE A. O. A.

J. Birdsall Banker, 115 W. 11th St., New York City.

John Ambrose Barnett, 221 E. Morgan St., Martinsville, Ind.

C. P. Christiansen, Main St., Humboldt, Ia.

Evan G. Houseman, Acme Bldg., Nampa, Idaho.

W. M. Johns, 515 Byrne Bldg., Los Angeles, Cal.

Lula A. Johnson, Woolworth Bldg., Lancaster, Pa.

Jane E. Lockwood, 93 Prospect Ave., Buffalo, N. Y.

Jefferson T. Novinger, Dominion Sq., Montreal, Quebec.

J. Paterson Ovens, 260 Bath St., Glasgow, Scotland.

DIRECTORY OF MEMBERS

In good standing in the American Osteopathic Association, February 1, 1907.

KEY TO SYMBOLS USED.

- A.** — (1) AMERICAN SCHOOL OF OSTEOPATHY, KIRKSVILLE, MO.
At. — Atlantic School of Osteopathy, Buffalo, N. Y.
 (Consolidated with the American School.)
C. — Colorado College of Osteopathy, Denver, Colo.
 (Consolidated with the American School.)
M. — Milwaukee College of Osteopathy, Milwaukee, Wis.
 (Consolidated with the American School.)
N. — Northern Institute of Osteopathy, Minneapolis, Minn.
 (Consolidated with the American School.)
Nw. — Northwestern College of Osteopathy, Fargo, N. D.
 (Consolidated with the American School.)
S. C. — The Dr. N. S. Still College of Osteopathy, Des Moines, Ia.
 (Consolidated with the American School.)
Ac. — AMERICAN COLLEGE OF OSTEOPATHIC MEDICINE AND SURGERY, CHICAGO, ILL.
Cc. — CALIFORNIA COLLEGE OF OSTEOPATHY, SAN FRANCISCO, CALIF.
Mc. — MASSACHUSETTS COLLEGE OF OSTEOPATHY, BOSTON, MASS.
Bn. — Boston Institute of Osteopathy, Boston, Mass.
 (Now Massachusetts College.)
P. — PACIFIC COLLEGE OF OSTEOPATHY, LOS ANGELES, CALIF.
Ph. — PHILADELPHIA COLLEGE OF OSTEOPATHY, PHILADELPHIA, PA.
S. — (2) STILL COLLEGE OF OSTEOPATHY, DES MOINES, IA.
So. — (2) SOUTHERN COLLEGE OF OSTEOPATHY, FRANKLIN, KY.
 (8) Graduates of unrecognized schools (now defunct) who have qualified under the amendment to the Constitution adopted at Put-in-Bay.
S. S. — Southern School of Osteopathy, Franklin, Ky.
 (It is a disputed question whether this school was consolidated with the Still College or the Southern College.)

(1) Active schools are set in small caps; inactive schools in smaller type.

(2) These two schools, not yet having lived three years, have not been fully recognized by the A. O. A. They have both been inspected by the A. O. A., their work thus far done has been approved, and their graduates are eligible to membership in the Association.

ALPHABETICAL LIST.

- A.**
- ABEGGLEN, C. E., (S.C.) Allen House, Pomerooy, Wash.
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 ACHORN, C. E., (N.) 178 Huntington Ave., Boston, Mass.
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 ALLISON, JOHN STEPHEN, (A.) Monrovia, Calif.
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 BERNARD, ROY, (A.) 201 Trude Bldg., Chi-
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 BERRY, GERTRUDE S., (A.) 703 Granite
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- BLAIR, J. S., (A.) St. Petersburg, Fla.
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 BOLLES, MRS. NETTIE H., (A.) 1457 Og-
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 BORUP, GEORGIA W., (N.) Chamber of Com-
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 son St., Kirksville, Mo.
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 BOWERS, HOMER D., (A.) Newberg, Ore.
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 BOYES, E. H., (A.) 185 Front St., Marietta,
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 BOYLES, J. A., (A.) Fidelity Bldg., Baltimore,
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 BOYLES, LEWIS G., (A.) Seattle, Wash.
 BRADSHAW, SAM, (S.S.) Newnan, Ga.
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 BROWN, L. S., (A.) 33 Masonic Temple, Den-
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 BURKHART, EXIE L., (S.C.) 308 W. Main
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- DOOLITTLE, HARRIET M., (P.) 230 N. Gary St., Pomona, Calif.
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 GREENE, WILMER D., (A.) 506 Carter Bros. Bldg., Jackson, Mich.
 GREENE, W. E., (A.) 1930 5th Ave., Troy, N. Y.
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MEAKER, LUCIUS P., (A.) 206 Auburn Savings Bk. Bldg., Auburn, N. Y.
MERCER, WILLIAM L., (A.) Salem, Ore.
MEREDITH, ORTIZ R., (S.C.) Cotton Block, Norfolk, Nebr.
MEKEMSON, ELVIRA, (S. C.) 706 North A. St., Monmouth, Ill.
MELVIN, A. S., (A.) 300, 57 Washington St., Chicago, Ill.
MERKLY, E. H., (A.) 36 W. 35th St., New York, N. Y.
MERKLY, GEORGE HARVEY, (At.) 273 Sanford Ave., Flushing, N. Y.
MERKLY, W. A., (A.) 487 Clinton Avenue, Brooklyn, N. Y.
MERRITT, J. P., (S. C.) Tekamah, Nebr.
MESSERSMITH, FANNIE G., (At.) 29 Grand St., White Plains, N. Y.
MEYER, RICHARD L., (Cc.) 1882 Geary St., San Francisco, Calif.
MIDDLEDITCH, SARAH H., (A.) Exchange Bldg., Winona, Minn.
MILES, HENRY F., (P.) 21 Stoll Bldg., Sacramento, Calif.
MILLARD, F. P., (A.) Confederation Life Bldg., Toronto, Ont.
MILLAY, E. O., (A.) 232 Woodward Ave., Detroit, Mich.
MILLER, A. L., (A.) 410 New England Bldg., Cleveland, O.
MILLER, CHAS. N., (Cc.) 129 Haight St., San Francisco, Calif.
MILLER, SAMUEL B., (S.C.) 1060 Third Ave., Cedar Rapids, Ia.
MILLER, JNO. W., (Ph.) 418 Market St., Sunbury, Pa.
MILLIKEN, F. M., (A.) 221 East 10th St., Grand Island, Nebr.
MILLS, W. S., (A.) New State Savings Bank Bldg., Ann Arbor, Mich.
MITCHELL, O. ELIZABETH, (A.) 400, 57 Washington St., Chicago, Ill.
MITCHELL, C. T., (So.) Davis Exchange Bldg., Albany, Ga.
MITCHELL, GEO. W., (At.) 147 N. James St., Rome, N. Y.
MITCHELL, R. M., (A.) Texarkana, Ark.
MITCHEL, WARREN B., (A.) 414 Clinton Ave., Newark, N. J.
MOELLEBERG, BERTHA W., (N.) 47 E. 6th St., St. Paul, Minn.
MOELLEBERG, HERMAN H., (N.) 47 E. 6th St., St. Paul, Minn.
MONKS, JAMES C., (S. C.) 117 Atlantic St., Bridgeton, N. J.
MONROE, GEO. T., (A.) Warsaw, N. Y.
MOOMAW, MARY C., (Ph.) 23 West 84th St., New York, N. Y.
MOORE, AUDBREY C., (A.) 2018 Broderick St., San Francisco, Calif.
MOORE, ELEANORE, (A.) 202 Elektron Bldg., Fort Wayne, Ind.
MOORE, F. E., (A.) LaGrande, Ore.
MOORE, HEZZIE CARTER PURDOM, (A.) LaGrande, Ore.
MORIARITY, J. J., (A.) Moloney Bldg., Ottawa, Ill.
MORRELL, ADA E., (N.) 68 Glidden Bldg., Lowell, Mass.
MORRIS, H. D., (A.) 6 Falk Bldg., Boise, Idaho.
MORRIS, T. C., (A.) Spokane, Wash.
MORRISON, DANIEL N., (A.) 128 E. 34th St., New York, N. Y.
MORRISON, MARTHA A., (A.) Greeley, Colo.
MORROW, CLARA E., (Bn.) Main, Cor. Diamond St., Butler, Pa.
MORNE, HERBERT F., (S. C.) Corry, Pa.
MORNE, L. KATE, (P.) Corcoran, Kings Co., Calif.
MORSE, SARAH E., (A.) 459 Main St., Longmont, Colo.

- MOSS, JOSEPH M., (A.) Ashland, Nebr.
 MOST, WILLIAM, (A.) Bank of Cheney Bldg., Cheney, Wash.
 MUNN, ALLEN, (A.) Bellingham, Wash.
 MUNROE, LAURA LEADBEITER, (At.) 215 Main St., East Orange, N. J.
 MUNROE, MILBOURNE, (At.) 215 Main St., East Orange, N. J.
 MURRAY, JOHN H., (A.) 147 E. State St., Trenton, N. J.
 MUTSCHLER, O. C., (Ph.) 20 West Orange St., Lancaster, Pa.
 MUTTART, CHAS. J., (A.) 301 Mint Arcade Bldg., Philadelphia, Pa.
 MYERS, ELLA LAKE, (A.) 109 West 84th St., New York, N. Y.
- N.
- NEAR, J. LEROY, (A.) 212½ Center St., Berkeley, Calif.
 NELSON, H. E., (A.) 1203 Second St., Louisville, Ky.
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 NEWMAN, MARGARET, B., (Cc.) Stockton, Calif.
 NICHOLAS, MRS. REBECCA, (A.) New York.
 NICHOLS, ADA M., (Ac.) 702 Capital Trust Bldg., Columbus, O.
 NICHOLS, GRACE M., (N.) 301 Nichols Bldg., Spokane, Wash.
 NIELSEN, HANS, (At.) 7 Getty Sq., Yonkers, N. Y.
 NIMS, HERBERT J., (Cc.) Ryland Block, San Jose, Calif.
 NOBLE, ARZA J., (A.) Post Office Bldg., Lewiston, Mont.
 NOBLE, FRANCES A., (At.) 132 Genesee St., Auburn, N. Y.
 NOLAND, G. L., (A.) 212 Baker Block, Springfield, Mo.
 NOLAND, MRS. LOU T., (A.) 212 Baker Block, Springfield, Mo.
 NOONAN, MARY E., (A.) Hicks Bldg., San San Antonio, Texas.
 NORMAN, P. K., (A.) 110 Randolph Bldg., Memphis, Tenn.
 NORRIS, H. D., (A.) Marion, Ill.
 NORWOOD, ROBERT R., (S.S.) Mineral Wells, Texas.
 NOTT, ELLEN BIRD, (Mc.) 164 Huntington Ave., Boston, Mass.
 NOVINGER, WALTER J., (A.) 25 W. 42nd St., New York, N. Y.
 NOYES, MARY E., (A.) 403 Maloney Bldg., Ottawa, Ill.
- O.
- ODEN, L. E., (A.) Vicksburg, Miss.
 OIUM, F. N., (N.) Bent Block, Oshkosh, Wis.
 OLDS, E. M., (S.C.) 601 Wilner Bldg., Green Bay, Wis.
 OLIVER, CATHERINE LLOYD, (Cc.) 315 Second St., Santa Rosa, Calif.
 OLMSTED, HARRY J., (Bn.) 715 Colonial Bldg., Boston, Mass.
 OLMSTED, S. LOUISA, (S.C.) 220 Fifth Ave., Clinton, Ia.
 O'NEILL, A., (Ph.) 52 Overlook Ave., Ridgewood, N. J.
 ONELAND, SARAH C., (A.) Spraul and Morrow Bldg., Union City, Pa.
 OSWALT, ADAM M., (A.) 116 N. Main St., Auburn, Ind.
 OTEY, J. J., (A.) Hurd and Easton Bldg., Modesto, Calif.
 OVERFELT, L. B., (A.) Boulder, Colo.
 OVERTON, J. A., (A.) Tuscola, Ill.
 OVERTON, J. H., (A.) 415 Wilson Bldg., Dallas, Texas.
 OWEN, JAS. E., (A.) Indianola, Ia.
 OWENS, A. N., (A.) Mason City, Ill.
 OWENS, CHAS., (A.) 410 High St., Chattanooga, Tenn.
- P.
- PALMER, MARY KING, (A.) 108 Auditorium Bldg., Chicago, Ill.
 PARCELLS, J. W., (A.) Avenue A, Temple, Texas.
 PARENTEAU, CARRIE PARSONS, (A.) 6540 Yale Ave., Chicago, Ill.
 PARKER, F. D., (A.) 909 New York Life Bldg., St. Paul, Minn.
- PARKER, J. PAGE, (S.S.) 701 East Main St., Gainesville, Fla.
 PARMELEE, CORA G., (C.) Atlica, Ind.
 PARRISH, U. S., (S.C.) Storm Lake, Ia.
 PATTEN, G. WINFIELD, (N.) 1268 Broadway, Browning Bldg., New York, N. Y.
 PATTERSON, ARTHUR, (A.) The Mariou, Wilmington, Del.
 PATTERSON, JAMES R., (S.C.) Slavin Bldg., Pasadena, Calif.
 PAUL, ARTHUR H., (A.) 311 Court Exchange Bldg., Bridgeport, Conn.
 PAULY, G. W., (A.) DeGraft Bldg., 118 N. Tejon St., Colorado Springs, Colo.
 PECK, MARTIN W., (S.C.) Cor. Lewis and Cherry Sts., Lynn, Mass.
 PECK, PAUL M., (A.) 64 Hicks Bldg., San Antonio, Texas.
 PECK, VERNON W., (N.) 631 Penn Ave., Pittsburg, Pa.
 PEEBLES, R. B., (A.) 111 Pratt Block, Kalamazoo, Mich.
 PEEL, LUCY KIRK, (A.) 215½ So. M. St., Findlay, O.
 PEIRCE, CHARLES E., (S.C.) Calgary Alberta, Can.
 PEIRCE, JOSEPHINE LIPFRING, (S.C.) The Elektron, Lima, O.
 PENLAND, HUGH E., (A.) First Nat'l Bank Bldg., Berkeley, Calif.
 PENNOCK, D. S. BROWN, (A.) 624 Land Title Bldg., Philadelphia, Pa.
 PENNOCK, LEWIS N., (A.) First Nat'l Bank Bldg., San Angelo, Texas.
 PERRIN, GEO. W., (A.) 33 Steele Block, Denver, Colo.
 PETERS, FLOYD F., (A.) Wells Block, Monroe, Wis.
 PETERSON, E. ANTON, (N.) Safe Deposit Bldg., Seattle, Wash.
 PETERY, WM. E., (At.) 1624 Diamond St., Philadelphia, Pa.
 PETREE, MARTHA, (A.) Agricultural Bank Bldg., Paris, Ky.
 PHEILS, ELMER T., (A.) 1223 Utah St., Toledo, O.
 PHELPS, T. G., (A.) Gimby Bldg., Chillicothe, Mo.
 PICKLER, E. C., (A.) 510 Bank of Minneapolis Bldg., Minneapolis, Minn.
 PIERCE, NELLIE M., (A.) Ballenger Bldg., St. Joseph, Mo.
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 PITTMAN, MARY E., (S.C.) Peery Bldg., Aberdeen, S. Dak.
 PITTS, EUGENE, (A.) 317 Eddy Bldg., Bloomington, Ill.
 PLANT, ERNEST ALLEN, (A.) 407 Fay Bldg., Los Angeles, Calif.
 PLOSS, R. ANNETTE, (Ph.) 331 Witherspoon Bldg., Philadelphia, Pa.
 PONTIUS, GEORGE A., (A.) 89 Main St., Lockport, N. Y.
 POSEY, T. W., (S.S.) Bowling Green, Ky.
 POTTER, WM. A., (A.) 65 Safe Deposit Bldg., Seattle, Wash.
 POWELL, R. B., (A.) Monte Visto, Colo.
 PRATER, LENNA K., (A.) Springville, N. Y.
 PRATT, FRANK P., (A.) A. S. O. Infirmary, Kirksville, Mo.
 PRATT, MARY E., (A.) 1612 Madison Ave., To
 PRESSLY, MASON W., (N.) 401 Hale Bldg., Philadelphia, Pa.
 PRICE, R. L., (A.) 104 E. Capital St., Jackson, Miss.
 PROCTOR, A. C., (A.) 401 Ashton Bldg., Rockford, Ill.
 PROCTOR, ALICE HEATH, (A.) 897 Ellicott Sq., Buffalo, N. Y.
 PROCTOR, C. W., (A.) 897 Ellicott Sq., Buffalo, N. Y.
 PROCTOR, ERNEST RICHARD, (A.) 57 Washington St., Chicago, Ill.
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- PURNELL, EMMA, (A.) 206 E. King St., Lancaster, Pa.
- Q.
- QUICK, C. E., (S.C.) 714 Grant Bldg., Los Angeles, Calif.
- QUICK, ROY T., (A.) Kanawha B. and T. Co. Bldg., Charleston, W. Va.
- R.
- RAMSAY, CYLTHIE J., (P.) Macleay Bldg., Portland, Ore.
- RANDALL, HELEN MORTON, Care F. and L. Institute, Eden, Pa.
- RANDEL, DELIA B., (S.C.) 528 N. State St., Jackson, Miss.
- RAY, A. D., (A.) Cleburne, Texas.
- RAY, E. C., (A.) First Nat'l Bank Bldg., Nashville, Tenn.
- RAY, H. F., (S.S.) Hunt Bldg., Charlotte, N. C.
- RAY, T. L., (A.) 203 Fort Worth Nat'l Bank Bldg., Fort Worth, Texas.
- BEAGAN, THOMAS EDGAR, (A.) The Arcade, Greenfield, Ind.
- RECTOR, CHARLES A., (S) 220 East North St., Indianapolis, Ind.
- RECTOR, EMMA, (A.) East Main St., Benton Harbor, Mich.
- REESE, D. H., (A.) 442 The Nicholas, Toledo, Ohio.
- REESE, W. E., (A.) 442 The Nicholas, Toledo, Ohio.
- REID, CHAS. C., (A.) 308 Temple Court, Denver, Colo.
- REID, GEO. W., (A.) 1 Chatham St., Worcester, Mass.
- REID, J. F., (A.) 10 Trumbull Bldg., Warren, O.
- REID, W. EDW., (A.) 416 Commonwealth Bldg., Denver, Colo.
- RENSHAW, DELLA, (A.) The Fuller Hotel, Detroit, Mich.
- RENNER, LURENA, (S. C.) Biggsville, Ill.
- REYNOLDS, S. BLANCHE, (S.C.) 409 Bush Bldg., Port Huron, Mich.
- RHOADS, A. W., (At.) 385 Westminster St., Providence, R. I.
- RHODES, MILLIE, (A.) 505 Ninth St., Brooklyn, N. Y.
- ROODES, WALTER, (S.C.) Rose Dispensary Bldg., Terre Haute, Ind.
- RICHARDS, S. D., (S.S.) 413 Nat'l Bank Bldg., Savannah, Ga.
- RIGHTENOUR, S. R., (A.) Sonna Bldg., Boise, Idaho.
- RILEY, BENJ. F., (A.) New Haven, Conn.
- RILEY, MRS. CHLOE CARLOCK, (A.) 43 W. 32nd St., New York, N. Y.
- RILEY, GEO. W. (A.) 43 W. 32nd St., New York, N. Y.
- RILEY, MRS. NANNIE B., (S.S.) 309 Second Ave., Rome, Ga.
- ROARK, H. A., (S.S.) 2 Lawrence Bldg., Waltham, Mass.
- ROBERTS, ANNIE M., (A.) 146 Westminster St., Providence, R. I.
- ROBERTS, KATHRYN, (S.C.) Bedford, Ia.
- ROBERTS, W. L., (A.) 150 W. Chelton Ave., Germantown, Pa.
- ROBIE, ELLA L., (S.C.) 230 N. Church St., Rockford, Ill.
- ROBINSON, MINA ABBOTT, (A.) 314 W. Oak St., Visalia, Calif.
- ROBINSON, S. C., (A.) Rensselaer, Ind.
- ROBISON, ALICE A., (Bn.) 42 Dartmouth St., Springfield, Mass.
- ROBSON, ERNEST W., (A.) 43 West 32nd St., New York City, N. Y.
- ROCKWELL, DANA B., (S.C.) 409 Union Trust Bldg., Los Angeles, Calif.
- ROCKWELL, LOULA A., (A.) Sondley Bldg., Asheville, N. C.
- RODMAN, WARREN A., (Mc.), Washington St., Wellesley Hills, Mass.
- ROGERS, CECIL R., (A.) 275 Central Park West, New York, N. Y.
- ROGERS, E. D., (A.) 23 E. North St., New Castle, Pa.
- ROGERS, W. A., (A.) Marquam Bldg., Portland, Ore.
- ROHACEK, WM., (A.) Lomison Bldg., Greensburg, Pa.
- ROOT, CLAUDE B., (N.) Greenville, Mich.
- ROOT, J. A., (A.) 2124 Sassafras St., Erie, Pa.
- ROSEBROOK, SOPHRONIA T., (A.) The Somerset, 633 Congress St., Portland, Me.
- ROSS, C. A., (A.) Neave Bldg., Cincinnati, O.
- ROSS, C. E., (A.) Opera House Bldg., Ft. Smith, Ark.
- ROSS, HETTIE M., (C.) 1007 San Antonio St., El Paso, Texas.
- ROWSE, AMY J. C., (P.) 231 Pine Ave., Long Beach, Calif.
- ROUSE, J. M., (S.C.) 125½ Main St., Oklahoma City, Okla. Ter.
- RUDDY, T. J., (S.C.) Des Moines, Ia.
- RULE, J. C., (S.C.) 62 Alliance Bldg., Stockton, Calif.
- RUNDALL, NAPOLEON B., (S.C.) Schluckebler-Gwinn Bldg., Petaluma, Calif.
- RUSSELL, HUGH L., (A.) 618 Richmond Ave., Buffalo, N. Y.
- RYDELL, JOHN S., (S.C.) 335 Auditorium Bldg., Minneapolis, Minn.
- S.
- SACKETT, E. W., (A.) 32 Bushnell Bldg., Springfield, O.
- SAMUELS, C. T., (A.) Lyndale Bldg., Baker City, Ore.
- SANDS, ORD L., (Bn.) 37 Madison Ave., New York, N. Y.
- SANDERS, MAUDE M., (M.) 854 Clarkson St., Denver, Colo.
- SANDERS, W. A., (M.) 854 Clarkson St., Denver, Colo.
- SARRATT, JULIA M., (A.) 93 Provident Bldg., Waco, Texas.
- SARTWELL, J. OLIVER, (Mc.) 300 Essex St., Salem, Mass.
- SASH, ELIZABETH, (A.) Flood Bldg., Meadville, Pa.
- SAWYER, BERTHA E., (S.C.) Williams Block, Ashland, Ore.
- SCHAUB, MISS MINNIE, (A.) 601 Carleton Bldg., St. Louis, Mo.
- SCHMID, EDWARD L., (A.) E. Patrick St., Frederick, Md.
- SCHMIDT, J. J., (A.) Danville, Ill.
- SCHOETTLE, M. TERESA, (A.) 512½ Williams Ave., Portland, Ore.
- SCHRAMM, MARGARET E., (Ac.) 433 W. 63rd St., Chicago, Ill.
- SCHROCK, LORENA M., (A.) 1540 "I" St., Bedford, Ind.
- SCHUSTER, JOHN K., (M.) 614 Milwaukee St., Milwaukee, Wis.
- SCOTT, J. H. B., (A.) Columbus, Ohio.
- SCOTT, KATHERINE M LEOD, (A.) Columbus, Ohio.
- SCOTT, TRAVERS M., (A.) Petersburg, Ill.
- SCOTT, W. E., (A.) Hydriek Bldg., Spartanburg, S. C.
- SEAMAN, W. J., (A.) Huntington, W. Va.
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- SELLARDS, DOROTHY D., (S.C.) 769 Woodward Ave., Detroit, Mich.
- SEVERY, CHAS. L., (A.) 232 Woodward Ave., Detroit, Mich.
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- SHACKLEFORD, J. R., (A.) Willcox Bldg., Nashville, Tenn.
- SHACKLEFORD, J. W., (A.) Ardmore, Indian Ter.
- SHARON, THOMAS LEWIS, (A.) 126 Main St., Davenport, Ia.
- SHEARER, JOHN W., (A.) Abilene, Kan.
- SHEEHAN, HELEN G., (Bn.) 133 Winchester St., Brookline, Mass.
- SHELDON, SUSIE A., (A.) Weedsport, N. Y.
- SIELDON, T. W., (A.) 1844 Sutter St., San Francisco, Calif.
- SHEPHERD, B. P., (N.) 501 Macleay Bldg., Portland, Ore.
- SHEPHERD, L. K., (A.) Fountain Ave., Glendale, O.
- SHERBURNE, F. W., (A.) 382 Commonwealth Ave., Boston, Mass.
- SHERBURNE, H. K., (A.) 10 Quinn Bldg., Rutland, Vt.
- SHERIDAN, MARGARET, (A.) 20 Lucerne Ave., Cleveland, O.

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- SHIKE, J. R., (S.C.) Earlham, Ia.
- SHILLING, GRACE W., (P.) Pacific Electric Bldg., Los Angeles, Calif.
- SHOREY, J. L., (A.) 219 E. Arch St., Marquette, Mich.
- SHOVE, FLORENCE I., (A.) 126 State St., Chicago, Ill.
- SHRUM, MARK, (A.) Lynn, Mass.
- SHUMATE, CHAS. R., (A.) Cor. Church and Sixth Sts., Lynchburg, Pa.
- SIEBURG, C. G. E., (A.) Phillips Block, Menominee, Mich.
- SIGLER, CHAS. M., (A.) 609 Central Ave., Dunkirk, N. Y.
- SINGLETON, R. H., (S.C.) 435 The Arcade, Cleveland, O.
- SISSON, ADA B., (A.) 7th and B Sts., Santa Rosa, Calif.
- SISSON, ERNEST, (A.) 2238 Vallejo St., San Francisco, Calif.
- SKIDMORE, J. WALTER, (A.) Corinth, Miss.
- SKYBERG, HELGA, (A.) 10th and Main Sts., Riverside, Calif.
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- SMITH, FORREST PRESTON, (A.) 35 Park St., Montclair, N. J.
- SMITH, FRANK H., (A.) Kokomo, Ind.
- SMITH, FRANK PEIRCE, (A.) Caldwell Bank and Trust Co. Bldg., Caldwell, Idaho.
- SMITH, MRS. FURMAN J., (S.C.) 545 West 62nd St., Chicago, Ill.
- SMITH, GEO. E., (Mc.) 30 Huntington Ave., Boston, Mass.
- SMITH, GRACE LEONE, (A.) 400, 57 Washington St., Chicago, Ill.
- SMITH, H. H., (A.) Olds, Ia.
- SMITH, JENNIE E., (P.) 604 Fourth St., San Bernardino, Calif.
- SMITH, L. B., (A.) 409 Oregonian Bldg., Portland, Ore.
- SMITH, MILLICENT, (S.C.) 1131 24th St., Des Moines, Ia.
- SMITH, ORREN E., (A.) 516 Traction Terminal Bldg., Indianapolis, Ind.
- SMITH, R. K., (Bn.) 755 Boylston St., Boston, Mass.
- SMITH, SANDFORD S., (P.) 604 Fourth St., San Bernardino, Calif.
- SMITH, WILBUR L., (A.) Washington Loan and Trust Bldg., Washington, D. C.
- SNEDEKER, O. O., (A.) 27 First Nat'l Bank Bldg., Latrobe, Pa.
- SNELL, WM., (N.) 304 Fidelity Bldg., Tacoma, Wash.
- SNOW, G. H., (N.) 32 Chase Block, Kalamazoo, Mich.
- SNYDER, J. C., (Ph.) 414 Pennsylvania Bldg., Philadelphia, Pa.
- SNYDER, O. J., (N.) Witherspoon Bldg., Philadelphia, Pa.
- SORENSEN, LOUIS C., (S.C.) 334½ Superior St., Toledo, O.
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- SPATES, AUGHEY VIRGINIA, (A.) 216 S. Walnut St., Sherman, Texas.
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- SPENCER, BESSIE M., (A.) 325 Main St., Ridgway, Pa.
- SPENCER, CHAS. H., (S. C.) 318 Clay St., Los Angeles, Calif.
- SPENCER, PLATT ROGERS, (3) 424 Main St., Racine, Wis.
- SPERRY, MYRA ELLEN, (P.) 19 W. Victoria St., Santa Barbara, Calif.
- SPICER, F. D., (A.) Booneville, Mo.
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- SPENCER, ELIZABETH A., (S. C.) 887 Fulton St., San Francisco, Calif.
- SPIKER, NETTIE L., (A.) Booneville, Mo.
- SPRINGER, VICTOR L., (A.) 9 Welbornue Block, Princeton, Ind.
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- STAMPS, SARAH R., (S.S.) Randolph Bldg., Memphis, Tenn.
- STEARNS, C. H., (A.) Pope Bldg., 14th St., N. W., Washington, D. C.
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- STELLE, ROBERT D., (A.) Union Savings Bank Bldg., Oakland, Calif.
- STEPHENSON, JENNIE, (P.) 109 Theater Bldg., San Jose, Calif.
- STERN, G. M., (N.) 307 Baltimore Block, St. Paul, Minn.
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- STEVENSON, MRS. H. A., (A.) 719 N. 6th St., Harrisburg, Pa.
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- STILL, ANDREW TAYLOR, (Honorary) Kirksville, Mo.
- STILL, C. E., (A.) Kirksville, Mo.
- STILL, ELLA D., (A.) 1716 9th St., Des Moines, Ia.
- STILL, GEO. A., (A.) Kirksville, Mo.
- STILL, HARRY M., (A.) 13 W. 34th St., New York, N. Y.
- STILL, S. S., (A.) Des Moines, Ia.
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- STUDLEY, H. L., (S.C.) Jackson St., Rosebury, Ore.
- SULLIVAN, OLARA E., (S.S.) Wheeling, W. Va.
- SULLIVAN, J. H., (A.) 5th Floor Trude Bldg., Chicago, Ill.
- SWARTZ, LAURA E., (A.) Carbondale, Ill.
- SWARTZ, W. C., (A.) 44 Vermillion St., Danville, Ill.
- SWEET, B. W., (A.) 122 W. Tenth St., Erie, Pa.
- SWEET, H. D., (S.C.) 267 Glen St., Glen's Falls, N. Y.
- SWEET, RALPH A., (A.) Providence, R. I.
- SWIFT, H. C., (Ac.) West Parker Ave., Henry, Ill.
- SWITZER, C. R., (A.) 57 Washington St., Chicago, Ill.

T.

- TABER, MARY E., (A.) Lebanon, Mo.
- TALBOTT, MRS. EMMA E., (A.) Cameron, Mo.
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- TAPLIN, GEORGE C., (Bn.) 1069 Boylston St., Boston, Mass.
- TAPLIN, GRACE B., (Mc.) 1069 Boylston St., Boston, Mass.
- TASKER, ANNA E., (P.) 417 Grant Bldg., Los Angeles, Calif.
- TASKER, CORA N., (P.) 526 Auditorium Bldg., Los Angeles, Calif.

TASKER, DAIN L., (P.) 526 Auditorium Bldg., Los Angeles, Calif.
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 THAWLEY, EDGAR Q., (A.) Woolner Bldg., Peoria, Ill.
 THAYER, H. A., (A.) Medina, N. Y.
 TIFFANY, E. W., (At.) 320 Montgomery St., Syracuse, N. Y.
 TRAUGHBER, WM. F., (A.) Mexico, Mo.
 TRESHMAN, FREDERIC W., (At.) The La Martane, 801 LaFayette Ave., Brooklyn, N. Y.
 TRIMBLE, GUY C., (A.) Montezuma, Ia.
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 THOMASSON, WM. S., (A.) Rose Dispensary Bldg., Terre Haute, Ind.
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 THOMPSON, L. O., (N.) Red Oak, Ia.
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 TUFTS, CLARISSA BROOKS, (A.) The Columbia, Washington, D. C.
 TULL, GEO., (A.) 727 Pythian Bldg., Indianapolis, Ind.
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 TURNER, L. NEWELL, (Ph.) 7 Jones St., West Savannah, Ga.
 TUTTLE, GEO. H., (A.) 743 Congress St., Portland, Me.
 TUTTLE, R. E., (S.C.) Hicksville, O.

U.

ULMER, IDA, (S.S.) 219 Jefferson St., Thomasville, Ga.
 UNDERWOOD, EDWARD B., (A.) 106 Fifth Ave., New York, N. Y.
 UNDERWOOD, MISS EVELYN K., (A.) 24 W. 53th St., New York, N. Y.
 UNDERWOOD, M. ROSALIA, (Bn.) 156 Fifth Ave., New York, N. Y.
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V.

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 VAN DYNE, OLIVER, (Ac.) 24 Gardner Bldg., Utica, N. Y.
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 VEAZIE, ELLA B., (A.) 804 W. Pierce St., Kirksville, Mo.
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 VYVERBERG, KRYN T., (A.) 1 Taylor Bldg., LaFayette, Ind.

W.

WAGONER, LILLIE E., (A.) Maple St., Creston, Ia.
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 WALKER, MARY WHEELER, (A.) 288 Union St., New Bedford, Mass.
 WALKUP, MARY BUIE, (A.) 105 Campbell Ave., Ronoke, Va.
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 WALTERS, MARY, (A.) A. S. O. Hospital, Kirksville, Mo.
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 WARBURTON, J. R., (At.) Ontario Bldg., Tawanda, Pa.
 WARDELL, EVA R., (Ph.) 250 West 85th St., New York, N. Y.
 WARNER, W. S., (S.C.) Ft. Morgan, Colo.
 WARREN, GEO. S., (A.) 13 Pearl St., Kingston, N. Y.
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WHITEHEAD, HARRIET A., (A.) New Spencer Bldg., Wausau, Wis.
WHITESELL, NETTIE J., (At.) Julian Place and Morris Ave., Elizabeth, N. J.
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WHITING, LILLIAN M., (P.) South Pasadena, Calif.
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WOLFERT, WILLIAM JULES, (Ph.) Red Bank, N. J.
WOOD, GEO. H., (S. C.) 333 Lewis Ave., Brooklyn, N. Y.
WOOD, IDA S., (M.) Stedman, Calif.
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WOODALL, PERCY H., (S.S.) 615 First National Bk. Bldg., Birmingham, Ala.
WOODHULL, ANNA BRUCE, (S. C.) 439 Mint Arcade Bldg., Philadelphia, Pa.
WOODHULL, FREDERICK W., (S. C.) 439 Mint Arcade Bldg., Philadelphia, Pa.
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WORRALL, MRS. CLEMENTINE L., (At.) 24 Academy St., Poughkeepsie, N. Y.
WRIGHT, A. A., (P.) Theatre Bldg., San Jose, Calif.
WRIGHT, ANNA A., (P.) Theatre Bldg., San Jose, Calif.
WRIGHT, CLARENCE C., (S.C.) Charleroi, Pa.
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WYCKOFF, LOUIS E., (A.) 512 Johnson Bldg., Los Angeles, Calif.
WYLAND, SAMUEL I., (S.C.) Chariton, Ia.

Y.

- YOUNG, A. HOWARD, (A.)** 52 Mechanics Bldg., Pueblo, Colo.
YOUNG, ALFRED WHEELLOCK, (A.) 42 Auditorium Bldg., Chicago, Ill.
YOUNG, C. W., (N.) 801 Pittsburg Bldg., St. Paul, Minn.
YORK, EFFIE E., (S.C.) 1481 Geary St., San Francisco, Calif.
YOUNG, F. P., (A.) Kirksville, Mo.
YOUNG, JOHN R., (3) 328 Goodwin Bldg., Beloit, Wis.

Z.

- ZEALY, A. H., (S.S.)** 111 Chestnut St., East, Goussboro, N. C.

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Tucson.
 Martin, Geo. W., (P.) Cor. Church and Pennington Sts.

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 Herrman, Myrtle E., (Cc.) 2024 Alameda Ave.
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Plke, William Robert, (N.) 237 E. Ocean Ave.
Rowse, Amy J. C., (P.) 231 Pine Ave.
Thorsen, Marie, (A.) 312 Bixby Bldg.
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Adams, J. Lester, (P.) 301 Severance Bldg.
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Burton, Geo. F., (A.) Frost Bldg.
Burton, J. C., (A.) 508 Frost Bldg.
Chaffee, Alice B., (S. C.) 723 W. 3rd St.
Clark, Annie Stow, (P.) 203 Mason Bldg.
Clark, Frank C., (P.) 203 Mason Bldg.
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Cunningham, F. Lewis, (P.) 3220 Darwin Ave.
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Donnelly, Emma E., (At.) 724 S. Workman St.
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Emery, R. D., (P.) 331 Mason Bldg.
Ervin, Chas. H., (S.C.) 619 Grant Bldg.
Escude, Charlotte, (S.C.) 1211 W. 7th St.
Ferrand, R. L., (P.) 501 New York St.
Forbes, H. W., (S.C.) 318 Clay St.
Gault, Sophia L., (S.C.) 501 Mason Bldg.
Hunt, John O., (P.) 416 Grant Bldg.
Hayden, Datsy D., (P.) 515 Auditorium Bldg.
Hayden, Wm. J., (P.) 515 Auditorium Bldg.
Johns, W. M., (P.)
Laughlin, Wm. R., (A.) 508 Fay Bldg.
Leffler, John R., (P.) 1225 W. 2d St.
MacKinnon, Barbara, (P.) 805 W. Pico St.
Martin, Frederick H., (P.) 321 Mason Bldg.
Plant, Ernest Allen, (A.) 407 Fay Bldg.
Quick, C. E., (S.C.) 714 Grant Bldg.
Rockwell, Dana B., (S.C.) 409 Union Trust Bldg.
Shilling, Grace W., (P.) Pacific Electric Bldg.
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Tasker, Anna E., (P.) 417 Grant Bldg.
Tasker, Cora N., (P.) 526 Auditorium Bldg.
Tasker, Dain L., (P.) 526 Auditorium Bldg.
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Williams, Evan, (P.) 227 Olive St.
Wyckoff, Louis E., (A.) 512 Johnson Bldg.
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- Modesto.**
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McDaniel, A. C., (A.) 521 12th St.
- Stelle, Robert D., (A.) Union Savings Bank Bldg.
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Crain, Coral, (S.S.) 107 S. Marengo Ave.
Deming, Lee C., (A.) 99 N. Euclid Ave.
Downin, W. R., (S.C.) 40 E. Colorado St.
King, Lillian B., (Ac.) 477 Herkimer St.
Patterson, James R., (S.C.) Slavin Block.
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Hewitt, Albert Murray, (P.) 122 Cajon St.
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Mattocks, Edward, (A.) 764 Main St.
Skyberg, Helga, (A.) 10th and Main Sts.
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Miles, Henry F., (P.) 22 Stoll Bldg.
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Smith, Sanford S., (P.) 604 Fourth St.
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Cooper, Helen Victoria, (Cc.) 1259 O'Farrell St.
Cooper, Sarshel De Pew, (Cc.) 1259 O'Farrell St.
Donahue, J. E., (A.) 2238 Vallejo St.
Ford, Chas. F., (P.) 1350 Franklin St.
Hardin-Mason, J., (Cc.) 54 Webster St.
Harris, Susan Orpha, (Cc.) 1459 Franklin St.
Hellbron, Louise C., (Cc.) 826 Sutter St.
Hilbbard, Carrie Sneed, (Mc.) 626 Clayton St.
Ivle, Wm. Horace, (A.) 251 Scott St.
Lawrence, J. Lovell, (Cc.) 2124 Bush St.
Martin, Frank L., (Cc.) 989 Page St.
Meyer, Richard L., (Cc.) 1882 Geary St.
Miller, Chas. N., (Cc.) 129 Haight St.
Moore, Audrey C., (A.) 1848 Broderick St.
Sheldon, T. W., (A.) 2014 Sutter St.
Sisson, Ernest, (A.) 2238 Vallejo St.
Slaughter, Kate C., (Cc.) 887 Fulton St.
Spencer, Elizabeth A., (S.C.) 887 Fulton St.
Usher, Jennie M., (Cc.) 71 Haight St.
York, Effie E., (S.C.) 1481 Geary St.
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Nims, Herbert J., (Cc.) Ryland Block.
Stephenson, Jennie, (P.) 109 Theater Bldg.
Werkhaiser, Amos E., (A.) 17 Ryland Block.
Wright, A. A., (P.) Theatre Bldg.
Wright, Anna A., (P.) Theatre Bldg.
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- Santa Rosa.**
Oliver, Catherine Lloyd, (Cc.) 315 Second St.
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Robinson, Mina Abbott, (A.) 314 W. Oak St.

Watsonville.

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Bass, John T., (C.) 624 Empire Bldg.

Cornett, Jessie Willard, (A.) 522 Barclay Bk.

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Folles, Nettie H., (A.) 1457 Ogden St.

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Burton, Hasseltine A., (C.) 667 S. Tremont

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Cramb, Jno. L., (A.) 31 Masonic Temple.

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Hilton, Bertha, (C.) 46 W. First Ave.

Ferrin, Geo. W., (A.) 33 Steele Block.

Reid, Chas. C., (A.) 308 Temple Court.

Reid, W. Edw., (A.) 416 Commonwealth Bldg.

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Westendorf, Katharine, (C.) 516 Kittredge

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Morrison, Martha A., (A.)

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Hardy, J. H., (A.)

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Morse, Sarah E., (A.) 459 Main St.

Loveland.

Keeler, Mary N., (S.C.)

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Powell, R. B., (A.)

Ouray.

De Shazer, J. Dalton, (A.)

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De Tienne, Harry G., (A.) 312 Central Block.

Watson, T. J., (A.) 5th and Main Sts.

Young, A. Howard, (A.) 52 Mechanics Bldg.

Trinidad.

Barnes, N. B., (A.)

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Paul, Arthur H., (A.) 311 Court Exchange

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Hartford.

Griffin, Louise A., (Bn.) Sage-Allen Bldg.

Kingsbury, L. C., (A.) Catlin Bldg.

New Haven.

Dozier, J. K., (A.) 92 Park St.

Riley, Benj. F., (A.)

Stamford.

Lynn, Ollie A., (A.) 76 Broad St.

Waterbury.

Willcox, Wm. A., (A.) 47 Prospect St.

DELAWARE.**Wilmington.**

Patterson, Arthur, (A.) The Marion.

FLORIDA.**Daytona.**

Herman, John C., (A.)

Gainesville.

Parker, J. Page, (S.S.) 701 East Main St.

Jacksonville.

McKinnon, C. E., (S.C.) 228 Hogan St.

Pensacola.

Bennett, C. E., (A.)

St. Petersburg.

Blair, J. S., (A.)

Tampa.

Berry, A. E., (A.) 506 Florida Ave.

GEORGIA.**Albany.**

Mitchell, C. T., (So.) Davis Exchange Bldg.

Atlanta.

Broach, Elizabeth, (S.S.) 343 Capital Ave.

Dozier, Wm. R., (A.) Grand Opera Bldg.

Hale, John, (So.) 66 Inman Bldg.

Hall, Elmer T., (A.) 304 Lowndes Bldg.

Hardin, M. C., (A.) 704 Lowndes Bldg.

Augusta.

Bennett, James W., (A.) Miller-Walker Bldg.

Cordale.

Filiott, J. W., (A.)

Fitzgerald.

Townsend, G. A., (A.) Bule Bldg.

Macon.

Ervin, W. B., (A.) Navarro Flats.

Jones, Frank F., (S.C.) 354 Second St.

Newman.

Bradshaw, Sam, (S.S.)

Rome.

Riley, Mrs. Nannie B., (S.S.) 309 Second Ave.

Savannah.

Howze, Eva B., (A.) 601 National Bank Bldg.

McCoy, Thomas S., (A.) 601 National Bank

Bldg.

Richards, S. D., (S.S.) 413 National Bank

Bldg.

Turner, L. Newell, (Ph.) 7 Jones St. West.

Thomasville.

Ulmer, Ida, (S.S.) 219 Jefferson St.

IDAHO.**Boise.**

Kingsbury, Chas. W., (S.C.) 14 Pierce Bldg.

Maxwell, R. L., (S.C.) Bank of Commerce

Bldg.

Morris, H. D., (A.) 6 and 7 Falk Bldg.

Rightenour, S. R., (A.) Sonna Bldg.

Caldwell.

Smith, Frank P., (A.) Caldwell Bank and

Trust Co. Bldg.**Wallace.**

Edwards, J. C., (A.)

Moscow.

Hatfield, W. M., (A.) Creighton Bldg.

ILLINOIS.**Alton.**

Wyckoff, A. B., (A.) 119 West 3d St.

Aurora.

McGinnis, J. C., (A.) 450 Mercantile Block.

Barry.**Belleville.**

Eales, I. J., (Ac.) Ohms & Jung Bldg.

Biggsville.

Rezner, Lurena, (S.C.)

Bloomington.

Burner, Ethel Louise, (A.) 208 Unity Bldg.

Cunningham, J. D., (A.) 501 Livingston Bldg.

Pitts, Eugene, (A.) 317 Eddy Bldg.

Carbondale.

Swartz, Laura E., (A.)

Carrollton.

Dressel, W. E., (A.)

Champaign.

Hartford, Wm., (A.) Illinois Bldg.

Charlestown.

Francis, J. E., (A.) Odd Fellows Bldg.

Centralia.

Jennings, Louise F., (A.) 308 N. Locust St.

Chicago.

Allen, W. Burr, (Ac.) 203 Trude Bldg.

Bartholomew, E. J., (A.) 407 Stone Bldg.

Bernard, Roy, (A.) 201 Trude Bldg.

Biddle, J. Russell, (Ac.) 57 Washington St.

Bunting, H. S., (A.) 171 Washington St.

Dayton, Frank E., (Ac.) 204 Trude Bldg.

Darrow, C. R., (A.) 1173 N. Clark St.

Darrow, Mrs. Anna A., (A.) 1173 N. Clark St.

Freeman, A. E., (A.) 1173 N. Clark St.

Fryette, Harrison H., (Ac.) 1307 Auditorium

Bldg.

Gage, Fred W., (A.) 901 Champlain Bldg.

Gnadinger, Emma K., (Ac.) 501 Steinway

Hall.

Goodspeed, Almeda J., (A.) 901 Champlain

Bldg.

Kilvary, R. D., (Ac.) 45 Auditorium Bldg.

Kretschmar, H., (A.) Trude Bldg.

Landes, Agnes, (A.) 2030 Clarendon Ave.

Linnell, J. Arthur, (A.) M. E. Book Bldg.

Littlejohn, James B., (Ac.) 76th St. and

- Lucas, John H., (Ac.) 233 Trude Bldg.
 Melvin, A. S., (A.) 300-57 Washington St.
 Mitchell, C. Elizabeth, (A.) 400, 57 Wash-
 ington St.
Saginaw Ave.
 Littlejohn, Mrs. J. B., (Ac.) 76th St. and
 Saginaw Ave.
 Littlejohn, J. Martin, (A.) 928 Adams St.
 Logan, Chas. L., (Ac.) 46 Auditorium Bldg.
 Lychenheim, Morris, (Ac.) 507 Burton Bldg.,
 39 State St.
 McConnell, Carl P., (A.) 500 57 Washington
 St.
 McDougall, J. R., (A.) 702 Champlain Bldg.
 Palmer, Mary King, (A.) 108 Auditorium Bldg.
 Parenteau, Carrie Parsons, (A.) 6540 Yale
 Ave.
 Proctor, Ernest R., (A.) 57 Washington St.
 Schramm, Margaret E., (Ac.) 453 W. 63d St.
 Shore, Florence I., (A.) 126 State St.
 Smith, Grace Leone, (A.) 400, 57 Washington
 St.
 Smith, Mrs. Furman J., (S.C.) 545 W. 62d St.
 Sullivan, J. H., (A.) 5th Floor, Trude Bldg.
 Switzer, C. E., (A.) 57 Washington St.
 Van Horne, Helen, (A.) 908, 57 Washington St.
 Young, Alfred Wheelock, (A.) 42 Auditorium
 Bldg.
- Clinton.**
 Atkins, W. A., (A.)
- Danville.**
 Schmidt, J. J., (A.)
 Swartz, W. C., (A.) 44 Vermillion St.
- Decatur.**
 Martin, Elmer, (A.) 405. Powers Bldg.
- DeKalb.**
 Denniston, E. L., (A.) 153 E. Main St.
- Dixon.**
 Browne, E. M., (A.) Countryman Bldg.
- Earlville.**
 Goss, Anna E., (Ac.)
- Elgin.**
 McCall, T. Simpson, (A.) 32 The Spurling.
 Todson, Clara L., (Bn.) 23 The Spurling.
- Galesburg.**
 Halladay, R. S., (A.) Triole Bldg.
- Geneseo.**
 Chambers, Etta O., (A.)
- Havana.**
 Fager, Emma C., (A.)
- Henry.**
 Swift, H. C., (Ac.) West Parker Ave.
- Ivesdale.**
 Gallivan, Kathryn L., (S.C.)
- Jacksonville.**
 Loving, A. S., (A.) 936 Main St.
- Jerseyville.**
 Willes, A. M., (A.)
- Joliet.**
 Bennett, Carrie A., (A.) 329 Jefferson St.
- Kankakee.**
 Crampton, Chas. C., (A.) 217 Court St.
- Macomb.**
 Browning, M. P., (A.) 539 S. Randolph St.
- Marion.**
 Norris, H. D., (A.)
- Mason City.**
 Owens, A. N., (A.)
- Moline.**
 Hays, Lola L., (A.) 1525½ 5th Ave.
- Monmouth.**
 Heberer, Lizzie, (A.)
 Mekemson, Elvira, (S. C.) 706 North A St.
- Moweaqua.**
 Hyde, Leslie, (A.)
- Ottawa.**
 Moriarity, J. J., (A.) Moloney Bldg.
 Noyes, Mary E., (A.) 403 Moloney Bldg.
- Paris.**
 Curl, Lewis F., (A.) 209 W. Court St.
- Peoria.**
 Boyer, G. R., (A.) 8 McDougall Bldg.
 Magill, Edward G., (A.) 228 Woolner Bldg.
 Thawley, Edgar Q., (A.) Woolner Bldg.
 Wendell, Canada, (A.) 228 Woolner Bldg.
- Perry.**
 Whittaker, Esther, (A.)
- Petersburg.**
 Scott, Travers M., (A.)
- Quincy.**
 Walker, J. F., (A.) 1201 Main St.
- Rockford.**
 Proctor, A. C., (A.) 401 Ashton Bldg.
 Roble, Ella L., (S.C.) 230 N. Church St.
- Rock Island.**
 Bergland, V. A., (A.) 1721 1-2 Second Ave.
- Springfield.**
 Carter, Mrs. Georgia, (A.) 413 E. Capital Ave.
 Carter, Walter C., (A.) 413 E. Capital Ave.
 Mantle, Pauline R., (A.) 406 Plerik Bldg.
 Maxey, C. N., (A.) 409 E. Capital Ave.
- Tuscola.**
 Overton, J. A., (A.)
- Washburn.**
 West, Bertha M., (A.)
- Watseka.**
 Herrick, W. Edwin, (A.)
- Waukegan.**
 Bischoff, Fred, (A.)
- INDIANA.**
- Attica.**
 Parmelee, Cora G., (C.)
- Auburn.**
 Oswalt, Adam M., (A.) 116 N. Main St.
- Bedford.**
 Schrock, Lorena M., (A.) 1540 "I" St.
 Parmelee, Cora G., (C.)
 Bergland, V. A., (A.) Ill. Theater Bldg.
- Marshall.**
 Baker, Chas. F., (A.)
- Freeport.**
 Littlejohn, David, (A.)
 Shaw, Dudley, (A.) 5 Conklin Bldg.
- Bloomington.**
 Holland, J. Edwin P., (A.) 312 N. Walnut St.
- Bluffton.**
 Blackman, W. Wilbur, (S.C.) 108 W. Wash-
 ington St.
- Connersville.**
 Baughman, J. H., (A.) 512 Central Ave.
 McKone, Ida M., (A.) D. F. Roots Bldg.
- Elkhart.**
 Crow, E. C., (A.) Spohn Bldg.
- Evansville.**
 Linhart, Curtis C., (A.) 416 N. First St.
- Fort Wayne.**
 Johnston, W. H., (A.) 26 Bass Block.
 Moore, Eleanor, (A.) 202 Elektron Bldg.
- Goshen.**
 Jackson, Mary Elizabeth, 112 S. 5th St.
- Greenfield.**
 Reagan, Thomas Edgar, (A.) The Arcade.
- Indianapolis.**
 Maltby, John W., (A.) 521 E. 24th St.
 McNicoll, D. Ella, (A.) Pythian Bldg.
 Rector, Chas. A., (3) 220 East North St.
 Smith, Orren E., (A.) 516 Traction Terminal
 Bldg.
 Spauhurst, J. F., (A.) 529 State Life Bldg.
 Tull, George, (A.) 727 Pythian Bldg.
 Williams, Kate, (S.C.) 419 State Life Bldg.
- Kendallville.**
 Houghton, Alice Elosia, (A.) 230 Diamond St.
- Kokomo.**
 Smith, Frank H., (A.)
- LaFayette.**
 Vyverberg, Kryn T., (A.) 1 Taylor Bldg.
- La Porte.**
 Chapman, J. A., (S.C.) 905 Maple Ave.
- Marion.**
 McConnell, W. A., (A.) Iroquois Bldg.
 Wright, S. Ellis, (A.) 713 S. Washington St.
- Michigan City.**
 Fogarty, Julia A., (A.) 312 E. Market St.
- Princeton.**
 Springer, Victor L., (A.) 9 Wellborne block.
- Rensselaer.**
 Robinson, S. C., (A.)
 Turfier, F. A., (A.)
- Rushville.**
 Kinsinger, J. B., (A.) 228 W. Fifth St.
- Terre Haute.**
 Rhodes, Walter, (S.C.) Rose Dispensary Bldg.
 Thomasson, Wm. S., (A.) Rose Dispensary
 Bldg.

INDIAN TERRITORY.

Ada.
Foutz, Cordella, (A.)
Ardmore.
Shackleford, J. W., (A.)
Durant.
Garring, Charles K., (A.)

IOWA.

Albia.
Forrest, Gertrude, (A.)
Atlantic City.
Finley, Chas. D., (S.C.) 610 Chestnut St.
Ames.
Stewart, Frances G., (S.C.)
Anita.
Larrabee, T. B., (S.C.) Anita Bank Bldg.
Bedford.
Roberts, Kathryn, (S.C.)
Boone.
Catlow, Jessie L., (A.) 623 Story St.
McAlpin, D. E., (A.)
Brooklyn.
Graham, Geo. W., (A.)
Burlington.
Baughman, J. S., (A.) 523 Division St.
Carson.
Kline, Daniel M., (A.)
Cedar Rapids.
Beaven E. H., (A.) 314 Granby Block.
Burd, Walter C., (S.C.) 317 Masonic Temple.
Miller, Samuel B., (S.C.) 1060 3d Ave.
Centerville.
Dillon, J. Arthur, (A.) 216 E. State St.
Chariton.
Wyland, Samuel I., (S.C.)
Charles City.
Wright, Mrs. Ruth M., (S.C.) Ellis Bldg.
Cherokee.
Hoard, B. O., (A.)
Clinton.
Olmsted, S. Louisa, (S.C.) 220 Fifth Ave.
Creston.
Wagoner, Lillie E., (A.) Maple St.
Davenport.
Sharon, Thos. L., (A.) 126 Main St.
Des Moines.
Bowling, R. W., (S.S.) 1418 W. Locust St.
Flke, Emily M., (S.C.) 7 Florentine Bldg.
Haight, Nettie Olds, (A.) Still College.
Johnson, Chas. W., (S.C.) Still College.
Ruddy, T. J., (S.C.)
Smith, Millicent, (S.C.) 1131 24th St.
Still, Ella D., (A.) 1716 9th St.
Still, S. S., (A.)
Thompson, C. E., (S.C.) 1104 Nineteenth St.
Dubuque.
Cole, W. A., (A.)
Earlham.
Shike, J. R., (S.C.)
Eldora.
Emeny, Harry W., (A.)
Fairfield.
Maddux, Walter S., (S.C.) Jefferson Co. Bank Bldg.
Grinnell.
Hibbets, U. M., (A.) 721 Broad St.
Kerr, Janet M., (S.C.) 721 Broad St.
Indianola.
Owen, Jas. E., (A.)
Leon.
Gates, Mary A., (A.)
Marshalltown.
Bullard, John R., (A.) 28 E. Main St.
Burkhart, Exie L., (S.C.) 308 W. Main St.
Montezuma.
Trimble, Guy C., (A.)
Mount Pleasant.
Keith, Mary C., (S.C.) 209 N. Main St.
Muscatine.
Leffingwell, Mrs. N. M. E., (S.C.) 514 Walnut St.
Newton.
Slight, Nelle, (S.C.) 221 E. McDonald St.
Oelwein.
Eller, Frances M., (A.) 111 N. Frederick St.
Olds.
Smith, H. H., (A.)
Orange City.
Boiks, Mathel G., (S.C.)
Oskaloosa.
Farmer, G. C., (A.)

Ottumwa.
Byrne, Jos. F., (A.) Ottumwa Telephone Bldg.
Thompson, Elizabeth M., (A.) 227 N. Court st.
Red Oak.
Thomason, L. O., (N.)
Sidney.
Chappell, George G., (A.)
Stoux City.
Cluett, F. G., (A.) 309 Security Bldg.
Glimour, G. H., (A.)
Storm Lake.
Parrish, U. S., (S.C.)
Tipton.
Furnish, W. M., (A.) 517 Fifth St.
Vinton.
Hitchcock, C. C., (S.C.) Parsons Bldg.
Washington.
Harper, Chas. S., (S.C.)
What Cheer.
Barker, F. M., (A.)
Winterset.
Weir, T. P., (S.C.)

KANSAS.

Abilene.
Shearer, John W., (A.)
Clay Center.
Benneson, H. K., (A.) 434½ Lincoln Ave.
Eudora.
Carr, S. V., (S.C.)
Hiawatha.
Hardy, Linda, (A.)
Hutchinson.
Hook, M., (A.) 128 N. Main St.
Iola.
Wolf, Truman, (A.)
Muscotah.
Gaylord, J. S., (A.)
Paoia.
McClanahan, J. L., (A.)
Pittsburg.
Trabue, Josephine A., (A.) Syndicate Bldg.
Salina.
Hearst, Ethel L., (A.) 122 N. Santa Fe St.
Bower, J. H., (A.)
Winfield.
Floyd, T. J., (S.C.) Century Bldg.
Strother, J. O., (A.) First National Bank Bldg.

KENTUCKY.

Bowling Green.
Posey, T. W., (S.S.)
South, J. F., (S.S.)
Carlisle.
Lee, Harry T., (A.) Farmers Bank Bldg.
Central City.
Martin, C. C., (S.S.) First and Broad Sts.
Franklin.
Adsit, Ben S., (S.S.)
Adsit, Marie Neeley, (A.)
Hardinsburg.
Day, E. F., (S.S.) Masonic Bldg.
Henderson.
Boaz, H. C., (S.S.) O. V. Bank and Trust Co. Bldg.
Lexington.
Buckmaster, R. M., (A.) 343 S. Upper St.
Louisville.
Coke, Richard H., (A.) 1203 Second St.
Collier, John R., (S.S.) 9 Courier Journal Bldg.
Collyer, Frank A., (S.S.) 635 Second St.
Dinsmoor, S., (A.) Weissinger-Gaubert Apartments.
Nelson, H. E., (A.) 1203 Second St.
Owensboro.
Coffman, Kent W., (A.) 219 E. Fourth St.
Harris, Edwin L. (A.)
Paducah.
Gilbert, J. T., (S.S.) Brook Hill Bldg.
Paris.
Petree, Martha, (A.) Agricultural Bank Bldg.
Shelbyville.
Carter, H. H., (A.)

LOUISIANA.

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

Hewes, C. G., (S), Godchaux Bldg.
 Shreveport.
 McCracken, Earl, (S.C.), 301 First National
 Bank Bldg.

MAINE.

Augusta.
 Wentworth, Lillian P., (S.C.) 269½ Water St.
 Bangor.
 Howe, Alice E., (Ac.) 156 Main St.
 Portland.
 Coburn, D. Wendell, (Bn.) 760 Congress St.
 Covey, Florence A., (A.) The Somerset, 633
 Congress St.
 Howe, Viola D., (Ac.) 633 Congress St.
 Rosebrook, Sophronia T., (A.) The Somerset,
 633 Congress St.
 Tuttle, Geo. H., (A.) 743 Congress St.

MARYLAND.

Baltimore.
 Boyles, J. A., (A.) Fidelity Bldg.
 Kirkpatrick, Aloha M., (N.) 319 W. Charles
 St.
 McMains, Harrison, (A.) 315 Dolphin St.
 Frederick.
 Schmid, Edward L., (A.) E. Patrick St.
 Hagerstown.
 Smith, A. M., (N.) 121 W. Washington St.

MASSACHUSETTS.

Boston.
 Achorn, Ada A., (N.) 178 Huntington Ave.
 Achorn, C. E., (N.) 178 Huntington Ave.
 Achorn, Kendall L., (A.) 178 Huntington Ave.
 Baumgas, Rena Saunders, (Mc.) 12 Cumber-
 land St.
 Bearse, Ada M., (Mc.) 39 Huntington Ave.
 Bishop, J. C., 755 Boylston St., Suite 1.
 Brown, Dale E., The Windermere.
 Byrkit, Francis K., (Bn.) 803 Boylston St.
 Byrkit, Anna Waldron, (Bn.) 803 Boylston
 St.
 Cave, Edith Stobo, (Bn.) 208 Huntington Ave.
 Cave, Francis A., (Bn.) 208 Huntington Ave.
 Child, Edith Frances, (Mc.) 827 Boylston St.
 Clark, E. Heath, (Mc.) 755 Boylston St.
 Crawford, H. T., (Bn.) 176 Huntington Ave.
 Crawford, Nell Cutler, (Mc.) 176 Huntington
 Ave.
 Clarke, Julia C., (Bn.) 178 Huntington Ave.
 Dawson, John Alex., (Bn.) 23 Wellington St.
 Dennette, F. A., (Bn.) 155 Huntington Ave.
 Dunsmoor, H. V., (Bn.) 176 Huntington Ave.
 Ellis, S. A., (N.) 144 Huntington Ave.
 Ellis, Irene Harwood, (A.) 144 Huntington
 Ave.
 Ericson, Erica, (Bn.) 183 Huntington Ave.
 Fineran, Margaret T., (Mc.) 164 Huntington
 Ave.
 Lane, Arthur M., (Mc.) 266 W. Newton St.
 Leavitt, Frank C., (Bn.) 755 Boylston St.
 Low, Anna B., (A.) 144 Huntington Ave.
 MacDonald, John A., (A.) 39 Huntington Ave.
 McWilliams, Alexander F., (A.) 356 Mass.
 Ave.
 Nott, Ellen Bird, (Mc.) 164 Huntington Ave.
 Olmsted, Harry J., (Bn.) 715 Colonial Bldg.
 Purdy, Frank Leroy, (Mc.) 12 Huntington
 Ave.
 Sherburne, F. W., (A.) 332 Commonwealth
 Ave.
 Small, Mary A., (Mc.) 306 Huntington Cham-
 bers.
 Smith, George E., (Mc.) 30 Huntington Ave.
 Smith, R. K., (Bn.) 755 Boylston St.
 Taplin, George C., (Bn.) 1069 Boylston St.
 Taplin, Grace B., (Mc.) 1069 Boylston St.
 Turner, L. C., (Mc.) 208 Huntington Ave.
 Vaughn, Frank M., (Mc.) 803 Boylston St.
 Watson, Carl L., (Mc.) 166 Huntington Ave.
 Wheeler, G. A., (A.) 416 Marlborough St.

Brockton.
 Daniels, Henry, (A.) 10 Times Bldg.
 Brookline.
 Gottschalk, Frederick W., (Mc.) 9 Linden St.
 Sheehan, Helen G., (Bn.) 133 Winchester St.
 Cambridge.
 Conant, B. Rees, (A.) 39 Ellery St.
 Harris, W. E., (A.) 1010 Massachusetts Ave.
 Lowell.
 Morrell, Ada E., (N.) 68 Glidden Bldg.
 Lynn.
 Peck, Martin W., (S.C.) Cor. Lewis and

Cherry Sts.
 Shrum, Mark, (A.)
 Malden.
 Wheeler, J. D., (A.) 37 Earl St.
 Medford.
 Durham, A. Duke, (S.S.) 86 High St.
 Melrose.
 Wheeler, G. D., (A.) 120 N. Emerson St.
 Newton.
 McLaughlin, S. C., (Mc.) 607 Washington
 St.
 New Bedford.
 Walker, Mary Wheeler, (A.) 238 Union St.
 Pittsfield.
 Vreeland, John A., (S.C.) 311 North St.
 Roxbury.
 Heard, Mary A., (Bn.) 248 Warren St.
 Salem.
 Sartwell, J. Oliver, (Mc.) 300 Essex St.
 Somerville.
 Bolan, Lincoln R., (Mc.) 63 Columbus Ave.
 Springfield.
 Atty, Norman B., (N.) Court Sq. Theater
 Bldg.
 Hudson, Franklin, (A.) The Kenson.
 Mayes, M. T., (A.) 4 Republican Bldg.
 Robison, Alice A., (Bn.) 42 Dartmouth St.
 Waltham.
 Roark, H. A., (S.S.) 2 Lawrence Bldg.
 Welleley Hills.
 Rodman, Warren A., (Mc.) Washington St.
 Winchester.
 Kelley, Elizabeth Flint, (Bn.) 90 Church St.
 Worcester.
 Fletcher, Mary M., (S.C.) Central Exchange
 Bldg.
 Gleason, Alson H., (S.C.) State Mutual Bldg.
 Bldg.
 Reid, Geo. W., (A.) 1 Chatham St.
 Spaulding, Wm. R., (Bn.) 738 Main St.
 Streeter, Jessie Fulton, (Mc.) 514 Main St.
 Streeter, Wilfred A., (Mc.) 514 Main St.

MICHIGAN.

Albion.
 Arnold, G. E., (S.C.) P. O. Bldg.
 Alpena.
 Bartlett, Laura F., (A.)
 Ann Arbor.
 Mills, W. S., (A.) New State Savings Bank
 Bldg.
 Battle Creek.
 Beebe, Alice I., (A.) 313 Ward Block.
 Conklin, Hugh W., (A.) 312 Ward Block.
 Hicks, Betsey B., (A.) 24 Van Buren St.
 Bay City.
 Gates, O. B., (A.) 299 Crapo Block.
 Benton Harbor.
 Rector, Emma, (A.) E. Main St.
 Detroit.
 Aplin, Anna K., (A.) 213 Woodward Ave.
 Ashmore, Edythe F., (S.C.) 213 Woodward
 Ave.
 Bennett, Chas. A., (S.C.) 42 Valpey Bldg.
 Bernard, H. E., (A.) 504 Fine Arts Bldg.
 Brokaw, Maud (S.C.) 413 Stevens Bldg.
 Dawson, Minnie, (A.) 415 Stevens Bldg.
 Greene, Emille L., (A.) 305 Ferguson Bldg.
 Hobson, Ancl B., (S. C.) Stevens Bldg.
 McGavock, James E., (A.) 65 Washington
 Ave.
 Millay, E. O., (A.) 232 Woodward Ave.
 Renshaw, Della, (A.) The Hotel Fuller.
 Sellards, Dorothy D., (S.C.) 769 Woodward
 Ave.
 Severy, Chas. L., (A.) 232 Woodward Ave.
 Flint.
 Cully, E. W., (A.)
 Harlan, Frederick J., (A.) 202 Dryden Bldg.
 Harris, Neville E., (A.) 206 Patterson Block.
 Gladstone.
 Bailey, Benjamin F., (N)
 Grand Rapids.
 Landes, Samuel R., (A.) 147 Monroe St.
 Greenville.
 Root, Claude B., (N)
 Jackson.
 Greene, Wilmer D., (A.) 506 Carter Bros.
 Bldg.
 Hicks, Anna Belle, (S.C.) Sun Bldg.

Kalamazoo.

- Glezen, R. A., (A.) 405 Browne Block.
 Peables, R. B., (A.) 111 Pratt Block.
 Snow, G. H., (N.) 32 Chase Block.
Lansing.
 Williams, Frederick H., (Bn.) Allegan St.
West.
Manistee.
 Jameson, R. E., (A.) Fowler Block.
Marquette.
 Shorey, J. L., (A.) 219 E. Arch St.
Menominee.
 Sieburg, C. G. E., (A.) Phillips Block.
Monroe.
 Jones, Burton J., (S.C.) 21 Front St.
Owasco.
 Glascock, A. D., (A.) 105 N. Washington St.
Pontiac.
 Charles, Elmer, (S.C.)
Port Huron.
 Reynolds, S. Blanche, (S.C.) 409 Bush Bldg.
South Huron.
 Classen, Wm. G., (S.C.)
Traverse City.
 Trueblood, J. O., (A.) 406 Wilhelm Bldg.
Ypsilanti.
 Garrett, J. C., (S.C.) 103 W. Congress St.

MINNESOTA.

- Alexandria.**
 McCabe, John A., (A.)
East Grand Forks.
 Iland, Minnie, (P.)
Faribault.
 Heinemann, Sophia M., (A.) 222 Central Ave.
Mankato.
 Maltby, H. W., (S.C.) 303 S. Front St.
Minneapolis.
 Flory, Wm. C., (N.) 3234 Pleasant Ave.
 Gerrish, Clara Thomas, (N.) 17 Syndicate Bldg.
 Herron, John A., (A.) Century Bldg.
 Kenney, Dwight J., (N.) 47 Syndicate Bldg.
 Mahony, Anna M., (N.) 712 Masonic Temple.
 Manue, K. Janie, (N.) 712 Masonic Temple.
 Pickler, E. C., (A.) 510 Bank of Minneapolis Bldg.
 Rydell, John S., (S.C.) 335 Auditorium Bldg.
 Willis, A. G., (N.) 510 Bank of Minneapolis Bldg.
Northfield.
 Taylor, Arthur, (S.C.) Bank Bldg.
St. Paul.
 Borup, Georgia W., (N.) Chamber of Commerce Bldg.
 Bemis, J. B., (N.) New York Life Bldg.
 Hall, A. H., (N.) 240 Arundel St.
 Huntington, G. L., (N.) 801 Pittsburg Bldg.
 Moellering, Bertha W., (N.) 47 E. 6th St.
 Moellering, Herman H., (N.) 47 E. 6th St.
 Parker, F. D., (A.) 909 N. Y. Life Bldg.
 Stern, G. M., (N.) 307 Baltimore Block.
 Upton, Chas. A., (N.) 909 N. Y. Life Bldg.
 Young, C. W., (N.) 801 Pittsburg Bldg.
Winona.
 Middleditch, Sarah H., (A.) Exchange Bldg.

MISSISSIPPI.

- Biloxi.**
 Bullas, Grace, (A.)
Columbus.
 Marshall, Alice, (S.S.)
Corinth.
 Skidmore, J. Walter, (A.)
Jackson.
 Price, R. L., (A.) 104 E. Capital St.
 Bandel, Della B., (S.C.) 528 N. State St.
Vicksburg.
 Oden, L. E., (A.)

MISSOURI.

- Booneville.**
 Spicer, F. D., (A.)
 Spicer, Nettie L., (A.)
Calneville.
 Baker, H. M., (A.)
Cameron.
 Talbott, Mrs. Emma E., (A.)
Charlestown.
 Bridges, James P., (A.)
Chillicothe.
 Phelps, T. G., (A.) Gimby Bldg.

Edina.

- Browlee, Annie Mc C., (A.)
Fulton.
 Wenger, H. U., (A.) 814 Court St.
 Wood, E. B., (A.)
Hannibal.
 Bell, John A., (A.)
 Cain, Mrs. Emma E., (A.) Masonic Temple
 Cain, Philip R., (A.)
Kansas City.
 Bergin, P. J., (A.) New Ridge Bldg.
 Cooper, Emma S., (S.C.) 309 Deardorf Bldg.
 Conner, W. J., (A.) 204 New York Life Bldg.
 Frederick, Harriet, (A.) 816 Shukert Bldg.
 Harwood, Mary E., (A.) 308 N. Y. Life Bldg.
 Hofsess, J. W., (A.) 527 Shukert Bldg.
 Loper, Matilda E., (A.) Deardorf Bldg.
 Lyne, Sandford T., (A.) 612 Shukert Bldg.
 Purdom, Mrs. T. E., (A.) 1017 E. 29th St.
Kirksville.
 Bammert, Rena, (A.) A. S. O. Hospital.
 Bowen, Margaret, (A.) 116 McPherson St.
 Clark, Marlon E., (A.)
 Dalton, Leone, (A.) A. S. O. Hospital.
 Dill, Emma B., (A.)
 Dobson, W. D., (A.) 315 E. Jefferson St.
 Gladman, J. M., (A.)
 Hamilton, R. E., (A.)
 Hamilton, Warren, (A.)
 Hoffman, Chas. H., (A.) N. Elson St.
 Laughlin, Geo. M., (A.)
 Link, Eugene C., (A.)
 Pratt, Frank I., (A.) A. S. O. Infirmary.
STILL, ANDREW TAYLOR, (Honorary.)
 Still, Chas. E., (A.)
 Still, Geo. A., (A.)
 Veazle, Ella B., (A.) 804 W. Pierce St.
 Walters, Mary A., (A.)
 Young, F. P., (A.)
Lebanon.
 Taber, Mary E., (A.)
Louisiana.
 Gifford, H. M., (A.)
Maryville.
 Craig, Arthur Still, (A.)
Mexico.
 Traugher, Wm. F., (A.)
Springfield.
 King, T. M., (A.) National Ex. Bank Bldg.
 Noland, G. L., (A.) 212 Baker Block.
 Noland, Mrs. Lou T., (A.) 212 Baker Block.
St. Joseph.
 Holme, T. L., (A.) 43 Ballenger Block.
 Hurst, Anna Holme, (A.) 43 Ballenger Block.
 Block.
 Pierce, Nellie M., (A.) Ballenger Block.
St. Louis.
 Bailey, Homer Edward, (A.) 229 Frisco Bldg.
 Buddecke, Bertha A., (A.) 3230 S. Ninth St.
 Chappell, Nannie J., (A.) 310 Mo. Trust Bldg.
 De France, Miss Josephine, (A.) 404 Commercial Bldg.
 Evans, Genevieve V., (A.) 816 Carleton Bldg.
 Goetz, H. F., (A.) 202 Odd Fellows' Bldg.
 Hatten, J. O., (A.) 402 Mermod and Jaccard Bldg.
 Hildreth, A. G., (A.) 803 N. Garrison Ave.
 Hunt, Ella A., (A.) Equitable Bldg.
 Ingraham, Elizabeth M., (A.) 14 Ohio Bldg.
 King, A. B., (S.C.) 309 Mermod and Jaccard Bldg.
 Schaub, Minnie, (A.) 601 Carleton Bldg.
 Wilson, Elizabeth V., (A.) 348 Century Bldg.
Tarkio.
 Holme, E. D., (A.)

MONTANA.

- Anaconda.**
 Allison, Adele, (A.)
Butte.
 Cramb, L. K., (A.) 16 Owsley Block.
Great Falls.
 Armond, Richard H., (A.) Vaughn Block.
Helena.
 Mahaffay, Chas. W., (A.) Pittsburg Bldg.
Leviston.
 Noble, Arza J., (A.) P. O. Bldg.
Livingston.
 Hunter, Eva M., (A.) P. O. Bldg.
Missoula.
 Willard, Asa, (A.) First Nat'l Bank Bldg.

NEBRASKA.

- Alliance.**
 Balfe, Susan, (A.)
 Frey, Miss Julia V., (A.)
Ashland.
 Moss, Joseph M., (A.)
Beatrice.
 Hardy, Clara, (A.) 609 Ella St.
Fairfield.
 Clay, Lizzie, (S.C.)
Fremont.
 Cobble, William Houston, (A.) Fremont Nat'l Bank Bldg.
Grand Island.
 Milliken, F. M., (A.) 221 E. 10th St.
Hastings.
 Struble, C. K., (S.C.) First Nat'l Bank Bldg.
Lincoln.
 Bowers, Catherine M., (A.) 141 S. 12th St.
 Davis, W. L., (S.C.) Funke Bldg.
Minden.
 Hamilton, Martha A., (S.S.)
Norfolk.
 Meredith, Ortiz R., (S.C.) Cotton Block.
Omaha.
 Atzen, C. B., (S.C.) N. Y. Life Bldg.
 Farwell, C. W., (S.C.) N. Y. Life Bldg.
Schuyler.
 Johnson, C. H., (S.C.)
Tekamah.
 Merritt, J. P., (S. C.)
University Place.
 Hoye, Emma, (A.)
Wahoo.
 Gordon, Mary Elizabeth, (S.C.) Gross Block.

NEW HAMPSHIRE.

- Claremont.**
 McPherson, Geo. W., (Bn.)
Dover.
 Hills, Charles Whitman, (Ac.) 356 Central Ave.
Keene.
 Carleton, Margaret B., (A.) 6 P. O. Block.

NEW JERSEY.

- Atlantic City.**
 Butcher, O. L., (A.) Boardwalk and N. Y. Ave.
 Jones, Lalla Schaeffer, (A.) 517 Oriental Ave.
 McCall, F. H., (S.C.) Penn. Ave.
Bridgeton.
 Boeman, Roy Herbert, (A.) 462 Jersey Ave.
 Monks, James C., (S.C.) 117 Atlantic St.
Camden.
 Lyke, Chas. H., (A.) 433 Haddon Ave.
East Orange.
 Munroe, Laura Leadbetter, (At.) 215 Main St.
 Munroe, Milbourne, (At.) 215 Main St.
Elizabeth.
 Bliss, Chas. W., (M.) 1148 E. Jersey St.
 Whitesell, Nettie J., (At.) Julian Place and Morris Ave.
Hackensack.
 Ayres, Elizabeth, (S.C.) 152 Main St.
 Evers, E. D., (At.) Hamilton Bldg.
 Whitney, Isabella T., (A.) 13 Passaic St.
Montclair.
 Smith, Forrest Preston, (A.) 35 Park St.
Newark.
 Colborn, R. M., (At.) 1007 S. Broad St.
 Mitchell, Warren B., (A.) 414 Clinton Ave.
 Tate, E. W., (Ph.) 800 Broad St.
Orange.
 Fleck, C. E., (Bn.) 462 Main St.
 Granberry, D. W., (Bn.) 408 Main St.
Passaic.
 Starr, J. F., (A.) 110 Park Place.
Paterson.
 Banning, J. W., (A.) Citizens' Trust Bldg.
Red Bank.
 Wolfert, William Jules, (Ph.)
Ridgewood.
 O'Neill, A., (Ph.) 52 Overlook Ave.
Summit.
 Mawson, Gertrude B., (A.) 4 De Forest Ave.
Trenton.
 Murray, John H., (A.) 147 E. State St.
Vineland.
 Howell, J. C., (Ph.) Cor. East and Landis Aves.
Westfield.
 Corbin, J. Houser, (S.C.) 32 Summit Ave.

NEW MEXICO.

- Santa Fe.**
 Wheelon, Chas. A., (N.) 103 Palace Ave.

NEW YORK.

- Albany.**
 Hart, May V., (A.) 140 State St.
 Hart, Sylvester W., (A.) 140 State St.
 Smiley, Wm. M., (A.) 213 State St.
 Were, Arthur E., (Mc.) 38 Clinton Ave.
Amsterdam.
 Van Dusen, Harriet L., (A.) 101 Division St.
Auburn.
 Chiles, Harry L., (A.) 118 Metcalf Bldg.
 Meaker, Lucius P., (A.) 206 Auburn Savings Bank Bldg.
 Noble, Frances A., (At.) 132 Genesee St.
Batavia.
 Graham, R. F., (A.)
Binghamton.
 Casey, Eugene M., (At.) 420 Security Mutual Bldg.
 Evans, R. P., (At.) 77 Carroll St.
 McGuire, Frank J., (A.) 3 Jay St.
 Stow, Ella K., (At.) 17 Main St.
Brockport.
 Wallace, Ralph C., (S.C.) Lester Bldg.
Brooklyn.
 Allabach, Mrs. L. D., (A.) 62 Hoyt St., Cor. State.
 Allen, Margaret Herdman, (At.) 716 A. Union St.
 Bandel, C. F., (A.) Hancock St. and Nostrand Ave.
 De Tienne, Jno. A., (A.) 1198 Pacific St.
 Ferguson, Joseph, (S.C.) 118 Quincy St.
 Fisher, Lamont H., (A.) 506 9th St.
 Fitzwater, Wm. D., (S.C.) 178 Prospect Park West.
 Hadley, Anna, (A.) 119 Montague St.
 Henry, Percy R., (A.) 490 Clinton Ave.
 Hollister, M. Cebella, (A.) 929 Marcy Ave.
 Hjardemaal, H. E., (N.) 520 Nostrand Ave.
 Martin, Harry B., (A.) 1710 Beverly Road.
 Martin, Joseph W., (A.) 169 Columbia Heights.
 Merkley, W. A., (A.) 487 Clinton Ave.
 Rhodes, Millie, (A.) 505 9th St.
 Strong, Leonard V., (At.) 143 Seventh Ave.
 Towner, Dan D., (Mc.) 1182 Bushwick Ave.
 Treshman, Frederic W., (At.) The La Martane, 301 La Fayette Ave.
 Whitcomb, C. H., (A.) 392 Clinton Ave.
 Whitcomb, Mrs. C. H., (A.) 392 Clinton Ave.
 White, Mary N., (Mc.) 1 McDonough St.
 Wood, Geo. H., (S.C.) 333 Lewis Ave.
Buffalo.
 Barry, Joanna, (Bn.) 454 Porter Ave.
 Bissonette, Corene, (N.) 1169 Main St.
 Bissonette, Irene, (Nw.) 1169 Main St.
 Crawford, W. A., (N.) 748 Ellicott Square.
 Dieckmann, Louisa, (A.) 415 Vermont St.
 Floyd, Ambrose B., (A.) 217 Norwood Ave.
 Foss, Martha M., (A.) 28 Orton Place.
 Harris, Harry M., (A.) 356 Ellicott Square.
 Howe, Frances A., (A.) 38 Orton Place.
 Kugel, Arthur C. L., (Bn.) 531 Mooney-Brisbane Bldg.
 Proctor, Alice Heath, (A.) 897 Ellicott Square.
 Proctor, C. W., (A.) 897 Ellicott Square.
 Russell, Hugh L., (A.) 618 Richmond Ave.
 Steele, W. W., (A.) 356 Ellicott Square.
 Whittemore, A. C., (At.) 615 Elmwood Ave.
Canandaigua.
 Burlingham, James P., (S.C.)
Catskill.
 Hamilton, Ray A., (A.) 358 Main St.
Corning.
 Breed, Arthur M., (S.C.) 126 Pine St.
 Guthridge, Walter, (S.C.) 103 Pine St.
Dunkirk.
 Sigler, Chas. M., (A.) 609 Central Ave.
Elmira.
 Hillabrant, Cora L., (S.C.) 632 Park Place.
Flushing.
 Henry, Aurelia S., (A.) 205 Sanford Ave.
 Merkley, George Harvey, (At.) 273 Sanford Ave.
Geneva.
 Wanless, Richard, (A.)

- Glens Falls.**
Sweet, H. D., (S.C.) 267 Glen St.
- Gloversville.**
Kennedy, Seth Y., (A.) 37 Second Ave.
- Hamburg.**
Whittimore, F. G., (At.)
- Herkimer.**
Leffler, Wm. H., (At.) New Earl Bldg.
- Jamaica.**
Kew, Arthur, (A.) 309 Shelton Ave.
Long, G. Percy, (A.) 309 Shelton Ave.
- Jamestown.**
Marshall, Elizabeth J. B., (A.) 312 East 3rd St.
Marshall, J. S. B., (A.) 312 East 3rd St.
- Kingston.**
Warren, Geo. S., (A.) 18 Pearl St.
- Lockport.**
Pontius, Geo. A., (A.) 89 Main St.
- Malone.**
Lyman, Alice Parker, (Bn.) 159 Main St.
- Medina.**
Thayer, H. A., (A.)
- Middleport.**
Walker, J. J., (A.)
- Middletown.**
Griffin, Frederick H., (Bn.)
- Mt. Vernon.**
Buster, Will L., (At.) 110 Park Ave.
- Newark.**
Chittenden, W. C., (At.) 1 E. Miller St.
- Newburgh.**
Johannot, W. W., (A.) 245 Grand St.
- New Rochelle.**
Bensen, Lester R., (At.) 311 Huguenot St.
- New York.**
Albright, Edward, (N.) 379 West End Ave.
Beeman, E. E., (A.) 500 Fifth Ave.
Brill, Morris M., (Ph.) 18 West 34th St.
Burns, Guy Wendell, (N.) 55 W. 33d St.
Burt, James E., (Ph.) The Porres, Broadway and 81st St.
Chagnou, Edward Everett, (Mc.) 37 Madison Ave.
Clark, A. B., (A.) 10065 Metropolitan Bldg.
Crane, Ralph M., (S.C.) 220 W. 59th St.
Dillabaugh, Anna, (N.) 209 W. 56th St.
Dillabaugh, A. H., (A.) 209 W. 56th St.
Dillabaugh, W. J. E., (N.) 209 W. 56th St.
Fechtig, St. George, (Ac.) 37 Madison Ave.
Fletcher, Clarke E., (A.) 143 W. 69th St.
Graham, G. E., (A.) 1851 Seventh Ave.
Green, Chas. S., (A.) 136 Madison Ave.
Hazard, Chas., (A.) Astor Court Bldg., 18 W. 34th St.
Helmer, Geo. J., (A.) 136 Madison Ave.
Helmer, Jno. N., (A.) 128 E. 34th St.
Herring, Ernest M., (Ph.) 18 W. 34th St.
Holm, Gudrun, (A.) 616 Madison Ave.
Howard, Edward W. S., (A.) 509 5th Ave.
Knapp, Lester I., (A.) 49 W. 33d St.
Laughlin, Genevieve F., (A.) 12 W. 93d St.
Lelter, John H., (A.) 35 Wall St.
Ligon, Ellen L. B., (A.) "The Cambridge" 5th Ave. and 33d St.
Lockwood, Travis D., (Ph.) Hotel Normandie.
Mattison, N. D., (A.) 16 Central Park West.
Merkley, E. H., (A.) 36 W. 35th St.
Moomaw, Mary C., (Ph.) 23 W. 84th St.
Morrison, Daniel N., (A.) 128 E. 34th St.
Myers, Ella Lake, (A.) 109 W. 84th St.
Nicholas, Mrs. Rebecca, (A.)
Novinger, Walter J., (A.) 25 W. 42d St.
Patten, G. Winfield, (N.) Browning Bldg., 1268 Broadway.
Riley, Mrs. Chloe C., (A.) 43 W. 32d St.
Riley, Geo. W., (A.) 43 W. 32d St.
Robson, Ernest W., (A.) 43 W. 32d St.
Rogers, Cecil R., (A.) 275 Central Park West.
Sands, Ord L., (Bn.) 37 Madison Ave.
Starr, Geo. R., (At.) 426 W. 44th St.
Still, Harry M., (A.) Astor Court Bldg., 18 W. 34th St.
Stryker, Anna K., (A.) 56 W. 33d St.
Underwood, Edward B., (A.) 156 5th Ave.
Underwood, Miss Evelyn K., (A.) 24 W. 59th St.
Underwood, M. Rosalia, (Bn.) 156 5th Ave.
Walker, Mrs. Cornelia A., (A.) The Martinique, 56 W. 33d St.
Wardell, Eva R., (Ph.) 250 W. 85th St.
- Webster, Frederick A., (Bn.) 245 W. 104th St.
Webster, Mrs. F. A., (Bn.) 245 W. 104th St.
Wendelstadt, Edward F. M., (A.) 81st St. and Columbus Ave.
West, John Allen, (A.) 40 E. 25th St.
West, Wm., (A.) 51 E. 25th St.
Wetche, F. C., Fredrik, (Cc.) 123 W. 50th St.
- Niagara Falls.**
Davis, A. H., (At.) 15 Gluck Bldg.
Larter, Edwin R., (A.) 111 Gluck Bldg.
- Ogdensburg.**
Craig, William, (A.) Ford St.
- Oneonta.**
Apthorpe, William, (A.) Ford Bldg.
- Poughkeepsie.**
Worrall, Mrs. Clementine L., (At.) 24 Academy St.
- Richmond Hill.**
Long, Robert H., (A.) Myrtle Ave. (near Park St.)
- Rochester.**
Berry, Clinton D., (A.) 703 Granite Bldg.
Berry, Gertrude S., (A.) 703 Granite Bldg.
Breitenstein, Rose E., (Bn.) 120 William St.
Camp, Chas. D., (Mc.) 222 Powers Bldg.
Dally, Lillian B., (Ph.) 803 Chamber of Commerce Bldg.
Williams, Ralph H., (N.) Chamber of Commerce Bldg.
- Rome.**
Mitchell, Geo. W., (At.) 147 N. James St.
- Springville.**
Prater, Lenna K., (A.)
- Syracuse.**
Beall, Francis J., (A.) 452 S. Salina St.
Fisher, Albert, Jr., (A.) 112 E. Jefferson St.
French, Amos G., (A.) 135 E. Onondaga St.
Tiffany, E. W., (At.) 320 Montgomery St.
Weed, Cora Belle, (Mc.) 226 E. Onondaga St.
- Troy.**
Frink, Elizabeth, (S.C.) 92 4th St.
Greene, W. E., (A.) 1830 5th Ave.
McDowell, J. H., (S.C.) 102 Third St.
- Utica.**
Bossert, Jacob H., (At.) 30 Gardner Bldg.
Clapp, Carl D., (A.) 52 Gardner Bldg.
Leffler, Josephine, (At.) Gardner Bldg.
Van Dyne, Oliver, (Ac.) 24 Garduer Bldg.
- Warsaw.**
Monroe, Geo. T., (A.)
- Watertown.**
White, Ernest C., (A.) 41 Smith Bldg.
White, Mrs. E. C., (A.) 41 Smith Bldg.
- Weedsport.**
Sheldon, Susie A., (A.)
Teall, Chas. C., (A.)
- White Plains.**
Messersmith, Fannie G., (At.) 29 Grand St.
- Yonkers.**
Nielsen, Hans, (At.) 7 Getty Square.
- NORTH CAROLINA.**
- Asheville.**
Meacham, W. B., (Bn.) 5 Sondley Bldg.
Rockwell, Loula A., (A.) 5 Sondley Bldg.
- Charlotte.**
Ray, H. F., (S.S.) Hunt Bldg.
- Durham.**
Tucker, A. R., (A.) Loan & Trust Bldg.
- Goldboro.**
Zealy, A. H., (S.S.) 111 Chestnut St., East.
- Greensboro.**
Basye, A. A., (Nw.) 309 City Nat'l Bank Bldg.
Tucker, S. W., (S. S.) 402 McAdoo Bldg.
- Raleigh.**
Glascock, H. W., (A.) Caratina Trust Bldg.
- Smithfield.**
Kevill, Della, (S.S.)
- Wilson.**
Carson, Earl J., (S.S.)
- NORTH DAKOTA.**
- Fargo.**
Basye, E. E., (Nw.)
de Lendrecie, Helen, (Nw.)
- Grand Forks.**
Harlan, W. F., (A.) Union National Bank Bldg.

Wahpeton.

Wheeler, Glen B., (A.) Ponath Bldg.
OHIO.

Akron.

Conger, Mrs. A. L., (A.) Irving Lawn.
Evans, Jennie L., (A.) 604 Hamilton Bldg.
Evans, Nellie M., (A.) 604 Hamilton Bldg.
Leas, Lucy, (S.C.) Hamilton Bldg.

Bellefontaine.

Conner, Sallie M., (A.) Chalfour Block.

Bowling Green.

Davis, Clara, (A.) E. Wooster St.

Canton.

Maxwell, B. C., (S.C.) Clewell Block.
Worstel, H. E., (S.C.) 304 Folwell Block.

Cincinnati.

Booth, E. R., (A.) 601 Traction Bldg.
Conner, Mary A., (A.) 303 Neave Bldg.
Edwards, Eliza, (A.) 603 Traction Bldg.
Kennedy, C. S., (S.S.) Mercantile Library Bldg.
Kennedy, E. W., (S.S.) Mercantile Library Bldg.
Locke, Orella, (A.) 11 Cumberland Bldg.
Ross, C. A., (A.) Neave Bldg.
Thompson, Margaret S., (S.S.) San Marco Bldg.
Wernicke, Clara, (A.) 55 Haddon Hall.

Circleville.

Coffland, Mrs. Florence, (A.)
Wilderson, W. H., (A.)

Cleveland.

Aldrich, Wm. H., (A.) 589 The Arcade.
Forquer, James W., (A.) 1109 New England Bldg.
Giddings, Helen Marshall, (A.) 810 New England Bldg.
Giddings, Mary, (A.) 810 New England Bldg.
Hulett, C. M. Turner, (A.) 1208 New England Bldg.
Hulett, Miss M. Ione, (A.) 1208 New England Bldg.
Kerr, Clarence V., (A.) Lennox Bldg.
Miller, A. L., (A.) 410 New England Bldg.
Singleton, R. H., (S.C.) 435 The Arcade.
Sheridan, Margaret, (A.) 20 Lucerne Ave.

Columbus.

Dyer, Mary Maitland, (A.) 613 Columbus Savings & Trust Bldg.
Gaylord, W. A., (S.C.) 5½ W. Broad St.
Hulett, M. P., (A.) 702 Capital Trust Bldg, 8 E. Broad St.
Nichols, Ada M., (Ac.) 702 Capitol Trust Bldg.
Scott, J. H. B., (A.)
Scott, Katherine, McLeod, (A.)

Dayton.

Gravett, W. A., (A.) 1003 Conover Bldg.
McCartney, L. H., (A.) 602 Conover Bldg.
Stout, Oliver G., (A.) 505 Conover Bldg.

Delaware.

Bumstead, Lucius A., (A.) 104 W. Central St.

East Liverpool.

Bumpus, J. F., (A.)

Eaton.

Gardner, Emma Griffin, (A.)

Findlay.

Peel, Lucy Kirk, (A.) 215½ So. M St.

Gallion.

Mansfield, B. R., (A.) 340 Boston St.

Glendale.

Shepherd, L. K., (A.) Fountain Ave.

Greenville.

Seltz, Anna E., (A.) 333 W. 4th St.

Hamilton.

Urban, Victor P., (A.) 111 Dayton St.

Hicksville.

Tuttle, R. E., (S.C.)

Kent.

Hall, W. W., (S.C.) Water St.

Lima.

Pearce, Josephine Liffing, (S.C.) The Elek-
tron.

Lisbon.

Johnson, Jessie B., (A.) Brewster Block.

London.

Koontz, Effie, (A.)
Dixon, J. W., (A.) 49 N. Main St.

Marietta.

Boyes, E. H., (A.) 185 Front St.

Marion.

Dugan, R. C., (A.) 126 Vine St.

Medana.

Coons, Wm. N., (A.)

Middletown.

Linville, W. B., (A.) 407 S. Main St.

Mt. Vernon.

Wenger, Joseph, (A.) 19 E. Vine St.

Napoleon.

Wilson, John H., (S.C.)

Newark.

Corkwell, F. E., (A.) 96½ W. Main St.

Oberlin.

Bickford, Edw. Storrs, (A.) 51 S. Profes-
sor St.

Piqua.

Gravett, H. H., (A.)

Port Clinton.

Washburn, Daisy Eva, (A.) Masonic Temple.

Sandusky.

Dann, H. J., (A.) I. O. O. F. Bldg.

Springfield.

Sackett, E. W., (A.) 32 Bushnell Bldg.

Tiffin.

Currence, B. C., (A.) 117½ S. Washington St.

Toledo.

Kerr, Franklin E., (A.) 1115 Adams St.
Liffing, L. A., (N.) The Nasby.
Liffing, W. J., (N.) National Union Bldg.
Phells, Elmer T., (A.) 1223 Utah St.
Pratt, Mary E., (A.) 1612 Madison Ave.
Reese, D. H., (A.) 442 The Nicholas.
Reese, W. E., (A.) 442 The Nicholas.
Sorensen, Louis C., (S.C.) 334½ Superior St.

Urbana.

Wilson, Laura J., (A.) 306 Scioto St.

Upper Sandusky.

Cosner, E. H., (A.)

Warren.

Reid, J. F., (A.) 10 Trumbull Block.

Wooster.

Kerr, J. A., (A.) Wayne Bldg & Loan Block.

Youngstown.

Fisher, Nellie M., (A.) Dollar Savings
Bank Bldg.
Marsteller, Chas. L., (A.) Dollar Savings
Bank Bldg.

OKLAHOMA TERRITORY.**Carmen.**

Woodson, T. H., (A.)

Oklahoma City.

Mahaffay, Mrs. Clara A., (A.)
Rouse, J. M., (S.C.) 125½ Main St.

OREGON.**Ashland.**

Sawyer, Bertha E., (S.C.) Williams Block.

Astoria.

Hicks, Rhoda Celeste, (A.) 573 Commercial
St.

Baker City.

Samuels, C. T., (A.)

Eugene.

Bennett, M. G. E., (A.) 7th and Willamette
Sts.

La Grande.

Moore, F. E., (A.)
McCore, Hezzie Carter Purdom, (A.)

McMinnville.

Wilkins, J. H., (A.)

Newberg.

Bowers, Homer D., (A.)

Pendleton.

Holsington, G. S., (A.)

Portland.

Akin, Otis F., (S.C.) 403 Macleay Bldg.
Barr, F. J., (A.) 207 Mohawk Bldg.
Gates, Gertrude Lord, (N.) 406 Macleay Bldg.
Grafts, R. S., (S.C.) 319 Mohawk Bldg.
Macfarlane, Clara, (P.) 777 Johnson St.
Ramsay, Cylthie J., (P.) Macleay Bldg.
Rogers, W. A., (A.) Marquam Bldg.
Schoettle, M. Teresa, (A.) 512½ Williams Ave.
Shepherd, B. P., (N.) 501 Macleay Bldg.
Smith, L. B., (A.) 409 Oregonian Bldg.
Walker, C. E., (S. C.) Macleay Bldg.

Roseburg.

Studley, H. L., (S.C.) Jackson St.

- Salem.**
Mercer, Wm. L., (A.)
- PENNSYLVANIA.**
- Allentown.**
Allen, Wm. H., (At.) 715 Walnut St.
- Beaver Falls.**
Irvine, S. W., (S.C.) 1116 Seventh Ave.
- Berwick.**
Freas, M. J., (At.) Dickson Bldg.
- Bristol.**
Gary, Robert Drake, (A.) 325 Radcliffe St.
- Butler.**
Foster, J. C., (A.) Stejn Bldg.
Foster, Julia E., (At.) Stejn Bldg.
Harden, E. E., (A.) 313 S. Main St.
Morrow, Clara E., (Bn.) Main, Cor. Diamond St.
- Carbondale.**
Clifford, James Ray, (A.) 29 John St.
- Carnegie.**
Krohn, G. W., (A.) 56 W. Louthier St.
- Chambersburg.**
Gunsaul, Irmine Z., (N.) 21 S. Main St.
- Charleroi.**
Wright, Clarence C., (S.C.)
- Chester.**
Mack, Raesley S., (Bn.) 208 Broad St.
- Columbia.**
Jones, E. Clair, (At.) 459 Walnut St.
- Corry.**
Morse, Herbert F., (S. C.)
- DuBois.**
Gray, C. W., (A.)
- Easton.**
Beam, Wilson, (S.C.) 12 N. 3rd St.
- Eden.**
Randall, Helen Morton, (A.) care F. & L. Institute.
- Erie.**
Earhart, Emogene M., (S.C.) 222 W. 8th St.
Love, S. R., (A.) 405 W. 9th St.
Root, J. A., (A.) 2124 Sassafras St.
Sweet, B. W., (A.) 122 W. 10th St.
- Franklin.**
Hoefner, J. Henry, (A.) Dodd Bldg.
- Germanatown.**
Roberts, W. L., (A.) 150 W. Chelton Ave.
Webb, Ida DeLancy, (Ph.) 4601 Wayne Ave.
- Greensburg.**
Rohacek, Wm., (A.) Lomison Bldg.
- Harrisburg.**
Kann, Frank B., (Ph.) 315 N. Second St.
Stevenson, J. E., (A.) 719 N. 6th St.
Stevenson, Mrs. H. A., (A.) 719 N. 6th St.
Vastine, Harry M., (A.) 109 Locust St.
- Lancaster.**
Burkholder, J. D., (Ph.) Woolworth Bldg.
Kellogg, H. R., (A.) 217 Woolworth Bldg.
Mutschler, O. C., (Ph.) 20 W. Orange St.
Furnell, Emma, (A.) 206 E. King St.
- Latrobe.**
Snedeker, O. O., (A.) First Nat'l Bank Bldg.
- Lebanon.**
Brunner, M. W., (Ph.) 815 Cumberland St.
- Lock Haven.**
Baugher, L. Guy, (A.) 211 E. Water St.
- Meadville.**
Sash, Elizabeth, (A.) Flood Bldg.
- Newcastle.**
McCaslin, Annie, (A.) 150 Highland Ave.
McCormick, J. Porter, (A.) 150 Highland Ave.
Rogers, E. D., (A.) 23 E. North St.
- North East.**
Bashaw, J. P., (A.)
- Oil City.**
Downs, Henry A., (A.) Lay Block.
Easton, Melroy W., (A.) Lay Block.
- Philadelphia.**
Daniels, W. Nelson, (Ph.) 1524 Chestnut St.
Bentley, Lillian L., (Ph.) 1533 Chestnut St.
Bryan, Charles Tyson, (Ph.) 1524 Chestnut St.
Burlleigh, Edward D., (Ph.) 800 Perry Bldg., 1530 Chestnut St.
Campbell, A. D., (A.) 1524 Chestnut St.
Dufur, J. Ivan, (A.) 35 S. 19th St.
Dunnington, Margaret B., (Ph.) 602 Real Estate Trust Bldg.
Dunnington, R. H., (A.) 620 Real Estate Bldg.
Frame, Elizabeth Bundy, (Ph.) 1118 Pennsylvania Bldg.
- Frame, Ira Spencer, (Ph.) 1118 Pennsylvania Bldg.
Galbreath, Albert Louis, (Ph.) 420 Pennsylvania Bldg.
Galbreath, J. Willis, (Ph.) 420 Pennsylvania Bldg.
Johnson, Burdsall F., (Ph.) 1624 Lehigh Ave.
Keene, W. B., (Ph.) 1524 Chestnut St.
Leonard, H. E., (Ph.) 1524 Chestnut St.
Leonard, H. Alfred, (Ph.) 1611 Diamond St.
McCurdy, Chas. Wm., (Bn.) 331 Witherspoon Bldg.
McGee, J. M., (Ph.) 1112 Chestnut St.
Muttart, Chas. J. (A.) 301 Mint Arcade Bldg.
Pennock, D. S. Brown, (A.) 624 Land Title Bldg.
Petery, Wm. E., (At.) 1624 Diamond St.
Ploss, R. Annette, (Ph.) 331 Witherspoon Bldg.
Pressly, Mason W., (N.) 401 Hale Bldg.
Snyder, J. C., (Ph.) 414 Pennsylvania Bldg.
Snyder, O. J., (N.) Witherspoon Bldg.
Whalley, Irving, (S.C.) Land Title Bldg.
Willard, Earle S., (A.) 35 S. 19th St.
Woodhull, Anna Bruce, (S. C.) 439 Mint Arcade Bldg.
Woodhull, Frederick W., (S. C.) 439 Mint Arcade Bldg.
- Pittsburg.**
Baldwin, Helen M., (A.) 405 Liberty Nat'l Bank Bldg.
Clinton, Mary W., (A.) 1007 Arrott Bldg.
Compton, Mary, (S.S.) 323 Pittsburg Life Bldg.
Craven, Jane Wells, (A.) Methodist Bldg., 265 Shady Ave., E. E.
Gano, Chas. H., (A.) 1007 Arrott Bldg.
Hansen, Edward N., (A.) 4514 Forbes St.
Helne, Frank, (A.) Nixon Bldg.
Husk, Noyes Gaylord, (At.) Arrott Bldg.
Marshall, F. J., (A.) 223 Lewis Block.
Peck, Vernon W., (N.) 631 Penn Ave.
Stafford, Florence B., (A.) 811 St. James St.
- Reading.**
De Long, Laura, (A.) 511 Oley St.
Vastine, Herbert, (A.) 42 N. 9th St.
- Ridgway.**
Spencer, Bessie M., (A.) 325 Main St.
- Sayre.**
Mandeville, J. E., (At.) 106 Lockhart St.
- Seranton.**
Benedict, A. May, (At.) 2513 N. Main Ave.
Downing, J. T., (At.) 306 B. of T. Bldg.
Furman, Herbert I., (At.) 302 Adams Ave.
Harvey, K. G., (At.) 15 Coal Exchange Bldg.
- Sunbury.**
Huston, Grace, (A.)
Miller, John W., (Ph.) 418 Market St.
- Tarentum.**
Kline, Lyman C., (S.S.) 532 Second Ave.
- Towanda.**
Warburton, J. R., (At.) Ontario Bldg.
- Union City.**
Oneland, Sarah C., (A.) Spraul & Morrow Bldg.
- Wellisboro.**
Lyon, Louis A., (At.) 71 Main St.
- Wilkes-Barre.**
Hook, Virgil A., (A.) 10 Lowenstein Bldg.
- Wilkesburg.**
White, Bertha O., (A.) Cor. Pitt and Kelly Sts.
- Williamsport.**
Hughes, Alice, (Bn.) 238 Pine St.
Wood, J. Fred, (A.) 20 W. 3rd St.
- York.**
Downing, Edwin M., (Ph.) Rupp Bldg.

RHODE ISLAND.

- Providence.**
Flanagan, Louisa C., (A.) 146 Westminster St.
Handy, Annie Prince Thompson, (A.) 21 Beacon Ave.
Rhoads, A. W., (At.) 336 Westminster St.
Roberts, Annie M., (A.) 146 Westminster St.
Strater, J. Edward, (Bn.) 268 Westminster St.
Sweet, Ralph A., (A.)
Wall, Clarence H., (Bn.)
- Westerly.**
Colby, Irving, (A.) 58 Bight St.

SOUTH CAROLINA.

Charleston.
Kennedy, Ralph V., (A.) 222 King St.
Columbia.
Collier, Hix F., (S.S.) 1206 Main St.
Grainger, Laura L., (S.S.) 206 Main St.
Spartanburg.
Butcher, Frances M., (A.) Hydrick Bldg.
Scott, W. E., (A.) Hydrick Bldg.

SOUTH DAKOTA.

Aberdeen.
Pittman, Mary E., (S.C.) Peery Bldg.
Canton.
Eneboe, Lena, (A.)
Huron.
Betts, C. Steele, (A.)
Lead.
Wisner, Tillie, (A.) 12½ Main St.
Watertown.
Jones, G. P., (N.)
Vermillion.
Graham, R. H., (A.)

TENNESSEE.

Bristol.
Dykes, A. L., (S.S.) 22 Sixth St.
Chattanooga.
Barnes, Mrs. Clarence, (S.S.) 31 Loveman Bldg.
Downer, Lerond A., (A.) 301 Miller Bldg.
Evans, A. L., (A.) 301 Miller Bldg.
Owens, Chas. (A.) 410 High St.
Gallatin.
Williams, Benton A., (S.S.)
Jackson.
Drennan, Thos. L., (A.) 117 E. LaFayette St.
Knoxville.
Greene, H. A., (At.) 202 McTownlee Bldg.
Link, W. F., (A.) 703 Empire Bldg.
Memphis.
Bynum, H. R., (A.) Randolph Bldg.
Norman, P. K., (A.) 110 Randolph Bldg.
Stamps, Sarah R., (S.S.) Randolph Bldg.
Thomas, Maude B., (A.) 304 Randolph Bldg.
Morristown.
Ashlock, Hugh Thomas, (A.)
Nashville.
Collier, J. Erle, (S.S.) Willcox Bldg.
Duffield, Bessie A., (A.) Willcox Bldg.
Harrison, Ella Grainger, (S.S.) 314 Jackson Bldg.
Illinski, A. X., (A.) 602 Willcox Bldg.
Ray, E. C., (A.) 1st Nat'l Bank Bldg.
Shackelford, J. R., (A.) Willcox Bldg.
Williams W. Miles, (S.S.) Willcox Bldg.
Winchester.
Wheeler, Sarah E., (S.S.) Hotel Fuller.

TEXAS.

Austin.
Bathrick, P. L., (A.) 822½ Congress Ave.
Bathrick, Rose, (A.) 822½ Congress Ave.
Cleburne.
Ray, A. D., (A.)
Dallas.
Harris, D. S., (S.C.) 326 Linz Bldg.
Holloway, Jas. L., (A.) 435 Wilson Bldg.
Overton, J. H., (A.) 415 Wilson Bldg.
El Paso.
Ross, Hettie M., (C.) 1007 San Antonio St.
Ft. Worth.
Harris, M. B., (A.) National Bank Bldg.
Ray, T. L., (A.) 203 Ft. Worth Nat'l Bank Bldg.
Galveston.
Edmondson, E. E., (S.C.) 206 Levy Bldg.
Meridian.
Davis, Dabney L., (A.)
Mineral Wells.
Norwood, Robert R., (S.S.)
Paris.
Falkner, J., (A.) 4th floor Scott Bldg.
San Angelo.
Pennock, Lewis N., (A.) 1st Nat'l Bank Bldg.
San Antonio.
Noonan, Mary E., (A.) Hicks Bldg.
Temple.
Peck, Paul M., (A.) 64 Hicks Bldg.
Sherman.
Loving, W. B., (A.) 302 S. Crockett St.

Parcells, J. W., (A.) Avenue A.
Spates, Aughey Virginia, (A.) 216 S. Walnut St.
Waco.
Bailey, J. F., (S.S.) 506½ Austin St.
Gildersleeve, J. Ellen, (A.) Provident Bldg.
Sarratt, Julia May, (A.) 93 Provident Bldg.
Whitewright.
Compton, Emma M., (S.S.)

UTAH.

Logan.
Goodrich, L. J., (A.)

VERMONT.

Barre.
Martin, L. D., (A.) 85 Miles Granite Bldg.
Brattleboro.
Wheeler, C. G., (A.) 32 N. Main St.
Burlington.
Cota, Rose, (At.) 10 Clark St.
Loudon, Guy E., (A.) 199 S. Union St.
Loudon, Harry M., (A.) 199 S. Union St.
Whitcomb, Henry Phelps, (A.) 301 College St.
Middlebury.
Allen, Lewis W., (A.) 29 N. Pleasant St.
Montpelier.
Brock, W. W., (A.) 134 State St.
Kelton, Anna L., (S.C.) 108 Elm St.
Rutland.
Sherburne, H. K., (A.) 10 Quinn Bldg.

VIRGINIA.

Danville.
Carter, Chas., (A.) Dudley Block.
Lynchburg.
Shumate, Chas. R., (A.) Cor Church and 6th Sts.
Norfolk.
Willard, W. D., (A.) 40 Haddington Bldg.
Richmond.
Fout, Geo. E., (A.) Virginia Bldg.
Shackelford, E. H., (A.) 102 E. Grace St.
Roanoke.
Walkup, Marie Bule, (A.) 105 Campbell Ave.
Staunton.
Kibler, James M., (A.) 126 E. Main St.

WASHINGTON.

Bellingham.
Knox, J. F., (A.)
Munn, Allen, (A.)
Centralia.
Walsh, F. K., (A.)
Cheney.
Most, William, (A.) Bank of Cheney Bldg.
Clarkston.
Coon, A. S., (A.)
Coon, Mary E., (A.)
Everett.
Pugh, J. M., (A.) Am. Nat'l Bank Bldg.
North Yakima.
Howick, A. B., (A.)
Howick, E., (A.)
Pomeroy.
Abegglen, C. E., (S.C.) Allen House.
McFadden, J. Clinton, (S.C.) Allen House.
Ritzville.
Glenn, J. Orin, (A.)
Seattle.
Boyles, Lewis G., (A.)
Newman, Cella Janette, (A.) 442 Arcade Bldg.
Peterson, E. Anton, (N.) Safe Deposit Bldg.
Potter, Wm. A., (A.) 65 Safe Deposit Bldg.
Smith, M. Antoinette, (M.) 1220 Third Ave.
Spokane.
Hodgson, J. E., (N.) 615 Hyde Block.
Morris, T. C., (A.)
Nichols, Grace M., (N.) 301 Nichols Bldg.
Tacoma.
Allen, Nellie A., (Cc.) 607 S. Tenth St.
Brock, Florence A., (Ac.) The Hyson, Apartment Al.
Chase, Roger E., (N.) 205 Maritime Bldg.
Goff, A. L., (S.C.) 232 Provident Bldg.
Slayden, R. H., (A.) Fidelity Bldg.
Snell, Wm., (N.) 304 Fidelity Bldg.
Vancouver.
Arnold, W. H., (S.C.) Marquam Bldg.
Walla Walla.
Thompson, H. B., (A.)

WASHINGTON, D. C.

Benning, Lillie M., (A.) 817 14th St.
 Bush, Ernest W., (S.C.) 14th and "G" Sts.
 De Vries, Emma O., (A.) The Farragut, 17th
 and "I" Sts.
 English, Moulton A., (Bn.) Colorado Bldg.
 Hodges, P. L., (A.) 817 14th St., N. W.
 Kirkpatrick, Geo. D., (N.) Bond Bldg.
 Malcolm, Robert C., (S. C.) Com. Nat'l Bnx
 Bldg.
 Shibley, Mrs. Alice Patterson, (A.) W.
 Loan & Trust Bldg.
 Stearns, C. H., (A.) Pope Bldg., 14th St.,
 N. W.
 Smith, Wilbur L., (A.) W. Loan & Trust
 Bldg.
 Talmadge, Kathryn, (A.) 518 Colorado Bldg.
 Tufts, Clarissa Brooks, (A.) The Columbia.
 Westlake, Clara A., (S. C.) The Iroquois.
 Winbiger, C. F., (Ph.) The Alabama, 11th
 and N. Sts.

WEST VIRGINIA.

Charleston.
 Quick, Roy T., (A.) Kanawha B. & T. Co.
 Bldg.
Huntington.
 Seaman, W. J., (A.)
Wheeling.
 Sullivan, Clara E., (S.S.)

WISCONSIN.

Appleton.
 Culbertson, Eliza M., (A.)
Beloit.
 Young, John R., (3) 326 Goodwin Bldg.
Eau Claire.
 Matson, Jesse B., (A.) Ingram Block.
Fond du Lac.
 Breitsman, Edward J., (A.) Galloway Block
 Wright, F. A., (S.C.) Haber Block.
Green Bay.
 Oids, E. M., (S.C.) 601 Willner Bldg.
Janeville.
 Lindstrom, F. C., (S. C.) 322 Hayes Block.
La Crosse.
 Jorris, A. U., (N.) 312 McMillan Bldg.
Madison.
 Bissell, Ella F., (A.) Wisconsin Bldg.
 Fryette, S. J., (A.) Wisconsin Bldg.
Milwaukee.
 Cherry, Essie S., (N.) 565 Bradford Ave.
 Childs, Bessie Calvert, (A.) 600 Goldsmith
 Bldg.
 Crow, Louise P., (N.) 304 Matthews Bldg.
 Davis, Warren B., (M.) 302 Wells Bldg.
 Elton, E. J., (M.) 304 Matthews Bldg.
 Fisher, Chas. S., (A.) Merrill Bldg.
 McNary, J. F., (M.) 313 Matthews Bldg.
 Schuster, John K., (M.) 614 Milwaukee St.
 Thompson, S. A. L., (N.) 121 Wisconsin St.
 Williams, O. W., (Mc.) 304 Matthews Bldg.
Monroe.
 Peters, Floyd F., (A.) Wells Block.
Oshkosh.
 Gage, Ora L., (N.)
 Olum, F. N., (N.) Bent Block.

Portage.

Fiske, Franklin, (A.) 6 Corning Block.
Racine.
 Spencer, Platt Rogers, (3) 424 Main St.
Sheboygan.
 Thompson, Wm. L., (M.) 629 N. 8th St.
Stoughton.
 Dletzman, Elmer F., (S.C.) Erickson Block.
Wausau.
 Whitehead, Harriet A., (A.) New Spencer
 Bldg.

WYOMING.

Cheyenne.
 Furry, Frank I., (C.)
Rawlins.
 Dalley, C. E., (S. C.) Hoffman Bldg.

CANADA.**ALBERTA.**

Calgary.
 Peirce, Charles E., (S.C.)

ONTARIO.

Berlin.
 Helst, Edgar D., (At.) 26 King St., East.
 Helst, Mary Lewis, (At.) 26 King St., East.
Brantford.
 Atkinson, J. T., (A.) 105 Dalhousie St.
Galt.
 MacRae, John N., (A.) Imperial Bldg.
Guelph.
 Detwiler, Sara B., (At.) McLean Block.
Hamilton.
 Lewis, W. O., (At.) 67 James St., south.
 Wenig, Geo., (A.) 54 Federal Life Bldg.
Ottawa.
 Hardie, Jessie B., (Bn.) 224 Laurier Ave.,
 West.
Toronto.
 Bach, James S., (S.C.) 704 Temple Bldg.
 Jaquith, H. C., (A.) 111 Confederation Life
 Bldg.
 Millard, F. P., (A.) Confederation Life Bldg.
 Pigott, Adalyn K., (A.) 152 Blood St., East.
Windsor.
 Herroder, T. L., (S. C.) Park and PIMlster
 Sts.

ENGLAND.

London.
 Horn, F. J., (Bn.) 1 Hay Hill, Berkeley Sq.

HAWAIIAN ISLANDS.

Honolulu.
 Gilman, Carrie A., (A.) 308 Boston Bldg.

IRELAND.

Belfast.
 Dunham, Jay, (3) 7 Shaftesbury Sq.
Dublin.
 Foote, Harvey R., (S.C.) 71 Harcourt St.

SCOTLAND.

Glasgow.
 Walker, L. Willard, (Bn.) 255 Bath St.

Oregon Osteopathic Association.

The fifth annual meeting of the Oregon Osteopathic Association was held in Portland January 12, 1907, and was well attended.

Our Legislature convened on January 14, so the question of a protective law overshadowed all else. Dr. Charles C. Teall, who has come from New York to lead our fight, made several addresses urging diligence and co-operation, and reviewing the history of efforts in other states. Following is the program:

MORNING SESSION.

Invocation, Rev. Clarence True Wilson, D. D.
Address of welcome, Dr. W. A. Rogers.
President's address, Dr. G. S. Hoisington.
Reading of constitution and code of ethics by the Secretary, Dr. Mabel Akin.
Reports of officers and committees.
Applications for membership.
Unfinished and new business.
Talk, "Education of the Laity," Dr. F. E. Moore.

AFTERNOON SESSION,

Paper, "Frequency and Length of Treatment," Dr. Gertrude L. Gates.
Operative technique for correcting lesions, and diseases caused by same:
Atlas and axis, Dr. R. B. Northup, case report and discussion, Dr. H. D. Bowers; first and second ribs, Dr. H. F. Leonard, case report and discussion, Dr. M. G. E. Bennett; Eleventh and twelfth ribs, Dr. B. P. Shepherd, case report and discussion, Dr. J. H. Wilkins; Innominate, case report and discussion, Dr. C. C. Teall. Clinics were conducted by Drs. F. J. Barr, H. V. Adix and C. C. Teall.
In addition to the above the Association enjoyed an exhibition of joint dislocations, by Ellis Whitman, the so-called "Human rattle-box."

At the evening session Dr. Teall delivered an address, after which the election of officers was held and resulted as follows:

President, Dr. G. S. Hoisington, Pendleton; First Vice-President, Dr. F. E. Moore, LaGrande; Second Vice-President, Dr. W. L. Mercer, Salem; Secretary, Dr. Mabel Akin, Portland; Treasurer, Dr. C. E. Walker, Portland.

Board of Trustees—Drs. R. B. Northup, Gertrude L. Gates, F. J. Barr, H. F. Leonard, Portland, and Dr. M. G. E. Bennett, Eugene.

The Legislative Committee—Drs. W. A. Rogers, O. F. Akin, B. P. Shepherd, R. B. Northup, Portland, and Dr. W. L. Mercer, Salem.

Program Committee—Drs. Hezzie, C. P. Moore, LaGrande; Clara Macfarlane, Portland, and, H. L. Studley, Rosebury.

MABEL AKIN, Secretary.

New England Osteopathic Association.

The third annual convention of the New England Osteopathic Association was held at the Copley Square Hotel yesterday, and was attended by members from all over New England. The morning session convened at 9:30, and included an address by the president, Dr. Guy E. Loudon, of Burlington, Vt., a clinic by Dr. C. P. McConnell, of Chicago, an address by Dr. S. A. Ellis of Boston and the appointment of a nominating committee.

At the afternoon session clinics were given by Dr. Ralph A. Sweet of Providence and Dr. H. Alton Roark, of Boston, and a paper on "Gynecology" was read by Dr. E. C. White of Watertown, N. Y.

The following officers were elected for the year: Dr. Ralph A. Sweet, of Providence, President, Dr. W. D. Emery, Manchester, N. H.; Dr. Margaret McLaughlin, Norwich, Conn., Dr. C. G. Wheeler, Brattleboro, Vt., Vice-Presidents; Dr. Florence A. Covey, of Portland, Secretary; Dr. J. E. Strater, of Providence, Treasurer.

In the evening the annual dinner was held at the Copley Square Hotel. Dr. Florence A. Covey was toastmistress, and those who responded to the toasts were Dr. Grace B. Taplin, Dr. J. E. Strater, Dr. J. K. Dozier, Dr. S. M. Knauss, Dr. J. M. Gove and Dr. George D. Wheeler.—*Boston Morning Globe*, Jan. 20, 1907.

The Tennessee Osteopathic Association will meet in Jackson on March 16. A good program has been arranged and a large attendance is expected.

The mind is its own place, and in itself can make a heaven of hell, a hell of heaven.—*Milton*.

All things come to him who hustles while he waits.—*Ham*.

Only a live fish swims up stream.—*Ham*.

Dietetics.

That diet should receive particular attention from the osteopath is not strange, for his veneration of nature peculiarly fits him to realize the necessity of correct feeding. Probably no subject is more discussed or presents a wider range of opinion than diet. There is overfeeding and underfeeding; long intervals and short between feedings. There is the no breakfast and no supper plan, mixed diet and the vegetarian, uncooked foods, and one exclusively of milk, anything you want so long as you are hungry but chew it well, etc., ad lib. All are represented by osteopaths in their following as they are from other professions, but probably this would more nearly represent the views of them as a school: In health, first, most people eat too much and do not thoroughly masticate and insalivate. This applies to all stations in society. Second, meat forms too large an item in the daily dietary. Third, there is not enough variety and the ration is not well balanced as to elements. Fourth, not enough care is used in preparation of foods. In illness, first, the stopping, complete or partial, of food until the system can take care of it; second, the giving of easily digested foods. The man who avoids violent extremes in diet as well as in other habits of life will usually last longest. It is to be hoped that some rational system can be evolved on which all factions may agree, for the present confusion of authorities is bewildering. The osteopath gives attention to hygiene, sanitation, exercise, environment, mental attitude, etc., as they may affect the welfare of his patient.

M'CONNELL AND TEALL'S PRACTICE OF OSTEOPATHY.

Germ.

The germ theory contains much truth, but in the very large percentage of cases where the micro-organism is a factor its significance is only of secondary consideration. Usually the micro-organism plays the role of an exciting and determining factor; before it can multiply and grow there must be a field that is first nutritionally disturbed. Nutrition of an individual is the pivot around which predisposing, environmental, and exciting factors of disease center. Health represents the integrity of the artery as well as the maintenance of that master tissue, the nervous system, and anything that produces or influences, directly or indirectly, a disturbance of physiological functioning borders on the pathological.

Hence the osteopath recognizes many of the common medical causes of disease, but reserves the privilege of rearranging their relative positions, for the osteopathic cause of disease greatly modifies their value.

M'CONNELL AND TEALL'S PRACTICE OF OSTEOPATHY.

Medicated Vegetables.

(*American Gardening.*)

Will the doctor of the future, instead of prescribing some unpleasant drug, order a course of medicated vegetables? This may be the result of the present attempts to cultivate plants containing abnormal quantities of certain medicinal substances. It is well known that the amount of any characteristic element in a plant varies with its richness in the soil, and it is also known that the assimilation of mineral elements of the body is much more readily accomplished when these are partaken of in the form of food. In the past, if the body needed an excess of iron, it has been supplied by tinctures taken through glass tubes. The modern idea is to supply this want by such vegetables as medicated spinach. Experiments with plants grown in soil enriched by hydrate of iron proved that they contained a much larger percentage of iron than those grown in natural soil. This opens a whole vista of interesting possibilities. The iron, potash, the manganese, the nitrogen needed by the system can be supplied more effectively and more palatably through vegetables than through medicines. Already vegetables are known to have curative properties. Celery is generally held to be good for rheumatism and nervous disorders, lettuce for insomnia, peanuts for indigestion, onions for liver complaints, blackberries for diarrhoea and apples for nervous dyspepsia and rheumatism. Certified milk, with its stated proportion of sugar and fat, sugar and solids, would have seemed improbable some years ago. Will the future see certified vegetables?

Proverbial Sayings.

All the treasures of the earth would not bring back one lost moment.—From the French.
Time, which obliterates the fictions of opinion, confirms the decisions of nature.—Cicero.
Who does not tire, achieves.—From the Spanish.

How pleasant it is for him who has been preserved to remember his toil.—From the Greek.

Much tongue and much judgment seldom go together.—L'Estrange.

He that always thinks it is too soon is sure to come too late.—From the German.

The mind ought sometimes to be diverted, that it may return the better to thinking.—Phoedrus.

The virtue lies in the struggle, not in the prize.—Houghton.

True Courage.

The brave man is not he who feels no fear,
 For that were stupid and irrational;
 But he whose noble soul its fears subdues,
 And bravely dares the danger Nature shrinks from.
 As for your youth whom blood and blows delight,
 Away with them! there is not in their crew one valiant spirit.

JOANNA BAILLIE'S BASIL.

Dr. Benjamin Rush (1746-1813) "the father of medicine in America," signer of the Declaration of Independence, true patriot that he was, read the signs of times in his day. He said: The constitution of this republic should make specific provision for medical freedom as well as for religious freedom. To restrict the practice of the art of healing to one class of physicians and deny to others equal privileges constitutes the bastiles of our science. All such laws are un-American and despotic. They are vestiges of monarchy and have no place in a republic. I am insensibly led to make apology for the instability of the theories and practice of physic. Those physicians generally become the most eminent in their profession who soonest emancipate themselves from the tyranny of the schools of physic. What mischief have we done under the belief of false facts and false theories: We have assisted in multiplying disease; we have done more, we have increased their mortality. Conferring exclusive privileges upon bodies of physicians and forbidding men of equal talents and knowledge from practicing medicine within certain districts of cities and countries are iniquitous—however sanctioned by ancient charters and names—serving as the bastiles of our profession."

Perry Engles, M. D., says: "Think of M. D.'s volunteering their services as guardians for the people; another reason why I object to these laws is because it makes it as much of a crime to cure a patient as to kill him. Punish malpractice, but do not punish the Good Samaritan who relieves pain and saves life."

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Life, misfortune, isolation, abandonment, poverty, are battlefields which have their
heroes; obscure heroes, sometimes greater than the illustrious heroes.—Victor Hugo.

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

The way to be nothing is to do nothing.—Howe.

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No. 7

HOW OSTEOPATHIC LESIONS AFFECT EYE TISSUES.

Demonstration Before the A. O. A., at Put-in-Bay, by LOUISA BURNS, M.S., D.O.,
The Pacific College of Osteopathy, Los Angeles, Cal

In dealing with this subject, I shall consider the first word of the title by both the meanings which it might have in this connection — first, the manner in which the effects upon the eye tissues are produced, and, second, the nature of the effects produced.

The sympathetic connections of the eye are rather complex. I shall therefore take the liberty of calling your attention first to the anatomy of the simpler visceral reflexes and the manner in which the bony or muscular lesion may affect visceral tissues.

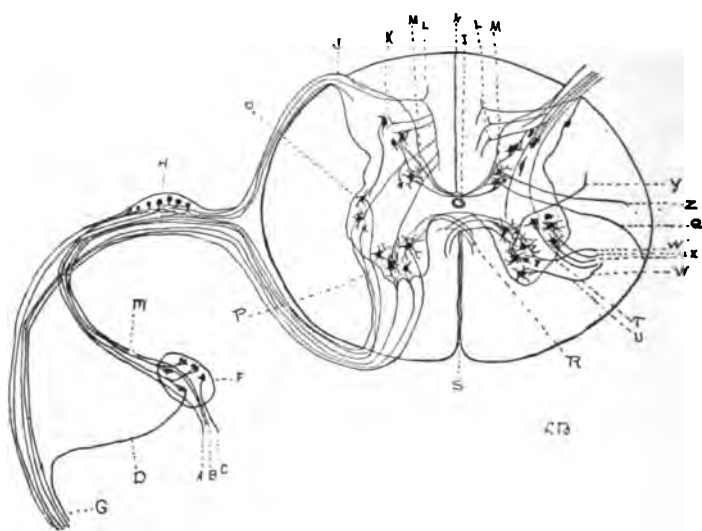
You are, I believe, supplied with two cuts illustrating somewhat crudely the structural basis of reflex actions. Please consider with me the one showing the large transverse section of the cord. The outlines of the cord and of the gray matter in it, and of the sensory and sympathetic ganglia, are drawn to scale. The size of the nerve cells is magnified, and their arrangement is diagrammatic. It would, as you know, be impossible to secure in a single slide all of these relationships. I have, however, slides showing all of the relationships illustrated, with the exception of the connections of the rubro-spinal tract. These are taken from Barker.

The fiber "A" is viscerosensory. The body of the cell is in the sensory ganglion "H." The peripheral prolongation, properly called a dendrite, is medullated. It passes through the sympathetic ganglion "F," without making any physiological connection with the sympathetic neurons, so far as known, and is distributed with the sympathetic nerves. These fibers retain their medullary sheaths until they reach the neighborhood of their termination in the viscera. "B" is a visceromotor fiber, the axon of a cell in the lateral horn "O" of the spinal cord. These fibers form the greater part of the white rami communicantes, and they usually pass through one or more ganglia before forming a synapsis with sympathetic neurons. These fibers are medullated until they reach the ganglion of their termination. "C" is a visceromotor fiber, the axon of a cell in the sympathetic ganglion "F." These fibers are not medullated, usually, and the medullary sheath is extremely thin in the very few instances where it is found at all. Impulses carried over these fibers are derived from the lateral horn.

The lateral horn of the spinal cord "O" should be considered as part of the autonomic nervous system, of which the sympathetic nerves also are a part. The nerve cells of the lateral horn of the cord are smaller than those of the anterior

horn, and the axons of these cells are finer. The axons terminate by forming synapses with sympathetic neurons. The cells of the lateral horn of the cord receive impulses from several sources — from cells in the posterior horn "K," from cells of the spinal ganglion "H," by collaterals from their axons "L," from the red nucleus by way of the rubro-spinal tract "X," from the vasomotor and other centers in the medulla, and perhaps from other sources. Impulses are carried to the lateral horn only from sensory nerves and from centers which coordinate sensory impulses.

Probably all the sensory nerves entering the cord send collaterals to the lateral horn of the same spinal segment. Normally, the sensory impulses carried to the cells of the lateral horn are just sufficient to initiate the visceromotor impulse-



A—viscerosensory, medullated.
 B—visceromotor, preganglionic, medullated,,
 passing to other sympathetic ganglia.
 C—visceromotor, postganglionic, non-medul-
 lated.
 D—gray ramus.
 E—white ramus.
 F—sympathetic ganglion.
 G—mixed nerve, containing sensory, motor
 and vaso-motor fibers.
 H—sensory ganglion.
 I—central canal.
 J—posterior nerve root.
 K—cell of posterior horn.
 L—bifurcation of axon of sensory cell.
 M—cells of Clarke's column.

N—posterior median septum.
 O—cells of lateral horn, visceromotor.
 P—axons of cells of lateral horn.
 Q—axon of cell of Clarke's column, passing to
 Gower's tract.
 R—anterior commissure.
 S—anterior median fissure.
 T—anterior horn, motor.
 U, W—axons of rubro-spinal tract to cells of
 anterior horn.
 X—axons of rubro-spinal tract to cells of lat-
 eral horn.
 Y—axon of pyramidal tract to cells of anterior
 horn.
 Z—axon from cell in Clarke's column, passing
 to direct cerebellar tract.

necessary to the normal action of the visceral and vascular muscles and the glands of the body. If these impulses are deficient — as, for example, if the threshold values of the neurons concerned should be abnormally high — the outgoing impulses are deficient. Any abnormal stimulation of the sensory nerves initiates abnormal stimulation of the cells in the lateral horn, and through these, of the sympathetic nerves. This abnormal stimulation may be received through viscerosensory nerves as is the case in the presence of indigestible food, etc., or it may be derived from abnormally contracted muscles, from joint structures held in abnormal tension, as in subluxations, or, rarely, from the skin itself.

Since collaterals from the sensory axons pass also to cells of the anterior horn.

abnormal viscerosensory impulses may initiate the abnormal contraction of the spinal muscles. This tension may in time bring about mal-position of the vertebrae. Both the muscular tension and the mal-position may in turn initiate abnormal sensory impulses which stimulate the cells of the lateral horn in an abnormal manner. This reflex muscular tension and the exaggeration of the visceromotor impulses thus produced are of great value to the body under slightly abnormal condition, but are a source of great misery if the visceral abnormality be continued. The effects produced from this long-continued muscular tension are probably not to be distinguished from those resulting from accidental structural mal-adjustments of long standing. The fact that abnormal stimulation of viscerosensory nerves results in the contraction of spinal muscles is so frequently and painfully demonstrated that it is scarcely needful to discuss it here.

The converse, that the abnormal stimulation of somatosensory nerves leads to the abnormal activity of visceromotor nerves is not so easily demonstrated by clinical evidence, inasmuch as the action of non-striated muscles is not easily visible. A series of experiments performed in the laboratory of physiology in the Pacific College during the past three years demonstrates the following facts: Mechanical stimulation of the deeper spinal tissues increases peristalsis and vasoconstriction in the area innervated from the same and neighboring spinal segments. This condition is similar to that produced by the irritative lesion. Deep, steady pressure along the spine lessens peristalsis and vasoconstriction in the area innervated from the same and neighboring spinal segments. The condition is similar to that produced by inhibitory lesions.

In some of these experiments transient bony lesions were artificially produced. The vertebrae were rotated to the extreme extent and firmly held with the fingers. After a few minutes great vasodilation was noticed, the visceral walls were relaxed and distended, and peristalsis was lessened and apparently stopped. These effects slowly disappeared after the removal of the abnormal tension.

When the spinal cord is destroyed, or when the sympathetic ganglia are separated from the cord, viscerosensory impulses do not give rise to any perceptible visceromotor or somatomotor effects whatever. These experiments were performed upon some dozens of anesthetized animals. The abdomens were opened, and the effects produced directly observed.

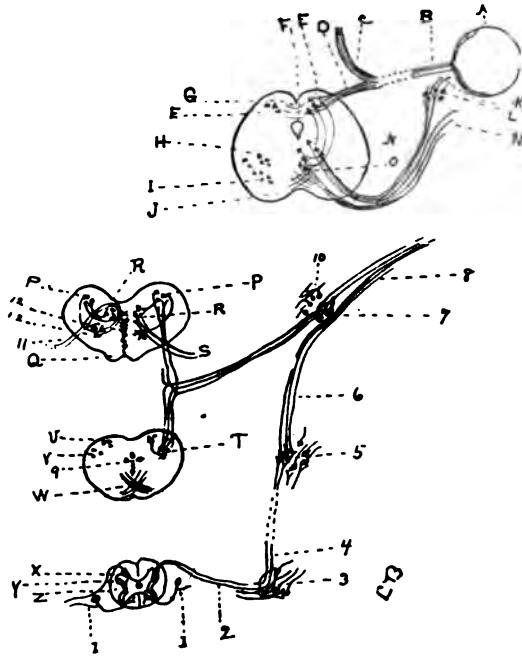
The lateral horn receives impulses also from centers in the medulla and mid-brain. The red nucleus and the axons of the rubro-spinal tract are of especial interest, because there is some clinical evidence in favor of the view that these are concerned in the co-ordination of the visceromotor and somatomotor effects of emotional states. The impulses received by the cells of the lateral horn from both the medulla and mid-brain are of course ultimately derived from sensory impulses.

The paths of the reflexes concerned in the control of the visceral muscles of the eye are more complex, though the principles involved are the same. I ask your attention to the second of the cuts with which you are provided.

The upper section is taken through the anterior quadrigenimates, the aqueduct of Sylvius, and the crura cerebri. As in the other cut, the outlines were drawn to scale and the nerve cells and fibers diagrammatically placed according to the knowledge derived from the study of some hundreds of slides, as well as of case reports and experiments.

I ask your attention first to the third cranial nerve and its connections. The

various nuclei whose axons make up the third cranial nerve have been classified and named after as many fashions as there have been men to investigate them. For our present purpose we may classify them physiologically, and recognize two nuclei, or rather, groups of nuclei, whose axons make up this nerve. We have, then, a lateral, or visceromotor group "N," and a central or somato-motor group



A—retina.
 B—optic nerve (decussation not shown).
 C—about four-fifths of the optic tract passes to the lateral geniculate body and the pulvinar of the thalamus—these fibers are concerned in conscious vision.
 D—about one-fifth of the optic tract enters the superior quadrigeminate body by the superior brachium—these fibers are concerned in the eye reflexes.
 E—cells of superior quadrigeminate body.
 F—aqueduct of Sylvius.
 G—commissural fibers.
 H—red nucleus.
 I—substantia nigra.
 J—position of the pyramidal tract.
 K—short ciliary nerves, post-ganglionic, non-medullated.
 L—ciliary ganglion.
 M—third nerve, motor oculi.
 N—lateral motor oculi nucleus, visceromotor.
 O—central motor oculi nucleus; motor to extrinsic eye muscles.
 P—nucleus of insertion of fifth nerve.
 Q—position of the pyramidal tract.
 R—nucleus of the sixth nerve.

S—sixth nerve.
 T—nucleus of insertion of fifth nerve.
 U—nucleus gracilis.
 V—nucleus cuneatus.
 W—decussation of pyramids.
 X—anterior horn.
 Y—lateral horn.
 Z—position of pyramidal tract.

1. 1—sensory ganglion cell.
 2—axons of lateral horn cells, entering white ramus.
 3—upper dorsal sympathetic ganglion.
 4—visceromotor, preganglionic fibers, medullated.
 5—superior cervical ganglion.
 6—visceromotor, postganglionic fibers, non-medullated.
 7—gasserian ganglion.
 8—long ciliary nerves.
 9—nucleus of twelfth nerve.
 10—cells of Gasserian ganglion, supplying non-ophthalmic branches of fifth nerve.
 11—facial nerve.
 12—nucleus of facial nerve.

"O". The lateral nucleus is comparable to the lateral horns of the cord, the cell bodies are smaller, the axons are finer, and the dendrites are fewer and shorter than is the case with the cells of the central group or somato-motor group. The cells of the central nucleus are large and as rugged in outline as are those of the

anterior horn of the cord. The axons of the cells of the central nuclei pass without relay to the striated muscles innervated by the third nerve "M."

The axons of the cells which make up the lateral nucleus resemble the fibers of the white rami of the dorsal region. They end by forming a fine plexus of fibrils around the cells of the ciliary ganglion "L". The axons of these cells make up the short ciliary nerves "K", which innervate the ciliary muscle, the non-striated fibers of the levator palpebrae, and the sphincter of the iris. The path of the impulses concerned in the reflex action of the muscles just mentioned is usually as follows: Nerve elements of the retina "A", that portion of the optic nerves which enters the anterior quadrigenimates "D", the cells of the quadrigenimates "E," where the impulses are co-ordinated, then by axons of these cells to the lateral or visceromotor nucleus of the third nerve "N", thence to the cells of the ciliary ganglion "L," and by the non-medullated fibers of these, the short ciliary nerves "K," to the non-striated muscles concerned.

The reflex action of the extrinsic eye muscles is produced in part by means of impulses carried by the same, or possibly a parallel path in the optic nerve to the quadrigenimates, thence by the association fibers to the central nucleus "O" of the third nerve, and by the medullated fibers of these, without relay, to the striated muscles. The connections of the fourth and sixth nerve are similar to these. Sensory impulses over the fifth may also influence the action of the central nucleus of the third. These nuclei also exchange association fibers with the nuclei of the fourth, sixth and seventh cranial nerves, and with the red nucleus and substantia nigra. Fibers from the Rolandic area carried in the central region of the crista, carry impulses concerned in what we call volitional movements. These reflex arcs are not directly influenced by the bony lesions usually found, but the impulses carried over these nerves have an important bearing upon the effects produced by lesions near the cilio-spinal center.

The blood vessels of the eye, the dilator muscle of the pupil and the lachrymal glands receive impulses over another pathway. Just posterior to the motor oculi nuclei, beneath the upper portion of the floor of the fourth ventricle, is a group of nerve cells whose stimulation initiates dilation of the pupils. The axons of these cells pass downward to the pons, medulla and cervical cord to the cilio-spinal center. It is not known in what tract they are found, though they are probably near the rubro-spinal tract. It is known, however, that these axons form synapses with the nerve cells in the lateral horn of the cord in the cilio-spinal center "Y". The axons of the cells last mentioned pass out with the anterior nerve roots and from them enter the nearest sympathetic ganglion "3", as white rami communicantes, "2". They pass through the upper one or two thoracic, and the middle and inferior cervical ganglia without relay, still retaining the medullary sheaths. In the superior cervical ganglion "5" they break up into fine fibrils, which form a net work around the cells within the ganglion. The non-medullated axons of these cells "6", enter the cranium. Part of them take part in the formation of the carotid plexus. Others pass through, or near, the Gasserian ganglion and are distributed with the fifth nerve. The long ciliary nerves are made up in this way.

The nerve cells normally concerned in the dilation of the pupil, the secretion of tears, and the contraction of the blood vessels of the eye, are,—first, either by way of the retina, the one-fifth division of the optic nerves and the anterior quadrigenimates to the pupilo-dilator and the vaso-motor center, or, by way of the fifth nerve, the Gasserian ganglion, the nucleus of the fifth and the fillet, to the anterior quadrigenimates the pupilo-dilator and the vaso-motor centers. From these, the im-

pulses are carried to the lateral horn between the seventh cervical and the third dorsal segments of the cord, and thence by the white rami and cervical sympathetic cord to the superior cervical ganglion. Normally, the pupilo-dilator center is affected chiefly, if not entirely, by impulses from the optic nerves. Abnormally, any excessive stimulation of sensory nerves, or any excessive emotion, may initiate pupilo-dilation. The ophthalmic vaso-motors act in accordance with the algebraic sum of the impulses reaching them from all sensory nerves, but chiefly from the ophthalmic division of the fifth, while the subsidiary centers act in obedience to the higher centers.

The centers in the medulla and the pons are intimately related by means of association fibers, hence they are easily affected by abnormal or unusual impulses reaching all sensory nuclei of insertion. It is by means of this relationship that the eye is enabled to respond to changes in other parts of the body with such remarkable celerity.

The part of the pathway most easily affected by bony lesions are the cells of the cilio-spinal center and the superior cervical ganglion. I ask your attention again to the large section of the cord. The entering sensory axons "L" send collaterals to the lateral horns of the cord. If there be any abnormal irritation of the sensory fibers of the segments between the seventh cervical and the third dorsal nerves, then abnormal impulses must be carried to the lateral horn and must affect the nerve impulses to the eyes. Any mal-adjustment of joint surfaces is a source of very marked irritation, as is also abnormal muscular tension. Irritation of the skin of the back of the neck may produce marked pupilo-dilation.

A rough, stiff collar or collar button are not to be called osteopathic lesions certainly, but they do produce decided effects upon the circulation in the eyes and the size of the pupils in some cases. It is not necessary to offer clinic reports of cases of eye troubles in which recovery has followed the correction of an upper dorsal lesion to an audience of experienced osteopaths. Probably there is not a member of this Association whose case book does not show a number of such reports. We all recognize as well, of course, the existence of structural deficiencies whose most rational, if not whose only, remedy is the use of corrective lenses.

The position of the superior cervical ganglion renders it especially liable to direct abnormal impulses. The abnormal contraction of any of the anterior cervical muscles, brings tension upon the connective tissues, lessens the space, crowding the pulsating carotid artery into injurious propinquity with the ganglion, and interfering in other ways with nutrition and drainage. I am disposed to the view that effects produced upon the eyes by lesions of the upper cervical vertebrae are due to the mechanical and direct irritation of the superior cervical ganglion by structures influenced by the upper cervical nerves. I am not fully persuaded upon this point, and will be very glad to hear the opinions of others.

I now ask your attention to the nature of the effects produced upon eye tissues by these abnormal nerve impulses. As has already been stated, the bony lesions most frequently found in connection with eye disorders are those which affect either the cilio-spinal center, or the superior cervical ganglion. The first effect produced upon the blood vessels of the eye by the unusual stimulation of these centers is that of constriction. Within a very short time, possibly as a result of fatigue of the neurons, the blood vessels become dilated, and this condition is persistent.

The ultimate pathology of the eye which has been kept hyperemic by these

conditions depends in a large part upon the environment of the individual, and especially upon the presence or absence of pathogenic bacteria.

Any of the pyogenic bacteria, or the Week's bacillus of acute conjunctivitis, or the bacteria characteristic of any of the contagious diseases may gain entrance to the eye while it is in this abnormal condition and produce the symptoms characteristic of their activities elsewhere. The invasion of the gonococcus produces blennorrhoeal ophthalmia, with all its terrible effects. Occasionally the presence of irritative pollen in the air precipitates an attack of so-called "spring catarrh" of the eyes, a condition resembling hay fever.

The effect produced upon the pupilo-dilator muscle is usually persistent. The pupils are constantly abnormally dilated, unless the sphincter is contracted strongly enough to overcome the dilator. That is, the dilated pupil admits an excess of light, the impulses thus generated are carried to the anterior quadrigenimates, and thence to the visceromotor nucleus of the third nerve, thence to the ciliary ganglion and the sphincter. The symptoms of nerve strain thus produced are not to be distinguished from those resulting from astigmatism or hypermetropia except by the ophthalmological examination, and inasmuch as nearly all eyes are astigmatic in some degree, there is an opportunity for some nice work in diagnosis.

If the threshold value of the neurons composing the reflex arc governing the sphincter of the iris should be abnormally high, because of fatigue, mal-nutrition or toxemia, the pupilo-dilator effect is not overcome. The pupils react poorly to light and distance. The peripheral rays are not cut out, hence the spherical aberration is not overcome. In the effort to secure a better focus the ciliary muscle is greatly contracted, at times irregularly, thus leading to a temporary astigmatism, which may become permanent. Such patients usually squint or suffer other facial contortions, either as a result of the endeavor to secure better vision, or as the result of contractions of the facial muscles produced by the abnormal nerve impulses reflexly initiated.

At the same time the admission of an excess of light irritates the retinal tissues. Hyperemia results from this also, and this may lead to all the ills of retinal congestion.

The abnormal stimulation of the cilio-spinal center or the sympathetic ganglia induces changed secretions of the various glands of the orbit. The tears are somewhat reduced in quantity, but may become slightly viscid.

It is not known whether this is the effect of the changed blood pressure or of the irritation of the secretory nerves. The tear ducts may be occluded because of the viscosity of the tears, or by the hyperemia and infiltration of the mucous and sub-mucous tissues. The structural changes brought about are merely those following hyperemia and congestion in any part of the body.

Osteopathic lesions in almost any part of the body may produce changes in the functions of the eye tissues. For example: A lesion affecting the renal splanchnics may be responsible for the faulty action of the supra-renal capsules, and blood pressure be raised or lowered in the eye as elsewhere. A lesion affecting the kidneys may result in the blindness of uremia. The list of similar conditions might be almost indefinitely continued. In many of these it sometimes happens that the eye symptoms are the most prominent and that the physician is consulted on that account. In such cases, again, are found opportunities for exhaustive work in diagnosis.

I have endeavored to deal with the physiological rather than the clinical aspects

of this subject because I rather thought the physiological aspect was the one expected of me, and also because my practice has been too limited for me to have anything of value to give in that line. The little experience which I have had, however, has proved to me that many of the cases of nerve strain apparently of ocular origin, and many of the infectious conditions of the eye tissues may be referred either directly or indirectly to bony or muscular lesions in the cervical and upper dorsal regions.

DISCUSSION.

Guy E. Loudon: I believe I am not making an exaggerated statement when I say that this address of Dr. Burns has paid me for making my trip from Vermont. I am proud of her, and I think the entire profession ought to be proud of her. Her demonstration is along the line of research work, such as we have been advocating at this meeting. Anyone that will stand up here and entertain us as she has deserves much praise. I am sure we will profit by her talk, and I hope it will be published in full in the JOURNAL, so that we may study it, and I feel certain we will take up the work of treating the eye with more confidence and get better results, and be able to explain it to our patients in a satisfactory manner. I think every one ought to consider it an honor to have a place on our program, and those of us who are assigned subjects or clinics ought to so prepare ourselves by bringing something of special interest that we may leave with the Association valuable hints and suggestions. In making these remarks I am not criticising anybody, but rather encouraging all the speakers; for this has been an excellent program, and I am sure we will all profit by the example set by our sister, Dr. Burns, and I move that the Association tender a vote of thanks for her demonstration.

Motion seconded and unanimously carried.

J. F. McNary: I rise to voice the sentiment of this Association and that of Dr. Loudon in this appreciative manner toward Dr. Burns, and while I am up I wish to ask the Doctor to describe or express her experience in cases of glaucoma. After what she has said relative to the ciliary body and its co-ordination with the upper cervical ganglion and its relation with the canal of Schlemm, as I understand that is the cause of that dreaded disease, and if she will say a few words which we can carry with us to our homes, she will not only confer a favor upon us, but a lasting benefit to the suffering patient.

Dr. Burns: I have never treated a case of glaucoma.

Ellen B. Ligon: In my experience I have found that in cases of degeneration of the optic nerve the trouble seemed to be relieved by treatment at the second dorsal. That seems to be the nutritional center controlling the blood supply. I had been treating a patient for several months before I devoted any special work to the second dorsal, and I had no results until I turned my attention to the second dorsal, which was lateral to the right as the result of a football game. The patient was pronounced incurable by Dr. Milner and he was tending toward blindness. The treatment at the second dorsal relieved the condition, and the patient is today one of our osteopathic practitioners.

I have found that where there was an irritation and pain in the eye which seemed to result from an irritation of the ciliary nerves and muscles, the result was pain in the cervical region and occiput; and in that connection I found it necessary to treat the hyoid muscles. The hyoid bone was drawn up and back and rotated the center to the extent of not my being able to relieve it by the treatment of the cervical vertebrae alone, and I had to go as far as the suprascapular notch

where the omohyoid muscle finds its attachment. I find in the degeneration of the optic nerve I have given relief by going to the second dorsal.

The only patient I ever had where I found any evidence of the medical profession using their knowledge of this as the ciliary center was this case. I found the patient severely scarred and I asked the cause. She said she had a severe eye trouble and the physician put in a seton at that place, and she could not help noticing the humane treatment of osteopathy as compared with other methods with exceeding greater results.

R. W. Bowling: Any one who has been keeping up with medical literature for the past ten years will have noted the decided influence osteopathy has exerted over the thought of our brethren in the other therapies. Recently an article in the *New York Medical Journal* attracted my attention as being corroborative of a remark I recently heard made by Dr. Teall, that we osteopaths were about to be discovered by the medical profession. This article bore the signature of one of the world's famous orthopedic surgeons, in which he reported a number of cases of refractive errors accompanied by abnormal spines, especially scoliosis, and arrived at the conclusion that the corrective measures adopted by oculists were responsible for the cures which followed.

One case of especial interest was cited from the records of a famous specialist wherein astigmatism, accompanied by scoliosis had been cured by a combined treatment corrective both to the eye and to the abnormal spine. The conclusion was, as in other cases, that the correction of the error in refraction was responsible for the cure. However, he stated that many physicians had objected to this theory, holding that the cart was before the horse—and we as osteopaths certainly recognize the truth of this sage observation.

This article makes a further statement that 27 per cent. of all school children in the United States and Europe are afflicted with more or less ocular disturbance, and it is assumed that the abnormal posture taken by these children during school hours is responsible for the errors in refraction because of the children's effort to place the vision in correct relation with the abnormal posture, resulting in astigmatism and other defects, which in turn result in scoliosis and other abnormalities of the spinal column.

Certainly as osteopaths we are convinced that the cart is before the horse. I should like to cite one case falling under my notice recently. A very vigorous, muscular child was, because of his extreme vivacity, handled rather too roughly, and in consequence when the child began to walk there was a marked kyphosis at the cervico-dorsal junction. This child later developed a decided hyperemia of the conjunctivæ, also an increase of adenoid tissue in the throat. Being taken to the oculist they, as usual, declared the eyes sound except for the influence exerted upon them from the adenoids, and suggested removal of the same. I think we are all familiar with numerous instances of such operations being fruitless, and I am sure that were these gentlemen osteopaths they would seek for and invariably find some lesion affecting either the cervical or upper dorsal region, and through these influencing deleteriously the circulation both in the eyes and throat. Such abnormal circulation must inevitably result in increase of the adenoid tissues of the naso-pharynx and pharynx as well as an interference with the normal development of the eyes. And I have no doubt could this case have been followed it would have been one of those presenting errors in refraction, and by the gentleman before cited, these errors would have been causative of the kyphosis which you will note in this case antedated the other conditions mentioned.

F. A. Turfler: I have been thinking about the reason why the cilio spinal centers are between the shoulders, and I believe the reason is that nature has placed them there so that in the movements of the head the muscles pull across those nerves and those joints are moved, thereby dilating the pupil by the stimulation of those centers, in the same manner as though they had been stimulated by the hand. In moving the head forward, looking intently at any object the cilio spinal center is stimulated, the muscles pulling across the nerves, the pupils are dilated, thereby enabling you to see much better.

CANCER.

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We introduce the discussion of the subject of cancer by the tabulation of a series of cases.* This is done so as to have before us in the later discussion of the subject the "Materies Morbi" which can be referred to as the discussion proceeds.

This subject has been under our observation for many years. Dr. Sawyer and myself, with another doctor, in the summer of 1903 made an extended tour, taking in the cancer hospitals and other general hospitals where cancer is treated, in Europe. We studied the literature of the subject with many who have devoted a life time to the subject. Our thanks are specially due to the imperial authorities in Berlin and the Department d'Assistance Publique in Paris that gave us permits to conduct our investigations, and also to the superintendent and laboratory assistants of the London cancer hospital.

The general opinion seemed to be that cancer was an incurable disease, except in those few isolated cases in which surgery seemed to offer palliative relief. Some have held that cases of cancer may be spontaneously cured. (Case of Frau Koenig spontaneous cure of carcinoma possible, Verh de Deutsch Gesellschaft fur Chirurg, 1899).

It is not our intention to follow out opinions, however, or theories, because while these are of historical value they are of no importance therapeutically in the discussion of our view, as it is radically different from every other view.

We have investigated the subject of the prevalence of cancer in certain localities both in England and America, to find out possible exciting conditions. These will be referred to incidentally as occasion arises.

The question is asked (1)—Is cancer curable? We answer this by asking another question, is the cause of cancer removable? If so, then, like any other disease, cancer is curable. Let us remember disease is not an entity but an effect produced in the organic system or its parts, whereby certain manifestations, anti-histological and anti-physiological, appear that are not found in the normal patient. The cure of any disease implies—

- (a) The removal of the cause producing the effect or effects; and
- (b) Sufficient vitality and resisting force in the organism both to stand the removal of the cause and the recuperating of the vitiated system.

Many fail to take account of these latter conditions. Some of the cases cited illustrate this point. The most thorough upbuilding is an absolutely essential factor in the treatment of these cases, more especially as in cancer the whole systemic nutrition is vitiated. In treatment the X-Ray treatment now is preferred as a method of treating cancer, being "superior in effect to the surgical method, be-

*The table of cases referred to above will appear in a subsequent number.—Editor.

cause it preserves the affected organ and acts, not upon the local condition, but on general nutrition." (Mondain L'Art Medical, 1903). This means, without endorsing the method of treatment, that the general nutritive condition must be reached so as to *purify it, establish thorough trophic conditions and then replenish the system so as to repair the local conditions.*

(2). Are drugs used in the treatment of these cases? Never. One of the main points in the method of treatment is the elimination from the system of any drug formerly used by the patient that has cumulative action and left cumulative effects behind. *To rid the system of every vestige of poison, both active and passive, to overcome even the passive and latent effects of these poisons, and to correct the etiological causes* represents the keynote of our therapy: Even noxious and irritating elements of the food supply are very carefully eliminated, such as tea, coffee, alcohol in all forms, all lotions of every kind, pork, in many cases meat of every kind, tomatoes, etc. Diet on the basis of the proximate principles of the body is an essential condition.

These cases are tabulated from careful records kept by Dr. Sawyer and myself. There are several points deserving of note before entering on the general discussion of the subject.

(1). The structural disturbances of tissues involving the nerves, blood vessels and lymph supply to the seat of the localized affection are prominent. Rib lesions in the breast conditions, dorsal and lumbo-sacral lesions in the pelvic conditions, produce the stasis of blood, the obstruction of drainage, the irritating of the nerve supply, resulting in atrophic or non-trophic changes. In such conditions the readjustment of the structural variations is the fundamental rational treatment.

(2). A localized seat or nidus becomes the center of—

- (a) Toxic accumulation;
- (b) An artificial toxic nutrition, and—
- (c) Organized perverted tissue development.

The causes of this localized condition, I consider, judging from the cases, are:

(a) lesions that so weaken a part as to make it a dumping ground for the refuse of the body and of the waste from a lifetime of indiscretions in diet, manner of life, modes of dress, previous diseases, effects of vaccination, etc.

(b) Traumatism associated with direct injuries, surgical operations in benign conditions, abscesses, boils, lacerations and such like, the result of which is the separation and dissociation of the structural units, the cells, to such an extent that deposit, perverted nutrition and similar changes follow.

(c) The abuse of certain organs, or functional activities reacts upon the nervous system so as to weaken the nerve force and the trophic relations of the nervous systems, so that by the lack of nerve force, the cutting off of the nerve control and the absence of trophicity, the same conditions of separation and dissociation of cell structures follow.

In any of these cases the lesions may be in the tissue structures, like bone, muscle, ligament, or in the minute structure of the nerve cells, or in the dendritic connections of the nerve units.

(3). In explanation of the variety of lesions, and frequently very different lesions noted in the tabulated cases, I attribute the variations to—

- (a) The fact that certain lesions may be primary, that is, actually etiological.
- (b) Certain lesions may be, and undoubtedly are secondary, as in the case of (b) and (c) noted under (2), the *reaction* from the change produced by traumatism, laceration, etc., being in the direction of the malignant growth. In these cases

we have a *secondary* etiological lesion, that is a *maintaining* or sustaining lesion. In many of these cases there is undoubtedly another primary lesion corresponding with the primary cause of the *dissociation* of cell structure. Here another lesion is found. These different lesions are brought out in connection with the treatment of the cases.

(c) Frequently we find compensatory lesions. The system is normally self-sufficient and within the limits of immunity, that is, vital resistance, other parts of the system come to the rescue of the weakened parts. In this case some strong parts of the system become depleted, weakened or irritated in the effort to help the weak. Here another structural lesion arises.

My experience in the correction of these lesions is, that in so far as we can make out a history of the development of the conditions, correction should be made of the most recently developed lesions, called the secondary, where a variety of lesions is found in the same case, so as to throw the system back into as nearly as possible the condition of relative normality, in which it was when the primary lesion existed alone. In this condition the entire force of the system is at command when we set ourselves to the correction of the primary lesion. The same principle is followed in the *antidotal* treatment, except that, if in a given case predominant symptoms of poisoning prevail and these predominate over all other symptomatic conditions, this toxic condition must first be removed and then the others are attacked in the reverse order of their development.

(4). Toxic conditions in the localized area. This represents a perverted metabolism and the accumulation of toxic by-products. This is in line with the circulatory and trophic conditions of perverted assimilation. If the blood stream is poisoned and if the nerve centers are poisoned, the nutritive and trophic supplies are vitiated and the sub-katabolism of the nervous system represents the throwing out of thoroughly vitiated products for assimilation, together with the poisonous accumulation either in the chemical or dynamic form. In the dissection of a negro cadaver that had died of syphilis in which the tibial nodes were present, we noticed the presence of large proportions of mercurial crystals along the tibia between the bone and the periosteum. This condition must be dealt with by antidotal treatment, to remove, liberate or break up these combinations that result in and produce the vitiated growth. The vitiated growth is not the disease, nor properly the seat of the disease, but represents an attempted excretion from the centers of vitality. When the excretion reaches a certain stage or is of a certain type, then the new growth becomes organized and acts positively in the process of life destruction by drawing from the body the nutrition and vitiating all the nutrition of the rest of the body.

(5). The symptoms which are pathognomonic are those of intoxication. The cachexia, dirty yellow discolorization, dirty yellow spots, minute cystic blood accumulation and deposit in the skin and surface fascia, general wasting away, failure to assimilate, resulting in emaciation, loss of appetite, dropsy, gas formation—these are all symptoms that represent a continued attempted excretory process of elimination from the vital centers on the surface of the skin or into the eliminative fields of glands, fascia, the blood, lymph and tissue channels that render nutrition and continued life impossible. These must not be stopped, as is so frequently done in the symptomatic treatment of such patients, because it drives the real disease deeper and makes cure impossible. Hence the only way to control these is to eliminate the poisons and to restore all the eliminative processes to normal. This means that circulatory conditions must be raised to par, *vaso motor*

control must be established and the nervous system regenerated before the skin and surface tissues, internal and external, can be purified. The blood must be cleansed and the normal balance between blood, lymph and cerebro-spinal fluid re-established. Epithelial and glandular elimination must be restored.

(6). One point we have noted particularly in the development of malignant growths, particularly in the early stages, is the unbalance between the nerve fluid, the blood and the lymph. In one case that we studied for some years by the examination of the fluids, we found leucocythemia very marked, with no disturbance of the red blood corpuscles. Later we found the red blood corpuscles modified with the tendency to the development of the giant nucleated red blood cells and very marked predominance of the plaques or plates. These responded to acid reaction only, indicating the gradual degenerative changes in the fluids as the vitiation of nutrition progressed. Other blood changes will be noted under the pathology.

II.

What is cancer? Next to the great white plague, tuberculosis, comes cancer. In regard to the origin of these much speculation has been expended, so far it seems without any satisfactory solution. As the subject is so very complicated we shall try and discuss it from various standpoints, so as to get at the etiology, symptomatology, pathology and treatment of the conditions.

I use the term cancer in the broad sense to include all growths that tend to progress by insidious diffusion; starting in a localized nidus of some kind, back of which lies the true etiology, growth takes place around, in and towards this center, so that a concentrated new formation of a vitiated and destructive type results, with vitiated metabolic processes and resultant vitiated assimilation products.

In Chicago cancer has shown an increased mortality from .11 per cent. of total mortality in 1851 to over 4 per cent. within the last few years. It is interesting to note that the total mortality from cancer has doubled since *La Grippe* first visited Chicago. Why? Because of the lowered vitality and general systemic weakening produced by grippe. By this I mean lowered vital resistance in the nerve cell life which makes it impossible to keep up systemic nutrition and strength. The chief external causative factor is the indoor life, that produces:

(1) A lowered vitality on account of lack of the proper supply of oxygen, rendering the system more susceptible from imperfect oxidation, imperfect preparation of the food protoplasm, and much waste;

(2) A slow chemic poisoning associated with the cumulative action of carbonic acid, other gases and poisons;

(3) Irritation due to toxins not eliminated from the system, on account of lack of proper excretory action.

The most of the year is spent in overcrowded apartments, steam heated flats, offices, stores, factories, clubs and schools, where the daily oxygen supply is not sufficient to carry on the vital processes necessary for health. To this must be added lack of sufficient water to enable the kidneys and other excretories to carry off waste matters, the use of too hard water, especially where there is an excess of lime, the lack of physical exercise, tending to impaired respiration and perspiration. That we are not exaggerating the necessity of oxidation is proved by physiology, animal oxidation depending on the special constitution of the protoplasmic proteids (Pfluger), the oxidation in the ultimate analysis depending on the nuclear matter of the cell (R. S. Lillie).

Braithwait attributes cancer to four conditions, the most important being the

excessive use of inorganic salt. This condition does not operate, however, unless one or more of the other conditions exist, viz: excessive nutrition following the use of too much food, especially meat, impurity of the blood from insufficient exercise, especially in old people who eat too much and do not exercise, and some local irritant, such as nicotine, tobacco smoke, micro-organic burrowing, over-stimulation of the mammary glands by ovarian or uterine reflex conditions. Braithwait and Turnstall, physicians to the hospital for incurable Jews, claim that among the Jewish women cancer is unknown. The hog is the only domestic animal which has not cancer. The savages are said to be free from cancer. Hogs and wild animals that get no artificial salt are said to be free from cancer. This disregards the fact, however, that wild deer will risk their lives to get salt while in the domesticated condition the deer get salt freely and develop cancer. Extensive cancer fields are found where salt pork is very freely used.

In line with this we find the theory formulated that salt is a preventative of cancer. Two facts Braithwait brings out of some value,

(1) The relation of salt to cancer, and

(2) That the excessive use of meats, especially in sedentary people, in fact, the excessive use of any kind of food which the system does not call for, is a foundation for cancer. Both of these facts are in line with our theory of exciting conditions.

In an article in Harper's Weekly (March 3, 1906,) Dr. C. W. Saleeby, an experimenter in the field of the origin of life, discusses the so-called specific cure of cancer by the use of trypsin, discovered by Dr. John Beard, of Edinburgh University. (See McClure's Magazine, August, 1906, British Lancet, February 4, 1905, p. 281, and American Medical Association Journal, March 10, 1906, p. 128; December 15, 1906, pp. 2003 seq.) Dr. Saleeby says, "It seems more than probable that in trypsin has been discovered for the cancer cell that specific poison which must exist for every cell. Only the philosophic few could have guessed for a moment that Dr. Beard's long and famous researches would ever enable him, as they would, indeed, appear to have enabled him to place in the hands of the physician a veritable cure for cancer." Drs. Beard and Shaw McKenzie conclude as the result of several thousand experiments that "trypsin is the substance which will destroy the cancer cell with ease and without danger to the individual."

This trypsin is "the characteristic ferment of the pancreatic juice, a remarkable but familiar substance." The microscopic examination of the tumor indicated, after injection of the trypsin, that every one of its cells had degenerated. On this basis they conclude that a cancer is a product of what "Weissmann has taught us to know as a germ cell." These germ cells are not produced by the embryo but are independent of embryonic growth. "Germ cells do not confine themselves to their own proper organs but many of them are apt to wander all over the body."

What are these wandering cells? They originate, I believe, in the bioplasts, that naked living matter which in the nuclear field represents the field of oxidized matter, forming the active (living) proteids. These living proteids are the primary substance that occurs in every developing cell, absolutely essential for cell life and growth. The white blood cells, or primary cells, take up this primary substance and hand it over to the blood to furnish the tissue cells with directly vitalized nutritive substance. In the normal tissue this substance increases the tissue cell life, antagonizes disease conditions, builds up the cells, overcomes fatigue and exhaustion and regulates the rhythmic action of muscle. When this substance degenerates certain of the white blood cells degenerate and we have mi-

gratory cells in the circulation that may lodge anywhere, where the vital resistance is lowered. Here we have the theory of a cancer cell capable of migration and transplantation. These cells are not embryonic but are the primary corpuscles of the regenerative and repair processes of the body, which represents practically a perpetual embryonic process. In the infectious diseases practically the same is true of the origin of the so-called germs. That is, they do not come from without, except in cases of propagation from one body to another, when we have practically the process of transplantation; they come from within and represent the black sheep generated by destructive processes of the primary substance, the bioplast of the nuclear field, and the degeneration of the white blood cells from the presence and action of this degenerated primary substance.

No one will deny that cancer represents a new growth, and if this pancreatic ferment is the active destroyer of the substance of that new growth, nature has provided a normal internal secretion whose function it is to be always on the watch to prevent the development of the cancerous growth.

What is, then, what we call cancer? Cancer represents a malignant growth involving the change of structure of an organ or tissue, in the dissociation or separation of the normal histological cell structure, involving as it is claimed in pathology a return to the simple continually recurring embryonal state of regenerating structure. This simply means that regeneration is a typical generation.

This, however, is not a wide enough definition of cancer. Cancer represents a general condition of the system or of the underlying units of primary substance, white blood cells and tissue corpuscles, before the particular localized condition develops. This general condition involves the failure of the trophic and nutritive conditions, primarily implying an abiotrophic condition (Gower's term used in another connection in his work on "Diseases of the Nervous System") of exhaustion of the ganglionic system or positive poisoning. This prevents the proper supply of the normal nerve force and trophic materials, i. e., gangliaesthesia, that is the disturbance, irritation or anaesthesia of the ganglionic nerve system, resulting in turn in neurosis which we generally recognize in most diseases as the starting point of localized disturbances in nutrition, secretion or excretion. The result is that the structural parts of the tissue involved grow at the expense of the inter-structural, on the analogy of the spider cell growth of connective tissue elements at the expense of the nerve cells. Hyperaemia, hypertrophy, proliferation of cells, deposit of materials, naturally and necessarily follow in the physiology of the pathological condition.

Cancer may be classified as a constitutional disease involving the most fundamental units of the vitalized organism. A good constitution has the power of resisting and throwing off all destructive conditions. The animal body as such can neither produce new matter nor new force. All the chemical processes take place within the cells. It is very difficult to isolate the developing cell. Attempted isolation results in the formation of new substances that either alter or destroy the physiological constituents of the cell. This process is so delicate that excessive temperature in the cells will so alter the solvent substance that keeps uric acid in solution, that it becomes a xanthin product, which will analyze into uric acid. Now if the leucocytes are imperfectly developed, as some are all the time in continual development, these leucocytes become acidified and tend to degeneration. In this condition normal nutrition of the tissue cells is impossible. If we add to this the fact that is always present in chronic diseases, viz: the

presence of poisons or poisonous force, from auto-intoxication or the active use of poisons, then we can see how cancer represents a chronic constitutional condition.

Dr. Burnet, of London, in speaking of the fact that large numbers of cancer cases come from the Eastern counties of England, where people go to get cured of consumption, says, "It is because the consumption poisoning is not taken out of the blood; it is lived down, but not out, by means of the clear air; and when the vitality begins to wane it reappears as cancer." Here we have the cumulative poison idea recognized as the basic factor in cancer. This is true of other diseases.

Dr. Mary Hall Williams, of Penzance, England, describes a case of a cancerous growth on a mucous membrane which developed on its original field but later developed into a cancerous growth of the left breast. In this case she claims that rheumatism lay at the bottom of the cancerous growth and represented the obstruction in the form of poison that nature has to meet in the attempt to make perfectly healthy tissue. When we find a large proportion of cases in the region of the purest air, so pure indeed that the young can live down tuberculosis in it, it is evident that there must be a deep seated poisoning of the system.

Cancer is a comparatively modern disease, said by some to be a disease of civilization. Its chief characteristic seems to be hyperplasia of no specific type, there being a very rapid proliferation of epithelial tissue. The malignant growth itself is at first purely local and benign in character, "carcinoma originating from cells which belong to the epiblastic or hypoblastic structures, epithelial, while sarcomas are from the mesoblastic connective tissues." Hence cancer is characterized locally by the rapid proliferation of cells. It takes 21 years to make an adult human body and if the nervous system is completed, 35 years, yet from 6 months to 6 years can unmake it completely by a cancerous development.

Cancer is not a microbic disease. The germs or toxin basis of cancer may be present in every one in potential form, in certain cells which when degenerated, under the influence of destructive metabolism become malignant and in their malignant form proliferate very rapidly.

Our view of cancer, therefore, without formulating a theory, may be summarized at present, explanation and development coming later:

(1) A nervous condition representing trophic nerve disturbance, involving the most fundamental neural bioplasm and the protoplasmic processes; resulting from this we find a condition;

(2) Affecting the lymph system through the communication of vitiated trophic materials in the cerebro-spinal fluid to the lymphatic fluid and the lymph glands. This in turn;

(3) Affects the blood through the lymph, an effect that shows itself in the minute blood cysts on the surface of the skin and in the constitution of the blood, especially the red and white corpuscles and the plates;

(4) The vitiated condition of these vital fluids causes localization of conditions in connection with some exciting condition such as traumatism, lesion, dissociation of cell structure by abscess, etc.;

(a) By weakening the physiological activity of certain organs or tissue structures;

(b) By paralyzing the nerve force to these organs or structures;

(c) By poisoning the metabolic materials so that the nidus becomes a center for the accumulation of waste materials from the general metabolism of the body.

(5) The neoplasm is the accumulation of sub-katabolized substances, the pro-

duct of systemic sub-katabolism localized at some point where the sub-katabolism is at its maximum on account of a lesion or traumatism. This sub-katabolism represents a metabolic state in which effete cells which have fully performed their functions are not broken up and eliminated as other waste matter, but remain in a static condition until they are sub-katabolized into, and form a degenerative tissue structure.

The immediate causes of this degenerative sub-katabolism are:

- (a) Deficiency of oxygen to produce perfect normal oxidation;
- (b) Excess of acidity of tissue, thus preventing the normal metabolism of tissue elements in an alkaline medium;
- (c) Deficiency of heat, found principally in old age where the heat units are less than normal, as found in adulthood.

(6) The result is an accumulation of useless waste and toxic elements which the system is unable to metabolize and eliminate. The localization of the neoplasm is associated with dormant devitalized cells, separation of vital cells preventing the normal structural adjustment of cells necessary to histological life. This induces static conditions of the accumulated waste. Here we have the field of *minute microscopic lesions* not in the morbid histology sense at least primarily, but *the disturbance of the physical relations of the structural elements*.

(7) The cause of this neoplastic accumulation, however, is a constitutional one, viz; the deficient supply of oxygen, deficient alkalinity of tissue and deficiency of heat (distribution), resulting in the sub-katabolic condition. The result is neurotic and necrotic processes among the tissues, degenerative conditions of the blood cells, acidity of the blood and a general intoxication of the vital fluids—all in the nutritive field.

(8) The field of mechanical irritation, obstruction or interference, that is, the field of lesions, may be (1) *primary*, any lesion which will produce or after a time from hyperfunctioning, will result in any of the conditions mentioned previously in the metabolic or nutritive fields or in both. Hence the frequency of lesions in the nutritive areas of the spine. (2) *Secondary*, any lesion that obstructs or interferes with the distribution of oxygen, alkaline supplies or heat, or any lesion associated with traumatic conditions, ulceration, abscess, etc., may cause localization of the dissociation of cell structure and toxic accumulation.

The essential point is that there is a constitutional nutritive disturbance. The body is homogeneous. No neoplastic growth can exist without a disturbance of the entire organism. Hence we will find that in therapy the removal of the growth by knife, lotion or internal remedy has not cured the condition, but frequently aggravates it. Why? Because metastatic conditions result from such modes of treatment. Systemic sub-katabolism is the primary producing cause of the cancerous growth. That is, the cancer, like the tubercular condition, the pneumonic congestion and infiltration, the catarrhal accumulation, the anemic degeneracy, the leukoplastic stasis, the scrofulous gland infiltration represents an excretory product of the original diseased condition of the system. Hence degenerated materials, impurities and all waste elements are unevacuated.

(9) One important point to be noted is that the sub-katabolism may be actually developed by the use or the presence of poisons in the system or its parts, as drug remedies. Jonathan Hutchinson declares that arsenic may be a cause of cancer. "Even a continuous inhalation of arsenic from arsenical wall papers has been observed to produce the characteristic manifestations of arsenical poisoning characterized by the several manifestations of sux-oxidation." (Dr. H. Wakefield,

Pathology of Katabolism in relation to the etiology and pathology of Cancer. *American Medicine*, Nov. 22 and 29, 1902). The same thing is true of mercury and the common amalgam fillings in the teeth. We have demonstrated the mercurial symptoms and reactions in such cases. (*Medical Advance*, Oct., 1906, H. C. Allen, M. D.; amalgam poisoning, G. F. Thornhill, M. D., *Medical Advance*, Vol. 1, page 179, 1903).

(10) The malignant growth when localized represents two abnormal pathological processes, (1) the weakening of the normal cell life in the locus of the cancer, and (2) the excessive stimulus of cell growth on an abnormal basis creates an excessive demand for nutrition. The abnormal growth is a neoplastic toxic growth and the materials drawn from the rest of the body become intoxicated as they accumulate.

The localization of the cancer process takes place in connection with,

(1) Organs that have passed out of normal service. Hence the frequency of uterine and mammary gland cancers in the female sex in connection with accumulations of obsolete tissue elements at and after the menopause;

(2) Organs or structures subjected to excessive use, especially where the hyper-use results in the formation and accumulation of toxic by-products, that destroy the normal vitality of organs or tissues, such as the liver, stomach and lips in certain cases.

Here there are resultant sub-katabolic products. The cause of this may be an entero-toxæmia, viz: the absorption of intoxicated undigested elements of food in the intestines, especially toxalbumens. These toxalbumens enter into the blood, pass to the nervous system, produce nerve cell nutritive degeneration and weaken and pervert the metabolic processes of the nerve cells. This results in toxic trophic materials.

Normally we have detoxinating glands like the pineal, thyroids and adrenals, that are able to neutralize and destroy the intestinal toxins. The insufficient action of these and other detoxinating glands, like the tonsils, pancreas, may lie at the foundation of the toxic absorption.

(11) Another condition essential in this sub-katabolism is acidemia. This is produced by the appearance in the blood of saccharomycetes with a resultant acidification. The toxalbumens and the excessive acidity unite in exerting a very destructive influence upon the metabolism of the cells, changing the many vital constituents so that when the sub-katabolism is at its maximum there is produced a malignant reconstruction of the cells.

Among the etiological factors (secondary), therefore, we find hyper-acidity in connection with the use of carbohydrates excessively, alcohol, acids, acid fruits and vegetables, foods difficult of digestion which are acted on by acid ferments and increase general acidity.

(12) Another condition that we must mention is the inoculation of virus or poison into the system, that is picked up by the blood or lymph and carried through the entire system. In carcinoma the lymphatic glands are liable to be involved, because the dissemination in the tumor takes place through the lymphatics. In sarcoma the metastatic conditions are established through the blood system, the lymphatics being seldom enlarged. In the benign tumors the lymphatics are seldom enlarged.

Cancer, then, is a disease in which there is a rapid proliferation of cells, fed either by the lymph or the blood. Is it right to inject into, or inoculate the system with a substance consisting of rapid growing and developing cells such as we

find in vaccination? Biologically it is a mistake. "Cancerous diseases may arise from any form of septic infection, whether conveyed in the channel of food or subcutaneously in the form of vaccine lymph. Of late years I have met many cancer cases, all dating back two years, and in every instance where this period of duration was mentioned it transpired on my questioning the patients that the disease had come on subsequently to vaccination during the last epidemic of small-pox." (R. T. Cooper, M. A., M. D., London, Medical Advance, Vol. 41, page 384, 1903. Case cited). What is the effect of the injection of such rapidly developing cells? Profoundly to disturb the metabolism, in fact to bring about a conflict between the cells in the organism and the injected lymph cells. With what result? Destructive results and modified katabolic changes.

To summarize our view, I believe in the origin associated with or resulting from the separation or dissociation of cells (*structural*), reducing the structural to the embryonic state of physical separateness, or lack of physical contact and relation such as we find in normal adult tissues; and the accumulation of effete, waste or toxic matters, whether resulting from auto-intoxication, perverted metabolism and nutrition or active poisoning by poisons introduced into the system (perverted physiology or physiological pathology). But how do we account for these? I believe these to be of nervous origin, originating in nerve exhaustion or depletion.

This localizes the focus of origin by neurosis (along the trophic nerve processes) at the locus of maximum exhaustion. It originates:

(1) In the nervous system weakening and depletion, in connection with the neural bioplasts. Some say the nervous system is immobile and non-contractile. In origin the nerve cells are amoeboid and they settle down in the spinal canal as the nervous system matures. The nerve bioplasts originate in the nucleus of the nerve cells and float around in the cerebro-spinal fluid. These bioplasts degenerate under non-trophic conditions. This gives the embryonic cell condition and the state of physical separateness in the localized tissue that makes accumulation possible.

(2) How does it localize in a particular locus? It settles in all diseases at the weakest point physiologically or where the strain against physiological activity is at its maximum. This is the point of least resistance, greatest susceptibility and lowest vitality in the physico-physiological structure of the anatomy of the organism.

Normal vital distribution and life expression take place through this structural mechanism. Hence at the point where the strain is greatest or the resistance least the cyclonic eruption takes place. This is interpreted in the light of lesions that so disturb the adjustment as to create a point of greatest strain or least resistance. The *occasion* arises in connection with *nerve exhaustion* (I use the expression to include both nerve and blood supplies, because the nervous system replenishes and rejuvenates the blood, and the blood in turn supplies materials to the nervous system for nutrition and energy production), whether produced by:

(a) Toxins in connection with the intoxication of the system or parts of it, such as the lips and tongue of tobacco users. Poison may act on the normal body, if it is in excess of the amount which the system can dispose of. Up to the limits of its capacity the body will exclude poisons from the vital centers. Beyond this limit, especially if the poison is taken in continuous doses, accumulation takes place and reactions follow;

(b) Nervous starvation in localized fields of trophicity, such as the stomach, following dyspepsia, ulceration, hyperacidity;

(c) Excessive activity up to the point of exhaustion, vaso and visceromotor and nutritive, the non-use of organs resulting in hyperplasia, hypertrophy, etc. Illustrations of this are found in continued child-bearing under exhaustive systemic conditions, sexual excesses, and non-child-bearing.

(d) Given this occasion for focalizing the malignancy, the growth is one of the accumulation of waste matters or vitiated nutritive substance.

Dr. Senn in his recent tour in Africa came to the conclusion that cancer can be prevented by the simple life. He claims that the nearer man approaches the lower animals in the habits and diet of a simple life the less liable is he to develop cancer. He confirms the idea formerly expressed that cancer is practically unknown among the natives of the interior of Africa. "Civilized man is like a hot house plant," says Dr. Senn, "and cancer is due largely to over nutrition and luxurious living. . . . Cancer is a disease of civilization primarily, and it is a disease of over-indulgence. I have found in my travels that primitive peoples are immune to its ravages. . . . One prolific source of cancer among women is the high strung unnatural life they lead in the cities. Another thing in civilized society to be fought with vigor is hypernutrition. . . . I emphasize these points, because cancer is an extraordinary development of tissue due to over-nutrition."

(This paper will be continued in the April Journal.—Editor.)

OSTEOPATHY IN EMERGENCIES.

Unconsciousness and Insensibility.

Paper Read Before the A. O. A., at Put-in-Bay, by EDGAR D. HEIST, D.O., Berlin, Ont.

An introductory apology for the subject of this paper will be omitted. It was your choice, and since the thin edge of the wedge of investigation and study of emergency cases, involving unconsciousness, must be applied some time, I will make a weak but bold attempt at an initial effort. The subject is extremely large and the osteopathic profession seem, as a rule, to have no adequate or abiding realization of the part they should take, and the greater part they are bound to play. in due time, not alone in the relief of suffering, and saving of life in emergency cases, but in the prophylactic treatment of readjustment of malconditions, to produce a condition of natural immunity to such cases from resulting stronger vitality.

Possibly, this is due to the fact that the element of danger in such cases deter prompt and hearty aid, especially in localities where legal status has not set its seal of approval upon osteopathy. Consequently, because the profession has, to a great extent, avoided these cases, thus far, very little data is obtainable for an article of this nature. But now when such a large territory legalizes our system, and so many osteopaths are licensed to treat any pathological condition, our colleges and schools should pay more attention to the training in special preparation for the emergency case, so that when the call requires action on the spur of the moment, there will be nothing to detract materially from the effectiveness of the best intentioned efforts.

Under present conditions those of us who have had little practical training in cases of unconsciousness simulating dissolution, and meet such conditions in our constantly growing acute practices, are quite under obligation to the profession and to the community who rely upon us for help, to thoroughly equip ourselves

to meet these emergencies. Preparation would require familiarity with the contents of some reliable text on "Emergencies, or First Aid to the Injured," and then, (1) meeting each case with an idea of overcoming shock and regulating the circulation in different cases according to their disturbances, and (2) utilizing osteopathic skill in manual adjustment to remove the irritating cause producing the condition affecting the vital centers and organs.

Essential to right diagnosis and proper treatment is involved a thorough knowledge of brain injury, and symptoms accompanying nerve and heart phenomena; the many conditions and causes of coma and other unconscious states; a quick appreciation of the indications of the history of falls, strains, and sprains and their immediate and reflex causation of loss of function, and in cases of returning consciousness of pain; and a thorough knowledge of the anatomy and physiology of the vaso motor centers in the different parts of the body, as the osteopathic control of these can not be excelled by other methods.

If we accept as correct Gould's definition of an emergency as "A sudden, unforeseen occurrence, calling for immediate action," then it is very apparent that we have a wide field to cover. We will limit ourselves to those cases that the osteopath meets where there is a considerable fall in the arterial blood pressure, resulting from whatever cause in one of three abnormal conditions—syncope, shock and collapse.

Syncope, ordinarily the simplest form of unconsciousness, is due to a sudden partial or complete cessation of cerebral circulation, or in many cases cerebral anaemia. This naturally depends in the majority of cases on diminished cardiac activity. Nervous, circulatory and respiratory functions either cease or are greatly lessened in strength. The vitality of the system is always lowered, due often to mental shock, severe pain, loss of blood or depraved condition of the tissues. The element of danger is present only if fainting is due to brain disease or cardiac disease, or in old or feeble patients, when death may occur. Other cases usually recover at once or respond readily to treatment.

The treatment for immediate temporary relief, known to all the laity, usually suffices to restore to consciousness, viz: recumbent dorsal posture; no constrictions at throat, chest or waist, plenty of fresh air; and water upon the face and to drink. In extreme cases, resort to manipulative measures brings good results. At different times I have had opportunity to briefly test different osteopathic methods upon a few anaemic patients who had the habit conveniently to faint each time they would come into the office. One case was of ovaritis, two cases of gastritis, and one has apoplectic tendencies. In all of above cases removal of the causative structural abnormalities of these conditions removed the tendency towards syncope. Without resorting to any other than manipulative means, I discovered that inhibition of the vagus would cause the patient to open the eyes slowly and gradually regain consciousness; pressure upon the abdominal aorta would act similarly but slower; stimulation of the cervical vertebral structures had good and quick effect. The quickest recovery was produced by movement of the fifth dorsal vertebra and raising all the left ribs over the cardiac area, particularly the fifth rib. The patient always recovered at once, as if awakening from a sleep, and was conscious almost immediately. Ordinarily I find quick and positive results in placing the patient in the dorsal posture, raising the chest slightly at the level of the fifth vertebra, raising the left rib and elevating the left arm over the head. With the above, manipulate, relax and stretch the cervical structures, relaxing especially about the occipital region.

The most important feature of the treatment is, of course, the seeking of the structural perversion and the removal of the same, allowing, *vis medicatrix naturae*, resulting in the restoration of the patient's vitality and consequent ultimate immunity from attacks of syncope.

The condition called shock, according to Mummery, is the result of a break-down in the vascular hydraulic system which controls and maintains the blood pressure at a more or less constant level during the health of a patient. The primary cause of the break-down is exhaustion of the great vaso motor centers which normally completely control all the changes in the blood pressure which takes place or tends to take place, as the result of outside influences.

Though shock varies from the simple condition known as sleep to that sufficiently profound to cause death, so far, I have been able to collect data on such cases only as osteopaths have treated that have resulted from administration of anaesthetics or the results of an operation. I shall therefore briefly mention the treatment as followed by such as have reported cases.

As in sleep, so in the pathological forms of shock, rest is the first imperative in securing the best results. Place the patient in a comfortable bed, raising the foot somewhat until blood pressure has returned to normal. In severe cases bandaging the limbs and pressure of an abdominal binder will facilitate results. In these cases manipulative treatment will require the utmost care, as changes of position may be attended with sudden alterations of blood pressure which may result in dangerous collapse. Stimulation of the general vaso motor system and cardiac centers will bring about desired results if care is taken to watch strength of patient, and any other indications, and regulate the treatment according to the same. Dr. Howard, of St. Paul, has some very interesting cases that I hope he will some day report for the benefit of the profession.

The object in the treatment of shock is to restore the nutrition of the cell elements throughout the central nervous system. If normal nutrition can be restored or reestablished, the cell will resume its functions, the dendrons will again reach forth in their normal paths collecting the normal nerve impulses from the axones. Circulatory changes are quite secondary to the increase of blood pressure, which will tend to nourish the cells giving them the blood and oxygen they seek, to sustain blood tension. The application of heat is said to have little or no influence upon blood pressure, not tending to raise it except in so far as recovery of the vaso motor centers will probably occur more readily if their blood supply is at the normal rather than sub-normal temperature.

Collapse results from fall in blood pressure due to inhibition of the vaso motor centers, or a loss of circulating fluids in the vessels. Two cases have come under our direct notice. The first was poisoning from headache powders. The patient's head grew worse after taking the powders and twenty minutes later when he came for relief he complained of extreme pain in his head and immediately fell over unconscious. The usual treatment for syncope restored partial consciousness, sufficient to learn that he had taken the powder and what it was. An emetic of warm water and the finger plunged down his throat brought up a light green shiny vomitus. Patient at once went into spasms, became hysterical, rigid, and then collapsed. Respiration was suspended and the cardiac action stopped. The vaso motor system was vigorously stimulated, violent stimulation was applied to the cardiac centers and especially over the heart, (in fact a heavy, well directed blow over the heart restored action when the suspension was of too long duration), and dilatation of the rectum, had restorative effect upon the patient. A number of

attacks, each lighter than the previous one, kept us busy a little over two hours, when the patient completely recovered with the aid of artificial respiration. All after effects were, a sense of depression and a chilly dopey feeling that lasted a few days.

A second case was septicaemia due to negligence and improper after treatment following a miscarriage. Patient was weak, anaemic, and on the verge of prostration from over exhaustion. Nervous and extremely irritable and whimsical, she suffered very much pain in the pelvic region radiating from there in all directions. Pain became worse until she collapsed. Treatment similar to the foregoing kept her heart beating and a gradual improvement for a few hours under a continuous treatment left her at last in a restful sleep with normal respiration and cardiac action. Neither of these two cases were so weak but that they could stand vigorous treatment.

A deplorable dearth of facts upon the subject of unconsciousness in emergency cases, exists in osteopathic and medical literature, so that there is much room for original research along this line.

26 King St. East.

OSTEOPATHY IN EMERGENCIES.

Fits or Seizures.

Paper Read Before the A. O. A. at Put-in-Bay by A. B. KING, D.O., St Louis, Mo

In discussing this subject I have seen fit to discuss it from my own experience, believing that it will invite more discussion, and perhaps be of more lasting good to us than if I embodied in what I have to say the experiences and theories of a number of the profession. One must necessarily be either an old physician, or have had a hospital practice, in order to have had a large experience in these cases, for the reason that the great majority of them are epileptic, and the convulsions are either over before a physician can get to them, or the family is so accustomed to the attacks that they do not call a physician for emergency treatment.

In diagnosis we associate general convulsions with epilepsy, uraemia, puerperal and infantile eclampsia, hysteria, and poisoning from lead, aconite, prussic acid, and alcohol. Also they appear frequently, according to Butler, in the later stages of organic cerebral disease; as in infantile hemiplegia, tumor, cyst or sclerosis of the brain, cerebral syphilis and general paresis, as well as in meningitis, haematoma of the dura mater, and other inflammations of the membrane of the brain and spinal cord.

We are specially interested today in those conditions in which the fit or seizure, or general convulsions form the leading symptom. Of these, infantile eclampsia is perhaps the one that we meet with most frequently, as most of these attacks are with children two years old and under, it is important that they be relieved at the earliest possible moment. There are a number of causes for this condition, the most frequent being the over-eating of indigestible food, rachitis and gastrointestinal disorders. If the convulsion is accompanied by high fever and vomiting, in a child who has previously enjoyed good health, one is justified in suspecting scarlet fever, pneumonia, malaria, infantile hemiplegia or acute meningitis, even though an acute attack of indigestion is alone responsible. If the convulsion appears to be due to neither of these causes, we must look for some

peripheral irritation, as dentition, phimosis, or disease of the middle ear, and I know of one case where the convulsions were caused by a foreign body in the ear.

An eclamptic seizure differs in no way from an attack of epilepsy. The clinical picture is the same. There is the aura, the cry, the convulsive movement, the spasm, first tonic then clonic, the stertorous breathing, frothing at the mouth, the tongue may be bitten, and all followed by stupor or coma, so that in our diagnosis we must depend upon the history of the case rather than the character of the convulsion.

If the spasm is caused by over-eating of indigestible food, it may be the direct result of irritation in the stomach; or it may be on account of an acute rise in temperature; or it may be the result of a toxic condition of the blood; the latter, however, is more apt to be the cause in the convulsions caused by gastro-intestinal disorders. Where the attacks are accompanied by high fever, whether it be scarlet fever, pneumonia, or any of the febrile diseases of childhood, it is safe to say that the cause is found in the high temperature, which ushered in the disease, rather than in the altered condition of the blood, for the reason that with lowering of the temperature the convulsions cease. If, however, the attacks occur at a later stage of the disease, they are undoubtedly the result of a toxic condition of the blood, the nervous centers being completely overwhelmed, and relief must come quickly or the attack will end fatally.

In addition to the febrile affections of childhood is another cause which I have not mentioned, and one which is of considerable importance, and yet apt to be overlooked, and that is helminthiasis. These occur as the result of a toxic condition due to the intestinal catarrh induced by the presence of the worms, or it may be the result of the irritation in the intestine caused by the presence of the parasite. In either case, a removal of the worms will usually stop the convulsions.

Another class of eclamptic seizures occur at puberty. These are usually diagnosed as epilepsy at once; but I am persuaded that many of them are eclamptic. The class of children in which I have been able to observe this condition have been children of parents of nervous temperament. They have enormous appetites, and have been allowed to gratify them to the fullest extent. With the exception of two cases, they have been children that mature late, from fifteen to eighteen years. Given an exalted nervous condition, and a stomach filled with indigestible food, and we have an ideal condition for eclampsia, and a condition too that, once the convulsive habit is acquired, may become epileptic.

I cannot discuss puerperal eclampsia, except theoretically, for the reason that I have had no experience with such cases. These cases are, or should be, so thoroughly prepared for the puerperal period, by thorough osteopathic treatment, that such a condition would not likely occur. This, as well as uraemic convulsions, is a toxic eclampsia, and should be treated accordingly.

Hysteria, like epilepsy, the physician does not often see in convulsions. The attacks are not so severe, and consciousness may be retained during the attack. Usually the position taken by the patient will give the key to the diagnosis. It is unimportant, however, as far as emergency treatment is concerned, as it is doubtful if any hysterical attack alone ever proved fatal.

Diagnosis of epilepsy may be easy, or it may be very difficult, but, as I have said before, we do not often see the patient in a convulsive state. I had an experience less than a month ago that I will not soon forget. I was treating a case of epilepsy; the patient complained of a slight pain above her eyes; I placed my

fingers lightly on the nerves as they emerged from the orbit; and she immediately went into convulsions. Her friends said it was the severest attack she had ever experienced. As there were other conditions favorable to an attack, I could not tell just how much the peripheral irritation of those nerves had to do with it, but believe it was the immediate or exciting cause.

Some authors give this as a differential diagnosis between epilepsy and tetany, irritation of the nerves at a point where they leave the bony structure, bringing on an attack in the latter. This may have been the exception which proves the rule.

Since these cases have no pathology, we must treat the convulsion merely as a symptom. The condition, according to an accepted theory, is that the disturbance in the nervous system, particularly in the medulla and vaso motor system of nerves, induce a spasm in the contractile fibres of the vessels supplying the brain, and in those of the muscles of the face pharynx, larynx, respiratory apparatus, and limbs generally. When these vessels contract, the brain is deprived of blood, and there is an arrest of consciousness. The face is deprived of blood, producing the extreme pallor. The muscles of the organs I have just mentioned contract, and the chest walls become fixed, respiration is arrested, the peculiar cry is uttered, and we have to deal with the general symptoms of asphyxia; hence, the necessity for haste in the treatment, especially of the very young.

In the treatment of these conditions, except in the case of specific poison, which must be treated by emesis, lavage, or some antidote, we first make strong pressure in the sub-occipital region. This quiets the irritated meningeal nerves, restores arterial tone, and reduces the rate of the heart beat by diminishing impulses from the augmentser center situated near the vaso-motor center in the medulla. This followed by relaxation of the muscles in the upper dorsal region will restore normal respiration, and if the patient be an epileptic he will usually say he had a very light attack, and will be free from the painful headache attendant upon these attacks.

In the treatment of the eclampsias, if it be the result of an overloaded stomach, emesis will relieve the condition at once. If from gastro-enteritis, there is a toxic condition to be overcome as well as a febrile. No one is more at home in reducing fever than an osteopath, and after a thorough manipulative treatment to that end, and a thorough cleansing of the bowels by an enema, you can rest assured that your emergency treatment has been well done.

If the case be very grave, after the enema an injection of a normal salt solution high into the colon will stop fermentation for the time, will raise the blood pressure, and I believe it must help to remove the impurities from the blood. At least, the results are very gratifying. I know that in making this statement that I am throwing myself open to criticism as not being a thorough osteopath, but I do it purposely to emphasize the point that in emergency cases we are justified in doing anything to save the life of the patient. It is possible that the osteopathic treatment would alone bring the results desired, but I have never waited to see, as I felt that I must do everything possible before leaving the patient. In treating infantile eclampsias, if I am called by telephone to treat a case I tell them to immediately put the child in hot water. This relaxes the tissues, and usually by the time I arrive the convulsions have ceased, when the proper treatment can be applied for the removal of the cause.

If helminthiasis is suspected, an injection into the bowels of a twenty-five per cent solution of lime water will confirm your diagnosis, will remove at least a part

of the cause of the irritation, when the proper osteopathic treatment can be applied.

In the class of eclampsias occurring at puberty, we have another condition to deal with. We have the spinal lesions most marked. I have noted in a case of this kind a broken, straight spine with well marked lesions from the third to the eighth dorsal vertebrae, notably at the sixth.

If I may be permitted I would like to relate an experience I had three months since showing the necessity for emergency treatment, and also the futility of it when certain structural changes have taken place. A lady about 45 years old, a magnificent specimen of physical and mental womanhood had been having occasional epileptic seizures for ten years. I had been attending her for two years. I never saw her in a convulsion, but was usually there immediately after the attack. She had been unusually well for some time, when one night just after retiring she was taken with convulsions. Her immediate family realized at once that it was more severe than any previous attack. I was called, and arrived in about ten minutes after the seizure, but she was beyond all help. There had been but little circulatory disturbance, apparently, except that her heart was hypertrophied; but during the embalming of the body it was discovered that the lumen of her arteries was only about the size of a knitting needle. Her trouble was undoubtedly circulatory, and in the care of all these cases our first endeavor should be to equalize the circulation over the body, and especially in the cerebral vessels, at the earliest possible moment.

309 Mermod and Jaccard Building.

President Ellis on the Norfolk Meeting.

At a recent meeting in Norfolk, attended by Dr. W. D. Willard, Dr. F. H. Shackleford, Dr. Geo. D. Fout, Dr. Earl S. Willard, Dr. W. F. Link, and myself, the plans for the coming meeting were thoroughly gone over. The location of the exposition grounds where the sessions will be held seems quite ideal, surrounded as it is almost entirely by salt water and looking out directly on Hampton Roads, Old Point, and the James river. In spite of the fact that the situation is in the south I believe that we shall be comfortably cool there in August.

The convention hall which has been secured for the last week in August is particularly adapted to the use of assemblies like ours, being provided with a fine auditorium and several large light rooms for clinics and committee meetings. The Inside Inn, which will probably be our headquarters, is a very few minutes walk from convention hall and no doubt will prove very comfortable, although it was only partially completed at the time of our visit.

Our sessions have been arranged to keep every one interested and busy during the morning hours, while after luncheon the time for the most part will be free and may be devoted to visits to various points of interest of which the neighborhood has a great many. We feel assured of an abundance of clinical material to carry out the very practical program that has been outlined. The exposition officials seem disposed to do everything in their power to make our meeting a most pleasant and successful one and the local committee headed by Dr. W. D. Willard is certainly doing splendid work in the right direction. If members will make a special effort to attend we should make this the banner meeting of our history.

S. A. ELLIS.

Boston, Mass., Feb. 18, 1907.

Warning

Mr. A. Lovie, representing himself as agent for the Imperial Publishing Company, 27 E. 22nd St., New York, is, or was early in February of this year, taking orders for the Edinburgh Stereoscopic Anatomy, collecting all or part of the purchase price and giving receipts on the stationery of the above company. A letter from the Imperial Publishing Company, dated Feb. 25, 1907, and signed by Geo. T. Finn, secretary, written to Dr. J. R. Shackelford, Willcox Building, Nashville, Tenn., states that "the Mr. Lovie referred to has not been in our employ for some time, and we cannot understand why he should have accepted your check for a set of the work without advising us. * * * The last heard from Mr. Lovie he was in the far west, but do not know where or who he is working for."

We publish this so that members of the profession may be on their guard.

Any one knowing of the whereabouts of Mr. Lovie will confer a favor upon Dr. Shackelford by wiring him, at his expense.

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The Trustees of the A. O. A. have chosen the following members of the osteopathic profession as members of the Board of Trustees of the Post Graduate College:

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There are ten lay members of this Board to be selected, and it is hoped that their names can be announced in the next number of the JOURNAL which will con-

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The above offer of 60 cents per volume does not include case reports, which were issued as supplements to the JOURNAL. We have a number of each of the first five series that have been issued which will be sold to members at 10 cents per copy.

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We have a few cloth bound copies of Volumes I, III, IV and V, indexed. These will be sent post paid to any address at the following prices: Vol. I, 75 cents per copy; any of the others \$1.50 each.

A Chiropractor Fined.

William Metzger, a chiropractor, was fined \$50 on February 6 at Butte, Mont., in Justice Rhoades' court. The charge was practicing medicine, or osteopathy, without a license. The conviction was secured on the testimony of Drs. S. A. Kennedy and L. K. Cramb, osteopaths, who maintained that the defendant employed in his practice the principles and therapeutics of osteopathy under another name. The case has been appealed to the district court. tain a full discussion of the subject of the Post Graduate College.

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MARCH 1, 1907.

Date of Norfolk Meeting.

The time of holding the next meeting of the A. O. A. has been definitely determined. It will open on Monday, August 26, and close Friday, August 30.

The program for the Norfolk meeting, which will be nearly ideal, is nearing completion and will appear in the March JOURNAL.

Osteopathy and Legislation.

At the present time, so far as we are able to learn, bills for the regulation of the practice of osteopathy are, or have recently been, before the legislatures of the following states: California, Illinois, Maine, Massachusetts, Nebraska, New Jersey, New York, North Carolina, Oregon, Pennsylvania, South Dakota, Texas, Washington and West Virginia. In addition to the foregoing bills are pending in the United States congress and the legislature of the Province of Ontario.

We have received a great number of copies of bills, reports of hearings before committees, letters from those having bills in charge to members of the profession, replies to arguments of medical men, and newspaper clippings on the subject. Indeed, we have enough of this kind of literature to fill this number of the JOURNAL. Interesting, important, and instructive as much of this matter is, considerations of space will compel us to give merely the outline of the latest news that has come to hand concerning the situation in the various states.

In each case where legislation is pending, according to our best information, the osteopaths are asking for an independent board, and in most states, where the profession is united, the prospects of success are favorable.

In California, for a time, it appeared that two bills would be urged by opposing factions in the profession, but we are pleased to announce that their differences were reconciled and a compromise measure agreed upon. This provides for an osteopathic board of five members to be appointed by the governor, from a list of fifteen recommended by the state association, the number recommended to be selected by mail ballot, and school men to be disqualified from serving on the board. All licensed osteopaths in the state are to be eligible to membership in the state association.

The osteopaths have also presented a bill which, if it passes, will enable them to obtain bodies for dissection by students.

Since the foregoing was written we have learned that a bill has passed the California legislature providing for a composite medical board, with two osteopathic members; this is the same representation accorded to homeopaths and eclectics. The bill, it is said, gives to osteopaths the same privileges and protection that the M. D.'s enjoy. We do not know what situation developed that resulted in such a compromise, and cannot but regret that it was made. Considering the present status of affairs in the healing sciences, and the well known attitude of the "regulars," we fear that the osteopaths, with a minority membership on a medical board, will not find its practical operation satisfactory.

In Massachusetts, it appears from newspaper accounts, that the osteopathic profession is again divided in opinion as to the proper method of regulating the practice in that state. At a hearing before the public health committee on Feb. 11, Drs. W. E. Harris, Dale E. Brown and Harry N. Broadbridge favored a bill compelling osteopaths to pass the regular state medical examination. This was opposed by Drs. C. E. Achorn, F. A. Dennette and others. A bill providing for an osteopathic examining board is also before the legislature.

In New York a hearing was had before the committee on Feb. 7. Hon. Martin W. Littleton and Drs. Chas. F. Bandel, Chas. Hazzard, Ralph H. Williams and C. W. Proctor appeared for the osteopaths. A good impression was made, and the osteopaths are more hopeful of success than they have ever been.

In Oregon Dr. Chas. C. Teall ably led a hard fight under adverse conditions. The following telegram from Dr. F. E. Moore, dated Feb. 23, tells the result: "Independent board denied, amended substitute passed, one osteopath on medical

board." We learn from those on the ground that under Dr. Teall's resourceful leadership osteopathy, though not entirely successful, at least gained in prestige, as a result of the contest.

The Pennsylvania osteopaths are fighting for an independent board. The bill is similar to the one that was vetoed a couple of years ago by Gov. Pennypacker, and which was opposed by the committee on legislation of the A. O. A., because of the requirement of a four-year course of study. This year the bill will not be opposed by the A. O. A., and it stands a good chance of passage. The osteopaths of the state did good work in assisting to kill a medical monopoly bill.

The fight in West Virginia between the osteopaths and medical men, each of whom were asking for legislation, had assumed a stage where it seemed that both bills would be defeated. The osteopaths finally withdrew their bill and allowed the medical bill to pass. This was done, however, only after the M. D.'s, through their attorneys, had agreed that the following should appear in the medical bill: "And provided further, that this act shall not apply to osteopathic physicians practicing in the state at the time this act takes effect, who are graduates of any recognized reputable school of osteopathy." The letter from the attorneys conveying the above proposition also contained this language: "And it is further agreed that just and equitable treatment shall be accorded to osteopaths."

While there may be some difference of opinion as to the wisdom of accepting this compromise, and of relying overmuch on the promise of "just and equitable treatment," yet considering the long, hard fight the osteopaths of West Virginia have made, there will be few disposed to blame or to judge them harshly. Especially will this be true when it is known that the law provides that the board shall call to its assistance, in the examination of any applicant who professes the osteopathic school of medicine, a physician of that school duly entitled to practice in the state under the act in question. The law also provides that certificates issued to osteopaths shall entitle them to practice medicine, surgery and osteopathy in all their branches.

The bill before the National House of Representatives providing for an osteopathic examining board for the District of Columbia, has not been reported by the committee and it is now so late in the session and there are so many matters ahead of it that no hope of its passage is entertained. At the next session work will be begun early and pushed to a conclusion.

In Ontario the legislative situation looks hopeful, and favorable results are expected. It will probably be several weeks before final action is taken.

The Treatment of Lumbago and Other Painful Conditions of the Muscles of the Back.

The above is the title of an interesting paper by Thos. W. Brockbank, M.D., Philadelphia, president of the Pennsylvania Society of Physico-Therapeutics, which was read before the American Electro-Therapeutic Association at Philadelphia, September 19, 1906. The paper was published in the *Journal of Advanced Therapeutics* for January, 1907.

The doctor outlines methods of examination in these cases very similar to those employed by osteopaths and finds areas of pain where the patient had not complained of special pain. He even notes deviations of the spinous processes of the vertebrae which are forced out of normal alignment by severe muscular contractions.

The discussion brought about by this paper revealed the fact that several of

the doctors present had heard of and believed in luxations of ribs, vertebrae and the sacro-iliac articulation. Dr. Brockbank was honest and brave enough to declare as follows: "I feel certain that many of the painful conditions we find in the back are due to these partial luxations, and it seems a shame to me that we have to acknowledge that we have been stirred up to the point of hunting these things up by our friends, the osteopaths. I am often asked by patients and physicians, what I think of osteopathy. Gentlemen, I think well of it, if it is properly applied by the right people.

"In all these conditions there is a source of irritation, and we all know that the first effect on a part when subjected to irritation is to increase its physiological function. If as a result of this the muscles on one side have become contracted and the corresponding muscles have not partaken of this increased activity there will be a luxation as the result of muscular action, not as the osteopaths would say, the disease is due to the luxation.

"It makes no difference what the osteopath thinks of us or we think of the osteopath; we meet conditions just as they are in every-day practice, and if we are not going to use a modality that will do good, we are not the men to practice progressive medicine. It makes no difference to me from what source a good thing comes, I try to store it away in my memory and use it when I have a chance. I have had cases where a luxation was definitely marked, not only in the spinal column but in the heads of the ribs—so much so that under treatment you could feel and hear the head of the rib slip back into position. If the head of the rib is partly dislocated there is pain and no matter how much you do, if you do not do the thing which will relieve the muscle tension and relieve that sub-luxed bone, you will not have good results. The same condition is often found in the sacro-iliac joint which often causes pain along the sciatic nerve."

We may add that osteopaths generally will agree with Dr. Brockbank that osteopathy is only good when "properly applied by the right people." We believe further that the right people to properly apply it are those specially trained in its theories, principles and technic. If Dr. Brockbank had read osteopathic literature with a little more care we feel sure that he would not have given the impression that osteopaths hold that all disease is primarily due to a luxation. It has been pointed out frequently that the luxation may be, and often is, a secondary factor; but one nevertheless that in many instances prevents recovery. We venture to predict that not many years will elapse before medical men will be forced to acknowledge, perhaps not without "shame," that they have been, by osteopathic theory and practices "stirred up to the point" of accepting as causative or maintaining factors in most diseases the various luxations which some of them have already been forced to admit are present in painful conditions of the muscles of the back.

Osteopathic Nomenclature.

A recent letter from Dr. H. W. Forbes contains these words:

"I am much interested in the problem of osteopathic nomenclature, particularly in connection with the naming of vertebral lesions. Might not a uniformity of nomenclature be facilitated if a committee of the A. O. A. would take the matter up?"

Nearly five years ago the problem mentioned above by Dr. Forbes suggested itself to the editor of the JOURNAL, who invited Dr. Chas. Hazzard to discuss it.

Dr. Hazzard responded with an article under the caption, "The Language of Osteopathy," which appeared in the JOURNAL for March, 1902. The following paragraph from this article shows the need of care and close attention to the subject of terminology:

"Every science has its technical terms. The growth of a new body of knowledge calls for new words to express new ideas. Thus there is, of necessity, growing up a language of osteopathy which is fitted to express the ideas, which are fundamental to the science. But an effort is necessary to preserve the growth of this language along lines of simplicity and purity. Vulgarity on the one hand and stilted verbosity on the other must be guarded against. The fact that osteopaths use medical text books to a great extent in pursuing the studies essential to the science of osteopathy leads to a very real danger of their falling into the vices of the language of medicine."

While we believe there has been a marked improvement during the past five years, and that many of the errors and inaccuracies pointed out by Dr. Hazzard in the article above mentioned, have been eliminated from our language, yet there is doubtless still much room for improvement. We therefore take pleasure in putting Dr. Forbes' suggestion before the profession.

The Osteopathic Lecture Bureau.

About seven years ago the question of the establishment of an osteopathic lecture bureau received considerable attention. A number in the profession advocated it as an ethical and effective means of introducing the science. Others opposed it on the ground that it would savor too much of an advertising scheme on the part of the local osteopath where the lecture was given. A committee was appointed at the Chattanooga meeting of the Association in 1900 to consider the matter and report a plan to the succeeding meeting. This committee, consisting of Drs. F. W. Hannah, D. Ella McNicoll and W. L. Riggs, which had been appointed to collect and formulate material for the Association lectures, reported at the meeting in 1901, that there was a wide divergence of opinion in the profession as to what the lectures should embrace, as well as what should be included in the practice of osteopathy. The committee further stated that there was quite a difference in regard to studies taught, even in the recognized colleges. For these reasons the committee asked to be discharged, and expressed the hope "that the work assigned to us may be taken up at some future time, when the recognized standard will be sufficiently high to enable us to meet and master the emergencies that may arise in the *general practice* of the therapeutic profession, and when the recognition of that standard will be more universal among schools and practitioners." This report was adopted and nothing further done in the matter.

During the years that have passed since 1900 the public interest in health questions has undoubtedly increased, the awakening to the dangers of drugs, both patented and prescribed, has been more marked; in numerous instances osteopaths have appeared, by invitation, before cultured audiences and have been listened to with profound attention. These considerations, together with the facts that at this time, perhaps, more than at any other in the history of osteopathy its theories, principles and practices are systematically misrepresented by interested parties; that the medical profession has an organizer in the field working in the interest of medical legislation who sometimes delivers public lectures; and that there are now so many osteopathic practitioners in the larger cities and towns that

the appearance of personal advertising would be greatly lessened—these all make the question of adopting the lecture method a live and practical one.

These remarks are called forth by the fact that plans for the establishment of an osteopathic lecture bureau are now almost perfected. Dr. F. D. Parker, 708 New York Life Building, St. Paul, Minn., is the manager. It is his purpose to have osteopathy expounded in a dignified, entertaining and eloquent way by men who "know osteopathy and can tell it." It goes without saying that the success of the venture will depend very largely upon the personality and ability of the lecturer, as well of course, as upon the co-operation of the profession. So careful has Dr. Parker been in the selection of lecturers that he is able at this time to announce the name of but one—Dr. Mason W. Pressly, of Philadelphia. Dr. Pressly's qualifications for this work are too well known to our profession to need commendation from us. We believe there are a number in our ranks who can fittingly and effectively represent osteopathy on the hustings.

Most osteopaths consider it proper and ethical to furnish to their friends information concerning osteopathy by means of the printed word. We are not prepared to say that it would be any less so to invite them to listen to an address on the subject. We are all desirous that people should know of the beneficence of our science and it is doubtless true, as quoted by Manager Parker in his literature, that "There is no persuasive force so potent as the spoken word." If through means of a popular lecture, setting forth the theories, principles and results of osteopathy, people should become attracted to it and the practice of the osteopaths in the community be increased, would that fact constitute a valid argument against the lecture method?

At any rate we shall watch this venture with interest, both as to its reception by the profession and the public.

Harmony in California.

We are informed that the teachers in the Los Angeles College of Osteopathy have been elected to membership in the state association, and as evidence of the further harmonious relations existing in the profession, we give the following circular letter issued on Feb. 6, by Dr. R. D. Emery, president of the California State Board of Osteopathic Examiners:

Dear Doctor—A compromise has been reached by which the differences in the osteopathic bills known as the "Amended Bill" and the "Lemon Bill" have been adjusted and harmonized. These compromised amendments are now before the legislature, and they are strongly recommended by the State Association, by the Los Angeles College of Osteopathy and by the profession at large. They provide for the appointment of the Board of Examiners by the Governor and for the licensing of all practicing osteopathic physicians in the state, not already licensed, who hold a diploma from a reputable osteopathic college, requiring a full twenty months' course. The license is to be granted, without examination, upon presentation of the diploma to the board accompanied by a fee of twenty-five (\$25) dollars.

Applicants desiring to commence the practice of osteopathy after the passage of this act, must pass an examination and pay the \$25 fee.

The present Board of Osteopathic Examiners, appointed by the State Association, has at all times endeavored to voice the sentiment of the profession. The State Association and representative osteopathic physicians from all portions of the state have now made it clear that they desire that those now practicing in the state, who are graduates of the Los Angeles College of Osteopathy, the Still College of Osteopathy, the Columbian College of Osteopathy and other colleges giving a full twenty months' course of instruction, should be granted a license to practice.

Furthermore, it is true that they will receive their licenses as soon as these amendments pass.

The present board realizes that under the conditions as they exist it would be manifestly unfair to continue to refuse licenses to graduates of the above mentioned colleges, thus

compelling each of those graduates to pay a fee of twenty-five (\$25) dollars for a license when the present compromise amendments become a part of our osteopathic statute, which may be in a week or two.

Therefore the board hereby notifies all osteopathic physicians, wherever located, who are graduates of colleges giving a full twenty months' course in osteopathy, that upon presentation of their application, together with their diploma, and accompanied by a fee of ten (\$10) dollars, the Board will immediately grant to each a license to practice osteopathy in this state.

Applications should be sent to Dr. J. Strothard White, Secretary, Slavin Block, Pasadena.

When the item was written for the February JOURNAL concerning the hearing before the house committee on the District of Columbia, on the bill to regulate the practice of osteopathy, we had not received a copy of the official report of the hearing. From this we learn of the valuable assistance rendered by Mr. J. F. Tufts, of the Interior Department. Mr. Tufts, who had written the bill, controlled the time for the osteopaths, and made an able argument, presenting much documentary evidence in support of the bill. Whatever may be the fate of the bill the profession is under great obligations to Mr. Tufts and Dr. Hazzard for the able manner in which our claims were presented. Mr. Tufts is the father of Dr. Clarissa B. Tufts, of Washington.

We begin this month the publication of a paper on cancer, from the pen of Dr. J. Martin Littlejohn, which will run through several numbers of the JOURNAL. The paper will be followed by a tabulation of cases treated showing remarkable results in this dread malady. The paper is the result of several years of study, research and clinical experience on the part of Dr. Littlejohn. It is a notable contribution not only to the scientific literature of osteopathy, but of cancer as well, and we feel exceedingly fortunate in being able to present it to our readers.

Secretary Chiles has been ill for several weeks with a low grade of typhoid fever. We are glad to be able to report that he is now improving, and will perhaps be able within ten days to resume his duties. His illness has delayed the work of selecting the lay trustees for the Post Graduate College, but we publish elsewhere in this number the names of the osteopathic members that have been chosen.

The editor of the JOURNAL expects criticism and can even stand censure, but he draws the line at being libeled. To be accused of being a Spring poet, without ever having done anything to deserve it, and to have such alleged poetry attributed to him as appeared in the *Osteopathic Physician* for January, is going altogether too far, Brother Bunting!

We have had frequent inquiries concerning the general directory of the profession which is being gotten out by Dr. R. E. Hamilton, a copy of which is to be mailed to each member of the profession. Our information is to the effect that it is about ready for the press, and we trust that within the present month it will be delivered.

It is not yet too late to enter the A. O. A. prize essay contest for 1907. Glance over the announcement on this subject which appeared in the JOURNAL for Octo-

ber, 1906, or write to Dr. W. F. Link, Knoxville, Tenn., for the terms of the contest.

NOTES AND COMMENTS.

Dr. Smith and the Patrick Case.

The *Sunnyside*, of New York, one of the leading journals of the embalmers' profession, devotes a large part of its February issue to an article by our old friend, Dr. William Smith, which may have an important bearing on the celebrated Patrick murder case, if the attention of Governor Hughes can be brought to the matter.

It will be recalled that an important part of the evidence on which Patrick was convicted of the murder of the old millionaire Rice was furnished by the testimony of medical experts who told the jury that embalming fluid injected into the brachial artery could not possibly enter the lungs, and that the congested and edematous areas found in the dead man's lungs were doubtless caused by the inhalation of chloroform.

This was the theory of the prosecution, and the convicted Patrick, after various sensational trials, has just entered on his term of life imprisonment, the death sentence having been commuted by Governor Higgins last December.

Recently, by chance or providentially, the medical phases of the case as disclosed by the testimony of the experts were brought to the attention of Dr. Smith, who instantly remembered his work in injecting cadavers for dissection and in X-Ray photography while he was a professor of anatomy in the American School of Osteopathy, some eight years ago, and prior to the death of Rice, furnished documentary evidence that flatly contradicted the testimony of the medical experts.

He forthwith went to Patrick's lawyer, Judge Olcott, and exhibited his proofs, which consisted of a series of skiagraphs, made eight years ago, showing that the colored fluid which had been injected into the femoral artery had actually and visibly entered the pulmonary vessels.

Dr. Smith pointed out what every student of anatomy knows, and certainly what every medical expert should know, that embalming fluid injected into the arterial system, either by way of the brachial or the femoral artery, will undoubtedly penetrate the lungs in three ways and possibly in four:

- (1) Absolutely without hindrance by way of the bronchial arteries; thence through
- (2) Venous capillaries and bronchial and azygos veins to the right side of the heart; and thence into the lungs again by way of the pulmonary artery.
- (3) By way of the coronary arteries, capillaries and veins into the right side of the heart, and thence through the pulmonary artery into the lungs; or,
- (4) When the heart is enfeebled, as in old age, its valves may offer little resistance, and embalming fluid under ordinary pressure may pass back through the aortic and mitral valves to the left ventricle and thence out through the pulmonary veins into the lungs.

Dr. Smith's article and the accompanying photographs in the *Sunnyside* show all this very clearly, indisputably, and the obvious conclusion is that the proof of Patrick's guilt, at least so far as the testimony of the medical experts for the prosecution is concerned, has not a leg to stand on.

At all events Dr. Smith's chivalrous attempt to undo what he believes to be a great wrong will enlist the sympathetic interest of his fellow osteopaths everywhere, many hundreds of whom are old students of his, and know of his brilliant abilities as a lecturer on anatomy.

W. F. LINK, D. O., Knoxville, Tenn.

Treating Syphilis With Gloved Hands.

The article in February JOURNAL by Dr. Young filled a long felt want. Complete, comprehensive and extremely practical, it serves as a basis from which we may speak knowingly when (occasionally) confronted by this class of cases. Naturally we abhor the very word syphilis, and to be actually consulting or even conversing with a known case, almost gives one the shivers. But as true physicians we are to study and investigate every phase of all ailments, so we are face to face with the proposition.

I want to tell of a little experience I had with a very bad case of syphilis in secondary stage, and how I conducted treatment, diet and exercise. Patient, woman, 35, fair, 160 pounds, good hereditary diathesis, splendid early environment, mother of one child. Disease contracted by relations with husband. Sexual organs primarily infected, internally, abscesses, followed by more or less rectal stricture, existed. Bowels quite regular, kidneys somewhat affected.

For a short period temporary blindness (from the disease) existed in one eye. (Sight returned after treatment).

Body, except external genitalia, more or less irregular mass of rash or exanthem. Apparently a mass of chancroids and chancers. Elbows and lower limbs were almost a mass of

coalesced ulcers principally of chancroid nature, while other areas had all appearance of typical chancers. Patient quite feverish at times.

Treatments were given at the house, and only after patient had prepared herself by bathing, combing hair tightly to head, fastening in place by many pins, and every sanitary (at least) precaution taken.

For fear I might contract the disease by direct contact with patient, through some seen or unseen abrasion, I put on a pair of gloves, which did not seem to interfere especially with the giving of a good general treatment and insuring immunity from direct infection. To my surprise I found the case gaining quite rapidly. This continued with periods of apparent stasis, occasionally, but of short duration. Diet, restrictive and selective, maximum amount of fruit and green vegetables, such as figs, dates, sweet oranges, much celery, lettuce and whole wheat bread; little tea, no coffee and no meat; occasionally eggs and white fish. Of these articles she could eat all she desired, not being an over-eater naturally.

At first she remained in bed most of the time, on account of febrile condition. Nurse was instructed to keep windows open all the time giving patient plenty of cover. Baths given daily and a vegetable salve applied to ulcer, covered with absorbent cotton and over that loose, light bandage. The application seemed to draw out the foul material and deposit it on the absorbent cotton, leaving sore quite free from detritus each time. Every hygienic measure was carried out and patient given encouraging suggestions daily as a favorable prognosis.

Thorough stimulating treatments to kidneys and liver given three days a week.

Patient soon getting up, out-door strolls of short length were advised, usually with some member of the household or with nurse.

Sun baths seemed to do GREAT good. One half hour duration, body protected from cold or draughts, sufficient to keep warm.

All eruptions disappeared from every part of the body, although in my opinion traces of syphilis of secondary stage, will never entirely leave the system, and upon subsequent slight provocations manifest itself in a similar or different manner.

I would not care to treat a case of syphilis barehanded (knowingly at least, although I suppose we do occasionally, especially the primary stage cases). Proper precautions, however, eliminate danger of infection.

A D. O. more than any physician (except surgeons) should mind well the condition of their hands. Any abrasion, however slight, should be protected by liquid court plaster or some skin varnish, and if you feel occasionally you must treat a poor soul suffering from this dreadful disease, there should be no objections on the part of the patient if the physician takes a wise precaution by wearing gloves.

F. P. MILLARD, D. O.,

111 Confederation Life Building, Toronto, Canada.

Wisconsin Osteopathic Association.

The ninth annual meeting of the Wisconsin State Osteopathic Association marked an era of development in the history of modern medicine. To those of us who have attended the meetings of the Association from year to year we note with considerable pride the character of the indications which point to this advancement. But a few years ago we used to go away from the meetings filled with enthusiasm of what osteopathy could do and what it meant to suffering humanity, among certain of our cases which had been unusually successful under treatment. Today we go to our meetings—and take with us such cases as have been difficult, or such ones as have not yielded at all. We go to our meetings, not fearful of our failure, but seeking such help from others of different experiences than our own, while in the earlier years of our practice one was almost afraid to say he had failed in a given case.

It is with this kind of enthusiasm that we leave our meetings now, and go home after having not only been *told* how but as well *shown* how to accomplish certain results.

My criticism of many association meetings, both state and national, is that we are not *shown* enough. Much is said but little demonstrated.

The Wisconsin osteopaths had occasion to appreciate the valuable researches of Dr. McConnell. A stereopticon lecture of an hour and a half demonstrated to us that the work as being pursued by Dr. McConnell is invaluable to the profession at large, and also among that class of thinking people who appreciate the why and wherefore. Dr. Francis A. Turfier of Rensselaer, Ind., demonstrated the mechanical side of our therapeutics and many points of value were presented. Dr. Turfier is a genius when it comes to the mechanics of osteopathic therapeutics.

Our own members, however, contributed largely toward making the convention a successful one. Months before the time for the meeting, preparations were under way, with a view to stimulate original thought and research. As a result of this, one of the most valuable sessions of the convention was known as a "Question Congress." Some fifty questions were sent to the committee in advance and these were distributed among those who claimed experience in a given case. As a result of this, practically everyone contributed some valuable suggestions and gave all an opportunity of expression of ideas.

Not the least of the original research work done by the members of the Wisconsin Association was that submitted to us by Dr. J. Foster McNary on "Surgical Indications in Osteopathic Diagnosis." Dr. McNary's work showed the result of practical experience and is worthy of publication in our journals to go down in the annals of the history of osteopathic progress. I trust that an early date will see the same published for the readers of this journal.

Every one who attended this meeting felt that he had gained much in the line of practical knowledge and left with a view of putting that knowledge into actual practice.

Dr. S. J. Fryette was unanimously chosen as president of the Association for the coming year, with Dr. E. M. Olds Vice-President. Our faithful treasurer of five years' service, Dr. Culbertson, was again elected to fulfill the duties of that office, and Dr. Nordhoff was chosen as Secretary. Dr. Breitzman and Dr. Spencer were chosen for service on the Legislative committee and Executive Board respectively.

Drs. W. D. McNary and F. N. Oium Delegate and Alternate to the A. O. A.
 E. J. ELTON, D. O., 304 Matthews Bldg., Milwaukee.

San Francisco Osteopathic Association.

The second annual meeting of the San Francisco Osteopathic Association was held in Oakland February 2, 1907.

There was a large attendance, despite the storm, and the enthusiasm manifested speaks well for our science in this state. The northern half of the state was well represented, while Los Angeles sent two of her best men, Drs. Tasker and Forbes.

The following program was rendered:

AFTERNOON SESSION.

Address by President Frank L. Martin.

Clinic—Dr. Rule, of Stockton.

Demonstration—Dr. Meacham, of Oakland.

Paper—Obstetrics—Dr. Myrtle Herrmann, of Alameda.

Discussion—Drs. Harris, Vanderburgh, Rule and Meacham.

Paper—Case Reports—Dr. Josephine Jewett, of Berkeley.

Clinics—Drs. Willcox and Cooper, of San Francisco.

Demonstration—Dr. Forbes, of Los Angeles.

Discussion of Legislative Matters—Dr. Dain L. Tasker, of Los Angeles.

Clinics—Drs. Penland, Cooper, Ponting.

EVENING SESSION.

Letter from Dr. Ivie, of Kirksville, Mo., read by secretary. The doctor having been president of our association for three years, his letter was warmly welcomed.

Paper—Gynecology from a Practical Standpoint—Dr. Effie York, of San Francisco.

Blood Pressure—Dr. Meacham, of Oakland.

Cervical Lesions and Clinical Demonstration—By Dr. T. W. Sheldon, of San Francisco.

SUSAN ORPHIA HARRIS, Secretary and Treasurer.

New Osteopathic Association in Pennsylvania.

The osteopaths of the Fourth District of Pennsylvania met in Wilkes Barre December 14, and organized the "Northeastern Pennsylvania Osteopathic Association." Dr. Virgil A. Hook, of Wilkes Barre, was chosen president; Dr. W. J. Perkins, Carbondale, vice-president; Dr. A. May Benedict, Scranton, secretary and treasurer. The organization holds its meeting the second Saturday of each month.

A. MAY BENEDICT, Secretary.

Woman's Osteopathic Association.

The Woman's Osteopathic Association of Kansas City, Mo., celebrated the first anniversary of their organization on the evening of February 5th. The following program was given:

"The Past of Our Association"—Dr. Bertha F. Whiteside.

"Professional Ethics"—Dr. Mary E. Harwood.

"The Future of Our Association"—Dr. Mathilde Loper.

A lecture on the "Diaphragm" was to have been given by Dr. Anna I. Peters, but she was unable to be present, much to the regret of the association.

After the program a chafing dish luncheon was served, and the remainder of the evening was spent in a social way.

The officers elected for the ensuing year are:

President—Dr. Anna I. Peters.

First Vice-President—Dr. Nellie M. Cramer.

Second Vice-President—Dr. Bertha F. Whiteside.

Treasurer—Dr. Katherine A. Loeffler.

Secretary—Dr. Mathilde Loper.

The W. O. A. meets the first Tuesday evening of each month at 8 o'clock at 520 New Ridge building. A cordial invitation is extended to all lady D. O.'s who may be visiting in the city.

Applied anatomy has been the general subject studied the past year and with clinical demonstrations much valuable work has been accomplished. The association enters with enthusiasm upon its second year's work and expects good results therefrom.

MATHILDE LOPER, Secretary.

The Pacific College of Osteopathy.

The Pacific College of Osteopathy of Los Angeles, California, graduated its mid-winter class on Thursday evening, January 24th. The commencement exercises were held at the Woman's club house and the large attendance spoke well for the popularity of the college and the general interest of the people in osteopathy.

The music for the occasion was most acceptably rendered by Miss Tillie Burns, an accomplished pianist of South Pasadena, and the "College Quartette," composed of Drs. Adams, Cunningham, Ferrand and Swart. Addresses were made by Dr. Stanley M. Hunter and Dr. Dain L. Tasker. Dr. Clement A. Whiting, chairman of the faculty, made the address presenting the class for degrees, and Dr. John O. Hunt, president of the board of directors, conferred the degrees with appropriate remarks to the six members of the graduating class.

The recipients of the diplomas are all graduates of the three year (thirty months) course of study and will at once enter upon the practical and active work of their profession with locations as follows: Dr. Pearl A. Bliss will practice with her husband, Dr. Asa P. Bliss, in Los Angeles; Dr. Emma E. Donnelly will open an office in Los Angeles; Dr. Edwin P. Watkins will be found in Pasadena; Dr. Louise V. Wurts expects to locate in Ontario, Calif.; Dr. Gneva G. Paull has gone to San Diego, and Dr. Emilie R. Mode has selected Denver, Colo., as her future home. The class is said to be an unusually good one and their many friends prophesy a successful future for them.

Death of Dr. Sylvester W. Hart.

Again we are called upon to announce the death of a member of the Association; one who will be sadly missed, and especially by the profession in New York, where he rendered distinguished service in the cause of legislation. The following particulars of his illness and death and tribute to his memory are contributed by Dr. Chas. Hazzard, of New York city:

Dr. Sylvester Hart, of Albany, New York, died at his home on February 5, 1907, after a brief illness. He was confined to his bed for only about a week with the acute symptoms due to the final breakdown of chronic Bright's disease, from which for several years he had been a sufferer. For more than a year his urine, upon analysis, had shown 10 per cent. or more of albumen.

Dr. Hart was a well known osteopath, and had a thriving practice at Albany. He was one of the best known osteopaths in the state, and was last year the president of the State Osteopathic Association. His residence at Albany and his acquaintance with legislators made him very familiar with legislative work, and this knowledge he used in a very valuable way to osteopaths in the various campaigns for legislative recognition. He was an invaluable as well as an indefatigable worker in the osteopathic ranks, and the valiant fight he waged at Albany will be long remembered. Under his leadership the osteopathic bill first passed the senate.

In his death the osteopaths of New York lose a valued friend and warrior and the profession an able exponent.

In Memoriam—Dr. Sylvester Hart.

At a meeting of the Hudson River North Osteopathic Association, held the 2nd day of February, 1907, at the offices of Drs. Frink and Brown, at Troy, N. Y., a committee was appointed to prepare a testimonial to the memory of Dr. Sylvester W. Hart.

MEMORIAL.

With profound sorrow the members of the Hudson River North Osteopathic Association record the death of their beloved associate and charter member, Dr. Sylvester W. Hart, and bear witness to the irreparable loss this association and the profession at large have sustained.

In the death of Dr. Sylvester W. Hart this association is bereft of a life singularly strong in character and steadfast in purpose. He was ever courageous, sympathetic and possessed high ideals of life and of his profession. Dr. Hart's name and presence graced and honored the many positions of trust he was called upon to fill.

We, who have been so highly favored with his personal friendship and presence, recall

with pride and gratitude his earnest and devoted service, his tireless labors, his unselfish sacrifices, his matchless loyalty and deep interest in the promotion of the welfare of his profession.

This association extends to the bereaved wife its heartfelt sympathy and directs that this memorial be entered upon its minutes.

J. H. McDOWELL,
ELIZABETH FRINK,
Committee.

Resolutions.

Whereas, on February 2, 1907, we have sustained an irreparable loss in the death of our brother, Dr. Sylvester W. Hart, and,

Whereas, the profession has lost one of its ablest and best representatives, the City of Albany a skillful practitioner, his associates a loyal friend and co-worker; therefore be it

Resolved, That we, in this great affliction, share with the bereaved wife her sorrow, and hereby tender our heartfelt sympathy, and that copies of these resolutions be sent to the afflicted wife, to the local papers, to the osteopathic journals, and to the Osteopathic Society of New York.

Necrology Committee of A. O. A.:

BESSIE A. DUFFIELD, Nashville, Tenn.

ALFRED BYRON KING, St. Louis, Mo.

WILLI L. BUSTER, Mt. Vernon, N. Y.

The Fight in New York.

We are indebted to Dr. Chas. Hazzard for the following account of the legislative situation in New York:

"Our fight waxes hot, and we must win or get out and fight in the courts for our rights. As regards our bill, it is now in the hands of the public health committees in the respective houses, and all the hearings have been held. We think the chances for passage of our bill are reasonably good this year. We feel sure of its passage, through the senate by a good majority, and things look good in the assembly, although we cannot tell until the vote is passed whether we will win. Three hearings have been held and all were quite favorable to our bill. Two of these hearings were upon the osteopathic bill. The last one, held February 21, was on the medical unity bill, which seeks to abolish the present arrangement of the separate medical examining boards, and substitute a single board therefor. As there is no provision in the bill to assure the different schools representation on this board, the homeopaths and eclectics are fighting it on the grounds that it will lose them their identity and will subject them to the allopaths, as occurred in Alabama. The osteopaths are fighting the bill for the very good reason that it aims to wipe them off the map. The bill is championed only by the allopaths, who are apparently seeking a monopoly. It is very doubtful whether this bill can even get out of committee. It was so vigorously attacked at the hearing that its true object was made apparent.

"A recent decision handed down by the appellate division of the supreme court makes such a broad definition of the practice of medicine that the osteopaths are sure of remaining in the state only by passing their bill. This decision was in a case, not of an osteopath, but of a "neuro-mechano-therapist." Naturally this state of affairs is making every osteopath work as never before, and puts squarely up to the legislature the question whether the osteopaths shall be exiled from the state. We are putting the decision to a good use in these ways, and it may prove a benefit if it forces the passage of our bill. The legislators seem inclined to think it would be a great injustice to oust the osteopaths, and the people are making themselves heard."

The osteopaths of Indianapolis recently formed a city society which will meet on the first Saturday evening of each month. Dr. M. E. Clark was elected president.

PERSONALS.

Dr. J. Martin Littlejohn is recovering from a severe illness.

Born, February 5, 1907, to Dr. and Mrs. Charles Hazzard, of New York, a son.

Born, February 5, 1907, to Dr. and Mrs. V. P. Urbain, of Hamilton, Ohio, a son.

Dr. A. G. Hildreth is taking a much needed rest. During his absence Dr. W. D. Dobson, of Kirksville, is in charge of the A. T. Still Infirmary in St. Louis.

Walter Elfrink, D. O., of Chicago, in response to an invitation from the Minnesota Health League, delivered a lecture on Vegetarianism at the First Baptist church in St. Paul on January 15. He took his audience by storm. Many declared it the best lecture they had ever heard.

Dr. Robert H. Goodale, formerly of Riverside, Calif., has accepted a position as surgeon for a large mining company at En Terrazas, Chihuahua, Mexico.

By invitation of Lieut.-Col. Glenn, commander of the Post, Dr. M. F. Hulett will deliver an address before the officers of the U. S. recruiting station at Columbus, Ohio. His subject will be, "A Knowledge of the Human System an Aid to the Maintenance of Health."

On March 15, Dr. T. D. Lockwood will succeed to the practice of Dr. Violetta S. Davis at 19 West Park street, Newark, N. J., where he will be on Mondays, Wednesdays and Fridays between the hours of 9 and 5. On other days he is at his office in Hotel Normandie, in New York city.

Ind. Dr. Clark will specialize along the lines of gynecology, obstetrics and diseases of S. E. Warner, and opened an office at 400-10 Board of Trade Building, Indianapolis, Ind. Dr. Clark will specialize along the lines of gynecology, obstetric and diseases of children. He will also do gynecological surgery.

Dr. T. J. Watson, late of Pueblo, Col., is in New York City pursuing special studies on diseases of the rectum. This work occupies the morning hours, in the afternoons and evenings he practices with Dr. G. E. Graham, with whom he has formed a partnership. Their offices are in the Hotel Woodward, Broadway and Fifty-fifth street.

Mrs. Willard, wife of Dr. W. D. Willard, of Norfolk, Va, recently suffered a very serious and painful accident. Her clothing took fire from an open grate in her room, and as she was alone at the time she came near burning to death before assistance reached her. Dr. Willard reports that she is now a little more comfortable and that hopes of her recovery are entertained.

Dr. Wm. Horace Ivie, who is taking a post graduate course at the American School of Osteopathy, has been suffering with la grippe and tonsillitis, but is improving. He writes that he was ill at the wrong time, as some of the seniors who had promised to make application for membership in the A. O. A. got away without doing so. However, the applications of twenty-two were secured, which makes thirty-one Dr. Ivie has succeeded thus far in getting this year. The A. O. A. needs a few more Ivies.

The *Kirksville (Mo.) Journal* in its issue for February 21, states that Dr. Harry M. Still, who for several years past has been associated with Dr. Charles Hazzard in the practice of osteopathy in New York city, has, on account of poor health, relinquished, temporarily at least, his professional work and returned to Kirksville. He has been elected to the presidency of the Citizens' National Bank at that place. The *JOURNAL* in speaking further of him says: "In addition to a highly remunerative practice, Dr. Still's investments have uniformly been successful, and today, although still a young man, he easily takes rank with our most solid business men in point of wealth."

REMOVALS.

- Alson H. Gleason, State Mutual Bldg., to 765 Main Street, Worcester, Mass.
 Margaret H. Allen, 716 A Union Street, to 70 Seventh Avenue, Brooklyn, N. Y.
 B. P. Shepherd, Macleay Bldg., to 308-9 Swetland Bldg., Portland, Ore.
 F. C. and Annie Stow Clak, 203 Mason Bldg., to 530 Auditorium Bldg., Los Angeles, Calif.
 Arthur Kew, Jamaica, N. Y., to 1431 Magnolia Avenue, Jersey City, New Jersey.
 T. J. Watson, Pueblo, Colo., to Hotel Woodward, Broadway and Fifty-fifth Street, New York City.
 G. E. Graham, 1851, Seventh Avenue, to Hotel Woodward, Broadway and Fifty-fifth Street, New York City.
 A. S. Loving, 936 Main Street, to 12-14 Morrison Block, Jacksonville, Ill.
 T. Simpson McCall, 32 to 20-21 The Spurling, Elgin, Ill.
 C. E. McCormick, Watsonville, to 402 Pearl Street, Napa, Calif.
 George W. Perrin, Steele Bldg., to 524-5 Empire Bldg., Denver, Colo.
 J. Porter McCormick, 150 Highland Avenue, to 506-7 Savings and Trust Bldg., New-castle, Pa.
 Franklin Fiske, Portage, Wis., to Kirksville, Mo.
 Clara Macfarlane, 777 Johnson Street, to 308-9 Swetland Bldg., Portland, Oregon.
 Florence Coffland, Circleville, to Piqua, Ohio.
 Alexander F. McWilliams' address is 421-2-3 Huntington Chambers, Boston, Mass.
 M. E. Clark, Kirksville, Mo., to 409 Board of Trade Bldg., Indianapolis, Ind.
 J. B. and Mrs. J. B. Littlejohn, Seventh-sixth Street and Saginaw Avenue, to 535 W. Monroe Street, Chicago, Ill.
 Robert H. Goodale, Riverside Calif., to En Terrazas, F. C. C. M., Chihuahua, Mexico.
 Elvina Mekemson Monmouth, to Biggsville, Ill.

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No. 8

CANCER.

J. MARTIN LITTLEJOHN, Ph. D., M. D., D. O., Chicago.

III.

Fundamental Physiological Principles Underlying This Abnormal Growth and Its Development.

The subject of pathological physiology has been but little investigated and even less understood. As a contribution to this subject we offer a few points in line with our investigations.

The primary constituent of bioplasm is water, the solid being suspended in the fluid to form an emulsion. This bioplasm represents naked matter. Certain bodies are found in every developing cell, both in the protoplasm and in the nucleoplasm. These are called primary substance, because they are absolutely essential for cell life and growth (Kossel). Proto-nuclein is the primary substance in all nucleoplasm and the enveloping protoplasm. It is derived by organic processes from all the sources of organic substances, viz: the blood forming and regenerating glands. It is lymphoid material, of glandular origin, the cell matter being found in uncoagulated form.

The minutest bioplasmic substance has its center of vitality. To this vital center nutrient matter is carried from the circumference to be vitalized and enter the cycle of movement from center to periphery of organic substance. New bioplasm is formed in these vital centers, this substance previously non-living or protoplasmic coming into contact with the living matter and taking on its vital characteristics and properties. This represents the transformation of non-living, the proteids circulating in the blood and fluids, to living matter, the active proteids of the living cell.

Here there is a complex series of processes in the reproductive evolution.

- (1) Bioplasm selects the nutrient matter from the blood.
- (2) The blood in turn is tissue and as such is itself formed by bioplasmic processes.

The white blood cells represent the real elements of the blood tissue, the other corpuscular forms being disintegrated products.

Vital action takes place from and is determined by some center of bioplasmic activity. Vitality thus acts in and manifests itself through certain bioplasmic centers. This activity takes place in connection with matter that comes into these centers from without, the entrance into and the contact with these centers of activity resulting in the vitalization of the non-living matter.

The impregnated ovum is the primary origin of all vital substance in the newly formed organism. Without this center of life and motility, the new organism would be impossible. Hence the vital actions are limited to already existing bioplasm, and this already existing bioplasm in the centers of life renders possible these physical, mechanical and vital phenomena, that we designate change of matter or life activities.

According to this the bioplasm has a *reproductive power*, that is, it possesses a vital force which it can project into the non-living, and by this projection excite an affinity which draws the non-living into the centers of life to be vitalized, afterwards projecting it outwards towards the circumference of tissue and organ formation as living substance. Whatever the fundamental characteristics of bioplasm may be, it divides and sub-divides its own substance, drawing within and projecting outward from its own center of vitality, non-living matter, causing it to pass through the formative changes which are necessary to the vitalizing of the non-living.

The bioplasm of the nuclei in the embryo represents the formative center, within the nucleus substance. This nucleus bioplasm divides and sub-divides, forming bioplasts. These bioplasts possess inherent vitality with the capacity of taking in food and then projecting it to the circumference, until fully formed tissues are evolved by these processes. In this process of tissue formation, the tissues constituting the organism are definitely formed and differentiated before the nerve tissue is developed or begins to act functionally, nerve tissue being the last to reach mature development. As the last developed becomes the controlling or master tissue, these nuclear bioplasts become associated with the nerve tissue, as the last and most highly developed tissue. Here lies the secret of the masterful force of nerve tissue. This explains also the action which nerve tissue exerts in connection with food and oxygen, when proper adjustment is found, over the other tissues in the organism. Nerve tissue represents the centers of the vital force and only from such centers can the periphery of vitalized matter be reached. True vitality, that is nerve vitality and true regeneration, is that which takes place from and is determined by and actually takes place within the neural nuclear bioplasts.

This principle is equally applicable in a state of health or of disease. If the bioplasm increases too rapidly, its developing power is weakened, its vitalizing force is impaired and the organism suffers. As a result the tissues that make up the organism become soft in structure and feeble in functioning. The reason for this is, that to increase the rate of bioplasm formation lessens the capacity of maturity. This increase in bioplasmic activity may even be carried to the point of preventing tissue development altogether. This means that the nutrient matter is too rapidly rushed through the centers of vitality to permit the necessary vitalizing processes. This is illustrated in the inflammatory processes and in the febrile states in which nutrition takes place too fast, rendering it impossible to assimilate and hence producing disintegration, degeneration and combustion with resultant heat production.

Bioplasm lives very slowly, takes up nutritive matter slowly and slowly projects the vitalized matter out to the surface of the tissues. In inflammatory states the bioplasm grows, then becomes static, no new vitalized matter being formed to be projected outward. It is always possible that this static condition may prevent in the future new bioplasm formation and thus permanently damage the bioplasm of the body. This explains why destroyed tissues and organs can-

not be re-formed because the formed or structural tissues are developed from structureless bioplasmic substance. *Here we see the importance of lesions affecting the circulation of fluids in which these structureless elements are found.*

Epithelial and connective tissues are most liable to rapid increase by inflammation, because the vitalized elements of these are less closely bound together than those found in the higher forms of tissue, such as muscle and nerve. Hence structural dissociation is more possible in epithelial and connective tissue. From every form of bioplasmic tissue, but especially from epithelial and connective tissues, pus corpuscles may be formed, these representing the degraded and disintegrated normal bioplasm corpuscles. In this case the development is represented by a pathological growth.

In these cases bioplasm lives too fast, is overfed and results in the production of soft and flabby tissue, loosely associated structural elements. This we find in the greater susceptibility of the obese to cancer. According to this the active agent in disease conditions is the degenerated or degraded bioplasm or its elements. The pus corpuscles in connection with pyaemic and septic disease states, the bacteria and germs in infectious and contagious diseases arise from the degenerated bioplasm in its pathological development.

Thus the pus and germ cells, commonly called the *Materies Morbi*, are not, in fact, cannot be the causes of disease, except in propagation, but are the products of certain changes in the vital centers and of the accumulation of nutrient elements that favor the growth of a germ as soon as the disturbance of bioplasm exists. Marchand, Orth and Hausemann positively state, as we do, "that the great majority of cancer parasites which are believed to have been seen of late, are nothing but well known products of degeneration of protoplasm." (New York and Philadelphia Medical Journal, Oct. 31, 1903, Vol. 78, 18, page 847; Marchand, Deutsche Medical Woch. No. 40, 1902, page 722.) Hence *the malignant tumors arise from proliferating elements of the organism, vacuole substances within the cells, the result of cellular over-secretion or a hyper-bioplasmic process.*

It is probable that in all cases of disease vital action is too fast, the vital center causing to rush through itself the nutritive matter with an increased vital activity, lessening the capacity for vitalization and hence lowering the vitality as well as disturbing nutritive equilibrium. In the infectious diseases, infection takes place by metastatic action of degenerated intoxicated parasites that irritate the tissues of a suitable field, so that the infection process is inflammatory and represents a reactive change of tissue, the change being specific and identical in all cases of similar infection. In the malignant growth there is metastatic action from the proliferation of degenerated bioplasm implanted within the tissue of a suitable field, this proliferated tumor cell living an independent life upon the substance of the body which it changes into its own characteristic constitution. The results are too much fluid, too much heat, too much nutrition, and these favor inflammatory, purulent, febrile and toxic conditions.

According to this the primary starting point in disease is a deranged, disorganized or obstructed vital activity, that is, *not a change in the vitality, but in its expression, through the structural elements of the organism.* Secondly, this disorder in vital manifestation reacts upon the metabolic cycle causing the rush from circumference to center of nutritive elements, so fast that they cannot be taken care of or matured in these vital centers. This produces abnormal products in the bioplasm and these products represent degeneration. Thirdly, the pus corpuscles and the germs are developed and rapidly propagated in this favorable medium,

because the disorganization in the vital centers produces lack of control of vital activity and resultant mal-nutrition.

Nerve tissue stands highest in the scale of such processes. The current of nerve force that passes along a fibre is generated in the cell and these currents are associated undoubtedly with the nutritive cell acts or activities. If the nutritive processes become too active, the minute filaments to the capillary blood vessels communicate with the trophic nerve centers in the anterior horns of the spinal cord. This results in the transmission of efferent impulses to the muscle fibers of the arterial walls, diminishing the calibre of the blood vessels, retarding the flow of blood to the capillaries and lessening the amount of nutrition allowed to pass to the tissues. The same nerve apparatus must restore nutritive equilibrium, equalize the blood supply and balance the nerve forces. This means that the supply of nutrition, the regulation of temperature and the *balance of nerve force are preserved in connection with arterial wave activity.*

All these nerve centers and fibers were gradually prepared by a formative process in the bioplasm of nerve tissue and only as bioplasmic vitality is preserved will the mechanical and vital functioning of this nerve apparatus continue. The nerve forces are generated by the changes taking place in the bioplasmic centers. These centers are very closely associated with the sensitive peripheral terminators, chiefly in connection with the special senses and the terminal expansion of the motor fibres in muscles and other end organs. This is an illustration of Head's law. This means that bioplasmic substance from the centers of nerve nuclear vitalization pass out in connection with the nerve fluids to the different terminal apparati, which are in close central connection with the central cells of the nervous system.

The activity of every organ and tissue of the body is subject to the action of the neuron cells in which bioplasm is found in greatest abundance. Here we find nerve cells that continue to develop after the rest of the nerve mechanism and the body have reached their maximum. In the caudate cells of the gray matter of the brain, we find, therefore, the centers of nerve force generation. In the bioplasmic substances found superficial in the gray matter of the brain, where the interlacement of the finest nerve filaments takes place, we find substances not enclosed within a cell wall, very abundantly supplied with blood and subject to very rapid changes. Here the delicate bioplasts are constantly changing in connection with the nutritive and metabolic cycles, giving origin through their close relation to the nerve fibers, to; (a) the nerve impulses that pass as vibratile waves along the nerve fibers to every part of the body; (b) the vitalized nerve fluid that carries with it vitalizing force to all the tissues and organs; (c) this will account for the distribution of the bioplasts found at the peripheral termination of the nerves both central and superficial. These form the link in the chain connecting the *entire tissue structure to the vital centers.* Here we have the basis for surface lesions.

These bioplasts are active; (a) in the formation, preservation and renovation of the entire nerve apparatus; (b) in the development of the wavelike currents that act as stimuli to the nerve centers, these nerve centers with their bioplasm being the great center of the origin of nerve impulses; (c) this bioplasm is also actively engaged in the thermogenic function in connection with body temperature, especially in the unbalance of the nerve economy. This will account for the generation of heat instead of nerve impulses, or rather the heat is not converted into nerve energy or force, the heat accumulating. This explains the relation of the nervous system to temperature development, both physiological and patholog-

ical. Heat promotes destruction. This close connection explains the reaction of vitiated nutrition upon the body and its drain towards the malignant focus; (d) vitalized fluid passes out along the nerves. This is trophicity.

The vital force never increases, never decreases. Therefore, order can be restored only by an orderly distribution of that vibratile activity which is projected from the centers of life for the purpose of keeping every organ and tissue in rhythmic relation to the organism. This vibratile adjustment must take place by establishing order in the structural economy, for *it is structure that pulsates in the rhythm of life*. This principle of adjustment represents the law of cure, the chemical, physical or mechanical being converted into a vital equivalent. The change in the current of activity must begin at the center, the vital force, the curative effects being distributed along the pathway of least resistance in the nervous system. This distributes vital strength to the weakest part, bringing up the weak to the standard of the strong and thus restoring harmony.

This means that the processes of degeneration begin at the peripheral centers of the vital processes, the great central vital activity gradually, from the periphery inward, giving up its control over the peripheral substance, previously constructed under the formative action of the organic life force. When *this relation between the central life force and the peripherally formed substance is broken or interrupted*, this peripheral substance is subject to all the changes that chemistry or physics or perverted physiology may produce or permit. The result of this is abnormal growth, perverted development, foreign accumulation at the focal point of lessened vitality, that is, *interrupted relation between vital force and its medium of expression, the structure*. This gives rise to what we call the local morbid growths.

This explains why osteopathic lesions are of so great importance, because, they lie on the surface planes of vital expression where the hold of vitality upon structure is least and most liable to interruption by the slightest disturbance. That is, *interrupted relations are produced by structural lesions* and this is what we call *mal-adjustment*.

We can see from this, that a double change is necessary, (1) the withdrawal of the central life force, leaving the local point of weakness without that connecting chain which binds it to the centers of life in the bioplasmic cycle, sometimes even resulting in the degeneration of the bioplasts themselves; (2) this focal point weakened and left to itself in the struggle for existence, under the influence of obstructed circulation, interrupted nerve currents and uncontrolled nutrition, caused by lesions in structure, becomes the center of abnormal development and growth, these developments and growths being subject to physical, chemical or perverted physiological laws and processes; (3) the obstructive lesion in the field of the vital expression, viz: The articulations of tissues and organs, cuts off the communication between the *vital force* represented by the bioplasmic cycle of formation, metabolism and nutrition, and the vital manifestation through the different formed tissues and organs, viz: *the structural parts of the organism*.

If these processes of degeneration and degradation are checked before terminating in local death and before producing organic death, the reverse order must be followed in the reactive processes towards the renewal of vitality, the material parts, i. e. the structural of the organism being gradually drawn within the cycle of central vitality, and the waste, accumulated or foreign materials being thrown off because these are dead so far as the organic life is concerned, organic and regional adjustment takes place and this is the only basis of cure.

This means that the fundamental principle of physiological life is *co-ordination, co-operation and adjustment*. Hence there can be no organo-disease and no organo-therapy, because no organ of the body stands isolated and alone, the sympathetic relation of the nervous system making it necessary that the organism be considered as a commonwealth of cells. This makes the great medium of all therapeutic action the cerebro-spinal and sympathetic systems, each one contributing an independent functioning to the united economy. The former contributes control, especially in the discharge of the trophic function; the latter regulating along vaso-motor lines, the blood supply and therefore the nutritive conditions of the entire organism, including the cerebro-spinal system.

Thus the structural framework of the organism is functioned in relation to the rhythmic activities of the soft tissues; and these activities are regulated by the co-ordinated motive powers of the vital force on four distinct planes of vital manifestation; the reflex, automatic, voluntary and volitional planes of activity. The co-ordination of these in the material organism constitutes what we call life expression or the manifestation of the deeper life principle on the plane of the physical and material, viz: the body organism in its structure.

Here we find the fundamental principles that explain our view of cancer. There are many theories both microbic and non-microbic. I believe in the origin in connection with the germ or tumor cell and also in the accumulation of effete matter—both of these combining to give us the true theory. In primary origin I believe it is constitutional, in a nervous disorder. It originates in nervous exhaustion, the weakening and depletion of the nervous system from the bioplasmic side, this reacting upon and producing a localized focus of development.

The origin, then, is (1) primarily in the neural bioplasts. In origin all nerve cells are amoeboid and when they settle down in the neural tube they lose their amoeboid characteristic. The nerve bioplasts originate in the nerve cells and these retain the amoeboid characteristic, floating around in the cerebro-spinal fluid. These bioplasts may degenerate and this gives us the foundation for the embryonic migratory cell condition of cancer. (2) How does this condition become localized? It settles down as all diseases do at the weakest point of the particular organism. What is the weakest point? It is the point of least resistance, greatest susceptibility and lowest vitality. It always comes on in connection with nerve exhaustion, whether produced by (a) toxins in connection with the intoxication of the system, as in the case of the lips and tongue of the tobacco smoker; (b) nervous starvation, as in the stomach of the dyspeptic; (c) points made weak by over stimulation or excessive activity up to the point of exhaustion, as in the uterus and breasts. Why? Because in many cases where several children have been borne or excesses have been practiced sexually, the result is the depleting of the peripheral bioplasts in connection with these organs. The same principle applies to the liver, especially in excessive activity in over indulgence; the intestines, particularly where frequent cathartics are used to stimulate the peristaltic action and secretion for excretory purposes; and the pancreas, where excessive demands are made in connection with trypsin ferments to keep up the digestive processes in the intestines.

In all of these cases primary, or secondary contributory lesions may exist in the area corresponding with the weakness, and another series of lesions may continue as the weakened condition begins to react upon the functional activities of the organism.

(3) Given the focus of origin, the growth is one of accumulation plus the

tumor organism living upon and increasing in the substance of the body. The morbid development takes place as an abnormal life process in the focal point of the disease. The accumulation of waste or effete matters is a process of evolution, the weakest part being the most susceptible part. How does this affect the condition? Nutrition is perverted, nerve force is exhausted, resistance is impossible and hence the growth continues abnormal.

IV.

Etiology of Cancer.

In discussing this subject we must take account of the exciting as well as the predisposing causes leading up to the development of the disease. The etiology from the lesion side is easily explained. The lesions found in the particular cases are scheduled in the cases already cited. These lesions are muscular and osseoligamentous, involving restrained mobility, increased connective tissue or other soft tissues. These act in several ways: (1) direct obstruction to the blood or lymph circulation; (2) direct obstruction to the lymph that bathes the tissues permitting accumulation of waste or toxic materials; (3) impeded venous blood flow, producing stasis of the fluids and lack of elimination of waste; (4) direct irritation to the tissues involved. Perhaps the most common cause is the direct interference with the lymph drainage by some obstruction to the lymph vessels, or indirectly through the vaso-motor or sympathetic nerve supply, producing a constrictive effect and reacting upon the lymphatics.

The specific lesions may be summarized: (1) In cases involving the structures of the mouth and neck, lesions in the cervical and upper dorsal, involving also the clavicles and first two ribs, contraction of the cervical muscles, producing anterior or posterior cervical tension with dragging on the head and lower part of the neck articulations; (2) In cases of thoracic tumors we find the involvement of the clavicle, first and second ribs, upper six ribs third to sixth dorsal vertebral area, humerus, acromian articulation, muscular rigidity; (3) In case of the abdominal and pelvic tumors there is an involvement of the lower ribs, diaphragm, cartilages around the ribs, anterior and lateral, lower dorsal and lumbar lesions, innominate lesions, sacro-iliac lesions, femoro-acetabular lesions, abnormal contraction or increase of sacro-lumbar and femoral soft tissues.

The general medical view of the etiology of cancer may be gathered from the work on the "Practice of Medicine" by Roberts Bartholow, pages 52-53, "predisposition and heredity play an important part in the causation of cancer; they are, doubtless, the most influential factors. The inherited tendency may not be traced sometimes, when it exists, because of the behavior of the cancer germ, skipping over one or more generations and appearing in subsequent ones, all other presumed moral and dietetic causes are rather fanciful." Cancer then is presumed to originate from a germ. In *Holmes' Surgery* we find descriptive plates of the different germs found in different types of cancer, the germ varying with the form of growth.

Is cancer a germ disease? Various investigators have announced the discovery of the cancer microbe. Dr. Bra calls it a fungus germ. The editor of the American Medical Association (May 27, 1899), analyzes these efforts to trace malignant tumors to infectious agents and concludes that such investigations "have not advanced our knowledge of the cause of tumors a single step." Marchand (*Deutsche Med. Woch. No. 40, 1902, page 722*), claims that specific infectious

germs are wanting "in the formation of the metastatic tumors of cancer." We found previously that the parasites of cancer are products of bioplasmic degeneration. Leonard Weber, (N. Y. and Philadelphia Med. Journal, October 31, 1903, page 846), L. Loeb, (Journal of Medical Research, vols. 1 and 3, Virchow's Archives, vol. 172, Pt. 3), declare that no one has yet demonstrated a cancer parasite. Loeb concludes:

1 No micro-organism has been seen in a sarcoma cell as excitor of tumor formation;

(2) It is not at all probable that any microbe living outside the tumor cells is the cause of sarcoma;

(3) It is also quite improbable, that a micro-organism looking like the bacillus tuberculosis or belonging to the class of blastomyces and living outside the tumor cells can excite sarcoma.

Virchow's greatest work was the investigation of morbid growths, out of which he evolved his theory of disease that considers the cells as the seat of life and also of all conditions of disease. According to this theory each cell has its own life. Organs and tissues represent combinations of cells. Disease conditions arise from disturbance of the relation of the cells. Tumors are made up of cells that are heterologous, that is, different from the tissues in which the cells deposit.

Cancer is a cell disease, representing heterologous hyperplasia, in which there is rapid proliferation of cells of different structure from the structure in which it is planted. Cancer is characterized by the rapid growth of these heterologous cells, carcinoma being in the more superficial structures, such as epithelium while sarcoma is in the deeper connective tissues.

Among the predisposing causes I place vaccination or any form of serum or lymph treatment. Here the implantation of the rapidly proliferating cells of animal protoplasm into the slow growing cells of the human subject, tends to disturb the balance of the cell life, creating a lack of equilibrium, disorganization and structural derangements among the cells. Any form of treatment by poison that tends to poison the minute cells of the organism would have the same tendency.

Cancer is a disease of civilization, unknown in the interior of Africa. Within the last twenty years the death rate from cancer has more than doubled. Dennis in his work on surgery (vol. 4, page 91), claims for cancer "more than the sum total of deaths due to erysipelas, tetanus, hydrophobia, lightning, typhlitis, gunshot wounds, joint disease." Dr. W. B. Clarke, (Medical Debates, N. Y., August, 1899, vol. 1, No. 4, page 61), says: "I have personal knowledge of several hundred cases of cancer and here assert that I have never seen a case of cancer in an unvaccinated person." There is more truth in this idea than we have any idea of.

Marchand's theory practically confirms this. He believes in "the toxic properties of the cancer cell, the diminished resistance of the tissues against the luxuriant growth of cancer elements." Here we have the reason for dissociation of tissue structure. What prevents this in the normal body? The powerful resistance of the organism neutralizing the toxic properties of the proliferating cells by anti-toxic substances produced in the sound organism. Witness the reported death of a nurse in New York, (Miss Edith Kilmer), from septic poisoning as

a result of contact with the virus of a cancer wound, poisoning taking place through a cut finger wound.

PREDISPOSING CAUSES.

Some question the value of this discussion. Cancer is a result of conditions extending backward over the greater part of a lifetime. Now the prevention of cancer means the prevention of all of these contributing conditions that have led up to its development in old age. I consider the discussion of the predisposing factors indispensable to the proper discharge of my duty as a physician or teacher in dealing with humanity from the preventive standpoint. Prevention is better than cure.

The question of malignancy arises here at the outside. I am often asked is a morbid growth ever benign. My answer is, all cancer is malignant. Therefore whenever any of the factors are present we have certain elements of malignancy. It means a disturbance of the cell relations. This may take place:

(1) In a group of cells displaced in their relations in fetal life made ready for aberrant growth and metastatic development at any time, but especially late in life;

(2) Displacement of cells may take place later in life from some cause, nutritive, trophic, traumatic or by depletion, over-use or over-stimulation. Here we have mechanical, thermic, chemical and toxic influences as exciting causes of malignancy.

What does malignancy mean? I think it means the failure to maintain normal histological relations, growing wild, lack of adjustment of cell with cell. What element is it that holds the control and balance among the cells? I think the fundamental basis of loss of balance is a neurosis affecting the nerve supply to the skin and its appendages—to mucous membrane—to glandular structures or connective tissue. Granted such a neurosis there follows a displacement of cells structurally which tends to allow the development of a new tissue growth.

This means not the return to an embryonal state, but a change from the normal condition. What does it signify? That certain groups of cells escape from the controlling influence of the nervous system (neurosis) and become to a greater degree independent, that is, the cells must be more or less dissociated in their relations with neighbor cells, not necessarily separated, degeneration or over-growth taking place on the basis of lack of trophic control. Hausemann says that the cause of malignity is to be traced to *anaplasie* that is "the return of a cell to a less differentiated state." This he claims can be demonstrated microscopically in the form of abnormal asymmetry in the nuclear division. This division goes on from generation to generation in the histogenesis of these cells until the dissociation becomes so complete that correlation is impossible. We have demonstrated ourselves by the microscopic examination of the tissues that such an *anaplastic* division does take place. Accompanying the growth of the carcinoma the contiguous cells manifest this *anaplastic* differentiation. This however is not always found, because in some the tumor cells resemble in form and arrangement the contiguous cells. There is, however, undoubtedly a change taking place both in form and arrangement accompanying increased proliferation, because even in inflammatory conditions, there is a separation of groups of cells from the contiguous tissue cells. This explains why in the etiology of cancer consequent upon connective tissue formation in cicatrices there is a nidus for the proliferative process.

Another fact in the preparation of the field is the change in the substance of the cell, the products of this substance being toxic. This toxic substance representing destruction of the physiological structure of the cell has a very destructive action upon the cells of the other tissues. This virus is exceedingly deadly. Miss Kilmer, a nurse in the Kilmer Sanitarium, Jamaica, N. Y., scratched one of her fingers and after hurriedly washing the wound, resumed her duties at the bedside of a cancer patient. In dressing the cancer wound her wounded finger touched the cancer virus and in a few days she died, after the most intense agony. A similar condition we find in septic peritonitis, a not uncommon cause of death in cancer.

What creates the virulence? The cells acquire the virulence from the lack of certain influences supplied normally by the nervous system, the nervous system normally regulating all the cell processes. This nervous influence is lost, disturbance of the adjustment either of the nervous system itself or of the minute structural elements of the tissue supplied resulting. Here we find the explanation of the etiology of lesions.

Among the predisposing lesions that open the way for the cancer growth, we note, (1) Skin Lesions. These are rough, horny, scaly, crusted conditions found on the face, neck, breasts, hands. These are found principally in the florid types of skin. The skin becomes hardened and the cells become horny masses. Later they take on the typical epitheliomatous change of cell growth, infiltration, erosion, cracking, drying and general breaking up.

The oily seborrheic skin with patches developing on an oily surface showing scaling, erosion, infiltration and epitheliomata. Then we find warty, rough patches of the skin with senile changes, cracking of lips causing proliferation of new tissue and developing epithelioma. Scars from burns, lacerations, boils, incisions present the typical cell displacement that favors proliferation of the malignant cells, e. g. the cracking of the lips and tongue from the use of a pipe. Eczema, lupus and warts often furnish similar displacement. Some claim that moles with excessive pigmentation also tend to produce a similar displacement. This is especially the case if they are cut or burned. Rodent ulcers, injury to nails and skin in Whitlow, X-Ray scarification in cases of lupus, cystic enlargement of the sebaceous glands resulting in atrophy may become cancerous.

(2) Injuries or lacerations of the mucous membrane of the tongue, the mouth produced by the teeth, leukoplakia involving the tongue or vaginal mucous membrane, the vulvar mucous membrane, or the cervical mucous membrane, ulcers produced by the excessive acidity of the stomach, calculi from the biliary field irritating or lacerating the mucous membrane of the gall bladder, cicatrices from the abscesses of the breast, traumatism of the nipple in child nursing, may all form predisposing causes of cancer.

(3) In the glandular structures stasis of fluid, resultant enlargement and hardening, always associated with interference with the secretions, the unbalance between the solid and liquid elements, these form important predispositions to cancer. Remember that the secretions of the glands like the mammary glands and the pancreas where cancer is found frequently, is associated with breaking down of the cells of the glands themselves, that is, there is a continual process of breaking up and reconstruction going on in these glands.

What is the meaning of these predisposing conditions? Any cause that produces a loss of cell balance represents the lack of cell adjustment and the impossibility of controlling normal growth, with the two-fold result; (a) that there

is abnormal development of the cells and a lack of adjusted development; (b) this opens up the field for the entrance of toxic elements that poison the substances abnormally developed and determine the onset and growth of carcinoma, sarcoma or simple epithelioma. The predisposing cause in this case is the scar, erosion, injury, unbalance of growth. The exciting cause, on the other hand, is probably to be traced to some lesion affecting the nervous system. What is generally the nature of this lesion? The cerebro-spinal or restraint nervous system loses its power of control and the sympathetic system takes on an exaggerated function. The lesion may be found on either side or on both sides of the nervous systems, that is cerebro-spinal and sympathetic.

(4) One very important predisposing cause is the senility of the tissues or organs of the body, either premature or actual. Here the real test is not the age of the patient but the retrograde degeneration that has taken place. Premature degeneration is found chiefly in the offspring of syphilitic, tubercular and alcoholic subjects. Here the resisting power of the tissues is so lessened as to prepare a suitable soil for the growth of the neoplastic tissue. This is the only sense in which heredity plays a role, viz: the acquired morbid tendency of certain tissues.

The vast majority of cases of cancer exist in those whose tissues are undergoing degeneration. The reappearance of epithelial proliferation is closely associated with this state of degeneration. This is especially true when the cells begin to get away from the influences of the nervous system. Cancer is rare among races inhabiting hot climates who live largely on vegetables. It is rare in any tropical country. It is unknown in Borneo and among the Hindu women. Among the inhabitants of China, Burmah and India, who live on vegetable diet, it is very rare.

(5) Another predisposing cause is the habitual use of alcohol when taken persistently in small quantities. Alcohol when so taken enters into the blood and passes through all the tissues of the body, until the body becomes thoroughly saturated with it. Alcohol has a strong affinity for the water or lymph of the tissues. When it unites with the water it tends to produce dehydration of the tissues and this lessens the amount of fluid in the tissues with a resultant tissue hardening. It also hinders the waste elimination, preventing the washing out and separation of the effete matter from the tissues. The result is the retention of waste in the tissues. This applies principally to the patent medicines which have been demonstrated to contain large proportions of alcohol. These taken continuously in small doses introduce small quantities of alcohol with resultant dehydration of tissue, hardening and tissue impurity.

(6) Another predisposing cause is the excessive use of meat and an over supply of the nitrogenous food. This is especially true in those who do not exercise the body actively, because here the waste of nitrogenous and muscular tissues of the body is at a minimum. Hence such persons need very little meat. In addition to this if alcohol is used habitually less meat can be assimilated. Very hard manual labor is said also to predispose to cancer because it uses up the food and the waste is burnt up, leaving the tissues in a depleted condition.

It seems, then, that those predisposing causes which tend to cancer are the conditions that favor the abnormal development of aberrant epithelium. (*Journal of Medical Research*, Boston, April, 1902).

In a general way we may say that if there is an excess of anything that the body cannot rid itself of through proper channels of elimination it is taken up

by the blood, carried to some weak point, deposited in a dumping ground of old and worn out material. As soon as this accumulation becomes excessive free blood circulation is obstructed, the tissues begin to die in this region by the withdrawal of the life influences. This dying condition implies the action of chemical force in a process of putrefaction in which an abnormal life develops on the dying material, extending out to the surrounding tissues to get other materials to keep up this new life process. What takes place then? This putrefying mass of substance, organized into a foreign living mass, sends out its waste in the general circulation to poison the system and vitiate nutrition. Now the question here is, what are those materials that make up this accumulation? (a) We have the field for accumulation in the dissociation of cell structures already pointed out. (b) The materials deposited represent, as we have seen, the waste of the system or substances that overtax the capacity of the organism, to use and get rid of.

What are these substances? (1) An excess of carbohydrate food. All the carbohydrates can't be utilized by the body mechanism in the production of its heat and energy; the result is to throw an excess of the glycogen upon the surface tissues such as mucous membrane, producing an excess of heat with tendencies to catarrh, congestion, saccharomycosis and membrane formation. This creates useless waste in the internal surface circulation. (2) *The excessive use of tomatoes.* Tomato acid has, when in excess in the stomach, the effect of producing capillary congestion resulting in stagnant and semi-coagulated blood. This creates a tendency to enlarged veins and sluggish circulation with waste deposits. Any artificial acid like vinegar, used in excess, has the same effect on the stomach. (3) *The excessive use of coffee, tea and tobacco.* These tend to congest the blood, resulting in a venous stasis, such as we find in the hemorrhoidal conditions. They also produce, especially coffee, a discoloration of the skin with thickening, the carbon substances from black coffee being carried by the blood and deposited on the surface of the skin. Tea, coffee and alcohol tend to thicken the blood, clog the veins; and then when the blood attempts to circulate more deposit takes place and the result is a mass that first degenerates and then organizes on a putrefactive basis—that means cancer. (4) *The continued use of hard water.* This means water with an excess of lime, chalk, magnesium, sulphur, iron phosphates or any alkaline substance. This can be determined roughly by looking into a kettle in which water has been boiled. These same particles that deposit on the kettle pass into the circulation and obstruct the circulation and accumulate as waste matters in the system. Soft water is a necessity for the body. (5) *The continued use of baking powders, soda in the summer drinks, alum in bread, acids in different preserved fruits, like pickles, preservatives in meats, etc.* All mineral elements in these tend to obstruct the action of digestion. The excess of lime carbonate resulting from the excess of wheat, or wheat bread, rye bread, barley or oatmeal also acts detrimentally to the system. These accumulate as waste in the epigastric arteries, fill up the small glands, follicles and villi, resulting in stasis of blood inside of the alimentary tract and hyperaemic congestion on the outside of the alimentary walls. This produces incoordination of circulation, stoppage of the blood flow and especially when aggravated by excess of acids, alcohol, tannin, etc., produces an accumulation. (6) *Certain classes of foods are really unfit for use as food.* Oysters, sardines and clams may be specified first. These are eaten with all the excrementations found in the body of animals that act as scavengers of the seas and bays, meaning an accumulation of waste. Pork is of the same order. The flesh of lumpy jawed cattle, wasted storage

meats and other foods, especially chicken, milk when preserved for several days as it is in large cities and then served as fresh milk. (7) Poisons. Here we have the largest field of etiology. The common use of red rubber plates in the mouth. In the make-up of these plates we find 40 per cent. of rubber, 25 per cent. of mercury and 35 per cent. of sulphur. The chemical action of sulphur and mercury produces a mercurial bi-sulphuride which acts (a) as a direct poison; (b) as the battery for the supply of a mild electric current continually deadening the mucous membrane. Amalgam similarly sets up an electric current in the mouth that tends to the destruction of the tissues and the formation of large waste elements. The vaccine virus represents a deadly virus and equally with every other form of lymph treatment introduces rapidly growing cells into the economy of the slow growing cells of the organs with resultant disturbance of cell equilibrium. Nicotine and other poisons in tobacco destroys the blood corpuscles and these form obstructions in the blood circulation of the skin and mucous membrane. This results as in other cases in the breaking down of the cell walls. Poisons used medicinally have the same action upon the cells, such as arsenic, sulphonal, ergot and such patent medicines as anti-kamnia. Most of the epitheliomata are associated with such causes, because in such cases there is no accumulation but a continued process of poisoning and breaking down. In the scirrroid type there is hardening and an accumulation of colloid material. (8) *Veneral excesses and diseases.* In many cases communicable gonorrhœa and syphilitic poisons act as the irritating cause. The same is true of poisonous monthly regulators, poisons used to produce abortions or miscarriage, curettement of the uterus, that clears away accumulation on the inside of the uterus but does not remove the toxic and waste matters that have accumulated in the blood system on the outer part of the uterus.

These are some of the causes that lead up to cancer. We find special conditions operating in particular fields. Dr. Barthalow says, "the points of election for the development of cancer in the intestinal canal, named in order of their relative frequency, are the stomach, the rectum, the caecum, the flexures of the colon. Of all the organs of the body, the stomach is most frequently the seat of cancer, more frequently, than the uterus, which comes strictly next." (Practice of Medicine, page 52.) This is true from the statistical point of view. What is the significance of this?

(1) The stomach is most frequently affected because it is the most general receptacle for all sorts of food and the first active digestive field. Hence the epigastric arteries and veins become clogged with waste, irritated by poisons and enlarged by accumulations. This results in pain with regurgitation of food, vomiting and reflex symptoms from the irritation of the pain manifested in other parts of the body. If this condition continues food is forced through the gastric field while the accumulation, irritation and toxic conditions become aggravated.

If the body is normal there are normal outlets for this waste. But when the body becomes clogged, irritated and poisoned, first at the stomach center in the field of digestion, and later in other parts, improper food, inaction of bowels, skin and kidneys, the use of improper food, etc., fills the body with this waste. The liver, in this condition, first shows the strain by becoming engorged. Then the spleen as the overflow reservoir for the liver becomes engorged. Then the pancreas as the sugar refinery, the lungs as the gas ventilating and replenishing apparatus become clogged with matter. Nature must find some dumping ground; hence the waste goes into the general circulation, settling at the bifurcation of an artery or vein, in the glands of the lymphatic system where the force of circula-

tion is at its minimum. This dumping ground is generally found in connection with parts of the body not actively or continually in use or where use is suspended or outlived.

(2) This is the reason why the mammary glands and the uterus after the cessation of childbearing or where pregnancy has never occurred becomes the deposit field for these wastes. Abortion and miscarriage are frequently produced by so-called regulators or by the use of very hot injections. In doing this the inner surface of the uterus is cleansed or removed, but nothing is done to remove the accumulations in the arteries and veins on the outside of the uterus. Accumulations from other parts of the body take place along the outside of the uterus, around the ovaries or along the tubes as a result of disturbed menstrual conditions. Lack of attention, lack of cleanliness in connection with menstruation results in accumulation. Menstruation is a cleansing process, an elimination, and should be treated as such in order to preserve the purity of the organism. This explains why cancer attacks the breast and uterus after the cessation of the menstrual function. The mammary glands become filled with deposits. The uterus and ovaries are filled up with waste. So great does this accumulation become that the vital force is excluded, with the result that there is a pile of refuse. This refuse putrefies and becomes an open sore in the discharging type.

In all of the visceral organs the arteries form a complete circuit of circulation on the outside as well as on the inside and the venous blood establishes thorough drainage. The deposit of materials in connection with the slow circulation or static blood means a great deal.

(3) Another field for the development of these tumors is the external surface of the mucous membranes or the skin. There is a breaking down of the outer part of the structure. Why? In many cases there is a breaking down produced by the poisons from tobacco or some other poison. This poison locally destroys the blood corpuscles and these dead corpuscles deposit at the point where breaking down of the surface has taken place. This causes the process of eating characteristic of an open discharging wound. Among the other poisonous substances that operate upon the internal or external surfaces we mention sulphonal, veronal, antikamnia, antilupia, ergot, etc. These act in a similar way to nicotine, breaking down tissue and causing a breaking up of tissue.

The development of these surface epitheliomas is marked (1) by an itching sensation; (2) by the roughening of the surface and (3) by the development of papules, warts or some other small growth that is scratched, bleeds and keeps on breaking up the cells. The process of development after this is commonly described as *eating*, sometimes called lupus, the waste from food, tissues and metabolism, preventing the building up of normal tissues, disintegration and degeneration resulting. In the two types we have different effects; (a) in the scirrhus we have an accumulated and hardened growth, and (b) in the epithelioma or lupus there is a breaking down, ulceration and discharge. The smoker is the one who has cancer of the lip and tongue or throat or face. The hearty eater who overloads the stomach with exciting foods and drinks, such as hard water, coffee, alcohol, etc., is the one who has cancer of the stomach or intestines.

What relation has a bruise, injury, traumatic strain to the causation of cancer? A bruise or injury produces either dead substance or static conditions of the fluids and this forms the nucleus for the collection of waste and poisonous matter. This matter when brought by the circulation either (a) accumulates, with enlargement and proliferation of tissues; or (b) when the materials settle the

tissue breaks down, dead matter with pus accumulates and these are discharged in an open wound. Hence the traumatism simply causes the focalizing of a point of accumulation, deposit and disintegration.

When we see under the microscope so-called cancer cells, these are the degenerated bioplasts which in connection with the dead or waste matter assume abnormal cell form and begin to live as foreign cells in the field of debris. Every portion of the body which becomes a center of dead matter takes on air and this forms the basis of a putrefactive process.

What are the roots that are spoken of so often in the cancer growth? When the abnormal growth organizes the organization consists of the development of a new circulation, the minute arteries developed by this organization spreading out like suckers to pull in all the available nutrition. With these arteries we find developed nerve filaments that bring the abnormal growth into close relation with the centers of the vital processes. These represent the organization process.

The fact that oxygen accumulation takes place is demonstrated by the fact that in the process of breaking down of the cancer there is a fermentation process, the accumulated oxygen resulting in gas formation which is a troublesome symptom in the treatment of the cancer patient. This is due to the fact that when the putrefactive process takes place, referred to above, the dead and waste material ceases to be under the control of the vital force. Hence when elimination begins to take place under treatment this waste matter is subject to physical and chemical changes which imply a fermentive process. This is also the reason why, as we will find later, it is necessary to antidote the poisons in order to get these eliminated. The vital force has no longer any control over these materials and the only way to get control is on the plane of the physical, chemical or dynamic. This loss of vital force control makes it possible for germ action to take place, because no germ action is possible until the vital force has handed over the substance to chemical and physical forces.

(This paper will be continued in the May JOURNAL.—Editor.)

PROFESSIONAL CHARGES.

Paper prepared for the meeting of the North Carolina Osteopathic Association
by H. W. GLASCOCK, D. O., Raleigh, N. C.

Here is one of the biggest roots of evil that ever sprouted from the osteopathic profession. O! that we could see our mistakes before we make them! Osteopathy has taken many a step that I wish the good judgment of some one had prevented, yet I am proud of her as I look back upon her career and see how she grew and developed amidst thorn and thistle with no hand to guide and no cloud to follow, and we must console ourselves and be satisfied with the fact that from the rough ashler a perfect ashler is hewn, and strive and climb with a cast iron determination for higher and better things in our profession.

This question of charges constitutes no small thing in the interest and welfare of osteopathy. You that have diplomas from reputable schools, don't make them cheap. People will judge your skill by your price. The public can tell a cheap man as soon as they see him. You can't charge a big price and give nothing in return. All people are not bigger fools than we are. But for you that have earned your credentials I have a message. I don't like that phrase "twenty-five dollars per month," and I sincerely hope that every one of you will become dis-

gusted with it before you leave here. First. It does not sound typical of a dignified profession. Second. It does not make the right impression on the intelligent business man. It does not suggest doing any thing. It doesn't suggest any limit, neither does it suggest any thing definite for the money. It sounds like "I will take you and work on you at the rate of twenty-five dollars per month." Think of it. What does it suggest? Not a thing but lottery. It would be better to say, "My charges are two dollars a visit, which amounts to about twenty-five dollars a month." That sounds much better. Yet I am not satisfied with that. If you charge twenty-five dollars per month and only treat them twice a week, your patients begin to wonder, and they will get confused to know the difference between your treatment month and the calendar month. I have told patients that it would take about five months to cure them, meaning of course treatment months, and when I had treated them five calendar months at the very last day of the month they expected to be well, but they had not had the amount of treatment that I had suggested. There is always a misunderstanding as to what is considered a month, and all that stuff is nothing but a mysterious nuisance to both physician and patient. It is a childish way of doing business, and for heavens sake stop it. Come out in an easy to understand common sense way and say, "my charges are two dollars a visit for regular or chronic work." But then you say that your patient is short lived. Short lived the mischief! If he has got any confidence in you he will stay with you. If you are doing him any good he will not leave you. You are afraid of your own inability. You give it away right there, and you are too anxious for that Almighty dollar without giving value received for it. If the patient did not have confidence in you he would not have come to you in the first place. That man comes up to your office for treatment and means business and he expects something. He sizes you up. He sees immediately that sneaking idea of inability and lack of confidence that you have in yourself, and then that man gets skeptical. Then the trouble begins. That man will never have the right confidence in you because you did not go at things right. When a patient comes into your office, examine him with a confident dignified air. Make him feel that you know his trouble and understand his case. Be honest with him no matter what it costs. Fix his date for treatment. If he asks you, and his case is chronic, tell him that your charges are two dollars a visit for regular or chronic practice. If his case is specific and the lesion can be corrected in one or three applications, charge him from five to fifty dollars according to the lesion and skill required. Don't you say it like you thought it a plenty either. If you don't show up weak he will not kick on your price. People don't mind paying for skill, and if you deliver the goods you can hold your patient.

Then there is that "thirteen treatments for twenty-five dollars." It sounds like fakery and is a curse to the profession. I know that it looks good and sounds good to you, because you make use of it, but it is a puzzle to the patient and the outsider. Some osteopaths have this phrase on a card in their office. It's a fine ornament to our profession, isn't it? It shows that the doctor is more intensely interested in the money part of the business than he is in getting the patient well. The very thought of the thing suggests graft, and you all know it. But you will not stop it because you are after the money more than you are the dignity and welfare of the profession. Every one of you know that I am right about this thing, but we will see how many of you have got the moral courage to set yourself right when you go back to your office. I am ashamed of the doctor that tells his patient that he gives thirteen treatments for twenty-five dollars. It shows on the face

of it that he is weak and does not know the value of professional standing. Take that phrase and write it out on a card. Look at it for one minute, and then think of it as a patient would for just five minutes, and see if you are not disgusted with it. Be honest and straightforward. Tell your patient something definite. Let him understand that you expect to do something, not just work on him and give him so many treatments for so much. If you are afraid to let him expect something, if you have not got confidence in yourself it is time that you are getting out of the profession.

Again some doctors charge everybody twenty-five dollars rich or poor, white or black. That is not right and you know it. Two dollars is a good price for a single treatment. It is none too much or little. It is ideal. But look here. You consider yourself a physician in its noblest sense don't you? Yet right down in the bottom of your heart you know that you are lying to yourself. Here comes a man, suffering, he asks your price. You say that it is twenty-five dollars a month. He says, "I am not able to pay it. I only make fifty dollars a month." You say that you can't cut your price, the man goes away and you ought to be ashamed of yourself. Where does your "noble physician" come in there? That man suffering, making only \$50 a month, has his house rent to pay and seven or eight hungry kids to feed and buy shoes for, and you want to charge him \$25. Just as much as you charge that millionaire that you are treating, and when you are talking to the public you speak with pride of your noble profession. Let me tell you something. The doctor that charges a poor man \$25 per month for treatment, who is not getting a salary of more than \$35 or \$50 a month is a coward and a thief. And the man that cuts his price just to get a patient is a curse to the profession. I know that you will hear this and just what you will say. You will say that it sounds good, and all right, but that it is not practical. *It is practical* if you are man enough and have got the courage back of you to make it practical. You say that it doesn't pay to be too straight in business. Then get out of the osteopathic profession.

Again, I hate to think that I can't do anything that is not worth more than two dollars, when I see members of other professions doing things that they consider worth from two to two thousand dollars. It makes our profession cheap. Here we go. Everything two dollars a treatment, matters not if it is only to relax a muscle or to set a hip it is all the same two dollars a clip. I tell you that it makes me feel bad. Look here, fellow osteopaths. You are practicing a line of work that no one but you knows anything about. You are skilled in your line of work. You spent lots of hard earned money in getting your skill. You have spent many nights at hard study to learn what you know. You are the only man in your town or county that can set a neck or a back bone and knows the philosophy of disease. You cure case after case that no other science has ever touched because you are more skilled than they. You are curing them for a thousand times less money than the other fellow gets for failing on them. That ought to get you to thinking some. But the fact is that you are afraid to charge more because you are afraid that you will not get your patient and you will starve to death. My dear doctor if you have got the skill, and the judgment to apply it, you will never want for bread. If you have not got the skill the schools offer a post graduate course.

Now then for regular treatment two dollars is right; but when you make a right diagnosis and set a cervical vertebra I contend that it is worth from five to twenty-five dollars to any man. I don't care if it did not take but a minute.

When you set a spinal vertebra or a hip or an innominate it is worth from ten to a hundred or five hundred. You are doing things every day that surgeons charge from twenty-five to one hundred dollars for, and you are not getting but two little dollars for it.

If an M. D. should get a bad case of neuralgia and he should happen to recognize a luxated axis as being the cause and by a twist and a simple turn he should set that axis and cure the case what do you suppose his bill would be? It would not be a cent less than one hundred dollars, and you never saw such a write-up as that M. D. would get in the medical journals. Yet you are setting axes every day for two dollars and think that you are getting a good price. Lots of our patients laugh because they get off so easy, of course they don't tell you so. Dr. Still discovered osteopathy, we demonstrate it, and the people ought to pay for it.

I had a patient the other day who had been to a throat specialist and that eminent sage told that man that nothing but an operation would do in his case, the said operation to cost \$25. It sounded too much for him so he struck out to find a cheap man and he came to me. I treated his throat twice and cured him. I charged him \$4 for the job and he was tickled in stripes, because he was looking for a cheap man and had found him. This man told me about this several months later and laughed about it. The specialist gets \$25 for a mistaken diagnosis and a bloody operation. I get \$4 for a correct diagnosis and a bloodless operation. See the difference, don't you?

We are not aware of our skill. Neither are we masters of our skill, and I tell you if we expect to inhabit this globe long as osteopaths, we had better quit our foolishness and get to work. Put a little reason and principle in this thing, sandwiched with a little judgment. Master these things and shield the fate of your profession.

505 Tucker Building.

BLOOD PRESSURE AND FLATULENCE.

LOUISA BURNS, M. S., D. O., D. Sc. O.

The formation of gas within the stomach and intestines has been explained by assuming that it is the result of the fermentation of substances used as food. This is doubtless true, in part, but it does not account for the extremely rapid formation of gas under certain conditions, nor its equally rapid disappearance under other conditions. In a series of experiments and clinical observations to be reported in toto at a later time from the Pacific College of Osteopathy, the following conclusions have been verified:

Under normal conditions, blood pressure rises immediately after eating. That is, the vascular changes needful to normal digestion are two-fold, a dilatation of the splanchnic arterioles, and a simultaneous contraction of the other systemic arterioles. By this means a swift current of arterial blood under high pressure is kept flowing through the dilated splanchnic vessels. If for any reason the dilatation of the splanchnic vessels is not accompanied by the contraction of the peripheral arterioles the blood pressure is greatly decreased. Hence the blood flows slowly, at low pressure, through the whole body, and especially slowly through the dilated splanchnic vessels.

The amount of gas which can be dissolved in any liquid is proportional to its pressure and temperature. Since the temperature of the body is so nearly con-

stant, this factor may be disregarded. If blood saturated with carbon di-oxid at a pressure of 130 m. m. of mercury should have its pressure lowered to 110 m. m., a considerable amount of the gas will be set free. This gas will escape from the vessels by way of those capillaries which are either most nearly exposed to the surface, or which are supplied by the more dilated arterioles. The first condition is found in the lungs, and to a less degree over the mucous membranes of the body. The second condition is found in the digestive tract, almost, if not quite, exclusively, since because of certain peculiarities of the innervation of the gastro-intestinal vessels, these may be dilated while the blood-pressure remains low. I do not know that this condition is found elsewhere to any marked degree. The gas which escapes through the lungs is, of course, unnoted. That which escapes into the stomach and intestines produces the set of symptoms with which we are all only too familiar.

Gas may accumulate in this way after days of fasting accompanied by violent purgative medicines and colon irrigation. It may be found within a very few minutes after distilled water has been taken. A similar condition may be temporarily induced in normal people by inhibition of the splanchnic region sufficient to lower blood-pressure. Evidently, in a person otherwise normal, the existence of any inhibitory splanchnic lesion (bony, etc.) would be likely to produce permanent liability to flatulence. In animals, the abdomen may be opened and the conditions directly observed. The possibility of the escape of the gas per rectum or per oram may be eliminated by the ligation of the oesophagus or the intestine at convenient points. Inhibitory manipulation of the splanchnic region, or the artificial production of vertebral subluxations in the splanchnic region, is followed by decreased peristalsis, dilatation of the intestinal vessels, with lowered blood pressure, and an accumulation of gas in stomach and intestines. On the other hand, increased peristalsis, contraction of the intestinal vessels with heightened blood pressure and the re-absorption of the gas will follow stimulatory manipulation in the same area, or the relief of the subluxation.

In every person so far examined whose blood pressure is less than 115 m. m. of mercury a habit of flatulence has been found, and no person who has complained of flatulence has a blood pressure of more than 125 m. m. By far the larger proportion of those subject to flatulence have a blood pressure lower than 115 m. m. The slight excitement due to the examination usually raises the blood pressure slightly. Other patients whose blood pressure is higher, 130 m. m. or more, may suffer from constipation and from various forms of indigestion, but so far we have not found one of these subject to flatulence.

These observations lead to the conclusion that for the most part gas accumulation may be referred to any condition in which the blood flows slowly through dilated intestinal vessels. The most common of these conditions are:

1. The existence of vertebral or costal subluxation, muscular contracture or articular rigidity, such as interfere with nerve impulses to and from the digestive tract.
2. Similar conditions which interfere with nerve impulses passing to or from the general vaso-motor center.
3. Cerebral disturbances which send abnormal streams of nerve impulses to the lower centers, chiefly by way of the rubro-spinal tract. (Insanity, senility, hysteria.)
4. Irregular habits of eating, the use of too much or of indigestible foods, which continually interfere with the balance of pressor and depressor impulses.

5. Deficient tone of the cardio-vascular musculature due to any of the various forms of mal-nutrition, certain organic and functional disturbances of the heart's action.

6. There are many other less frequent causes of low blood pressure and flatulence. The meteorism of typhoid is associated with low blood pressure. Emotional disturbances are often followed by gas formation—this condition is probably akin to that mentioned in III. Post-operative meteorism is probably due in part to surgical shock, but also in large part to the muscular contractions produced reflexly by the operation during anesthesia. Relaxation of these reflex muscular contractions is followed by most gratifying relief in many of these cases. The blood pressure is low at this time, of course. The action of the vaso-motor center may be seriously impeded by abnormal sensory impulses from almost any part of the body.

The therapeutics indicated in each case will, it is evident, rest upon the diagnosis. "Treat the patient, not the disease."

Laboratory of Physiology.

The Pacific College of Osteopathy.

WHAT OSTEOPATHY HAS DONE WITH TUMORS.

Paper read before the A. O. A. at Put-in-Bay, by CLARA C. F. WERNICKE, D. O., Cincinnati, O.

It is a popular belief that the removal of tumors must be surgical, which is no doubt true of a large per cent, but as some have been osteopathically removed, our therapy is worthy of consideration.

I attempted to gather statistics on this subject by sending letters of inquiry to one hundred and fifty practicing osteopaths, the answers of which are considered in this paper.

Tumors develop at any age or any part of the body—in either sex. Hospital records show them to be most prevalent in the colored race—5 to 1. Whether this is a racial characteristic, or due to their mode of living, I am not able to state.

Much has been said and written regarding the etiology. As yet, nothing absolutely definite is known. A common osteopathic theory is, vaso-motor disturbances causing nutritional defects, disturbing cell proliferation, followed by over-nourishment. Obstructed circulation, trauma and emotions, no doubt, also figure among the etiological factors.

As it is reasonable to believe the etiology would be fundamentally the same, no matter where the tumor developed, I will therefore consider the most favorable region; the region which is subject to the greatest vaso-motor influences—

THE PELVIS OF WOMAN IN MIDDLE LIFE OR THE CHILD-BEARING PERIOD.

Whether she be married or single, primipara or nullipara, whatever her temperament or station, she is equally susceptible. (The multipara being least susceptible.) The question arises—Why in the pelvis of woman? Lumbar and innominate lesions interfering with vaso-motor nerves, are said to be common causes of a large per cent., but as man has lumbar and innominate lesions also, and a comparatively small per cent. have pelvic tumors, we are prompted to ask—What is there about the female pelvis which furnishes such a favorable nidus for development? As before stated, tumors do grow in any part of the body, but in the uterus, where blood and nutritional changes are greatest, we have the most favorable soil.

Among other causes than vaso-motor, are mode of dress, abdominal and pelvic enteroptosis—the uterus being forced down—often followed by flexion or version—interfering with the pampiniform plexus; exposure and exhaustion at the menstrual period, and prevention of conception, as well as other forms of abnormal sexual life.

Second in frequency are tumors of the ovaries and tubes, which are affected by the same causes as the uterus.

Third are tumors of the female breast, they being influenced reflexly, as well as by rib and vertebral lesions.

Fourth—Tumors or enlargement of the prostate gland, which receives materially the same set of vessels and nerves as the uterus.

Fifth—The upper respiratory tract, which is largely influenced by environment.

The foregoing at least have a bearing on osteopathic etiology.

A simple tumor will shrink or cease to grow at the time of the menopause, while a sub-mucous is often expelled, the soil being no longer productive.

Since it is the exception for a woman who has borne a large family, to have a pelvic tumor, it would seemingly indicate Mother Nature intended the uterus to perform a function, and when that normal function is withheld, anabolism will embrace the first opportunity—"the survival of the fittest."

We all have patients with tumors come to us for treatment, and the uppermost question is—"Shall we attempt to remove them osteopathically, or advise surgery?" This should depend on how much time the patient will give us—as well as the probable nature, location, and size of the growth—whether or not it is causing sufficient disturbance to warrant surgical interference. Any tumor *can* be surgically removed. But, as we are too often disappointed in getting the hoped-for results, it is our duty to first advise the patient as to what the osteopathic prognosis might be. And when that is unfavorable, just consider yourself the patient, study and weigh the question carefully before advising surgical removal.

Whether or not we ever have good results with those of organized tissue, such as muscle, bone, cartilage, etc., we cannot tell, as there is no way short of surgical interference to determine definitely to which variety they belong. I have treated tumors which were very perceptibly reduced in size, and were found on surgical removal, to be of a fibrous character. If this shrinkage was due to relieving congestion or an actual atrophy, I do not know. Multiple uterine tumors—those the size of a hazel nut, which feel like fibroids, we frequently find—are usually reduced in from one to six months by correcting bony lesions and bimanual correction of the uterus and its appendages.

I was told by a medical friend, who has an extensive obstetrical practice, that pregnancy has largely the same effect. It appears then that when the uterine muscle cells become enlarged, the circulation changes or tends toward the normal followed by absorption. With the cystic and sub-mucous, we have our best results—with the former by drainage or absorption—with the latter by stimulating expulsion. I never knew of a tumor developing while a patient was under careful osteopathic observation—and, if our etiology is correct, we can do much to prevent tumor soil by the application of our understanding of the vaso-motor system.

55 Haddon Hall.

In great attempts it is glorious even to fail.—Longinus.

OTITIS MEDIA.

Clinic case demonstrated before the A. O. A. at Put-in-Bay by DAIN L. TASKEE, D. O.,
Los Angeles, Cal.

The case before us is one of otitis media. The condition is a severe one, or at least has been, one which we are liable to meet at any time in our practice, and it calls for a great amount of careful examination and careful treatment, as well, for the good that may be done in one way may be undone in another.

To take the history of this case, the young man, Mr. Chamberlain, is 18 years of age. At eight years of age he suffered from an attack of scarlet fever. Naturally you know the sequelae of this fever along with measles and diphtheria. These three infectious fevers are the ones that bring about the greatest number of serious sequelae. His case resulted from inflammation traveling up the right eustachian tube and affecting the middle ear. It began to discharge, and did so for a considerable time. Deafness ensued and has continued through the years. Five years after the attack of scarlet fever he had measles, and naturally having this predisposition to weak throat the other ear became involved with otitis media. The amount of discharge has varied. There is a decided opening in the drum which can be detected by having him close the nose and blow through the ear. You can hear it.

He hears perfectly with the left ear. In the right, which is the seat of the old inflammation he has lost considerable of the hearing power, and now hears sound about six inches from the ear. I have not had the instruments with which to examine the exact condition of the drum, but looked carefully into the canal. The circulation and color seems good. He tells me for the last three days there has been little discharge from the ear. In making an examination of the cervical area in connection with this I found a decided shoving forward of the occiput upon the atlas, so that the tissues here at the base of the brain were greatly contracted. As you go down from the occiput you come directly upon the arch of the atlas. Therefore we have a decided tension of these muscles holding the head in that position. Passing down a little lower I found on the left side quite a decided lesion of the third cervical. It was posterior and quite tender. There was slight tenderness on the right side. That lesion is one which is very easily corrected. I corrected it at the time. It does not hurt him, and the relaxation is accomplished very easily. You can hear and feel the articulation move. I have examined the condition of the throat. He has the power of opening his mouth very nicely and of depressing the tongue voluntarily, so that I can see the throat well. They have the characteristics of an old catarrhal or inflammatory trouble. The conditions are more marked and stand out prominently as though the mucous membrane was thin, presenting that glassy appearance with the veins thoroughly marked upon it. The tonsils are not thick, but the tissues close back in the angles of the jaw are thickened. The lymphatic glands have been swollen at times and now are small. It is hard to feel them. Dr. Ashmore tells me that three months ago at the time he began to take treatment the glands were somewhat enlarged, but have steadily decreased in size, and the amount of the discharge has decreased in quantity. In examining down the interscapular area I do not find any decided interscapular lesions. He is of that type of build which develops a large spinous process. All of the spinous processes in the interscapular area are large and easily palpated. He is of that flexible construction it would be easy to bring about a formation of the lesion in that area by a severe

rotation or extension which would succeed in disturbing the articulation. I would not advise using a severe leverage in that area.

The local treatment of the ear itself under conditions at this time is an interesting one. When you get an old case such as this, your treatment is necessarily different from that in which you would treat a case in the acute stage. I had the advantage of some of you in having passed through this severe condition as the result of diphtheritic infection. It brought me to where I could catch a glimpse through the pearly gates, and I managed to come back again and have my hearing as well as I ever had it. This severe inflammation in the middle ear is a dangerous thing, and if it lasts through a period of 15 to 21 days the chances are quite good for a complete recovery. If it lasts more than six weeks it becomes chronic and recovery is a doubtful proposition. The recovery, is secured by a thickening of the drum and stiffening of the articulations of the ossicles, the transmission of vibration is greatly interfered with. Therefore it behooves us to secure drainage as early as possible. I believe in a case of well marked otitis media, where the inflammation seems to travel back into the mastoid cells, this condition is a very dangerous one, the one which is written of in medical literature, and has given rise to the operation of the mastoid cells, and is considered one of the triumphs of surgery. I was prepared for the operating table, but thanks to my good wife I avoided the operation.

My treatment is this: I relax the tissues two or three times a day at the angles of the jaw. It hurts severely to work up under the angle of the jaw. You will find the tissues thicken as though you have a case of tonsillitis, and it is a painful matter, but work in there just the same. Then in the intervals use hot fomentations and use them good and hot. Use the fomentations over the angle of the jaw and over the mastoid process. The mastoid process will sometimes become so sore that the slightest touch will feel as if you touched a boil. The surgeon will say that operation is imperative, but the conservative surgeon may say wait. But the majority consider that when you have a soreness at the point of the mastoid process where the slightest percussion will cause a wave of pain, that it is time to operate. I believe in using the heat persistently, and in keeping a hot water bottle at that point. Keep up drainage. If you do not keep up drainage you will have pus formation, and it must break through somewhere. It may be advisable in order to save the mastoid operation to pierce the drum. The pressure sometimes becomes so great that the middle ear, or ear drum will bulge out. It is then well to have a good surgeon at hand who will lance the drum. All he has to do is to make one opening in it and the blood will drain through. Then at times there is no pus, but the stagnant blood will spurt out of there. Do not after that use any water. Do not syringe. Do not do anything of that kind. But swab the outer canal with a small amount of sterilized cotton. Then use an antiseptic powder, such as aristol, and there are many other preparations also that will do, dust it in so that it absorbs the secretion, and then by swabbing out two or three times a day it will not have time to harden to any great extent. By keeping up this drainage for probably a week or ten days the excretions will slough, and the congestion will be drained out. By not using anything in the way of a syringe you do not raise the pressure within the outer canal. Infection from without is very largely secured, therefore you must avoid them. You may or may not have a true infection in the middle ear; but the infection may travel through the opening in the drum if you use external pressure. Use no pressure that will be liable to force infection into the middle ear. What can the patient

do? By holding the nose and closing the mouth and swallowing two or three times, and holding the thumb and finger upon the hyoid bone there will be a drawing sensation from the eustachian tube which will draw the blood and mucous out of there. Frequently in my case in using that suction process a little stream of mucous and blood and pus came out from the eustachian tube. The healing process takes place rapidly. In my own case, I have been told by experts there is nothing but a small scar left on the drum. The drum is perfect. It is not necessary to have a perfect drum in order to hear. We know that many a person can hear even if the drum is punctured to a great extent but just so long as that portion of the drum is left which has the attachment of the ossicle it will transmit vibrations; therefore eliminate that fear from the patient that he will never be able to hear again. If you have ever been deaf for awhile you will realize what it means. Do not exaggerate the condition whatsoever. I had cases of different degrees of intensity and in practically every case there was success. The repair is always accomplished by thickening of tissue and therefore we cannot expect recovery of the perfect hearing. I do not realize that I ever had anything of the kind, but I did realize it for a considerable period. After a person has had one congestion of the throat the slightest draft of air or strain of the muscles will bring it about again. It will develop this same old tightness in the neck, and I have had my cervical lesions brought back into line day after day so as to keep up this drainage before I adopted this plan—I wear a low collar throughout the entire year so as to leave as much of the neck exposed as possible to toughen the skin to the air, and do not turn up my coat collar or anything, to reduce the resisting power of the neck. I bathe the neck, chest and shoulders every day with cold water; and then I found there were conscious tensions there which I could relieve by stretching the neck.

As a result of all this for practically two years I have not been conscious for an instant that I had anything of this kind. I had cases in my practice that have not recovered so nicely, but not having the knowledge I had they had to suffer from the sequela of it all.

In this young man's case I would use these different methods as a matter of precaution and to reinforce the resisting power. In correcting these lesions I nearly always place the chin in the bend of my elbow and use extension. I make straight extension and then draw the chin in, lift again and give slight rotation. There is no sort of leverage that I have found whereby you can force that forward. As soon as I get the equalization of all of the muscles they will readjust themselves, and in this extension with forcing the head backward at that angle you get the correction. I have the head balanced on the chin in my hand, rocking the head backward and forward with the thumb and finger of the opposite hand place on the transverse processes of the third cervical to act as a fulcrum. I have gotten considerable relaxation, and then I throw the head forward and downward, and I give it a slight increase of tension, and as soon as I get the head in the right position the amount of force required is not very great. I do not believe in the heavy jerks. Where there is a lesion of this kind you can correct it easily, and there will be the pop with it often. That is the method I pursue. Then you should teach the patient to frequently manipulate himself by having him swallow several times a day with the nose closed so as to secure the suction force through the eustachian tubes, and to relax the floor of the mouth and the hyoid muscles so as to get a perfect relaxation and perfect drainage. Those

are the methods I have pursued for several years, and it seems to me they are based upon good anatomical physiological and bacteriological principles.

Deafness.

Dr. C. E. Still demonstrated a case of deafness of three years standing. The patient, a young woman, had been under osteopathic treatment for five months. The bony lesions present were an impacted condition of the upper cervical region and a right lateral deviation of the third C.

The demonstrator thought that little could be done toward reducing the luxation of the third until sufficient preparatory treatment had been taken to relax the musculature.

He usually treated such cases with the patient in the supine position—the head resting against the physician's abdomen and semi-flexed to separate the vertebral spines and relax the anterior musculature. Then with the left hand under the patient's chin and the thumb of the right hand on the luxated vertebra he had the patient in the most favorable position for exaggerating the lesion, rotating and extending the cervical spines and so bringing about the correction of the trouble.

He would confine his work at each treatment to the lesions present and would then let the case rest. He did not approve of hot fomentations to relax contracted tissues in such cases. The prognosis in this case was doubtful and a mere guess. Generally he could offer but little encouragement in cases of deafness. If the patient was willing and able to take several months treatment as a therapeutic experiment, well and good, and if any improvement could be noted at the end of that time treatment might be hopefully continued.

THE ENDOWED COLLEGE.

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

Ever since there were enough osteopathic practitioners to give rise to the collective instinct, and to suggest "team work," the necessity for stable and permanent provision for the educational interests of the profession, has been a subject of great interest and much discussion. Many and various have been the suggestions offered and the plans proposed. During the last year the tone of this discussion has been changing. The indeterminate some-time-in-the-future tone of hope has been replaced by the clear-cut, aggressive do-it-now tone of activity. The Educational committee, noting this undirected trend, and seizing the psychological moment, presented, in its report at Put-in-Bay a definite, tangible plan for the realization of the profession's dream. It recommended:

"13. That the Board of Regents take steps at once toward establishing the foundation for a post-graduate school, to cover special work, including the practice of surgery, and any other subject not thoroughly presented in osteopathic colleges as they now exist, but which is necessary to prepare osteopathic physicians for the practice of the healing art in all the phases recognized by osteopathy. But all such instruction must be from an osteopathic viewpoint, and must at all times keep in view fundamental osteopathic principles, and every instructor must be a graduate of a recognized osteopathic college. The course referred to shall be so arranged in conjunction with the courses of osteopathic colleges as to supplement them, give an extended course to meet all the probable requirements placed upon osteopathic physicians, and do research work along osteopathic lines, so as

to prove or disprove whatever has been hailed as legitimate osteopathic work. The plans suggested in this recommendation must receive the approval of the Board of Trustees before the active work of conducting a post-graduate school shall have begun.

"14. That the Board of Regents proceed as speedily as possible to prepare blanks for subscription to a guarantee and endowment fund for carrying on the work mentioned in recommendation 13, to apportion the work of securing subscriptions to states or other definite geographical boundaries; to secure all things that may be necessary at an expenditure always within the limits of the funds available at the time of making the expenditure; and to perform all acts necessary to establish and perpetuate an endowed institution for the teaching of osteopathy.

"15. That the Board of Trustees appropriate a sum not to exceed \$500 for the use of the Board of Regents in doing whatever may be necessary to carry on its work before other funds become available."

These recommendations met with instant and enthusiastic acceptance and the spontaneity with which Dr. Loudon's nucleus for an endowment fund was added to in that meeting showed that that was what the members were waiting for.

The language of the recommendations seems clear and explicit, and the meaning would seem to be unmistakable. The Board of Regents are instructed to establish a post-graduate college of osteopathy for two specific objects:

First, to teach such things relating to the science and practice of osteopathy as are not taught in existing colleges. "Existing colleges" as here used would mean all colleges which take beginning students and give them the regulation three-year course. The post-graduate college would take only these graduates and give them advanced work. No beginning students will be received by it, so long at least, as the regular colleges maintain a reasonable standard of efficiency.

Second, to do research work.

As to the second there is no difference of opinion. All agree as to the need for such work, and that there being no direct financial return to the worker in this line, it must be done in an endowed institution.

The first seems to be a stumbling block to some. It has been objected that this will be a competitor with present colleges. One or two journals are open to the suspicion of not being wholly disinterested in expressing that view, and that they may not be averse to discrediting the A. O. A., and to that extent the value of their opinions would be discounted. But there may be those in the profession whose minds are not entirely clear on this point simply from lack of opportunity to become fully informed in the matter. To such, what has been said above should be conclusive as to the question of new students. But it may be urged with apparent show of reason, that the present colleges are giving post-graduate courses, and this college will be their competitor in that respect. A little analysis of the situation will, however, dispel that fear. What is a present post-graduate course? It is simply the third year of the three-year course. There are some thousands of two year people who can profit, and are profiting by going back for this third year. After they get that they are then properly qualified to enter and get the full benefit of the post-graduate college.

But more than this. We are not left to the argument of reasonableness in this matter. The organic law of the new institution is to provide definitely for co-operation between it and the other colleges, whereby under certain conditions a student may, on completion of certain required work, receive degrees from both the regular college and the post-graduate college. That would be rather one-sided

competition, where a student could attend his entire course in the regular college, pay to it all his tuition money, and still receive degrees from both. The whole end and aim of this movement, so far as it relates to existing colleges, is just the opposite of competition.

One private letter urges that in this movement we are disloyal to our alma mater, that if we have any money for endowment it should go to the present colleges. A moment's reflection would show that this would fail to accomplish the desired object. If the contributions were divided among the various colleges there would not be enough in any one place to make a practical endowment anywhere, and the result would be a frittering away of money, time, and effort, with at best, only spasmodic results. Nor would it be practicable to make any one of the present colleges the beneficiary of this movement. The only way that could be done would be to take it over and convert it into our post-graduate institution, our present schools then numbering one less. But a definite and insurmountable difficulty arises here. We couldn't endow any of the present colleges if we wanted to because of the way they are organized. The most, if not all, of them are stock companies. "Endowment" and "capital stock" are mutually exclusive business conditions. Where one is the other cannot be. If we took over one of these colleges the present charter would have to be surrendered and the old management go out of business and disband, simply selling its physical property, land, buildings, and equipment to the new institution. There would be no other legal method possible, and nothing would be gained by such a procedure.

A great deal of thought and care has been devoted to formulating plans for carrying out the instructions of the profession at Put-in-Bay in such a way as to accomplish the result in a way beneficial to the science, the profession, and to the other colleges. The Board of Regents have worked out a plan, safeguarding at every point the legal questions involved, under competent legal advice, and this plan has been in the hands of the Trustees of the A. O. A. for some time, subjected to most careful and painstaking scrutiny at every point. When they have it in shape to approve and present to the profession, the members will find that their fears are groundless and their objections pointless.

Osteopathy has made some prodigious strides in the past. There have been many epoch making events in its history, but none freighted with greater import, or none promising more far-reaching results in good than is this for the advance and elevation of our educational work.

1208 New England Building.

The A. T. Still Post Graduate College of Osteopathy.

We print below the by-laws which have been approved by the Trustees of the A. O. A. for the government of the Post Graduate College, and which will doubtless be adopted by the Trustees of said college when they meet to organize. The by-laws are preceded by a preamble which sets out the facts embodied in paragraph 13 of the last report of the Committee on Education and which is quoted by Dr. Hulett in his article appearing in this number of *THE JOURNAL*. We omit the preamble because some details are mentioned therein which have not yet been carried out.

The names of the osteopathic members of the Board of Trustees of the college were announced in *THE JOURNAL* last month. Contrary to expectation we are unable to give the names of the lay members this month, as all have not yet been

chosen and the acceptances of some who have been selected have not yet been received.

BY-LAWS.

1. The name of this corporation shall be The A. T. Still Post Graduate College of Osteopathy.

2. The affairs of this corporation shall be under the direction and control of a Board of Trustees of American Osteopathic Association. Vacancies on the Board of Trustees shall be osteopathic physicians and members in good standing of the organization known as the board, except as to the *ex officio* members.

3. At the first election of trustees, five thereof shall be elected for one year, five for two years, five for three years, five for four years and five for five years. In each class of trustees composed of five persons to be chosen at the first election, at least three shall be osteopathic physicians. The twenty-five persons so chosen as trustees at the first election shall be recommended for election by the Board of Trustees of the American Osteopathic Association, and at each subsequent annual election five persons shall be elected as trustees to fill vacancies caused by expiration of term, from a list of ten persons nominated by the Trustees of American Osteopathic Association. Vacancies on the Board of Trustees shall be filled by the board from the last list of nominations, until the next annual meeting of the board, except as to the two *ex officio* members.

The chairman of the Educational Committee and the Chairman of the Board of Regents of the American Osteopathic Association, for the time being shall be *ex officio* trustees of this corporation, and the regularly constituted incumbents of each of these offices shall at all times and in all respects act equally with the other trustees of this board.

4. The Board of Trustees shall have entire control and management of the corporation; shall supervise the investment and care of its endowment funds and other property, and all expenditures as provided in the annual budget submitted for its approval by the council; grant degrees and diplomas on recommendation of the faculty; shall encourage and suitably provide for original investigation and study, and in general shall direct and govern the policy of the college in all its affairs.

5. The Board of Trustees shall meet annually on such date as it may determine. At this meeting there shall be presented by the chairman a report covering the work of the college, and a report by the treasurer showing all the financial operations in detail, together with a full and detailed inventory of all the assets and property of the college. Copies of the said reports to be filed with the secretary of the American Osteopathic Association. Special meetings of the Board of Trustees may be held, on call in writing, of five members of the Board of Trustees, or of the Council, a copy of such call to be sent to each member of the Board of Trustees at least ten days prior to the date of such meeting.

6. The trustees shall elect from their number a chairman, who shall preside at all meetings of the Board of Trustees and of the Finance Committee and perform the duties usually pertaining to that office.

7. The trustees shall elect a secretary who shall keep full and accurate minutes of the proceedings of the Board of Trustees, in books provided for that purpose.

8. The trustees shall elect from their number a treasurer, who shall perform the duties usually devolving upon that office. The treasurer shall have custody of the funds of the college, which shall be kept in such bank or banks or other depositories, in the name of the college, as the Finance Committee shall designate. He shall keep an accurate account of the finances of the college in books to be specially provided for that purpose by the Board of Trustees, and hold the same open for examination by the Board of Trustees or any member thereof. The treasurer shall give a bond in such amount as may be determined by the Finance Committee. He shall render a full and particular statement of his accounts, accompanied by vouchers, at the annual meeting of the trustees, and shall render such other reports and at such other times as shall be required by the Board of Trustees, or the Finance Committee, or the Board of Trustees of the A. O. A.

9. There shall be elected from the Board of Trustees three persons who, with the chairman and treasurer, shall constitute the Finance Committee, who shall hold office for one year and until their successors are elected and qualified, and said committee shall have the following powers and duties:

To supervise and conduct the financial business of the college, subject only to the Board of Trustees.

To loan or invest the funds of the college, which shall only be done by vote of the committee in legal session. None of the funds of the college shall at any time be loaned to any one having authority or vote in the management of the affairs of this corporation, nor shall any investment thereof be made in which any such person shall have interest, directly or indirectly, unless at least four of the Finance Committee, not therein interested, shall at a regular or special meeting assembled authorize the same.

Said committee shall appoint a secretary who shall keep full and accurate minutes of the proceedings thereof in books to be provided for that purpose, in which shall appear in detail

all loans and investments by them authorized to be made, which book of minutes shall be laid before and read at the regular and special meetings of the Board of Trustees.

10. There shall be elected from the Board of Trustees each year seven persons who shall constitute the council. The council shall have entire charge of all matters of detail in the management of the college, employ instructors and others necessary to carry on the work of the college and fix the amount of compensation to be paid therefor; shall provide buildings, hospitals, sanatoriums, equipment and appliances, as circumstances may require and permit, suitable for these purposes; shall co-operate with the faculty in forming rules and regulations as to courses of study, granting of degrees and general conduct of the college. All such rules and regulations shall from time to time, be submitted to the Board of Trustees for ratification.

The council shall elect a secretary who shall perform the duties usually appertaining to that office. He shall keep full and accurate records of all the business of the council in books provided for that purpose.

The council shall make a complete report of its work for the year to the Board of Trustees at least thirty days before the annual meeting of the board.

11. The faculty shall consist of all those engaged in giving instruction and who shall bear the title of "Professor," one of whom, designated by the council, shall be president of the faculty and of the college. The faculty shall co-operate with the council in formulating rules and regulations as to course of study, granting of degrees, and the general conduct of the college.

12. The council may provide for what is known as affiliated schools. These affiliated schools to make a contract or agreement with this corporation whereby certain members of the Board of Trustees of this corporation become members of the Board of Trustees of the affiliated school. The faculty of this school to arrange with the faculty of the affiliated school as to courses of study, and the examinations to be prepared jointly by the faculties of both schools, and upon the completion of the course of study and passing of the examinations, the graduate to get a degree from this college as well as a degree from the affiliated school, the plan to be worked out somewhat similar to the plan governing the schools affiliated with the Chicago University.

13. The council may provide for co-operating schools, fixing the courses of study so as to enable the person taking the course in the co-operating school to enter this college, without passing examinations, upon a somewhat similar plan to the Chicago University co-operating schools.

14. These by-laws may be amended by a two-thirds vote of all the members of the Board of Trustees at any annual meeting, provided that notice in writing, containing a copy of the proposed amendment, shall be sent to each member of the board at least three months prior to the date of the meeting at which the proposed amendment shall be voted upon.

Colorado Osteopathic Association.

The ninth annual session of the Colorado Osteopathic Association was held at 221 Charles block, Denver, Colo., Feb. 22 and 23. A large attendance with much good osteopathic enthusiasm made the meeting one of both interest and pleasure. Friday afternoon a paper was read by Dr. R. A. Ellis on Neurasthenia, its Etiology, Diagnosis and Treatment. It was followed by a discussion led by a case report by Dr. Warner. Nearly every good point was brought out, as every member had an opinion and was ready to express it.

The evening session was given to a reception and musicale. About seventy of the members and their friends were present. The program was rendered by some of the best talent in the city.

Refreshments were served during which short talks were given by members out of town.

Saturday morning the business session was held. This included the reports of committees, and the election of officers, Dr. Mary M. Keeler presiding. The following officers were elected for the ensuing year: President, B. D. Mason, 32 Charles block, Denver; first vice-president, Mary N. Keeler, Loveland; second vice-president, N. S. Johnson, Grand Junction; secretary, R. A. Ellis, 624 Empire building, Denver; treasurer, G. W. Perrin, 524-5 Empire building, Denver.

The afternoon session was given to clinic and legislative matters. There was a resolution introduced and adopted that we work for a law providing for a separate board of osteopathic examiners.

R. A. ELLIS, Secretary.

Indianapolis Osteopathic Society.

The Indianapolis Osteopathic Society, which was recently organized, will meet on the first Saturday evening of each month. The subject for April is Pneumonia. The meeting will be held in the office of Drs. Clark and Warner, Board of Trade building.

Members of the Indiana Osteopathic Association will receive a cordial welcome to these meetings at all times.

D. ELLA McNICOLL, Secretary.

M. E. CLARK, President.

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APRIL 1, 1907.

The Post Graduate College.

We most earnestly commend to every member of the Association a careful reading of the by-laws for the government of the Post Graduate College, which, after much consideration, have been approved by the trustees of the A. O. A. In connection with the by-laws the statement of Dr. C. M. T. Hulett, chairman of the Board of Regents, should also be carefully read. We believe that an un-

biased study of these documents will remove any honest misapprehension of the purpose of the Post Graduate College.

As will be seen, it is proposed that the Post Graduate College take up the work of education precisely where the other colleges leave it. Provision is made for articulating, or associating the other colleges with the new one in much the same manner as the public High schools of some States are articulated with the State Universities. With just as much reason could it be said that the Universities were competitors of the High schools as to say that the Post Graduate College is a competitor of existing colleges.

It should be quite evident that the Post Graduate College can have no feeling of hostility toward the present colleges because it will be dependent upon them for students. As they prosper so will it flourish. The present colleges, when they look at the matter properly, can have no quarrel with the Post Graduate College for carrying on the good work they have begun. The elevation of osteopathic educational standards which will come with the Post Graduate College will attract to our profession the brightest minds in the country. Those who want to be "whole doctors" will see that they can become such absolutely in osteopathic schools. The advent of such into the profession is bound to give osteopathy higher standing in the communities where they locate, and thus the demand for good osteopaths will increase. The Post Graduate College, as we understand it, will take no students except graduates of recognized colleges. The patronage, therefore, of these schools should increase. Looking at the question even from a selfish, or purely business standpoint, the present colleges, instead of putting stumbling blocks in the way of the Post Graduate College, should do everything in their power to further its success. The raising of educational standards will hurt neither the profession nor its schools. It was thought by many that the establishment of the three years' course would injure the schools, but it has been demonstrated to the contrary. From many of the schools we have had reports that more men and women with college education are entering than ever before. The resulting good of this to the profession has as yet had hardly time to be manifested, but there can be no doubt that time will amply demonstrate it.

Some evidently believe that there is no field for a Post Graduate College, but we cannot shut our eyes to the fact that quite a number of osteopaths have gone from osteopathic colleges to medical colleges for surgery and what they consider a rounding out of their education. This has been more or less a reproach to us, and there should be no necessity, real or fancied, for such a condition of affairs a single day longer than it will take to get our own college in operation. There is no reason why, with the proper amount of money, we should not have an institution that is the peer of any now in existence. When such an institution is established is it not plain to be seen that osteopathy will have a standing and dignity which it cannot otherwise attain. It will round out our educational system and remove the last argument against our full and complete recognition.

The question remains, is it feasible, can we raise the money? Unquestionably. All we need is enthusiasm in our own ranks. The research feature of the proposed college which is so much needed, should inspire every member of the profession to contribute liberally to its support. If all the members of the A. O. A. were fired with the zeal for osteopathy that they ought to have, a million dollars could be raised in less than five years. Our friends are legion. The matter need only to be properly presented to them. Let us awake. What greater incentives to energy, zeal, enthusiasm has any profession? We know we have what the world

needs. Let us push on to the place to which we are entitled by the inherent worth of the science we love, and the profession we practice.

Criticisms of Osteopathy.

Every once in a while some one breaks into print in criticism of osteopathy. In those cases where the critic is apparently honest, and does not flagrantly transcend the proprieties in writing, it is no doubt a duty an osteopath owes to his profession to reply and correct any errors that may be made. On the other hand, there are instances where the ebullition, nearly always emanating from some medical doctor, is so far from the truth, so absurd, unfair and palpably prejudiced as to constitute its own refutation. A contribution of the latter kind appeared in the *Brookline (Mass.) Chronicle* for March 2, and would be unnoticed here but for the fact that it elicited a comment from the editor who gave it space.

We will presume that the editor belongs to the class first mentioned; though it is apparent that he derives his knowledge from, and accepts as gospel, the statements of a certain class of medical doctors. He states that his correspondent "perhaps indulges in hyperbole to some extent," but believes his position to be "essentially sound." The editor believes that the general public discriminates "sharply between the scientific practitioner and the quack." He states, however, that the osteopath does have "completely within his power some ignorant fanatics who pin their faith to his supposedly marvelous curative powers," but that a majority of intelligent people go to him for treatment of some minor ailment, and not for a "disease that has reached a critical stage and demands the highest scientific skill of the age." He thinks a little more judgment will prevent people from "allowing any new fangled doctor to tamper with them save with the knowledge and consent of their regular physician."

Now, why does this editor think that osteopaths should be restricted in their practice to minor ailments, that the "regular" is "scientific," the osteopath a "quack," and that the "regular" should sit in judgment as to when a "new fangled doctor" should "tamper" with a patient?

Aside from the fact that he must have imbibed his information on the subject from men of the stamp of his hyperbolic correspondent, we can think of but two reasons for his attitude. (1) He must assume that osteopaths are not as familiar with the human body in health and disease as are medical doctors. (2) He must assume that the use of drugs in the treatment of disease is more potent than osteopathic therapeutics.

Both of these assumptions beg the whole question at issue. In regard to the first assumption: Why should osteopaths be inferior to medical men in their knowledge of disease? It would hardly be assumed that, taken as a class, they are of a lower order of intelligence. The time spent by osteopaths in osteopathic schools, computed by months, equals that spent by medical men in medical schools. Counting out the time devoted to the study of *materia medica* in medical schools we are of the opinion that the advantage would be with the osteopaths. We believe that the average time spent in schools by the osteopaths now in practice will equal the average time spent in school by the medical men now in practice. The osteopathic schools will compare favorably in equipment and ability of professors with medical schools, and will surpass them in earnestness, interest and enthusiasm of their students. Aside from *materia medica* the studies taught are practically the same in both schools, with the exception of theory and practice,

and therapeutics. In these subjects each school teaches according to its own theories.

In regard to the second assumption, this editor exhibits a sublime faith in drugs that is possessed only by the very young and inexperienced in the medical profession. On this point Dr. S. Weir Mitchell, of Philadelphia, a recognized authority in his profession, has this to say in his little work on "Doctor and Patient:"

"There are those of my profession who have a credulity about the action of drugs, a belief in their supreme control and exactness of effect which amounts to superstition, and fills many of us with amazement." It seems there are some laymen who are also thus credulous and superstitious about drugs.

The editor of the *Brookline Chronicle* apparently does not know that a majority of people are yet content to be treated with drugs for minor ailments, and that it is only when their disease reaches a critical stage that they go to an osteopath. As a matter of fact, a large per cent. of the practice of all osteopaths is in the so-called incurable cases in which medicines had failed to give relief, and that to their success in dealing with such cases is due the growth of osteopathy, which has been but little short of marvelous. It is true that the osteopath is being more often called in cases of minor ailments because people are learning, as some one has expressed it, that the forces which will subdue a conflagration will avail to check an incipient blaze. It is idle to call people who believe in osteopathy "ignorant fanatics." The facts are, that they are people who think for themselves rather than blind worshipers of tradition.

It is a question whether or not much that is printed in criticism of osteopathy is deserving of notice. It would seem scarcely necessary to point out that hyperbole is not argument; calling an adversary a "quack" proves nothing; flings at those with whom one does not agree, as "new fangled doctors," reference to their treatment as "tampering" and the classification of their patients as "ignorant fanatics" do not touch the real question at issue. The questions which thinking people are supposed to be interested in are: Does osteopathy rest upon a scientific basis; are its practitioners properly equipped to treat the physical ills of humanity; do they secure results equal, or superior to the practitioners of other systems of therapeutics? These questions, when advanced by honest critics, it might be well to discuss.

For the benefit of those who are, as Dr. Mitchell expresses it, credulous and superstitious about the exactness of the action of drugs, we quote a medical man whose fame as a physician and teacher was acquired by a long life devoted largely to the practice of medicine, and thirty-five years' service as professor of anatomy and physiology in Harvard Medical College. Dr. Oliver Wendell Holmes long ago said:

"What is the honest truth about the medical art? By far the largest number of diseases which physicians are called to treat will get well at any rate, even in spite of reasonably bad treatment. Of the other fraction, a certain number will inevitably die, whatever is done; there remains a small margin of cases where the life of the patient depends on the skill of the physician. Drugs now and then save life; they often shorten disease and remove symptoms; but they are second in importance to food, air, temperature, and the other hygienic influences. That was a shrewd trick of Alexander's physician on the occasion of his attack after bathing. He asked three days to prepare his medicine. Time is the great physician as well as the great consoler. Sensible men in all ages have trusted most to nature."

Nor will it do to say that there has been, since the days of Holmes, any great

advance in medical therapeutics, for, so far at least as the use of drugs for the cure of disease is concerned, there has been none. It is a well known fact that eminent medical men of the present day, like Dr. Osler, advocate practically no internal medication. At the last meeting of the American Medical Association Dr. Woods Hutchison is reported to have said: "The United States pharmacopœia is a relic of mediæval barbarism, and is crowded with things which belong with the stuffed alligator."

The Norfolk Meeting.

"When you see one exposition you have seen them all" is an expression sometimes heard that is not applicable to the Jamestown Exposition. There will be features in connection with it that are absolutely unique. The maritime and naval displays will be well worth a trip to Norfolk to see.

Aside from the splendid program, which will appeal to every progressive osteopath, the other attractions will draw a great crowd to our next annual gathering. A majority of the profession live inland, and many of them will avail themselves of the opportunity which the site of our meeting affords, to breathe salt air for a week, and to enjoy the boating and surf bathing which can be had there.

The Exposition management has designated Thursday, August, 29, as "Osteopathy Day," and it will be observed accordingly.

The sessions will be held in the forenoons, the rest of the time being given up to pleasure and recreation.

Remember the dates, August 26 to 30.

The Program For the Norfolk Meeting.

The program, in outline, for the Norfolk meeting, appears on another page of this number of THE JOURNAL. The names of authors of papers, demonstrators and clinicians are not all given, as yet, but every effort is being made to secure the most capable and experienced men and women in the profession, and their names will be added from time to time as they are supplied.

The program seems to us nearly ideal, inasmuch as it gives prominent place for what is new and valuable that has recently been brought to light through research and experiment; demonstrations are provided of the mechanical principles involved in, and the best methods of reduction of, various lesions; a great deal of time is given to clinics, of which we are assured there will be a great number of interesting cases.

We give below excerpts from a letter from Dr. E. M. Downing, of York, Pa., which we believe pretty accurately voices the opinion of a majority as to what a program should be, in the particular he mentions. We feel that the Committee on Publication and President Ellis, who has given the matter much personal attention, are to be congratulated upon the program which so admirably meets the desires and needs of the profession. Dr. Downing writes as follows:

I believe that I voice the wishes of a considerable proportion of the profession when I say that what we desire and what would be most profitable to us at the meeting, is actual demonstration on actual patients with actual ailments, of actual methods of reduction of actual lesions. * * * *

To a good mechanic who is also a good student, a few years in the field will have suggested specific movements that are not laid down in any text-book, and the profession at large ought to have the benefit of his knowledge. One may have acquired particular dexterity in reducing atlas, axis and other cervical lesions; another may have become almost a specialist in dorsal and costal lesions; the lumbar spine may be easy to somebody else, while pelvic and thigh subluxations are the things that yield to a fancy twist of the wrist of

some osteopath. Now, isn't it our bounden duty to give to the rest any particularly applicable movement that we may have acquired. We all of us may get along all right with what we learned of mechanics at college, until some day we bump up against a case that we can't budge. What then? If our skill is limited to a few routine movements for the correction of that particular lesion we shall fall down. But it would be easy if we only knew just how to get at it, and some other fellow could tell us how. I received a letter from O. M. Turner Hulett along this line, in which he said in effect: "It is all very well to say that if you know your anatomy you will be able to reduce any lesion. This is true if a man is a natural mechanic, or if he has acquired a thorough knowledge of mechanics, *but not otherwise.*" * * * * *

You have had frequent experience, as I have, with patients who have been treated elsewhere. Don't they almost always tell you how different it was. Sometimes too light, sometimes too severe, sometimes too short, sometimes too long. These things ought not to be. We can't get away from the personal equation that gives us differing perspectives, but we ought to get a good deal nearer together on diagnosis and dosage. In fact, *we must do this* if we are to make good our boast that ours is the only consistent and comprehensive system of etiology. How can we do it? Only by making this question of mechanics the leading, or at least a very prominent feature of our local and national gatherings.

Even if mechanical principles should be given in all of our colleges the place it ought to have in the course, there are sure to come questions in the practice of every graduate which he must work out for himself. Far more than the drug doctor is the osteopath dependent on his own ingenuity. He must work out his own salvation, and it may be in the acute crisis that he'll do it "with fear and trembling." There are occasions when text-books help precious little. Just what to do we may know, but how to best do it is at times a serious question that confronts not only the young graduate, but the older practitioner as well.

The osteopaths of Philadelphia and Detroit are to be congratulated upon the steps they have taken to establish free dispensaries, where the dependent poor of their cities may receive osteopathic treatment. This is a movement that might well be extended to other cities. Not only is it a duty which osteopaths owe to humanity but it is a step that will do much toward bringing our science into favorable notice.

So far as we have heard from members of the profession in California they seem pleased with their new law, reference to which was made in the *MARCH JOURNAL*. The board of examiners now consists of five allopaths, two osteopaths, two homeopaths and two eclectics, no school having a majority. As one correspondent expresses it: "We are recognized on an *educational* basis as equals."

The question of "professional charges," like the poor, we have always with us. In this issue the subject is discussed in vigorous style by Dr. H. W. Glascock. We believe the profession will be profited by giving serious consideration to the ideas advanced by him.

Owing to sickness in the family of Dr. Ashmore, editor of case reports, work on this publication has been delayed. She has not neglected answering letters and sending out blanks, and hopes before long to get series VI. from the press.

We are informed by the publisher, Dr. R. E. Hamilton, Kirksville, Mo., that the General Directory (formerly called year book), will be mailed about April 1. Every member of the A. O. A. will receive a copy.

We acknowledge the receipt of a copy of the year book of the Texas Osteopathic Association, sent by Dr. R. R. Norwood, secretary.

Tennessee Osteopaths to Meet May 11.

The meeting of the Tennessee Osteopathic Association, which was to have been held on March 16, was postponed until May 11. The meeting will be held in Jackson and every member is urged to be present.

**Outline of Program of Annual Meeting, A. O. A.
Norfolk, Aug. 26-30, 1907.**

MONDAY—MORNING SESSION.

- 9:30—Call to order and invocation.
Address by Mr. Sexton, Director of Congresses.
Remarks by the president.
Regular order of business.
- 11:30—1:00—Clinics and Demonstrations of Technic.
Afternoon—Visit Exposition.

TUESDAY—MORNING SESSION.

- 9:00—President's address.
9:30—12:00—Section in Research.
12:00—1:00—Clinics and Demonstrations of Technic.

AFTERNOON.

I.

- 2:00—Section in Physical Diagnosis.
Heart.
Lungs.
Abdomen.
Nervous Diseases.

II.

- Section in Laboratory Diagnosis.
Examination of Blood.
Examination of Sputum.
Examination of Feces.
Examination of Stomach Contents.
Visit to Old Point Comfort.
Evening—Alumni Dinner and Class Meetings.

WEDNESDAY—MORNING SESSION.

- 9:00—Report of Treasurer.
Report of Trustees, including reports of standing committees.
Report of Sub-Committee on Endowment.
11:30—1:00—Clinics and Demonstrations of Technic.

AFTERNOON.

- 2:00—Section on Diseases of Rectum, Bladder and Prostate.
Visit to Virginia Beach.

EVENING.

Grand Ball.

THURSDAY—MORNING SESSION.

- 9:00—Regular order. Election of Officers.
10:30—Section in Gynecology.
10:30—Section in Eye, Ear, Nose and Throat.
12:00—1:00—Clinics and Demonstrations of Technic.

AFTERNOON.

- Section in Special Osteopathic Diagnosis and Treatment.
(a) Neuritis.
(b) Chorea.
(c) Epilepsy.
(d) Intestinal Diseases.

Trip up James River to site of Old Jamestown.

FRIDAY—MORNING SESSION.

- 9:00—Unfinished Business.
9:30—Section in Obstetrics.
12:00—1:00—Clinics and Demonstrations of Technic.

AFTERNOON.

Visit to Newport News Shipbuilding Yards.

LEGISLATIVE NEWS.

We are unable to record an unbroken series of victories for osteopathy in legislative contests this year, though some distinct gains have been made. In three states, Idaho, North Carolina and South Dakota bills providing for osteopathic examining boards, and otherwise similar to the bill approved by the A. O. A., have become laws. In Idaho and North Carolina there were no laws respecting the practice of osteopathy. In South Dakota the new act replaces a registration law.

In Maine the osteopathic bill died in committee as did also a medical bill that was designed to prevent the use of the title "doctor" by osteopaths.

The osteopaths of Washington failed to secure an independent board, and also failed to secure a member on the joint board.

In Nebraska the osteopathic bill was defeated in the Senate on third reading by a vote of 10 to 18.

The following from Dr. J. L. Holloway, Dallas, under date of March 15 contains the latest news we have from Texas:

"The joint board bill passed legislature day before yesterday. It provides that the governor appoint 11 members—no school to have majority—from lists of 10 each furnished by state associations. Some doubt that we shall get representation, and I am not certain. Hope to send you bill soon. It is not at all what we want and its ambiguity may cut us all out, unless we take their examination."

The osteopaths of Illinois are united in their support of a bill that provides for a separate board of examiners, gives them the right to sign birth and death certificates, makes all public health laws applicable to osteopaths, provides that all who advertise as osteopaths or take the examination, must be graduates of recognized osteopathic colleges, and has a reciprocity clause. The prospects for success are favorable but the M. D.'s are opposing the measure with their usual vigor.

There has been a hard fight in Pennsylvania and at this time it is impossible to tell what the outcome will be. It seems probable that the osteopathic bill and the bill favored by the M. D.'s will both fail of passage.

In New Jersey a compromise has been proposed which is far from acceptable and which the osteopaths refuse to consider.

We have no direct information from New York. From newspaper clippings it appears that a compromise has been agreed upon whereby osteopaths now in practice there who can show that they are graduates of osteopathic colleges and have attended two years, will be recognized. They will not be permitted to prescribe medicines or practice major surgery. After 1910 osteopaths before being permitted to begin practice must secure certificates from the regents. As before stated we have no definite information that this compromise has been agreed upon.

The New Law in Oregon.

The bill passed by the Oregon legislature on Feb. 22 provides for one osteopath on the existing medical board, which is composed of three regulars, one homeopath and one eclectic.

By its terms, any person holding a diploma from an established school of osteopathy, recognized as of good standing by the Oregon Osteopathic Association and wherein the course of study comprises a term of at least twenty months, or four terms of five months each, shall be granted examination. Fee, ten dollars.

Those in the state at the time of passage of the act, graduates of "any such school," as aforesaid, are to be licensed without examination. Penalties for practice of osteopathy without a license are fifty to one hundred dollars or ten to ninety days imprisonment, or both. The use of drugs or minor surgery is forbidden. The member on the board is to be appointed by the governor from a number of not less than three recommended by the state association. The bill will become a law ninety days after passage, at which time the appointment will be made.

The A. O. A. bill with slight modifications was introduced by our people and great influence was brought to bear on legislators by energetic and concerted effort all over the state. The effect was marvelous. The press characterized our lobby as both visible and invisible, the latter referring to the deluge of letters and telegrams and pronounced it the best organized with one exception of any in the state. Nevertheless, despite our vigorous protest, the senate referred the bill to the committee on medicine and pharmacy, in deference to their expressed desire to entertain it and prove their boasted sincerity.

The committee held it an unconscionable period till forced to a joint hearing with committee on Health and Public Morals of the house. This hearing was a sort of inquisition, in which it was attempted to wring admissions that our college curricula, excepting therapeutics, are identical with those of medical schools, and, therefore, that joint examination is feasible and just, all of which procedure was in line with a certain resolution passed unanimously by our city and county medical associations a few weeks before, to-wit: "That the present law be amended so as to read that osteopaths will not have to pass examination upon *materia medica*." Such sudden magnanimity was as startling as portentous, and had its sequel in a substitute bill which was promptly recommended for passage and our own bill was reported unfavorably as expected.

The substitute was plainly unconstitutional and we had the satisfaction of compelling a scramble for amendment. Realizing our own bill was irretrievably lost we withdrew objection to the amended substitute which passed the day before adjournment.

"Father" Teall sustained his reputation for resourcefulness and incisiveness at critical moments in the hearing and re-proved his adeptness at retort and repartee.

With a legislature converted into eagerness to legalize us, and with our advisory concil-

iatory, pleading anxiety to give us equality in common with other practitioners, the whole fight quickly waged about the question whether or not we were entitled to more than had been accorded homeopathy and eclecticism.

Those fully cognizant of the situation are insistent that so long as Oregon is the home of a certain very vigilant vice-president of the A. M. A., the author of the above resolution, who was shrewd enough to appreciate our strength and realize that a complete osteopathic victory was inevitable if concession was not made, the creation of an independent board is an impossibility.

The present law, save separateness and independence, grants all that the most exacting could demand; and it is notable that the public considers our victory greater than we sought and believes that osteopathy has been, signally exalted and dignified.

Portland, Oregon.

OTIS AKIN.

After Chiropractors in Montana.

The Montana osteopaths are making a determined effort to drive all fake osteopaths, and especially chiropractors, out of the State. On February 6, the first victory was won in Butte by the conviction of "Dr." Wm. Metzger, chiropractor in Justice Roades' court for practicing osteopathy without a license, a fine of \$50 was imposed. The case was appealed. While we felt reasonably sure of securing a conviction in the higher court, the law was a little weak, so rather than have a long drawn out fight over a technical point it was thought best to amend the law. Our law, like a good many others failed to state what evidence should be deemed sufficient to secure a conviction. It simply stated that anyone should be deemed guilty of practicing osteopathy without a license who had failed to secure a certificate from the board or who used the title, "Doctor of Osteopathy," "Osteopathic Physician," etc., or the letters, "D. O.," etc.; but made no provision for those who practiced osteopathy in form (like the chiropractors) but did not use the title. So we had an amendment to our law introduced which increased the fine and in addition to the provisions of the original law provided that anyone should be considered practicing osteopathy who shall,

"(b) Profess publicly to, or who shall, either in his own behalf, in his own name, or in his trade name, or in behalf of any other person, corporation, association, partnership, either as manager, bookkeeper, practitioner, or agent, treat, cure, alleviate, or relieve any ailment or disease of either mind or body, or cure or relieve any fracture or misplacement or abnormal condition, or bodily injury or deformity, by any treatment or manipulation or method of manipulating a human body or any of its limbs, muscles or parts by the use of the hands, or mechanical appliances in an effort or attempt to relieve any pressure, obstruction, misplacement, or defect, in any bone, muscle, ligament, nerve, vessel, organ or part of the body, after having received, or with the intent or expectation of receiving therefor either directly or indirectly any bonus, gift or compensation whatsoever, provided, however, that nothing in this section shall be construed to restrict or restrain any legally licensed physician or surgeon in the practice of his profession."

If a chiropractor can get away from this he deserves to. To some the provisions may seem a little strong or too broad, but a number of attorneys were consulted and said they were of the opinion that the law could not be construed to include masseurs, etc.

Our amendment, as above, was introduced, passed and has been signed by the governor, and is now a law. It remains to be seen what action the chiropractors will take.

The medical profession have been making an especial effort to drive the medical fakes out of the state, and introduced and passed a bill that disposes of them, and some of them are bad ones. The best of feeling exists in this state between the medics and the osteopaths, all working together to drive out the fakes. There were eight medical men in the legislature, but they were friendly to osteopathy, supporting our measure, and our friends supported theirs. They fought the osteopaths hard for several years, but realizing that we are here to stay and that no medical law can pass any legislature without the support of the friends of osteopathy, they have done the right thing—worked with us against the common enemy—the fakers.

L. K. CRAMB,

16 Ousley Block, Butte, Mont.

Western Pennsylvania Osteopaths.

The Western Pennsylvania Osteopathic Society met at Hotel Henry, Pittsburg, the evening of February 16. A majority of the D. O.'s of the western section of the state were present. Fifty-one persons sat down at the banqueting table. Dr. Marion E. Clark, of Indianapolis, Ind., was the honor guest and spoke on "Pelvic Peritoneal Adhesions." He also conducted a clinic, several cases coming before the society. Afterward legislative matters were discussed, a spirit of optimism prevailing as to the outcome of the present fight in Pennsylvania. Dr. Clark made the statement that he had never attended a state meeting that equalled this one and congratulated the D. O.'s of this section on having such a strong society.

A meeting held in November by the same society at the same place, through an oversight

was not reported. Dr. McConnell, of Chicago, was present and spoke very interestingly on his researches in pathology. Officers were elected for the ensuing year as follows: President, Dr. Wm. Rohacek, Greensburg; vice-president, Dr. E. N. Hensen, Pittsburg; secretary, Dr. Robert H. Miller, Washington; treasurer, Dr. Lloyd S. Irwin, Washington. Program committee, Dr. Frank R. Heine, Dr. F. J. Marshall and Dr. Florence Brown Stafford, all of Pittsburg.

Maine Osteopathic Association.

The third annual meeting of the Maine Osteopathic Association was held at the office of Dr. G. H. Tuttle, Portland, February 23, 1907, where the following officers were elected: President, Dr. Lillian P. Wentworth, Augusta; vice-president, Dr. Florence A. Covey, Portland; treasurer, Dr. George H. Tuttle, Portland; secretary, Dr. Mary W. Day, Portland, trustees, Dr. Viola D. Howe, Dr. D. Wendell Coburn and Dr. Sophronia T. Rosebrook.

Dr. Ada A. Achorn, of Boston, was the guest of honor, and gave a very instructive address on "Bladder Troubles." Several clinics were examined and discussed.

The meeting closed with a banquet at which Dr. D. Wendell Coburn presided as toastmaster. The following toasts were responded to:

- "The Local Spirit"Dr. S. T. Rosebrook
- "Minister vs. Physician"Rev. Judson V. Clancy
- "The Old Doctor"Dr. Mary W. Day
- "Fraternity"Dr. W. A. Porter
- "A Pioneer"Dr. Ada A. Achorn

The Dr. Porter on the toast list is a homeopathic physician.

Change in Management of Philadelphia College of Osteopathy.

At a recent meeting of the board of directors of the Philadelphia College and Infirmary of Osteopathy, Dr. Chas. J. Muttart was elected dean of the college to succeed Dr. Chas. W. McCurdy, who resigned from the deanship on account of failing health.

Dr. Muttart is a graduate of the American School of Osteopathy and has been at the head of the department of anatomy at the Philadelphia College of Osteopathy since 1902. He was formerly president of the Philadelphia County Osteopathic Association and the Pennsylvania Osteopathic Hospital Association. He is now serving his second term as vice-president of the Pennsylvania State Osteopathic Association.

Dr. Muttart is favorably known throughout the east and the P. C. I. O. is fortunate in securing the services of so able and popular a man.

Dr. Chas. W. McCurdy, who has been an instructor for thirty-one years, was at one time dean of the University of Idaho. Dr. O. W. McCurdy is a loyal osteopath and for years has battled to the best of his ability for osteopathy and for the P. C. I. O. His friends regret that he is compelled to give up his life of activity in college work.

Montana Osteopathic Examinations.

The State Board of Osteopathic Examiners of Montana met in Helena on March 5 and 6, and the following took the examination and were licensed to practice osteopathy in Montana: Drs. Frederick J. and Mabel Eimert, Miles City; Dr. Eliza M. Carey, Red Lodge, and Dr. H. M. Stoel, Livingston. The board reorganized, electing the following officers: Dr. O. B. Prickett, Billings, president; Dr. C. W. Mahaffay, Helena, secretary; and Dr. L. K. Cramb, Butte, treasurer. The next meeting of the board will be held in Helena, September 3, 4, 5, 1907.

Free Osteopathic Dispensary in Philadelphia.

The alumni of the P. C. I. O. and the practitioners of Philadelphia, have organized a free dispensary where osteopathy can be administered to the dependent sick of this city.

This dispensary will be opened with quite an elaborate bazaar on March 14, 15 and 16. We have secured a fourteen room building at 1617 Fairmount avenue.

The institution will be supported by contributions from the practitioners of this city. Financial aid will be accepted from any source.

The dispensary is governed by the following board:

ADVISORY BOARD—Hon. John M. Vanderslice, president; Ira Spencer Frame, D. O., W. Nelson Daniels, D. O., J. Ivan Dufur, D. O., D. S. Brown Pennock, D. O., M. D., vice-president; Chas. J. Muttart, D. O., Chas. W. McCurdy, D. O., H. Alfred Leonard, D. O., Jose C. Howell, D. O.

BOARD OF DIRECTORS—Earle S. Willard, D. O., president; W. Nelson Daniels, D. O., vice-president; Chas. Tyson Bryan, D. O., secretary; William A. Graves, D. O., treasurer; Mason W. Pressly D. O., James F. Boylan, D. O., Burdsall F. Johnson, D. O.

(Note—The advisory board are the board of trustees of the P. C. I. O.)

CHARLES TYSON BRYAN, Secretary.

Death of Dr. Loudon's Child.

In their bereavement, announced in the following clipping from the *Burlington (Vt.) Daily Free Press*, for March 18, 1907, Dr. and Mrs. Loudon will have the sympathy of hosts of friends in the osteopathic profession:

"Ralph Emerson, eldest child of Dr. and Mrs. G. E. Loudon, of 199 South Union street, died Saturday evening. The little fellow, who would have been four years of age in May, had always been frail and an autopsy, which was performed yesterday morning, showed pathological conditions which would have precluded his ever being well. The body will be taken on the 11:10 train this morning to Randolph for burial."

Dr. Whiting Known in European Scientific Circles.

Mr. Baumgart, of Los Angeles, secretary of the Southern California Academy of Sciences, has just returned from a European tour. In a public address in his city upon his visits to scientific institutions in Europe, he mentioned Dr. C. A. Whiting as being known by name among them because of the publication of some of his work in the laboratories of the Pacific College of Osteopathy. This is gratifying to the friends of Dr. Whiting and of osteopathy.

In Memory of Mrs. Chas. L. Severy.

It is with a feeling of the deepest and tenderest sympathy that the members of the Detroit Osteopathic Society record the death of Floy E., beloved wife of our honored president, Dr. Charles L. Severy.

With Dr. Severy we sorrow in this hour of grief realizing that he has been bereft of a sustaining helpmate and that the loss is irreparable to him.

We who so highly regard our fellow practitioner, not only for a rare personal friendship, but for the dignified professional standing which is his, extend to him at this time our loving and heartfelt sympathy, and spread upon the minutes copy of this memorial.

DAVID MILLS, Vice-President.

CARRIE B. TAYLOR-STEWART, Secretary.

In Memory of Dr. S. W. Hart.

At the regular meeting of Central New York Osteopathic Society, held at the office of Dr. A. G. French, Syracuse, N. Y., the following resolutions of condolence were unanimously adopted:

Whereas, We learn of the death of Dr. Sylvester W. Hart, late president of the New York Osteopathic Society, in which body he rendered most faithful and acceptable service, and, whereas, the society is deprived of an efficient and zealous co-worker,

Be it resolved, That out of respect to the memory of the deceased, we herewith express our sorrow at the loss, and extend to the bereaved family our sincere sympathy.

Be it resolved, That these resolutions be spread upon the minutes of this society and that the secretary be instructed to send a copy of these resolutions to the family of the deceased and to the state society.

M. E. LAWRENCE,
CLARA P. BEALL,
GEO. W. MITCHELL,
Committee.

PERSONALS.

Born, on Feb. 15., to Dr. and Mrs. H. D. Morris, Boise, Idaho, a daughter.

Born, on March 9, to Dr. and Mrs. J. H. Wilkens, McMinnville, Oregon, a daughter.

Dr. Geo. T. Monroe, Warsaw, N. Y., and Mrs. Addie Pharis Duncan were married on March 7, at Silver Springs, N. Y.

Dr. E. W. Sackett, of Springfield, Ohio, is again in the practice after having spent the greater portion of the winter recuperating in Florida.

Secretary Chiles is now in Louisa, Virginia, recuperating from his recent illness. He is gaining rapidly and expects to be back at work by April 1.

Dr. Franklin Fiske, late of Portage, Wis., is now on the faculty of the American School of Osteopathy at Kirksville, Mo. He teaches chemistry and physiology.

Dr. L. K. Cramb, Butte, Montana, was appointed March 4, by Governor Toole, a member of the Board of Osteopathic Examiners to fill the vacancy caused by the resignation of Dr. S. A. Kennedy.

Dr. A. G. Hildreth is still in charge of the sanitarium in St. Louis. His vacation will begin on May 1, when he will be succeeded by Dr. Dobson. Dr. Hildreth will take the world easy this summer.

Mrs. W. D. Willard, an account of whose injuries from burning appeared in the March JOURNAL, is still in the hospital where it is feared she will have to remain for several weeks. Some of the burns are completely healed, but it is thought possible that skin grafting will have to be resorted to before some of the deeper injuries will heal.

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No. 9

CANCER.

J. MARTIN LITTLEJOHN, Ph. D., M. D., D. O., Chicago.

V.

Pathology.

In considering the origin of malignant growths we must presuppose the etiology already discussed. The topographical origin is local. Aside from traumatism and the other causative factors in the etiology, the first stage in the tumor formation proper is exudation, as a reaction to the traumatism, and in reality *a reparative process*. The exudation, however, is much in excess of the repair process and hence there is a multiplication of the exudate. Ordinarily the excess is absorbed and removed. In the tumor the excess is first accumulated and then organized in the formation of a neoplasm. This neoplasm may result in three different types; (a) in the innocent tumor; (b) in sarcoma if the resultant tissue represents embryonic tissue; and, (c) in carcinoma if the resultant tissue represents teratomatous tissue.

This means that the nature of the tumor depends on (a) organization, and (b) the nature and extent of the organization process. The important point from the pathological side is, *that the starting point is this, it represents a demand for reparative process as in connection with or resulting from some lesion or traumatism*. Hence all tumorous pathology represents a modification of cicatrization. All tumors, then, whether malignant or not, have an innocent stage. When malignancy begins dissemination takes place from the original innocent nidus. This is the cause of the dispersion of tumors by surgical operations; the lymph and the blood being the media of dispersion.

The tissue tumor is of a low grade of organization and hence disintegration and necrosis takes place easily. In the metastasis of such tumors the younger parts of the tumor are active and these are readily picked up by the fluids of the body. These we find in the fluids by examination.

The tumor tissue, although of low organization, represents the same types of tissue as the normal. Hence the laws of nutrition, development and reproduction are the same except that the new growth being foreign tissue, neoplasm, its development is marked by a degree of lawlessness indicated by irregularity of size and shape of cells and by the tendency to change from one kind of tissue to another. With the development of the tumor it organizes by the formation of a complete system of blood vessels and nerves.

Tumors may be classified as (1) Homologus, similar to the tissue in which it

grows, or (2) Heterologous, composed of entirely different tissue from that in which it is imbedded. From the clinical side they are benign or malignant. All malignant tumors are in origin benign, viz: a reparative process.

The signs of malignancy may be classified (1) the tendency to multiply, (a) by local recurrence following removal, or (b) by metastasis in some other part of the body. The basis of this multiplication is the tendency to disintegrate on account of low organization; (2) tendency to develop from the center of the localized nidus into contiguous tissue structures by outgrowth; (3) depleted nutrition of the body by toxic elimination into the tissues and organs producing the typical cachexia of cancer.

In regard to the pathology of cancer certain writers claim it to be of parasitic origin, others of bacterial origin. Cohnheim claimed that all tumors represent deficient embryonic growth, certain embryonic structures that do not develop to normal remaining in a latent condition ready to begin to grow at some later period when some exciting condition arises and makes growth possible.

The pathology we have already explained; (1) exudation as a reaction to some traumatic condition, the reaction being a repair process; (2) the excess of this exudation, which takes place in order to supply sufficient nutritive materials to build up and renew, represents a localized multiplication of the exudate. This excess cannot be absorbed, and as soon as too rapid nutritive conditions are established, this local field becomes the dumping ground of waste and toxic substances from the metabolism of the body; (3) organization then takes place on the low plane of the neoplasm, (a) in the sarcoma the whole mass is walled in by nature for protection until it develops into a large bunch, (b) in the carcinoma where the organization takes place on a solid basis; (4) as the nutritive processes in the neoplasm are rapid we find, (a) irregular cells both in size and shape, the younger cells being very immature. This accounts for the great variation in the structure of cancers and also for the tendency to recurrence and metastasis; (b) this rapid growth of the tumor produces toxic substances which are quickly absorbed into the systemic structures, and as they come to the surface produce the well known cachexia. Degenerative processes are established both local and general, resulting in (c) anemia of the tissues, constitutional emaciation and the loss of physical strength; (5) all of the waste elements of the system together with poisons not eliminated from the system become a part of the nutritive constitution of the neoplasm. Hence toxicity becomes the characteristic of the tumor.

The blood as a tissue is involved. Blood tissue is perhaps the most complex tissue in the body. This applies chiefly to degeneration and regeneration. There are two types of blood substance, bioplasm in the white cell and protoplasm in the red corpuscle. In the regeneration in the adult, (1) the lymphatic system manufactures the white blood cells, (2) the red corpuscles result from a disintegrating and reintegrating process taking place in the spleen, liver, bone marrow and the blood forming or purifying glands generally. The red blood cell in the spleen and bone marrow is a nucleated cell. These cells lose their nucleus before they enter the circulation in order to give prominence to the hemoglobin for oxygen-carrying. The nucleated cells are not capable of this function because they represent the animal functions and the oxygen taken in by them is used by them.

In the changes of the blood we find abnormal red corpuscle types, (1) the young red blood cells, (2) irregular shaped, non-nucleated, either smaller or larger than normal. The lymphocytes originate in the lymphatic system, the tonsils and the intestinal follicles, Peyer's Patches, the Malpighian follicles of the spleen and

the red marrow. These vary little except in size. The polynuclear leucocyte, with its multishaped nucleus, originates in the myelogenous tissue of the spleen and bone marrow. In diseased conditions of the body several varieties of undeveloped cells are found. Thus in pathological conditions of the blood tissue we find the erythroblastic tissue in the bone marrow and spleen producing undeveloped red cells, and the myelogenic tissue that lies side by side with the erythroblastic tissue also producing unripe polynuclear (white) cells. The undeveloped cells of the latter type are called myelocytes or the marrow cells. The chief differences between these and the normal polynuclear cells are: (1) that they have a single ovoid nucleus, that responds to staining very poorly, (2) the protoplasm under staining becomes darker than that of the normal cell. These are the chief tests in microscopic examination.

In the metastasis of carcinoma that takes place through the medium of the red marrow of the bones, great numbers of both ripe and unripe erythrocytes and leucocytes are thrown out into the circulation and these are found on microscopic blood examination. The blood type of cancer is anemia. This means that the morbid changes are found in connection with the erythroblastic tissue in which there is a rapid continued destruction of the red cells. To meet and counteract this rapidly destructive process large numbers of ripe and unripe erythrocytes are found in the circulation. Later the process of destruction extends into the leucocytic field and the same attempted regeneration is found in the multiplication of ripe and unripe leucocytes. It is this rapidly continuous process of physiological and pathological cell production that produces the loss of strength, emaciation, and gradual decline of the tissues of the body. It is this that encourages the cancer growth locally, because the rapid blood processes represent, (1) a lower organization of these corpuscles and cells than in the normal blood tissues; and (2) greater facility of intoxication of these blood cells, because they are of this low organization type; and (3) the tendency to inoculate gradually all the healthy tissues with this toxic nutritive substance. This accounts for the entire pathology of cancer.

VI.

Intoxication.

We found poisoning a special characteristic of the tumor pathology. We have given a special place to intoxication in connection with cancer, because we believe that this is one of the most fundamental contributing causes and aggravating conditions. It represents both etiology and pathology. The perverted physiological condition leads up to the morbid condition of the structure.

This intoxication may represent an active poisoning or a passive poisoning. In the former case active poisons taken in the form of medicines, pomades, powders, lotions, absorbed in the system from wall paper, paints, used along with food in the form of preservatives, produce an active, though slow poisoning of the vital centers of the nervous system. In the passive poisoning poisons taken in foods, produced in the system in connection with perverted subkatabolism remain uneliminated and passively intoxicate the delicate tissue structures. The recent exposures of the patent medicine fad demonstrates this point.

The use of alcohol, opium, cocaine, arsenic, etc., undermines the nervous system by vitiating the structure of its delicate cells. In these cases the anatomical changes in the tissues are due to perverted and poisoned nutrition. In some cases, as in the use of alcohol, the tissues become hardened, infiltrated with fat,

the structure of the tissues degenerates, congestive conditions are established and we find in the nervous system as well as in the liver, lungs and heart and the blood vessels cirrhotic conditions.

The importance of considering this subject by itself lies in the fact that it is not sufficient (1) to cut off the use of the narcotic or other poison; and (2) to try and restore the nervous system by toning up the nervous system and building up the general health; (3) these intoxications modify the structure of the nervous system and other vital organs, so that by cumulative effect and action the poison remains in the structure and in the perpetual processes of repair, the regeneration is vitiated by these cumulative substances. It is not a case of simple malnutrition in the opium or arsenic fiend; nor is it a case of simple cirrhosis in the alcohol fiend. The very tissues themselves, if put to the test, will give the chemical and organic reactions to the poisons, indicating that cumulative poisoning takes place. This is undoubtedly true, not only of poisoning, but of ptomaines, the toxins of vaccination, diphtheria, scarlet fever, typhoid fever, malaria, rheumatism, etc. Why do we find a patient that dates a life long malaise from a severe attack of typhoid fever? Not because the system is infected with the typhoid bacillus, not because the ulcerative processes in the intestine have impaired permanently the secretory processes—although these may be true—but because the nervous system and the vital centers and organs of the body have been structurally vitiated, and the individual carries with him to the grave such a defective structural organism, unless corrected. Here we have a true tissue lesion. Why has the osteopathic profession lost such men as L. E. Cherry and G. D. Hulett from the ravages of typhoid fever? It was said at the time, because the nervous system was so lowered it could not react after the disease was checked. This is true, but why? Because the typhoid poisoning went to such an extent through the system that recuperation was impossible. Does the average doctor of any school take account of that? He keeps up his patient but lets him die of poisoning. *We corrected the gross anatomical lesions that interfered with vital force and fluid distribution, but we did not correct the minute anatomical changes in structural integrity produced by the poisoning.* It would be like treating a patient dying from gas poisoning or carbolic acid poisoning by correcting his anatomical lesions and forgetting the chemistry of the vitiating action of the poison upon the structure of the vital centers. If a surgeon in the operative field permitted toxic degenerative substances to accumulate in a wound without the use of antiseptic treatment or anti-dotal treatment, if necessary, he would be criminally negligent of the life of his patient. If an osteopath treats the gross anatomy of his patient and forgets to provide for antiseptic and anti-dotal treatment to dispose of insidious poisons that are sapping the very life centers of his patient we consider him equally negligent.

Chronic alcoholism, chronic gonorrhization account for more of the cases of nervous prostration than we have any idea of. We see nervous wrecks who can neither sleep nor eat, have constant heart troubles, predispositions to liver and kidney affections, persistent constipation, predisposition to varicose conditions of the blood vessels, tendency to insanity, and last, though not least, if the patient lives to old age, a cirrhotic liver or cancerous condition somewhere. Why all these? The poisoning of the system. The tumor or growth is the outlet for the intoxicated waste and is the means provided by nature for prolonging life in the patient. Get rid of it? No and yes. No, if nothing else is done, because then the condition of which the tumor represented elimination still continues in the

system. Yes, by dealing with the tumor, the intoxication back of it and the vitiated nutrition. You can use a salve or plaster or the surgical knife to cut out the so-called offending growth but that does not cure the patient any more than killing pain cures a disease condition of which it is the expression.

It is like using a germicide to kill the germs while doing nothing (1) to cure the pre-existing depletion that made germ life possible in the patient, or (2) to eliminate the poisons generated by the germs by their ravages within the body of the patient or to antidote the poison itself. In either case the patient's body becomes a prey of poison action that keeps the body down below vital par.

I have not been able to demonstrate that manipulative treatment without an antidote for the poison can effect a cure. Why? I believe we must clearly distinguish between two classes of cases; (1) those in which drug or poison substances have never been introduced into the system. Here poisons represent auto-intoxication. In this case the body prepares and can prepare under the proper management of the treatment an antidote for all self-created poisons. Here no extraneous antidotes are necessary, unless the system becomes so laden with poisons that practically the body is actively poisoned to such an extent that the body organs cannot free themselves from the load of cumulative poison; (2) those cases in which drug or poison substances have been introduced into the body. In this case the poisons accumulate and while the detoxinating organs attempt to eliminate, the body does not produce an antidote for these foreign poisons. The result is cumulative action of the foreign poisons which must be antidoted. I say must be antidoted, because that is according to our present knowledge.

I am asked, does not nutrition work out those poisons? Will not the circulation eliminate those poisons? Yes, those on the surface of the tissues and circulation, but not those imbedded in the cells or dynamically bound up in the bioplasm. Every reconstructed bioplasmic molecule is rebuilt on the vitiated nutritive base, gives reaction to the poison tests and behaves as if actually poisoned. In a recent circular letter (Nov. 16, 1906), sent out by the Medical Department of Merck & Co., of New York, we find this statement:

"The great advantage of Iodipin is that it does not cause iodism and yet permeates the body and is secreted very slowly, so slowly in some cases that more than a year after treatment with Iodipin, iodine has been found in the urine of syphilitic patients." There is no iodism, that is, surface expression, but there is a permeation of the body bioplasm, and in one case that came under my observation iodine was liberated more than ten years after its use. And the system was freed from it only after measures were taken to remove it by antidotal treatment. We have succeeded in liberating arsenic, mercury, opiates, cocaine and other deleterious substances many years after these had ceased to be in use.

Park Davis & Co., in a circular on Iodalbin, speaking of its physiologic action say, "a less quantity is sufficient (compared with other forms), because the iodine is not eliminated so rapidly as in the case of the alkaline iodides, and experiments have shown that free iodine can be detected in the saliva of animals very shortly after the administration of Iodalbin; on the other hand, very little iodine can be detected in the feces, whereas, in the case of potassium iodide, a large proportion can be recovered from this source, which shows loss of the therapeutic agent from non-absorption." What does this signify? (1) The use of the so-called organic compounds produces an iodizing, not of the circulating fluids, but of the bioplasmic substances. (2) The older chemical substances produced toxic

conditions of the fluids and this stirred up elimination to the point of the capacity of the patient. (3) The modern iodoproteid becomes a bioplasmic food, enters into metabolism, iodizes the internal secretions and vitiates the nutritive processes. As long as this remains in the system the proteid of the tissue metabolism is an iodoproteid and every nutritive process is based on poisoned proteid. To this extent we believe it to be more detrimental than the older chemical iodides, because nutrition is permanently vitiated. So long as this or any other toxic substance remains in the system it is impossible to build up nutrition on a normal proximate principle basis, because the tissue proteids are toxic.

During the past six years I have made a careful study of the drug addictions and the neurotic phenomena they exhibit. Here, if anywhere, a knowledge of the physiological action of drugs is necessary. Have you ever thought that many cases of hopeless patients are associated, not with locomotor ataxia, syphilis, gonorrhoea, neurotism, but with poisoning? Poisoning is a disease representing a functional neurosis as well as a perverted and vitiated structural nutrition. It is produced by some specific poison aided by tox albumens taken from the alimentary field and stored up wastes not thoroughly eliminated from the body. This means that there is, (1) specific poisoning, (2) cumulative poison vitiating the tissue proteid, (3) continuous auto-intoxication, and (4) as a result of the action of these poisons on the secretory glands and membranes a continuous retention of waste elements in the system; (5) the glandular cells are continuously secreting an antitoxin to counteract the effects of the toxin produced within the secretory field. This is generally limited, because the intestines are generally clogged by constipation, the effect of toxic over-stimulation, with the result that toxic absorption produces a chain of reflex neuroses. I have found morphine in the urine a considerable period after its use was given up. I found cocaine in the secretions of the mouth in one case a long time after its use had ceased. Dr. J. Thomas Wright, Member of the Board of Health, Salem, N. C., in the *Alkaloidal Clonic*, states: "I believe that it has been conceded that morphine has a cumulative effect." "I have seen genuine toxemia in a case of cocaine morphine poisoning complicated with numerous abscesses." He cites cases of constipation, suppressed menstruation and lactation, emaciation. He says there are no structural changes. We differ from him because the perverted nutritive conditions are undoubtedly structural. Tests are made by examination of the urine, secretions and the blood.

In treating this condition of poisoning, (1) give treatment to arouse the glandular activity and the secretions and excretions over the system. This is done, not by medicine, but by thorough treatment with the use of hot baths, e. g. the vapor bath, frictional rubs to the skin if necessary to establish thorough elimination. Treatment to the liver and intestines should also be given as indicated to establish liver rhythm and intestinal peristalsis. There may be no lesions but I have found secondary lesions in the area of the rectum, secondary to paralysis of the rectum, in the intestinal area corresponding with inaction of the bowels, etc.

(2) Give antidotal treatment corresponding with the poison. The regular treatment given by medical doctors is to use the delirifacients, such as daturine (double chloride of gold), hyoscine, hyosciamine, etc. My method is to use the antidote for the poison in the system so as to eliminate, liberate and free the system from its action.

(3) Diet the patient lightly, giving no diet that will produce any fermentation. Limit the amount of water until there are symptoms of elimination, such

as free flowing saliva, free urinary and fecal discharge. Then flush the system with water and keep flushing until the urine shows normal conditions.

(4) The patient must have carefully selected exercise, regular sleep and plenty of it, cold baths during the elimination used freely in the mornings, followed by brisk friction or rubbing. With the increase of appetite add nutritious food that is easily digested. This is to be determined for each patient, no set tabulated scheme being possible. Avoid the use of all medicines, alcohols, stimulants of every kind and excessively rich cakes, pies and pastry of all kinds.

In regard to the technique of the antidotal treatment only a mere outline can be offered. Where the poison in the system is active and on the surface of the circulation, regular toxicological measures are adopted to antidote the active poison. Where the poison is passively cumulative in the system, assimilated into the tissues, representing the accumulated effects of crude drugs, adulterated foods, auto-intoxications and disease toxins, a deeper effect must be produced to liberate from the tissues. In doing this we lay down three propositions: (1) The high potency antidotes and throws down for elimination, as well as destroys the effects of crude remedies or substances; (2) the high potency of the combination of crude remedies, exactly on the same proportional basis of the combined prescription, antidotes the effects of the original prescription. This applies equally to the patent medicine preparations, salves, lotions, ointments, potions, etc.; (3) the high potency of the *nosode* in connection with auto-intoxication products and disease toxins antidotes the effects and cumulative assimilation effects, preparing for and actually producing elimination of the effects of the intoxication, disease toxins, etc.

These points have been demonstrated by us by the application to animals and to the human subjects in connection with the cases here given and other cases, such as mercurial dentistry, syphilization, gonorrhization and the mercurial suppression of these conditions, bromidism, alcoholism, cocainism, morphinism, etc. We have seen cases of Bright's disease and diabetes secondary to mercurial amalgam fillings in the teeth. Many diseases of the tongue and mouth are traceable to the presence of mercury, platinum, arsenic, etc., in the teeth. Vaccination and resultant vaccinosis ultimating in eruptions in the mouth, scalp, forehead, etc., are evidence of the same poisoning by cumulative action.

We have seen during recent years many cases of appendicitis, enteritis, etc., the inflammatory symptoms being produced by the use of "embalmed" beef. Such symptoms as aggravated constipation, gas formation and accumulation, intestinal obstruction, hepatitis with liver pains and tenderness, suspended stomach digestion, distention and tenderness of the stomach, pains along the cartilages of the ribs radiating towards the spine, dry and white coated tongue have been produced by the poisons of food adulteration. The antidoting of borax, boracic acid, formaldehyde, salicylic acid by the use of the high potencies of these cleared up the drug disease that obstructed the force of visceromotion and the influences of vasomotion, preventing nutrition and assimilation.

During this treatment we are careful to restrict the diet to one of bread crisply toasted to destroy the yeast germs, eggs preferably poached, rice, baked potatoes, baked apples, oranges, plenty of good fresh fruit, nuts, vegetables with the free use of water.

Some one may say cancer can be cured without antidotal treatment. Yes? As we stated, an uncomplicated case in which toxicity is not a factor can be cured without it. Toxicity, if present, is an obstructive lesion and must be corrected in

those cases where it is present, just as muscular, bone, ligament lesions must be corrected. How do we know that toxicity exists? By the history of the case and the objective and subjective symptoms of poisoning present in the case.

Our method of meeting these toxic conditions is to remove the poisons from the system by the outlined plan given above. Such removal is essential because without such removal the toxic condition *obstructs* the cure of the patient, wears out the life force and ultimately causes the death of the patient.

VII.

Treatment.

Some claim that cancer is incurable. We have stated before that, if the causes leading up to cancer can be removed, cancer can be cured. Doctors H. R. Gaylord and G. H. A. Clowes, of Buffalo, N. Y., state that they found the spontaneous cure of cancer tumors in about 23 per cent of the inoculated mice. The occurrence of such spontaneous cure indicates, (1) the existence of immunizing forces within the system, capable of terminating the disease even when successful implantation has taken place; (2) this demonstrates that cancer is not necessarily incurable; (3) Drs. Gaylord and Clowes say this should serve as an additional stimulus to research in order to the discovery of some kind of serum treatment. We think it enforces the fact that sufficient forces exist in the organism if these can be utilized properly to promote the cure. (Surgery, Gynecology and Obstetrics, June, 1906; see Gynecology and Pediatrics, June, 1901, J. C. Warren).

As all cancer is due to unnatural lesion or growth, scar erosion or injury, etc. the prophylactic treatment lies in warning patients of the danger of lesions and growths before they become malignant. Every effort should be made to cure irritated and irritating lesions, to remove irritating agents and prevent irritating lacerations, incisions, etc. Sometimes the simplest erosion liberates cells that migrate to form the focus of separateness of tissue in the development of metastatic malignant growths.

It is essential from the prophylactic side also to keep away from all poisons. even the poison of arsenic inhaled from wall paper. Surgical operations should also be avoided unless absolutely essential to maintain life. Another point of prophylactic importance is to keep away from any irritant or excitant in the field of diet and from anything that will introduce a foreign cell, a foreign element liable to disturb the normal processes, or any unnatural influence. Embryonal cells may enter the system in raw eggs, raw oysters, raw meat, sausage, vegetables; these embryonal cells pass to the lymphatic system and thence to the bone marrow where they produce proliferation of the blood cells of heterogenous variety.

The curability of cancer depends upon certain facts. We may say that cure is possible if the vitality of the patient, (1) can stand to be reconstructed in the tissue structures; (2) has the power to eliminate the intoxicated and intoxicating products that have accumulated in the vital centers; (3) provided the organism has a general power of resistance and vital endurance sufficiently strong to enable it to withstand the strain put upon the organism in connection with the *correction of the structure to secure structural integrity, the elimination of toxic, waste and disturbing elements, the construction and reconstruction of the tissues on a basis free from vitiated nutrition and poisoned trophicity.* This is the keynote of the treatment.

Professor Skoda, of the University of Vienna, over sixty years ago demonstrated that *there is no virtue in drugs*. This is seen today in the leading hos-

pitals of Europe, where drug therapeutics are at their minimum. We have learned that there are two factors concerned in every disease, (1) some external environmental condition or some structural deviation that limits the capacity for vital expression. This is what we call a lesion; (2) the resisting power of the individual organism battles against the external or structural deviation in the attempt to maintain normal vital expression. If this vital power is victorious the disease is prevented, aborted or cured. If the extraneous or structural deviation dominates, then the result is a perverted functioning which in its effects produces disease. Therapeutically, then, we have two means of helping to combat disease, (1) correcting the structure of the organism and its environment, and (2) aiding the vitality in its battle against structural incompleteness and removing all obstructive conditions to perfect vital expression through the functional activities.

Hence in the pursuance of this principle,

(1) Our main work will be devoted to the correction of such lesions as are found in the particular case. A study of the cases will indicate the nature of these lesions and the technique of the correction will suggest itself to every intelligent practitioner. Given a corrected structure, then,

(2) We must remove all irritating conditions both in the organism and in its environment. Among those to be noted particularly are worry and nervous anxiety. A close study of our case teaches us that anxiety creates a toxic condition which it is difficult to overcome. Among the other conditions to be looked after are the teeth, removing every trace of amalgam, red rubber, mercurial filling of every kind, etc.

(3) Look out for the field of auto and hetero-intoxication. In the former case specific poisons are produced in the system from bacterial action or from perverted metabolism. In the latter case foreign poisons gain an entrance into the organism. The body represents a mass of unicellular organisms, all of which are continuously throwing out their secretions and excretions into the blood and nerve fluid stream. Any toxic conditions in these secretions affects the entire organism. To meet and counteract these, (a) thorough elimination must be established along urinary channels to purify the blood, and through the sweat system to purify the lymph; (b) antidote the poisons that have entered into the vital structure of the cells—these poisons acting as obstructions and continued irritants.

(4) Build up the co-ordination of the nervous systems and establish perfect trophic relations between the nervous system and the tissues of the body. Cancer is primarily a disease of trophic nerve disturbance, weakening the affected parts or promoting abnormal cell growth with rapid proliferation. Tropicity depends on (a) the control of the tissue processes from the trophic centers in the anterior horn cells of the spinal cord, and (b) the control of nutrition by the nerve fluid secreted in the brain cells and distributed along the spinal and cranial nerves. The correction of lesions in the spinal area corresponding with the trophic disturbance will correct the tropicity. The development of the cancer rapidly, in seventeen or eighteen months destroying life, depends on the failure of the trophic nerves and the proper nutritive conditions. Carcinoma represents locally the return to the fetal state of a lowly organized life. This is due to the local enfeebled condition, which in turn is due to the exhaustion of the ganglionic system preventing the proper supply of nerve force and nerve fluid.

This must be corrected from the trophic side by the correction of any lesions in the trophic areas of the spine and by the establishment of thorough co-ordination between the nutritive (sympathetic) and the trophic (cerebro-spinal) systems.

(5) Special attention must be given to the lymphatic system. The lymph-antecedes the blood. The lymph system represents a development of the cell wall and the fluid contained within it in the unicellular organism. It is the primary fluid and as such is the ultimate nutritive fluid. The lymph system provides, (a) the greatest protection to the system through the leucocytes, and (b) the greatest danger in intoxication, because all waste is brought to the blood centers by the lymph. In the human subject the lymphoid tissue is found chiefly in the groups of gland nodes. In pathological conditions these glands meet and attempt to counteract (a) the germs by leucocytes, and (b) the toxic substances by antitoxins. In childhood the lymph glands are very active on account of the instability of the other tissues and the necessity for the lymph glands being on the defensive all the time. In a disease like cancer where there is a tendency to return to childhood conditions both of tissue structure and rapid functional processes, we find the increasing activity of the lymph glands with a continued tendency to lymph gland enlargement and lymphatic fluid engorgement of the tissues. In some of the cases cited lymphatic gland enlargement and tissue engorgement presented conditions somewhat difficult to meet. In two of these cases enormous enlargement of the arm by the engorgement of the arm with lymph in mammary cancer persisted a long time.

In these cases attention was directed to the lymphatic centers at the lower cervical and upper dorsal and the upper three ribs. In one of the cases septicæmic conditions developed and with the treatment the injection of a normal salt solution was used, the effect being the stimulation of increased leucocytes, evidenced by a blood test, with control of the septicæmia.

Enlarged lymph glands were a frequent condition in these cases. What is their significance? In the cases cited an analysis indicates a greater tendency to enlarged lymph glands in post-operative cases. Why? Because these post surgical cases are cases in which metastasis takes place particularly if the cancer was well ripened before operative interference. The lymphoid tissue tries to preserve the balance of the fluids and to restore the normal circulation. This causes the glands to be over-worked and enlarged. In some of the cases microscopic examination disclosed the presence of large cells in those glands which have absorbed the toxins and lived on the degenerated bioplasts until they have become so large as to remain as an impediment to the gland activity.

(6) One of the essential points in the treatment of these cancerous tumors is to make them floating if they are rigid or fixedly bound to tissue structures. This does not necessarily mean treatment over the cancerous mass, but of the contiguous and adjacent or embedded tissues, to liberate the tumorous mass so that access of blood and free drainage can be established. In some of the cases cited cancer of the breast, e. g., presented a rigidly bound mass, bound to the thoracic structures. Rib articulation and some manipulation of the tissues around the tumor were successful in liberating the tumorous mass. The general point here is blood and lymph drainage and the removal of conditions that produce irritation, especially irritation to the lymphatic vessels or lymphatic drainage or constriction through lesions in the vaso-motor field or direct irritation to the sympathetic nervous system.

(7) Insomnia is one of the constantly recurring conditions to be dealt with. In no case under treatment have we had to resort to the use of a hypnotic drug. In several of the cases direct disturbing lesions were found at the atlas, axis or third cervical, interfering with brain circulation or keeping up medulla overstimu-

lation by irritation of the posterior branches of the upper cervical spinal nerves. In most of the cases insomnia was secondary or symptomatic, reflex irritation especially of the sympathetic or vaso-motor system producing a hardening or thickening of the sub-occipital soft tissues, causing aggravated tension of the soft tissues between the atlas and axis and the mastoid process. In several cases we noted with the approach of night an increased tension of these soft tissues until the head tended to retract backward and become quite stiff at the occipito-atlantal and axis articulations. In one of the cases a marked posterior atlas every night-fall seemed to retract the head with the feeling described by the patient of a pulling of the back of the neck up from about the first dorsal to the second cervical. Thorough articulation of the neck with relaxing treatment to the face, scalp and neck tissues never failed to produce a profound sleep exceedingly restful to the patient.

In some of the cases where pelvic cancers were being dealt with general spinal treatment with extension to relieve the spinal tension, with general circulatory and inhibitive treatment in the abdominal field was used with success. Where dropsical or effusion conditions were found the establishment of elimination was resorted to. In one case vigorous treatment directed to the kidney and urinary field until free urination was established accompanied by the use of the vapor bath to produce a free perspiration was used for several months to give the patient rest.

A frequent accompaniment of the insomnia of cancer is dreaming, commonly dreams of the repugnant or hideous types. In two of the cases of younger patients this was a most distressing symptom. We recommended the patient to rest on the face and the use of the spinal hot water bottle. In one case the patient had been accustomed for some time previous to beginning treatment to applying a mustard plaster to the back while lying on the back. Patient would go to sleep but complained of being awakened by a twisting sensation in the region of the diaphragm and below, causing an agonizing feeling which produced wakefulness for the rest of the night and neuritic pains during the day. For a few nights we placed the patient on the face and stomach lightly articulating the spine and then inhibiting until sleep was induced. In this way the patient became accustomed to go to sleep and had no trouble thereafter. Each case is a study by itself.

(8) Pain of the neuralgic, rheumatic or neuritic type was present in nearly all the cases. In some cases facial neuralgia; frequently brachialgia in connection with the arm, claviculo-scapular articulation and the ribs on the same side as the cancer; intercostal neuralgia, spinal neuralgia in two cases extending from the ninth dorsal to the first lumbar, sciatic, sacro-sciatic pain and coccygodynia. In most of the cases typical lesions corresponding with the type of pain were found. In several of the cases rib lesions were present and in other vertebral, two typical cases of the latter being the second and third and fourth dorsal posterior in a case of gastric cancer and the tenth and eleventh dorsal in uterine cancer also posterior. Correction of the rib lesions, generally a twisting, and of the posterior vertebrae by strong pressure anterior controlled the pain. In one case of cancer of the uterus persistent sciatic pain was caused by a movable ileum on the left side aggravated by a constipation with paralysis of the rectum. Pain was kept under control by a treatment for constipation and continued reposition of the ileum. In one case that caused considerable trouble for a long time the sacrum seemed to drop away from the lumbar vertebrae to such an extent that at times the patient would be powerless to raise the body into the erect posture. Treat-

ment to correct the sacral lesion always relieved the pain and gave the patient the free use of the back and body. In no case were we unable to palliate the pain. Of course recurrence of pain took place, because the irritating conditions of the blood and nerve supply seemed to react upon the disturbing lesion and reproduce the lesion. In one case we had to deal with a very aggravated intercostal pain, at times affecting the heart and the arm. We found a subluxated and twisted fifth rib. The correction of this lesion corrected the pain but at the next treatment we found subluxation and twisting of the fifth rib on the opposite side. For about six weeks the subluxation seemed to flit from right to left side and vice versa until it was ultimately corrected and the intercostal pain controlled.

(9) Corrected diet and hygiene. To begin with fasting within physiological limits clears out old materials that are circulating in the fluids and thus prepares the body for a new start in nutrition. After the system has been cleansed, (a) avoid all substances that tend to produce waste accumulation, e. g., coffee, alcohol, hard water, tobacco, excess of meats, starches, sugars, acids, etc.; (b) the most digestible foods only should be used with an abundance of fruits and vegetables, fresh and ripe, plenty of pure air, soft water; (c) avoid gormandizing. No person should eat for the sake of eating. We should not eat until we are hungry and the simple life from the diet side is the safest and sanest.

Dr. Senn has stated that civilized man is like a hothouse plant, cancer being due to luxurious living. In line with this he says "the way of civilized man to avoid cancer is to imitate the life and diet of the primitive peoples of the earth. Lead, simple, natural lives, with not too much mental strain and with enough physical exercise to keep the body in good health." This is absolutely true. This means the keeping up of the patient's strength at the maximum.

(d) In connection with cancer an irritating and disturbing factor is the odor of the patient or of the discharge of the open wounds. Any one who has felt the odor will be able to recognize it ever after. Cleanliness is absolutely essential. To cleanse a wound the slippery elm in infusion or a slippery elm salve made of the infusion with pure leaf lard. Powdered protonuclein in the open wounds or zymocide used as an antiseptic is very satisfactory.

(e) In regard to climate, climates subject to rapid and severe changes should be avoided. Where strength is at a minimum and resisting power weak harsh climates or bracing climates are not beneficial. The best climate is that one with the smallest variation from summer to winter and vice versa—not perpetual summer, because winter is part of the order of nature.

VIII.

Surgery in Cancer.

In some cases it is necessary to remove the localized growth when it becomes dangerous to the organic life. In all cases the growth is to be eradicated. But, it is not to be removed by the knife except according to the osteopathic surgical principle, when it menaces or is a hazard to the organic life. Removal surgically in other cases means traumatism, the effect of the knife being to cause metastasis. The ordinary course of treatment should eradicate without the knife, lotion or plaster. In other words removal is the ultimate object of the course of treatment.

Despite the fact that we will probably be branded as "with conscience irremediably blunted" by Dr. Senn because of our attitude, we cannot but declare that "the excision of every vestige of cancer tissue" by the knife is an impossi-

bility. Dr. Senn makes a mistake when he says, "cancer is a local disease in the beginning, becoming general by its extension through the lymph channels and the general circulation." The cancerous tumor is a localized expression of a general condition. We agree with him in another of his conclusions that "internal medication is useless in inhibiting, arresting or curing the disease. The serum treatment has so far proved a failure." When he says that the "only rational and successful treatment of cancer during its early stages consists in the radical removing by excision of every vestige of cancer tissue"—he states what he cannot do; because to eradicate every vestige of cancer would mean the eradication of every trace of it in the blood and lymph. Surgery at least can do two things; (a) remove certain foci in which cancer may develop later locally, such as cicatrices, moles, warts, benign growths, etc.; (b) remove the localized cancerous mass which has accumulated in the focal field in which the growth takes place. Neither of these represents the cure of cancer.

Fritsch, one of the foremost of surgeons, states that out of sixty cases in which there was total extirpation for cancer of the uterus at the end of three years he had but two patients alive. Ferrier states that in eighteen cases of total removal for cancer of the uterus at the end of two years there were but four patients alive. Dr. C. C. Frederick (American Medical Association Journal, July 26, 1902, p. 191) says, "Out of 500 hysterectomies for cervical carcinoma these gentlemen (many prominent operators consulted) report only twelve who have lived five years or more without recurrence, the oldest being ten years." Out of 100 cases he says 26 were considered favorable for hysterectomy and of the 26 "I did 14 hysterectomies and 12 high amputations of the cervix; of the 14 hysterectomies all are dead or have a recurrence except one and she was operated on seven years ago and is still well. Those on whom I did high amputation are either dead or have a recurrence."

The most optimistic statistics presented at the recent International Cancer Congress at Heidelberg claim permanent cure in 20 to 40 per cent. of the cases. They do not state, however, the percentage of recurrence or the period of time which marks a cure.

Our own experience is all that we wish to present here. Surgery only removes the local mass. It does not cleanse the body or eliminate the waste and malignant elements that make the malignant tumor possible. We recognize the value of surgery, (a) in the removing of certain local conditions that may become the field for cancerous growth. But here surgery must be exceedingly conservative, because scar tissue forms the most inviting field for malignant growth; (b) we recognize the osteopathic rule that when a localized mass becomes a peril to the organic life its removal is advisable to prolong and make life as agreeable as possible. But this should only be in conjunction with other treatment of a corrective and eliminative kind such as has already been referred to. The removal of a growth while the same destructive and obstructive conditions remain as rendered the first growth possible, but paves the way for other growths.

All tumors have a benign stage. As soon as malignancy establishes itself, the tumor becomes a center for dispersion and in the sarcoma the blood, in the carcinoma the lymph carries the metastatic elements through the system. Dr. J. G. Gilchrist, of Iowa City, says, "When this stage is reached, as far as surgery is concerned, and the natural history of the morbid action, the patient is doomed. * * * During the innocent stage, all tumors should be surgically removed from the body." (Medical Advance, Dec. 1905, page 743.)

In the metastasis the active elements are the unripe portions of the tumor, because these represent migratory elements in the mass on account of its low organized life. Who is going to say when this migratory process begins? In addition these low organized elements very readily necrose. Hence the necrosis of such elements in connection with operative procedure and the traumatism of such operations causes the stimulation of migratory metastasis and forms the basis of recurrence. This indicates that the only safe method is that of destruction and elimination as we have already referred to it.

We herewith submit our views to the profession at large, not as final conclusions, but as tentative results in a field of our experience. We have sought the truth, have followed it out wherever it has led us, with but one ideal, the comfort, happiness and continued life of the unhappy victims of a dread disease that causes more than four times as many deaths as typhoid fever.

928 West Adams Street.

A table of cancer cases treated by Dr. Littlejohn will appear in the JOURNAL for June.—Editor.

WHEN IS A SURGICAL OPERATION ADVISABLE?

Read before the A. O. A. at Put-in-Bay, O., by FRANCIS A. CAVE, D. O., Boston, Mass.

The proper answer to the question just propounded will determine the number of surgeons needed in our profession and the attitude of our colleges in regard to surgical training. There is no more important problem before our profession today than the determination of the proper relations between the field of osteopathy and that of surgery. This is the more difficult to ascertain for the reason that there is no definite dividing line between osteopathy and surgery, no point where, in any given case, we may say definitely that the field of osteopathy ends and that of surgery begins. As members of the osteopathic profession, we like to term ourselves "bloodless surgeons" and to impress upon our patients that we are able to do, in a bloodless manner, much of the work hitherto handed over to the surgeon for instrumental treatment, or at any rate, to establish a condition of toleration and adaptation within the body which will make surgical treatment unnecessary. Reversely, the work of the surgeon should be along osteopathic lines, for the conservation of every particle of healthy or useful tissue, and the removal of such organs or tissues only which are hopelessly diseased, obstructing the normal functioning of the body, or prejudicial to the life or comfort of the patient. The fields of rational surgery and osteopathy very plainly overlap, and if we would keep clear-headed in regard to surgical work there is no safety outside of a comprehensive understanding and application of the osteopathic principles. In view of the undeveloped condition of our own science, the question of the proper relationship between osteopathy and surgery is in truth a difficult one to answer, and yet it must be answered before we can make the wonderful principles of osteopathy of the fullest usefulness in the emancipation of the human race from the bondage of empirical drugging on the one hand and of meddling surgery on the other.

None may successfully dispute the advances made in the field of surgery within recent years. While the practice of medicine has remained for hundreds of years comparatively stationary, surgical science has progressed by leaps and bounds until it today threatens the very existence of medicine as a profession. With the advent of anesthesia and a knowledge of aseptic and antiseptic procedure came

the opening of a new epoch for the physical preservation of the human race. Surgical technique has undergone a marvelous development, until today it is possible to operate upon the most delicate tissues of the body, even to the heart muscle itself, with a high degree of safety as compared with even fifty years ago. But the mere ability to operate on delicate tissues does not presuppose a conservative use of such powers, and it is because of the awful multiplication of unnecessary surgical operations that we are called upon to consider modern surgery in its relation to our profession.

We have no quarrel with the conservative surgeon who reasons that the body minus any of its portions is a body handicapped, to a greater or lesser degree, in the struggle for existence. We have every respect for the surgeon who has the ability and courage to accept the responsibility for an hazardous and necessary operation. Our quarrel is not with conservative and necessary surgery, but with that type which advocates operative procedure for almost every conceivable ailment, until the field of surgery crowds upon medical practice almost to the point of annihilation.

Gould's "Medical Dictionary" defines surgery as "Formerly that branch of medicine concerned with manual operations under the direction of the physician; the scope of the word is now widened and is so bound up with general medicine that a strict and succinct definition is impossible." The gradual encroachment of the surgeon upon the field of general medicine has been the occasion of much concern on the part of the older practitioners. Not content with operating upon critical cases in order to save life or limb, the surgeon has been gradually side-tracking the general practitioner by demanding that cases of diseases showing certain symptoms be given over for operation in the early stages. Even in this day of asepsis and improved technique, surgical operations are still perilous experiences, with dangers from toxæmia, anesthesia, shock and other more secondary consequences, to say nothing of the troubles resulting from adhesions and cicatrices. In order to explain the bad results and high mortality following some of his operations, the surgeon has claimed that these cases were turned over to him too late for successful results, and that, had he been allowed to operate sooner, matters would have been different. He has therefore insisted that the medical treatment be cut short in the early stages, and the case turned over to him at so early a period that a successful surgical operation would be practically guaranteed. It will be seen that this contention throws an implication of malpractice at the general practitioner in case the medical treatment was pursued and followed by an unsuccessful surgical result.

The surgery of the present day comprehends the removal not only of those tissues which are hopelessly diseased and therefore actually useless to the bodily economy, but it has developed to a point which we might term "surgical prophylaxis," whereby it has become a routine matter to remove organs and tissues in a healthy condition because of the possibility of their becoming diseased at some future time. This procedure has been especially noticeable in the case of the vermiform appendix, that hapless foundation for many a surgeon's fortune. In nearly all abdominal operations of the present day, the appendix is removed, whether diseased or not, on the ground that it may have to be removed some day and the job might as well be done at once. While the craze for ovariectomy has probably passed its zenith, the operation is still of frequent occurrence, and there are today thousands of women who have been needlessly unsexed, sacrificed upon the altar of so-called "advanced" surgery.

Within a few decades the aspect of the therapeutic world has changed from medical to surgical, until we are now beholding the passing of the family physician as our fathers knew him. Because of the aggressive competition from an increasing army of surgeons, large numbers of old-time medical practitioners have abandoned their family practices to their juniors and have sought post-graduate surgical training. The progressive student at the medical college has looked forward to the time when he might build up a surgical practice which would keep him fully occupied, and leave the less remunerative and more hum-drum field of general practice to others.

A writer in a recent medical periodical says "At the rate that this exodus into the surgical field is occurring, medicine will, ere long, be an aggregation of surgeons, with a subsidiary program of narcotic alleviation, the bacterial prophylaxis being left to municipal, state, and national health boards."

The actual fact of surgical aggression into the field of medicine is not of so much importance to our profession as the factors which made it possible. In a recent medical journal we read "That medicinal therapy is at the present time in need of a champion, in fact a savior, there is no room for doubt. . . . The universal depreciation of a system which offers only specifics based upon empiric principles. . . . only too plainly foreshadows a future of well-nigh universal surgery, supported by a paltry few medical men acting in the capacity of agents of the surgeons." A well-known medical writer has put the matter rather plainly when he says "The usurpation of the province of medicine by the surgeon is undoubtedly due as much to inefficiency of present medical treatment as to real intrusion on the part of the surgeon."

Fellow members of the osteopathic profession, the surgeon has but followed out the laws of Nature and progressed along the lines of least resistance. The difficulty has been not so much with the surgeon as with the practice of medicine. Had the latter been able to cure by any system of drug-therapeutics, there would have been no possibility of any such over-development of surgery.

But the practice of medicine has been based upon empirical principles, deduced from experiments with chemical agencies foreign to the body, and of necessity differing in their effects at different times in accordance with the varying chemical conditions of the body being treated. The medical man has been without definite fundamental principles based upon the structure and function of the body itself, and has therefore been obliged to yield to the more scientific and exact work of the surgeon. And just so long as drugs are given to combat symptoms, and narcotics given to cover up a pain without removing its cause, just so long will the medical man have to give way to the advance of the surgeon.

The day when a wise look and a fluent use of Latin and ponderous scientific terms passed for practical knowledge is rapidly fading into history and giving place to the day of the physician who is educated along rational lines, with a scientific reason for every procedure. This is a practical age, when facts are at a premium, and the great public is learning to think for itself on all subjects. The practical question of today is "WHY?" And the man without a common-sense basis for his work must make way for the man of method and orderly procedure.

But by what right does the osteopath consider himself entitled to an opinion on surgical matters? Is there any new principle in the osteopathic concept which entitles us to be heard? If so, is it capable of proof?

The relation of the osteopathic physician to the field of surgery must be con-

sidered along two distinct lines; the first, his value as a diagnostician, and the second, his ability to cure. Let us consider these factors in their order.

It would seem that the osteopath should be peculiarly fitted for the office of diagnostician, chiefly because of his reliance upon physical evidences rather than upon symptoms, and because also of his unique conception of the relation between cause and effect as applied to the human body. From his earliest moments in college, the osteopath is trained to think along physical lines, considering abnormal manifestations within the body as the effect of some physical cause, and practically dispensing with the list of so-called "idiopathic diseases." Symptoms are, at best, merely fluctuating quantities, both because their intrinsic value depends largely upon the mental capacity, moral courage, and veracity of the narrator, and because of the very complexity of their significance. The same or similar groups of symptoms may be found in widely different physical conditions, so that, if approached from the symptomatic standpoint, the task of differential diagnosis becomes simply herculean. The osteopath has given practical demonstration to the fact that a few easily recognizable physical signs are worth a whole cartload of describable symptoms in the detection of obscure disease. A physical sign, when correctly interpreted, has always the same definite and indisputable value, because of its being an independent factor, which the physician sees, feels, or hears for himself.

In order to place the healing art upon a rational basis, it must develop toward the goal of an exact science, dependent upon the acceptance and judicious application of easily understood physical methods for the recognition of internal disease and pathological states. While osteopathy is not the first school of practice to recognize the *value* of such methods of diagnosis, the osteopath is the pioneer in the development of a scientific and relatively exact system whereby physical evidences may be correlated and practically utilized in the diagnosis of internal conditions.

The value of a minute physical examination of the spinal area was first recognized by the osteopath, and for the first time in the history of medicine, furnishes a basis for a practical system of diagnosis. The relation existing between the visceral and somatic nerves has been practically emphasized by the osteopathic physician, because with this relation in mind, the external physical evidences give an accurate insight of the location and severity of abnormal internal conditions. However, it is not merely spinal diagnosis which makes osteopathy a revolutionary factor in medicine and surgery, but the fundamental idea of dependence upon physical signs rather than upon symptoms. In the unfoldment of this idea, it is imperative that all common-sense physical methods be utilized, as, for instance, the analysis and microscopical examination of blood, urine, gastric juice, and all obtainable secretions and excretions of the body, the testing of reactions of nervous tissue to various forms of stimuli, the use of the X-ray machine, and in short, any method which will furnish definite physical evidences of the variety, location and intensity of abnormal internal states. The inefficiency of symptomatology having been demonstrated, the day of physical diagnosis is at hand. An interesting recent development in the field of physical diagnosis is the fluoroscopic examination of the alimentary canal during the process of handling food which had previously been mixed with subnitrate of bismuth or some other substance impervious to the passage of the rays. By this method, great possibilities are opened up in the diagnosis of strictures or abnormal growths in the alimentary tract, and the method would seem to solve some very perplexing problems.

Having introduced a new and practical system of physical diagnosis, the osteopath may be considered as fairly entitled to a leading position as a diagnostician. But, being given a practical system of diagnosis, what are his claims along curative lines? It does not always follow that a good diagnostician makes a good physician, although a proper diagnosis must necessarily precede an intelligent treatment. There is an old saying that "the proof of the pudding is in the eating." For three decades, osteopathy has been demonstrating its ability to cure, through an intelligent direction of inherent forces, and there is no longer room for question as to the practical value of the system. But a brief statement of the osteopathic principles of therapeutics may be in order, particularly in their application to the field of surgery.

Disease may be considered as a perversion of physiological function. What causes this perversion? Krehl says "Diseases result either from primary defects in the living protoplasm or from the protoplasm being placed under such abnormal conditions that it cannot compensate for the change in its environment. . . . Whether a man shall be sick or not depends, therefore, in the first place, upon the way that he is originally constituted, and in the second place, upon the more or less accidental injuries to which he is exposed. Furthermore, the effectiveness of the latter class of causes depends largely upon factors *that lie within the individual.*" While this was written by an old-school medical man, it contains a recognition of a fundamental osteopathic conception of etiology.

The osteopath reasons that a normal distribution of the vital fluids and nervous forces means health, and that any interruption to such normal distribution means an interruption to health. Therefore, any rational treatment must be directed to seeking out the cause of abnormal nerve or blood supply and attempting its removal. In the chemistry of the body, we theorize that certain chemical processes must take place backward, so to speak, because they do not seem to fit into the orderly procedure to which we have become accustomed in the laboratory. The element of vitality, of life itself, is here introduced, and we are face to face with a problem which may possibly never be scientifically elucidated. When considering tissue changes, we are also confronted with this element of vitality. We do not know the formula for nervous energy or just how it controls metabolism in the tissues. But we do know that nerve irritation causes growth of tissue, and that continued pressure upon a nerve causes atrophy of the parts supplied by it. We do not know the process by which the cell takes up its nutriment from the blood stream, and throws off its waste, but we do know that congestion of blood in a given spot means inflammation and growth of tissue, and that deprivation of blood to a given organ means the death of the tissues composing it. This much has been common knowledge for years, but the element of physical obstruction seems to have been overlooked or at least given minor consideration.

The solid foundation of all clinical knowledge rests upon the sciences of anatomy, physiology, and pathology. Without these factors, technical skill in medicine or surgery avails but little. A comprehensive knowledge of the minute structure of the normal tissues and organs and the factors essential to their life and healthy existence should precede and modify the study of pathology. But, prior to the advent of osteopathy, pathological specimens have been studied as being in themselves of primary importance, and tissue changes have been considered apart from the causes which produced them. The physical changes induced by abnormal functioning have been considered as entities, and as such, prejudicial to the life, usefulness, or comfort of the patient. In this manner, the

sense of proportion between effect and cause has been lost sight of. Rather than attempting to direct automatic repair and adaptation on the part of the living organism, the researches of the surgeon have been directed along the lines of operative technique and the extirpation of diseased tissue. Surgical prognosis has been apparently based upon the assumption that the condition would progress unfavorably and that, therefore, the earlier the surgical operation, the more favorable the outlook.

Now comes osteopathy into the field with a new proposition, in so far as practical therapeutics is concerned, and one which will beyond question change the prognosis in many pathological conditions at present considered very grave. If perverted nerve or blood supply will cause obnoxious tissue changes, why will not a restoration of the normal nerve and blood supply induce the tissues to approximate a normal condition? This is a tremendous proposition, and one we should approach with care. The full significance of this conception of physical change and restoration will not be appreciated for many years to come, because it is revolutionary in theory and in application. With its practical development must come a revision of the standard text-books on physiology, pathology, and the practice of medicine, and the field of operative surgery must become greatly circumscribed. We know all of these things to be true, but what scientific proof have we to offer in support of the contention?

As a profession, we have been slow to prove our theories by other than clinical methods, and it is only within the last two years that laboratory experiments upon the lower animals have proven beyond question the truth of the osteopathic theory of etiology. Having proven this, it remains to reverse the process and to prove scientifically that the removal of the etiological factors will produce adaptation and self-repair on the part of the organism. The cure of severe and often dangerous conditions by the detection and removal of minute physical obstructions to vital forces is a matter of daily and routine work with the osteopath, and it is therefore easy to claim that we are daily proving our claims by favorable results gained in cases diagnosed as surgical. But our clinical results have forged far ahead of our laboratory proofs, and something more than clinical statistics will be required before we can convince the scientific world of the tenability of our position in regard to surgery.

Many of the so-called surgical cases being cured by osteopathic means are victims of either erroneous medical diagnosis or of the surgical haste to consider all cases as operative possibilities. Successful osteopathic treatment of such cases proves mainly the correctness of osteopathic diagnosis. Another class of cases is that in which a correct medical diagnosis has been made, but in which the only recognized treatment has been surgical. In this class, osteopathic non-surgical results have been good. But there still remains a class of cases in which surgical measures have been approved by both medical and osteopathic physicians. To this latter class, we must direct much of our research work, in an effort to still further reduce the list of strictly surgical conditions.

We have proven definitely that physical obstruction will produce pathological changes in the tissues, and we must now prove scientifically that the removal of the obstruction will remove the pathological aspect of the case. We must study pathology more exhaustively, the same as we study biology. We must compare post-mortem findings with ante-mortem diagnosis, in a large number of similar cases, both with and without the osteopathic treatment. We must collect all of this data and write a new pathology which will differ from the present standards

in both etiology and prognosis. The possibilities of osteopathy as applied to the so-called surgical conditions of the older schools are beyond our comprehension at the present time. But we must reduce the work to its logically scientific basis and have proven facts upon which to build our anti-surgical fabric. The medical men have lacked a definite physiological principle as the basis for their therapeutics, hence the rise and over-development of surgery. The osteopaths have demonstrated the truth of their fundamental principles, and therefore have a duty to perform in restricting operative measures in the large majority of the so-called surgical conditions. That man is not living who can foretell the radical changes which will be forced upon the surgical profession, both theoretically and practically, by the development of the osteopathic principles of etiology. It will make ridiculous many preconceived ideas in the practice of both medicine and surgery, and will be useful in strict proportion to its rational application.

In making practical application of some of the thoughts here suggested, I wish to briefly discuss two of the commonest operations, namely, those for appendicitis and gall-stones. In a recent number of the *International Clinics* we find the statement,—“Immediate operation is indicated in every case of acute appendicitis. No matter at what delayed stage the surgeon may have the misfortune to see the patient, it is his duty to operate.” Some of the leading surgeons, however, counsel delay until after the subsidence of the acute stage, and then the removal of the offending organ, this being the so-called “interim” operation. All are agreed, however, that the organ must come out, sooner or later. And yet the *Lancet* for October, 1904, reports the investigations of a famous English scientist proving that the appendix is an important intestinal gland, the extirpation of which seriously cripples intestinal digestion. Better the retention of a scarred appendix than the extirpation of a useful organ. It must be remembered, too, that the appendix is practically never diseased apart from its neighbors, the small intestine and the colon itself. This probably accounts for the high mortality following the operation of appendectomy. The report of the medical inspector of the French army for the year 1902 gives some interesting statistics regarding a total of 668 patients treated medically and surgically for appendicitis. Out of 188 operated upon, 23 died, while of 480 treated medically, only 3 died. Probably every osteopath has had practical experience with the success of the osteopathic treatment in this condition. Surely our system must eventually rule out both medical and surgical treatment for this disorder.

Out of quite a large number of gall-stone cases coming under my own observation, I have selected a few which have features of particular interest. Of these four cases, every one had a history of gall-stones found in the fæces, so that the diagnosis was absolutely positive. All of these cases had also been advised to undergo surgical treatment.

The first case was a woman of 34, with a history of repeated attacks of hepatic colic during a period of three months following confinement. The attending physician finally withdrew from the case because his wishes regarding a surgical operation were not observed. Upon examination, found patient under effects of morphine, with several degrees of temperature. Relaxation and inhibition of spine and abdomen was followed by increasing comfort for the patient. Within twenty minutes, gentle pressure was made over the fundus of the gall-bladder, combined with steady inhibition in the dorsal area at the hepatic centers. Patient soon experienced relief and expressed a desire to sleep. A few subsequent treatments upon a lateral 9th dorsal completed the osteopathic handling of the case,

and there has been no return of the colic during the subsequent three years. No jaundice was present.

The second case was that of a middle-aged woman, with a history of frequent attacks covering a period of several years and habitual jaundice. Suffering was extreme and attacks prolonged sometimes for days, in spite of the liberal use of morphia. Examination revealed a posterior condition of the 8th and 9th dorsal vertebræ, together with a marked separation between the 9th and 10th. Gentle treatments during a period of nearly two months proved of no avail. Finally a vigorous effort corrected the lesion and this correction was followed by several days of extreme colic. But after this, the patient improved in color and general condition, and no further attacks have been experienced during the two years since the treatment was administered.

The third case was that of a middle-aged woman with a history of repeated attacks covering a period of about three years. During a recent attack of extreme pain, a satisfactory osteopathic examination could not be made, owing to extreme tenderness and abdominal rigidity, together with some rise of temperature. After being under sedatives for one week, an examination disclosed a well-defined tumor at the site of the gall-bladder, with extreme tenderness throughout the epigastrium. Pulse and temperature were indicative of pus formation. But little jaundice was present. A surgical operation was at once recommended, and operation disclosed an abscess of the gall-bladder, with a number of stones varying in size from sand up to that of a pea. One stone, about the size of a horse-chestnut, and very nodular, was found firmly impacted in the cystic duct. Two ounces of pus were removed, suitable drainage was provided, and the patient has shown steady and marked improvement from the very next day following the operation. It is obvious that any local manipulation whatever would have been dangerous in this case, owing to the danger of rupturing the sac.

The fourth case was that of a young woman with an extremely tender and anterior ninth or tenth dorsal area, the local tissues being congested and reddened. Much jaundice was present. Treatment by different osteopaths covering a period of several months failed to correct the lesion or give permanent relief. Finally, an anesthetic was administered, the correction was made during the subsequent relaxation, and steady improvement was experienced. A slight attack of meningitis followed, but no further attacks of colic during the subsequent period of about two years.

The diagnosis of gall-stones is sometimes difficult, inasmuch as leading authorities state that all of the most characteristic signs and symptoms may be present without a vestige of biliary concretions of any kind. It should be remembered, however, that gall-stones never produce jaundice, pipe-clay stools, nor bilious urine, except when impacted in either the hepatic or common bile ducts. Hepatic tenderness, flatulent dyspepsia, and spasmodic pain are present in practically all cases of obstruction in any of the ducts. Distention of the gall-bladder is of diagnostic importance only when the obstruction is in the common duct, but the liver itself becomes enlarged with obstruction of either the common or hepatic ducts.

The possibilities of osteopathic corrective work of the nerve and blood supply is shown by the investigations of an English physician, as reported in the *British Medical Journal* for August 5th, 1905. After exhaustive experiments, he makes the statement that gall-stones introduced into a normal gall-bladder become dissolved in from eight to nine weeks. But when a mild degree of inflammation is

set up, the gall-stones do not disappear, although there is always a reduction in their weight.

Based upon diagnosis and clinical results, then, the osteopath is entitled to a decisive voice in the matter of surgery. The possibilities of conservatism under osteopathic treatment must force a recognition of osteopathic principles and practice. The osteopathic physician must forge to the front as the court of last resort in surgical diagnosis, and in anti-surgical treatment. Physical diagnosis, rather than symptomatology, must be the watchword for the future, and the reparative and adaptive powers of the body must be accorded the high place to which they are entitled in the prognosis of disease. The question "When is a surgical operation advisable?" somewhat resembles the question "How big is a house?" It depends upon *circumstances*. But the circumstances must be judged from the osteopathic standpoint.

As an inspiration for osteopathic progress, may we not adapt the beautiful sentiment of Dr. Oliver Wendell Holmes in his "Chambered Nautilus."

"Build thee more stately mansions, O my soul
As the swift seasons roll,
Leave thy low-vaulted past,
Let each new temple, nobler than the last,
Shut thee from heaven with a dome more vast,
Till thou at length art free,
Leaving thine outgrown shell by life's unresting sea."

208 Huntington Avenue.

ETHICS.

Read before the Greater New York Osteopathic Society, Nov. 17, 1906, by NORMAN D. MATTISON, D. O. New York.

With the growth of osteopathy as a school of practice, there arose the need of some precepts by which our professional work should be guided. The resulting inception and development of the code of ethics of the American Osteopathic Association I shall speak of but briefly, for the details are doubtless familiar to most of you.

Suffice to say, at the annual meeting of the A. O. A. at Cleveland, in July, 1903, the then committee on education, composed of Drs. C. M. Turner Hulett, Warren B. Davis and E. R. Booth, submitted its report embodying a code of ethics for the consideration of our national organization. At that time it was decided to postpone final action until the next meeting. At St. Louis the next year the code, after some amendments, was adopted, and it is today a most excellent standard, which it should be our duty as physicians to follow.

In passing, I need hardly mention the fact, but I am glad of the opportunity to commend the adoption of the code of the A. O. A., which was made and incorporated in the constitution of our state society at the annual meeting in Albany last month. And for the information of those who may have forgotten, the code may be found in its entirety in the Osteopathic Directory for the current year.

It matters little what one's vocation in life may be, in order to attain the highest possible standards, one must forever remain unsatisfied, not dissatisfied, with existing conditions and with himself, until the greatest possible good has resulted. It was with this thought in mind that I welcomed the opportunity to prepare and read a paper on Ethics before our society this evening. Situations have to be met as they arise, and we are confronted by some serious problems now.

It is the earnest hope of the speaker that his attempt at a solution of some of them will be received in the same spirit as they are extended. I wish to remind you that if we were never in error, there would be no need for a code of ethics, nor for a consideration of some of its phases on this occasion.

The Code is divided into three chapters treating in order, The Duties of Physicians to Their Patients, to Each Other and to the Profession at Large, and to the Public. At best, a brief elaboration only of some of the sections can be made, time forbidding detailed consideration of several important parts.

We are told in Section 2, Chapter 1, that—"The physician should strive always to exercise his vocation to the best advantage of the patient." Of the present day tendency to routine treatment, I need say but little, for the matter has been discussed at different times and roundly deplored. If we treat each patient much along the same lines, we are either going back on original principles, or are too remiss to look for and treat the presenting lesions. Again, "The best advantage of the patient," means that we are not to rest content in the conduct of the case until we are satisfied that our diagnosis is correct, that legitimate aids, such as diet, exercise, hygiene—in short, the proper regimen—has been explained to the patient and an interest created and maintained in the observance of the rules laid down. Collateral reading is often necessary and too often neglected. Works on diagnosis and treatment and on differential diagnosis, should be within ready access of the practitioner, for,—I speak from experience,—we are prone to let the matter pass and rely on our judgment, which we sometimes learn to be in error.

To my mind, there is no section in the code which entails greater obligations to the patient and to our school of practice, than the one wherein we are told that "The physician should visit his patient as often as necessary, but should carefully avoid unnecessary visits." In discussing this phase of the code with a successful osteopath some time ago, I was told that in his experience it paid better in the end to discharge a patient when he felt satisfied he had done all possible for the case, than to continue in the hope of further improvement. We know of notable cases, for which hope had been almost abandoned, in which cures have resulted. How are we to discriminate between the curable and incurable? On what are we to base our prognosis? After a conscientious study of the case, a careful observation of the progress—or lack of it—under treatment, it behooves us to rest the responsibility with the patient, if we cannot promise him ultimate relief. It is not my intention at this time to speak of measures other than osteopathic, such as surgical intervention, hydrotherapy, climatology, radio-therapy, etc.; that is something which everyone must work out for himself if the emergency arises, according to the needs of the case. I have heard osteopathy criticized by members of the medical profession because it has been claimed that our school can cure any and all diseased conditions. Until our pathology is better developed, let us continue to discriminate between the curable and, for the present, incurable.

Quoting again, "The physician's best moral adjuvants are confidence, fortitude, and hope," but let not the latter be too long delayed in justice to your patient. We hear occasionally of cases which have been under treatment for several months, or a number of years, without a favorable termination. The cause of osteopathy has seldom been furthered by examples such as these, and I question the judgment of a practitioner who continues to conduct a case unless there is reasonable certainty of an ultimate cure. Ethically, we are to continue treatment as long as the patient desires it, even though the condition be an incurable one;

this, however, is not the legal phase, for a physician may abandon a case on due notice being given.

In considering duties of physicians to each other, and to the profession at large, the code says, "Entering the profession, and thereby becoming entitled to full professional fellowship, incurs an obligation to uphold its dignity and honor. to exalt its standing, and to extend the bounds of its usefulness." I have often wondered if that one word "obligation" does not come near to being the keynote of the code. When we begin our professional training, we assume an obligation to our college to do our best as students in studies, support of college spirit and our societies, and at all times, loyalty to our *alma mater*. Later, when we enter the profession, the same spirit of obligation maintains and is fostered by support of local, state and national societies, by research work,—in short, by everything which makes for advancement.

Again quoting—"Every physician should identify himself with the organized body of his profession." The local societies are pointed out as the chief element of strength of our profession, their object being the exchange of our professional experiences, the advancement of knowledge, and the maintenance of ethical standards. I cannot understand the motives of a practitioner who, devoting all of his time to practice, sits back, self-satisfied, and lets the others do the work. Granted all cannot be leaders, but we can all do our share, however small, in following those whose greatest desire is to further the cause of osteopathy. It is a peculiarly interesting fact that those who do most in the active support of their professional societies are, as a rule, those whom we consider the successful men in the profession. It seems to be the impression of many that after their dues are paid and a number of meetings during the year attended, their obligation ceases. A little introspection at times is helpful. Ask yourself if you have done your part in the support of your societies, and if you are satisfied with the answer, rest content,—but keep up the good work. I am told by an officer of our local organization, that the same difficulty maintains now, as in the past, that when a member is asked to conduct a clinic, or prepare a paper in some department of practice, the answer is often, "I'm too busy." It is an interesting fact in this connection that the only man who has time to do anything is the busy man. Is it ethical for you to keep to yourself that different method you have worked out for depressing an elevated first rib, or correcting an anterior fifth lumbar vertebra, or what not? This society is doing much in developing technique in the most practical way,—by demonstration. Ask yourself if it is right to enjoy the fruits of the years of toil of that grand old man who gave osteopathy to the world without doing your part in advancing the cause.

The very desire to accomplish things out of the usual routine of practice begets success, for it is a truism that "the inclination to work comes of itself, when one has begun his work." Again, "enthusiasm, as a rule, is merely the predecessor of experience." When we have acquired experience, continued interest must displace enthusiasm, to bring about the successful outcome of any project.

Unless a paper read before a professional society be along lines but little developed, a discussion of the subject is in order, for an interchange of opinions and citation of experiences are often helpful in developing the full purport of a topic. I believe the matter of discussion is too much neglected. Our local society will be four years old next May and it seems the time is ripe for more extended development of expressed opinions on topics presented for consideration. At the A. O. A. meetings, this part of the program invariably

brings out many valuable points; why may we not share the same advantage? We are too prone to rest the case with questions to the speaker, instead of openly discussing the matter ourselves.

In considering the matter of "Advancement of Knowledge," it has occurred to me,—and my belief is shared by many,—that there is need for a more exact terminology. In making a diagnosis, why rest content that a certain lesion exists? Is it satisfying to the patient or practitioner to pronounce a case presenting lesions affecting the renal splanchnics, as "Bright's Disease?" A diagnosis of "Bright's" is as alarming to the patient as it is neglectful on the part of the practitioner. Less satisfying still is the diagnosis of "trouble" as applied to diseased conditions. When I am told by an associate that a patient has "stomach trouble," I wonder how much trouble my associate has taken in establishing his diagnosis. What clinical experience do we gain in the treatment and cure of a condition, the diagnosis of which we have neglected to make? The removal of the lesions and the resulting cure benefits only the patient and physician—osteopathy will never be helped one iota. Considering further, we are in the practice of osteopathy, not in business. "Practice" applies to the profession of law and medicine; "business" to commercial pursuits. "An 'institute' is an established organization pledged to some special purpose, or the building devoted to its use;" and, by the same token, an "infirmiry" is usually "a small hospital for free treatment of illness or infirmity"—all of which hardly applies to an osteopathic practice.

The precept is laid down in the code that, "It is incompatible with honorable standing in the profession, to resort to public advertisement; to promise radical cures; to boast of cures; or to employ any of the other methods of charlatans." What constitutes ethical advertising? I believe there is need but for two classes of professional publications, one aiming to educate and interest the public in the theory and practice of osteopathy; the other, for the profession. In a professional magazine it is my humble belief that there should be absolute uniformity in professional cards, so that associates at a distance, or patients referring to the publication, may make an unbiased selection; until we have developed specialists who wish to be known as such, it should not be otherwise. There are a number of publications for the laity which serve their purpose well, and there is need of them for the present. As specialism in our school grows, how can we extend our interests ethically? It has come to be a practice among specialists of the other schools to publish original articles and send them to associates,—to my mind an excellent means of advertising without violating the spirit of the code. That which is ethical advertising in one community, is not considered so in another. One may, in some of the smaller cities and towns, carry a card in the daily papers; in a large city the practice is uncommon, and seldom endured by the controlling societies. After all, the best means of advancing one's professional interests, is to cure a patient and let him do the talking; and the more difficult the case, and the quicker the cure, the greater good will result. "To promise radical cures," is recklessly to disregard the fact that the condition may not be amenable to treatment, and what is the result? If the patient does not get well, there is one person who will disparage osteopathy at every opportunity. I often think that one dissatisfied patient does more harm in contrast than the good resulting from a dozen cures. We can hardly be too conservative at a time when our school needs friends, not enemies. To follow the mandate set down in the code not "to boast of cures" requires a deal of discretion on the part of the practitioner. When we

recount experiences of the successful conduct of a case, let it be to our associates as a matter of scientific interest. Our patients are too much taken up with their own condition as a rule to be interested in other people's maladies. And, besides, results speak louder than words.

Considering further, the code states that, "A physician ought not to take charge of a patient recently in charge of an associate, in the same illness, except in emergency or consultation, unless the physician previously in attendance has relinquished the case, or has been dismissed in due form." Too close observance of this last phase cannot be made, for ill-feeling among brother practitioners has often resulted. It is a patient's duty to dismiss his physician, if he desires to make a change, and it is our duty to see that it is done before undertaking the case. "The physician should avoid damaging insinuations regarding the practice previously adopted, but should justify it, if consistent with truth and probity,"—a statement which needs no comment.

The matter of solicitation of patients known to be in the care of another practitioner is not without precedent and cannot be too roundly condemned. No matter what the means, whether by sending cards or literature, by intervention of a third person, or—worst of all—a personal call, the practice cannot reflect credit on the honor of the practitioner. It lowers the dignity of his profession to that of business, and will not foster the esteem of the patient for our school.

I cannot close the consideration of the duties of physicians to each other without mentioning the matter of acknowledgment of referred cases. The experience of an osteopath in this city may be cited as an example. He has a number of times, in referring cases to an associate at a distance, written the history of the case, his diagnosis and treatment, and added some practical suggestions. In his experience of several years, during which time he has referred many cases to fellow practitioners, he has received the sum-total of two acknowledgments. If one is too busy to attend to the common courtesies,—not to say obligations,—it is high time for him to engage the services of an amanuensis.

The subject of compensation has been discussed pro and con, and I shall touch on it but briefly. While it is required, in justice to ourselves, to maintain certain standards or fees, what are we to do with those who cannot—I am not speaking of those who will not—but those who cannot, pay the fee asked? I have never felt that it lowered the dignity of a physician to make concessions in cases worthy of it. But what of those who, through poverty, may be denied treatment altogether? It has been a hope—admittedly a long deferred one—of the speaker, that some day we will have an Osteopathic Clinic, named for the founder of our science, where cases may be studied, consultations held and technique discussed. The other schools of practice have gained valuable experience in the study of diseased conditions through dispensaries, infirmaries and hospitals. Why may we not at least make an attempt?

In conclusion, I have tried in a small way, to cast a few sidelights on a situation already full of accomplishment in the past and of still greater promise in the future. Ethics aims at the ideal in conduct: as physicians we should strive to attain it. After all, the personal factor maintains. "What we do today decides what we will be tomorrow." The present is fraught with opportunities. Will we make the best of them or not?

16 Central Park West.

Science, when well digested, is nothing but good sense and reason.—*Stanislaus.*

NOTES FROM THE SECRETARY'S TABLE.

As the time for the opening of the Jamestown Exposition approaches, one hears much about it. The impression seems to be general that the attendance at this great attraction will be large. So far as the secretary can judge hundreds, if not thousands, of osteopaths expect to swell the numbers taking in this very novel exposition and at the same time be a part of this great eleventh annual meeting of the American Osteopathic Association. This is a time when one may be on pleasure bent, and yet have a frugal mind.

We now have assurances that rates will be reasonable—both transportation rates by rail and boat, and hotel rates on the grounds or in the city.

The program for this meeting has received much attention and it will be worth a ride across the continent to hear it. There will be many there who have literally crossed the continent to hear it. Many faithful ones in California, Oregon and Washington come to these meetings always no matter where the meeting is held and they will be at Norfolk. That should shame many of us who neglect these choice opportunities for improvement.

In addition to the worth and helpfulness of the program, the social side of the coming meeting will be very attractive. One night is set apart for the minor organizations—the alumni associations, the various clubs and fraternal societies, etc. Rooms and halls will be provided for all of these and Assistant Secretary Upton is arranging for these reunions.

The social side of these great gatherings of the profession offers the best opportunity for relaxation and renewal of pleasant associations of other days. One will not become rusty if he takes advantage of what these meetings offer each year. Attend them and help the profession to advance, and advance with it!

The time of year has come when we get a great increase in Association membership. While the dove is getting on a livelier iris and the idle young man's fancy is turning to thoughts of love, the wide awake among us turn their thoughts to getting membership in the Association when they get the most for their money. Five dollars paid for membership within three months of an annual meeting carries the membership fifteen months, viz.: join the Association now and your membership will be good to the end of the annual meeting, 1908! As they said in *Missouri*, "Want in" on that proposition?

If this page is read by any good osteopath who is not yet a member, I shall be glad to have his application. I hope every member of the Association will call this proposition to the attention of some friend who is not in the Association. We should have at least five hundred new members before the close of the Norfolk meeting. I should get two hundred applications for membership before the next issue of the JOURNAL.

The Association membership this year has made very satisfactory advance. There are yet many good people who are not associated with us. Every member who reads this knows of one or two. Go after them and they will become members. So often people write me that "it seems so strange that no one ever asked me to become a member of the Association." Get right after every desirable practitioner you know.

More seems to have been accomplished the past winter in legislation than ever before. We must see that a feeling of satisfaction and congratulation does not settle down over us. That feeling is fatal to progress with any body. Much has been accomplished to prove that we believe in an educated profession. But we cannot abandon all means of advancement and improvement because this much has been accomplished. Almost everywhere people have believed us when we told them we stood for advancement and progress, and granted us legislative recognition, and now we have got to make good. I want to utter this note of warning because the tendency is, with a feeling of security, to leave off activity. In many states where there were once live aggressive, effective state organizations, before legislation was secured, after they had "apprehended," little or nothing was done and all seemed to lose interest. The spirit should be, that as we get these annoyances that take so much of our thought as to whether we shall exist or not, removed, we should give the thought to our personal and professional improvement. Let us all push all of our organizations.

H. L. CHILES.

Auburn, N. Y.

He who cures a disease may be the skillfulest, but he who prevents it is the safest physician.—*T. Fuller.*

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MAY 1, 1907.

Senator Foraker and the Medical Men.

The *Ohio State Journal* for February 15, 1907, states that it is understood that a large majority of the medical fraternity of Ohio will be arrayed against Senator Foraker in his campaign for re-election. It says: "Several instances of Senator Foraker's alleged antagonism toward the medical profession are being cited. One of these is an alleged insulting telegram which Mr. Foraker is said

to have sent to officers of the State Medical Society when his help was asked on a question of legislation." The above paper quotes as follows from an editorial in the February number of the *Ohio State Medical Journal*:

"His (Senator Foraker's) vote against the pure food and drug bill was a vote against the interests of the people and in favor of the patent medicine trust, the most venal organization in America today. He is always found in opposition to the medical profession.

"Not only has the honorable senior senator opposed the medical profession, but he has taken every opportunity to belittle and insult us, and has continually questioned our motives. All these facts have been well known to the profession for some years, but in view of the fact that some may have forgotten, it is well to refresh their memory. The 8,000 physicians of Ohio have a just right to demand fair treatment from Mr. Foraker, and it is certain that the more than 4,000 members of the organized profession will insist on their rights in no uncertain manner. The spectacle of a senator of the United States arrayed in opposition to a profession which has never been equalled for its fairness, broad-mindedness and willingness to labor unrewarded for the people, is sad indeed. The method used in securing the passage of the osteopathy bill in the United States senate are clearly open to question. The time has arrived for the medical profession to protect its fair name and to demonstrate to Mr. Foraker that it proposes to be heard and be heeded."

We do not know whether or not the medical profession is arrayed against Senator Foraker. We do not know that Senator Foraker has ever given them any reason for such opposition. We know nothing of the grounds of his opposition to the pure food and drug bill. But we do happen to know something about the "alleged insulting telegram" sent by him. The "insulting telegram" was sent by medical doctors and was as follows:

"Cleveland, Ohio, April 13, 1900.

"Senator J. B. Foraker, Washington, D. C.:

"Eight thousand physicians in the state of Ohio will hold you responsible if the osteopathic bill, to be voted upon by the state senate at 10 o'clock Saturday morning, becomes a law.

(Signed.)

"WM. EWERT, President.

"T. C. TAYLOR, Secretary.

"RALPH J. WENNER, Treasurer.

"Physicians' Municipal League."

This brought forth the following stinging reply from the Senator:

"Washington, D. C., April 14, 1900.

"Wm. Ewert, President; T. C. Taylor, Secretary; Ralph J. Wenner Treasurer, Physicians' Municipal League, Cleveland, O.:

"Your telegram received. I know nothing whatever about the matter to which it refers. I was not aware that such a bill as you mentioned was pending, much less that it was to be voted upon today. All this I greatly regret, because, if I had been advised, I might possibly have helped to pass it, as I would have gladly done for the good of suffering humanity, who should somehow find release, as I did for my son, from some dependence on such bigotry, impudence, and plantation manners as your telegram manifests.

(Signed.)

"J. B. FORAKER."

The JOURNAL has no disposition to enter into a political discussion, much less to espouse the cause of any candidate, but we will say that we are much mistaken in our estimate of Senator Foraker as a brave and fair man if there will be any apology forthcoming from him on account of that telegram. Furthermore, we venture to say that we are much mistaken in our estimate of the sense of justice of the citizenship of Ohio if the well merited rebuke administered to those political doctors for their pernicious officiousness, by the Senator, will militate against him in his present campaign.

In the light of the telegram above quoted sent to Senator Foraker, and their notorious hostility to new ideas originating outside of their sect, the *Ohio State*

Medical Journal's tearful cant about the medical profession's "fairness, broad-mindedness, and willingness to labor unrewarded for the people" becomes ludicrous.

Legal Definition of Osteopathy.

There are two interesting communications in this number of the *JOURNAL* respecting the necessity for incorporating into our statutes a definition of osteopathy. It seems clear that this necessity exists, but there is room for various opinions as to the wording of the definition. It will doubtless be found to be a difficult matter to draw a distinct line of cleavage between osteopathy and some of the other mechanical systems of therapy, and it is certain that the dominant school of medicine would resist any attempt at a definition limiting its practitioners to the treatment of disease by "internal medication." It can hardly be argued that it would be equitable for us to undertake to include under our system all forms of mechanical treatment, as it appears to some that the Montana law recently enacted, and quoted in the April *JOURNAL*, by its terms undertakes to do. It is repugnant to the sense of justice characteristic of the osteopathic profession to proscribe any system that may arise that really has new theories and principles in regard to the treatment of disease. Remembering our own struggles for recognition, past and present, it would ill become us to assume the role of arbiter and undertake by law to make all systems to conform to our own, or to exclude them altogether. We should confine our efforts towards restriction and regulation to our own profession.

This principle, however, as Dr. Cramb points out, need not preclude us from using every legitimate means at our command to prevent incompetent persons from practicing osteopathy under another name—or as much of osteopathy as they can learn in inferior schools in a few months. This is justifiable, not merely as a matter of self defense, but in the interest of the public welfare. Justice might be done by a definition, such as Dr. Upton suggests, specifically exempting masseurs, those who employ Swedish movements, and all other systems that are clearly not osteopathic in principle. There is certainly no justification in law or equity for those persons who, while asserting the vital principles and theories of osteopathy, by choosing another name, and claiming to employ a different system of manipulation, seek to evade the course of study prescribed by the State as necessary for the practice of osteopathy. As well might the medical practice acts be evaded by a few men claiming to have a new system because they elect to call it the practice of physic instead of medicine, and administer their drugs by means of a wooden, instead of a metal spoon.

To Non-Members of the A. O. A.

To the thirteen hundred unaffiliated osteopaths who will receive this number of the *JOURNAL* we wish to say a few words about the American Osteopathic Association. It is not our purpose at this time to recount its brilliant history nor to detail its splendid achievements. Suffice it to say that it was organized in 1897, and now has an active membership of about thirteen hundred and fifty.

The A. O. A. has ever labored for the advancement of the osteopathic profession in all matters pertaining to its literature, its ethical, educational and scientific interests, as well as its legal status. The proud position osteopathy occupies today as a cohesive, progressive, constructive force in the domain of therapeutics

is an imperishable monument to the work and influence of the A. O. A. It is true that it, in common with every great organization having as an objective the betterment of mankind, has its detractors, but these are comparatively few in number, and consist principally of the misinformed or the uninformed. It is safe to say that the Association will go forward in pursuit of its ideals and toward the accomplishment of its high destiny.

Will not you, to whom this is addressed, have a part in this great work? All in the profession are benefited by the accomplishment of the objects of the Association. Will you longer be content to reap where you have not sown? The consciousness of doing a man's part, of pulling your own weight, of being an integer in a great work, in short, of doing your duty, should be sufficient reward for any effort or any sacrifice which membership may entail; but the A. O. A. offers other incentives; it gives tangible, material benefits which far outweigh the cost of membership.

Under our constitution those who apply for membership within three months of an annual meeting will have their membership extended to the close of the next succeeding annual meeting, and as members are given three months after a meeting in which to pay their dues those applying now may, if they wish, have eighteen months' membership for the \$5.00 which must accompany their application. We may say, however, that it is becoming a rare thing for a member once elected to discontinue his membership. Those who join under this provision of the constitution will receive THE JOURNAL of the A. O. A. for June, July and August, they may participate in the coming meeting at Norfolk, they will be enrolled as members in the A. O. A. quarterly directory to be issued in August. Next year they will receive an engraved certificate of membership, suitable for framing, a copy of the General Directory, which is issued annually, and which, besides the directory, contains a vast amount of valuable information, and THE JOURNAL of the A. O. A. for the year, issued monthly.

To those who contemplate joining we would say, *act at once*. This is necessary because it takes over a month for the trustees to act on applications. All that is necessary to do is to fill out the application blank which is printed in the fore part of this number of THE JOURNAL, tear it out, secure the endorsement of two members of the A. O. A. residing in your State (the names of such can be learned from the directory which is a part of this number of THE JOURNAL) and send with five dollars to the secretary of the A. O. A., whose address is given on the application blank.

The Osteopathic Directory.

The Osteopathic Directory for 1907 has been published and was delivered to subscribers and members of the A. O. A. about April 1. It is a fine publication and marks the advance of the profession along the varied lines of its activity. It is a well arranged and neatly printed book, one highly creditable to its editor, Dr. R. E. Hamilton, Kirksville, Mo. It contains the official roster of the A. O. A., its constitution, code of ethics, application and case report blanks, as well as an advertisement of the A. O. A. and THE JOURNAL. It also contains the official roster of State associations and other osteopathic societies. In addition, it gives the recognized osteopathic colleges and their officers, together with osteopathic sanatoria, college societies, osteopathic periodicals and books. A well prepared digest of State laws affecting the practice of osteopathy and members of osteopathic State boards is a valuable feature of the Directory. The enrollment of

students is given by classes in most of the recognized colleges. The roster of the profession is arranged both alphabetically and geographically, and each list numbers approximately 4,000 names. Members of the A. O. A. and of State associations are indicated by appropriate marks. A new and much appreciated feature of the geographical directory is the population, which is given in connection with each State, city and town where an osteopath is located.

It is interesting to note, as it appears from the directory, that osteopaths are practicing not only in every State and territory of the Union, including Alaska and Hawaii, but in the following foreign countries: Canada, India, Ireland, Japan, Scotland and Mexico.

Including advertising the book consists of 160 pages of 7 by 10 inches, and is filled with information which is invaluable to the osteopathic practitioner. Only those who have had experience in similar lines can appreciate the difficulties which beset the editor in its compilation, and the vast amount of tedious detail work which its preparation involved. Only those, too, who have had experience will be able to excuse the errors which have crept into the Directory—for that errors have been made goes without saying. To avoid them in a work of this character one must be endowed with omniscience. Perhaps the error which the editor will hear oftenest from is the omission of the asterisk denoting membership in the A. O. A. from the names of quite a number of members.

To insure anything approaching accuracy in the Directory the work must be kept up daily throughout the entire year. This is also necessary in order that it may appear at the time agreed upon—a thing which has never yet been accomplished. To insure accuracy and promptness in publication, two most desirable things, we are glad to second the suggestions of the *Osteopathic Physician* that an annual change of editors is undesirable; that he should be selected well in advance; and that a sufficient appropriation be made to pay for the brain-racking labors which the position entails.

Every member of the A. O. A. should by this time have received a copy of the Directory, but it is more than probable that some have miscarried. It is the request of the editor that any one having failed to receive a copy should at once notify him. Address Dr. R. E. Hamilton, Kirksville, Mo.

Unveiling of Memorial Tablets.

At the Put-in-Bay meeting of the A. O. A. it was decided to place in the A. S. O. Hospital at Kirksville, Mo., memorial tablets in honor of Drs. W. L. Riggs, H. E. Patterson, and G. D. Hulett. A committee, consisting of Drs. Chas. C. Teall, Ellen L. B. Ligon and Eugene C. Link, was appointed to attend to the selection and placing of the tablets.

This committee has attended to the duties assigned it, and it is expected that the tablets will be unveiled and dedicated with appropriate ceremonies, in which the A. O. A. will be represented, at the Tri-State meeting to be held in Kriksville on May 24-25. Aside from the meeting of the A. O. A., this meeting will doubtless be the largest professional gathering of the year, and this feature will add interest to an already most interesting program.

New Thought, a magazine published in Chicago, contains an advertisement in its March number, of a correspondence school located in that city. This particular advertisement begins with the question in big bold type, "Do You Need Dollars?" and the financial idea is magnified throughout. It is also represented,

of course, that osteopathy can be taught by mail. In these ways osteopathy is so flagrantly misrepresented that we are sure that when the attention of the publisher of this magazine is called to the matter, as it will be, he will discontinue the ad. We are quite sure that *New Thought* does not place the dollar above considerations of qualification.

Members of the osteopathic profession should notify the Chairman of the Committee on Education of the A. O. A., Dr. E. R. Booth, 603 Traction Bldg., Cincinnati, O., of advertisements of this nature that they may find in any publication, and he will do what he can to secure their discontinuance.

Some of the S. D. osteopaths have an organization that might profitably be copied by other States. Dr. S. W. Heath, Sioux Falls, writes of it as follows:

"We are developing a chain letter organization which has been running a year and a half, which is proving a great success. It is composed of ten members, and the letter makes the rounds once a month, and each time comes loaded with interesting discussion of clinic cases and other matter of professional interest to the members. * * * This plan brings people to express themselves, and become interested in investigating and discussing subjects of professional interest, thus causing them to grow and develop instead of dropping into ruts and rusting out. It is an association in perpetual session. All the expense is the postage from one member to the next. We hope to make it a part of our regular State Association work at our next meeting."

We wish to call the attention of officers of alumni and class associations to the fact that the official program of the Norfolk meeting sets aside Tuesday evening, August 27, for the meetings of such associations. It is altogether improbable that at any other time and place during the year as many members of the various societies and clubs will be together as at the time mentioned, and we trust that arrangements will at once be made for their annual meetings to be held then. All members should be notified, and every effort made to secure their attendance. We need these reunions and every osteopath will be the better for participating in them.

Under article X of the constitution of the A. O. A. each State is entitled to one delegate to the Council of Delegates for each fifty members who are also members of the A. O. A.; but each State regardless of membership is entitled to one delegate. These delegates are to be elected by ballot by the State or territorial organization. The Council meets at the time and place of the A. O. A. meeting, and serves, in a measure, as a committee on referred resolutions and motions.

We fear that some State organizations have neglected to elect delegates. We trust that this will be attended to, and that no State will be unrepresented in the Council.

One fact in connection with the legislative contests of the present year which is especially pleasing to the osteopaths is the fairness with which the newspapers generally have dealt with our cause. It is true that a great many criticisms of osteopathy have appeared in the papers, but their editors have seemed equally as willing to print replies, and on the whole, the cause of osteopathy has been materially advanced of late by the publicity given to it by the press.

Dr. E. C. Pickler, Chairman of the A. O. A. Committee on Transportation, had expected to have a report in this issue of the *JOURNAL* in regard to rates for the Norfolk meeting. The railroads, however, are in somewhat of a chaotic con-

dition on account of pending legislation in many States, and are as yet unable to make rates. Dr. Pickler expects to present a full and complete report in the June JOURNAL,

The plan and articles of agreement of the Detroit Osteopathic Free Clinic which appears in this number of the JOURNAL will be helpful to the members of the profession in other cities who may contemplate the establishment of a clinic.

This is a movement that we hope to see extended to all of the cities of the country.

The attention of non-members is called to the meeting of the A. O. A., to be held at Norfolk, Va., beginning on August 26 and closing on August 30. All are given a cordial invitation to attend.

The *Detroit Saturday Night* for April 13, gives a good write-up of the free osteopathic clinic recently established in that city.

Research Results For the Norfolk Meeting.

Under the direction of Dr. Dain L. Tasker preparations for presenting some highly interesting and important results of osteopathic research work are going forward satisfactorily.

Dr. Tasker as president of the section in research will present a short paper on the problems that are legitimately ours in anatomy, physiology, pathology and the mechanics of practice. And it is sought to have the researchers demonstrate how far we have progressed in the solution of those problems.

Dr. A. Still Craig's demonstration will be in anatomy and Dr. Louisa Burns' in physiology.

Dr. H. F. Goetz will show the results of his investigations of spinal curvatures with special reference to the development of single vertebral lesions. His subject is, "Graphic Representation of Spinal Curvature," and he will exhibit a new device for recording cross sections of the body, i. e., surface outlines at any level.

Following the lines laid down by Dr. McConnell, Dr. H. W. Glascock will present some results of his studies in pathology.

Dr. T. J. Ruddy will demonstrate the "Osteopathic Pathology of the Extra Spinal Cell and Its Relation to Treatment."

Other research features may be announced later and it is hoped that Dr. McConnell may be able to finish the new experiments he has in hand in time for the Norfolk meeting.

Knoxville, Tenn.

W. F. LINK,
Chairman Committee on Publication.

North Carolina Osteopathic Board of Examiners.

On April 4 the following members of the Board of Osteopathic Examination and Registration were appointed by the Governor: Dr. H. F. Ray, Charlotte, one year; Dr. A. H. Zealy, Goldsboro, two years; Dr. W. B. Meacham, Asheville, three years; Dr. H. W. Glascock, Raleigh, four years; Dr. A. R. Tucker, Durham, five years.

The president of the State Society called a meeting of the Society on April 13, and the new Board met at the same time and elected officers as follows: President, Dr. W. B. Meacham; Secretary Dr. A. R. Tucker; Treasurer, Dr. H. F. Ray.

This Board will meet again in May in the city of Raleigh to pass on applications and issue certificates to all in the state who have complied with the requirements of the law. There will also be a meeting of the Board in July for the purpose of examining applicants for a license to practice in the state.

NOTES AND COMMENTS.

The Montana Law.

I have been asked about our new law, an account of which was printed in the April *JOURNAL*, and about our position in this state relative to the chiropractor.

When our case against the chiropractor was first up for trial we were told that we were trying to do the same thing with them that the medics had tried to do with us. I replied that there was a very great difference. We came with a course of instruction as long as the average medical doctor then practicing had; our knowledge along fundamental lines was equal and in anatomy superior to that given by the average medical school; and we conducted ourselves as professional men should. We did not pretend to have discovered a new system and then practice the old system. The chiropractic method is not a new school but plainly a fake on osteopathy. An explanation of chiropractic is an explanation of osteopathy with the names changed. Their course of instruction is three, six, or nine months, according to the time and money that the student has. I believe every system of practice that comes up to the requirements in the fundamental studies—*anatomy, physiology, chemistry, etc.*—should be recognized. But the chiropractor is plainly a fake—he has not the knowledge of the average school boy in *physiology and hygiene*. Unless a law can be provided to shut him out our osteopathic laws are impotent. It is a misdemeanor for a person to practice or pretend to practice osteopathy without a certificate from the state, but it is not unlawful for one to practice osteopathy if he only calls it by another name.

I am not exactly satisfied with our amendment—it was close to the end of the legislative session when it was seen that our present law was insufficient to shut out the chiropractor, so this amendment was drawn up in a hurry and introduced. It passed the legislature the day before adjournment. I believe as good and as effective a law against chiropractors could be drawn that would not look so strong. Yet this is vastly better than none at all.

The medical law of this state was found to be insufficient—it would prevent a regular medical doctor from practicing without a license, but did not shut out the fakes. So they had an amendment to their law passed defining the practice of medicine—which now includes every known method of treating disease except osteopathy and the oculist. This will stop druggists from giving prescriptions without an order from an M. D., shut out several traveling fakes, and affect a fake institution in this city that the old medical law could not touch because it is a corporation, incorporated in another state. The medical law here as it now stands will do a vast amount of good—right now at least—but the principle of the law is bad, as it shuts out new systems of medicine, no matter what their qualifications.

I believe the ideal system would be a state board composed of medics and osteopaths and any other recognized school that comes up to the requirements—*examinations to be held in anatomy, physiology, chemistry, etc.* the same for all schools; then the representative on the board of each school examine its own applicants in the applied therapeutics of that school; and any applicant of a new school be licensed if he could pass the examinations in the fundamental studies common to all schools and show that he is not practicing any other system by a different name. My idea is this: That it is wrong to shut out the representatives of a new school because they are not graduates of a medical or osteopathic college, or because they do not use *materia medica* or osteopathy; and it is equally wrong to allow them to practice and call themselves "doctors" regardless of their qualifications or knowledge of anatomy, etc. There should be a middle-ground. We all think that the "practice of medicine" is including too much when it includes every method of healing and tries to make every school take *materia medica*, etc., yet it seems to me that the other extreme is just as bad—to allow every "doctor" to practice just because he does not give drugs when the drug doctor is compelled to come up to certain requirements.

For the present the separate board idea is all right, but it is not ideal, and the time will come when it will be best to change it.

L. K. CRAMB, D. O.

Owsley Block, Butte, Montana.

A Defect in the Osteopathic Laws.

There is one serious defect in our osteopathic laws and in the model bill adopted by the American Osteopathic Association, which defeats one of the principal objects in view in the legalization of the practice; the laws fail to protect the profession and the public against the illegitimate and unqualified practitioner, who is practicing or attempting to practice osteopathy under cover of another name.

The laws provide a penalty for the illegal practice of, or use of the name of osteopathy, but do not say what osteopathy is, leaving it open for the individual and for the courts

to form their own interpretation of the meaning of the word, and placing our boards at a disadvantage in the prosecution of offenders.

We are asking for legislation and leaving it for the courts to decide just what has been legalized.

The declaration of what is meant by osteopathy should be made sufficiently broad as to really make clear the intent of the law; that is to say, the legalization of an independent school of medicine which contemplates the treatment of diseases by manipulation and its necessary natural adjuncts—in contradistinction to that school which treats disease by internal medication and which is commonly referred to as the practice of medicine.

Manipulation, as used here, means the treatment of any part of the body with the hands. But the definition in a bill should embrace other natural measures that we now use so as not to narrow our scope. As Dr. Evans said, in a recent communication: "I fear it would be a mistake to limit by law, the practice of osteopathy to manipulation. There are other measures we wish to employ, and we should be careful how we argue for laws that hedge us in too closely."

Such a definition in osteopathic laws will divide the practice of medicine into two branches—the drug school and the manipulative school; and under a law containing such provisions, osteopathy will be properly protected from those illegally using the system under various misleading names.

The reduction of a luxated articulation or other lesion is accomplished by manipulative measures, and it makes no difference whether it is done by an osteopath or by one using osteopathy under another name, the object is the same. There might be some difference in the technique of the individual physician, but how absurd to claim that one practitioner did not require a license under the existing law because his method of reducing the lesion was a little different in technique. Dr. Lorenz might with as much reason set up a separate school of practice, claiming he uses a distinctively Lorenz method in setting a dislocated hip.

In the practice of manipulative medicine, if some tissue is out of place, say a rib or a vertebra, the anatomical formation of the parts will permit it to be moved into place along certain lines, although the technique of doing it may differ somewhat; and whether you call such technique osteopathy or some other name, the effect to be accomplished is the same, and the character of the procedure is the same.

Osteopathy is the manipulative treatment of disease, and the laws governing its practice should contain a definition of its meaning sufficiently broad as to include all such practitioners. Swedish movement and massage may be specifically exempted from its provisions as we take no cognizance of that work.

It is well for us to take this stand now, as Dr. Fiske suggests in the December JOURNAL, rather than wait until confusion results and our legal standing is jeopardized by some states legalizing manipulative medicine several times under different names.

The chiropractors are now pushing a bill through the Minnesota legislature legalizing their practice. I can advance no better argument in support of what has been said than to quote the definition of chiropractic as embodied in their bill: "For the purposes of this act, chiropractic is defined as being the science of assisting nature to cure disease by adjusting any luxation and subluxation or abnormal position of any and all of the three hundred articular junctions of the bony structure, especially of the spine, and including also any and all natural methods, as hydropathy, chromopathy, mechanical and manipulative vibration, massage and electro-therapeutics, that will assist nature to remove the effects of vital depression from any cause."

Montana is the only state that has a definition of what constitutes the practice of osteopathy. A recent case in that state which was tried in a justice court, demonstrated the inefficacy of a law without some definition of the practice. They immediately got an amendment to their law which now makes it possible for them to regulate bogus practitioners.

In the absence of an adequate definition in their law, the Minnesota practitioners are compelled to the disagreeable duty of antagonizing the chiropractors, which a little foresight would have made unnecessary.

States now having laws should secure amendments to them, embodying a complete definition of the practice, and save themselves the time and expense of fighting for the good name of osteopathy.

C. A. UPTON.

New York Life Building. St. Paul Minn.

The Detroit Osteopathic Free Clinic.

Since within three months free clinics, or dispensaries, for the practice of osteopathy have been established in two of the large cities of the Union, it may be well a moment to study the modus operandi of the establishing of such an organization. In a city where is located a college teaching our science, it is a comparatively easy matter if the most reputable practitioners are in sympathy with the college in their midst, for the people

of the city are accustomed to the charitable work of osteopathy and it is quite likely that a large number of wealthy people would volunteer gifts of money to support an institution where the sick would be cared for by others than student practitioners. But to start a free dispensary in a city not a college town, is a delicate problem. Professional harmony is the first essential. This rarely exists save in a place where there is a strong city society. Second: Osteopathy must have been successfully practiced there to obtain the needful resources. Last, but not least, the organization must be conducted along strictly business lines with each member held by articles of agreement.

The Detroit organization herewith presents a copy of their articles of agreement, that save for a few shortcomings are serving well the cause for which they are banded together:

ARTICLES OF AGREEMENT OF THE DETROIT OSTEOPATHIC FREE CLINIC.

We, the undersigned practicing osteopathic physicians of the city of Detroit, Michigan, who are endorsed by the Detroit Osteopathic Society, hereby subscribe to the following articles of agreement, made and entered into, this twentieth day of February, nineteen hundred and seven.

First: We do by these presents associate ourselves for the purpose of the establishing, maintaining, and regulating of a Free Osteopathic Clinic.

Second: As an association of practicing osteopathic physicians we agree that in all matters of business, or anything else pertaining to the conduct of this association, of its free clinic, and in the deliberations at any of the meetings thereof, a two-thirds vote of all resident members shall be necessary to sustain such action or measure as shall be acted upon; otherwise it shall be of non-effect.

Third: We shall have no permanent officers elected, but in lieu thereof, for the conduct of meetings, there shall be named by any three or more members who shall jointly agree upon the necessity for calling a meeting, two temporary officers for such meeting, a chairman and a secretary, whose duty it shall be to send a notice of the time and place of the meeting and the nature of the business for same.

Fourth: We further agree that any present resident, reputable practicing osteopathic physician, failing to subscribe to these articles of agreement within thirty days from the date thereof, shall be perpetually barred from becoming a member; and, we also provide that any new reputable and duly qualified osteopathic physician who shall hereafter become a resident practitioner of not less than one year's actual residence in this county of Wayne, may upon proper application and a favorable vote of two-thirds of all members, as above provided, become a member hereof by subscribing to these articles of agreement.

Fifth: A board of three trustees shall be elected at the first regular meeting of members, whose term of office shall be five years. It is also provided that no person elected to the office of Trustee shall be a practicing physician, but such proposed trustee shall be a resident of the state of Michigan.

Sixth: Any member hereof who shall desire to conduct individual research or experimental work in conjunction with Free Clinic shall cause a meeting to be called to present the work proposed and to be voted upon as above provided; and at such meeting another may be named to make, or assist in making, such proposed experiment.

Seventh: Any physician in charge of a case shall have the right to follow his own judgment in the treatment of said case except that the internal administration of any drug shall be prohibited. Such physician in charge may at his discretion call upon another member hereof in consultation, provided the patient is presented at the regular clinical hour of the consultant or both may present the case to a general council of members.

Eighth: None but members of this association shall be permitted the privileges of use of its rooms or other properties without special permission from the Association as a whole.

Ninth: Any change in these articles of agreement must be made by vote of seven-eighths of all resident members.

A clause providing for the neglect of duties by the penalty of expulsion should be a part of such articles:

"Any member may be expelled from this association, first, for the wilful or continued neglect, at his or her appointed hours at the Clinic, of all duties pertaining thereto; second, for violation of any of these articles of agreement; third, for any conduct deemed by this Association as unworthy of a member; a two-thirds vote of the resident members of this Association shall be necessary for such expulsion."

Following the signing of the above articles of agreement, Dr. Herbert Bernard, for the Detroit osteopaths, rented the second floor of a building at 302 Woodward avenue, and made of it a reception room, four treating rooms, and a bath room. The decorations, furnishings and flooring were given by charitable persons. Active work began April 15.

The clinic is open for patients each day except Sunday, from 1 to 6 in the afternoon. Patients are treated twice a week each osteopath being in attendance at the clinic

two hours a week. Records will be kept of the work done, on blanks planned especially for the purpose by the Publication Committee of the A. O. A. Meetings for the transaction of business and the presentation of patients whose cases are of especial interest will be held the last Wednesday of each month unless otherwise arranged. Unwritten laws have been discussed and will be adopted at some future meeting agreeing in the main with the Code of Ethics of the A. O. A., save that those paragraphs dealing with newspaper advertising will be more strict in context.

The term "Clinic" was preferred to the term "Dispensary" for the reason that the latter term has been more specifically applied to the dispensing of drugs and the term "Clinic" being derived from a Greek verb meaning to recline, hence applied to a bed-ridden person, has not been so widely applied in the sense of study at the bedside. It is therefore possible for our school of practice to determine its meaning to suit ourselves.

There is a far-reaching effect in the establishing of these free clinics that will be very helpful to us. As soon as the endowments warrant, we shall be able to establish hospitals, which for the treatment of acute diseases, especially contagious diseases, are an absolute necessity.

This matter of the Clinic was discussed by us in a few paragraphs in the JOURNAL of the A. O. A. for February, 1908, at which time we recommended that these clinics become the natural predecessors of the Post-Graduate College. There would be plenty of opportunity for the study of technique, and symptomatology, of which advantages many graduates would likely wish to avail themselves.

At present the Detroit Clinic will restrict itself to the treatment of children, with especial attention to cases of spinal curvature.

EDYTHE F. ASHMORE, D. O., Detroit.

Attempted Legislation in Maine.

Amendments proposed by the Medical Board of Registration which classed the osteopaths with clairvoyants, Christian scientists, etc., aroused the few faithful "Maineacs" to action. A bill for a separate board patterned after the one adopted by the A. O. A. was presented and a hearing was held before the judiciary committee March 8.

Hon. W. J. Knowlton opened the case and was followed by Dr. Ralph K. Smith of Boston, who spoke in a very able manner and was complimented at the close of the hearing by several members of the committee.

Dr. W. L. Cousens, a young physician who is local member of the National Council of Medical Legislation, led the opposition and said in part that the bill ought to be such that it would protect the practice of osteopathy the same as it does the practice of medicine. The doctors of the state objected to another board to examine the osteopaths, but said if they were going to practice medicine, they should take the same examination as the regular physicians. To a question from Representative Montgomery, Dr. Cousens said he would not object to a member of the osteopathic school being on the medical board, if he was thoroughly conversant with the allopathic and homeopathic schools. "We want them to conform to our requirements." "Whether they know anything about their own or not?" interrogated Representative Montgomery.

Dr. Frederick H. Gerrish, author of Gerrish's anatomy, was the next in opposition. He said that if the osteopaths wanted to practice medicine or treat people, who were suffering from ills, they ought to be obliged to register as regular physicians did and under the same board. To establish a separate board and give the osteopaths certificates, so that they could practice their calling in the state and use the title of doctor, would dignify a practice which was not worthy of it. He admitted that he had not investigated osteopathy.

Dr. George B. Swasey was the last in opposition and said, anatomy and the other branches of the medical profession had been studied for centuries and naturally the medical profession must better understand it than any others. He had utterly no faith in osteopathy for its breadth in curing disease and he objected to another board or additions to the present board. On cross-examination he said, "I think osteopathy is a good thing."

"Then we want it regulated," replied Dr. Smith.

Dr. Smith was closely questioned regarding the treatment of diphtheria by Representative Hall, who is an M. D. Dr. Hall could not grasp Dr. Smith's answers and kept repeating his questions until Dr. Smith told him to pay more attention to his answers and less to his next question. Dr. Hall made a hasty exit. The papers reported Dr. Smith was very apt in all his replies.

The hearing occupied two hours and the chairman said "it was the most interesting hearing held this session." The result was like many surgical operations, the operation was successful but the patient died. The medical amendments and our bill were unanimously reported "ought not to pass." Considering that our intention was to defeat the proposed medical amendments, we think our first battle a victory. As the medical law requires an M. D. degree, the contention of the opposition will appear absurd. Drs. George H. Tuttle, Florence A. Covey and Lillian P. Wentworth composed the legislative committee.

We received encouragement from the profession outside of the state, but the most substantial aid, excepting that rendered by Dr. Smith, came from Dr. S. A. Ellis and the A. S. O., who sent a check of \$25 each. The next legislature does not convene until 1900, so we will have plenty of time to get in fresh ammunition.

D. WENDELL COBURN.

The New Jersey Legislative Fight.

The New Jersey legislature has again adjourned without enacting any law regulating the practice of osteopathy. Five bills relating to the practice were presented at this session. Two of these were proposed by the State Osteopathy Society, two by the state medical societies, and one was a committee substitute.

A bill essentially the same as the one adopted by the A. O. A. was first introduced into the senate. This was referred to the Miscellaneous Business Committee, before which two hearings were held. Several weeks followed without the committee taking any action on the matter. Finally after the chairman had received more than 800 telegrams and nearly 2,000 letters urging the reporting of the bill, he arranged and insisted that representatives of the osteopathic society should meet those of the medical societies in conference.

At the conference the attitude of the medical men was conspicuously courteous, fraternal and fair toward the osteopaths. They suggested a compromise measure which would provide for representation of one osteopath on the present board in lieu of the independent board, otherwise the matter would remain substantially the same as in the osteopathy bill which had been introduced. A written draft of the proposition however would not then be given.

With the above understanding there was then a recess for consideration. Upon meeting again the written draft was now submitted. This prohibited the osteopaths from signing birth and death certificates; also from many rights the practitioners in this state now possess. It provided that an acceptable applicant to examination must hold a diploma from a school of osteopathy giving a four years' course and which was recognized by the joint board, consisting of nine M. D.'s and one D. O. The examination to be identical with that given by the M. D.'s, excepting in materia medica, for which the distinctively osteopathic subjects would be substituted. In many other respects the draft was so radically at variance with the former understanding that further consideration was an absurdity. It was, however, acceptable to the president of the organization of correspondence school graduates, who was present at both conferences, presumably at the insistence of the medical representatives. And he continued to receive their extremely courteous and fraternal regard.

The above draft was thereupon introduced the following morning as a Senate bill and referred to the Miscellaneous Business Committee. The senator who introduced this upon finding that it, also with the osteopathy bill, was destined to die in committee, reintroduced it and had it referred to the committee on militia, of which he was chairman. It was now promptly reported and passed the Senate by a vote of 8 to 11. The committee to which it was referred in the assembly refused to report it.

While the above events were going on in the Senate, the osteopathy bill was introduced into the Assembly. The committee to which this was referred had one formal and several informal hearings on the measure, and then reported a substitute bill. Although this established a higher educational standard in point of time required for instruction than that for the practice of medicine, there was still the medical opposition. Thus the insincerity of the repeated argument that the osteopathy bill would lower the medical standard was clearly shown and it was made manifest to all that the issue was osteopathy, nothing else.

While the committee substitute was far from a desirable or fair measure, it might have come up for final vote and probably would have passed the assembly had not the amendments made it nearly as unjust as the medical bill which passed the Senate.

The Legislative Situation in New York.

In New York the legislative situation looks decidedly good. There seems now to be no question but that the bill will become a law. As before explained this is the Compromise Medical Unity Bill, which was so amended as to grant the osteopaths everything called for by their own bill, with the exception of a separate examining board. This bill provides for licensing reputable osteopaths now in practice in the state. The wording of the bill is such that all fakes and irregulars will be prevented from practicing. After the passage of the bill, osteopathic applicants will be admitted to examination, upon graduation from the three years course, as given at present in the accredited osteopathic colleges. After 1910, such applicants must have had a four years' course. The examinations will be uniform for all applicants, either medical or osteopathic, except that the osteopaths will not be examined in major surgery. There are no examinations in therapeutics. It is thus seen, that osteopathic applicants will be examined upon the same basis as any other applicant, and subjects of examination are such only as are taught in osteopathic colleges.

The Examining Board is to be composed of nine physicians appointed by the Regents. The unity idea of the bill is to do away with distinctions in schools, so far as the law is concerned. Osteopaths are as eligible to membership upon this board as are any physicians. The appointments being in the hands of the Regents of the state university, takes the board out of the realm of politics and out of the hands of the medical men.

That all schools will be equitably represented upon the board there can be no doubt. The osteopaths are perfectly satisfied with this arrangement, and will without question be sufficiently represented. By the provisions of this bill, all osteopaths present and to come, are given the standing and all privileges enjoyed by any physician, but the bill provides that osteopaths shall not use drugs, nor perform operations in major surgery. In some respects the osteopaths gained even more by this bill than they would have by their own. This bill passed the Assembly on April 10th, with but one dissenting vote. The assemblyman voting against the bill was an homeopathic physician, and probably had good reasons. The bill came to vote only after a great deal of patient work in satisfying various sorts of opposition, and accepting two or three minor changes which did not affect us. The same has been true with the senate, where the bill has been put upon the calendar for final action. Throughout the fight there has been as much call for patience and diplomacy as for more active work. There is practically no opposition in the senate and the bill is scheduled to pass by a large majority.

We believe that Gov. Hughes will sign the bill. We can find no reason why it should not suit him. There is considerable opposition on the part of the homeopaths who did not desire the unity board. But inasmuch as the bill places all physicians on the same footing, we believe their opposition will have little weight with the governor. The final vote in the Senate will be taken within a few days, after which it goes to the governor for his signature, he having ten days in which to consider and sign the bill.

CHARLES HAZZARD.

Malpractice Suit Against Dr. Brock.

The malpractice suit for \$10,000 against W. W. Brock, D. O., of Montpelier, Vt., was tried at Burlington in March. It consumed nearly three weeks of time and resulted in a judgment for the plaintiff in the sum of \$2,700. The case has been appealed to the supreme court of the state, and there is ground for hope that the judgment will be reversed. The history of the case as we understand it is as follows:

An invalid woman, aged 56 years, was treated by Dr. Brock at his office from Sept. 9 to Oct. 11, 1898. On the latter date, after the patient had been treated, Dr. Brock called in Dr. Lydia Rozelle, who was then associated with him, to see the patient and note condition. Dr. Rozelle said she was doing nicely but there were still some contractures in the lumbar region, and she had the patient sit up on the treating table. Dr. Brock stood behind and steadied the hips. Dr. Rozelle, standing in front, reached around, grasped the lumbar muscles and lifted up and gently relaxed muscles for about two minutes, when she left the patient. There was no pain caused, nor any evidence from patient of any injury. She visited in the office for twenty minutes, then without assistance walked to the car and boarded it without assistance. However, she was later found sitting on her doorstep in an hysterical condition. Almost eighteen months thereafter—on March 28, 1900, she died.

The plaintiff, husband of the deceased, alleges that his wife never walked after the treatment; that the injury caused by the treatment induced transverse myelitis, resulting in her death; that autopsy revealed injury to the meninges of the cord at the ninth or tenth dorsal vertebra.

One of the peculiar and unfortunate features of the case is the fact that Dr. Brock did not know that malpractice was alleged until after the death of the patient, when, by the statutes of Vermont, he was barred from testifying in his own behalf. Another unfortunate circumstance was, that of the three physicians who were said to have performed the autopsy, one was dead, another was in the insane asylum, and the third testified for the plaintiff.

Notwithstanding the fact that Dr. Guy E. Loudon was on the stand for three and one-half hours as a witness for the defense; that about thirty-five witnesses and depositions were produced to show that the woman had been in failing health for years, was confined to her bed a great deal of the time; had backache, etc.; and that about twenty witnesses were put on the stand to impeach the husband's testimony, the jury found for the plaintiff.

This case suggests the possibilities of annoyance to which physicians may be subjected by a combination of shrewd lawyers, modern, "expert" medical witnesses, avaricious, unprincipled plaintiffs, and the uncertainties of a jury's verdict.

Meetings of Osteopathic Organizations at Norfolk.

Assistant Secretary Upton is at work with characteristic energy arranging for meetings of the various osteopathic societies on the evening of Aug. 27 at Norfolk. The call includes all kinds of societies, even state associations. There are a few of the latter where the membership is scattered through a wide expanse of territory and they do not regularly get together. It seems an excellent plan for the members of such associations as

are present at the Norfolk meeting to get together for one evening for the discussion of local matters. The JOURNAL will very cheerfully print notices of any meetings which may be called in response to this invitation.

The following is a copy of a letter recently sent out by Dr. Upton to the officers of various osteopathic organizations:

"I have been requested by President Ellis and Secretary Chiles of the American Osteopathic Association to communicate with the officers of all minor Osteopathic Associations, State Associations, Alumni Societies, Class Societies, etc., calling their attention to the fact that at the coming A. O. A. meeting to be held at Norfolk, Va., Aug. 28 to 30, Tuesday evening has been set aside on the program for meetings of all such societies.

It is requested that all societies hold their annual or a special meeting at Norfolk on that date, and if this meets with your approval and the co-operation of your society, it is suggested that you immediately take the necessary, proper action for calling the meeting for that date, and *issue a letter to all the members and those whom you desire for members*, urging them to be present on that occasion.

"It will readily be apparent, especially to the officers of alumni societies, that these meetings will stimulate attendance and be the best means of building up their membership. It is in fact the only time when many of the societies can successfully get their members together. It will serve to bring the national and local associations into closer relationship. Those states which have had difficulty in holding a state meeting may be able to hold a successful meeting at the national meeting.

"It is desired to make the annual meetings of the A. O. A. an opportunity, not only for bringing together in general meeting all of the best that osteopathy affords, but an opportunity for a gathering of the clans—a reunion, and reviving of old associations—a sort of homecoming, if you please.

"Will you take this matter in hand at once and do all in your power to make your meeting a successful one?"

"If you decide to hold the meeting, we would suggest that you not only communicate with all parties by letter, but print an early notice of the meeting in the osteopathic publications."

Victory in Pennsylvania.

In Pennsylvania the osteopathic bill passed the House April 3 by a vote of 122 to 42. On April 18 by a vote of 31 to 2 it passed the Senate. Some amendments, however, were made in the Senate and when it was returned to the House for concurrence it lost by a vote of 85 to 42. Two members who voted negatively moved to reconsider and on this vote the bill was passed by a vote of 110 to 19.

This victory is remarkable for the reason that the osteopaths had first to kill a medical bill that was apparently fair to osteopathy but which contained a provision that would have made it possible to place the practice of osteopathy under the domination of the M. D.'s. It required active, united and intelligent work to achieve such a result.

Dr. O. J. Snyder, president of the Pennsylvania Association, writes of the campaign as follows:

"The splendid success of our legislative victory is due to the fact that our bill was so eminently fair and to the further fact that every osteopath in the state did his or her very best in influencing the legislator from their own district. Letters, petitions and telegrams at critical times from the influential friends of the osteopaths to their representative and senator was a mighty potent influence toward obtaining the legislators' support. The officers kept in close touch with the profession in the field, advising them of every important move, and the profession in turn responded to the calls of the officers like soldiers. Therein lies our victory."

At the time of going to press we have not learned whether or not the bill has been approved by the governor. The osteopaths are relying upon the fairness of the measure and the governor's sense of justice for favorable action.

Resolution.

Whereas, in the providence of a kind and all-wise heavenly Father, a worthy and most noble practitioner has been removed from the Indiana Osteopathic Society by the death of Dr. E. L. Manatt, of Newcastle, Ind. And, whereas, we shall miss his cheerful face from our meetings, his counsel and hearty co-operation from our work, his helpful friendship from our associations, and his tender sympathy from our fraternal ministries—

Be it resolved, That we deeply mourn the loss which results to our society and to the osteopathic profession at large from his death.

Be it resolved, That we hold him in affectionate and grateful memory and acknowledge our gratitude to God for the noble qualities of manhood that formed his character, and the deep interest he manifested in his chosen profession.

Be it resolved, That we emulate his virtues and determine to adorn our lives with the excellencies which made him a worthy example for his fellow practitioners.

Be it resolved, That we extend to the wife and near friends of our deceased brother assurance of our sincere sympathy in this time of their great sorrow.

Be it further resolved, That copies of these resolutions be sent to the bereaved wife of our departed brother and that they be sent to the osteopathic journals and that they be spread upon our records for preservation.

Committee:

J. B. KINSINGER,
IDA M. M'KONÉ,
K. T. VYVERBERG.

Death of Dr. H. L. Bristol.

Dr. Harry Lewis Bristol of Syracuse, N. Y., died at his home on April 12, 1907, after an illness of but two days. He had been in poor health, having been confined to his bed for a day or two at a time for the past three months, with the acute symptoms due to the final breakdown of valvular incompetency from which for several years he had been a sufferer.

Dr. Bristol was a graduate of the Atlantic School at Wilkes-Barre, Pa., in the June class 1903, being valedictorian of his class. He was one of the best known osteopaths in Central New York and was on Feb. 14 of this year elected for the second term to the presidency of Central New York Osteopathic Society. He was also a member of the State Committee on legislation, being a most heroic and zealous worker in the osteopathic ranks.

In the death of Dr. Bristol, the osteopaths lose a valuable friend and warrior, and the community in which he lived a faithful physician and noble citizen. He was a man of singularly strong character, and ever steadfast in purpose, courageous, sympathetic, and possessed high ideals of life and of his profession. And it is with pride and gratitude that his earnest and devoted services, his tireless labors, his unselfish sacrifices, his matchless loyalty and deep interest in upholding the right will long be remembered by his many friends and associates.

The death of Dr. Bristol is mourned by his wife and one son, his aged father and one sister, to whom the sympathy of his friends and co-workers is extended. E. W. TIFFANY.

Progress at the A. S. O.

Along with the inauguration of the three-year course, there has come to the A. S. O. a year of unusual progress. The departments of clinical practice and of surgery have been greatly strengthened. The new hospital was scarcely started, when overcrowding necessitated the purchase of a cottage for the nurses. The establishment of a heating plant with the anatomical laboratory on the second floor gives needed room for dissection. The new dissection room will accommodate 120 students at one time. This with our new legal facilities, in Missouri, for obtaining bodies, adds much to the strength of the anatomy course. Dr. Pratt, the new head of descriptive anatomy, now holds the students to a rigid attendance and quiz in their dissection work. All the laboratory work is being directed to making of the students practical clinicians. Greater attention is being paid to osteopathic requirements, and to this end the subject of physiology has been extended to two years with especial attention given to the nerves. Two new members have been added to the staff this spring—Drs. Fiske and E. H. Laughlin. Another member or two will be chosen for next year's faculty. There is complete harmony and co-operation in all of the departments now and every one looks forward to another prosperous year.

Dr. Ellen Barrett Ligon in Boston.

At the February meeting of the Boston Osteopathy Society, Dr. Ellen Barrett Ligon of New York city was the guest of the evening, giving a talk on "Osteopathic Principles."

As Dr. Ligon has been so intimately associated with the "Old Doctor," she was able to give frequent illustrations from his apt stories and parables which made the evening especially helpful.

Dr. Ligon's enthusiasm has not been dimmed by past legislative fights in Alabama and the present trying times in New York, but, on the contrary, shows the confidence and enthusiasm in osteopathy born of opposition and long experience.

ADA A. ACHORN, Secretary.

Legislative Fight in Iowa.

The osteopaths of Iowa asked for a law giving them an independent board. The bill passed the House by the splendid vote of 78 for it and only 16 against it. It would have passed the Senate by equally as decisive a majority but the committee having it in charge refused to report it and for that reason the bill was defeated.

It has been demonstrated that the sentiment of the people of Iowa is favorable to osteopathy and our people there have no fears concerning the proper regulation of the practice in the future.

Maryland Osteopathic Association.

The regular semi-annual meeting of the Maryland Osteopathic Association was held at the rooms of the President, Dr. Harrison McMains, in Baltimore Saturday, April 13. After a business meeting in the afternoon a recess was taken, at which time friends and members were entertained by Dr. and Mrs. McMains at a 6 o'clock dinner. In the evening Dr. Chas. J. Muttart, of the Philadelphia College of Osteopathy, gave a talk on "Lesions of the Upper Dorsal Region." This was followed by a paper on the thyroid gland by Dr. Aloha M. Kirkpatrick with a clinic and discussions. The members spent a very pleasant time.

F. E. HEMSTREET, Secretary.

The Idaho Osteopathic Board of Examiners.

The following is a list of the appointees on the Idaho Osteopathic Board: Dr. H. D. Morris, Boise; Dr. E. G. Houseman, Nampa; Dr. J. C. Edwards, Wallace; Dr. W. M. Hatfield, Moscow; Dr. G. T. Schmelzel, St. Anthony.

The Los Angeles County Osteopathic Association has elected the following officers for the year: J. S. Allison, president; Carle E. Phinney, secretary; Lottie M. Davidson, treasurer. The meetings are held monthly at the Pacific College of Osteopathy. The program for the April meeting includes the first of a series of talks upon osteopathic ideas of pathology, by C. A. Whiting, a clinic by R. D. Emery, and some recollections of Andrew Taylor Still, by E. A. Plant, Cora Snyder and others.

The bill which was before the legislature of Minnesota to regulate the practice of chiropractic and providing for a board of examiners, passed the senate and got to General Orders in the House: it met with sufficient opposition to block its passage and it died there on adjournment of the legislature.

Drs. C. G. Redfield, Parker, W. V. Goodfellow, Groton, and Mary N. Farr, Pierre, constitute the new osteopathic board for South Dakota.

PERSONALS.

Born, to Dr. and Mrs. O. J. Snyder, Philadelphia, April 1, a son.

Born, to Dr. and Mrs. Chas. E. Still, Kirksville, Mo., March 26, a son.

Mrs. Essie S. Cherry, D. O., who spent the winter in Florida, has returned to her home in Milwaukee.

Dr. Florence Brown Stafford is rejoicing over the realization of a long deferred hope—a house of her own, she recently having purchased a place at 625 Clyde street, East End, Pittsburg Pa.

Dr. E. R. Larter, on account of the illness of his wife (recently deceased), spent several months in Tippecanoe City, O. He has recently returned to Niagara Falls and opened an office in the Silberberg building.

Dr. William Horace Ivic has accepted a position on the staff of the A. S. O. Infirmary at Kirksville, Mo., and an internship in the hospital until August. He will also have a class of Juniors in manipulation, and a class of Post-Graduates in hospital work.

The address of Dr. O. J. Snyder is given in The Osteopathic Directory as Atlantic City, N. J. As we understand Dr. Snyder conducts a summer practice there, but he desires that the profession should know that he is still in business at the Witherspoon building, Philadelphia.

Dr. H. L. Chiles, Auburn, N. Y., owing to the demands made upon his time by the secretaryship of the A. O. A., has found it necessary to get help in his practice. He has formed a partnership with Dr. J. T. Drake, of Oneida. Dr. Drake will divide his time between Auburn and Oneida.

We have received a dainty card bearing the following inscription:

Edith Louise Cave,
April Fourteenth, Nineteen Seven.
Dr. and Mrs. Francis Cave.

Boston.

REMOVALS.

- L. W. Allen, Middlebury, Vt., to Springfield, Mass.
 Rose E. Breitenstein, 120 William St., to 124 William St., Rochester, N. Y.
 Annie P. Thompson Handy, Providence, to Sakonnet, R. I.
 Sophia M. Heinemann, Fairibault, to Waterville, Minn.
 Betsey B. Hicks, 24 Van Buren St. W., to 206 Ward Bldg., Battle Creek, Mich.
 V. A. Hook, Lowenstein Bldg., to 406 Second National Bank Bldg., Wilkes-Barre Pa.
 E. R. Larter, Tippecanoe City, O., to 1 Silberberg Bldg., Niagara Falls, N. Y.
 F. J. Marshall, Lewis Block, to 1026 Park Bldg., Pittsburg, Pa.
 L. H. McCartney, Dayton, to 715 Harrison Bldg., Columbus, O.
 Nellie M. Pierce, St. Joseph, Mo., to 15 Fletcher and Salmons Block, San Diego, Cal.
 Emma Purnell, 206 E. King St., to 217 Woolworth Bldg., Lancaster, Pa.
 Delia B. Randel, Jackson, to Sharpsburg, Miss.
 Florence Brown Stafford, 811 St. James St., to 625 Clyde St., East End, Pittsburg, Pa.
 H. M. Stool, Kirksville, Mo., to Collins Bldg., Helena, Mont.
 Wilfred A. and Jessie F. Streeter, Worcester, Mass., to 2 Harewood Place, Hanover Square, London, W. Eng.
 W. C. Swartz, 44 Vermilion St., to 311 Odd Fellows Bldg. Danville, Ill.
 Georgiana G. Watson, Haverhill, Mass., to 2 Harewood Place, Hanover Square, London, W., England.
 Bertha O. White, Wilkinsburg, to 5115 Center Ave., East End., Pittsburg, Pa.
 Truman Wolf, Iola, Kas., to Carthage, Mo.
 Chas. K. Garring, Durant, I. T., to Atoka, Okia.
 A. D. Glascock, Owosso, Mich., to Charlotte, N. C.
 Emma M. Compton, Whitewright, Tex., to 323 Pittsburg Life Bldg., Pittsburg, Pa.
 W. E. Dressel, Carrollton, to Alton, Ill. (Lock Box 84.)
 W. R. Dozier, 601 to 400 Grand Opera Bldg., Atlanta, Ga.
 E. J. Bartholomew, 407 Stone Bldg., to 134 Mentor Bldg., State St., Cor. Monroe, Chicago, Ill.
 Tillie Wisner, Lead, to Britton, S. D.

Osteopathy in North Carolina.

Dr. A. H. Zealy, Secretary of the North Carolina Osteopathic Society, writes us as follows:

"North Carolina takes her place in line with those states having independent Boards of Examination and Registration. The bill passed the Senate the 6th of March, having passed the House about a week before. The new law is based upon the Tennessee law and the bill drawn up by the A. O. A. legislative committee.

"The getting of this splendid law in our state is evidence of the marked progress osteopathy has made in North Carolina the last two years. It will be remembered by some of the profession how the legislature received our bill in 1905. We had absolutely no showing. To a great extent this was due to ignorance of the people at large concerning osteopathy. So little was known about our practice that public sentiment was not with us. At that time there were only two men who had been in the state over a year and altogether there were only six osteopaths in the state. Therefore the treatment accorded us by the legislature in 1905 was not to be wondered at. But what a contrast this year when our efforts are rewarded by the passage of one of the very best osteopathic laws yet obtained in any state. Two years ago nothing was known of osteopathy in most of the leading towns of the state, now there are one or more osteopaths in each of these towns and many of the smaller towns, too, have osteopaths. These men and women are conducting themselves and their practices in a manner which demands respect as citizens and confidence as physicians.

"The governor's approval of a bill is not required in North Carolina, therefore our bill became a law as soon as it passed both branches of the legislature. The usual opposition was put up by the medical men but we were too strong for them this time. Our victory was sweeping."

The Osteopaths of San Diego, Cal., and vicinity have recently organized the San Diego City and County Osteopathic Association. The first officers of the association are as follows: President, Lena Creswell; vice-president, D. H. Elliott; secretary, Louise Heilbron; treasurer, ——— Pierce. Meetings will be held monthly.

Chas. F. Bowen, M. D., Columbus, Ohio, delivered a lecture on the evening of April 23 to the osteopaths of that city and vicinity on the X-Ray in Diagnosis. The lecture was delivered at his laboratories at the Grant hospital.

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No. 10

CANCER.—CASE REPORTS.

J. MARTIN LITTLEJOHN, Ph.D., M.D., D.O., Chicago.

Introduction to Cases.

The following cases are tabulated as they have been diagnosed and under treatment, mainly to call attention to the line of lesions. The symptomatology of Cancer is so varied depending on the localization that little stress can be laid on these symptoms in forming a generalization on the subject. The line of treatment has been, (1) palliative, in the attempt to control distressing and troublesome symptoms; so as to make the patient as easy as possible; (2) corrective, to correct the lesions either primary, secondary or contributory to the cancer; (3) dietetic and hygienic. We have eliminated all irritating foods and drinks and kept the patients on as simple a diet as possible. This is referred to later. (4) In some of the cases antidotes have been used where called for and antiseptic measures were taken to prevent septic development.

The curability of cancer has been demonstrated in these cases. Some may question our diagnosis. I do not think there is a case included in this report that was not diagnosed by special experts on the subject of morbid growths and in many cases there had been operation with microscopic demonstration of the cancer. In all the cases a blood examination was made and the signs of the cancerous conditions were found to be present as outlined later.

In the report of a case in the *American Medical Association Journal* (Vol. 48, No. 6, Feb. 9, 1907), *Dr. Frederick Proescher*, Pathologist to Mercy Hospital, Pittsburg, Pa., says "the supposition that the removal of the inflammatory irritation may bring about the healing of carcinoma seems very probable, the carcinomatous masses underwent (with some exception) colloid degeneration; only in the outer fibrous capsule where the vascularization was so rich, were there still some carcinomatous nests, nourished and kept living; but even there the necrobibitic changes of the Carcinoma cells have begun. They perish either through poor nourishment or the invasion of the fibroblasts which compress them. It is logical to suppose that without extirpation the Carcinoma would have degenerated and disappeared. We can therefore admit the interesting fact of the spontaneous healing of a Carcinoma. This case shows that even in advanced cancer when the organism has sufficient fighting endurance recovery is still possible."

This is the keynote of our technique in these cases, to *maintain and increase the "fighting endurance" of the organism.* This we do by *the removal of ob-*

structive interference, whether mechanical or toxic, the upbuilding of the nutritive and trophic conditions of the organism and the establishment of thorough elimination.

No. 1.

Female—age 71.

Lesions—Very marked ant. 3d, 4th, 5th dorsal.

Symptoms—Cancer of stomach. Been suffering long time. Pain agonizing; could be heard at a distance from house moaning. Much emaciated. Great suffering in connection with taking any food.

Treatment—I was taken to see patient by two M.D.'s to try and relieve pain. Spent three hours one evening correcting. After vomited black fluid, almost one-half wash basin. No pain after. Died a few months after, head resting on my arm, thanking me for relief from pain.

No 2.

Female—age 74.

Lesions—Great rigidity of all spine; like wood. Anterior lumbar region, 12 D. and 1 L. twisted, former to right, latter to left.

Symptoms—Uterine cancer, with complete paralysis of lower extremities. Been in bed for four years. This one of cases in which discharge from fistula; recto-vaginal abscess found to be full of toxic substances.

Treatment—Relaxed muscles so that paralysis overcome. Patient has lived free from pain for over five years. After treatment, began to eliminate poisons, all the secretions and excretions, even the ear wax began to eliminate the poisons. Emaciations overcome.

No. 3.

Female—age 45.

Lesions—1-5 cer. lateral to left; 5th rib very painful and twisted; 1-2-3 L. very posterior. Left innominate anterior.

Symptoms—Uterine cancer. Dropsical abdomen and lower extremities. Diagnosed and treated by two M. D.'s for cancer.

Treatment—Lesions corrected; dropsy overcome. Only condition left, acid condition of stomach, and this finally cured. Been in good health since.

No. 4.

Female—age 47.

Lesions—Displaced pelvis, much twisted; 7, 8, 9 dor. posterior; 3d L. anterior; 4th and 5th L. right lateral; right innominate forward. Bad coccygeal lesion.

Symptoms—History of injury. Broken coccyx and the sacrum considerably distorted. Feet and legs lost sensation and rigid. Three tumors in uterine area quite large.

Treatment—Correction of lesions and antidotal treatment. Treatment continued until tumors entirely removed. Died under another doctor, of diabetic pneumonia, four years later.

No. 5.

Female—age 29.

Lesions—Spine very rigid; 1, 2, 3 C., left lateral; 2-7 D., very anterior; 1 and 2 L., very posterior; coccygeal displacement.

Symptoms—Constipation from childhood. Eczematous hands, arms, face and feet periodical. Cancerous condition of right ovary. Great headache.

Treatment—Treated for some years, correcting lesions. Cured except some return of headaches, due in part to eyes and work.

No. 6.

Female—age 31.

Lesions—10 D. posterior; curve in interscapular area to right, in lumbar area to left; 7, 8, 9 ribs depressed and sensitive.

Symptoms—Jaundiced chronic condition. Ovarian cancer diagnosed and treated by doctors.

Treatment—Corrected lesions. Cured.

No. 7.

Female—age 67.

Lesions—Lower part of spine very ant.; very sensitive. Sacro-coccygeal region almost couldn't touch. 4-6 D. anterior. Curvature 4-10 D. to left. Pelvis twisted.

Symptoms—Cancer of uterus; much bloating. Very painful to walk. Did not sleep. Been operated on for cancer over a year before. Great pain in lower part of back.

Treatment—Treated; marked improvement at first. Did not continue. Patient died of septic conditions under care of other doctors.

No. 8.

Female—age 20.

Lesions—Coccyx bent in; had been broken. Lumbar much anterior; 3-6 D. anterior; 5-7 cervical posterior and lateral to right.

Symptoms—Ovarian congestion and symptoms of cancer. Mammary enlargement and irritation; blood disintegration. Daughter of No. 7. Great lumbar pains.

Treatment—Treated to correct lesions for several years. Married since, and in perfect health.

No. 9.

Female—age 31.

Lesions—Atlas to left and anterior; 4-5 cervical anterior. All ribs compressed. Straight spine, 8 D. to sacrum. Innominates loose. Left clavicle loose.

Symptoms—Patient had great headaches. Much uterine trouble. Hemorrhage from stomach for seven months, daily. Much bloating and stomach derangement. Cachectic.

Treatment—Under treatment discharged several tumors from vagina, cone-shaped and solid, with clots of blood as large as good-sized eggs. Under treatment for years, improving slowly.

No. 10.

Female—age 46.

Lesions—Spine very rigid. 9 D. to 5 L. straight. Very sensitive in 9, 10, 11 ribs. Left innominate posterior; 5 D. to left and anterior. Neck very sensitive and irregular, especially lower cervical region.

Symptoms—Uterine cancerous tumors. Emaciated. No appetite. Very sensitive, even to speak to. Pains periodically very severe. Diagnosed by surgeons, who wanted to operate.

Treatment—Cured by correction of lesions and antidotal treatment. Sensitiveness entirely overcome.

No. 11.

Female—age 43.

Lesions—Left shoulder blade very rigid. Anterior 2-6 D. Ribs packed 3-6. Heart affected. Fainting spells, especially when excited. Almost spasms, like epilepsy, when very excited.

Symptoms—Cancer of breast been operated on. Couldn't come down town for treatment. Health good, except those spasms of excitement. Digestion good.

Treatment—Corrected lesions and antidotal treatment. Better. Health improved. Com-

No. 12.

Female—age 73.

Lesions—Spine very rigid. Anterior 10 D. to 5 L., 2-3 L. to left. Left innominate anterior. Lower ribs dropped down almost to pelvis.

Symptoms—Uterine cancer. Great dropsy; been tapped every day for some time. Under treatment of medical doctor for cancer. Appetite fair.

Treatment—Correction of lesions and antidotal treatment. Kept down dropsy and kept stomach in good condition. Life prologed several years. In fairly good health.

No. 13.

Female—age 20.

Lesions—Upper dorsal anterior. Very rigid spine. Atlas anterior. Axis to right. 4 and 5 cervical dropped anterior and very painful.

Symptoms—Cancer of the cheek. Been operated on twice. Hereditary element. Neurotic family history. Health good.

Treatment—Correction of lesions and antidotal treatment. Completely cured. Now married and well.

No. 14.

Female—age 43.

Lesions—Atlas anterior. 3, 4, 5 C. very anterior. 4 D. lateral. 4 and 5 D separated. 6-9 D. irregular. 3, 4, 5 ribs very sensitive and depressed at sternum.

Symptoms—Cancer of breast. Been developing for number of years. Been treated by the plaster method. Left an open wound constantly discharging a limpid fluid. Very offensive in odor. Health fair. Appetite fair. Emaciated and cachectic.

Treatment—This was one of the first cases that called my attention to the fact that cancer represents a toxic condition. Discharge was analyzed. Certain poisons were extracted, and the fluid was used for injection into animals, giving the poison symptoms. Hg. was one of these poisons. Patient's whole system seemed under intoxication. She would rally for a while. Improved very much. In the spring she took pneumonia and died of sepsis.

No. 15.

Female—age 26 (daughter of No. 14).

Lesions—10-12 D. posterior. 1 and 2 L. lateral to left. Entire D. region rigid, and several breaks. Both innominate forward, giving patient peculiar gait in walking. Cervical region very rigid, probably from walking.

Symptoms—Uterine cancer. Been operated on and so diagnosed. Very aggravated constipation. Emaciated. Dirty yellow color. Several miscarriages. Weak and no appetite. Blood test gave much blood disintegration and immature blood cells.

Treatment—Corrected lesions and antidotal treatment. Constipation cured and patient cured. Well after several years. This and previous patient from region where lime water. Great many cancer cases in this region. Better when away from that lime water.

No. 16.

Female—age 45.

Lesions—Spine very rigid. Left innominate much anterior. 2, 3, 4 L. anterior and to left. Scapulae much winged. 2-6 D. very sensitive.

Symptoms—Cancer of uterus. Been operated on. Great constipation. Incontinence of urine. Left limb paralyzed. Continued rheumatic pains. Diagnosed as cancer by several doctors and surgeons. Wanted to operate again.

Treatment—Another case in which operation resulted in fistulous ulceration in left gluteal region. Kept discharging for a long time while the poisons were being driven out of system. After they were driven out, the fistula healed up completely. Patient was progressing very favorably when treatment stopped. Have never heard if patient is alive or not, although improved continually and pains always relieved.

No. 17.

Female—age 47.

Lesions—Interscapular area anterior. 5, 6, 7 C. posterior and very rigid at occipital articulation.

Symptoms—Cancer of right breast. Right arm swollen enormously. Very painful. Good health otherwise.

Treatment—Correction of lesions and antidotal treatment. Cured.

No. 18.

Female—age 45.

Lesions—4, 5, 6 D. irregular and lateral to left. 4 and 5 lumbar anterior. 10-12 D. very sensitive and lateral to right. Left innominate posterior.

Symptoms—Cancer of intestines. This case treated for cancer of breast and operated on surgically. Healed up. Then patient went south, and in two years developed obstinate constipation, with obstructive symptoms. All efforts to relieve unsuccessful. Later operated on for intestinal cancer.

Treatment—Came for treatment. Diagnosed as intestinal obstruction. Really cancer of intestines. Various tumors about size of pea to size of egg, especially in left side of abdomen. Friends prevailed on to submit to operation. Antidotal treatment and correction of lesions cleared up constitution well, but left for operation.

No. 19.

Female—age 45.

Lesions—Left thorax very rigid. 2-5 ribs impacted and sensitive; all upper anterior. Neck very rigid. Atlas anterior. 3, 4, 5 C. lateral to left. Lower D. and L. regions posterior.

Symptoms—Cancer of breast. Arms much enlarged, especially left. Another case been operated on, and discharging wound. Clear fluid. All attempts to heal impossible. Analysis of fluid. Toxic substances.

Treatment—Corrected lesions and antidotal treatment. Improved, but diet not attended to, and died of septic pneumonia under medical doctor's care. Would not be careful about exposure. Much improved.

No. 20.

Female—age 50.

Lesions—Spine rigid. Interscapular area anterior. 3, 4, 5 L. anterior and lateral to left. Lower ribs depressed. Rigidity and enlargement of sacral tissues. Intestinal prolapsus.

Symptoms—Prolapsus of uterus and cancerous condition diagnosed by doctors. Much emaciated. No appetite. Great pain, with frequent micturition. Aching in lumbar region.

Treatment—Treatment to relieve and correct lesions. Patient relieved of prolapsus and improved in health, but did not continue treatment. Still continues in good health after four years.

No. 21.

Female—age 50.

Lesions—Spine very sensitive. 4 and 5 D. anterior. 12 D and 1 L. break. Posterior L. region. Sacral fullness. Spinal muscle rigidity.

Symptoms—Tumor development, following menopause. Worked very hard all her life. Sacral backache; aggravated by walking. No appetite. Emaciated, with typical cachexia. Surface cutaneous blood cysts and brown and yellow patches very marked.

Treatment—Lesions corrected and good relaxing treatment given. Patient relieved of symptoms. Appetite restored. Did not continue treatment, but still alive and in good health.

No. 22.

Female—age 46.

Lesions—9-12 D. lateral to left. 4 L. to left. 12 D. and 1 L. break. Great contraction of the muscles in upper D. and L. muscles. Left ovary very sensitive. Very tender at lumbo-sacral articulation.

Symptoms—Ovarian congestion and tumor of uterus. Pronounced cancerous. Constipation. Much emaciated. Poor appetite, and great pain at times.

Treatment—Correction of lesions, antidotal treatment, and relaxation of muscles. Elevation of the intestines to free ovarian and uterine circulation. Constipation relieved, and returned home cured.

No. 23.

Female—age 50.

Lesions—10 D.-3 L. posterior. Scapulæ very rigid. Much stooping. Neck rigid. 1 and 3 C. anterior. Breaks between 4 and 5 D., 7 and 8 D.

Symptoms—Patient had adhesions of uterus, followed by tumorous development. Operation advised but refused. Brother a doctor, and advised the treatment. Very nervous. Deep, dirty yellow color. Constipation. General malaise. Pain on walking much.

Treatment—Patient improved. Did not continue treatment.

No. 24.

Male—age 71.

Lesions—Cervical muscles much contracted. 3 C. anterior. 3 to 6 C. lateral to left. 3, 4, 5 D. anterior. Scapulæ very rigid and arm articulation diminished. Muscles very rigid along spine. Hip dislocated. Post. neck muscles very tense and sore.

Symptoms—Diagnosed as cancer of the nose. Treated as lupus. X-ray and Finsen light treatment did not do any good. Periodical toxic diarrhœa. Analyzed several times discharges and found the typical pathological and toxic eliminations.

Treatment—Patient improved, but the diarrhetic condition seemed to gain upon him, and he finally died of intestinal disturbances after taking treatment for several years.

No. 25.

Female—age 42.

Lesions—Neck very rigid and tense. Right shoulder subluxated. Corrected in one treatment. 1 C. anterior. 3, 4 C. anterior. Upper D. anterior. 8-10 D. lateral to left. All spine tense.

Symptoms—Cancer of face. Been operated on. Arm affected. Cancer on left side of face. Could not raise right arm up to head. Had not fixed own hair for seven years. Here, wound discharging and analyzed to find toxic substances.

Treatment—As used antidotal treatment kept discharging and kept wound open. Finally healed up by use of treatment and a vaseline of slippery elm, dogwood, and pure strained lard. Cured.

No. 26.

Female—age 34.

Lesions—Irregular spine and broken. C. region right lateral. D. and L. straight and breaks. Very bad break between 2 and 3 lumbar.

Symptoms—Uterine cancer. Patient very weak. At first corrective treatment would make patient collapse.

Treatment—Corrected lesions and improved. Patient died some time after under Christian Science treatment, called in by friends because they thought she was not progressing fast enough, although all symptoms were under control.

No. 27.

Female—age 41.

Lesions—Spine rigid and straight. Broad ligament on left side enlarged and tender. Great pain on pressure, and almost agony in rotation of left leg. 9-10 D. anterior. 2, 3, 4 lumbar posterior and sacral tissues enlarged. Very sensitive around innominates.

Symptoms—Cancer of uterus. Menorrhagic. Much emaciated. Great constipation. Gas formation. Eyes weak, at times almost blind. Diagnosed by doctor, who sent for treatment.

Treatment—Correction of lesions. Treated to control hemorrhage and correct broad ligament. Pain entirely relieved. Cured.

No. 28.

Female—age 40.

Lesions—All lumbar region very posterior. Right hip subluxated and innominate posterior. 9-12 D., curvature to left. Upper D. rigid and breaks.

Symptoms—Ovarian tumor. Cystic cancerous. Cachexia several years. Great pain in hip and iliac region. Periodical lumbar pains. Great pain on menstruation. Lasted six days.

Treatment—Correction of lesions and antidotal treatment. Cured.

No. 29.

Female—age 44.

Lesions—Atlas twisted to right; 5 and 6 C. to left. Straight spine, with irregularities lateral. 3d D. to left, 4th D. to right, 8 D. to right, 9 D. to left, 4 and 5 L. to left. Intense pain on pressure at angles of 4 and 5 ribs. Very sensitive at vertebral articulations.

Symptoms—Cancer of breast. Worked hard, lifting great deal. Eyes gave out. Came on after last child about 18 months old. Became very sensitive, nervous. Vomiting spells.

Treatment—Correction of lesions. Much improved. Did not continue.

No. 30.

Female—age 55.

Lesions—Great rigidity of scapulae; bound to post. thorax. Subluxation of 4 and 5 ribs; very sensitive at sternal end. 3, 4, 5 dorsal anterior. 9, 10, 11 dorsal posterior and lateral to the left.

Symptoms—Widow. Been in good health until change of life. Tumor appeared; operated upon. About a year after another began to appear. Diagnosed cancer of the breast. Discharging, and analysis was made of discharge. Toxic.

Treatment—Treatment given to relax muscles, raise and separate ribs, and articulate spine. Antidotal treatment. Cured.

No. 31.

Female—age 50.

Lesions—Slight subluxation of right shoulder. Sternal end of clavicle rotated upward and inward; 3, 4, 5 ribs packed; very sensitive at angles. Spine much broken. Curvature 5 dorsal to 1 lumbar and very sensitive.

Symptoms—Cancer of breast. Swollen and dropsical right arm. Many years before fell from hay rack; back injured. Went on crutches for some time. Lump began in breast, and pain shooting to axilla. Tumor very hard and discharging. Examination of fluid discharge, which offensive odor showed poisonous substances.

Treatment—Treatment for lesions and antidoting poisons made patient progress very favorably. Patient been weak, and no digestive powers, but gradually pulled up. She got homesick and went home to Colorado, where she died of some acute intestinal disturbance three years later.

No. 32.

Female—age 47.

Lesions—Cervical vertebræ impacted. Muscle contraction. 5-9 dorsal curvature to the left; 11-12 to right. 2 and 3 lumbar to left; 5 lumbar anterior. Spine hyperaesthetic. Ovarian region left side very sensitive.

Symptoms—Nervous temperament. Suffered from dysmenorrhea for years. Intense pain, period lasting for seven to fourteen days at times. Made very weak. Great pain in head and over eyes. Pain began at base of brain and always moved up to vertex, when pressure down would sometimes stupefy and make unconscious. Cancer of uterus. Since menopause uterine hemorrhages, emaciation, and cachexia.

Treatment—Correction of lesions improved very much. Did not continue treatment, but in good health at present time.

No. 33.

Female—age 65.

Lesions—Scapulæ almost bound to thorax posteriorly. All upper dorsals anterior. Lateral right curvature of 6-10 dorsal. Lumbar region posterior. Separation between 11 and 12 dorsal, 4 and 5 lumbar, and 5 L. and sacrum. Cervical region much contracted.

Symptoms—Cancer of breast. Operated on, and cancer of uterus developed, and operated on for it. In all seven operations before came for treatment.

Treatment—Came for treatment in dilapidated condition. Discharge from uterus which showed toxic conditions of excretions. Antidotal treatment. Improved gradually under treatment, and now well.

No. 34.

Female—age 39.

Lesions—1 cer. to right, 2 cervical to left; 2, 3, 4 dorsal to right; 6-7 dorsal anterior. 1-2 ribs elevated at spine; 3, 4, 5 ribs elevated at sternum and packed together.

Symptoms—Cancer of breast developed, in connection with rigidity and paralysis of right arm and shoulder.

Treatment—Treatment overcame rigidity and paralysis, and patient seems to be well now.

No 35.

Female—age 62.

Lesions—Anterior atlas. Axis to right. 7 cer. to right. Upper dorsals anterior and impacted. Lumbar area posterior, with left lateral curvature. Ribs impacted, 2, 3, 4, 5.

Symptoms—Cancer of breast. Asthmatic. Dropsical arm (right). Great weakness followed the menstrual cessation. Great dysmenorrhea just before menopause. Small tumors appeared in breast; grew slowly; developed in axilla. Then arm swollen, and discharge from breast, odorous and toxic.

Treatment—Patient much improved by treatment. Tumorous condition and swelling going away when died of bronchitis.

No. 36.

Female—age 39.

Lesions—Atlas anterior. 3, 4, 5 cer. to left. 8 and 9 dor. lateral to right. Lumbar region posterior. Rigid and enlarged sacral tissues.

Symptoms—Cancer of uterus. Patient worked hard on a farm and lifted considerable. attending sick mother. Intense backache. Great constipation. Uterine hemorrhages and eczema all over body.

Treatment—Correction of lesions and antidotal treatment. Gradually improved. Now cured.

No. 37.

Female—age 29.

Lesions—Dorsal region anterior. Lumbar region very posterior, with left lateral curvature. 9 and 10 dorsal right lateral. Cervical region very tense. Atlas anterior. 1-3 cervical to left.

Symptoms—Teacher; quite delicate. Dysmenorrhea since about 19 years of age. Great pain at period, followed by dizziness, nausea, and vomiting. Weak and nervous. Little appetite. Constipation. Two years ago developed tumorous condition, with uterine hemorrhages. Emaciated and cachectic. Cancer of uterus. Surgical interference advised.

Treatment—Treatment to correct lesions improved from very first. Patient well now.

No. 38.

Female—age 54.

Lesions—Cervical region tense. Atlas anterior. 7 cervical to left. Slight right lateral curve 3d dor. to 1 lumbar. 4 and 5 ribs depressed and very sensitive at sternum. Lower ribs impacted.

Symptoms—Cancer of breast. Been operated on seven times for it. Discharge was analyzed and found toxic. Chief symptoms were dyspnea, nervousness, and weakness. General health fair.

Treatment—Improved under treatment. Now well.

No. 39.

Female—age 41.

Lesions—Contracted muscles in cervical region. Rigid shoulder articulation and upper dorsal. 6-12 dorsal posterior. 4 and 5 ribs impacted on left side and tense tissues. Muscles more or less contracted all over body.

Symptoms—Cancer of breast. Small tumor appeared after birth of last child, on left side. Increased glandular development till a chain from breast to axilla. Emaciated. Lost appetite. Nervous and cachectic.

Treatment—Improved under treatment, and still improving.

No. 40.

Female—age 45.

Lesions—2 to 4 dorsal anterior and very rigid, with contracted muscles. 8, 9, and 10 dorsal posterior. Corresponding ribs very sensitive at spine. 2, 3, 4 lumbar posterior; very marked.

Symptoms—Cancer of stomach. Began in acidity and dilation of stomach. Stomach abscesses. Insomnia. Gas eructation. Constipation. Poor appetite. Loss of flesh. Cachectic and anxious.

Treatment—Treated for long time. Gradually improved. Now well.

No. 41.

Female—age 31.

Lesions—Spine rigid. 9, 10, 11 dorsal lateral to left. 5th lumbar posterior. 1, 2, 3 dorsal anterior. Atlas anterior. 3 cervical to right. Left innominate subluxated posterior and up.

Symptoms—Cancer of uterus. Displacement of uterus back and to left. Great ovarian congestion. Said to be adhesions. Great dysmenorrhea. Received internal local treatment without any benefit. Constant tenderness in left iliac region. Uterine discharge.

Treatment—Lumbar pain steady. Prolapsus on the slightest effort. Treated to correct lesions and overcome conditions. Treated nearly two years. Cured.

No. 42.

Female—age 37.

Lesions—Scapulæ rigid. Interscapular area anterior. 2, 3, 4 dorsal lateral to right. Atlas much anterior. Also 3 cervical to right. Abdominal muscles very rigid.

Symptoms—Cancer of breast, diagnosed by medical doctors. Right arm great pain just above elbow. Weak and poor appetite.

Treatment—Treatment to correct lesions. For long time did not yield. Later yielded gradually, and patient cured.

No. 43.

Female—age 45.

Lesions—Upper dorsal anterior and rigid. 10 and 12 dorsal lateral to left. 3, 4, 5 lumbar posterior. 10, 11, 12 ribs on right side dropped and very sensitive.

Symptoms—Cancer of uterus, diagnosed by doctors. Eczematous all over skin. Pustulous eruption, with ovaritis and periodical attacks like sciatica, especially on right side. Been relieved by herb steam baths, but returned, and did not relieve. Always some difficulty at menstrual period.

Treatment—Antidotal treatment. Treated for long time to correct lesions. Much improved. Stopped treatment, but returned and continued. Now well.

No. 44.

Female—age 47.

Lesions—Head anterior on atlas; could feel the atlas tubercle. 2 to 6 dorsal anterior and curvature to right. 4 and 5 lumbar anterior. The upper ribs pulled up at vertebral ends, and muscles very contracted.

Symptoms—Cancer of breast. Conditions came on at the menopause. Had several attacks of pleuro-pneumonia, and after recovery developed the tumor of breast, beginning in the axilla. Nervous and emaciated. Very sensitive to heat, cold, dampness. Pleurodynia. Periodical pain in upper half of right side and arm.

Treatment—Correction of lesions improved. Carried through attack of septic pneumonia. Did not continue treatment because felt so well, and enlargement entirely disappeared on breast.

No. 45.

Female—age 60.

Lesions—Dorso-lumbar spine very posterior. Breaks between 2 and 3, 3 and 4 lumbar. 9 to 12 dorsal lateral to the left. Left innominate luxated backward. 4 and 5 dorsal anterior and very sensitive.

Symptoms—Cancer of uterus. Diagnosed in Minn. and operated on. Dropsical. Very weak. Stomach much irritated. Little food retained. Vomiting aggravated. Had been operated, and wound discharging. Analysis for toxic conditions. System seemed intoxicated. Cachexia very marked, and much emaciated.

Treatment—Seemed to be much relieved by correction of lesions. But intestinal trouble developed. Improved considerably for some time. Stomach and nervous symptoms passed away. She died later of septicæmia.

No. 46.

Male—age 49.

Lesions—Right innominate luxated forward and right hip rigid. 9 dorsal to 2 lumbar lateral to left and posterior. Scapulæ very rigid. Lower ribs depressed. Spine all very rigid.

Symptoms—Cancer of intestine. Liver and pancreas involved. At times all the symptoms of intestinal obstruction. Very acute pain. No appetite. Weak.

Treatment—Pain was always relieved by treatment. Stretching of the spine and rotation of limbs, especially the right. Much improved, but did not continue the treatment.

No. 47.

Female—age 41.

Lesions—Very anterior interscapular area. Break in spine between 1 and 2 lumbar. 5th lumbar anterior. 10 and 11 ribs dropped.

Symptoms—Diagnosed as cancer of small intestine. Had used injection treatment into small tumor just below umbilicus with no benefit. Growing rapidly, and painful.

Treatment—Under treatment to correct lesions, and antidotal injection. Tumor gradually disappeared, and patient cured.

No. 48.

Female—age 20.

Lesions—12 rib almost impalpable under 11th. Glands in all areas enlarged. 4 and 5 cervical posterior. 5, 6, 7 dorsal lateral to left. Break between 2 and 3 lumbar. 12 dorsal very anterior.

Symptoms—Under medical treatment for cancer following scrofulous condition. Found tumor in lower abdomen. Blood test leucæmic and disintegrating.

Treatment—Treatment and antidotal treatment for the drugs in system generally improved. Now well.

No. 49.

Female—age 32.

Lesions—Innominate on left side luxated. Considerable difficulty in left limb—numbness. Anterior 4 and 5 lumbar. 11 and 12 dorsal very sensitive and slightly lateral to left.

Symptoms—Sent by osteopath for operation for uterine tumor. Diagnosed cystic condition of cancerous nature. Blood test positive degeneration changes.

Treatment—Correction of lesions removed the tumor and corrected blood conditions without operation.

No. 50.

Female—age 26.

Lesions—Straight spine. Thoracic development, spindle chest. Dorso-lumbar region posterior. Great soft tissue enlargement in sacral region.

Symptoms—Under treatment and diagnosed as fibroid of uterus. Now diagnosed as cystic condition of uterus of cancerous nature. Blood test, disintegration.

Treatment—Correction of lesions, and the tumor disappeared. Health improved, and well since.

No. 51.

Male—age 56.

Lesions—Atlas very anterior and lateral to left. 3 and 4 cervical very lateral to right; very sensitive. 6, 7 cervical, 1, 2, 3, 4 dorsal curvature to right side. Left arm very painful, especially at shoulder and elbow.

Symptoms—Diagnosed by several doctors as cancer of throat. Patient emaciated. No appetite. Could not sleep for pain. Cachectic and anxious.

Treatment—Treatment for correction of lesions and antidotal treatment. In ten weeks returned home, pain gone, and able to swallow. Improving under treatment.

No. 52.

Female—age 26 (daughter of No. 51).

Lesions—Sub-occiput extremely sensitive. All spine sensitive. Spine very irregular, especially 3, 4, 5 cervical, lateral to left; curvature to left at 5, 6, 7 dorsal. 1, 2, 3 lumbar posterior and to the right. Sacral region so sensitive and enlarged could not touch.

Symptoms—History of dysmenorrhœa. Convulsions and epileptiform spasms during menstrual period. Doctors diagnosed malignant cystic congestion of both ovaries, and only help surgery. Had collapse spells. No appetite. Emaciated.

Treatment—At first treatment aggravated spasms and tendency to collapse. Antidotal treatment, and correction of lesion gradually improved.

No. 53.

Male—age 55.

Lesions—Atlas anterior, or rather occiput posterior. Great enlargement along the anterior transverse processes of lower cervical. 3, 4, 5 cervical lateral to left. Interscapular area anterior. All spine from 8 dorsal swerves to right. Straight spine. Lumbo-sacral rigidity.

Symptoms—Leukoplakia of tongue. History for years of hyperacid and dilated stomach condition. Tongue broken and much disfigured by presence of the tumor masses. Diagnosed fibroma-sarcoma. No appetite. Microscopic examination gave leucocytes dead and alive, and degenerating material.

Treatment—Patient under treatment. Improving. General health better. Removal of the patches by the use of chromic acid, in order to remove obstruction to the action of the glands and mucous membrane.

No. 54.

Female—age 67.

Lesions—Spine so sensitive could not examine at first. Impossible to treat until inhibited. Found almost every vertebra twisted. After articulation reduced to three lesions—3 and 4 cervical lateral to left, 5 and 6 cervical lateral to right and posterior, 11 and 12 dorsal and 1 lumbar lateral to left, and soft tissue enlarged.

Symptoms—In bed for some time. Diagnosed as cancer of the stomach. Treatment reduced conditions, and after antidotal treatment able to get up and go around. Very sensitive at first to everything. Then stomach sensitiveness developed and could not retain food. Stomach at times bloated and stood out from abdomen as a large mass, solid and quite hard.

Treatment—Treatment correcting lesions made so could get about gradually. At present able to go about and do own house work, after four years.

No. 55.

Female—age 47.

Lesions—Anterior 3, 4, 5 lumbar. Great thickening of soft tissues in the sacral region. The left innominate very anterior. Later discovered 5, 6, 7 ribs impacted on left side, with right lateral lesions at 4 and 5 dorsal.

Symptoms—First saw after a chiropractic treatment. Paralyzed in lower limbs and dropsical, with hemorrhage. Treatment to palliate these and correct lesions. Found large tumor in uterine field. Diagnosed by three doctors as cancer. Under medical treatment.

Treatment—Patient under treatment to correct lesions and antidote poisons in system. Got quite well. Died of malarial fever in Cuba several years after. Had been in good health in the meantime.

No. 56.

Female—age 30.

Lesions—3 and 4 lumbar posterior; 5 lumbar lateral to right. Twisted pelvis. Left leg shortened. 8 and 9 ribs left side very painful and twisted. Atlas lateral to left. 3 and 4 cervical posterior.

Symptoms—First saw after treatment for several months by osteopath. Uterine cancer, and the right ovary involved. Twitching of muscles in right limb. Unbearable backache in small of the back and neck; on left side intense pain in 2 to 4 cervical area. Constipation very aggravated.

Treatment—Patient under treatment to correct lesions and antidotal treatment. Occasional neuralgia for a long time, but it always yielded to treatment. Well; has had no treatment for over a year.

No. 57.

Female—age 44.

Lesions—Spine very sensitive, irregular, and rigid. After relaxing the spine, reduced to three lesions. Break at 3 cervical, which very anterior; 5 and 6 dorsal very anterior: 2 to 5 lumbar very posterior, and 3 lumbar lateral to left; ribs impacted on both sides.

Symptoms—Very sensitive. Brought by M.D. No appetite. Been living on milk. Uterine and ovarian conditions. Hysterical at times. Diagnosed by M.D. as cancer of uterus and ovaries. Surgery advised and refused. Several attacks of hysterical ovaritis. Passing through menopause.

Treatment—Patient gradually yielded to treatment. At first treated every day. Had very severe hysterical spell and tremendous hemorrhages. After this, began to improve. Had no treatment for two years, and well.

No. 58.

Female—age 32.

Lesions—3 and 4 cervical anterior. 9 dorsal to 5 lumbar posterior and curvature to left. Spine very rigid. Muscles very tight.

Symptoms—Bad goiter, dating from puberty. Aggravated by birth of a child. Uterine tumors developed after, so that doctors said could not bear any more children.

Treatment—Lesions corrected and patient cured. Has had no treatment for over two years.

No. 59.

Female—age 31.

Lesions—Spine and thorax very rigid. Atlas anterior. 2 to 6 dorsal anterior and lateral to right. All lumbar region posterior. Floating ribs very sensitive and dropped.

Symptoms—Been treated some years previously. Returned in connection with uterine discharge of coffee-ground description. After treatment for nearly two years became pregnant and bore child to full term.

Treatment—Lesions corrected and patient cured. Difficult to get relaxation. Patient has had tendency to prolapsus, due, I think, to forceps delivery of her child; but in good health otherwise. Nervous, but improving all time.

No. 60.

Female—age 26.

Lesions—Twisted pelvis, antero-posterior to left. Discharge from uterus. Doctors diagnosed cancer.

Symptoms—Brought by doctor when uterine discharge. Had two miscarriages, following which tumorous growths in uterus and great dropsical bloating of abdomen and lower limbs.

Treatment—Correction of lesions cured patient so that went to work. Occasional attacks of neuralgia which yield to treatment. Otherwise in good health.

No. 61.

Female—age 64.

Lesions—Spine very rigid. Two lesions, principally 9 and 10 dorsal, very posterior, like closed fist. Sticking out like a hump. All lumbar region anterior and curvature to left. In cervical region rigid and all posterior.

Symptoms—Uterine tumor. Under M.D., who called in to examine. Completely paralyzed in lower half of trunk and extremities. Appetite fair. Chronic catarrhal condition. Much bloating of abdomen. Cachectic.

Treatment—Patient gradually got better under corrective antidotal treatment. Movement of limbs gradually returned. Tumor all gone. Patient gradually restored power of movement after limbs had been helpless for a year and a half.

No. 62.

Female—age 28.

Lesions—Pelvis twisted right up, left down. Very sensitive at symphysis pubis. 1 to 5 lumbar extremely posterior and gradual swerving from right to left. Interscapular area straight and rigid.

Symptoms—History of adhesions. Began after smallpox. Later married, and miscarriage. Following developed tumor. Doctors wanted to operate. Treatment began. Uterus retroflexed and adhesions. Round ligaments thickened and inguinal glands enlarged. Muscles emaciated and skin dirty yellow color. Liver periodically deranged.
Treatment—Patient no appetite. Very thin. Yielded to treatment. Still some complications of liver, but better than has been for years. After several years, well.

No. 63.

Female—age 49.

Lesions—Very rigid spine. Ribs on left impacted; 3 and 4 elevated. 3 to 6 dorsal lateral to left and anterior. 1, 2, 3 cervical anterior.
Symptoms—Cancer of breast diagnosed before came. Arm very rigid and painful. Very fleshy. Health fairly good.
Treatment—Patient under corrective and antidotal treatment gradually improved. Now better than for years.

No. 64.

Female—age 44.

Lesions—Very sensitive spine. Coccygeal displacement very marked. All the ribs on left side displaced. Curvature 2 to 9 dorsal to right; 4 and 5 dorsal very anterior.
Symptoms—Cancer of breast. Arm very painful and much swollen. Very fleshy. Health not good; nervous; appetite poor.
Treatment—Patient responded quickly to treatment for correction of lesions and antidotal treatment. Now well.

No. 65.

Female—age 40.

Lesions—3, 4, 5 dorsal lateral to right. Anterior in all upper dorsal region. 9 dorsal to 2 lumbar very irregular. Very sensitive over ribs, and when relaxation secured, found lower ribs dropped and cartilages inverted. Thorax pigeon-shaped.
Symptoms—Intestinal cancer. Diagnosed and treated by doctors. Operation advised but refused. General malaise; severe headaches; hardly any appetite or digestion. Cachexia.
Treatment—Thorough relaxation of spine, and thorax improved. Correction of lesions abated all symptoms. Patient seems to be well now.

No. 66.

Female—age 46.

Lesions—3, 4, 5 cervical to left; 2, 3, 4, 5 dorsal anterior and slight deviation to right; 3, 4, 5 ribs on right side depressed. Very sensitive at sternal attachments. Right arm very painful and enlarged.
Symptoms—Cancer of breast on right side. Hard lump noticed growing some time. Growth about size of egg, hard and not floating. Patient in good health. Arms very painful at times and difficult to rotate, especially right. Diagnosed as cancer before came.
Treatment—Lesions corrected and the lump disappeared. Now in perfect health.

No. 67.

Female—age 45.

Lesions—2 and 3 lumbar break, with great sensitiveness. First treatment there made patient sweat profusely all over body. Inhibition of spine, which very sensitive and rigid. Relaxed tumor, released gas, and relieved paralytic symptoms. As paralysis of lower limbs passed away the arms became very painful and paralytic. Other lesions found at 2, 3, 4 cervical to right. Upper dorsal anterior, especially 3, 4, 5.
Symptoms—Intestinal cancer, with pancreatic involvement. Cancerous cachexia marked. Paralysis of lower limbs developed for six months. Gas formation. Operated upon, and found tumor in colon about three inches from appendiceal area. Great constipation, nervousness, and irritability.
Treatment—Patient improved. Paralysis overcome, but stopped treatment. Very much better.

No. 68.

Female—age 40.

Lesions—Left side rigid, so that pulling arm up pulled all side; dragging on left pelvis. Loosened arm and thorax, and found curvature 5 to 10 dorsal; 9 dorsal anterior; 2 and 3 lumbar posterior. Atlas anterior and lateral to left. Diaphragm tense.
Symptoms—Cancer of left breast. Great constipation. Had taken cathartics all life. Gave up after began treatment and has not used in two years.

Treatment—Correction of lesions. Set patient to taking active exercise and deep breathing, which aided materially in correcting rigidity. Now in perfect health.

No. 69.

Female—age 45.

Lesions—7, 8, 9 dorsal to left; 3, 4, 5 dorsal anterior; 9-11 ribs left side down. Upper ribs closely packed and very sensitive at sternal attachments. Great muscle contraction along spine. Could not rotate arms without great pain.

Symptoms—Ovarian cancer. At menopause all symptoms of nervousness; paraesthesia. Arms and hands anaesthetic and at times paralyzed. Had been rheumatic and treated for gall stones. Tumor in abdomen, in left ovarian region, about size of egg. Constipation very bad. Irregular menses for two or three years. No appetite. Discharge regularly.

Treatment—Treatment to relax muscles and correct lesions. Strong rotation of arms and limbs, especially left limb, to free circulation. Treated twice a week for four months. Improved so much, once a week after that. Went to California, and reports indicate she is well.

No. 70.

Female—age 43.

Lesions—Spine very rigid, neck tense, and lower cervical swerved to right. Upper dorsal anterior; 2, 3, 4 ribs on right side impacted and very tender both at spine and sternum. 9 and 10 ribs very closely packed and sensitive.

Symptoms—Cancer of breast. In fairly good health. Very rigid in thorax and abdomen. Very much stomach trouble. Been under osteopathic treatment for some time before came.

Treatment—Corrected lesions. Gradually improved, and now in perfect health.

No. 71.

Female—age 46.

Lesions—9, 10, 11 dorsal. Lateral to left and breaks between. Lumbar region very posterior and sensitive. Sacral region enlarged, soft tissue and hard. Left innominate twisted upward and left limb shortened.

Symptoms—Uterine cancer. Tumor to left of median line in pelvis. Constipation, irregular menstruation. Irregular urination, at times suppressed. Uterine prolapse at stool. Superficial blood cysts and blood disintegration.

Treatment—Treated to correct lesions in uterine and pelvic areas and free circulation. Antidotal treatment. Much improved.

No. 72.

Male—age 20.*

Lesions—Very much depressed thorax. 2 to 6 dorsal very anterior. 9 dorsal anterior. 2-5 lumbar posterior. Several breaks in spine, and very weak.

Symptoms—Small tumors on face and head. Great stomach disturbance. Evidence in blood of disintegration and superficial blood cysts.

Treatment—Very much improved. Heart condition and lack of strength chief symptoms. Gradually improved as lesions corrected and antidotal treatment.

No. 73.

Female—age 24.*

Lesions—3 cervical very anterior, curvature to left 9 dorsal to 2 lumbar. Bad breaks between 8 and 9, 11 and 12 dorsal, 2 and 3 lumbar.

Symptoms—Goiter, exophthalmos and uterine growth. Very rigid abdomen. Almost immobile thorax. Much headache and very nervous and irritable. Eyes trouble very much. Very sensitive.

Treatment—Correction of lesions. Very much improved. Goiter and exophthalmos gone. Nervousness present still, but controlled. General health good. Blood test shows normal.

No. 74.

Female—age 22.*

Lesions—1 to 4 cervical very anterior, and atlas lateral to left. Left maxillary drops anterior. 8 to 11 dorsal lateral to right and posterior. Sacral soft tissues enlargement.

Symptoms—Goiter, exophthalmos, and ovarian growth. Lymphatic enlargement, axillae and inguinals, latter very hard. Eyes painful. Difficult menstruation.

Treatment—Goiter and exophthalmos cured. Patient improving under corrective treatment. Blood shows improvement.

No. 75.

Female—age 25.*

Lesions—Enlargement of neck; left side very sensitiveness. 1, 2, 3 cervical anterior. Upper dorsal anterior; 4 and 5 ribs left side seem dislocated at head and very sensitive. Lumbar region posterior. Sacral enlargement.

Symptoms—Mammary enlargement left side, and left ovarian tumor. Blood test indicates disintegration. Very nervous and sensitive. No appetite. Fainting spells. Choking respiration. Feeble and exhausted on slightest effort.

Treatment—After eighteen months' treatment returned to work and gradually gained. Lesions very difficult to correct. Ribs seemed to get out after every treatment for long time. Gradually gaining strength, weight, and improving in color.

*These four cases are all cases in which a hereditary element is traceable.

No. 76.

Female—age 43 (mother of No. 72).

Lesions—Lower ribs on both sides depressed almost to ilium; at cartilages very sensitive. Spine very sensitive. 3, 4, 5 dorsal anterior. Lateral curvature to right, 4 to 11 dorsal. 1, 2, 3 lumbar irregular and breaks. Cervical region rigid; increased soft tissue over anterior transverse processes in lower cervical.

Symptoms—Weak and nervous. Been affected with stomach and liver for long time. Tumor of stomach. No appetite. Great deal of vomiting. Least work or exertion overcomes, collapse, headache, and vomiting resulting.

Treatment—Corrected lesions. Gradually improved, and now seems to be in good health.

No. 77.

Female—age 41.

Lesions—9 and 10 dorsal posterior and lateral to right. 3 to 6 ribs very sensitive, packed and twisted. 1, 2, 3 cervical slips out periodically, and has done so for years, until could not move head for pain.

Symptoms—Diagnosed as cancerous condition of liver. Previously diagnosed as a floating kidney. Nervous, weak, poor appetite. At times cannot digest milk or take any fluid food.

Treatment—Treatment to correct lesions has improved very much.

No. 78.

Female—age 38.

Lesions—Scapulae on both sides very rigid and elevated superiorly. Much anterior in interscapular area. 3 to 6 dorsal lateral to left. 4, 5, 6 cervical very posterior, and atlas anterior and lateral to left. Lumbar region posterior and very rigid.

Symptoms—Left mammary gland removed and pronounced malignant. Enlargement followed in both axillae; now affects right mammary. Also tumorous condition of pancreas. Left arm great pain and little use; at times anaesthetics.

Treatment—Treatment to correct lesions improved general conditions, and gradually improving at present time.

THE EAR.

This paper was read and illustrated by original charts and plaster paris models before Ontario Osteopathic Society, April 1st, by F. P. MILLARD, D. O., Toronto.

Without going into anatomical details, save circulatory arrangement, and a few specific points, I will go over the field of work in otology most practical to the osteopathic practitioner. Barring strictly surgical operations, may I ask, is there a phase of otology the osteopath cannot successfully handle, and do himself credit? The time is not far distant when there will be osteopathic specialists in eye, ear nose and throat diseases, in every large city. In the original drawings, from dissections, on these pages, I have endeavored to show the entire blood supply to all parts of the ear, and will refer occasionally to the letters and characters marking the various vessels and parts.

The auricle, from its conspicuous position, can always be readily examined by direct inspection and palpation. The vascular supply is simple and most of the

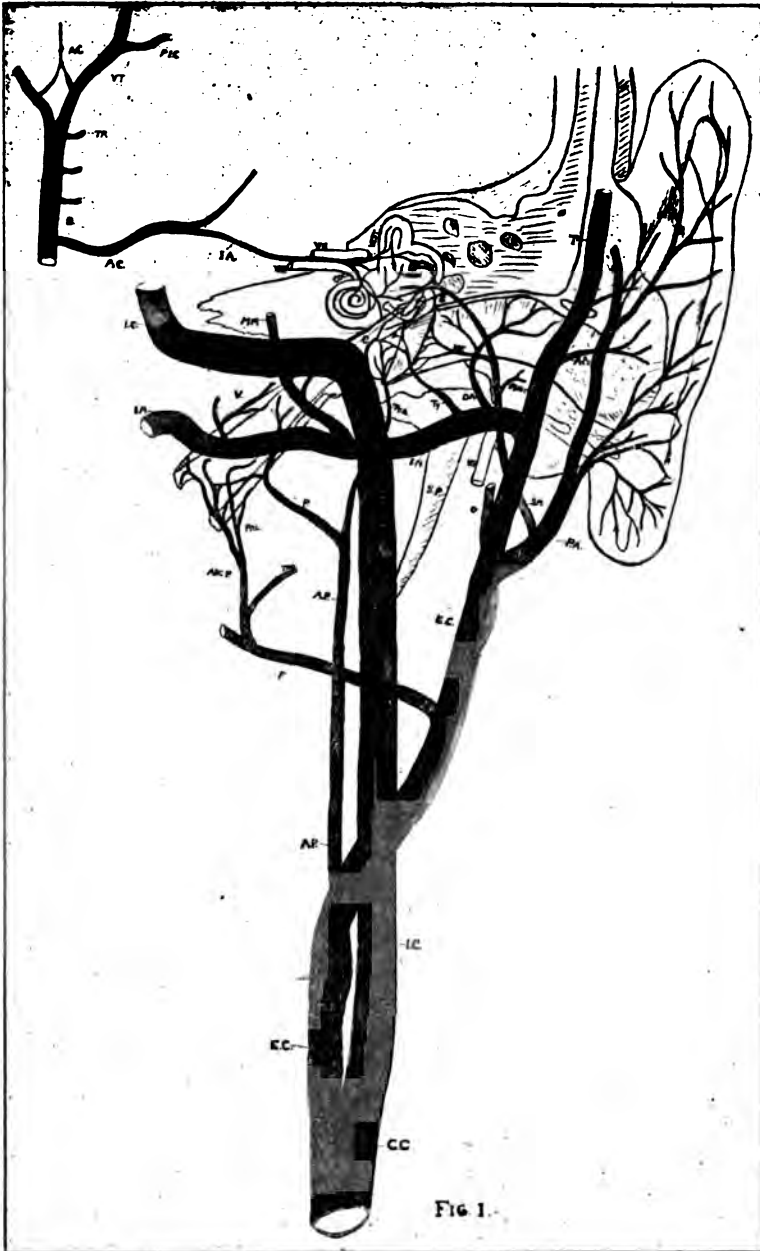


FIG 1.

Arteries to the Three Divisions of the Ear.

B. Basilar; A. C. Anterior Cerebellar; I. A. Internal Auditory; VII, VIII, Facial and auditory nerves in relation to the Int. Aud. artery. VEST. Vestibular, and COC. Cochlear branches of Int. Aud. C.C. Common carotid; E.C. External carotid; I.C. Internal carotid; A.P. Ascending pharyngeal; F. Facial; ASC. P. Ascending palatine; TON. Tonsillar branch; PAL. Palatine br. to eustachian tube; P. Palatine branch of Asc. pharyngeal; TY. A. Tympanic br. of Asc. Phar. entering mid. ear by tympanic canaliculus with Jacobson's nerve; V. Vidian; I.M. Int. maxillary; S.P. Styloid process; TY. Tympanic branch of Int. Max.; D.A. Deep Auricular; O. Occipital; P.A. Post. auricular; S.M. Stylo-mastoid; IM. Mastoid br.; M.E. Meatal br.; S. Stapedia br.; C. Tympanic br. of Int. carotid; M.M. Middle Meningeal; A.A. Anterior auricular; T. Temporal.

vessels anastomose on the surface of the cartilage beneath the dermal covering. Fig. I and III show vascular supply. Compared with the hidden tympanic membrane, the auricle, although exposed, is rarely injured. Lesions of a superficial character, such as bruises or ulcers from frost bites, heal readily, as a rule, leaving no scars. Deep ulcers or inflammations involving much tissue leave permanent scars. Incisions heal readily by first intention if kept clean, leaving no scar. The most common auricular affection is eczema. It usually involves dermal lining of meatus also, by continuity. Freeing efferent vascular branches (Fig. III) will assist antiseptic measures in correcting the affection.

Traumatic hæmatoma auris can best be reduced, not by direct auricular manipulation, but by freeing cervical vessels allowing absorption, preventing cicatricial thickening and resultant contraction and atrophy, seen in the "cauliflower ear."

Total loss of auricular appendage does not seem to interfere, to any great degree, at least, with hearing, unless inflammation at time of accident extends to meatus and produces atresia.

Before considering the other parts of the ear it will be necessary to discuss examination.

The external auditory meatus is the only part of the ear directly observed by illumination. Occasionally reflections of tympanum can be noticed through the tympanic membrane, ossicles and prominence over cochlea especially.

A few instruments will aid in a thorough examination and diagnosis, viz: good light—Argan burner, McKenzie condenser or even kerosene or electric light.

Mirror—Concave, centrally perforated, fastened to head by band, giving free use of hands.

Specula—Two or three, small end 1-8 to 5-16 inches in diameter and with thin walls.

With patient sitting on level with operator's eye, introduce a warmed speculum of appropriate size with slight rotation, at the same time straightening canal with auricular traction upward and backward. If meatus is occluded by cerumen, exfoliated epithelium, foreign bodies, hairs or discharges of purulent nature, it will be necessary to syringe canal out first with sterilized water.

If cerumen is impacted or foreign material wedged, a blunt curette or angular forceps or hook may be used to remove the obstruction, after which syringe and thoroughly dry with bits of cotton (absorbent) on carrier—the most frequently used instrument in an otologist's office. Direct ocular examination, with good light, may have to be resorted to if patient is of a hysterical nature.

Speculum must be introduced as far as osseo-cartilaginous junction of meatus in order to make a thorough examination of tympanic membrane, which is very important in diseases of tympanum. Care must be taken in use of speculum and any instruments, not to injure delicate walls of meatus. From Fig. I vascular supply may be noted. Branches of the deep auricular perforate the cartilage and are distributed to walls and outer surface of drum anastomosing with branches of stylo—mastoid artery. The cartilaginous portion of the meatus containing hair follicles, sebaceous and ceruminous glands which depend largely upon these vessels for their functional normality. Not only do these vessels anastomose freely among themselves, but branches are seen anastomosing with those of middle ear through upper part of tympanic membrane, the flaccid portion, where plexuses are sometimes found. This connecting chain of vascular tissue is of importance when we come to consider the affections existing in the different parts of the ear.

The consistency and color of the cerumen depends in part upon condition of these meatal vessels.

Much can be noted in meatal illumination by closely inspecting the walls. Note degree of congestion or abrasion, scarification and atresic conditions, if existing.

In examining the membrane, the color, normally bluish gray, (in middle aged), may be changed, due to one or more alterations in membrane of tympanic cavity. Conditions modifying its color and appearance are: Color peculiar to individual, depending on existing physical condition, state of mucous lining,



Arteries supplying tympanic cavity. Also osseous foramina and channels through which they pass to gain entrance to middle ear.

I.C. Int. carotid; EXT. C. External carotid; COM. C. Common carotid; A. Ascending Phar.; A.P. Asc. Phar. passing through tympanic-canalculus with tympanic branch of Glossopharyngeal (Jacobson's nerve); T.C. Tympanic cavity; O. Fenestra Ovalis; E. Fenestra Rotunda; P.A. Posterior Auricular; AUR. Auricular br.; S.M. Stylo-mastoid passing through aqueductus fallopii with facial nerve; MAS. Mastoid br.; M. Meatal br.; T.S.M. Tympanic br. of stylo-mastoid; S. Stapedic br.; VEST. Vestibular br.; TER. Terminal br. anastomosing with P., Petrosal br. of mid. mening. in Hiatus Fallopii; T.T. Branch of mid. mening. to tensor tympani muscle; V. Vidian br. of mid. mening. giving off its tympanic br. which enters mid. ear and anast. with the other tympanic arteries; M.M. Mid. mening.; INT. M. Internal Maxillary; T. Tympanic br. of Int. Max.; T.C. Tympanic br. of Int. carotid.

physical condition, state of mucous lining, contents of tympanic cavity, (may contain purulent matter) tensity of the drum; or condition of outer layer of drum; may be thickened from slight maceration and exfoliation. The tympanic membrane is so nearly transparent that prominence marking base of cochlea may

reflect through, the membrane being stretched over a darkened cavity. Normally drum is circular (almost) in shape; pathological changes alter its peripheral form sometimes, and the peculiar polish and color may be changed to a dull color. Ossicles, incus and malleus, may be subluxated if traumatic injury exists. Vascular changes in upper part of membrane, flaccid portion where most vessels anastomose, forming plexus, may be noted. From these points of interest to be observed in careful examination, the condition of the tympanic cavity may be determined almost exactly. And affections of middle ear, if chronic in the least, will manifest itself in one or more changes in tympanic membrane itself.

Around the periphery of the drum a vascular circle exists (See Fig. I) consisting of several tympanic branches from as many arteries, but of two especially, stylo mastoid branch of post-auricular, and tympanic branch of internal maxillary, the latter entering tympanum through Glaserian fissure.

The arrangement of the smaller branches in the tympanic membrane is a vascular mesh in quadrangular or hexagonal manner, the plexuses of largest size existing only in flaccid portion. The tympanic vessels in walls of tympanum, lie within the deep layers of the mucous lining, sending small branches to the network just beneath the epithelium. A peculiar arrangement exists in the vessels covering surface of promontory over base of cochlea, in that anastomosis is absent, and arterioles end by almost direct communication with the vein. The directness of the tympanic branch of the internal carotid, entering the tympanum on surface of promontory, makes congestion quite possible at times.

Tympanic branches from, internal carotid, ascending palatine, internal maxillary, vidian and stylo-mastoid, anastomose quite freely and form an almost complete mesh of arterioles in mucous lining of tympanic walls. These vessels entering the middle ear by opening (See Fig. II) on every wall except roof of tympanum, retard extensive congestion by their vascular arrangement. The veins of this division of the ear are mostly radicles of inferior petrosal and internal jugular direct. (See Fig. III). Drainage of blood in middle ear will depend on normality of internal jugular vein, almost entirely. In the tegmen tympani, or roof of tympanum, one or more venous channels are found. These veins communicate with veins of dura mater, connecting two cavities, and affording paths by which inflammation of middle ear may extend to the meninges and brain.

Veins in walls of external meatus correspond with the arteries with few exceptions. The pterygoid and articular plexuses emptying into temporo-maxillary vein, which unites with vein draining auricle, posterior auricular, to form the external jugular.

The articular plexus should be kept free from superficial contracting tissues, by careful and yet deep manipulation at the mandible articulation, springing the jaw and relaxing hyoid ligaments will be effective. Into this plexus the tympanic veins corresponding with the artery from internal maxillary, often empties.

Much can be accomplished in cases of otitis media by keeping in mind arrangement of vessels supplying tympanum and specifically freeing all obstructions to efferent vessels. Unless suppuration has taken place with pus filling middle ear, necessitating paracentesis, thorough work in reducing the congestion of the tympanic vessels in the walls will not only prevent pathological changes, but may check extension of suppuration to mastoid cells or meninges. Circulation to the internal ear is important, in that the semi-circular canals and cochlea are abundantly supplied by vessels from two separate arteries entering in opposite sides. Cervical lesions interfering with flow of blood in vertebral arteries, will tend

to reduce quantity of blood in internal auditory artery, a branch of the basilar, the common channel for the vertebrals (Fig. I). The opposing blood vessel, supplying the inner ear, is the stylo-mastoid, a branch of the posterior auricular. From these two opposing sources an equalization is accomplished by the anastomosing arrangement. The venous drainage takes place through three channels emptying directly into the sinuses (See Fig. III) internal auditory, venae aqueductus vestibuli and cochlea.

Removing foreign bodies often tests one's skill. In children we find meatus

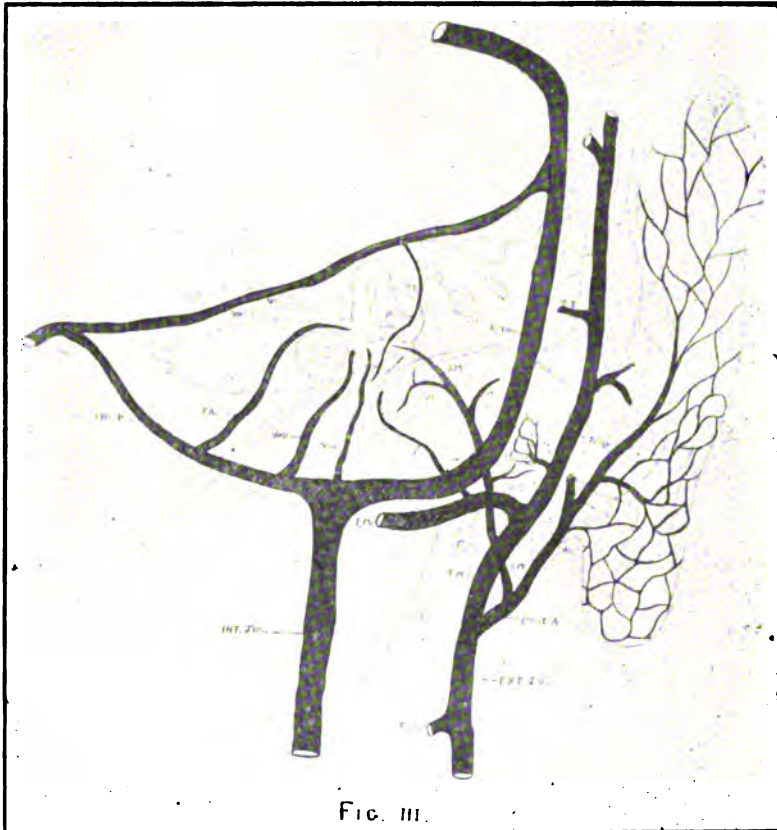


FIG. III.

SUP. P. Sup. petrosal sinus; CAV. Cavernous sinus; VII, VIII. Facial and auditory nerves; INF. P. Inferior petrosal sinus; I.A. Internal Auditory; V.A. V. Vena aqueductus; V.A.C. Vena aqueductus cochlea; INT. JUG. Internal Jugular; I.M. Internal maxillary; T. Tympanic; M. Meatal; S.M. Stylo-mastoid; MAS. Mastoid; ART. Articular plexus; A.A. Ant. auricular; T.F. Transverse facial; M.T. Middle temporal; LAT. S. Lateral sinus; TEMP. Temporal; F. Facial nerve leaving stylo-mastoid foramen; S.P. Styloid process; T.M. Temporo-maxillary; POST. A. Posterior auricular; AUR. Auricular; EXT. JUG. External Jugular; COM. Communicating br.; T.T. Small vein, often two or more, passing from middle ear, through tegmen tympani—emptying into sup. petrosal sinus.

containing glass beads, pebbles, coffee grains, etc. In adults occasionally cotton plugs or pieces of toothpicks, matches or chunks of hardened cerumen. Live insects moving and clawing cause almost intolerable symptoms, while oval or round inanimate bodies may produce no annoying symptoms.

Reflex symptoms are often present, from irritation of nerve terminals in meatal walls, as cough, retarded deglutition, vomiting, hemicrania, ptyalism, or in aggravated cases, facial paralysis or even epileptic convulsions.

Before attempting to remove the foreign body definitely locate it, noting size, shape, whether animate or inanimate, tight or loose and which third of canal. First use syringe if any space exists between meatal wall and object; if a seed is present, liable to swell, use a blunt curette, if object is flat use forceps, if round and hard, use hook, and should the object be at bottom of canal, a camel's hair brush dipped in glue will be the best method.

Impactions of cerumen will often loosen and work out during manipulation

ARTERIES TO EAR		Auricle	Ext. Aud. Meatus	Drum	Mid. Ear	Int. Ear	Eust. Tube	Mastoid	Petrous
INTERNAL AUDITORY, br. of Basilar						★			
ASCENDING PALATINE—Tonsillar br.							★		
TEMPORAL	1. Auricular br.	★	★						
	2. Ant. Aur. br.	★							
OCCIPITAL	1. Auricular br.	★							
	2. Mastoid br.							★	
INTERNAL CAROTID	1. Tympanic			★	★				
	2. Vidian (?)								★
INTERNAL MAXILLARY	1. Tympanic			★	★				
	2. Deep Auricular		★	★					
	3. Mid Meningeal				★				Hiatus Fallopii
	4. Vidian { Eustachian Tympanic			★	★		★		
	5. Pterygo Palatine						★		
POSTERIOR AURICULAR	1. Mast { Meatal Stapedic Tympanic Vestibular Terminal Mastoid		★	★					
					★				
					★				
						★			
									Hiatus Fallopii
	2. Auricular br.	★	★					★	
ASCENDING PHARYNGEAL	1. Palatine						★		
	2. Tympanic				★				

around ear. Age of cerumen may be told by color and consistence. Normally a light yellowish fluid turning darker upon exposure to air.

The confidence of a patient is often held if the osteopathic physician is able to remove plugs of cerumen or foreign bodies, as the case may be, instead of sending the case to aurist. Why should not the osteopath be able to skillfully remove any meatal obstruction?

Perforations of the tympanic membrane, from traumatism, heal in a very short time, and the site of the wound becomes indistinguishable from the uninjured portions. Perforations from existing pathological conditions will not heal until congestion is reduced and circulation established.

Hearing usually returns upon cicatrization of drum. In simple traumatic perforation simple antiseptic meatal cleansing, followed by drying and plugging with absorbent cotton will be sufficient measures outside the thorough freeing of aural vessels.

Inflammation of tympanum may come from without by way of meatus, but usually through eustachian tube from naso-pharyngeal region. Any catarrhal condition or tonsillar affection, growths or inflamed areas in naso-pharyngeal region threaten middle ear. Too much care cannot be given to tissues in this part of the head.

Dry heat, as hot water bag, hop, salt or sand bag, etc., usually prevents suppuration.

Moist heat, as hot water ear bath, with continuous irrigation of meatus flushing face of drum, will favor suppuration.

About 80 per cent. of infant fatalities show signs of purulent inflammation of tympanic cavity, and in adults about same per cent. of middle ear diseases are due to infection from naso-pharyngeal region through the eustachian tube. The nature and extent of the discharge is very important, as much can be told of middle ear involvement by it.

Odor is not significant of any specific pathological condition, as it is due to any retained detritus.

About 25 per cent. of all diseases of ear are found in the external division. About 60 per cent. in middle ear and 8 per cent. in internal ear.

Summary of instruments necessary for ordinary office work:

1. Light—Argan gas burner or MacKenzie condenser or electric light.
 2. Mirror—Concave head mirror, centrally perforated, band of elastic or inelastic material.
 3. Specula—Various sizes and shapes, thin walls, smallest ends from 1-8 to 5-16.
 4. Angular forceps.
 5. Blunt curette.
 6. Syringe—Glass barrel, 4 ounce capacity.
 7. Ear basin.
 8. Hook.
 9. Camel's hair brush and jar of cement.
- 111 Confederation Life Building.

OSTEOPATHIC LESIONS IN ACUTE RESPIRATORY DISEASES.

Read before the A. O. A. at Put-in-Bay, O., by C. M. TURNER HULETT, D.O., Cleveland, O.

This paper assumes that, in the title, "acute respiratory diseases" and "acute diseases of the respiratory system" would be synonymous, and that the broad view of the subject was intended by the committee. Clinically, it would not include diseases of extraneous origin, as dust diseases, or syphilitic affections; nor diseases essentially chronic; nor diseases become chronic from an acute beginning. But this sort of a classification, by clinical differences, more or less arbitrary and ill defined in itself, almost entirely disappears when our attention is directed to causative lesions. We see a given lesion or set of lesions producing distinct acute, sub-acute, and chronic conditions, or producing a condition which passes succes-

sively through these three stages. The present discussion, then, should trace, from the clinical viewpoint of the acute disease, the lesion cause of that disease, and arbitrarily ignore, on the one hand, all other possible effects of given lesions, and, on the other hand, all resultant effects following the acute condition. For convenience, acute diseases will be taken to mean those diseases which, in their clinical features, tend to be self-limited, to reach a termination of some sort in a comparatively short time, whether that termination be in health or in a chronic disease. It is not practicable to attempt to discuss specific lesions, as such an effort must be either incomplete or too lengthy for the time at your disposal. A brief survey of the general vital conditions relating to lesions in acute respiratory diseases will be more profitable.

The anatomical and physiological considerations involved in a study of respiratory diseases are of rather more than ordinary interest to the osteopath. The combination and co-ordination of voluntary and involuntary motor mechanisms is specially marked in this region, with a consequent large and general involvement of the motor field in all disease conditions. Dr. Hazzard has elaborated on this aspect of the subject when, several years ago, he called attention to the importance to health of free thoracic play. I cannot do better than quote his statement of this proposition: "A perfect thorax, free from lesion, possessed of absolute freedom in the play of all its component parts, is essential to health; lesions of many kinds occur as a result of, or causing, lack of free thoracic play; the outcome is a pathological effect upon the related anatomical structures, causing disease in their external, spinal, and ganglionic, or visceral, distribution." The vasomotor mechanisms of this region are perhaps more directly concerned in its functioning than is true of any other part of the body. Respiratory diseases are pre-eminently diseases of mucous membrane, and the histological, physiological, and pathological characteristics of mucous membrane are determined so largely by its vasomotor mechanism as to make this by far its most important constituent. Hence vasomotor disturbance is of corresponding importance in disease of mucous membranes.

The pathological effect of lesion in the respiratory field is marked especially by disturbance of either motor (and sensory) mechanisms or vasomotor mechanisms. Examples of the first are seen in such conditions as hiccough, cough, asthma, spasms of glottis and of larynx, smothering spells, sighing, labored breathing, Cheyne-Stokes respiration; while the second, disturbance of vasomotor mechanisms, is the predominating element in all inflammation of the mucous membranes, coryza, sinusitis, the catarrhs, hay fever, pharyngitis, bronchitis, pneumonia, pleurisy. Secretory disturbances may accompany either of these, but are usually secondary. Some kinds of trophic disturbance, as in new growths, may involve other principal factors.

It is readily understood how bony lesion in the cervical or thoracic region may affect sensory nerves (as in intercostal neuralgia) or motor nerves. A case reported by Dr. Herman, in a recent number of the Journal of this Association, is a striking example of this class of conditions, where lesion of the eighth rib affected nerve fibers from the intercostals supplying the diaphragm, causing intractable cough, which was relieved only by correcting this rib lesion.

The blood supply to the respiratory region through the intercostal, vertebral, and spinal arteries, may be directly affected by lesion. Impingement of any of these branches may affect directly the structures supplied by them, or indirectly, by causing either congestion or anemia of the cord, affecting the functioning of the spinal centers.

The nerve mechanisms in the respiratory field, from their complexity and comparatively close relations to grosser structures, are more susceptible to lesion, and will show greater pathological effects from lesion of slight degree, than perhaps any other part of the body. The cranial and upper spinal nerves, cervical and dorsal, are affected by slight derangement of vertebræ or ribs or their muscular or ligamentous attachments. The sympathetic chain lies in close relation to the anterior aspect of the lateral spinous processes, and the heads of the ribs, and in the dorsal region is bound down by the pleura to the spinous processes and to the heads of the ribs. Nearly all these nerves contain fibers of vasomotor function, which are rather widely distributed in a sort of "cross-reference" manner. For instance, the seventh cranial nerve transmits vasomotor impulses to the salivary glands, tongue, mucous membrane of the floor of the mouth, and soft palate; but these tissues all receive, severally, vasomotor impulses from the sympathetic, the sixth, eighth, ninth, tenth, and twelfth nerves. The second thoracic segment supplies nerves to the pleura, rib and its periosteum, and mammary gland, and through connection with the sympathetic to head and face, to the eye, the submaxillary gland, to the nasal tract, the ear, the arm, the pulmonary vessels, the bronchi, and the lungs. This is true throughout the tract, so that a lesion at any point may affect any one of a number of structures, or a given pathological condition may be due to lesion at any one of several points.

In chronic conditions we expect to find vertebral and rib lesions which must be corrected to effect a cure. The element of chronicity is usually dependent upon a permanent structural tissue change by which the lesion is maintained, a change in the shape of the bones, or an actual shortening or lengthening of muscles or ligaments to a degree sufficient to continuously impair the function of structures affected by the lesion. In acute conditions, on the other hand, the direct causative lesion is not usually an anatomical alteration in the structure of the involved tissues, but rather an extreme manifestation of normal functional change, excited and maintained by some extraordinary stimulus, and which will revert to mean normal conditions as soon as the stimulus ceases to act, or if this is too long deferred the condition becomes chronic. This will hold true to a considerable extent in any part of the body, but it is especially true of the respiratory tract that the direct causative factor in acute affections is lesion of the soft tissues, muscle or ligament. There may be an already existing bony lesion impairing the vitality of the tissues so that the acute condition is more easily and quickly reached, but this is incidental.

The most common lesion condition in soft tissues is contracted muscle, and to constitute a lesion causing disease, this contracture must exceed a certain extreme degree, and it is immaterial so far as this result is concerned whether a part of the contracture, not sufficient to produce any effects, was already existing. Experience in practice demonstrates the truth of this position. The hyoid group in colds, throat troubles, and tonsillitis; the trapezius and other neck muscles in colds and related and resultant conditions; the rhomboids and spinati in bronchial troubles (and when frequently recurring, tending to tuberculosis); the intercostals in bronchial, pleural, or lung affections; all or any of these affecting cranial, cervical, or spinal nerves, or the sympathetic chain, causing primarily vasomotor, but as well, sometimes, motor, sensory, or secretory disturbances. Dr. Clark says that the superior cervical ganglion is not affected so much by bony lesions as by tightening of the soft tissues in relation to it. Also that contraction of spinal muscles restricts the flow in the muscular branch of the intercostal

artery, causing congestion and increased pressure in the spinal branch supplying the cord; and it takes only a moment's reflection to realize the train of disturbances that may be due to this cause.

An examination of the literature, especially case reports of pneumonia, bronchitis, pleurisy, laryngitis, pharyngitis, and tonsillitis, shows the basis of clinical experience of the profession for this diagnostic factor in acute respiratory diseases. In the larger proportion of cases reported, the contracture of muscles is noted as especially marked, the omission in a few cases being due probably to brevity or oversight. A bony lesion produced suddenly by violence may be a direct cause of acute disease, and it must be kept in mind, too, that osseous structures and the associated soft tissues are usually involved together in any lesion. But after making due allowance for these exceptional and incidental conditions, it remains true, as proved by our experience, that contracture of muscle and other soft tissues is the direct causative factor in the production of acute respiratory diseases.

1208 New England Bldg.

NOTES FROM THE SECRETARY'S OFFICE.

The great Inside Inn will accommodate us at Norfolk! Full particulars as to reservations will be published in these notes next month. Every osteopath should be preparing to be there August 26-30. We are assured of good rates. Parties will be organized to make the trip pleasant, and the program and reunions will be something to educate and refresh those who attend.

The prospects for the A. T. Still Post-Graduate College are very bright. Recently a lady friend sent \$2,500 to the treasurer. Others are ready to do the same as soon as we are in shape to solicit. We are prepared to receive, but not to ask. The board of regents is preparing a prospectus of the college, copies of which we may hand our interested patients and friends. This will set forth the need for the school, the plan of organization, the security of the endowment fund, and the personnel of the trustees managing it.

The A. O. A. trustees selected from the membership of the association the following to act as trustees for the college: In New England, Drs. G. E. Loudon and C. E. Achorn; in New York, Drs. Hazzard and Chiles; in the southeast, Drs. Alice Patterson-Shibley and M. C. Hardin; central, Drs. C. M. T. Hulett and E. R. Booth; ex-officio, Drs. C. P. McConnell, J. Erle Collier; southwest, Drs. J. L. Holloway, Harry M. Still, N. A. Bolles; northwest, Drs. Warren B. Davis, Asa Willard; Pacific coast, Drs. J. Strothard White, W. A. Rogers. Ten lay trustees have been selected, but as several of these are abroad, their acceptances have not been received yet. Those who have signified their willingness to serve the college as incorporators and members of the first board of trustees are: Hon. H. Clay Evans, Tennessee; Hon. Fred W. Ward, Vermont; Hon. Thomas L. Johnson, Ohio; Mr. Fred Rothschild, New York; Hon. W. D. Guilbert, Ohio; Rev. Dr. W. A. Lamb, California. A brief sketch of these will be interesting.

Hon. H. Clay Evans, of Chattanooga, Tenn. A manufacturer and successful business man. He has been mayor of his city, represented his district in congress, served as assistant postmaster-general under President Harrison, as commissioner of pensions under Presidents McKinley and Roosevelt, also as consul-general to London under the latter. He was twice the candidate of his party for governor of Tennessee.

Hon. Fred W. Ward, of Burlington, Vt. A friend of Dr. G. E. Loudon, who, by the way, is a father in this movement, is a banker charged with the administration of large interests. In spite of the duties incident to this, he is willing to accept the place with this movement.

Hon. Thomas L. Johnson, of Cleveland. Not to be confused with the hero of the three-cent street-car fare. Is a lawyer who has always been a free adviser of our movements requiring legal advice. He has been active in the public movements for the betterment of that best governed city. He is not a partisan, but alive to any move for the good of the city. He is active in the work of the Associated Charities of the city, etc.

Mr. Fred Rothschild, of New York, is a prominent merchant and manufacturer. He has been very successful in business, and is a very devoted friend of osteopathy, grateful for help received.

Hon. Walter D. Guilbert, of Columbus, is present auditor of the state, which position he has held twelve years. He is the president of one of the largest trust companies in the state. He is a firm believer in osteopathy on account of benefit received, and in time past has always been of great service in securing legislation in the state.

Dr. W. A. Lamb, of Los Angeles, is a retired minister of ample means who now gives his time to reforms and philanthropic and charitable work. In these matters he has been very

active and successful, and it is believed his assistance in the management of the school will be very valuable.

The secretary has on file perhaps one hundred names of people as prominent as these in the business world, suggested by osteopaths when it was known that some places on the college board were to be filled by lay people.

No illustration could so strikingly demonstrate the hold our practice has gained as this list of people who are interested in osteopathy to the extent that it is thought they would be willing to serve to make this school a success.

It has been clearly demonstrated that the public is interested in osteopathy, and many are willing to help to finance this crowning institution of its educational system. The profession must not lag. If we are alive to the opportunity, we can have their help.

Auburn, N. Y.

H. L. CHILES.

Outline of Program of Annual Meeting A. O. A. Norfolk, August 26-30, 1907.

MONDAY—MORNING SESSION.

- 9:30—Call to order and invocation.
 Address by Mr. Sexton, Director of Congresses.
 Remarks by the president.
 Regular order of business.
 11:30—1:00—Clinics and Demonstrations of Technic.
 Afternoon—Visit Exposition.

TUESDAY—MORNING SESSION.

- 9:00—President's address.
 9:30—12:00—Section in Research.
 12:00—1:00—Clinics and Demonstrations of Technic.

AFTERNOON.

I.

- 2:00—Section in Physical Diagnosis.
 Heart.
 Lungs.
 Abdomen.
 Nervous Diseases.

II.

- Section in Laboratory Diagnosis.
 Examination of Blood.
 Examination of Sputum.
 Examination of Feces.
 Examination of Stomach Contents.
 Visit to Old Point Comfort.
 Evening—Alumni Dinner and Class Meetings.

WEDNESDAY—MORNING SESSION.

- 9:00—Report of Treasurer.
 Report of Trustees, including reports of standing committees.
 Report of Sub-Committee on Endowment.
 11:30—1:00—Clinics and Demonstrations of Technic.

AFTERNOON.

- 2:00—Section on Diseases of Rectum, Bladder and Prostate.
 Visit to Virginia Beach.

EVENING.

Grand Ball.

THURSDAY—MORNING SESSION.

- 9:00—Regular order. Election of Officers.
 10:30—Section in Gynecology.
 10:30—Section in Eye, Ear, Nose and Throat.
 12:00—1:00—Clinics and Demonstrations of Technic.

AFTERNOON.

- Section in Special Osteopathic Diagnosis and Treatment.
 (a) Neuritis.
 (b) Chorea.
 (c) Epilepsy.
 (d) Intestinal Diseases.

Trip up James River to site of Old Jamestown.

FRIDAY—MORNING SESSION.

- 9:00—Unfinished Business.
 9:30—Section in Obstetrics.
 12:00—1:00—Clinics and Demonstrations of Technic.

AFTERNOON.

Visit to Newport News Shipbuilding Yards.

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JUNE 1, 1907.

The Value of Membership in the A. O. A.

Some members of the profession when solicited to join the A. O. A. ask the question, "Will I get the worth of the \$5.00 that I pay annually?" We have no hesitation in affirming that every member gets the worth of his money. We regard the certificate of membership, when suitably framed and placed in the office as a real business asset. It is notice to the world that the holder is a live

member of his profession and interested in its advancement; it is also evidence that he is regarded by the organization as worthy of professional fellowship. The directory, published monthly, containing the name, office address and alma mater of each member, answers every purpose of a professional card and is frequently used in referring patients to an osteopath. That feature alone is worth several dollars annually. The Osteopathic Directory is given to each member annually and is a mine of information worth more than one dollar. The JOURNAL OF THE A. O. A. contains a full report of the annual meetings, the papers read and the demonstrations and clinics conducted there, together with many original papers prepared by leaders in the profession, and the current news. It is the largest journal published in the interest of the osteopathic profession and together with the other benefits mentioned insures to every member of the profession the worth of his money.

It is questionable, however, whether members of the profession are altogether justified in regarding membership in the A. O. A. as a dollars and cents proposition. It is certain if that had been the attitude of all from the beginning that there would have been no national organization and the profession would not stand where it does today. For several years after the organization was effected the members got back nothing directly, that could be measured by a monetary standard. The work, however, was carried on until now the money paid for dues may be regarded by the individual members as a good business investment. It is easy to be seen, too, that the greater amount of money that is put into it the greater the dividends that will accrue to the individual members.

It is doubtless true that each member has been benefited, financially, by reason of the high standing of the osteopathic profession, a standing which has been achieved, largely, through the influence of the A. O. A. But as this benefit is felt by all members of the profession, whether members of the A. O. A. or not, it would seem that all would feel the obligation to assist in the work.

There is now one movement, among many, in which the A. O. A. is actively engaged that ought to command the sympathy and aid of every osteopath because it will give our profession even higher standing than it now enjoys in the world of science. We refer to the movement, now well under way, to endow a Post Graduate College. This, like other movements of great worth, cannot succeed except through organized effort, and the successful carrying out of the project means so much to the profession that it should appeal to all as a duty to join the A. O. A. and assist in its consummation. At the same time the results to flow from it may properly be classed as one of the benefits of the A. O. A.

Case Reports.

Series VI of Case Reports is now ready for distribution, price fifty cents, at the office of the editor of that department, Dr. Edythe F. Ashmore, 42 Valpey Bldg., Detroit, Mich. Reports for Series VII will be received during this month. All who send two or more acceptable reports will receive Series VII free of charge.

The A. O. A. now has one thousand three hundred and thirty-two members in good standing. This does not include the fifty-seven applicants whose names appear in this number of the JOURNAL, who will all doubtless be members within a month. There are four thousand and twenty-four osteopaths listed in the Osteopathic Directory published in January, 1907. Thus it is shown that a trifle over thirty-three per cent of the profession is allied with the A. O. A.

While this is a better showing than some seem to be aware of, it is not what it ought to be.

It should not be assumed that the reason a larger number is not affiliated with the organization is because of any hostility to it. On the other hand it is much more likely that it is because of a lack of knowledge on the part of the non-affiliated of the objects and benefits of the Association. One enthusiastic member who joined about three years ago told the writer that while he had, prior to joining, heard that there was such an organization as the A. O. A. he knew nothing about it, and had never been asked to join until a short time previous to sending in his application. There are no doubt hundreds in the profession who know as little about the Association as the above mentioned member did when he was asked to join. This condition can, and is being remedied. A systematic campaign for members is being carried on, and some individual members have done yeoman service in securing members for the Association. If each individual member would make a personal appeal to his friends in the profession, we have little doubt that we could soon secure seventy-five per cent of the profession in the A. O. A. This is said with a full knowledge that there is quite a large per cent in our profession, as there doubtless is in all professions, who care nothing for organization, and are unwilling to do anything to assist in professional advancement.

It is interesting to note that in many States the A. O. A. has a larger number of members than has the State Associations. Take Missouri for an example. The Osteopathic Directory for 1907 shows that there are sixty-three members of the A. O. A. in that State, (sixty-eight is the correct number) and that there are only fifty-five members of the State Association, thirty-four members of the State Association are also members of the A. O. A. We find, so far as we have had time to examine, that similar conditions exist in other States.

By invitation of Col. Glenn, in command of the U. S. Recruiting Station at Columbus, Ohio, M. F. Hulett, D. O., of that city, on May 8th, delivered an address to the officers of the station. His subject was "Relation of Structure to Health."

From the *Columbus Morning Dispatch* of May 9th we learn that the medical officers, five in number, connected with the station, none of whom attended the lecture, are all highly indignant. The *Dispatch* states that they regard it "as a slur at the American Medical Association and at the medical department of the army, and a personal slur at themselves." It further states that "it is hinted that the Surgeon General of the Army will be informed of the occurrence."

Just what the American Medical Association has to do with it, or what would happen to Dr. Hulett if the Surgeon General should be informed, is not made clear.

One of the medical officers is quoted as saying: "The medical profession recognizes that massage treatment is a good thing and recommends it, but when the osteopath declares that medicine is not a factor in treating diseases, he goes wrong and that is the reason that the doctors of the world place a ban on him."

It is a pity that these men did not hear Dr. Hulett. While we do not suppose that he spoke directly on the subject of osteopathy, intelligent men could no doubt have gathered an idea of its theories from what he said. Had they heard him and then made the above remark implying that osteopathy and massage are synonymous, we would have known whether to attribute it to ignorance or mendacity.

We believe there will be an extraordinarily large attendance at the Norfolk meeting of the A. O. A., August 26-30. Practically all members of the Association take a vacation during the summer, and most of them will arrange it for the week of the meeting. It would be difficult to find a pleasanter place for rest and recreation than at the resorts around Norfolk. The Exposition itself will draw many osteopaths, and our program has been so arranged that we can spend a portion of each day at the meeting and the Exposition; one affording a pleasant change and rest from the other. The railroad rates will doubtless be as low as have ever been given for an occasion of the kind. The program of the meeting speaks for itself. An osteopath who reads it will not want to miss it. In short, the next meeting will require no special booming. Enthusiasm concerning it is already at a high pitch. Everybody is going.

Dr. M. F. Hulett, treasurer of the A. O. A., recently received from Boston, from a patient of Dr. S. A. Ellis, president of the A. O. A., the following letter with enclosure as indicated:

"I desire to contribute to the permanent fund (Endowment) of which I understand you are treasurer, a fund to aid in the advancement of osteopathic science. I enclose a check for \$2,500 as an expression in part of my gratitude."

Considering the fact that the organization of the Post Graduate College has not yet been completed, and therefore contributions from friends outside the profession have not been solicited, this is indeed very encouraging. It is an indication of what we may expect when everything is in readiness to prosecute with vigor the work of raising the fund.

The following is from Dr. Franklin Fiske, Kirksville, Mo. We have no doubt that the matter to which he calls attention can be arranged as he suggests:

"Dr. Upton's arrangements for reunion as outlined in the JOURNAL are for State, alumni and society associations all to meet the same evening. This would result in one of two things: Either the A. S. O. and other school reunions would be limited to the "barbs," or the society members would be compelled to forego their reunions. It seems to me that a proper way to arrange this would be to have the school reunions one evening and the society reunions another evening. I, for one, certainly wish to attend both the school and society reunions."

We are printing this month quite a list of applicants for membership in the A. O. A. Undoubtedly if all non-members could have been made acquainted with the purposes and great work of the Association the list would have contained a great many more names. Each member can assist in recruiting the membership by making a personal appeal to friends in the profession who would make desirable members and who are as yet unaffiliated. Now is our harvest time, as those who are elected and pay the membership fee within three months of the annual meeting will be in good standing until the close of the meeting succeeding the Norfolk meeting.

Owing to the change from the two to the three years course, several of the colleges will have no graduating class at the close of the present school year. The senior students in such of the colleges as have graduating classes have been furnished with recent numbers of the JOURNAL, and we now wish to extend to such of them as are about to enter the profession fraternal greetings and an invitation

to join the A. O. A. We believe they will find it to their advantage to become allied with the professional societies early in their career. A good start is half the battle.

At the recent tri-state meeting at Kirksville, Mo., Dr. William Horace Ivie, ably assisted by Drs. Hildreth, Benneson, McClanahan and Fiske, secured, including two reinstatements, twenty-four applications for membership in the A. O. A. This illustrates what can be done by personal work among non-members, and shows that one reason our membership is not more rapidly recruited is because of the fact that many non-members are unacquainted with the A. O. A.

In order that any proposed amendment to the constitution of the A. O. A. may be acted on at the next meeting it must be published in the JOURNAL at least one month before the meeting. As a rule it is not wise to change the organic law except when it is clearly necessary, but if any one believes such necessity exists the proposed amendment should be printed in the JOURNAL for July, so that due consideration may be given to it by the members.

The social feature is unquestionably one of the most enjoyable of our annual meetings. Why wait until arrival at Norfolk for the visiting to begin? Those of our members who have to travel great distances should, if possible, arrange to travel in parties and for special cars to go through to Norfolk. Not only would this obviate the necessity of changing cars, but would afford an opportunity for a delightful social time en route.

Transportation.

On account of the multiplicity of routes to Norfolk, it is impossible to even attempt to enumerate them. For instance, it is now figured that there are 763 different ways out of Chicago to Norfolk and return. Added to this is the perplexing state into which rates have been thrown by legislative enactment in different states. Broadly speaking, however, the best fares now quoted are substantially one fare for round trip. This will undoubtedly be lowered as the season goes on. The railroads out of the eastern gateways are making a great many combinations, going one way by rail, or rail and water, and returning by different routes. Almost any scheme of travel can be arranged, and almost unlimited stop-over privileges can be granted. One route out of Chicago allows three different visits to Washington: and so it goes. For the reason that we expect the rates to be substantially lower, I would not consider it relevant to quote figures at the present time. Dr. Moore, of La Grande, Ore., advises me that rates from the west coast have been taken up, with this result: One rate plus \$10 to eastern terminals, viz., Minneapolis, St. Paul, St. Louis, Chicago, Omaha, Kansas City, etc. This would make rate from Portland to Chicago \$71.50, to St. Louis \$67.50, to which would be added the rate to Norfolk from those points. As I have before stated, there is practically no limit to the different trips which are allowed by these routes, the expense depending entirely on the route selected. I doubt if we shall ever be able to attend a meeting which will allow us more freedom, both as to routes and to visit places we would like to see. The rates will be very reasonable; the combination of water and rail will make delightful travel. Transportation this year should be a powerful factor in making this the largest meeting in our history.

The transportation committee is at present in communication with the different passenger agents, and as soon as practicable we shall submit as nearly as possible the figures as to what charges may be expected at the time of our meeting. Enough is now known to absolutely guarantee you a splendid trip at a very low price, and you cannot afford to do anything except to swell the chorus, "On to Norfolk!"

E. C. PICKLER,

Chairman Transportation Committee.

Los Angeles, Cal.

To Illinois Osteopaths.

The Illinois Osteopathic Association meets at Decatur June 20. It is very necessary that every osteopath in the state attend. We are working for the present and future good of osteopathy. Come and do your share.

E. R. PROCTOR.

NOTES AND COMMENTS.

The Montana Law.

I have been asked by Editor Evans to give, for the journal, my opinion of the new Montana osteopathic law. The law is really not a new law, but is just as it was, with the exception of the penalty for its violation having been increased and the addition of an amendment stating what shall constitute the practice of osteopathy.

As to that amendment, the sincerity of motive of those who presented it is beyond question; their views simply differ radically from mine. After viewing it from all standpoints, I am emphatically of the opinion that it is a mistake; that it is a grave error, and marks a step backward in osteopathic legislation, in that it is too drastic and over-reaching, just as we have always complained the medical laws and proposed laws usually were.

Let us read the amendment carefully. It provides that any one shall be considered practicing osteopathy who shall—

"(b) Profess publicly to, or who shall, either in his own behalf, in his own name, or in his trade name, or in behalf of any other person, corporation, association, partnership, either as manager, bookkeeper, practitioner, or agent, treat, cure, alleviate, or relieve any ailment or disease of either mind or body, or cure or relieve any fracture or misplacement or abnormal condition, or bodily injury or deformity, by any treatment or manipulation or method of manipulating a human body or any of its limbs, muscles, or parts by the use of the hands or mechanical appliances, in an effort or attempt to relieve any pressure, obstruction, misplacement, or defect, in any bone, muscle, ligament, nerve, vessel, organ, or part of the body, after having received, or with the intent or expectation of receiving, therefor, either directly or indirectly, any bonus, gift, or compensation whatsoever; provided, however, that nothing in this section shall be construed to restrict or restrain any legally licensed physician or surgeon in the practice of his profession."

Note that if you "*Publicly profess to*" do the things mentioned, you are guilty of practicing osteopathy whether you do them or not.

Now, read again: "*Publicly profess to, or who shall in his own name, etc., treat, etc.*" So you are guilty of practicing osteopathy if you do the things mentioned whether you profess to or not.

You are, then, guilty of practicing osteopathy if you publicly pretend to practice what is included in the definition whether you practice or not; or you are guilty if you do practice what is designated whether or not you claim it to be osteopathy. That certainly seems evident.

Now, notice what the amendment undoubtedly includes; read it from "treat, cure, alleviate," etc. It certainly covers osteopathy, and doing so, of course covers chiropractics, which is simply the crude practice of the principles of osteopathy.

But let us see about some things which are not osteopathy which we resent being listed as such, and the differences between which are often explained in our literature. Take the masseur at the hot springs. He certainly "in his own behalf * * * or in behalf of some other person * * * treats * * * by the use of the hands" such "abnormal conditions" as rheumatism, cold feet, etc. Then by the law he is practicing osteopathy. So is the barber who gives his patrons hand massage for dandruff, or who uses a vibrator on their scalps for the same. The Swedish-movement man, by having a "method of manipulating * * * by the use of the hands or mechanical devices," is, per this amendment, an osteopath, and punishable if he has not an osteopathic license.

There may be some appropriateness in the regulation of all things medicinal by a general medical law, but an "act to regulate the practice of osteopathy" should not, in reason, regulate anything but osteopathy.

How we have objected to the unrighteousness of an osteopath's being compelled by law to be "measured by the allopathic yardstick"; to be compelled to qualify in something he neither practiced nor pretended to practice! Yet that is just what the amendment to the osteopathic law does to the masseurs, etc. They cannot practice osteopathy without a license so to do from the osteopathic board, and the amendment in defining what is the practice of osteopathy includes their work.

The amendment also assumes another arrogation which we have generously condemned in others. It is so comprehensive that no treatment given by the hands or with mechanical appliances can ever be evolved which will not be practicing osteopathy. Read it again, and see if any such could ever possibly be introduced which it would not cover.

Love of fair play is a predominant American trait, and as the people became cognizant of the efforts of the medicos to have passed drastic laws to throttle the osteopaths, and that the osteopaths themselves were asking nothing but justice and the privilege of regulating, according to reasonable legal requirements, their own practice, they enrolled themselves in support of the osteopaths. Can we afford to make them now suspicious of our honesty and fairness? Every time a fake osteopath is arrested for practicing osteopathy without a license, regardless of how much a malefactor and an impostor he is, his defense will show up and dilate upon the unfairness, the unreasonable, over-reaching comprehensiveness of the osteopathic

law, and that he need not have practiced osteopathy at all to have violated it. This will be handled by the press. The public will soon be saying, "As soon as these osteopaths got a little power they did just as the M.D.'s, became unreasonable and tried to regulate everything."

The law can be invoked by any one. We know that obnoxious laws are often discredited by rigid enforcement. A shrewd quack can utilize this weapon by seeing that a few barbers, etc., are arrested for practicing osteopathy, and thus glaringly show the unreasonableness of the law, and, to the people, of the osteopathic profession whom they consider as such asked for it. The M.D. of small caliber who hates all competition, osteopathic included, can have the too prosperous Swedish-movement operator in his town arrested for practicing osteopathy without a license. He thus hits two birds with one stone, osteopathy and the Swedish-movement man.

The public has demanded that osteopaths be adequately prepared to do so if they wish to practice as physicians according to the osteopathic system. That demand is just. If it is necessary, to convict the impostors who pretend to be thus prepared and are not, a defining amendment should be placed in our osteopathic laws; but if such an amendment is necessary, I believe that it can be so worded or contain such exceptions as to regulate the practice of osteopathy and nothing else. If not, the quacks had better be left absolutely unmolested as far as the osteopaths are concerned, for the sympathy thrown to the charlatans through what will be made to appear as mere selfishness and persecution on the part of the osteopathic profession, will work more harm than the impostors will be able to do if left alone.

If I read the Montana amendment wrong, I am still open to conviction. Every lawyer whom I have consulted reads it as too harsh and over-reaching.

ASA WILLARD.

Missoula, Mont.

Professional Charges.

I have just read the article on Professional Charges, from the pen of Dr. H. W. Glascock, and I must say that I approve of everything he says. As I used to treat "by the month" I have learned by experience that most any other way is preferable.

In my early practice I treated a prominent woman who was supposed to have pulmonary tuberculosis in an advanced stage. The patient was cured by replacing the first and second left ribs, and I received as compensation the large (?) sum of \$50.00; this cure would have been reasonable at \$2,000.00 because this woman had been treated by a number of "very learned physicians" and had been examined by a score of others, just as renowned, and all pronounced the case pulmonary tuberculosis in the advanced stage. I knew I should receive a greater compensation for my services in this case, but could not charge more because I had previously announced my charges on the "meal ticket plan."

People of wealth cannot afford, neither do they care, to be ill; it is worth more to them to make a rapid recovery and to remain in good health, and it is only just that they pay more than those whose salaries range from \$35.00 to \$50.00 per month.

The young graduate makes his charges so much per month because that has been largely the custom in our profession. By this method the physician is not compensated for his skill, but is paid so much per month for his time; the patients getting ten to twenty-five treatments during the month, and never failing to protest if they don't get at least the regulation thirteen. A child follows his early education when he first leaves home, although he may depart therefrom later.

J. S. BLAIR.

St. Petersburg, Fla.

Osteopathy in Medical Journals.

The New York *Medical Journal* quotes a German journal relating "the case of a man, forty years of age, who sustained a fracture of the second cervical vertebra, as shown by pain on pressure and crepitation, and presented the peculiar and isolated symptom of myosis and loss of reaction of the pupils to light, although their reaction to convergence was preserved.

As there were no other associated symptoms this had to be ascribed to a lesion of the cervical spinal cord produced at the time of fracture of the vertebra. Sounds familiar to an osteopath, doesn't it?

If a fracture of the second cervical caused decided "symptoms," why will not a slight lesion cause some "symptoms?"

These M. D.'s will, in the course of a hundred years, if they have no "set back," recognize lesions of the vertebrae. Will they then give Dr. Still due credit? Oh no! The truths taught by Dr. Still for years will be "discovered" by some of their own members. Two years ago in a Boston journal and just recently in another medical journal M. D.'s wrote knowingly of the possibility of movement and consequent lesion of the innominate, and symptoms produced thereby.

It was all intended to sound very original, but we wondered what osteopathic book the author used.

However, I believe our members will find it profitable to read at least one good medical journal.

I am reading two and find every now and then an article on diagnosis that is worth the subscription price.

The New York *Medical Journal* is especially good in that it quotes from all medical journals, besides having many original articles.

Some editors, and writers, for medical journals, never miss an opportunity to "knock" osteopathy, but that matters little to us, as we know how they are prejudiced. Let us watch ourselves that we do not become like them, but on the contrary, be open to truth from whatever source.

WARREN B. DAVIS.

Milwaukee.

The New Law in New York.

On May 13 Governor Hughes signed the bill known as the "medical unification bill," which was recently passed by the legislature. This marks the end, for the time at least, of a long, hard fight the osteopaths have made for recognition.

The following provisions of the new law are quoted from Dr. Hazzard's letter in the May JOURNAL:

"This bill provides for licensing reputable osteopaths now in practice in the state. The wording of the bill is such that all fakes and irregulars will be prevented from practicing. After the passage of the bill, osteopathic applicants will be admitted to examination, upon graduation from the three years' course as given at present in the accredited osteopathic colleges. After 1910, such applicants must have had a four years' course. The examinations will be uniform for all applicants, either medical or osteopathic, except that the osteopaths will not be examined in major surgery. There are no examinations in therapeutics. It is thus seen that osteopathic applicants will be examined upon the same basis as any other applicant, and subjects of examination are such only as are taught in osteopathic colleges. The Examining Board is to be composed of nine physicians appointed by the Regents. The unity idea of the bill is to do away with distinctions in schools, so far as the law is concerned. Osteopaths are as eligible to membership upon this board as are any physicians. The appointments being in the hands of the Regents of the state university, takes the board out of the realm of politics and out of the hands of the medical men."

There seems no reason to doubt that all schools will be equitably represented upon the board. With the exception that osteopaths shall not prescribe drugs nor perform major surgical operations, they are given the same standing and all the privileges enjoyed by other physicians. Since the bill has become a law there has been considerable newspaper comment, editorial and otherwise—some of it fair and friendly, some of it not. One paper stated that some of the osteopaths have discovered, since the bill has become a law, that, in the parlance of the day, they had been "handed a lemon." Such talk, however, must have emanated from some of the fake osteopaths, of which it is said there are a number in the state.

There have been reports also of impending conflicts between the osteopaths and the health authorities in regard to the signing of death certificates by the former. We trust that these matters will all be properly and amicably adjusted and the new law will work without friction.

The Situation in California.

On March 4, 1907, Governor Gillett, of California, signed the medico-osteopathic bill.

Immediately following this act, steps were taken by the trustees of the Osteopathic Association to arrange for a mail ballot from the members, as the law demands four names from the osteopaths to be submitted to the governor, from which he is to appoint two, who are to serve on the board for a period of two years.

The four practitioners elected by the association are Drs. Dain L. Tasker, Ernest Sisson, J. Strothard White, and W. W. Vanderburgh.

The governor on April 27 appointed Drs. Tasker and Sisson to represent the osteopaths on the composite board, which now consists of five allopaths, two homeopaths, two eclectics, and two osteopaths.

The law went into effect May 1, 1907.

The present officers of the California Board of Medical Examiners are:

President—Lincoln Cothran, San Jose.

Vice-President—Park Dougall, Los Angeles.

Treasurer—Ernest Sisson, Oakland.

Secretary—Charles L. Tisdale, Alameda.

Associate Secretary—F. Dudley Tait, San Francisco.

All osteopathic applicants must be graduates from a legally chartered college of osteopathy having a course of instruction of at least twenty months, requiring actual attendance, and after 1908, of three years of nine months each.

Materia medica and mechanotherapy are relegated to the colleges, as all who appear

before the board are required to take the *same examinations* in anatomy, histology, gynecology, pathology, bacteriology, chemistry and toxicology, physiology, obstetrics, general diagnosis, and hygiene.

The consensus of opinion is that osteopathy has been greatly benefited by this legislation.

San Francisco, Cal., May 5, 1907.

EFFIE E. YORK,
Secretary.

Defeat in Pennsylvania.

Under the caption "Victory in Pennsylvania" we gave in last month's JOURNAL the status of affairs legislative as it existed there at that time. And indeed a notable victory had been won. This, however, was turned into defeat by the action of Governor Stuart in vetoing the bill. In his message he took occasion to say "That the skilful practice of osteopathy has benefited the afflicted and alleviated human suffering is an established fact." But his conclusion was that the regulation of osteopathy, while very desirable, should be provided for by legislation other than amending a law intended to apply only to the regulation of the practice of medicine and surgery. For almost contrary reasons, it may be stated, Governor Pennypacker vetoed an osteopathic bill two years ago.

Immediately after the governor's veto message was made public, the osteopaths formulated another bill in strict accordance with the suggestions contained in the message. This had just one week and two days' time to get through. The date for introducing new bills had already passed by at least a month, but unanimous consent was secured to have it introduced in the Senate. The bill went through all the stages up to third reading in the House in one week, or within two days of the close of the session. Just at the time that Senate bills were to come up for third reading in the House it developed that a bill in which the speaker of the House was especially interested had been killed in the Senate. In retaliation the speaker allowed no Senate bill to pass except a few that were favored by senators who had voted for his measure, and for which unanimous consent to consider out of their regular order could be obtained. There being thirty-two M.D.'s in the House, unanimous consent could not be obtained for the osteopathic bill. Thus the bill was lost, notwithstanding the fact that 160 votes (necessary 104) were promised for its final passage, and the further fact that it held what the newspapers called the "speed record," no other bill having gone through all the stages in so short a time.

It has been thoroughly demonstrated, however, that the people of Pennsylvania and their representatives in the legislature are in favor of just recognition and regulation of the practice of osteopathy. The osteopaths will now have to wait a year and a half, at which time there can be little doubt of securing a law, and one that will no doubt be entirely independent of the medical laws, as the medical men have themselves forced that position in order to defeat the osteopaths this year.

Legislative Fight and Result in Texas.

Editor Journal:

At your request I shall furnish you a succinct account of our legislative fight, and the salient features of the measure as it now stands upon the statute books. One year ago the State Association went on record for a straight osteopathic bill. Later a measure was framed by the legislative committee, some features of which did not meet the approval of the Board of Trustees. After some resignations and realignments, a bill modeled after that proposed by the A. O. A. was drafted and presented to the legislature by the committee, composed of Drs. John F. Bailey, Waco; T. L. Ray, Fort Worth; and M. B. Harris, Fort Worth. The first reception of our bill by the judiciary committee of the Senate seemed to be favorable, but the House committee was overwhelmingly against us and for the "One Board Bill," which in its original form put all the smaller schools at the mercy of the allopaths. Later the chairman of the Senate committee introduced a very speciously worded bill looking toward the abolition of the three separate boards under the present law and putting all schools under the one board. This was the signal for the final battle, representatives of all schools lining up for the fight. Through our attorney, Hon. Sidney Samuels, of Fort Worth, we made as strong a plea as it was possible to make for our separate board. Our own committee had worked indefatigably to the same end, but apparently to little purpose, for out of eleven of the House committee we were not sure of the support of more than four. Moreover, the speaker of the House, a personal friend, assured me that we could not get our independent board. At the final night session of the House committee, when it looked as if the opposition would propose a measure that would jeopardize the practice of every osteopath in the state, and at the recommendation of our attorney and the earnest entreaty of two members of the committee, but strongly opposed by Dr. Ray, who was for the independent board or nothing, I finally agreed with the majority that we should go in and save what we could from the impending wreck. A compromise bill was drafted, passed both houses, and remained in the governor's possession until recalled by the House when it became certain

the governor would veto the measure. It was amended to suit him, passed both houses again by decided majorities, and finally signed by the executive. Its salient features are as follows:

1. The board shall consist of eleven members appointed by the governor, no school having a majority thereof. We hope to secure representation, but there is nothing in the bill making such recognition mandatory, though it was clearly the intent of the legislature.

2. Relative to licenses of those now practicing, the following section, somewhat cloudy in meaning, covers the ground:

Section 6. "Within one year after the passage of this act all legal practitioners of medicine in this state, who, practicing under the provisions of previous laws, or under diplomas of a reputable and legal college of medicine, have not already received license from a state medical examining board of this state, shall present to the Board of Medical Examiners for the State of Texas documents, or legally certified transcripts of documents, sufficient to establish the existence and validity of such diplomas or of the valid and existing license heretofore issued by previous examining boards of this state, or exemption existing under any law, and shall receive from said board verification license, which shall be recorded in the district clerk's office in the county in which the licentiates may reside. Such verification license shall be issued for a fee of fifty cents to all practitioners who have already received a license from a state board of medical examiners of this state. It is especially provided that those whose claim to state license rests upon diplomas from medical colleges recorded from January 1, 1891, to July 1, 1901, shall present to the State Board of Medical Examiners satisfactory evidence that their diplomas were issued from bona fide medical colleges of reputable standing, which shall be decided by the Board of Medical Examiners before they are entitled to a certificate from said board. This board may, at its discretion, arrange for reciprocity in license with the authorities of other states and territories having requirements equal to those established by this act. License may be granted applicants for license under such reciprocity on payment of twenty dollars."

3. The meaning of "medicine" as herein used is indicated by the following section:

Section 13. "Any person shall be regarded as practicing medicine within the meaning of this act (1) who shall publicly profess to be a physician or surgeon and shall treat or offer to treat any disease or disorder, mental or physical, or any physical deformity or injury, by any system or method, or to effect cures thereof. (2) Or who shall treat or offer to treat any disease or disorder, mental or physical, or any physical deformity or injury by any system or method, or to effect cures thereof, and charge therefor, directly or indirectly, money or other compensation."

4. All applicants not embraced in Sec. 6 must stand examination in anatomy, physiology, chemistry, histology, pathology, bacteriology, physical diagnosis, surgery, obstetrics, gynecology, hygiene, and medical jurisprudence. The applicants must be at least twenty-one years of age, and graduates of bona fide medical schools whose courses of instruction shall be not less than four terms of five months each. The fee is fifteen dollars. All examinations must be in writing, the applicant being known only by number.

Christian Scientists are not exempt, but will test the constitutionality of the law soon after it goes into effect, in July.

It would scarcely be just to close this resume of our fight without paying a tribute to the staying qualities of Dr. John F. Bailey, chairman of our legislative committee. He worked in season and out of season, spending much of his time in Austin at the sacrifice of his practice, watching every maneuver of the opposition and checking their inroads upon our domain. Only a little less can be said of Dr. M. B. Harris, and, in the early stages of the fight, of Dr. T. L. Ray. Of course, we could not all agree upon the course to take, but I am glad to say no open breaches have been made in our ranks, and our meeting at Houston June 7 and 8 promises to be the osteopathic love feast of the South. J. L. HOLLOWAY,

Dallas, Tex., May 21.

President T. O. A.

Meeting of Tennessee Osteopathic Association.

The eighth annual meeting of the Tennessee Osteopathic Association was held on May 11 in the parlors of the Southern Hotel, at Jackson. Rev. J. B. Eshman led the devotional exercises, and Prof. G. R. McGee pronounced the invocation. Mayor Anderson delivered a cordial address of welcome, which was responded to by H. R. Bynum, of Memphis.

The president, L. A. Downer, of Chattanooga, delivered an address on "Our Association: Its Purposes and Needs."

Demonstrations of the technic of treatment of the various spinal areas were given as follows:

Cervical Region—J. R. Shackelford, Nashville.

Dorsal Region—J. E. Collier, Nashville.

Lumbar Region—P. K. Norman, Memphis.

Sacrum, Innominata, and Coccyx—W. Miles Williams, Nashville.

The demonstrations elicited much interesting discussion.

A paper on "The Healing Science of the Future" was read by A. L. Evans, Chattanooga.

At the business session, W. F. Link, Knoxville, was unanimously recommended for

appointment to the vacancy on the State Board of Examiners occasioned by the expiration of the term of A. L. Evans.

The following officers were elected: President, H. C. Cupp, Memphis; vice-president, Sarah E. Wheeler, Winchester; secretary-treasurer, Bessie A. Duffield, Nashville; trustees—P. K. Norman, Memphis; T. L. Drennan, Jackson; and L. A. Downer, Chattanooga.

Bessie A. Duffield was elected delegate to the A. O. A. meeting at Norfolk.

In the evening the members of the association were entertained by Dr. and Mrs. T. L. Drennan at their home, where an elegant seven-course dinner was served.

Indiana Osteopathic Love Feast.

The Indiana Osteopathic Society held its ninth semi-annual meeting at Hotel Denison, in Indianapolis, on May 15, 1907. The meeting was called to order at 10.10 a. m. by President Spaunhurst.

After the minutes of the last meeting had been read and other preliminaries were attended to, the real osteopathic love feast began, for in fact it was a mental feast from morning until night.

First on the program was a paper by President Spaunhurst, of Indianapolis. He went into the past of osteopathy; why it was that Dr. A. T. Still took up a new line of thought and study which developed into the system of osteopathy. He spoke of the present in osteopathy, and offered some suggestions for the future advancement of the new system of healing.

After this Dr. O. E. Smith, of Indianapolis, gave a report on a case of sciatica, with unusual complications, which he cured; and a case of chronic constipation, in which there seemed to be no extraordinary conditions, which he failed to relieve.

Dr. T. P. Huffman, of LaFayette, gave a very interesting report on a case of epilepsy which covers about fifteen years of suffering, and after twenty months' treatment the patient is almost free from the trouble, having a very light attack in two or three months.

He reported a case of retroversion of the uterus, with adhesion of the rectum, and went into the details of the treatment, telling the mode and position in which he treated the patient.

Dr. Cora G. Parmelee, of Attica, gave a report on a case of Pott's disease, in which the patient was very weak and unable to walk without the aid of something or some one holding him. The soreness was entirely relieved and the patient's strength regained, but the curvature was not benefited at all. She gave a very interesting report on a case of apoplexy in which the patient was unable to attend to any business. There was numbness of the hands and inability to use them on account of loss of grasping power. There was no osseous cervical lesion, but a tender and very much contracted muscular condition which required a very gentle manipulation in the beginning of the treatment. The patient was entirely relieved of all the symptoms.

Dr. M. E. Clark, of Indianapolis, gave an hour's lecture on "The Technic of Treatment of Uterine Displacement." Dr. Clark gave several "don'ts" which if followed by all of us would result in greater relief for our patients and more gratitude to the physician. The principal one is: "Don't treat uterine displacements without knowing the condition and position of the womb and surrounding viscera. Spend more time in making your diagnosis and you will gain much time and save yourself labor in treating the patient. It is the knowing what to do and how you do it that bring best results." Dr. Clark's talk was a practical one, based upon the years of experience he had while connected with the A. S. O.

Dr. C. V. Fulham, of Frankfort, gave a report on a case of typhoid fever, showing the effect osteopathy had in reducing the fever curve as compared to medicinal treatment. He reported a case of intercostal neuralgia in which the treatment irritated instead of abated the pain.

Dr. Lorena Schrock, of Bedford, could not stay to read her interesting reports on hay fever and fibroid tumor, but they were read by Dr. Emma Nugent, of Indianapolis.

Judge Brodus, who is attorney for Dr. Baughman, who was under arrest, was present, and said in his opinion the medical board is taking advantage of the power given by law and is discriminating against osteopaths.

Attorney Boyd, who has the case of Dr. Barnett, who brought suit to compel the medical board to give an examination that he might secure license to practice, was present, and said in his opinion the superior court would reverse the decision of the circuit court, and that would give osteopaths a better chance to come into Indiana. We have a member on the board of examination and registration, but his powers are limited, as there are five others who are not osteopaths.

Dr. E. R. Booth, of Cincinnati, was present, and after commenting on what he had seen and heard during the day, invited all to attend the A. O. A. meeting in Jamestown.

Dr. M. E. Clark, Indianapolis, was chosen as delegate to the A. O. A. meeting at Norfolk.

The tenth annual meeting will be held the second Saturday in October, for election of officers and other business.

J. E. BAKER,
Secretary.

Meeting of Idaho Board of Examiners.

Idaho State Board of Osteopathic Examiners met in Boise Saturday, May 4.

Board consists of Dr. H. D. Morris, Boise (five-year term); Dr. E. G. Houseman, Nampa (four-year term); Dr. J. C. Edwards, Wallace (three-year term); Dr. G. T. Schmelzel, St. Anthony (two-year term); W. M. Hatfield, Moscow (one-year term).

Officers elected were: H. D. Morris, president; E. G. Houseman, secretary and treasurer.

First examination will be held in Boise, Tuesday, June 4.

A Correction.

By error in assembling the A. O. A. Directory, page 35, the Omicron Phi Phi Sorority and the Phi Omicron Gamma Fraternity (Alpha chapter), of the Philadelphia College of Osteopathy, were included in the Southern College list. I take this means of correcting an error which might prove embarrassing to the schools and fraternities concerned.

R. E. HAMILTON.

Santa Clara County Association of Osteopathic Physicians.

The first annual meeting of the Santa Clara County Association of Osteopathic Physicians was held in San Jose, Cal., April 8, 1907. The following officers were elected for the ensuing year: President, Dr. Werkheiser, San Jose; vice-president, Dr. Mary McWhorter, Santa Clara; secretary and treasurer, Dr. Nellie G. Long, San Jose.

Texas Osteopaths to Meet June 7 and 8.

The Texas Osteopathic Association will hold a two days' session at Houston on June 7 and 8.

A splendid program, which includes the following papers, has been arranged: "Cirrhosis of Liver," J. J. Pearce; "Synovitis," E. E. Edmondson; "Uterine Catarrh," A. P. Terrell; "Articular Rheumatism," C. S. Klein; "Bright's Disease," L. N. Pennock; "Phlegmasia Alba Dolens," J. T. Elder; "Malarial Fever," D. S. Harris. The program provides for discussion of all papers; also for question box and clinics. Dr. Charles E. Still, of Kirksville, Mo., will conduct a clinic on each day.

On the evening of June 7 a banquet will be served, at which Dr. W. E. Noonan will act as toastmaster.

Missouri Osteopathic Association and Tri-State Meeting.

The Missouri Osteopathic Association opened its eighth annual convention at Kirksville Friday morning, May 24, with a large attendance. For the reason that it had been projected to make of this a meeting of members of the associations of Illinois, Iowa, and Missouri, there was a number of practitioners from these states and several from Kansas.

The Old Doctor opened the meeting with an address of welcome, followed by Dr. Charles E. Still. Dr. Homer E. Bailey, of St. Louis, president of the M. O. A., responded. The first paper was an excellent one upon "Our Ethical Standing and How to Improve It," which was ably discussed by Dr. Minnie Potter, of Memphis. Dr. Franklin Fiske read a paper upon "How Osteopaths Regard Disease," which brought forth an animated discussion upon rheumatoid arthritis.

Upon motion of Dr. Fiske, following reference to the same in his paper, it was decided by the M. O. A. to adopt a nomenclature for lesions that shall be self-explanatory. This will clear the atmosphere of misunderstandings, will place the definition of vertebral lesions upon a more scientific basis; for example, the commonly called "anterior atlas" is in reality a posterior occiput. All lesions between vertebræ will be named from the subluxation at the superior articular facets. Dr. Fiske spoke to the motion, quoting the American Text-Book of Surgery as authority for this idea. Dr. B. J. Maritz recalled the studies of the academy at Beriaz, which decided upon nomenclature to be used in the classification of disease, and known as the "Beriaz Anatomical Nomenclature," a monograph upon which has been published in this country. Dr. Edythe Ashmore, of Detroit, spoke for the affirmative, declaring this to be a movement in an educational direction, for the most easily applied technic makes use of the inferior vertebra as a fixed point. Enough cannot be said in praise of the adoption of this nomenclature by the Missouri osteopaths. Few realize the stupendousness of the undertaking, but for the glory of our parent state in osteopathy it is hoped this movement will be carried on to success.

The afternoon session opened with a short paper on "Goiter" by Dr. Theodore Paul, read by the president. In the absence of Dr. Herman Goetz, Dr. Arthur Still Craig demonstrated his latest invention, the pantograph. Dr. A. T. Still came forward for a few remarks. Dr. George Loughlin then demonstrated the technic of reduction of a scoliosis upon a male patient who had met with a series of accidents early in his life, but from which there was no appearance of disease until one year ago.

Dr. George A. Still gave a lecture upon the subject, "To Distinguish Osteopathically What Are Surgical Cases." Moore, the photographer, then took a photograph of the assembly, and Dr. Samuel B. Miller, of Cedar Rapids, Iowa, opened a question box, the subjects and speakers being as follows: "Osteopathy's Great Principle," Drs. R. L. Stephens, Des Moines; M. Ione Hulett, Cleveland, O. "Leions: What Are They?" Drs. W. Connor, Kansas City, Mo.; C. E. Still, Kirksville, Mo. "The Main Points in Clinical History and Diagnosis." Dr. Edythe Ashmore, Detroit. The speakers in discussion were Drs. W. E. Cole, J. F. Minear, A. G. Hildreth, U. M. Hibbetts, and W. F. Traugbber.

The evening session began with a discussion of hte general subject of "Organization," Dr. W. F. Traugbber speaking for the state association, Drs. A. G. Hildreth and W. H. Ivie for the American Osteopathic Association, and Dr. U. M. Hibbetts for the Mississippi Valley Association. Dr. William Smith gave a stereopticon talk upon the "History of Osteopathy," which was very enjoyable.

Saturday's program opened with surgical operations at the A. S. O. hospital in the morning, performed by Drs. George A. Still and Frank Young, and were "Ventral Fixation of the Uterus," removal of a fatty tumor from the lumbar region, removal of adenoids, correction of talipes equinus, removal of neuroma from right arm.

The afternoon session was begun on Dr. A. T. Still's lawn with an address by the Old Doctor. Following this came the unveiling of memorial tablets for Drs. W. L. Riggs, H. E. Patterson, and Guy D. Hulett, by Dr. A. G. Hildreth, with appropriate remarks.

Dr. Eugene C. Link demonstrated a case of lateral sclerosis, with description of technic. Dr. Minnie Potter read the M. O. A. state editor's report of patients treated by field practitioners during the past year. Dr. B. J. Marity, of Kansas City, presented a clinic patient who had locomotor ataxia; Dr. Frank Young one with a uterine tumor, and Dr. R. L. Stephens discussed pneumonia. Dr. A. G. Hildreth read a paper upon "The D. O.: How Best to Preserve Him."

The election of officers resulted in the following choice: Frank P. Walker, St. Joseph, president; Emma S. Cooper, Kansas City, first vice-president; George Noland, Springfield, second vice-president; Bertha Buddecke, St. Louis, secretary; E. D. Holbert, Sedalia, treasurer; W. F. Traugbber, Mexico, state editor; and A. S. Craig, Florence Notestime; Minnie Potter, J. W. Hofsess, and G. M. Laughlin, trustees.

The early part of the evening session was spent in the formation of the Central Mississippi Valley Association, to be constituted of practitioners from the states of Illinois, Missouri, Iowa, Kansas, and Nebraska, the next meeting to be held in Kirksville in 1908, at a time appointed by the trustees.

In relation thereto the following resolutions were adopted:

"Resolved, first, That an association be formed and composed of members from the following states: Missouri, Illinois, Nebraska, and Iowa; to be known as the Mississippi Valley Osteopathic Association.

"Second, That this association meet annually with one of the state associations composing the Mississippi Valley Osteopathic Association.

"Third, That the officers of the association shall be: President, three vice-presidents, secretary and treasurer. The general management of the association shall be vested in a board of trustees composed of the presidents of the several state associations. The president and secretary of this association shall be ex-officio members of the board of trustees, whose duties shall be those peculiar to their office.

"Fourth, That there will be no dues collected yearly as in other associations, but there will be an initiation fee of 50 cents per member, and in case of necessity an assessment not to exceed 50 cents per member yearly, to meet such necessary expenses as may be made from time to time."

A committee was appointed to draft a constitution to be presented and signed at the first annual meeting. Two officers necessary to the present routine business were elected: President, Dr. A. G. Hildreth; secretary and treasurer, Dr. Mary E. Noyes, Ottawa, Ill.

Dr. E. J. Bartholomew, of Chicago, then presented a stereopticon lecture upon "The Two Causes of Disease," which showed disease to originate physically from mechanical pressure, mentally from tension or abnormal thoughts. The convention then adjourned.

EDYTHE F. ASHMORE.

Dr. Clarence Vincent Kerr as a Librettist.

For versatility of talent of the first order the A. O. A. will compare favorably with any organization of equal numbers. The latest discovery is of a librettist within our ranks in the person of Dr. Clarence Vincent Kerr, of Cleveland, O.

The Hermit club, of that city, of which Dr. Kerr is a member, is an organization composed of 225 representative young business and professional men. Once a year the club gives a musical comedy, and this year, which marks the third performance, Dr. Kerr is responsible for the libretto. The lyrics are by Leland Ingersoll, and the score principally by John S. Zamecnik, for several seasons with the Pittsburg orchestra, and a composer of note. The play, "The Hermits in California," is to run the entire week from May 27 to June 1.

This event is considered in Cleveland one of the biggest things socially of the season. The scenery and costumes are of the finest, and before the curtain rises on the opening night the club will have about \$8,000 invested in the production. Last year the receipts were \$12,000, and it is expected they will exceed that this year.

The locale of the play is California, and the comedy revolves around the efforts of a spread-eagle statesman to put a tax on old bachelors for the support of maiden ladies.

Those acquainted with the talents of Dr. Kerr and the thoroughness with which he does whatever he undertakes will have no doubt of the success of the play.

Atlantic School of Osteopathy.

All graduates and former students and teachers of the school at Wilkes-Barre or Buffalo are requested to attend the reunion at Norfolk, Va., on the evening of August 27, during the A. O. A. convention there. An interesting evening is being planned to celebrate this revival of associations of days gone by.

EDGAR D. HEIST, Secretary.

Resolutions on the Departure of Drs. Moellering.

At the meeting of the Minnesota State Osteopathic Association, May 3, 1907, the following resolutions were passed:

"Whereas, Drs. Herman and Bertha Moellering are leaving this state and county for an extended stay abroad; and

"Whereas, This is the last meeting of the Minnesota State Osteopathic Association prior to their departure; therefore, be it

"Resolved, That the Minnesota State Osteopathic Association hereby extends to Drs. Moellering our sincere thanks for conscientious work in aiding and furthering the work of the association;

"That while we regret the fact that osteopathy in the United States is to lose their work and counsel for a time, we sincerely hope the change may prove of great benefit to them and to the science which they represent;

"That we unqualifiedly recommend them to any country and people as earnest, faithful, and efficient workers in the great work of combating disease by natural scientific methods;

"That we commend them as honest and sincere osteopathic practitioners of the highest standing, of stainless honor, and unblemished records both socially and professionally.

"We further express the hope that in the future we may again have them with us, and that they may return to this country with added laurels for themselves and for the science they represent."

F. E. JORRIS,
Secretary.

PERSONALS.

Drs. Herman H. and Bertha W. Moellering, of St. Paul, Minn., left a week or two ago for an extended stay in Germany.

The alma mater of Dr. E. M. Casey, Binghamton, N. Y., is given in the May directory as the Atlantic School. It should be the American School of Osteopathy.

Among those who graduated from the Detroit Homeopathic College on May 14, 1907, are the following osteopaths: Harry D. Trask, Minnie E. Dawson, and Paul C. Goodlove.

Dr. Mary E. Harwood, of Kansas City, is enjoying an extended trip on the Pacific coast. During her absence her practice is in charge of Dr. Ella B. Veazie, formerly of Kirksville, Mo.

The address of Dr. G. E. Graham is, as formerly, 1851 Seventh Ave., New York City. The address which appears in the May directory was placed there through a misunderstanding, he having a branch office there.

Dr. O. C. Mutschler, formerly at 20 West Orange St., Lancaster, Pa., has retired temporarily from practice, and will enjoy a vacation at Carlisle, Pa. Dr. E. Clair Jones, of Columbia, has taken his practice at Lancaster, though he maintains his practice in Columbia, going there two days each week.

REMOVALS.

Della Renshaw, The Tuller, to 208 The Charlevoix, Detroit, Mich.

O. C. Mutschler, Lancaster, to 209 North Hanover St., Carlisle, Pa.

E. Anton Peterson, Safe Deposit Bldg., to 421 Mutual Life Bldg., Seattle, Wash.

Laura F. Bartlett, Alpena, Mich., to 428 Empire Bldg., Denver, Col.

E. Clair Jones, Columbia, Pa., to 20 West Orange St., Lancaster, Pa.
 J. S. B. and Elizabeth J. B. Marshall, Jamestown, N. Y., to 3 and 4 Lane House, Russell, Pa.
 E. W. Tiffany, 320 Montgomery St., to the New Rosenbloom Bldg., Syracuse, N. Y.
 Lizzie Clay, Fairfield, Neb., to King City, Mo.
 J. Clifford Bishop, Boston, Mass., to 397 Albert St., Ottawa, Ont.
 Emma B. Dill, Kirksville, Mo., to London, O., R. F. D. No. 7.
 R. H. Graham, Vermillion, S. D., to 50 Division St., Amsterdam, N. Y.
 L. J. Goodrich, Logan, Utah, to Corning, Cal.
 Sophia L. Gault, Mason Bldg., to 123 East Avenue 53, Los Angeles, Cal.
 R. B. Powell, Monte Vista, to Denver, Col.
 Kathryn A. Romig, 4245 Regent Sq., to 341 Mint Arcade Bldg., Philadelphia, Pa.
 H. W. Glascock, Carolina Trust Bldg., to 504 Tucker Bldg., Raleigh, N. C.
 May Marts, Watsonville, to 528 Granger Bldg., San Diego, Cal.

APPLICANTS FOR MEMBERSHIP IN 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.

Willannie Breden, Kirksville, Mo.	Riley D. Moore, Grand Junction, Col.
Queannie Coppernoll, Kirksville, Mo.	R. M. Echols, Kirksville, Mo.
Wilden P. Snare, Kirksville, Mo.	O. N. Benson, Memphis, Mo.
Ralph H. Burdick, Kirksville, Mo.	R. L. Stephens, Des Moines, Iowa.
J. J. Pleak, Hillsboro, Ill.	J. R. Gilmour, Mt. Ayr, Iowa.
James A. Grow, Memphis, Mo.	R. H. Nuckles, Marshall, Mo.
Nancy J. Godfrey, Holton, Kan.	Bertha B. Southworth, Kirksville, Mo.
L. V. Andrews, Des Moines, Iowa.	J. L. Neville, 331 Broadway, Paducah, Ky.
Milton E. Corbin, Malvern, Iowa.	Jessie L. Hull, Weeping Water, Neb.
C. E. Willis, Pittsburg, Kan.	Lulu L. Cramb, Fairbury, Neb.
Charles A. Arand, Kirksville, Mo.	Alie Eleanor Bell, Pony, Mont.
Elmore C. Chappell, St. Louis, Mo.	Luther Alan Howes, Minneapolis, Kan.
N. A. Johnson, La Belle, Mo.	Roy M. Armstrong, Salisbury, N. C.
Ernest M. Mills, Shebina, Mo.	M. Jeannette Stockton, Manhattan, Kan.
Mabel Akin, 403-4 Macleay Bldg., Portland, Ore.	
Sarah Corlies Wardell, 156 Fifth Ave., New York, N. Y.	
Edwin J. Mager, 58 Broadway, Taunton, Mass.	
John Lewis Callahan, 510 Walnut St., Knoxville, Tenn.	
Pearl Auman Bliss, 605-6 Chamber of Commerce, Los Angeles, Cal.	
Thomas H. O'Neill, 25 West Forty-second St., New York City.	
Mead K. Cottrell, 316 Broadway, Paterson, N. J.	
L. M. Goodrich, 13 Passaic, Hackensack, N. J.	
Annette H. Beckwith, 13-14 P. O. Bldg., Eureka Springs, Ark.	
Howard J. Cormeny, 42 West Market St., York, Pa.	
H. Viehe, 516 Randolph Bldg., Memphis, Tenn.	
Pearl M. Ryan, Wilcox Bldg., Nashville, Tenn.	
Frank Adelbert Crofoot, 73 William St., Lyons, N. Y.	
J. T. Penrose, 932 Sixteenth St., Des Moines, Iowa.	
F. E. Corwin, Checo Hot Springs, Fridley, Mont.	
Mary E. Layne, 23 South Hill St., Griffin, Ga.	
A. C. Layne, 23 South Hill St., Griffin, Ga.	
N. A. Johnson, 332 Main St., Fredonia, N. Y.	
D. C. Farnham, 521 Twelfth St., Oakland, Cal.	
S. Lichter, 1028 Brown St., Peekskill, N. Y.	
Earl E. Larkins, 203 Fort Worth National Bank Bldg., Fort Worth, Tex.	
William Henry Jones, 200 Main St., Marlboro, Mass.	
George A. Wells, Tippitt Bldg., Greenville, Tex.	
Theodosia M. Spring-Rice, New York, N. Y.	

Reinstatements.

Sophia E. Hemstreet, Liberty, Mo.	M. Antoinette Smith, Seattle, Wash.
Gladdis Armor, Emporia, Kan.	George B. Dresbach, Santa Cruz, Cal.
R. S. Johnson, Kahlouton, Wash.	

The Journal

of

The American Osteopathic Association

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CHATTANOOGA, TENN., JULY 1, 1907

No. 11

OSTEOPATHIC AND SURGICAL DIAGNOSIS OF PELVIC DISORDERS.

Demonstration before the A. O. A. at Put-in-Bay, O., by ELLA D. STILL, D.O., Des Moines, Iowa.

The subject as outlined is to me very significant in that we recognize that there are gynecological disorders which are not surgical. I presume you are all familiar with the fact that in the last few years there are those who have either been ignorant or unwise enough to make the assertion that all pelvic troubles are surgical; for instance, they assert that if a uterus is retroverted, ventral fixation should be performed. If the patient is suffering with endometritis, curettage should be resorted to, and so on *ad infinitum*. Their watchword seems to be, if any part is pathological, "cut it out." It seems to me that it devolves upon us as osteopaths to demonstrate the falsity of such statements.

In the majority of cases no such procedure is necessary, and from years of experience I am free to assert that most pelvic disorders respond nicely to our method of treatment. I have taken pains to investigate for myself by taking post-graduate work in several of the Chicago hospitals, and have watched operations of ventral fixation for misplaced uterus, curetting for endometritis, etc., and have been more thoroughly osteopathic than ever when I realized that I had by our system of therapy cured numberless cases of like character without in any way interfering with the proper functioning of the organs, and leaving the parts anatomically whole.

It is true we find an occasional case where the involvement is so great or the disease progressed so far that an operation is necessary; but it is the exception and not the rule, and I was delighted in looking over the little booklet published by the American School of Osteopathy, in which they give a picture of their new hospital, to see beneath it these words, "A last resort," bearing out the thought I am trying to convey, that only when positively indicated, or all other measures have failed, should we resort to surgery.

In the cases where surgery is necessary the operation should be followed by osteopathic treatment to prevent a recurrence of the trouble, as the operation has simply removed the pathology present and has not removed the *cause*, and the same condition may arise again. To illustrate this thought, I wish to cite a case which occurred in one of my clinics. I came in contact with a patient who had developed a very large urethral caruncle. It was intensely painful, as you all know who have treated such cases. This was a surgical case, and after the removal of the growth I insisted, without avail, that the patient receive osteopathic treat-

ment to avoid a recurrence, because, as you readily understand, the knife had only removed the effect of a *cause* which must be located and removed. What was the result? In a short time the patient was back again for another operation. During the year she submitted to three operations before she became convinced that osteopathic treatment might obviate the recurrence; but finally resorted to osteopathy, and the one who had her under observation reported to me more than a year later that the patient was entirely well. And this is only one among many.

When I examine a patient for pelvic disorders, I first direct my attention to the *bony* structure of the body, but if today I should emphasize the pathological conditions in the pelvis, if I should put stress upon the bad results that come from lacerated perineum or cervix uteri, I want you to understand that I only do so because you are all familiar with *bony* lesions, and perhaps have not put your thoughts so much upon this phase of the question, so I shall insist that when you make a pelvic examination you shall examine not only the vaginal tract but the rectal and urethral.

I think you will bear me out in the thought that this is necessary, taking into account as we do the close relation between nerve and blood supply to these points. For instance, if there is trouble in the rectum, the vaginal structures may be affected, and they in turn may affect the urethra. I have known cases of urethritis from a misplaced coccyx. I have, as I reported in the Journal of Official Surgery, treated and cured a bad case of vaginismus by replacing a misplaced coccyx. If you will stop for one moment to consider the anatomical conditions that exist there, you will see that the three pelvic orifices are in a measure surrounded by the same musculature. The levatores ani muscles which help to form a part of the sphincters of the rectum, send some fibers that aid in the formation of the vaginal and urethral sphincters, so it is not surprising in cases of rectal trouble to find disorders in the other areas, or vice versa. The one who examines only the rectum has made a mistake; the one who examines only the vagina has also made a mistake; and the one who has only examined the urethra has done the same thing. I want to say right here by way of explanation that only rarely do I make this special examination of the young. You will note that the *spinal* conditions, or rather the *bony* and muscular lesions, are usually the cause for all disorders in young people, and they may be characterized as *extra pelvic*. Such cases do not need intra pelvic treatment or special pelvic examinations. It is only the exceptional one that should be thus examined and treated.

If a young girl comes complaining of amenorrhea, it may be necessary to make a pelvic examination, as there may be an imperforate hymen, and it would be extremely embarrassing, if not criminally negligent, to overlook a condition of that kind. It would be so in some other peculiar cases; but your experience has probably taught you that menstrual disorders and other affections in the young are controllable by external treatment. A different proposition confronts us in those who have borne children and have passed through parturition, with the innumerable sequelæ that will come if the patient has not the proper care. There may be lacerated perineum, lacerated cervix; also rectal lacerations, possibly with poor operation following, or perhaps none. Is it any wonder, then, that there are bad results following these things? If by your examination you simply find and treat spinal lesions, which in these cases are *secondary*, you will probably not effect a cure. The case should be examined and treated from all standpoints.

I have decided to bring my talk to bear mostly on conditions that may come from injuries or other pathological conditions of the uterus itself, and for this

purpose I wish to call your attention to these charts, which show some abnormalities in the way of mucous polypi, both varieties being here represented, known as the cervical and corporeal. I wish to state here that the charts I use with which to demonstrate my talk were made by Dr. Ruddy, of the Des Moines school, and I wish to recognize him in this because he has very kindly furnished me with charts on other occasions.

Many times patients come to us complaining of excessive leucorrhœa, profuse menstruation, and even a metrorrhagia, feeling of weight in the pelvis, and ordinarily backache. We are led to suspect intra-uterine growth, and you will usually find them of the variety here represented and known as mucous polypi of the corporeal variety.

We find these growths developing after parturition where there has been much



Corporeal Polypi.

injury to the endometrium, or they may occur where there is a retroverted uterus with considerable inflammation and poor drainage. This condition is usually easily diagnosed from symptoms, but if any doubt should exist, I consider this one of the few cases where intra-uterine examination is allowable. To be sure, there is the rare case where a polypus of the corporeal variety may depend through the cervix; then by the use of a small sound we may trace the pedicle through the internal os and be sure of our diagnosis.

Some of these cases are surgical, and especially is this true if there is a broad-based pedicle; but others have responded nicely to osteopathy. Just preceding menstruation is a very favorable time to rid the uterus of these growths; at that time there is some disintegration of the mucosa, and by exciting uterine contractions they may be expelled.

I stimulate not only at uterine spinal center but manipulate uterus directly

through abdominal wall. I have had cases where the uterus became irritable from the presence of the growths and expelled them without treatment at the time, usually with considerable hemorrhage. We must recognize a different condition where the cervical variety is present. There may be leucorrhœa, but the menstrual function will not be interfered with, as you know the cervix does not menstruate. I will make one exception to this, and that is where the patient may suffer from *obstructive dysmenorrhœa* when the polypus becomes so large as to fill up the cervical cavity. A case of that kind came under my observation a few years ago. The patient would suffer intensely just as the menstrual function was beginning, and no relief was obtained until the body of the organ became so filled that uterine contractions were set up, and after considerable effort the cervix relaxed enough to allow the flow to pass. That woman had several spinal lesions; but I think I should have shown considerable ignorance if I had not discovered the *uterine lesion*. We cannot expect to excite uterine contractions in the hope of expelling cervical polypi. The cervix is made up mainly of circular fibers, and the expulsive effort of the uterus is made by the body, so that when we discover polypi of this variety they should be removed and then osteopathic treatment administered to prevent recurrence.

I have known so many cases that were operated on and then failed to have post-operative treatment, and the trouble returned, that I wish again to emphasize this most necessary procedure. We realize that hypertrophy of endometrium does not always signify the presence of polypi; but hypertrophy in this area is synonymous with hypersecretion, which usually consists in a copious leucorrhœal discharge and menorrhagia, and in a number of cases congestive dysmenorrhœa. Many times this condition is due entirely to misplaced uterus, and in order to effect a cure the organ must be replaced to bring about perfect drainage; in addition to this, correct the other lesions which usually exist in these cases, and cure is almost certain to follow. The main thing to consider is the removal of any and all lesions that affect the circulation to the pelvis.

A member—At what portion of the spine do you look for lesions affecting the pelvis?

Dr. Still—Anywhere from mid-dorsal down. They might exist above this area; but more commonly you will find them below. I think this is a good point to bring out. Dr. Teall said the other day "that he had controlled facial neuralgia by replacing a slipped innominate," and so we might find an exceptional case where correcting a lesion in the upper dorsal region might bring health to pelvic organs; but examine carefully from mid-dorsal down, especially articulations of dorsal and lumbar vertebrae, also lumbo-sacral articulation, then look carefully at the innominate and coccyx.

I have conducted clinics for years, and I want to digress just long enough to tell you that I think we get more out of our associations when we have *clinics* upon which to demonstrate these conditions. If I had had a clinic and could have shown you two or three polypi; if I could have demonstrated pathological conditions of vagina, rectum, and urethra, it would have been far more beneficial than anything I could demonstrate to you on the charts. It is just as important to know the *condition* of the tissues as to know what sort of misplacement exists, for upon a proper diagnosis depends our prognosis. There is such a thing as a part becoming so pathological that it cannot be restored to normal, hence failure to cure. A great deal of change may take place and the case still be amenable to treatment.

We cannot cure a perineal laceration by osteopathic treatment; but after the part has been repaired, and we have something to work upon, we ought to be able to correct the conditions that have been produced by the laceration. I do think we ought to have enough faith in our system of therapy, as well as knowledge of the conditions, to say (barring surgical cases) that we expect to cure most cases, and we should not become so imbued with the surgical idea that we recommend surgery when we ought to treat and cure by osteopathy.

I would not for a moment have an osteopath treat a surgical case to the detriment of the patient; but I would insist that we rid ourselves of some of our foolish ideas and not become too surgical.

Dr. Ray—In cases of intra-uterine polypi do they ever disappear by absorption



Cervical and Corporeal Polypi.

if treatment does not cause them to break loose and come off? Do they ever disappear like nasal polypi?

Dr. Still—I have never known a case. Some one else may know of such a condition. In the cases I have had the privilege of examining there was such a building-up of tissue it would almost preclude the thought. I have known of small rectal polypi disappearing, and attributed it to the fact that by direct treatment a better drainage was obtained. But I have found one condition of the rectum where I have not been successful. It is known as one variety of hemorrhoids, where there has been a special development of perivascular tissue. You know, the most simple form of hemorrhoids is what is termed a simple dilatation of the vessel, and they all start that way; later some will break down, and we have what is known as the bleeding variety, and in others there is a thickening of the vessel wall and growth of the tissue surrounding it. The first two varieties we should cure.

Dr. Chiles—Do you use the hard rubber or glass graduated dilator, and do you have the patient use them?

Dr. Still—I have never had occasion to use them on a patient, but know people who have who claim great results. I have never recommended them, simply because I have never found a case where I thought it was necessary.

A member—What length of time is required in treating hemorrhoids?

Dr. Still—A recent case should need but few treatments; chronic cases will take longer. Never forget the condition of the *liver*, and look well to the position of coccyx in these cases. In women, examine for misplaced uterus.

Dr. Noyes—What is the method you use in treating hemorrhoids?

Dr. Still—I first decide where the lesion is that is causing the trouble. I want you to understand that I am a crank on *bony* lesions, but I also know that there may be other lesions; for instance, there may be a *uterine* lesion causing hemorrhoids, where from partuition there remained a sub-involuted uterus which made pressure upon the rectum, thus retarding return flow of blood, and vessels became distended, or a retroverted uterus; but the most common causes are constipation, misplaced coccyx causing irritable sphincters, and prolapsed rectal tissues. In the first case, find and treat cause for constipation; next, replace coccyx; last case, straighten up rectal tissues. Put patient in genu-pectoral position, introduce finger and gently push the tissue up, having the patient inhale deeply during the time. I carefully dilate sphincters, first introducing one and then later two fingers. All this should be gently done, otherwise the parts are irritated.

A member—In these cases have you found that the use of the simple cold-water douche, in addition to the osteopathic treatment, has proven beneficial?

Dr. Still—Yes, I will say that I do this, particularly in bleeding hemorrhoids, and have the patient wash out the lower bowel each time after defecation, for the parts must be kept clean. Use only a small amount of water, never than a pint.

Dr. Loudon—What is your custom when you find small fibroid tumors, about as large as the end of your finger? Do you always tell your patient about them?

Dr. Still—You know, there are times when "silence is golden." If I am sure of the mental attitude of my patient, I may tell them; but I am governed entirely by circumstances. That sort of a tumor will probably do no harm, and it is not necessary to say anything about it.

I am glad that we are becoming imbued more and more with the idea of developing our own science, instead of going after what the other fellow has or thinks he has.

It has been a fixed principle with me ever since I knew anything about osteopathy to develop what I had, making use of the principles which osteopathy teaches, finding out each year that I can do more and better things; so I reason that it would be foolish to be imitating some one else, trying to find out their way of doing things, when our own science provides a safer and better way.

OSTEOPATHIC AND SURGICAL DIAGNOSIS OF THE ABDOMEN.

Read before the A. O. A., at Put-in-Bay, by S. A. ELLIS, D.O., Boston.

Abdominal diagnosis, whether it be osteopathic or surgical, is by the very nature of the region more difficult than spinal or thoracic diagnosis. Comparatively little has been attained along this line, if we judge by the few pages to be found on diagnosis of the abdomen, where volumes are written on thoracic diagnosis.

The intimate association of the parts, and the possibility of normal change in the position of the organs, add to the uncertainty of forming a correct judgment of abdominal conditions.

Our knowledge, however, is by no means entirely negative. In spite of the many obstacles, I am convinced that the osteopath is, or should become, pre-eminently the best authority on abdominal diagnosis. We need not seek far to find the quite obvious reason for this. The most generally accepted and only sure method of examination of the abdomen is by palpation. We have, or should have, pretty well mastered the anatomy of this region, and with experience and our trained sense of touch, we should be satisfied with nothing short of the very best practical knowledge of a region where, almost without exception, every tissue is accessible to our fingers.

In speaking as I do of the abdomen, I take it for granted that we all look carefully for the deep cause of trouble to the **hard tissues**, the spine, ribs, pelvic bones, etc., and depend on the **abdomen**, in the large majority of cases, only for confirmation of the strictly osteopathic diagnosis. The fact that we have such a tremendous advantage in diagnosis by virtue of our constant reference to the spine should make us, however, none the less keen to be thoroughly familiar with the abdominal tissues in health and disease. You may say with absolute correctness that in a great many cases a knowledge of the spinal lesion and how best to correct it is sufficient for clinical purposes. However, in these days we should expect much more of our own men in the work, and the public will continue to demand of us more knowledge and training and a more exact statement of conditions before and after the treatment is given.

This subject of abdominal diagnosis has particularly interested me for a number of years, and however humble or meager my experience may have been, I am glad to give you the benefit of it. In my opinion, text-books and various forms of diagnosis dictated by precedent are of little use except in a general manner to point the way for us. Experience here again is the great teacher, and the testimony of the practitioner is the valuable thing. Appliances for use in diagnosis, with the possible exception of the stethoscope and one or two other simple instruments, I have found of little practical use to the busy practitioner. There are so many other things of great importance which claim his attention that he has little time to master the technique of complicated instruments. We should learn to depend as much as possible upon our own faculties, and the man who is prepared to make a diagnosis in the simplest and most natural manner undoubtedly has a tremendous advantage over the one who depends upon instruments of great detail.

In my own work I have used the following routine examination of the abdomen with more or less success. The patient is placed in the regular position for abdominal examination. First, the stomach is palpated for tenderness, then the lower border for dilatation, and the pyloric end for adhesions or tumor indicating cancer. A great majority of malignant gastric conditions are found at or near the pylorus. The particular things to look for in examining the stomach are stasis, dilatation, and cancer.

With patient in the same position, with the lungs filled, palpate the lower border of the liver for tenderness or enlargement, this being the only part that can be felt. The things to look for are engorgement, cirrhosis, cancer, and gall stones.

In palpating for the spleen, only the front and lower border can be detected.

The organ itself is seldom diseased, but is often enormously enlarged in chronic blood diseases.

Any of the above examinations are not difficult. A little training and thought will work wonders for you. Intestinal examination is more difficult. The first important thing is the general tone of the abdominal muscles and the intestinal tract. We should be able to determine if the bowel is in a normal state of suspension or sagged forward in the lower abdomen. I consider this of prime importance. Next, we should make an examination of the abdominal corners, particularly the two lower ones, for adhesions, tenderness, tumor, and partial or complete occlusion of the intestine. The fundus of the bladder is not hard to locate, particularly if distended.

We now come to the examination of the kidney with the ureter, which, excluding the examination of urine, I consider the hardest of all. My best results in diagnosis have come with the patient lying on the side, a little more on the face than on the back. If the kidney is loose, this throws it forward and down, and it can often be easily detected. The kidney tissue resists more than surrounding abdominal tissues, and when it is touched, gives a feeling of sickness or faintness to the patient. The important things to look for are change in position, abscess, and loss of resistance on palpation. Other details of diagnosis may need to be determined by urinalysis. The ureter I have never been able to detect except when it is obstructed or enlarged by disease.

This whole abdominal examination may be gone through with in a very few minutes, and it seems quite essential to me if we suspect abdominal difficulties of any sort.

Of 70 cases observed recently in which the trouble seemed more particularly in the abdomen, 8 only, or about 10 per cent., were examined in which we failed to find hard tissue lesions. The failure to detect the deep cause in a number of the 8 above mentioned could undoubtedly be attributed to personal error, leaving a percentage so small as to be practically of no importance. The history in these exceptional cases was very bad, showing some inherited tendency or condition.

In the remaining 62 cases the deep cause was found about in the following order: In the vertebræ 34, in the ribs 20, and in the pelvic articulations 8.

I found the stomach and upper intestinal tract most often affected. This excludes so-called dyspepsia, which is really a nervous disturbance. Fourteen cases of dilatation were observed, all of which had lesion cause in the spine or ribs. Two showed noticeable lateral middle dorsal curves with resulting rib positions. In the remainder the structural condition was more or less uniform, and about as follows: Inelastic spine, middle and lower dorsal prominent, with vertebral rotations in several cases. Dilatation is oftenest found on the right of the median line and in the greater curvature of the stomach. The lower border of the stomach can often be detected clearly below the umbilicus. In only one case did I find the single specific lesion we so much like to locate, a rotated, very tender 8th dorsal. In working along this line, experience seemed to show that the single vertebral lesion appears with less frequency as we approach the middle of the spine from either direction, single cervical and lumbar lesions being most commonly found.

In 20 cases of intestinal difficulty the patients were generally anemic and poorly nourished, often with a neurasthenic accompaniment. The general character of the spinal lesions differed somewhat from those found in the cases of stomach trouble, although they were often in the same area of the back. There

was not so much rigidity of the spine; in fact, in a number of cases we found quite the other extreme. A fair proportion of anterior middle and lower dorsal malpositions were observed, some few in which the lower dorsal and lumbar vertebræ were sagged forward in an unbroken curve to the pelvis. If these hard-tissue lesions affecting the intestinal tract were accompanied by muscular loss of tone, they were much more tender and stood less treatment with benefit than the stiff spine.

Five cases of gastric cancer were examined, the tumor in all cases being located at or near the pylorus. In these cases I am sorry to say that there seemed to be little or no similarity in the osseous lesions. Generally speaking, the irregularity occurred well down in the spine. The lesions were very tender to the touch, and the surrounding tissue was much contracted. While I do not encourage patients to go under osteopathic treatment for cancer with the hope of permanent relief, still I do believe that time will show that osteopathy can do more for this disease than any other of the various systems.

In the original lot were 11 cases of kidney impairment, varying from a simple congestion through several stages of inflammation to degeneration. One case of acute Bright's disease and two at least of abscess of the kidney were found. In this class of cases there was much more uniformity in the location and kind of osseous lesions. All of these patients had irregularities in the lower dorsal, upper lumbar, or three lower ribs. The rotation of the 12th rib on its own axis seems to be a very frequent source of difficulty here. In 4 cases pelvic bony lesions were found, most frequently a sub-luxation of the sacro-iliac articulation. A prominent and very tender lumbar region was noticed in several of these cases as well. Urinalysis is of course a great help and often a necessity in confirming a kidney diagnosis, and a simple kind of analysis may be made in a few minutes which will answer for immediate clinical purposes.

The liver was often found congested and engorged, but in only 5 cases was the trouble regarded as distinctively of hepatic or biliary origin. Among these were 3 cases of gall stones, in which the lesions were all found in the middle dorsal, showing rotations with accompanying rib slips. There was one case each of cirrhosis and cancer of the liver. The latter was marked by the most pronounced yellow pigmentation of the skin. The lesions in both cases showed general rigidity and prominence of the 6th to the 12th dorsal.

In 5 cases which had been diagnosed as appendicitis only 1 had more than a slight thickening of the tissues in that region. The single case mentioned seemed really to be acute appendicitis with great tenderness and swelling of the part and some general illness. This case, however, was not operated upon, and is now apparently well. The lesion was rather remote, being a rotation of the 10th dorsal. The other 4 cases cited had pelvic or lumbar lesions, and had no operation.

The remainder of the original number were scattered cases, and would be of no particular interest under this heading. You are to understand that in presenting these cases my experience must be taken for what it is worth. The only verification of my diagnosis in the majority of cases was that the osteopathic treatment from the lesion standpoint brought about either a cure or a marked improvement. My idea has been to give you what I have found to be efficacious. Dr. Cabot, in the introduction to his excellent book on diagnosis, has made a particularly clear statement in this connection. He says: "In diagnosis, as in therapeutics, What do you find valuable? is the question which our contemporaries ask any one of us, not What has been recommended?"

Now, a word as to surgical diagnosis as compared with our own methods. While we are prepared to give surgical diagnosticians a great deal of credit, no osteopath should carry away the impression that we are behind in knowledge of abdominal diagnosis. This is an acknowledged lame spot among medical authorities. It is interesting to note how often our best surgeons operate on suspicion, how often exploratory incisions are made in the abdomen where conditions are found to differ so widely from the previous diagnosis that nothing further is done. Among surgeons it is considered a perfectly proper procedure to open the abdomen for examination when gastric cancer is suspected. Cases without end are on record where this has been done and nothing malignant has been discovered. We all know, of course, of the many operations for appendicitis where nothing has been found to warrant the incision. In this connection, the statement of one of the strongest medical men and one of the best diagnosticians in the East may prove interesting. In speaking of gastric cancer he says: "It can be surely diagnosed only when the tumor is detected by palpation, and then it is too late to do anything for the patient." In view of such statements, we need not feel so badly when the story is passed around that the osteopath failed to discover a gastric cancer in time to save the patient's life.

There are times, of course, when surgery seems to be the proper method in the treatment of abdominal conditions. As a rule, I think it should be resorted to only in malignant diseases and in sepsis where the pus is pretty surely located. Any procedure, however radical, is naturally proper in extreme conditions like gastric or intestinal perforation.

In diagnosing cancer in the abdomen we find the detection of the tumor the only sure guide, as has been said before. The history of the condition may often help us. If the patient has been ill only a comparatively short time, is past the age of forty-five, and has steadily lost flesh, we should suspect cancer, providing the other physical signs point in that direction. The characteristic stomach contents help us sometimes in making a diagnosis. Even surgical treatment does not hold out much prospect of relief. The Drs. Mayo are said to relieve, at least for a time, 20 per cent. of the cases of gastric cancer.

Where pus is lodged in any part of the abdomen it often is best to try the surgical method. Pus has a way of lodging in the most unheard-of places, and is sometimes very difficult indeed to locate. For example, in the liver we may have an abscess that burrows well through the organ, and yet gives practically no discomfort and shows no tenderness until the capsule is reached. This is no doubt due to the fact that the liver substance is so scantily supplied with nerves. Pus in the kidney is equally hard to detect except by urinalysis.

Sepsis is always suggested by temperature, which is much more irregular than in the ordinary febrile conditions. In locating pus we always have the tendency of an abscess to point — to guide us, particularly if it is near the surface.

With clear thinking and good judgment, in any diagnosis, must go absolute honesty, not only with the patient but with yourself. In the anxiety to make a diagnosis quickly, although you have actually found nothing significant, it is a great mistake to jump at a conclusion. You put in the balance of the time and thought which you should be giving to your patient in justifying your position until you really believe you are right. Numerous examples of the embarrassing results of this have come to my notice. One in particular impressed me greatly. A former patient of mine who for business reasons did not wish to leave Boston for a time decided to feign illness. To make his case strong he consulted two of

our best medical men, one a surgeon, the other a prominent diagnostician. The patient complained of loss of appetite and a great deal of pain in the region of the appendix. Both physicians after a careful examination said he had a severe case of appendicitis with inflammation and thickening, and that he should be operated upon without delay. This state of affairs seems unfortunate, to say the least, and we as osteopaths should see to it that our knowledge of the abdomen is such that a mistake of this kind would be impossible.

Unfortunately there exists a disposition both among the laity and the profession to give way to the surgeon too easily. Our watchword should be not what is the accepted procedure but what result or hope of recovery does the surgeon hold out to our patient. We must learn not to be too easily swayed in our opinions by the judgment of men of large reputations. The medical or surgical expert too often does not appreciate modesty, but he soon learns to respect and to fear the man who knows and is not afraid to give his opinion of a case in an unqualified and direct way. If we have reason to feel that we know a condition and are confident of our diagnosis, we should stick to our conclusions to the end.

As osteopaths we must learn, too, not to feel absolutely hopeless and stupid if something definite is not found at the first examination which bears out the lesion cause. It often takes repeated examinations to find out the real cause and expression of disease. Time and again, after failing to detect the lesion, it has been eventually pointed out or suggested to me by working from effect back to the cause in the hard tissues.

It has been a matter of gratification to us all to observe that even the earliest graduates in osteopathy made names for themselves as diagnosticians when the bulk of their training consisted only in a thorough and practical knowledge of anatomy and physiology. We have in osteopathy a system of diagnosis only a little less wonderful than our system of therapeutics. I believe that we should safeguard the reputation of osteopathy by holding closely to physical and direct methods in our diagnoses, and by avoiding at all times as much as possible the more complicated symptomatic way. This may seem to you a narrow view of the situation. It may be so, but there are such tremendous opportunities for development along the line of objective work that we should have little time for the other. We must not make the mistake of our medical brethren who, while they concentrate their attention on a microscopic examination or a complicated instrument of diagnosis, lose sight of the general condition of the organism and make difficult a diagnosis which should be obvious. It is a great mistake also in diagnosis to sacrifice a few cardinal principles, simple in themselves and only requiring experience to make them effective, in order that we may fill our minds with irrelevant details and exceptions to rules which are almost universally true.

A great deal is said in these days about broadening out in our osteopathic work. Now, along this line of osteopathic abdominal diagnosis there is a tremendous field for study and effort, and nothing with the exception of our therapeutics will bring more credit to our school than exact knowledge in this department.

144 Huntington Ave.

But you who seek to give and merit fame
 And justly bear a critic's noble name,
 Be sure yourself and your own reach to know,
 How far your genius, taste and learning go.

—Pope.

INFANT FEEDING.

Paper Prepared for the A. O. A., by ALICE PATTERSON SHIBLEY, D.O.,
Washington, D. C.

One meaning of "physician" is "teacher." This important fact has been impressed upon the osteopathic students, and the various colleges are graduating a fine class of physicians who believe that they must not only *cure* their patients but also teach them what they can concerning the care of the physical body. Knowing that we must be teachers has caused us to more thoroughly equip ourselves, before entering this field, than we would otherwise have done. The relation of cause and effect is studied, influences remote and obscure are weighed, and the questions, "What has produced this disease? How can the cause producing certain symptoms be removed?" are being answered in a very satisfactory manner by our practitioners. We are awakening a wholesome interest, and patients are now anxious to know more about the laws concerning the physical body, and how to avoid certain dangers; also how the cure was effected, and how to keep themselves well. We are glad to give instructions upon these vital subjects. Dietetics and hygiene are sciences which must be better understood and appreciated by the laity, or we have omitted a most important duty, and especially is this true in considering the great question under discussion today — that of infant feeding.

MORTALITY AMONG INFANTS.

One third of all children die before reaching the age of three months, and three fourths of all deaths in the first year occur during the first six months. The mortality of infants is so frightful that an equally high death rate is not seen until the age of eighty is reached. Doctors who have given this question much study agree that the potent cause of this appalling state of affairs lies in the difficulty attending the problems of nutrition in the child's earliest career. The whole future life of the child may depend upon the food prescribed in the first few months of its life. Many of the disorders incident to baby-life are readily traceable to improper nutrition when the organs and nervous system are undergoing the "construction period." Few questions have so troubled the anxious mother and the physician as has that of infant feeding. The physician who undertakes the delicate task of prescribing an artificial food for the infant during the period in which it should be nourished by its mother, occupies a very responsible position, and one not to be assumed without wise preparation.

FUNDAMENTALS.

A foundation badly laid is never satisfactory. The importance of adequate nutrition for the child's physical and mental life cannot be overestimated.

The cells form a large portion of all the organs and bodily tissues, and the ability to resist disease depends largely on having the cells in which the vital processes take place plentiful in number and well nourished. The food especially adapted to the cell-building processes must be supplied in proper quantity, and should be of such a nature that it can be readily digested without undue effort. Before there can be intelligent food-prescribing for the infant there must be a knowledge of the substances needed to construct cells and to keep them well nourished and multiplying; of how they are transmitted to the cells through the blood-stream after digestion and absorption have prepared these substances for

use. We must become better acquainted with the laws which control the whole digestive system and the absorbents, and must encourage greater activity of the lacteals in the small intestines. These lacteals must collect the nutriment or chyle, which is then conveyed to the receptaculum chyli, and at the proper time a proper amount must enter the subclavian vein; then it passes with the blood through the pulmonary circulation, where it receives the oxygen. It is then sent out through the arterial system and nourishes the entire cell-life of the child. We must by proper care and diet construct this delicate and intricate digestive mechanism in the early life of the child, and this can be done only by supplying the proper cell-building material; then the functions of these organs will be normal, and the child should develop a healthy, vigorous digestive system, instead of growing up a martyr to dyspepsia. An eminent New York physician has said: "If the babe in its earliest life had the right kind of nourishment given, there would be very little need for stomach specialists in America."

MOTHERS' MILK.

Mothers who are physically able should nurse their infants. It is unnecessary to quote statistics which show that the ideal form of nourishment during the early months of life is the mother's milk and that the welfare of the race demands this natural food. To be sure, many mothers are not physically able, but others out of motives of convenience or necessity resort to artificial feeding. In a few cases the maternal milk does not agree with the child, but since these cases can be corrected by a few well-timed osteopathic treatments, that difficulty is readily overcome.

The mother's milk performs a most important part in adapting the little stomach to the food and habits of life to which its possessor is subsequently to become accustomed. When the doctors, the nurses, and the mothers realize that nature did not intend a child to take anything but breast milk as food until the digestive tract is completely formed, and that maternal milk makes a strong and vigorous stomach, then there will be less artificial feeding. The mothers must be taught that their duty to their offspring demands this natural food in its early life, even if it does interfere with their "social or literary pursuits." The breast-fed child begins life well developed and fitted for the struggle for existence, while the artificially fed babe at the same age may be anemic, dwarfed, and have its organs undersized and perverted in their functions, and the foundation for chronic indigestion and malnutrition firmly laid. We must teach the mothers the dangers of artificial feeding and try to impress upon all who can perform the natural function of breast feeding the importance of so doing. The health of the race demands this. It is a mother's first duty to her offspring. Too many doctors agree with the frivolous young mothers who "prefer not to be tied at home by a nursing baby," and will prescribe artificial feeding for the helpless victim, who may lead a life of semi-invalidism as a result of this unwise (to put it mildly) verdict, this combined neglect. We hope that no osteopathic practitioner will ever be a party to encourage such mal-treatment by the irresponsible mothers who are not only willing but anxious to shirk this important duty. Many mothers, however, would not do this if the *doctor* impressed upon them the great danger of such wanton neglect.

One important thing needed in the first few hours after birth is the colostrum, which is the "earliest milk." It is a thin, watery secretion, clear, but very rich in

salts, with decided purgative properties, saving all castor oil, teas, etc., with which our grandmothers and nurses delight to experiment.

ARTIFICIAL FOODS.

Whether artificial or maternal food is given, it should be thoroughly understood that the making of hard and fast rules for infant feeding is unscientific. Each child must be carefully studied, its needs and peculiarities taken into consideration, and test of the quality and quantity of the blood-cells occasionally noted. Also its growth, weight, color, temper, and general appearance observed.

A great many eminent authorities recommend the manufactured foods in preference to the ordinary methods — that of the modified milk diet, or wet nurse.

The modified milk, whether prepared at home or a laboratory product, is far from a perfect success. The wet nurse is a myth. Unless one could secure the services of a good, healthy young woman of refinement and of good ancestry, and one whose blood is free from all taint of disease, it would not be safe to trust the life of an infant to a wet nurse. It is almost impossible for the very rich to secure such an ideal foster-mother, and it is entirely beyond the power of the majority of families to possess such a luxury as the wet nurse is supposed to be. It is also known that the milk of the mother is better for her own child than is the milk of another woman. "*The own mother belongs to the own baby, and the baby to its own mother.*" There remains the home modification of milk, to be seen in its humblest form in the half-grocery-milk, half-water and a-lump-of-sugar formula of the tenement, and its apotheosis in the split-proteid dietary of the millionaire's baby.

At first thought it seems strange that the milk suitable to the young of one species of animal is not suitable to the young of another, but when the mode of living, the nervous and digestive systems, are considered, the rate of growth and the stage of development at *birth* of the different species are compared, it will not seem strange. The milk of the lower animals, the cow, goat, etc., is not suitable as a first diet for an infant, *because* (1) of the difference between cow's milk and that of the human in amount and character of the proteids, fat, mineral matter, and water present; (2) it is indigestible; (3) it is not pure, but is always contaminated by many forms of bacteria; (4) it does not properly nourish; and (5) cow's milk was not intended to construct the delicate digestive tract or develop the brain and nervous system of a human infant. Let us consider these five points in detail.

COW'S MILK NOT SUITABLE AS FIRST DIET.

There are great differences between cow's milk and the mother's milk. In cow's milk the proteids consist of coagulable albumin or caseinogen, 80 per cent., and of soluble albumins, sometimes spoken of as lactal-bumin, 20 per cent. In human milk there is of caseinogen only 30 per cent., while of the soluble albumin there is from 69 to 70 per cent. In other words, human milk contains two-thirds of its proteids in a soluble and easily absorbable condition, while in cow's milk the greater amount is, after passing through the stomach, in an insoluble state, requiring prolonged digestion in the intestines before it can be absorbed, and as the intestines are not sufficiently developed to digest this insoluble mass, there naturally arise the various kinds of stubborn bowel troubles which have so defied all known remedies. We can readily see why these complaints fail to yield to

treatment, because this irritating, indigestible stuff is being fed regularly every two hours. Milk is also deficient in iron. An infant comes into the world with a high percentage of hæmoglobin, which gradually diminishes as long as he is fed on milk alone. The method of eliminating the excess of caseinogen requires special consideration. No method of mere dilution can correct this serious fault. It is of course possible by dilution to so reduce the amount of caseinogen present in the milk-sugar-water mixture that it is tolerated by the digestion of the infant, but this can only be done at the expense of its general nutrition and development. By this method the appetite is more or less assuaged, while the physiological demands are totally neglected. Hence, in our attempts to adapt cow's milk to the digestive capacity of the infant's stomach, we must remember that diluting cow's milk does not change it into human milk. So long as the insoluble albumin remains in large excess, so long will infants have difficulty, and often fail altogether in digesting such modified milk. The human milk, when mixed with rennet, as in the child's stomach, coagulates into soft flocculi or flake-like particles, and is easily acted upon by the gastric juice.

IT IS INDIGESTIBLE.

The milk of the lower animals is hard for the infant to digest. The milk of the cow, goat, sheep, and buffalo (which are ruminants, swallow the food without chewing it, and later regurgitate and masticate it) forms in tenacious, cheese-like curds when mixed with rennet in the child's stomach, and is highly indigestible. The milk of the mare or ass (which are not ruminants, but chew the food before swallowing it), when mixed with the rennet, forms into curds which are soft and flocculent and very closely resemble that of human milk. Theoretically, therefore, the milk of the mare or ass would supply a milk more easily adapted to the infant's wants. Unfortunately, a supply in regular and sufficient quantities can at present be secured only at very great expense.

IT IS IMPURE.

Another objection to cow's milk is its tendency to carry impurities. If modern bacteriology has taught us one lesson of practical importance, it is of the danger attending the use of carelessly handled milk for babies. Milk can be obtained under such conditions that it may be safely used in the raw state, but the expense is beyond the reach of the majority of families. Milk sold in the poorer quarters of New York, where much attention is given to the subject, contains from 4,000,000 to 200,000,000 bacteria to the cubic centimeter, the average being 20,000,000. Even fairly pure milk, by slight delays in transportation, improper refrigeration methods, or atmospheric changes, may be rendered a direct menace to the baby's imperfectly developed powers of resistance. Milk is one of the most perfect carriers of typhoid, tubercular, and other disease germs.

The use of various adulterants and preservatives, so extensively employed, forms an additional source of danger to the delicate stomach. Nor does boiling such milk, although most of the bacteria are killed by this, render it suitable food for the infant. The depreciation in the nutritive value of boiled or heated milk has been found to be a great source of some skin diseases, especially scurvy and eczema, and does not properly nourish. Pasteurization is less objectionable, but also less effective. In a recent magazine was the following: "A woman was complaining on one occasion to Dr. Osler that Providence had seen fit to take her

little child, when the doctor interrupted with the remark: 'Providence had nothing to do with it; it was the dirty milk.'

DOES NOT NOURISH.

A fourth objection to cow's milk is that it does not nourish. If bottle-fed babies retain the food and show a gain in weight, too many are satisfied with the result. It does not follow that because a child is *fat* he is strong and healthy. The cells may be actually starving, and so few in number that the child may succumb to the first attack of an ordinarily simple disease. Experience has taught that children cannot be fed according to weight, as was formerly advised. Is it a fact that the heaviest babies require the most food? We think not. Take, for instance, two infants of the same age. One may lead a sluggish life, being asleep much of the time, and having a superabundance of fat. The other child may have more waking hours, may be very active, with a vigorous digestion, assimilation, and elimination, and may weigh a pound or so less; but may not the active child need more food than the heavier one? The tendency is to give the large child a greater quantity of food; this only adds to its sluggishness, and does not build up a vigorous, normal condition, nor fortify the resisting power of the child, that it may safely escape the perils of the teething age. We often hear of cases where the milk of the cow or goat agrees with the child and it gains in weight, and *seems* to prosper, but has the *colic*, and *constipation*, and oftentimes is *cross* and *nervous*, but no thought is given to the diet *because it remains fat*. It is a great mistake to allow such cases to continue the milk diet.

Cow's milk is admirably adapted to the purpose for which it was intended—the development and nourishment of the *calf*, which will double its weight in forty-seven days. There is no need for the construction of a delicately adjusted nervous system, the intricate mechanism through which a little later the higher mental life is to find expression; no need for the development of the moral, religious, and ethical nature, the finer feelings and emotions; therefore we do not expect to find in the milk of the lower animals the necessary elements for the physical and mental development of a human being. "It must be remembered that the mammalian young are not fully developed at birth, as are the birds or reptiles, but that in each species the mother's milk is exactly adapted to bring about this development, and that the milk of any other animal is at best a foreign material. It is almost as reasonable, *a priori*, to expect an unhatched chick to thrive on corn as a new-born baby to flourish on the milk of another animal."

But where cow's milk is given, dilute it with cereal water instead of plain water, because the action of the cereal water upon the cow's milk before it comes in contact with the gastric juice has a tendency to convert the otherwise hard, cheese-like curds into loose, soft flakes resembling the mother's milk, and is therefore more readily digested by the child. The danger of illness is lessened, and the nutritive value of the milk is much greater.

Dr. Jacobi says that cane sugar should be used to render the milk sweeter, instead of the commercial sugar, which is often impure and readily undergoes the lactic-acid fermentation. He thinks if there be an excess of it in the food, lactic acid is developed, which favors the elimination of calcium phosphate and the development of rickets, a disease so often caused from the modified cow's milk diet. Cane sugar is not changed to an acid in the intestinal canal. It is easily absorbed, and is not detrimental. Artificial feeding requires the addition of table salt (sodium chloride). According to Voit's teaching, it improves meta-

bolism by increasing the secretion of the kidneys. Of greater importance, however, is the fact that the chloride of sodium of the food is the source of the formation of hydrochloric acid of the gastric juice.

MANUFACTURED FOODS.

The experts who have given a lifetime to the study of the question of artificial foods say it is easy enough to find out the different elements in the mother's milk, but to combine the amount of these elements into the artificial foods which have the same physiological action *in the child's stomach has been the difficulty*. This difficulty is overcome in the various standard manufactured foods of today. Many eminent authorities recommend these foods instead of the modified milk diet for infants *because* these prepared foods have a greater similarity to the mother's milk. They are pure, uniform, economical, easy to prepare, and more readily adapted to the child's taste and needs. These foods contain about fifty per cent. of the solid constituents of milk, the casein being brought to a soluble condition by pancreatin. They contain also about fifty per cent. of *wheat*, the starch being converted into soluble form by dextrine and soluble starch, and can be digested and absorbed very easily. The old idea that infants could not digest starch has passed away. Drs. Shaw and Schilling have been the ones to lead us away from this error, and have proved the efficacy of starch, in small amounts, *by results*. Kellar is also a warm advocate of the cereal admixtures, and says in regard to his theory of feeding: "In the general composition of the food we avoid the addition of too large amounts of albumin and fat, and endeavor to increase the nutritive value of the food by the addition of larger amounts of oxidizable carbohydrates." Holt in a very instructive paper points out the dangers of too high fat percentages, and describes cases in his practice in which the persistent use of too much fat caused convulsions, tetany, serious disturbances of digestion, habitual vomiting, eczema, and chronic constipation. Another authority has said: "Years of experience and observation have taught that the manufactured foods are much better for the building up of the cell-life of the child, for the perfecting of its intricate mechanism, than the milk of the lower animals, the cow, goat, etc." The manufactured foods of today represent the fruit of many years of experimentation. During this time great opportunities have been offered for the study, in the first place, of the technical processes available for the purpose of producing a food in which the nutritive properties of milk and cereals shall be capable of definite preservation without impairment of their vital characteristics; and, in the second place, of the actual effects, both immediate and remote, on children nourished by these preparations.

The milk which forms the basis of these foods is collected under the most rigid precautions from cows under the continual supervision of the various companies' veterinarians. These officials, as well as a large number of milk inspectors, are continually making surprise visits to the various farms. The most vigilant scrutiny of the condition of the animals themselves is exercised, and of the cleanliness of their sheds and stables, the milking utensils, and the precautions to prevent contamination of the milk in the process of milking and transportation. Particular attention is paid to the character of the fodder, only grass and hay being allowed, and all milk-forcing foods are strictly excluded. On arrival at the various factories, the milk is subjected to a very moderate pasteurization, a degree of heat sufficient to injure the milk being unnecessary owing to the care and cleanliness observed in its collection. It is then condensed and dried at a low

temperature in vacuo, after being mixed with the ground wheaten biscuit, in which the greater part of the starch has been transformed into maltose and dextrin. A small quantity of sugar cane is then added to it. This in itself is a nutritive substance, and gives the food the sweetness agreeable to the child's palate. The proteid substances of the wheat during one stage of its manufacture are soluble and easy of digestion, and most of the starch is converted into maltose and dextrin. Some of it undergoes only partial transformation, however, rendering it more digestible, but leaving it still able to perform its functions of forming a gruel to prevent compact curdling of the casein in the infant's stomach. It is impossible to prepare such a perfect food in the home.

If the mother cannot nurse the child, I have come to the conclusion, from experience and observation, that the manufactured foods are the very best possible substitutes. In them we have a clean, uniform, scientifically prepared product which gives excellent results. They are intended to construct the imperfect digestive tract, and *they do it*; they *nourish* the child, they supply the *cell-building material*, and *no one has ever charged these foods* with being the cause of the various diseases, such as convulsions, tetany, malnutrition, scurvy, eczema, and other skin troubles, serious digestive disturbances, chronic constipation, or rickets, which our prominent authorities say are caused by the milk diet. If the first one of these standard foods given does not agree with the baby, try another; among the many excellent manufactured foods of today there is no reason why a satisfactory food which is *clean, wholesome, and economical* should not be procured.

ART OF FEEDING.

It is an art to feed the baby. Do not overload its little stomach. At birth the stomach has a capacity of from 9 to 11 drachms (or 35 to 40 cubic centimeters); at the age of one month its capacity is about 2 ounces (or 60 cubic centimeters); and at the end of three months the capacity is about four times the amount at birth. The very rapid increase from birth to this time ceases, and the stomach grows in size, but at a much slower rate of development. In commencing artificial feeding, begin with a small amount, and a weak mixture, and work up by frequent and slight changes to the point of tolerance (never beyond the point of easy digestibility). It is a serious mistake to begin with a large amount of rich food, for colic and various forms of indigestion and intestinal disturbances are a sure result of such injudicious feeding. The general hygienic principles in regard to artificial feeding are the same as those applied to maternal nursing — careful discrimination as to amount and regularity. Set rules cannot be laid down as to the exact amount of food to be given, as some children require more or less food than others, and each child must be watched to ascertain just what is best in his individual case. Avoid overfeeding. In the many recent books tables are given, but the figures are to be regarded as an approximate guide, and must be adapted in practice to the actual requirements of the child. But, summed up, we see that the child during the first week should be fed on an average of every two hours during the day and once or twice during the night; so ten or twelve feedings in twenty-four hours are sufficient. A little less than an ounce should be given, for the stomach's capacity at first is only from nine to eleven drachms. At the age of eight weeks food is given about every two and one-half hours and once or twice during the night; so eight feedings in twenty-four hours are sufficient, provided the child is doing well and retains and digests the food normally. Of

course, if the child has had no food for two or two and one-half hours, and is allowed to take its food rapidly or in too great quantity, the overloaded stomach may empty itself in a very short time after such a meal. It is wise to give the child a drink of water, and after a few moments' rest for the little abused stomach, to give the child its regular meal. Do not allow it to go another two and one-half hours, as, I am sorry to say, do some anxious mothers who follow the rules in the book absolutely, without using a little of that rare article known as common sense. Instruct the nurse to give the baby a drink of water frequently; often a child is fretful and cross when all it needs and desires is a drink of water; especially is this true when the little one wakes in the night. Do not feed the child every time it makes a wry face. You may remember the baby's lament when he soliloquized thus: "Oh, a pin is sticking me, but if I cry I will be either *fed* or *trotted*." Do not allow the baby to be trotted; the pin may stick deeper, and the baby is sure to be spoiled. Some authorities say that the frequent and prolonged jolting of the baby is bad for the child's brain, and we know that many functional troubles are caused by the jarring of the spine. The nurse should be calm and well poised; she should have a quieting effect upon her charge. A nervous, noisy nurse makes a nervous child more nervous, and a calm one loses its poise and quiet.

In all infant feeding, if the right kind of food is given, and judgment as to the amount and frequency carefully attended to until the child arrives at the proper *table-feeding period*, the danger from lack of sufficient tissue-building material is lessened, for by that time the digestive functions are all well established and normal, and the child is capable of utilizing the ordinary, simple food which is given at the table.

SUPPLEMENTARY FEEDING.

Shortly after the first twelve months, eggs, lightly cooked, may be permitted at one of the meals in the day. The great richness of the yolk in fat, lime salts, and in organic compounds of phosphorus and iron, makes it a valued food for the rapidly developing child. Oatmeal is one of the richest in iron of all cereals, and if properly cooked forms a useful addition to the infant's dietary. At this period, also, food involving somewhat long mastication, such as biscuits and crusts of bread, becomes necessary. The process of mastication develops the maxillary bones and the associated muscles, while disuse of the jaws starves the area supplied by the maxillary arteries, causing imperfect development. The bones remain small, the teeth are crowded and are imperfectly nourished, and dental caries, so disastrous to the growing child, becomes inevitable.

One should not rush into full feeding at once, but gradually add, little by little. At the beginning of the eighteenth or twentieth month the diet can be further increased by the gradual addition of well-baked potatoes, broths with rice or barley, and the white meat of the chicken or turkey; fish or rare roast beef, and beefsteak, all of which should be well minced.

A child should at first have five meals a day, but at the second year four will suffice.

Remember, all cereals should be well cooked. Irish moss is an excellent food, and is greatly relished by the young child. (The directions for preparing are printed upon each package). See that the potatoes and bread are well baked. The baked potato may be softened with milk. The chief meal of the day should be at midday, and the supper always light. See that the child is never given any

indigestible, highly seasoned, or made-over dishes. If it never receives an article of diet which is not suitable, it will soon learn not to ask for them.

Most of the fruits are excellent, having a tendency to overcome constipation. Bananas should never be given. Some berries may cause hives. As the child grows older, the diet may be gradually increased until it is able to take nearly everything that is served at a simple home table. An article entitled "Saving the Innocents," and telling of a novel contention, appeared in a recent medical journal, and may be of interest to all:

CAMPAIGN OF EDUCATION.

"There is in session at Caxton Hall, Westminster, a convention called by the mayor of one of England's most progressive cities, Huddersfield, to consider the tremendous mortality among children in Great Britain. They have the race-suicide question there, but not in the form against which Mr. Roosevelt has protested. In England, according to Dr. C. W. Saleeby, one of the promoters of this conference, they succeed in finding their way into the world, but they are *slaughtered* after they get in. *Ignorance* of the proper methods of *feeding* and *caring* for them is given as the chief cause of their death.

"Dr. Saleeby makes his indictment startling enough. In the first year after they come into the world about one-seventh of the babies die, and if Dr. Saleeby is right, not one-half of the children born in 1900 are alive today.

"Dr. Saleeby indignantly denies that the race is degenerating and that the offspring perishes because it is unfit to survive. The race is all right, he says, except that it is too *ignorant* to care for its young. *Poverty* is not the cause of the slaughter; just *plain ignorance* of *what and how to feed the babies*; *unwillingness* to give them the *food that nature intended them to have*, and *ignorance* of *what to give in place of it*. In one French village, where a physician secured the enforcement of intelligent regulations, a great decrease in the death rate is noted; and in Leith, near Edinboro, the death rate of infants was reduced from 120 to 10 per 1,000 by the enforcement of regulations and provision of proper *food*. Dr. Saleeby and his conference propose a *campaign of education to teach mothers their business*."

Such a campaign is badly needed in our own fair land, and we sincerely hope the discussion which is to follow this humble effort will arouse in us all a zeal and an earnestness which will be a potent factor in reducing the very high death rate among infants in America at least. We trust that every physician will enter upon this work with all his knowledge and skill, and do his full duty in instructing the mothers upon the *all-important* but *perplexing question*—that of *infant feeding*.

The Antonio.

PRONOUNCED INSOMNIA.

Paper Prepared for the A. O. A., by R. W. BOWLING, M.D., D.O.,
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Sleeplessness—The want of sleep. "Sleep that knits up the raveled sleeve of care," "Nature's sweet restorer," born of Nox and twin brother of Mors. The rest period of the mind and body in the daily cycle, where the sleeper lays aside his Jussus Vultus, and the naked soul disports itself upon the unmasked countenance. Blessed boon of nature, which, being sought, flies, elusive, like the

design of a dream, but which, unsought, binds the tired limbs with balmy bandages and encircles the heated brow with a cooling and soothing garland of poppy blossoms. Sleep, that guerdon of the gods, for which the greedy or guilty great would give their gold, but which descends like a benediction upon the humble cot of the honest laboring man. Mysterious antidote for grief and worry, which refuses to be coaxed by bed of down or perfumed pillow, but which descends like a lotus-scented dew, gently weighing down the eyelids of him stretched upon the hard earth, with no head-rest but a stone. Sleep, that mystic spell of which the poets have sung in every age and clime; that magic moment, or eternity, we know not which, when the soul is not, or if it is, we know not where — and yet for this blissful unconsciousness our deepest gratitude is due. Not truly the twin of death; rather the nurse of life, concerning which metaphysicians and physiologists have spun theories as gossamer and ephemeral as the tapestries woven by the deft and delicate fingers of the dream-god. Seemingly lost in mystery is this state in which we spend one-third of our normal lives; yet must we strive to untangle the twisted skein and follow it through nature's labyrinth to the light. Therefore let us consider briefly the physiology of sleep, that we may the better understand the physical and mental factors active in the causation of sleeplessness, and then seek more intelligently and with surer hope of finding a remedy.

Every living thing presents a cycle with alternating periods of rest and activity; perhaps with no exception, or if any, few and inconsiderable, the animal tissues manifest such periodicity. The rest period varies widely in duration; perhaps in the heart it is shortest, while in the whole organism it is obvious that short periods of rest and activity would sorely handicap animal existence. The human being requires about eight hours out of the twenty-four for sleep, however, idiosyncrasy and a multitude of inside and outside conditions make the duration of this period somewhat variable. The manifold inequalities of activity in the nerve centers make sleep, using the general term, vary in intensity and quality from profound dreamless slumber to the fitful nightmare haunted substitute for sleep which brings no recuperation. During activity of any tissue, especially of the nervous and muscular, many by-products result which are in a way toxic—thus after prolonged use of the muscles the products of catabolism are accumulated in the tissue and in the blood. This is shown in part by the acid reaction of muscle in action, probably due to sarcolactic acid, which being carried by the blood to the sensorium generates a sensation known as fatigue, which can be produced in a rested animal by a transfusion of blood from one fatigued. There is a similar acid reaction in nervous tissue after prolonged use which produces a sense of fatigue, easily recognized as differing in quality from that of muscular fatigue. Numerous experiments upon living animals and observations upon human beings presenting injuries of the skull with brain exposure show that during sleep the brain becomes relatively anemic. Ophthalmoscopic examinations of sleeping children disclosed the fact that the retinal arteries are constricted during sleep. Plethysmographic tracings show the cutaneous vessels of the extremities to be distended with blood during sleep and variations in the height of the curve occur with every sensory excitation, such variations being in direct proportion to the intensity of the stimulus, evidencing a flow of blood from the skin with each excitation. The Kinograph used upon dogs proves that, during sleep the general arterial pressure is lowered, and with any disturbance of sleep there is a proportionate elevation of arterial pressure.

Within the medulla are vaso motor centers regulating the local and general blood supply. Experiments upon the sub-maxillary glands of dogs prove that this gland is supplied with vaso-dilator nerves through the chorda tympani and that certain afferent impressions, especially from the mouth and tongue produce reflex vaso-dilatation in the sub-maxillary gland, accompanying its state of active secretion; increase of blood supply to the medulla by increasing metabolism in the center of insalivation acts as a direct stimulus and increases the activity of the salivary glands. It seems a fair assumption that every vascular part is similarly supplied with vaso-dilator nerves which are active during a similar state of activity in the tissue they supply. If this be granted it follows that the vaso-dilator center or centers controlling the blood supply of the cerebro-spinal axis is or are in some degree active constantly during man's waking life, while in every other part of the body which may be simultaneously in a state of rest has its vessels constantly constricted thereby maintaining the general arterial pressure.

Cajal holds that the neurons are possessed of movement, that under excitation the dendrites are prolonged and brought into relation with other dendrites and with the end arborizations of afferent nerves, while this is as yet an unproved hypothesis it seems a reasonable one. The histological relations between these cells seem to indicate the truth of Cajal's assertion. Furthermore observers have noted changes in the nuclei and shrinkage of the cytoplasm of nerve cells after prolonged activity. The period of wakefulness is the time of incessant nervous activity accompanied by more or less constant muscular activity, both of which states of increased katabolism result in the production of toxic by-products which diminish the functioning power of both muscle and nerve tissue. Co-incident with this is the fatigue of the nerve cells, incident to their prolonged action. The vaso motor centers are in no way exempt from both these influences—the vaso-dilator center or centers for the brain and cord have been in some degree constantly active while for other parts of the body it is probable that the combined rest period is more than a moiety of the whole daily cycle, therefore, the vaso-conductor center or centers for these parts present the greater degree of fatigue. Toxic substances in the blood, be they acids, salts, leucomaines, carbondioxide gas or all these combined lessen metabolism in these centers, thereby provoking in them a desire for rest. Consciousness is made acquainted with the need for rest through the sensation of nervous fatigue or drowsiness induced by the effects of the two above named causes operating upon the cerebral cortex. The individual seeks a place and the position of repose a darkened, quiet room and the recumbent posture shutting off as far as possible all afferent impressions from without; while if all the organs are functioning normally impressions from within conducted along nerves of so-called common sensation do not rise above the threshold of consciousness, furthermore the individual seeking repose discontinues as far as possible all mental operations. The fatigued vaso-dilator center or centers for the brain and cord yield to their antagonists and the vaso-constrictors become operative, lessening the amount of blood in the nervous centers and the amount of oxygen, consequently nervous metabolism dependent upon oxygen is diminished to the extent of recuperative metabolism in these cells, but is not sufficient for that sum total of cerebral activities designated as consciousness, however, there must be present the antecedent condition of lessened sensory and mental excitation, which excitation is primarily the cause of activity in the nerve centers, and therefore of the reflex demand for an increased amount

of blood satisfied by the brain's vaso-dilator center. The blood displaced from the brain and cord is easily cared for by the dilated vessels of the skin which are in a state of relaxation because during the waking period the vaso-constrictor centers have been constantly active in the maintenance of general arterial tone and rest during sleep. Finally considering the hypothetical movement of the dendrites it seems possible and even probable that the activity consequent upon the mental or sensory stimuli as well as the increased amount of blood during waking irritate the cell protoplasm and produce a varying degree of dendritic stiffening and prolongation or circuit making, on the contrary when, these stimuli are diminished by the causes hereinbefore enumerated relaxation of the dendrites occurs and the circuits are broken. The varying degree of fatigue in the different parts of the cerebro-spinal axis would account for the wide variability in the soundness and character of sleep. For instance should the centers of intellection for any reason have their circuits less completely broken, dreams infinite in variety would result, whereas upon the contrary should the lower motor centers including those of co-ordination be circuited, the sleeper might perform wonderful feats of somnambulism. Hypnotism, a ghost that talks through the banquet chamber of every theory so far advanced, might be explained by a somewhat more complete elaboration of this theory. Here, however, I must content myself with presenting the above theory of sleep, and we may now take up the further consideration of its absence or insomnia.

Definition.—The following definition is taken from MacFarlane to whom I am indebted for much information on the subject under consideration. The word "Insomnia," which signifies the want of sleep is used to indicate any interference with the depth or duration of that condition. Insomnia is an evidence of vigilance in the cerebral cells, initiated and maintained by some perturbing element in the system, of which it may be the sole symptom. It is sometimes of value to the physician in directing his attention to some hidden condition which might otherwise escape detection, and again in some diseases of the heart and lungs is conservative in that it enables the patient to maintain respiration. It is not a disease but a symptom, and may indicate only some trivial disorder, or one which threatens life, neither is it an invariable symptom of any one disease and is not proportionate to the disease which it marks. In some organic brain diseases it may be absent while intestinal diseases, not necessarily severe are frequently accompanied by it. In diseases of the same nature it is not in all present, and in those cases where it is present, may vary, being either mild, moderate or pronounced. The wakefulness appears to be dependent upon the state of the nervous system, the temperament of the patient, and his general condition.

Pathology and Etiology.—It is evident from a consideration of the physiology of sleep that for refreshing slumber normal conditions must obtain in the nervous tissues including central cells, nerve fibers, and peripheral cells. Any diminution in the vitality of these renders them over-excitabile and interferes with the discharge of normal function. A slight stimulus would be exaggerated, and the power of storing potential nervous energy would be diminished, thus functional insomnia would result from abnormal psychical operations occurring in the vitiated centers of intellection and slight peripheral irritation whether from the outside, conducted along special sense nerves, or from pathological conditions in the body, producing exaggerated stimulation in the peripheral cells or abnormal excitability in the afferent nerves in either event magnified sensations would

be produced, which would be taken account of by consciousness and which would excite a concurrent hyperemia in the cerebral cortex, a condition inimical to sleep. Lowered vitality might be congenital, or acquired through improper use of the nervous system, or by many and varied diseases in other tissues of the body. Everyone is familiar with the sleep destroying effect of slight stimulation of the nerves of vision or other special or general sensory nerves, when for any reason there has been continued overstrain of the nervous tissues, or exists any disease which might produce a secondary debility of the nervous tissues. Any disturbance of the food supply to the tissues results in a disturbance of metabolism and of functions, therefore any bodily condition, which would produce either hyperemia or anemia of the brain must result in a disturbance of its function and interfere with sleep which may be considered from a physiologic point of view as its most important function, since it is recuperative. A long list of diseases might be enumerated which produce either local and general, active and passive hyperemia of the brain, and as long a catalogue could be made of the diseases inducing local or general anemia. Such list would include both organic and functional diseases, altering the circulation by mechanical obstruction, failure of elimination and abnormal metabolism. The ingestion of poisons as tea, coffee, and narcotics would act similarly. These effects might be produced through direct irritation of toxic substances in the blood upon the cardiac and vaso motor centers in the medulla or by effects upon the peripheral vessels, increasing arterial tension and thus indirectly increasing the force and frequency of the heart, or by irritation through the afferent nerves influencing the same centers in the medulla and thus either directly or indirectly producing the abnormal circulation within the encephalon.

Without entering into a detailed account I must call attention to the lesions (usually denominated osteopathic because considered only by us), which might be causative of insomnia. Those cases due to inherent weakness and over-excitability of the nerve tissues may be induced by cervical lesions influencing the cerebral circulation through direct or reflex effects upon the cardiac and vaso motor centers in the medulla, or through lesions affecting the digestive apparatus, influencing general metabolism, lesions affecting the lungs or heart producing the various diseases of these organs, which might result in cerebral hyperemia or anemia, lesions interfering with the functions of the eliminating organs accounting for retention of toxic substances, lesions impairing the functions of the blood building tissues, etc. Indeed since the causes of insomnia range from organic cerebral disease to intestinal parasites, I should hardly be thanked for entering into a more extended account of the causative lesions as it would necessitate the writing of a text upon osteopathic practice.

Diagnosis.—The causes of insomnia being so numerous and complex no set rule can be laid down for diagnosis, however, the age, sex, temperament, and environment of the patient, the minutest history of the case as well as the family history, the examination of the heart, lungs, abdominal and pelvic viscera, the complete osteopathic examination, condition of the nervous system, a searching inquiry for nerve depleting excesses—in fact a most careful and scrupulous, painstaking and exhaustive inquiry, both subjectively and objectively, is necessary in those cases where the cause of the insomnia is not apparent from a less detailed examination.

Prognosis.—This will depend of course upon the cause of the sleeplessness. As it oftentimes happens that pronounced insomnia is due to trivial causes, it

follows that the prognosis is often good—at other times the cause may be an incurable disease which continuing a constant causative factor, necessitates a prognosis dependent upon duration of treatment. Even in the most serious cases where continuous treatment would be required, the osteopath will be enabled to control the insomnia, thereby relieving a symptom, oftentimes the most urgent. The sufferer may be grateful for osteopathy since it saves him from the baleful and baneful effects of hypnotic medication, inveighed against unsparingly by the best medical authority.

Treatment.—This divides itself naturally into the following heads—(a) Removal of psychological irritation. Before the physician can hope to remove this disquieting condition it is necessary to obtain the patient's full co-operation; wise advice must be given tending toward the removal of the worries or fears which are destroying the patient's peace of mind. As each case is absolutely a law unto itself, it follows that the utmost tact and common sense must be exercised by the physician. A simple device which may prove useful is to have the patient read some light literature for an hour immediately before retiring. (b) Removal of irritation from without. The sleeping apartment of the patient should be properly ordered, a darkened, quiet, odorless, well ventilated room should be used for sleeping, the patient should have a comfortable bed with light, but warm cover, the temperature of the room about 60 Fahr., and the sleeper out of draughts. (c) Removal of irritation from within. The diet should be non-irritating and easily digestible, constipation prevented, an attempt must be made to remove any condition giving rise to pain or bodily discomfort, sedative treatment to the heart is indicated, treatment intended to allay irritation of the afferent nerves should be given at bed time. (d) Removal of causes obstructing nutrition of the nerve tissues. After arriving at a conclusion concerning the lesion or lesions producing a lowered functional activity, it becomes the osteopath's duty to correct these lesions, in addition a thorough relaxation of the muscles along the vertebral grooves, and tonic treatment is indicated, thereby supplying the brain and cord with a more normal food supply, and with increased powers of assimilation, by a more rapid removal of waste products. (e) Removal of conditions interfering with cerebral circulation. Should there be disturbance of the heart's rhythm or too forceful action of this organ, stimulation of the pneumogastric nerves is indicated. The only exception being in cases of aortic regurgitation. Thorough stimulation of the cervical ganglia will produce vaso-constriction, the condition nature is seeking. By this the physician may initiate the condition necessary to repose, and as is so often the case the centers may need only this slight help for the normal performance of their retarded function. Should there be high arterial tension due to imperfect elimination and the consequent retention in the blood of toxic substances inducing general arterial constriction, stimulation of the eliminating organs is indicated. Removal of any condition obstructing a free cerebral circulation should be attempted. Full cold bath, cold sitz bath, needle bath to the back, cold pack and hot foot bath followed by a brisk rub is an excellent derivative treatment. Such supplemental treatment should be given immediately before the patient goes to bed. For detailed description of these various supplemental treatments reference may be made to any work on hydrotherapy. In obstinate cases massage of the extremities and abdomen may assist. (f) Removal of irritating and toxic substances in the blood. The physician must interdict tea, coffee, tobacco alcoholic excesses. Gormandizing is prejudicial to healthful sleep. Many drugs

produce circulatory disturbance and cerebral stimulation, therefore, their discontinuance is imperative. Self-engendered poisons must be removed as before indicated by stimulation of the emunctories.

The writer fully realizes that he has taxed the patience of his readers almost beyond forgiveness, yet this is the merest outline of this very interesting subject, the details being left for each practitioner to work out for himself. If this paper shall have stimulated a desire for further investigation of insomnia the writer feels his effort will not have been in vain and the hope which spurred him on during its preparation shall have reached fruition.

1418 W. Locust St.

TREATMENT OF ECZEMA.

Paper Prepared for the A. O. A., by MORRIS LYCHENHEIM, D.O.,
Chicago, Ill.

Current medical diagnosis and treatment of eczema makes it difficult for the student to come to any other conclusion than that the treatment follows symptoms. We are told

First: "In the acute form the treatment can scarcely be too soothing."

Second: "In the chronic form the treatment can hardly be too stimulating."

Then as to general therapeutics Gottheil gives the rules of current medical practice when he says:

"The rules of general therapeutics hold good in the maladies of the skin and we need be no more afraid of curing a skin lesion too quickly of 'driving the disease in' than we are of stopping the inflammation in a joint or checking a gastro-enteritis too precipitately. The quickest cure with the least possible discomfort insures the most permanent result with the smallest amount of damage. The ideal therapeutics is of course the causative one; but our present knowledge permits of its application in only a minority of cases. We are of necessity compelled to rely largely upon symptomatic treatment."

Further on he says:

"Almost all the drugs of the pharmacopeia have been employed at one time or another in dermato-therapeutics, but the vast majority of them have been rightly abandoned."

Stellwagon concurs in the above position when he says:

"Cure cannot be too rapid. There will be no untoward result."

Stellwagon also agrees as to symptomatic treatment when he advises as an axiom that:

"So long as a selected remedy or plan is benefiting it should be continued."

He also says in all seriousness that:

"Success by no means always follows however, and not infrequently one is obliged to run the whole gamut of remedies and after a time change back to those beneficial at first, but subsequently discarded before relief is effected, and it is needless to say in obstinate cases, to be deserted before the desired result is reached."

Current medical treatment for eczema includes general hygiene, pure medicated water used externally and internally, exercise, selected diet, diuretics, purgatives, lotions, ethereal solutions of drugs employed as sprays, oils and fats to soften crusts, ointment, pastes, plasters, powders, electricity, radiotherapy, Fin- sen rays, etc. Some use is made of nerve stimulation and recognition of the con-

trol of the skin through the vaso motors, but it is only in minor degree according to current practice as laid down in text books.

Likewise with the use of water, selected diet and advice as to general hygiene and exercise. These nature methods are not dwelt upon as principles of treatment because as quoted symptomatic treatment is followed.

I like the statement of osteopaths that "we must discover the cause." In eczema or other skin diseases we are afforded a wide field for exploration because current medical writers are prone to declare "cause unknown."

Though we may fail in the search for the cause of eczema still we are not apt to injure the patient if we follow the "drugless method" of treatment. The many cases of blood poisoning existing is undoubtedly due to the powerful drugs used externally and internally.

Before entering upon the osteopathic treatment of eczema it may be well to say a few words upon the physiology of the skin.

The skin acts as a protecting envelop for the various other parts of the body, and its regulation of the body heat. The destruction of any very large portion of its area is fatal. The skin is also a breathing, secreting and excreting organ and an organ of sense. As the skin is provided with a greater variety of nerves than any other portion of the body it is evident that any disturbance of its functions has a profound influence upon the remainder of the body. The claim therefore that some varieties of eczema does not affect the body constitutionally can hardly be upheld and it would seem to be simply common sense to try and keep the skin free to perform its important work rather than plastering powdering and clogging the pores with ointments, salves, powders, etc.

The lesions at osteopathic centers along the spine connecting with the particular part affected are usually quite marked. The lesions whether they are anterior, posterior or lateral, with tenderness and rigidity of muscles, must of course be appropriately treated.

The "drugless method" however calls for a great deal more. It calls for the use of nature methods not as adjuncts, but as principal forms of treatment co-equal with that of finding and correcting bony lesions. The first one we shall consider is hydrotherapy.

The water treatment for eczema is a most powerful remedial agent. In contradistinction to the use of remedies internally and externally which clog the system, water, if it is pure, dissolves all impurities. A principle to follow in the use of water will not allow one to go astray. "As water is the universal solvent the freer it is from any solid matter the better." As a tonic to the nervous system, used externally, it enormously increases the effectiveness of osteopathic manipulation as ordinarily given.

In eczema we should aim to get all impurities out of the blood. The eruption proves the activity of the skin which is trying in this way to rid the system of foreign matter. When eczema is caused by rheumatism, Bright's disease, diabetes and other serious diseases, the organs are striving to avoid a serious termination by an outbreak through the skin. Dr. Henry E. Lane the author of "The Diagnosis From the Eye," who conducts a sanitarium in Chicago, following Kneipp methods, gives all patients, young or old, weak or strong, the cold water treatment. Timid patients are trained to receive the water by having the various parts subjected to the cold water treatment until they take the cold water over the entire body. No soap is ever used. Patients go barefooted in the house at all times of the year. With vegetarian diet, proper hygiene and sun

baths, Dr. Lane has had marked success in the cure of skin diseases. The regular Kneipp method is followed of not drying the body. The clothing being put upon the wet body.

My own methods have not been quite so rigorous, tepid water being used in the beginning with timid patients. The goal however should ever be to use cold water entirely. Taking two or three baths a day without drying macerates the hard crusts of eczema and brings about normal action of the skin. The bath given is not the cold plunge, but given with the douche or spray. The writer uses in his treatment the horizontal jet douche bath. This is the most powerful tonic we have in hydrotherapy. A hose about three feet long is attached to faucet with ordinary city pressure of from 15 to 30 pounds. Nozzle on end of hose is similar to that on a garden hose, so stream can be regulated from fan-shape to needle gush. The needle gush is the strongest and all patients are trained to receive it. Accommodation with the mildest sprays can be made, but the needle gush is finally used exclusively. The temperature is regulated as stated above, hot and cold water running from the one faucet attachment, but after a few treatments with many patients I use the cold water exclusively. Patients are surprised that they should perspire freely after an exclusive cold bath, when their reaction is good, but this is quite common. The spray bath is valuable for the patients to take at home. It consists of a rubber hose attached to faucet with a sprinkling can end which distributes the water all over the body. It is important that bath room should be well ventilated as patients' respiration is increased. Soothing compresses of linen wrung out of cold water over parts affected as well as packs over the entire body, sitz baths and pool baths of various sorts with cold water, are also indicated. In the practice of hydro-therapy attention must be given to condition of the heart and kidneys as well as other organs so no untoward accident occurs.

Kellogg gives over two hundred ways of using water, but a few simple procedures are all that is necessary. Many of the methods suggested by Kellogg, I consider, as detrimental, especially in the use of hot water and steam.

Diet plays perhaps the most important part in the treatment of eczema. The word diet is so hackneyed that one hesitates about saying much on the subject, but if we approach the question from a broad general principle, we are safe in our conclusions.

Dr. Harry Campbell in Fletcher's "A. B. Z. of our own nutrition," calls this the "Age of Pap." We object to eating crusts or hard stale bread and raw vegetables, or raw fruits, because they are not soft enough. Children whose teeth need exercise on hard foods are fed on breakfast foods and mush with soaking of milk.

How much this has to do with gastro-intestinal disturbances which shows itself in eczema, I am not prepared to say, but it is reasonable to believe a large proportion of cases are due to imperfect and hasty mastication of pap or soft foods. Meats of all kinds, oysters, fish, cheese, pastries, spices, coffee, tea, tobacco, liquor condiments of all kinds, mineral waters and carbonated waters—none of these are allowable from the standpoint of non-irritation of the digestive organs.

Carlyle tells the story of "A benevolent old surgeon sat once in our company with a patient fallen sick by gormandizing whom he had just too briefly in the patient's judgment been examining. The foolish patient still at intervals con-

tinued to break in on our discourse which rather promised to take a philosophic turn:

"But I have lost my appetite," said he objurgatively, with a tone of irritated pathos. "I have no appetite; I can't eat!"

"My dear fellow," answered the doctor in mildest tone, "it isn't of the slightest consequence."—and continued his philosophical discoursings with us."

If patients complain that they are restricted too much by a diet of whole wheat bread and crackers made without yeast, fruit, vegetables and nuts, I answer that their battle is not with me, but with nature. Fruits and vegetables should be eaten uncooked when in season. Vegetables when cooked should not have all the mineral salts extracted by water cooking, but should be steamed. Raw vegetable salads are excellent purifiers of the blood and should be used every day. Nuts are not harmful in this dietary if eaten sparingly and thoroughly chewed. Foods are often poisonous in wrong combination when alone or in proper combination they are most valuable.

Sleeping without a gown; simply covered by sheets and other covers allows the air to reach the body more easily than by having gown on close to body. This restores vitality of the skin in eczema.

An air bath of half hour to an hour each day is also advised, both in winter and summer. Various kinds of work can be performed in one's room while taking an air bath, so time is saved, where time is a factor. The sun bath is a most powerful agent in the treatment of eczema through the light rays permeating the tissues. The patient can without danger take the sun bath for hours.

The electric sun bath is an excellent substitute for the actual sun bath. The advantage we have in its use is the ability to use it every day indoors. It is especially valuable when followed by the horizontal jet bath douche. Underclothing of patient should be cotton or linen next to the skin. Wool or flannel should not be used next to skin as they are irritating and do not allow hardening which is the only protection against the various changes we are subjected to in our climate.

General hygiene includes windows raised to the limit in sleeping room, winter and summer. Sleeping and living rooms should have sunlight during day to prevent dampness. They must be thoroughly ventilated during day also by raising windows.

Following rules are also indicated:

Occupation to be followed which does not aggravate the disease.

Abstinence from sexual abuse.

Cleansing of lower bowels with high rectal tube.

Exercise prescribed to fit the case.

We must strive to eliminate all doubtful factors. By so doing we are prepared to meet every contingency. All obstructions are removed. Nature does the curing. Experimentation with ourselves will do more to prove our faith in the methods outlined than all discussion, for they are adaptable to the well as to the sick; indeed as no line of separation can be drawn, it is a safe rule to follow, that what keeps us in good health will be of aid when we fall ill, only increasing the efforts in the same direction.

When we are told eczema may return at intervals we can hardly call the suppression of it for the time being a cure. On the contrary it may be all the worse because it has been driven in. The nature method on the other hand is a

steady attempt at elimination and the body is stronger and better in every way when treated by our methods than by current medical treatment.

39 State St.

PRACTICAL DIETETICS.

Paper Prepared for the A. O. A. by H. H. MOELLERING, D.O., St. Paul, Minn.

The subject of dietetics, like that of disease-treatment, is in a state of revolution. And it becomes nobody better than the osteopath to be familiar with the trend of this revolution, to take note of its tendencies and to help give them direction and shape. For are we not the arch-revolutionists in the field of disease—healing and prevention? And is not the subject of dietetics a big part of our domain?

From the standpoint of some of us, practical dietetics, as represented by elaborate old-school text-books, whose dietary formulæ include such drugs as wines, beers, brandies, tea and coffee, are highly unsatisfactory. Yet the necessity for dietetic advice and prescription continually confronts us. Turning to current literature and thought for guidance, we find much that is crude, unscientific, extravagant and heavily loaded with matter not at all germane to the subject. But, in spite of its shortcomings and redundancies, this literature holds the germ of a new dietetics.

Now, disclaiming any great experience with the ideas of the new dietetics, it may yet be helpful to simply give the viewpoint of one who has tried to separate for himself the wheat from the chaff in this regard. I have for some time been governed by certain principles in this matter. Instead of constructing diet-lists for my patients along the lines laid down by respectable authorities, I have applied to my cases what I would call "a trinity of dietetic principles," drawn from and supported by the experimentation reflected in the current literature. a literature circulated largely for the benefit of the general public. These principles are, the principle of insalivation, the principle of alimentary rest, the principle of food selection.

Mr. Horace Fletcher, the great modern rejuvenator of the idea that we were given teeth to chew with and salivary glands to secrete saliva to mix our food with, and that you cannot do the latter without doing the former, would likely give first place to the principle of insalivation; but each principle has its own proper importance, which at one time or another must give it precedence. With Mr. Fletcher the crucial test of thorough mastication is to taste all taste out of drink and food before swallowing, thus insuring thorough insalivation and consequent good digestion of all starches and sugars and avoidance of their fermentation in the stomach or bowel; while thorough mastication of course insures better stomach and intestinal digestion of the proteids and prevents their putrefaction. The results obtained by "Fletcherizing" are manifold; among them is moderation in eating and drinking, for overeating or overdrinking is next to impossible if for no other reason than that it takes too much time; but, as one gets more taste out of the food than when swallowed with various degrees of bolting, there is still a satisfaction of the appetite although a smaller quantity of food is eaten. Mr. Fletcher's ideas come commended on scientific grounds because of ample experimentation and verification in American and foreign physiological laboratories. While few of us may ever become the perfect masticators that Mr. Fletcher exemplifies, a perusal of his "A, B, Z of Our Own Nutrition" is sure to make us long triers of the idea and exercise a continual constraint over our "practical dietetics."

The principle of alimentary rest is commonly exploited as "the fast cure." I find this principle admirably adapted to acute and febrile conditions. Fasting is far more logical in acute diseases than any menu that can be devised. It should be given almost unrestricted sway except in the case of children, where for obvious reasons a very light diet may be given if the diseased condition is protracted; and yet, considering the great extent to which disorders of the alimentary tract are responsible for childhood's disease, we should not be too afraid of starving them because they are small and growing. The giving of nothing but water in the acute case, saves the nervous energy, which would otherwise be spent in the greatly handicapped digestive efforts, efforts which in most cases can result in but little else than irritation to an organism already overcrowded with toxic products waiting for elimination via strained emunctories.

In practice among the poor, where the delicacies of the market or kitchen are sheer mockery, fasting has obviously an added advantage.

The condition of the average person of civilized society, under the unnatural restraints of long hours at monotonous labor in the confines of shop or office, with blood underventilated, breathing bad air, and tissues underexercised, is really analogous to that of the caged animal, whose treatment Frank C. Bostock, the great animal trainer, speaks of as follows: "On Sundays no food, but plenty of water, is given to the carnivora. This fast-day once a week is absolutely necessary; it rests their digestion, prevents them from growing too fat and lazy, and is beneficial to their health in many ways. * * * In sickness the best way is to let the animals fast for a time, give them plenty of fresh water, or a little milk, as much fresh air and exercise as possible, and leave the rest to nature, which in nearly all cases effects a complete cure." Mr. Bostock also tells us that the animals show no disposition to eat excessively just after a fast.

In chronic conditions complete and prolonged alimentary rest has well supported claims to consideration in a great variety of cases, complete cures as a result being quite common. Two cases treated in this manner by osteopathic physicians of the Twin Cities during the year are of more than ordinary interest. One case, under the care of Dr. Kenney, of Minneapolis, fasted for forty-nine days; another, under the care of Dr. Young, of St. Paul, made a record of fifty-two days. The results in both cases were excellent.

The principle of selection has a wide and constant application. Every time we eat we select. To help us in our selection, foods and drinks have been variously classified. Physiology makes the general proteid—fat—carbohydrate classification, and while we may disagree, even as the physiologists do, as to the proper percentages of these three in a given dietary, yet a mindfulness of the proportions indicated is helpful in quantitative selection. Then there are those whose selection rests on the distinction between animal and vegetable foods—they cleaving to the latter and eschewing the former; again, among the vegetarians are those who would live on nuts and fruits; yet again, some select their diet from the raw or uncooked foods, believing that the vitality of the food is destroyed in the cooking and that cooked food is unduly stimulating. The latter point may well be borne in mind by practitioners who may treat inebriates or the victims of narcotics. It is well known that one stimulant begets the desire for another, so that, as uncooked foods are less stimulating than cooked foods, they reduce the desire for other stimulants. Eugene Christian, in his "Uncooked Foods and How to Use Them," says in this connection: "No man or woman

who will live for six months on pure, clean, uncooked foods can possibly keep alive an appetite for stimulants or narcotics. From this rule there is absolutely no variance." A ten week's experience with an uncooked diet enables me in a measure to confirm Mr. Christian's words. I myself am a light smoker. But during these ten weeks I found very little enjoyment in a cigar. I recovered my taste for tobacco on resuming the cooked diet.

The discovery and adoption of new foods is a matter which will continually modify our selection. And the list cannot be too large in order to secure the necessary variety for variant individuals. It is interesting in this regard that the Klamath Indians eat forty kinds of vegetables as yet unknown to our dietary. Variety of foods seems essential to our well-being. Not so much a variety at each meal for the individual, but a large market list from which the individual may choose what suits him. As we are all becoming more and more specialized in our social functions, it is a reasonable inference that we thrive best on a dietary which is different for each individual.

Temperament is no minor consideration in selecting a dietary. A full vital temperament, living on a rich nitrogenous diet, would fairly bid for a nut and fruit diet. Together with Fletcherizing, which in itself makes for temperance, such a subject would be thus better provided for than by any text-book regimen.

In these days, when our foods are the products, not of our immediate countryside, but of the wide world, food selection takes on a sociological significance of vast importance. Consider the animal product of the great packing houses. Who has not in the past been thrown into a sort of unquestioning reliance upon this great industry for his proteid and fat supplies? Occasionally we took assurance from slick advertisements and neat packages and the great government inspection, never stopping to inquire as to the efficiency of the latter. And what do we know of the condition of meat killed and marketed outside of the great packing houses? Without entering into the merits and demerits of vegetarianism, it certainly seems, in the light of recent disclosures, that greater safety lies in the vegetable products, especially fresh vegetables, fruits, nuts, and cereals. As to these the buyer can judge of quality in a greater measure than in the case of animal products. That remedies have followed exposures along these lines is encouraging, but unless the public keeps tab on its food purveyors in the future, lack of interest will defeat the good intent of many a good measure intended to safeguard us. The chemical laboratories of a number of states, as well as of the United States, are and will be doing good work in "tracking and trying and testing" food products offered for sale on the markets, and the results afford fairly reliable guidance for the buyer, but these results are as yet not brought to public notice in any adequately systematic fashion in any of our current literature. Our osteopathic magazines could add great interest to their contents if they were to put themselves in touch with laboratories doing effective work and publish the results of that work in a special department. Such a departure in our magazines would be a potent sociological force whereby the honest food purveyor would be supported and the dishonest one discredited and the consumer would be helped to a square meal and continued good health. In all this there would be much "practical dietetics."

We hear much nowadays about intestinal antiseptics. In food selection we can no doubt accomplish much toward greater bowel cleanliness. I have observed good results in gastro-intestinal cases following the substitution of unleavened or unfermented bread for the prevailing yeast breads, the idea being that the

yeast germ resumes activity under the favorable conditions which the stomach and intestines furnish, thus promoting fermentation in those tracts generally. Thick sour milk has had a scientific revival as a wholesome article of diet because its germs are destructive to various noxious microbes of the intestinal menagerie, while the sour milk microbe in himself is said to be harmless. No less a person than Prof. Metchinkoff of the Pasteur Institute of Paris, stands good for the virtues of "bonny clabber" as a preventer of sickness and a delayer of old age.

The diseases in which the selective principle applies with particular force are those in which malnutrition in some form exists, when due to an improper diet, a diet unsuitable to the condition or age of the patient or one deficient in certain elements, the salts for example, as in rachitis. A rich field for study is indicated by the mineral salts and their occurrence in the various foods; and since we are in want of adequate common knowledge on this subject safe selection would seem to point with preference to uncooked foods, or, if cooked, foods so prepared as to save their natural salts, as in the baked potato, unpolished rice, cereal grains in their natural state, and the whole grain breads. Boiling is particularly apt to waste the salts.

As an instance of how one principle may modify the application of another, we find that the principle of insalivation (implying thorough mastication), will strongly influence our application of the principle of food selection; for out of regard for thorough mastication we will prefer foods that, because of their hardness and dryness, really require chewing in order to swallow them. This applies especially to children, with whom it is most difficult to establish a conscious effort at thoroughness in this respect, and the hard and dry foods compel it.

In the application of these principles I begin by finding out what the eating habits of the patient are and then apply the principles in modification of those habits, always bearing in mind the individual peculiarities of the case. I don't hesitate to accept a compromise when necessary. In fasting acute cases, compromises may have to be made for want of faith on the part of patients or their friends; yet, the repeated assertion of the principle of alimentary rest by the physician will do much to reduce the insistence of people on "eating to keep up strength" when they are acutely ill. If my patient is addicted to coffee and I know he will not drop its use entirely, I see if he will not be satisfied with a few swallows from his accustomed cup, rather wasting the remainder outside the body than inside.

To close this statement of one person's view of "practical dietetics," I would like to emphasize that the field will bear lots of development, a development in which each one of us may take his part amid the opportunities of every day.

47 E. Sixth St.

THE MENOPAUSE.

Paper Prepared for the A. O. A., by D. ELLA McNICOLL, D.O., Indianapolis, Ind.

It is not a common procedure on the part of one seeking knowledge, to read the last chapter first; neither do I believe myself able to interest you in the closing chapter of that volume relating to the reproductive period of woman's life, without first giving you at least a glance at structure and a brief summary of the function, the ending of which is designated the menopause.

Currier says "the term menopause is sufficiently explicit for only one link in the chain of phenomena, which comprises the change of life, to wit: The cessa-

tion of the monthly flow; for this reason the common term (change of life), is the more exact and comprehensive and therefore presents claims for its general use."

The time allotted this subject permits me to just touch upon the innumerable theories advanced regarding the phenomenon of menstruation. That there is a relation between ovulation and menstruation is generally conceded. One may or may not be coincident with the other.

Reichert and others believed that menstruation occurred because the ovum just previously discharged had not been impregnated and therefore the uterine mucosa could not continue its development; instead it underwent degeneration accompanied by bleeding. I believe that the mature uterine mucosa has but one function, that of protecting the impregnated ovum, thereby becoming decidua reflexa, the maternal base for placental development. Thwarted in this, a natural abortion of the decidua results, with its accompanying hemorrhage, commonly designated the menstrual flow. This usually subsides in from three to six days, varying according to the idiosyncrasy of the individual. This abortion, if you will permit the term, recurs regularly about every twenty-eight days, lapsing naturally only during gestation and lactation, through a period of about thirty years. The latter part of this period is characterized by greater or less irregularity in the recurrence of the menses. However, in some cases there is no irregularity, only a gradual diminution of the hemorrhage.

The old belief that the approach of the menopause signals a danger period in woman's life is as widespread as it is fallacious; a legend, the origin of which would be difficult to trace. It is true beyond question that in the lives of most women and more especially those with family cares, there is an accumulation of influences culminating about this age in life, mental, moral and physical, direct and indirect, the accounting for which is generally, without question, ascribed to the menopause. This function like all others in animal life, is subject to great variation, both as to time of occurrence, and the events which characterize it.

In our own climate the period is usually passed between the fortieth and fiftieth year. Earlier than forty is considered premature; later than fifty retarded; so may it be natural or artificial according as it is or is not solely the product of physiological forces. Family or race peculiarities may either advance or retard the period. In the lower order of human beings neither menstruation nor the climacteric period are so well defined as in the higher civilization. One of our best medical authorities makes this statement: "In proportion as a community or race advances in civilization do we see the menstrual function and the change of life assume distinctiveness and character."

While it does not follow that their unusual, or pathological features are necessarily the result of civilization, since there are countless examples in which no appreciable disturbance is experienced from either, it is certainly true that such disturbance does accompany civilization.

Habits are cultivated which are artificial to the primitive race. The perversion through ages of the sexual function for the gratification of sensuality is another product of civilization which must answer for many hereditary weaknesses in modern women.

The tendency to shirk the responsibility of motherhood will by and by become an hereditary trait if it is not already one. True it is that certain surgical operations have been and are being performed with the deliberate intention of

bringing about the menopause, in order that conception may be made impossible.

It is generally believed that with the cessation of menstruation whether natural or artificially induced, woman is safe beyond the reproductive period. Yet we have record of women bearing children fifteen years after passing the menopause. While those having both ovaries removed have found that there are exceptions to all rules. Also that menopause induced by surgical aid does not exempt the subject from the peculiar symptoms indicative of the change; the most common of which is that peculiar vaso motor disturbance known as flushing, or hot flashes due to a disturbance of rhythm because of increased vascular tension. The impulse probably originating in the sympathetic ganglia which have so carefully guarded the functioning of the reproductive organs through their period of activity, and whose prompt report of local disturbances has been heralded many times through peculiar reflexes, with which we are all familiar.

In addition to this may be mentioned the general nervous condition, manifesting itself in various ways, such as worrying, fretting, increased activity, or, exactly the opposite. A tendency to forgetfulness which in itself frequently causes much uneasiness for with it often comes that horrible thought of climacteric insanity. What one of you have not listened as these fears were made known to you in the strictest confidence, and have you not watched the face brighten while you smilingly gave positive assurance, that this is only one of the phases through which you are passing. Remember it is well to always advise against arguing for my lady is apt to be very positive, and while admitting her forgetfulness she is very apt to forget that she is forgetful.

Southerland and Stedman agree that mental trouble amounting to actual insanity is extremely rare at change of life. Merson, who had devoted much time and thought to this subject, considers that the history of cases which he has investigated, point to the conclusion that the menopause is not the direct cause of insanity.

Mitchell considers it fallacious to attribute melancholia to the menopause. His statistics show that of all insanities two per cent are probably due to this cause. Lewis gives a higher ratio, that of four and four-tenths per cent. These statements are gleaned from the Hand Book of Medical Science and are supplemented by this statement, which is very significant. "Statistics on this point are widely divergent and there is little room for doubt that the number of cases of true climacteric insanity would have been smaller and the percentages more uniform if the cases selected had been confined exclusively to those which originated during the actual progress of the climacteric period and were uncomplicated by other causes. Attacks of recurrent insanity at this period have served to swell the number of cases in tables of statistics. Obviously, they were of much earlier origin and should have been rejected."

Excessive hemorrhage may occur at this age, but you will undoubtedly find back of it a history of chronic endometritis. This also may prove the foundation for malignant diseases of the uterus and it may culminate about this time. It might have occurred earlier.

Of this I am convinced. The menopause is both a physiological and psychological event. It is as natural as the advent of puberty or the process of dentition and should be so treated. It is a period of involution. It should be a rest period in every sense of the word. A gathering of forces for the maturer life, when the hustle and strife have given place to calm security.

Pythian Building.

Program of the Eleventh Annual Meeting of the American Osteopathic Association at Norfolk, Virginia, August 26-30, 1906.

MONDAY, AUGUST 26.

9.30 A. M.

Call to Order.
 Invocation.
 Response—C. W. Proctor.
 Address of Welcome.
 President's Address.

11.00 A. M.-1.00 P. M.

Demonstrations of Technic—
 (1) Cervical Region. F. A. Turfler.
 (2) Thoracic Region. George Helmer.

Section in Practice—
 Kendall L. Achorn, President.
 (1) Pulmonary Tuberculosis. F. D. Parker.
 (2) Malaria. Ellen B. Ligon.
 (3) Chronic Valvular Disease. E. C. White.

2.30 P. M.—*Open Parliament—*

Topic, Diseases of Children. Conducted by Ella D. Still.

TUESDAY, AUGUST 27.

9.00-11.00 A. M.

Section in Research—
 Dain L. Tasker, President.
 (1) Sectional Anatomy. A. Still Craig.
 (2) Some Visceral Reflexes. Louisa Burns.
 (3) Experimental Pathology. H. W. Glascock.

SECTION II.
Demonstrations of Technic (Concluded)—
 (3) Lumbar Region. J. H. Sullivan.
 (4) Sacrum, Innominate and Coccyx. W. W. Steele.

11.00 A. M.-1 P. M.

Section in Gynecology (Continued Wednesday)—
 Edythe F. Ashmore, President.
 (1) The Menopause and Its Treatment. Marie Neely Adsit.
 (2) Prolapsus Uteri and Its Treatment. Eliza Edwards.
 (3) Pelvic Tumors Requiring Surgical Interference. George A. Still.

Section in Practice—Clinical Demonstrations—
 (4) Eczema. W. A. Merkle.
 (5) Bright's Disease. R. K. Smith.
 (6) Chronic Prostatitis. F. P. Millard.

2.30 P. M.

Open Parliament—
 Topic: Diseases of the Respiratory System. Conducted by C. C. Teall.

Open Parliament—
 Topic: Diseases of the Digestive System. Conducted by C. E. Achorn.

8.00 P. M.—Open Session of the Associated Colleges of Osteopathy.

WEDNESDAY, AUGUST 28.

9.00 A. M.-1 P. M.

Report of Treasurer.
 Report of Board of Trustees.
 (a) Report of Committee on Education.
 (b) Report of Committee on Legislation.
 (c) Report of Committee on Publication.
 (d) Report of Committee on Endowment.
 (e) Report of Board of Regents.

2.30 P. M.

Section in Gynecology (Concluded)—

- (4) Versions of Uterus and Treatment. Percy H. Woodall.
- (5) Flexions of Uterus and Treatment. Frances A. Dana.
- (6) Lateral Displacement of Uterus and Treatment. Julia Foster.

Section in Practice—Clinical-Demonstrations (Continued at 11 tomorrow)—

- (7) Neuritis. Charles Hazzard.
- (8) Epilepsy. E. W. Cully.
- (9) Locomotor Ataxia. Jerome Knowles.

8.00 P. M.—Grand Ball. Hezzie Carter Purdom Moore, Floor Manager.

THURSDAY, AUGUST 29.

9.00-11.00 A. M.

Section in Obstetrics (Continued tomorrow morning)—

Marion E. Clark, President.

Topic: I. Antepartum Treatment.

- (1) Spinal: When Indicated; Where and How Administered. E. H. Cosner.
- (2) Stomach: Diet, Emesis, Treatment of Hyperemesis Gravidarum. R. C. Dugan.
- (3) Affections of Lower Limbs, Innominate, Etc. (Including Varicose Vein, Sciatica, "Stitch in Back"). E. R. Proctor.

Section in Research (Concluded)—

- (4) The Osteopathic Pathology of the Extra Spinal Cell and Its Relation to Treatment. T. J. Ruddy.
- (5) Epithelial Invasions of Connective Tissues. C. A. Whiting.
- (6) Graphic Representations of Spinal Curvatures. H. F. Goetz.

11.00 A. M.-1.00 P. M.

Clinical Demonstrations (Continued).

SECTION I.

Osteopathic Orthopedics—

- (10) Scoliosis. H. W. Forbes.
- (11) Pott's Disease. Geo. Laughlin.
- (12) Flat Foot. F. E. Moore.

SECTION II.

- (13) Constipation. C. W. Young.
- (15) Neurasthenia. J. A. De Tienne.
- (15) Rheumatism. G. M. Smith.

2.30 P. M.—Election of Officers, and other business.

8.00 P. M.—Alumni and Class Meetings.

FRIDAY, AUGUST 30.

9.00-11.00 A. M.

Section in Obstetrics (Concluded)—

- (4) Bathing: When Indicated, and Kind of Bath. Why? Marie Neely Adsit.
- (5) Bowels: Constipation, Diarrhea, Hemorrhoids. H. C. Maxwell.
- Management of a Case of Normal Labor. Marion E. Clark.

Section in Practice—Causes and Treatment of Chronic Headache—

- (1) The Osteopathic Lesions.
- (2) Headaches Due to Pelvic Disorders.
- (3) Headaches Due to Digestive Disorders.
- (4) Headaches Due to Eye Strain.

11.00 A. M.-12.30 P. M.—Section III. Open Parliament.

Topic: Some Acute Conditions. Conducted by O. J. Snyder.

2.00 P. M.—Unfinished business.

ADJOURNMENT.

If it be true that everything has its use we presume the office of the fakir is to furnish a "horrible example" of how not to advertise. If his methods serve to excite a wholesome disgust of quack methods and give a new impetus to ethical conduct on the part of reputable and decent practitioners, he will not have lived in vain. The above reflections are called forth by a half page newspaper advertisement of a Montana chiropractor, whom we do not propose to advertise by name.

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JULY 1, 1907.

Our Honored Dead.

In this number of the JOURNAL will be found the inscriptions on the memorial tablets erected to the memory of Drs. Riggs, Patterson and Hulett, by the A. O. A. in the A. S. O. hospital at Kirksville, Mo. An excerpt from the address of Dr. Hildreth delivered at the unveiling ceremonies which took place there on May 25 is also given.

At first thought it might appear that we have begun the selection of names for our hall of fame rather early in the history of osteopathy. But it is inconceivable that any circumstance can now ever arise that would render inappropriate the selection of any of the three names we have thus elected to honor. A few words about our heroes and their achievements may not be amiss at this time, and they will be given in the order in which they passed away.

Dr. Wilfred L. Riggs died Nov. 17, 1901, at the age of 34 years. He was a trained and experienced teacher, and brought to the study of osteopathy a well stored and well balanced mind. During his brief career as an osteopath his busy brain and facile pen did much for the science he loved. Few in our ranks won distinction in such varied lines of professional activity as did he. He was teacher, author, worker and officer in the A. O. A., and practitioner. His books, "Theory of Osteopathy" and "Practice of Osteopathy," were valuable contributions to the early literature of our profession. At the time of his death he was a member of the Board of Trustees of the A. O. A., and as chairman of the Program Committee for the meeting at Kirksville, in 1901, though hampered by ill health, did much to make it a success.

The fame of Dr. Henry E. Patterson, who died April 10, 1902, at the age of 42 years, would be secure if it rested solely upon his work at the American School of Osteopathy in its early days as its secretary and business manager. He was an excellent organizer and business man, and contributed largely to the success of the institution and to osteopathy. As Dr. Hildreth said in his address: "He was here in this institution for a number of years, just at the time when this school, its policies and actions meant everything to the future of our profession. The wisdom of his brain, the strength of his manhood, the power of all he possessed he offered, and freely gave to our cause in its most trying hours."

But in more ways than one was he a pioneer. He was the first, or among the first, to introduce osteopathy in the nation's capital. From thence his influence as a wise and capable exponent of our science radiated throughout the land. At his death he was serving as a member of the Board of Trustees of the A. O. A., and member of the Committee on Publication.

The youngest of the trio, Dr. Guy D. Hulett, died on Oct. 29, 1904, at the age of 30 years. His work for the profession was done as teacher at the A. S. O.—his alma mater, and as an author. His worth and ability as a teacher was universally attested by those who sat under his instruction; while his book, "The Principles of Osteopathy," which has become an osteopathic classic, is an enduring monument to his industry and intellectuality. It was said of him at the time of his death that he had done "ten years work in four. Could he have been spared another thirty years to develop and elaborate the great work he had begun, the benefit to science would have been inestimable."

While, in a sense, we are all pioneers in osteopathy, the three men whose names we honor were peculiarly so. As Dr. Hildreth has said, they each did a work, the opportunity for doing which will never again be presented, and they did it worthily and well. There is one other gratifying fact in connection with the history of these men. The lives they lived were such that, had they performed no unusual service for their profession, they would have been worthy of the everlasting remembrance of their fellows. Of each of them may it truthfully be said: "His life was gentle; and the elements so mixed in him, that Nature might stand up, and say to all the world, 'This was a man.'"

It is a natural impulse of the human heart to honor the memory of great benefactors, and it is right and proper that this should be done. In performing what may be regarded as a duty to the dead we render likewise a service to the living. In contemplation of the lives of heroes we are quite apt to dedicate, yea, to consecrate, our energies to the cause for which they gave of their lives. If we may believe that those in the spirit world are cognizant of, and interested in, what is transpiring here; that they can "pierce the veil which separates mortals from immortals," we may feel sure that our immortals are not so much concerned that their names be perpetuated in bronze as that we who have succeeded them in their great work shall carry it on, in the spirit in which they labored to the end that mankind may be helped and blessed through their and our efforts. It is not that we can do aught for those who have gone before. Their fame is secure. But it is rather for us in thus honoring their memory to gain new inspiration for the performance of the tasks which our day and time imposes.

Case Reports. Series VI.

We have had the pleasure of examining series VI of case reports. Like its predecessors it consists of eight sections, as follows:

Specific Infectious Diseases, Constitutional Diseases and Diseases of the Skin, Diseases of the Head, Nose and Throat, Diseases of the Thoracic Viscera, Diseases of the Abdominal Viscera and Lumbar Region, Diseases of the Pelvic Viscera and Lower Limbs, Nervous and Mental Diseases, Diseases and Malalignments of Bones and Joints.

There are a number of cases under each of these sections and they bear evidence of careful reporting and editing. This series contains a table of ten interesting cases of lumbago, also a table of ten cases of tic douloureux.

Among the many interesting cases reported is a detailed account of a case of morphinism successfully treated by Dr. Asa Willard, and some cases of Raynaud's disease reported by Dr. J. Lester Adams.

Every osteopath should have this series of reports on his table for reference. No one who desires to keep in the front rank can afford to do without these publications which are so helpful in the work. This series is for sale at fifty cents per copy. Remit to the editor, Dr. Edythe F. Ashmore, 42 Valpey Bldg., Detroit, Mich.

It should be borne in mind that any one who contributes one or more acceptable cases will receive a copy of the reports free. The editor hopes to have series VII printed before the meeting of the A. O. A. in August.

Railroad Rates to Norfolk.

We have received from Dr. E. C. Pickler, chairman of the Committee on Transportation, and Dr. F. E. Moore, western representative of this committee, considerable data concerning the rates to Norfolk. It would, however, be impracticable to undertake to publish this in detail. There will be no special rates on account of the A. O. A. meeting, but very reasonable excursion fares have been made effective from all points to the Jamestown exposition. Some difference in price of tickets will be made, dependent upon whether a season, sixty day, or fifteen day excursion ticket is purchased.

It would be impracticable for us to attempt to give detailed fares from all

points, together with directions, exceptions, etc., in regard to routes and stop-overs. We therefore suggest, as the surest and safest way of getting reliable information, that members confer with their local ticket agents, who can give them full particulars regarding rates, dates of sale, routes, stop-overs and limits of tickets. We would further suggest that members do this at once.

Dr. Moore quotes round trip rates from the Pacific Coast as follows: From California to Chicago, \$72.50; to St. Louis, Memphis or New Orleans, \$67.50; to Omaha or Kansas City, \$60.00; to Minneapolis or St. Paul, \$70.00.

From Portland, Seattle and common points the rates are practically the same as from California, except that none are quoted to Memphis or New Orleans, and that to Minneapolis, St. Paul and Duluth they are but \$60.00.

From Spokane, Eastern Washington and Oregon the rates are as follows: To Chicago, \$64.00; St. Louis, \$60.00; Minneapolis, St. Paul and Duluth, \$52.50; Omaha or Kansas City, \$52.50. From any of the points mentioned above very reasonable excursion tickets can be secured to Norfolk.

Dr. Moore writes thus: "These rates are very satisfactory and they give promise that a large delegation of Western osteopaths will attend our great national meeting during the week of August 26th. These meetings are actually worth to any osteopath two or three times the cost of attendance."

Once more we urge osteopaths to consult their local ticket agents well in advance, so that they may understand all the conditions and be ready to comply with them.

The Norfolk Meeting.

The program for the Norfolk meeting has been revised and rearranged for this number of the *JOURNAL*. As will be seen it is intensely practical and, in the parlance of the day, there will be "something doing" every minute of the time. By having the program given in sections members may have their choice as to what they will see and hear. It is expected that there will be plenty of clinic patients, and demonstrations of technic occupies a prominent place on the program.

We realize that the practitioners of osteopathy are grown men and women, engaged in a serious life work and we believe that most of them feel it incumbent upon them to make some sacrifice, to suffer some inconvenience, if need be, in order to contribute to the advancement of their profession, and thereby their own. We shall therefore not consume space in telling them why they should attend the next meeting. The program speaks for itself and the attractions of the meeting place are known. It is now up to the members to make this meeting what it should be—the greatest ever.

Every physician, if he will, may learn something from almost every case he treats. He owes it to himself, to his patient, to his profession, to science and humanity, to make of each case a "special case;" to observe carefully the various manifestations that occur during the course of treatment, and to record and report such as are of unusual interest. On the other hand, no case, however interesting from a scientific standpoint, should become to him merely "a case." He fails in one of the highest functions of the real physician if he forgets that it is a suffering fellow human being to whom he is ministering. We do not conceive that the temptation in this regard is as great to an osteopath as to some other physicians—notably surgeons, who, it is feared, too often seize an opportunity to perform

a delicate operation when at best it is an experiment. Nevertheless, the following words from Oliver Wendell Holmes, the great physician, poet and philosopher, may not be without their lesson for all of us:

“There is one part of their business that certain medical practitioners are apt to forget, namely, that what they should most of all try to do is to ward off disease, to alleviate suffering, to preserve life, or at least to prolong it if possible. It is not of the slightest interest to the patient to know whether three or four and a quarter inches of his lung are hepatized. His mind is not occupied with thinking of the curious problems which are to be solved by his own autopsy, whether this or that strand of the spinal marrow is the seat of this or that form of degeneration. He wants something to relieve his pain, to mitigate the anguish of dyspnea, to bring back motion and sensibility to the dead limb, to still the tortures of neuralgia. What is it to him that you can localize and name by some uncouth term, the disease which you could not prevent and which you cannot cure. An old woman who knows how to make a poultice and how to put it on, and does it *tuto, cito, jucunde*, just when and where it is wanted, is better—a thousand times better in many cases—than a staring pathologist who explores and thumps and doubts and guesses and tells his patient he will be better tomorrow, and so goes home to tumble his books over and make out a diagnosis.”

We are pleased to note that there has been a marked improvement in the meetings of the State and other local osteopathic societies in the recent past. This has been manifested in better attendance and increased enthusiasm. These societies naturally can spend but a short time in session, but this time has been profitably utilized largely in demonstrations of technic and in other practical and helpful ways. These meetings should continue to grow in interest. There is no osteopath who is not benefited by interchanging ideas and methods with his fellow practitioners.

The Committee on Publication was directed by the Board of Trustees at the Put-in-Bay meeting to collect, codify and publish in connection with the constitution all resolutions, motions, reports, or parts of reports of committees that have been adopted by the Association, that are declarative of the policy of the Association on the various matters thus acted upon. The committee expects to have this publication in the hands of the members at least several weeks before the Norfolk meeting.

Ralph H. Williams, D. O., of Rochester, N. Y., the nominee of the osteopaths of his state, has been appointed, under the provisions of the law recently enacted, to serve on the State Board of Medical Examiners. The osteopaths of New York are to be congratulated, not alone because they have representation on the Board, but because of the high character and capability of that representative.

The Board consists of nine members—six allopaths, two eclectics and one osteopath.

Under the constitution as amended at Put-in-Bay the Trustees will decide upon the time and place of holding the annual meetings. This may be a little disappointing to those who have been preparing to charm the Association with oratory in extolling the advantages of their respective cities as a meeting place for the A. O. A., but it will save a lot of time for more important affairs.

We are informed by one who was present that the meeting of the Texas Osteopathic Association, held at Houston, June 7 and 8, was a great success. We have had no official report of it, however. The *Houston Post* for June 8, gives the address of the president, Dr. J. L. Holloway, in full. We regret that we have not the space to publish this address.

The series of articles on cancer by Dr. J. Martin Littlejohn closed in the June JOURNAL. This is a subject of great importance and we feel that only by a full discussion of it can the most good be gotten out of Dr. Littlejohn's paper. In the JOURNAL for August Dr. Geo. A. Still, of Kirksville, Mo., will review the article.

Dr. R. E. Hamilton has retired from the editorial management of the *Journal of Osteopathy* and is succeeded by Dr. Franklin Fiske. Dr. Fiske has had experience as a newspaper man, and in addition brings to his work enthusiasm and energy. We predict even greater success for this journal than in the past.

The quarterly directory will be revised and published in the August number of the JOURNAL. We are very desirous of correcting any errors that it may contain. Any one who knows of an error that has not previously been reported will confer a favor on us by sending correction before July 15.

We hope to have the August JOURNAL ready for mailing on or before August 1. We particularly request any person having any item of news, communication or announcement for that number to mail it so that it will reach the editor not later than July 20.

Remember the event, the time and the place: The meeting of the A. O. A., August 26-30, at Norfolk, Va.

The osteopaths of Canada are laying plans to capture for Toronto the A. O. A. meeting for 1909.

The Coming A. O. A. Meeting.

To the Profession:—

The program for this summer's meeting will be essentially a practical one, demonstrations of actual diagnosis and treatment with original papers will take up the entire time with the exception of a limited time allotted to necessary business. The publication committee has worked hard and earnestly on the present draft and I am certain their efforts will be rewarded with the best program in the history of the organization.

All osteopaths who can possibly arrange their plans should be on hand not only to make this a banner meeting, but more particularly for their own benefit and instruction. Too often there is a disposition to regard the convention time as a holiday season, this should not be the case, it should be thought of as a time for serious work and thought; a time each year when we each may take our bearings and through the interchange of ideas start right and strongly for another year of osteopathic work. This being our purpose no trivial considera-

tions should turn us from our object or keep us away from the meeting. Then too for our leisure hours, the neighborhood of Norfolk offers us many attractions. If we do not choose to put up at the grounds some of the best hotels in the world, several of them new, are to be found in Norfolk, Old Point Comfort and Newport News.

A feature of the meeting which will interest all will be the afternoon parliaments, at which all sorts of osteopathic topics will be discussed in a most informal manner giving every one an opportunity to talk and ask questions. Subjects have been assigned but this will merely introduce the discussion and following this the widest latitude will be allowed which will make the meetings most interesting.

The Osteopathic School has come to be a tremendously powerful one in this country, is advancing rapidly each year and no progressive practitioner can afford to miss these annual meetings of the national association at which all that is new and original in the work is put forward and discussed.

Let's see you all at Norfolk in August.

S. A. ELLIS, President A. O. A.

Boston, June 24, 1907.

Proposed Amendments to Constitution.

It is proposed to repeal Article VII and substitute the following in lieu thereof:

ARTICLE VII. FEES.

Section 1. Members shall pay an annual fee of two dollars and fifty cents in advance. If a member's dues remain unpaid for three months after an annual meeting his name, after he has been notified of his arrears, shall be dropped from the roll. A person thus dropped from membership may be reinstated at any time within the year by a favorable vote of the Trustees and payment of all back dues. Any person dropped from membership and remaining out of the Association for one or more years may be reinstated by a favorable vote of the Trustees and the payment of a reinstatement fee equal in amount to one year's dues at the time such membership terminated.

Sec. 2. Each application for membership must be accompanied by two dollars and fifty cents 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 number issued after his election, but will be barred from other privileges until the annual meeting immediately following his election to membership.

This amendment is proposed in order that the Association may determine whether it desires to leave it optional with members as to whether or not they subscribe to the JOURNAL, and in order to meet any possible adverse ruling of the postoffice department. There is one other slight verbal change proposed, and in fact the proposed amendment opens the whole subject of fees to change.

Amend article X by adding the following:

Sec. 5. At the annual election of officers of this Association the council shall act as the nominating committee, and report, at such time as is designated by the president, one name for each elective officer, as named in article 5, section 1.

This shall in no way deprive members of their right to make nominations from the floor.

In Memory of Drs. Riggs, Patterson and Hulett.

At the meeting of the Tri-State Osteopathic Association held at Kirksville, Mo., on May 25 memorial tablets were unveiled in honor of Drs. W. L. Riggs, H. E. Patterson and G. D. Hulett. The following shows the arrangement and inscriptions on the tablets:

GUY DUDLEY HULETT

1874-1904.

HENRY E. PATTERSON

1860-1902.

WILFRED L. RIGGS

1868-1901.

GRATEFULLY
TO COMMEMORATE
THOSE WHO GAVE OF THEIR LIVES
THAT OSTEOPATHY
MIGHT BECOME ESTABLISHED
AND WHOSE NAMES ARE ENHRINED
IN THE BREASTS OF THEIR FELLOWS
THIS TABLET IS ERECTED BY
THE AMERICAN
OSTEOPATHIC ASSOCIATION
1907.

Dr. Arthur G. Hildreth delivered the address on behalf of the A. O. A. After speaking feelingly and eloquently of the life and services of each of the above he closed with the following impressive words:

"Each one filled his own individual place in his own way as best he could, according to his best judgment. That they lived wisely and well, and fulfilled to the fullest degree the work that was intended that they should do, none can question. The present exalted position held by our profession bears indisputable, though silent evidence of the true worth of their life's work, together with those who labored with them at that time. It was then that the foundation of osteopathy was being laid; the weight of its entire future rested upon a few shoulders. It was the historic period fraught with more and greater events than can ever come to us again in the same length of time, and upon the wisdom of the acts and guidance of the mere handful of men, who then clustered around the old doctor and his sons, is the profession indebted for the many blessings and rich advantages they enjoy today. The weight of the responsibility so long borne by the few is gradually slipping onto the shoulders of the many. God grant that the same divine power may ever attend us in the future as in the past and the same wisdom guide our every act until all the people of the earth may know the all there is in osteopathy and in order that the endless, needless suffering of millions of people may be relieved.

"In the beginning our people builded better even than they knew, and when we review the events that have taken place during the brief period of existence, we stand as it stricken dumb in the presence of some mighty power too great for our understanding and too far reaching for our comprehension.

"It has been truly said that the water from no spring could ever expect to reach a level higher than its own source. That is equally true of osteopathy, for its source was truth; eternal, never dying truth. Emanating from the brain, the heart and the life of one man, our preceptor, the whole earth's benefactor, Dr. Andrew Taylor Still, the truth in its purity, and may we ever preserve it thus. May we never be like the little rivulet that trickles down the mountain side and is joined by another and another until countless hundreds of streams are united who together in their mad rush and magnitude of numbers lose their identity upon the sweeping tide of the endless ocean. Our source possessed the purity of the mountain stream and our only danger lies in being swallowed up in the great tide of human events that has been for some time, and is now sweeping on us at such a rapid pace that it is hard for us to maintain our individuality and equilibrium. Let us stick close to the little and seemingly insignificant mountain-stream of purity from whence we had our origin.

"The lives of such men as these whom we are here to honor can not help but strengthen us in this purpose. Brief though their careers, brilliant was their records; their lives and what they accomplished should ever be an inspiration to all to labor earnestly and conscientiously for greater things to come.

"It is good that our National Association has begun this laudable work; it is but just and fitting that the highest authority in our profession should in the right way acknowledge the worth and good work of the men and women who have done so much to make osteopathy what it is today. It is good to unveil these tablets in memory of our worthy dead. But still to know in our own hearts that long years after all soulless, lifeless objects have crumbled into decay, the influence of such lives will live on and on forever."

He was one of those men who achieve
 So little because of the much they conceive.
 He knocked at each one
 Of the doorways of life, and abided in none.
 His course by each star that would cross it was set,
 And whatever he did he was sure to regret.
 The man who seeks one thing in life, and but one,
 May hope to achieve it before life be done;
 But he who seeks all things, wherever he goes,
 Only reaps from the hopes which around him he sows
 A harvest of barren regrets.

—*Occa Meredith.*

The highest excellence is seldom attained in more than one vocation. The roads leading to distinction in separate pursuits diverge, and the nearer we approach the one, the farther we recede from the other.—*Borve.*

The weakling lives in his memories of yesterday, the sluggard in his hopes of tomorrow, but there is only one day in the calendar of wisdom, and that is the present.—*Saturday Evening Post.*

NOTES AND COMMENTS.

Legislative Notes.

"Dr. G. N. Streeter, Brooklyn, N. Y., writes regarding the passage of the medical practice act in Delaware:

"Why can not such legislation be brought about in every state, and thus banish the Christian science healers, osteopaths and others who have not complied with the arduous and expensive requirements exacted of members of the medical profession? Why should we be discriminated against in this manner by the different states? Will the apathy of doctors continue until our profession is thrown from the place to which it is entitled in the community by those who play on the delusions and credulity of the gullible public? Why can not the American Medical Association, at its next meeting, appropriate money and appoint committees to bring this matter before the legislatures of the different states and also discuss the matter in each publication of the *Journal*?"

The above appeared in the *Journal of the American Medical Association* for April 13. In spite of the fact of its having been time and again demonstrated that the average D. O. has as good, and even better professional training, than the average M. D.; in spite of such evidences as the success in several states of a larger percentage of D. O.'s than M. D.'s when taking the same examinations (In Massachusetts last year 26 per cent. of M. D.'s failed and 16 per cent of osteopaths), we continue (from themselves), to hear of the transcendent superiority of the medics. But Dr. Streeter does not give his profession credit for its activity in attempting to check competition. He seems to have been inoculated by the bacillus of McCormack, but not by direct contact with Dr. McCormack himself, or he would know more about his profession's united effort to establish a medical monopoly. The only reason the medical activity along this line has not been uniformly successful is because it has run counter to the wishes of the American people. It is to be hoped that the machinations of the medical monopoly formers have not been as successful in Delaware as reported by Dr. Streeter.

ASA WILLARD.

Missoula, Montana.

A Legal Definition of Osteopathy.

Dr. Upton's communication in the last number of the *JOURNAL* and the editorial comment thereon have led me to offer a few paragraphs on this perplexing subject.

Through our aggressive colleges and professional organizations osteopathy has secured a fairly secure legal recognition. One of the results of our success is the upstarting of numerous methods of manipulation, differing in no essential particular from our own except in name. We object to the appropriation of our principles and methods by merely disguising them with a new name.

In order to get a generous perspective of our position we must recall the never-ending contests over the various definitions of the word "medicine." The judicial interpretations of the various legal definitions as they appear in the various states have led to our present development. If it were not for some of the liberal interpretations of the definitions of this word "medicine" we would not be in our present satisfactory position. Knowing by experience that it is next to impossible to construct a legal definition of "medicine" that is satisfactory to all concerned, why should we complicate matters more by trying to introduce a definition of "osteopathy" into our osteopathic statutes? While acting as a member of the legislative committee of the A. O. A., I urged that the proposed definition be cut out and a section be introduced which would define what should constitute the practice of osteopathy. This is manifestly inadequate, but serves a useful purpose in that it gives a distinctive position to those who have the educational qualifications which entitle them to be licensed.

Many of our M.D. friends feel toward us just as we feel toward those who are adopting our methods of treatment without proper educational qualification for the work or properly crediting the source of their knowledge of the principle upon which their slightly differing method is founded.

No matter how many courts hand down a decision that osteopathy is not the practice of medicine within the meaning of the existing statute, the progress of osteopathy and the progress of other schools of therapy lead to one common point, *i. e.*, rational care of the body based on general biological knowledge and the departments of learning which are the natural outgrowth of it. Differ as much as we please about methods of therapy, we nevertheless are developing a common fund of knowledge. These things which are recognized as reasonably true and as forming the foundation of rational methods of therapy, draw us closer and closer together. Legal definitions of medicine and osteopathy or any other method or school of healing are merely additional tangles which make useless work for lawyers, useless expenditures for fees, economic waste for the world.

What does the average person care about the methods used in bringing about a cure in his or her case? Satisfactory results are what they all want. If the proper result is attained, the patient pins confidence to the method used and lauds it to his friends; but this

does not blind him to the fact that others regain their health under other conditions and with equal fervor laud the means whereby they gained health and a renewed confidence. These are basic things in human character, and the laws on our statute books are good or bad expressions of these characteristics according to the peculiar human instrument that gave expression to them. Mankind may for a time appear willing to limit development, but it is only appearance, and not reality. Many of our states have recognized four schools of medicine. They will recognize more if the need arises. Past history—our own experience—demonstrates this.

Now, what shall we do to raise the standard of education concerning the things that are known about the human body? Things that are merely believed—no matter how enthusiastically—ought not form any portion of legal requirements, and therefore we can reasonably eliminate the subjects of medical practice, osteopathic theory, and the like.

People generally are sufficiently well educated to know that no matter what form of therapy a physician may advocate, he should be conversant with the structure, function, normal and abnormal reaction to environment, of the human body. This being a reasonable legal requirement, why not seek its enactment into law, and thus eliminate this continuous horse-play in court concerning what is the practice of medicine, of osteopathy, of chiropractic, or naturopathy, or any other "practice" or "pathy" that may be born in the future?

California is making an attempt to regulate the practice of the arts of healing on the basis of an examination in what is known about the body in health and disease rather than on the basis of what is believed to be the proper method of treatment. An examination is given in ten basic subjects: Anatomy, histology, gynecology, pathology, bacteriology, chemistry and toxicology, physiology, obstetrics, general diagnosis, hygiene. Any one who desires to practice any known or unknown form of healing in this state must pass this examination. It must be conceded that, so far as the state's safeguarding the public from the practice of charlatans and quacks is concerned, this examination is as far as it ought to go. Any further step is more or less an effort to favor a special form of therapy.

I have always been an advocate of independent boards of examiners for osteopaths, but if our medical laws would all eliminate the question of definition, and examination in methods of therapy, there would be no good and sufficient reason why there should be more than one board of examiners for all schools.

So long as a legal definition of the practice of medicine remains in force on the statute books of any state, that state needs an antidote in the form of a law declaring osteopathy not to be the practice of medicine within the meaning of the definition in the existing statute, but it does not need a *definition* of osteopathy, because such a definition would necessitate the adoption of a statute declaring chiropractic not to be the practice of medicine or osteopathy, according to the statutes regulating the same. Trials in court based upon such statutes are a series of farce-comedy if we could but get far enough away to see it all.

There is a work for us to do, high, fine, and inspiring, worth any man's or woman's best efforts, and we surely ought not waste a minute in constructing definitions which make endless contentions in court.

Los Angeles, Calif.

DAIN L. TASKER.

A Suggestion For Affiliating State and National Associations.

At the annual meeting of the Wisconsin State Osteopathic Association held in February last, the following resolutions were passed:

"Resolved, By the Wisconsin State Osteopathic Association that the American Osteopathic Association take such action as it deems best to bring closer relationship between it and the state associations.

"The following suggestions are respectfully submitted:

"First—The amalgamation of state and local osteopathic associations with the American Osteopathic Association as one body.

"Second—That membership in a state or local osteopathic association shall constitute membership in the American Osteopathic Association.

"Third—That the requirements for admission to membership in a state or local association shall be equal to the requirements for admission to membership in the American Osteopathic Association.

"Fourth—That each state association shall pay a per capita tax to the American Osteopathic Association.

"Further resolved, that a copy of this resolution be presented to the next succeeding annual council of delegates by the authorized delegate of this association."

This confronts us with the simple proposition, "Amalgamation."

The above resolutions were drafted and presented by Dr. F. N. Oium, of Oshkosh, and passed unanimously by our state organization. I feel a keen interest in the problem, because I believe it is the one solution toward retaining the individual interest, once secured, of the membership of the A. O. A. The American Osteopathic Association is growing to immense proportions and sooner or later will find itself seeking means of retaining the

members secured by hard effort. I say this conscientiously, and it is an undisputed fact that the larger the organization, the greater the complications in management.

To secure "amalgamation" of state societies will certainly not be an easy task. It will take time, and thought to accomplish the end sought, and it is for this reason that I believe now is the time for the "delegate convention" to take under discussion and indorsement the proposition presented in these resolutions.

I should like to see this matter thoroughly discussed by the delegate body and left in the hands of a committee for further investigation and report at the annual meeting in 1908.

Now, while I am an optimist in every sense of the word, I am not unmindful of the fact that this proposition will not meet with favor among many of the older members of the A. O. A., and those who have supported the organization in all stages of its career. But when the matter is thought over carefully I am sure there will be a most unanimous concurrence in a plan of this kind.

On the other hand I want to commend every effort which has been made in the past in the interest of advancing the aims of the A. O. A., and in the securing of a larger membership, and the means used to that end.

Secretary Chiles reports in the June issue a membership of one thousand, three hundred and eighty-nine members out of four thousand and twenty-four osteopaths practicing, which leaves two thousand six hundred and thirty-five unaffiliated. Suppose we can reasonably expect an average of five hundred new members every year—take into account the increased number of practitioners every year and the proportionate increase in membership would be quite small. We must seek to find a means of enlarging our affiliated interests.

Of these 2,635 who are at the present time not members of the A. O. A., let us say that at least one-half of them are members of their state associations. An "amalgamation" with a per capita tax would not only enlarge the membership of the A. O. A., but it would be the means of increasing the finance, create a re-doubled interest in the "endowed college" and bring the life of association spirit to a uniform nature. Not the least of an accomplishment of this kind would be the fact that hundreds more would be put in touch with this great national body through the medium of this most valuable JOURNAL.

The first thing which will come to the minds of many. What should the per capita tax be in order to keep the financial end of the A. O. A. where it is and should be? This is a question which of necessity would have to be given careful attention by the committee appointed, as well as many other details of equal importance.

I trust that every delegate will give the resolutions a thought in advance and be ready to discuss them when presented by the delegate from Wisconsin.

Fraternally,

EDWIN J. ELTON,

President of the W. S. O. A. Convention of 1907.

Letter From Dr. Whiting.

Editor Journal A. O. A.:

It seems to me fitting in this public way to call attention to the admirable series of articles on cancer by Dr. Littlejohn, which you have been publishing. While I am not quite sure that I agree with Dr. Littlejohn in all of his views, I regard this series of articles as forming a particularly important and valuable contribution to the literature relating to this subject. In common with a large number of the thoughtful and scholarly osteopaths of the Pacific Coast I desire to express my sincere thanks for his work.

C. A. WHITING,

Los Angeles, June 7, 1907.

The Pacific College of Osteopathy.

Notice.

To the Alumni of the A. S. O.:

The annual meeting of the Alumni Association of the A. S. O. will be held on Thursday (afternoon or evening), August 29th, at the A. O. A. convention at the Jamestown exposition. A matter of great importance to our alma mater will be considered at this meeting.

BERTHA A. BUDDECKE, '04, Secretary.

G. W. RILEY, '04, President.

Notice.

The Tennessee Board of Osteopathic Examiners will meet at Nashville, July 19 and 20, for the purpose of examining applicants for license.

Silence is sometimes the severest criticism.—Charles Baxton.

Dr. Eales's Fast.

The fast which Dr. I. J. Eales, of Belleville, Ill., a member of the A. O. A. is undergoing, has attracted the attention of the newspapers throughout the country. Dr. Eales under date of June 23, writes to us as follows:

"I enclose clippings from the *St. Louis Post Dispatch* relative to my fast which is now on day 24th. I expect to continue to July 1, if my appetite does not return. I tried to keep some from the papers until I had finished at least, but they got on to it the 16th day and have been full of it every day since. I started at 192 pounds and now weigh 168, loss averaging one pound a day so far, done to reduce my weight and after fast to make some food tests. Have kept accurate record of my strength tests, blood, etc., during fast. All will be embodied in a work I expect to publish in the near future on diet in health and disease and the value of fasting in the cure of disease."

Boston Osteopathic Society.

At the meeting of the Boston Osteopathic Society held on the evening of May 25, Dr. John A. DeTienne, chairman of the committee on endowment of the A. O. A., and Dr. Maude DeTienne, of Brooklyn, New York, were the guests of the evening. Dr. DeTienne presented his experience in neurasthenia—a very clear and instructive statement of abnormal conditions found, treatment employed, and results obtained. We need more of such scientific statements of actual observation in our literature and in our osteopathic gatherings, and the talk, demonstration and discussion were enjoyed by all.

Officers for the succeeding year were elected as follows: President, Dr. Francis A. Cave; vice-president, Dr. Anna W. Byrkit; secretary-treasurer, Dr. Arthur M. Lane; director for three years, Dr. Alfred W. Rogers.

ADA A. ACHORN, Secretary.

Maine Osteopaths to Meet.

The Maine Osteopathic Association is to hold its quarterly meeting July 6th at Portland, and has secured Dr. S. C. Matthews, of New York City, to conduct a clinic. All osteopaths in the vicinity of Portland are cordially invited to attend this meeting and receive mutual benefit. Dr. Matthews is an osteopath of wide experience, and has achieved great success in New York City. He is secretary of the American Society for the Prevention of Disease and has made extensive research along these lines.

MARY WARREN DAY, Secretary.

Osteopathic Member of Oregon's Medical Board.

Governor Chamberlain, of this state, has appointed Dr. Frederick Everett Moore, of La Grande, to serve as the osteopathic member of the State Medical Board, in pursuance of the provisions of our new law.

Dr. Moore was the almost unanimous choice of our state society, and his appointment meets with cordial approval, which is a splendid tribute to his ability and popularity. He is a graduate of the Northern Institute of Osteopathy and of the A. S. O., and has been in active practice in Oregon, for the past seven years, most of the time at La Grande, and in association with his wife, Dr. Hezzie Carter Purdom Moore, who is also widely known to the profession.

Dr. Moore has served both the state and national associations ably in various capacities and is at present a trustee of the A. O. A., and vice-president of the Oregon Osteopathic Association.

With his wife, Dr. Moore makes annual pilgrimages to our national conventions and returns laden with news and notions.

His hobby is the A. O. A., and his slogan, high education and greater devotion to the osteopathic idea.

Oregon is proud of her new law and of the first osteopathic member on the board. Fraternaly,

Portland, Oregon.

OTIS F. AKIN.

Western Pennsylvania Osteopathic Society.

The Western Pennsylvania Osteopathic Society held its third meeting for this season at Hotel Henry, Pittsburg, Saturday evening, June 1, 1907. The profession in the western section of the state was well represented, some traveling over 200 miles to attend. An elegant banquet was served at 7:30 o'clock, after which Wm. Rohacek, of Greensburg, president of the society, introduced Dr. M. E. Clark, of Indianapolis, Indiana, who spoke on "The Treatment of Acute Diseases." This was Dr. Clark's second appearance this year before the society. He also conducted a clinic, a number of cases being present. A short

time was devoted to business and the recounting of the valiant fight made by the osteopaths before the late legislature. The society is only in its second year, but it already exerts a strong influence for osteopathy in the western end of the state.

WM. ROHACEK, President.
ROBERT H. MILLER, Secretary.

Milwaukee Osteopathic Society.

On May 23rd the regular monthly meeting of the Milwaukee Osteopathic Society was held at the Plankinton House. It was a meeting of special interest, as all can testify who attended. At 6:30 the members and several guests from out in the state, gathered about the board and partook of a sumptuous dinner which was enjoyed by all.

Immediately after dinner we repaired to the club room of the hotel where we listened with profit and interest to an address by Dr. H. H. Fryette, of Chicago, on "The Mechanical Control of the Circulation." Dr. Fryette has spent much time and thought on this subject and we were very glad to hear of the results of his experiments.

Following the address there was a general discussion and much that was helpful was brought out.

The guests from out of town were: Drs. Eliza M. Culbertson, Appleton; Nellie Fisher, Youngstown, Ohio; E. M. Olds, Green Bay; W. L. Thompson, Sheboygan; E. J. Breitzman, Fond-du-Lac; B. F. Dietzman, Stoughton.

ABBIE S. DAVIS, Secretary.

Illinois Osteopathic Association.

We learn that the Illinois Association had a large attendance and a profitable meeting at Decatur on June 20. The following officers were elected:

President, E. M. Browne, Dixon; Vice-President, W. Burr, Allen, Chicago; Secretary-Treasurer, Lola M. Hays, Moline; Trustees, H. H. Fryette, Chicago, Dudley Shaw, Decatur, G. R. Boyer, Peoria, and Emery Ennis, Springfield.

The next meeting will be held at Quincy the day before the tri-state meeting.

Osteopaths Win Important Case.

The following from the Des-Moines *Capital* for June 13 gives the result of a case which has been pending since early in March:

Dr. R. L. Stephens, of the faculty of Still College of Osteopathy, was acquitted in the district court last evening of the charge of practicing as a physician and obstetrician without a license. The case was given to the jury at 5 o'clock and at 8:30 o'clock in the evening it returned a verdict of not guilty.

The case attracted wide attention, not merely in this city and state, but throughout the country. The accusation was made that Dr. Stephens and Dr. Nettie Olds Haight, who was also a defendant in a similar case, which will now be dismissed, were practicing and that they had taken obstetric cases although not holding licenses as practicing physicians. The matter was taken to the grand jury, which returned indictments. In the taking of evidence it was disclosed that these two were not practicing as physicians, but that they were merely teachers in the college and that their contracts with the college trustees provided that they should take no patients nor do work outside the college. The college authorities declared that the obstetric cases in question were cases under the direction of the Still college hospital and infirmary and not cases of the defendants.

The instructions of the judge to the jury were that if the defendant was only a teacher in the college and that the cases were hospital cases, then it should find for the defendant, which it did.

A noticeable fact in the plea of the county attorney before the jury was that he paid a very high compliment to Dr. Stephens and to Dr. Haight for their competency in their profession. The county attorney pointed out that the evidence given by Dr. Haight and Dr. Stephens on the stand disclosed their eminent qualifications for the work they are doing and that they are leaders in their chosen work.

Waco Osteopaths Organize.

The Waco Osteopathic Association met and organized in the office of Dr. Julia M. Sarratt. The following officers were elected: Dr. J. Ellen Gildersleeve, president; Dr. John Manguin, vice-president; Dr. Julia M. Sarratt, secretary and treasurer.

The association will meet on the first and fifteenth of each month. The purpose of the association is for the advancement and improvement of its members professionally.

Fraternally,

JULIA M. SARRATT, Secretary.

The Massachusetts O. P. A.

At a meeting of the Massachusetts Osteopathic Physicians' Association, held in Boston at the Parker House, on May 25th, the following officers were elected for the ensuing year: President, Dr. Frederic W. Sherburne; vice-president, Dr. George D. Wheeler; secretary and treasurer, Dr. Grace B. Taplin.

Meeting of Iowa Osteopathic Association.

The ninth annual meeting of the Iowa Osteopathic Association was held in the parlors of the Chamberlain Hotel, Des Moines, Iowa, May 22 and 23, 1907.

The meeting was called to order by the president, Dr. U. M. Hibbets, of Grinnell.

Invocation by Rev. O. W. Fifer, of Grace M. E. church, Des Moines.

Address of welcome by Mayor Mattern, of the city, which was responded to by Dr. S. B. Miller, of Cedar Rapids, after which the meeting was conducted as per the following program:

7:45 p. m.—President's address—Dr. U. M. Hibbets, Grinnell, Iowa.

8:00—Paper—The I. O. A. and the District Association—Dr. U. S. Parrish, Storm Lake.

Discussion led by Dr. S. B. Miller, of Cedar Rapids.

9:00—Annual meeting of the Board of Trustees, parlors of the hotel.

THURSDAY MORNING.

9:00—Paper—The Similarity and Relation of Osteopathy and Surgery—Dr. S. I. Wyland, Chariton, Iowa. Discussion led by Dr. J. S. Baughman, Burlington, Iowa. (Not there.)

9:40—The Relation of the Practitioner and the School—Dr. S. B. Miller, Cedar Rapids, Iowa. Discussion by Dr. J. R. Bullard, Marshalltown, Iowa.

10:20—A Box of Lemons—Dr. S. S. Still, of Des Moines, Iowa. Discussion by Dr. W. S. Maddux, Fairfield, Iowa. (Not there.)

11:00—Clinics—Dr. T. J. Ruddy, Still College, Des Moines, Iowa.

1:30—Incipient Tuberculosis; Its Diagnosis and Treatment—Dr. Geo. C. Farmer, Oskaloosa, Iowa. Discussion by Dr. S. H. Runyon, Creston, Iowa. (On account of illness Dr. Runyon was not present.)

2:10—A Round Table—Dr. Chas. W. Johnson, Still College, Des Moines, Iowa. Informal discussion of the following subjects:

1. Treatment of Varicose Veins.
2. Exophthalmic Goiter.
3. Retention of the Placenta.
4. Non-Malignant Tumors.
5. Prostatic Troubles.
6. Osteopathy's Great Principle.
7. Neurasthenia.
8. Lesions. What Are They?
9. The Main Points in Clinical History and Diagnosis.
10. Infantile Paralysis.
11. Our Association.
12. The A. O. A. and What We Owe It.

4:00—Report of Committees.

5:00—Election of Officers.

The papers were exceptionally good and were listened to with rapt attention by all present.

A feature of especial interest was the Round Table, conducted by Dr. Johnson.

The regular routine of business was taken up by the Board of Trustees after which was the election of officers and the adopting of the amendments to the constitution which was made necessary by the dividing of the state into eight district associations.

The following officers were elected:

OFFICERS.

President—Dr. J. R. Bullard, Marshalltown, Iowa.

First Vice-President—Dr. S. S. Still, Des Moines, Iowa.

Second Vice-President—Dr. U. S. Parrish, Storm Lake, Iowa.

Secretary—Dr. T. B. Iarrabee, Anita, Iowa.

Treasurer—Dr. L. O. Thompson, Red Oak, Iowa.

Trustees—Dr. C. W. Johnson, Des Moines, Iowa; Dr. S. B. Miller, Cedar Rapids, Iowa; Dr. J. S. Baughman, Burlington, Iowa; Dr. Roy Dysart, Webster City, Iowa; Dr. U. S. Parrish, Storm Lake, Iowa; Dr. A. C. Brown, Council Bluffs, Iowa; Dr. D. E. McAlpin, Boone, Iowa; Dr. S. I. Wyland, Chariton, Iowa.

According to previous arrangements a goodly number took the evening train to Kirksville to attend the Tri-State meeting and all agreed in the statement that it was the best osteopathic convention that they had ever attended.

North Carolina Osteopathic Board.

The first meeting of the North Carolina Board of Osteopathic Examiners after its organization on April 13th, was held in Raleigh May 31st. All members of the board were present.

The purpose of this meeting was to consider the applications for license of all D.O.'s in the state. Certificates were issued to all regular graduates who made application according to the provisions of the law. In all there were twenty certificates issued. There were also seven applicants from without the state who were carefully considered, but it was the decision of the board that these could not be licensed without examination.

A. R. TUCKER, Secretary.

The W. O. A. of Kansas City.

The Women's Osteopathic Association of Kansas City, Mo., held their last meeting for the year on the evening of June 4th.

The program consisted of a paper by Dr. Mada Oliver. Subject: "Ribs," followed by a general discussion and a clinic.

The Association will begin its next year's work September 3rd. A very interesting and practical program has been arranged for the year and the members are looking forward to some good work being accomplished.

A very cordial invitation to these meetings is extended to all lady D.O.'s who may be in the city. Meetings are held the first Tuesday of each month.

MATILDA E. LOPER, Secretary.

Senator Foraker on Osteopathy and Questions of Public Health.

Inasmuch as Senator J. B. Foraker, of Ohio, has been publicly attacked on account of his record affecting osteopathy and questions of public health, we deem it but fair to publish the statement concerning these matters which appeared in the *News* of Mansfield, O..

Washington, D. C., May 20, 1907.

Hon. W. S. Capper, Mansfield, O.

Dear Sir:—Referring to the several matters to which you have called my attention let me answer in order:

First. I did not vote against the pure food law, but on the contrary favored it and voted for it.

Second. As to the osteopathic matter, I introduced a bill providing for a board to examine all applicants for license to practice osteopathy in the District of Columbia. *This bill did not confer on osteopaths the right to practice, for they already had that.* Its sole purpose was to protect the public from incompetent and unskilled operators. The bill was referred to the committee on District of Columbia, of which Senator Gallinger, an allopathic physician, was the chairman. That committee referred the bill to the commissioners of the District for such comment as they might see fit to make. The commissioners of the District returned the bill with a unanimous recommendation that the senate committee act favorably. Thereupon the senate committee unanimously reported the bill favorably, Senator Gallinger making the report. Thereafter in due course, the senate unanimously passed the bill.

Third. So far as the medical profession is concerned, I do not know of any request they ever made of me that I did not honor in so far as I was able to do so.

Fourth. As to Christian Science, neither I nor any member of my family was ever interested in that subject.

Fifth. As to the oleomargarine bill, I favored that measure, but inasmuch as it was shown that oleomargarine made according to the most acceptable formula, approved by the agricultural department, would necessarily contain something like 30 per cent of pure butter, it would necessarily, if made with yellow butter, have some color that would come from this natural and best ingredient. I offered an amendment prohibiting only artificial coloring, that being, as I supposed, the spirit of the measure. My amendment had no other purpose. So far as palm oil and oleo are concerned, I had no thought of them in connection with the matter. The charge that my legal firm contested the subject in the courts is doubtless due to the writer's impression that I was a member of the legal firm to which he refers. I was not a member and had no interest whatever in the business of the firm, and knew nothing about this case, except as I may have read of it at the time in the newspapers.

God made the human body, and it is by far the most exquisite and wonderful organization which has come to us from the Divine hand. It is a study for one's whole life.—*Beecher.*

PERSONALS.

Born, June 7, 1907, to Dr. and Mrs. J. S. Blair, St. Petersburg, Fla., a daughter, Lenora Jane.

On June 1, Drs. Edgar Q. Thawley and G. R. Boyer began practicing in partnership at 334 Woolner building, Peoria, Ill.

Drs. Roy H. Beeman, Jersey City, and S. C. Matthews, New York, with their families, are spending their vacation in Europe.

Dr. C. A. Whiting, of the Pacific College of Osteopathy, was in May appointed health officer of his home town, South Pasadena, Calif.

Dr. Asa Willard, of Missoula, Mont., has resumed his practice from which he was detained several weeks as a result of poisoning from eating canned fruit.

Florence A. Covey, D.O., of Portland, Maine, has just been re-elected superintendent of the department of Medical Temperance for Cumberland county, in the W. C. T. U.

Born, May 31, to Dr. and Mrs. J. Oliver Sartwell, Salem, Mass., a daughter. The parents are both osteopathic physicians, and express the hope that Pauline Frances may become one also.

Dr. Sallie M. Conner, of Bellefontaine, O., will sail July 3rd, on the steamer Moltke for Naples. She will also visit Rome, Milan, Venice, Lucerne, Paris, London and other places. She expects to return to America about September 1.

Dr. J. Martin Littlejohn has been appointed a member of the editorial staff of the United Editor's Association. He has been commissioned to write an article of two thousand words on osteopathy for the encyclopedia which the Association will publish.

The alma mater of Drs. Wilfrid A. and Jessie Fulton Streeter is incorrectly given in the last quarterly directory. The former is a graduate of the Boston Institute and the American School of Osteopathy. The latter graduated at the Boston School of Osteopathy.

Dr. A. G. Hildreth is resting this summer and watching the erection of a new home at Webster Grove, Mo., a suburb of St. Louis. His address will be as above or at the Sanitarium, 803 N. Garrison avenue, St. Louis. While he is no longer connected with that institution he is still interested in its success. Dr. Hildreth expects to re-enter the practice in the city about September 1.

Dr. C. A. Broach, father of Dr. Elizabeth Broach, of Atlanta, Ga., is now doing light practice after a long and serious siege of typhoid fever, from which he suffered a relapse. Dr. W. R. Dozier, physician in charge of the case, won the lasting gratitude of the family for his faithfulness, and much admiration from onlookers for his skill. Many of the latter pronounced it a "modern miracle" that a patient of 61 years of age should be saved from such a serious attack of typhoid.

We regret to note that Dr. Nettie Olds-Haight, who is just now completing her second year of teaching in Still College, Des Moines, is retiring from active work because of failing health. She goes to her home on the Pacific Coast to rest and recuperate. We hope the doctor will soon again be able to take up educational work, for she has gained an enviable reputation in the profession, not only for her talent in teaching and success in practice, but for her adherence to and zeal in advancement of the fundamental principles of osteopathy.

We are in receipt of a card from Dr. S. H. Runyon, whose death, through error, was reported in a recent number of the *Osteopathic Physician*. It was Dr. Runyon's wife, formerly Miss Maggie McCully, who died of tuberculosis. Dr. Runyon is also suffering with the same malady and is now in a tent city sanitarium conducted by C. L. Parsons, D. O., at Roswell, N. M. Dr. Runyon and his wife were excellent and highly esteemed members of the "April Class" at the A. S. O., graduating in February, 1899. A host of friends in the profession will sympathize with the bereaved husband in his affliction.

It is a pleasure to note that Dr. C. V. Kerr scored a great success as a librettist. His play, "The Hermits in California," mention of which was made in the June JOURNAL, made a great hit. The following is from a two column write-up in the Cleveland *Plain Dealer* for May 28: * * * "Everybody who is anybody and a lot of others besides trooped into the theater to see the fun. The piece went with a swing from beginning to end. Every number was encoed over and over again. The audience got into the spirit of the thing with the overture. The chorus and every principal got an ovation. * * * It is difficult to write a book for a musical comedy that will contain action enough to carry along the lyrics. But Leland Ingersoll and Clarence Vincent Kerr have done it."

APPLICANTS FOR MEMBERSHIP IN 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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 Ionia Kate Wynne, 801 West Main St., Denison, Tex.

Reinstatements.

iI. C. Cupp, I. O. O. F. Bldg., Memphis, Tenn.

REMOVALS.

Geo. S. Smallwood, 657 Park Place to Jefferson Arms Bldg., Jefferson and Franklin avenues, Brooklyn, N. Y.

J. F. and Mrs. H. A. Stevenson, Harrisburg, Pa., to 542 South Crockett St., Sherman, Texas.

Harriet Frederick, Kansas City, Mo., to Downs, Kas.

G. R. Boyer, 8 McDougal Bldg., to 334 Woolner Bldg., Peoria, Ill.

W. A. Crawford, Ellicott Sq., to 928 Main St., Buffalo, N. Y.

Genevieve F. Laughlin, New York City, to 792 Bryan St., Dallas, Tex.

Addison O'Neill, 52 Overlook Ave., to 31 Prospect St., Ridgewood, N. J.

Ray A. Hamilton, Catskill, N. Y., to White Hall, Ill.

Ida S. Wood Stedman, to 915 Fifth St., San Diego, Cal.

Roy T. Quick, Charleston, W. Va., to 17 S. Seventh St., Zanesville, O.

Clarissa B. Tufts, The Columbia, to Apartment 1, The Wyoming, Washington, D. C.

Assaulting the Arteries.

Speaking of the case of a man who died of ten different pathological conditions, the New York Herald goes on to say:

"The lesson is that even with a general breakdown there must be a starting point. Among other matters mentioned was that of alcoholism. It might be presumptuous, in the face of the difficulties in arriving at a diagnosis, to venture the opinion that chronic inebriety would explain everything, but it is well known that the habit fathers all sorts of degenerative changes in the various vital organs—the brain, kidneys, heart, lungs, liver and stomach. And why not in this case?"

The Herald's moral idea rests solely on the individual good. It does not preach temperance for temperance's sake, but for health's sake, which, however, is of itself a moral standpoint. But temperance really has been proclaimed so persistently as a moral issue that people have quite forgotten that it is a health issue also. As long as men are inclined to indulge in divers sins, that of liquor-drinking is not liable to lie heavily upon their consciences.

But here we have, in The Herald paragraph, another idea beside the usual arguments against intemperance, the assertion that alcoholism fathers all sorts of degenerative changes in the various vital organs. All learned physicians know this. In fact, a skillful physician can tell, by feeling the arteries of a person, whether or not alcohol has battered their interior walls.

Ohio State Journal, Jan. 25, 1907.

Oh! What avail the largest gifts of heaven,
When drooping health and spirits go amiss?
How tasteless then whatever can be given!
Health is the vital principle of bliss,
And exercise of health.

—*Horace Mann.*

No man is born into the world, whose work is not born with him; there is always work and tools to work withal, for those who will.—*Lowell.*

Be noble; and the nobleness that lies
In other men sleeping, but never dead,
Will rise in majesty to meet thine own.—*Lowell.*

LITERATURE FOR THE LAITY.

Practically all osteopaths find it necessary, or at least desirable, to supply patients and friends with literature concerning the theories and principles of osteopathy. It is highly important that great care should be exercised in the preparation of this literature in order that good and not harm may result from its dissemination.

THE HERALD OF OSTEOPATHY

presents the subject in an ethical, conservative yet convincing manner.

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STUDIES IN OSTEOPATHY

BY LOUISA BURNS, M. S., D. O., D. SC. O.

VOLUME I—"BASIC PRINCIPLES," Contains an Account of the Experimental Demonstration of the Osteopathic Centers. Price, \$4.50.

ADDRESS LOUISA BURNS, Laboratory of Physiology, THE PACIFIC COLLEGE OF OSTEOPATHY, LOS ANGELES, CALIF.

The Journal

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No. 12

THE OSTEOPATHIC LESION—EXPERIMENTAL EVIDENCE.

CARL P. McCONNELL, D.O., Chicago.

The following photomicrographs are taken from a series of experiments upon six guinea pigs¹ during the past year. The same technique was followed as outlined in the JOURNAL during 1906-07 when reporting similar experiments upon dogs—the selection of healthy animals, the employment of anesthesia for production of the lesion, care as to dissection, fixing, staining, etc.

We have little to add that is new beyond what has already been given in the previous articles on the osteopathic lesion. The important point we desire to emphasize is that the lesions produced were osseous ones. In our conception of osteopathic etiology we hold that the osseous malposition takes first rank by far.

Adami, in "Keen's Surgery," Vol. I, p. 89, reiterates what has been credited to him in our previous articles, and this is an injury may be "referred." "The irritation of a sensory nerve of the primarily inflamed area influences the whole of the neurone of which it is a part, rouses that to such activity that stimuli irradiate from it to all the associated neurones. * * * reflex action brings about vascular and tissue changes not only in the area of primary injury but also in the areas of distribution of the associated neurones." It appears to us that herein rests an important part of the explanation of why the osteopathic lesion involves distant (in contrast to local) functional and organic life. It would seem reasonable that a neurone stimulating the cells of a distant part would if sufficiently disturbed cause irritation of the cells instead. The interesting feature of the first four photomicrographs is that the pathologic changes are of a hemorrhagic order, probably due to vasomotor irritation.

The osteopathic lesions produced were typical ones, and involved the direct innervation to the organs and tissues here represented. These experiments were of eleven days' duration and are part of an experimental work we have outlined, but as such work is necessarily very slow, we hope this partial report on osteopathic pathology² will prove interesting to a few, at least.

1. For osteopathic experimental work the dog is the better animal; the tissues are more compact.

2. Somewhere we have seen a criticism that osteopaths should not use the term "osteopathic pathology." We believe the term is well chosen, for it is that part of pathology characterized by the changes resulting from the osteopathic lesion. Besides, we have as much right to use this term as the medical profession to use the terms "chemical pathology," "clinical pathology," "post-mortem pathology," etc.



Fig. 1.

Showing hemorrhagic inflammation (acute nephritis) between the glomeruli and capsule of the kidney. Hematoxylin and eosin. X 100.



Fig. 2.

Hemorrhagic inflammation of the kidney tubules. Hematoxylin and eosin. X 100.



Fig. 3.

Slight hemorrhagic inflammation of the liver tissue. Hematoxylin and eosin. X 100.

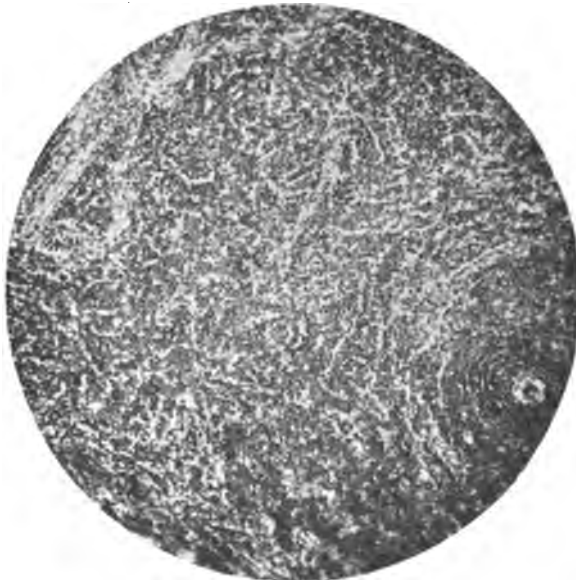


Fig. 4.

Slight hemorrhagic inflammation of the spleen. Hematoxylin and eosin. X 100.



Fig. 5.

Beginning degeneration of the medullated nerve fibers in the posterior column of the spinal cord. Weigert-Pals' method. X 600.

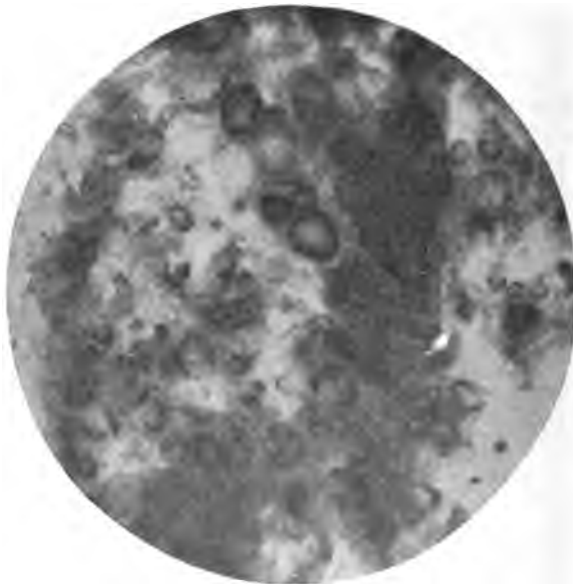


Fig. 6.

Beginning degeneration of the medullated nerve fibers in the posterior root just before entering the cord. Weigert-Pals' method. X 600.

(The foregoing figures will suggest to every osteopath the importance of the development in every way possible of pure osteopathy. We wish every osteopath would read Dr. Olds-Haight's article in the April issue of the *Still College Journal*, p. 112.)

57 Washington St.

THE VASOMOTOR NERVES OF THE LUNGS.

PEARL A. BLISS, D.O., Los Angeles, Cal.

In the past few years many experiments have been performed in the endeavor to determine the presence or absence of these nerves. Up to the present time the question has not been satisfactorily settled. The following series of experiments were performed in the laboratory of physiology of the Pacific College of Osteopathy. It is hoped that the presence of the vasomotor nerves to the lungs, and their course, have been demonstrated.

PREVIOUS INVESTIGATIONS.

The most noteworthy of the past experiments are as follows:

Bradford and Dean (*Journal of Physiology*, 16-34, 1893) performed a series of experiments in which they compared the simultaneous records of the blood pressure in the aorta and in a branch of the pulmonary artery. They came to the conclusion that the latter may be influenced by stimulation applied to the second, third, and fourth dorsal segments of the cord, thus showing the presence of vaso-constrictors in the lungs.

Brodie and Dixon (*Howell's Physiology*, 1906) performed the following experiment: An artificial circulation was created through the lungs and the rate of flow measured when the nerves supplying the lungs were stimulated. Under these circumstances stimulation of the vagus or of the sympathetic nerves caused no definite change in the rate of flow. Adrenalin, pilocarpin, and muscarin caused no vaso-constriction, as they do in the intestines. From these experiments Brodie and Dixon decided that the lungs are not supplied with vasomotor nerves.

Plummer (*Howell's Physiology*) states: "A series of experiments similar to those performed by Brodie and Dixon gave the following results: The flow through the lungs is diminished by the sympathetics."

(*Landois' Physiology*).—Division of both vagi causes reduction in the number of respirations, but they are for a time deepened. According to Fr. Franck, "The sympathetics supply vaso-constrictors to the lesser circulation." They are stimulated reflexly through irritation of sensory nerves. The activity of the vasomotors of the lesser circulation is slight. In the frog the vagus supplies the vasomotors to the lungs.

(*Stewart's Physiology*).—All that we know concerning the vasomotors in the lungs is that the lungs are supplied with vaso-constrictors, although in all probability much less richly than other organs. Some of these fibers seem to pass out from the upper half of the spinal cord (Bradford and Dean), but perhaps others reach their destination through the vagus.

(Method of Cavazzani, *American Text-Book of Physiology*).—An artificial circulation is established through the lung of a living animal and the outflow per

unit of time measured. An increase means a dilatation of the vessels; a decrease, a constriction. Cavazzani found that stimulation of the vagus diminishes the flow, and stimulation of the cervical sympathetics increases it.

Franck measured the pressure simultaneously in the pulmonary artery and in the left auricle. Stimulation of the inner surface of the aorta caused a rise of pressure in the pulmonary artery and a fall in the left auricle, indicating, according to Franck, the vaso-constriction power of the sympathetic nerves over the pulmonary vessels. A reflex constriction is also produced by the stimulation of the central end of a branch of the sciatic, intercostal, abdominal vagus, and abdominal sympathetic nerves.

The pulmonary branches of the tenth nerve contain not only fibers that carry impulses that affect the general character of the respiratory movements but other fibers that are of great importance to the respiratory mechanism. Setting aside the effects on the respiratory movements following the section and stimulation of one or both vagi, there are observed phenomena of an entirely different character which are due to excitation or paralysis of certain other specific nerve fibers. Among these fibers are efferent and afferent broncho-constrictors and broncho-dilators.

Roy and Brown found in investigations on dogs stimulation of one vagus caused constriction of the bronchi of both lungs. Section of one vagus was followed by expansion of the bronchi in the corresponding lung, which expansion was sometimes preceded by a slight constriction, owing to the temporary irritation caused by the section. Stimulation of the peripheral end of the cut nerve caused a contraction of the bronchi in both lungs; stimulation of the central end of the cut nerve was followed by contraction of the bronchi in both lungs, but not so marked as when the peripheral end was stimulated. The stimulation of sensory nerves other than the vagus rarely, and then only to a slight extent, caused contraction; atropin paralyzed the constrictor fibers; nicotine in small doses had a powerful expansive effect upon the bronchi; after etherization, stimulation of either the peripheral or the central end of the cut nerve was often followed by broncho-dilatation. Asphyxia causes broncho-constriction, but not after section of the vagi. After section of both vagi, it is impossible to get reflex broncho-constriction or broncho-dilatation. The constriction of the bronchi may be so great as to reduce their caliber to one-half or one-third, or even more.

The above results show that—

(1) Broncho-constriction or broncho-dilatation can be obtained by stimulating the peripheral end of the vagus, and that these changes occur in the bronchi of both lungs when only one nerve is excited, thus proving that each nerve supplies both kinds of fibers to both lungs.

(2) The same results can be obtained by excitation of the central end of the cut nerve, thus showing that the vagi contain both afferent constrictor and afferent dilator fibers.

(3) Reflex broncho-constriction and broncho-dilatation cannot be obtained after section of both vagi, thus proving that all the efferent fibers pass through the vagus nerves.

(4) Asphyxia and the inhalation of carbon dioxid cause broncho-constriction, but not after section of the vagi, thus indicating that under these circumstances the effects upon the bronchi are reflex.

(5) Certain poisons affect one or the other of these two sets of fibers.

DESCRIPTION OF EXPERIMENTS.

In our experiments in the laboratory of physiology of the Pacific College, the following apparatus was used:

DuBois and Raymond induction coil, for the electric stimulation of the nerve trunks and ganglia. The current was always very weak, though not measured. For the osteopathic stimulation and inhibition the fingers only were used, of course.

A modification of the Riva-Rocci sphygmomanometer for the estimation of blood pressure.

Kymographion of the ordinary make.

Marey's tambour, with extra pans, devised for our use.

Ether and chloroform were the anesthetics used, and the animals were all healthy, with one exception, noted in experiment 3.

Experiment 1.—Dog, anesthetized with ether. The abdomen was opened while the heart and lungs were still acting. The lungs were plainly visible through the central tendon of the diaphragm, which is rather large and thin in the dog. Osteopathic stimulation was given near the spine of the second to the fifth dorsal vertebræ. The lungs grew perceptibly lighter in color. Rest restored the deep red first observed, and a second stimulation again lightened it. This experiment was repeated a number of times upon different animals, with the same results. In several cases the central tendon of the diaphragm was too thick to permit exact vision of the lungs. In these cases the thorax was opened. In the cat the central tendon is always thick and small.

Experiment 2.—The dog had ceased to breathe and the heart had stopped beating when the thorax was opened. Osteopathic stimulation applied to the region of the second to the fifth dorsal spines caused the color of the lungs to lighten. After rest, the electric stimulation was applied to the root of the left lung. Both lungs grew lighter, the change being most marked in the left lung. After a few minutes' rest, both lungs returned to their normal color, and the electric stimulation was again applied, with the same results. In this case, as the heart had ceased beating, the effects could not be even in part attributed to cardiac stimulation or inhibition. These effects were secured in a number of animals.

Experiment 3.—Cat, anesthetized with ether. When the thorax was opened the lungs were found congested. This condition was relieved by osteopathic stimulation near the second to the fifth dorsal vertebræ.

Experiment 4.—After the thorax was opened, the vagus was cut below the stellate ganglion. Stimulation, as before, caused no perceptible color change.

Experiment 5.—After the thorax was opened, the vagus was cut just above the stellate ganglion. The effects produced upon the color of the lungs by the osteopathic stimulation were variable.

Experiment 6.—After section of the vagus above the superior cervical ganglion and the stimulation of the upper dorsal region given as in the experiments just described, the lungs were lightened as before; that is, the effects noted in experiments 1 and 2 are not changed in any perceptible degree by section of the vagus above the superior cervical ganglion. This is in harmony with anatomical facts

already recognized. Sympathetic fibers leave the superior cervical ganglion and pass downward with the vagus.

Experiment 7.—In other animals, both cats and dogs, osteopathic stimulation was applied near the second to the fifth dorsal vertebræ, and the effects noted as before. Then, after the lungs had returned to their normal color, inhibition was

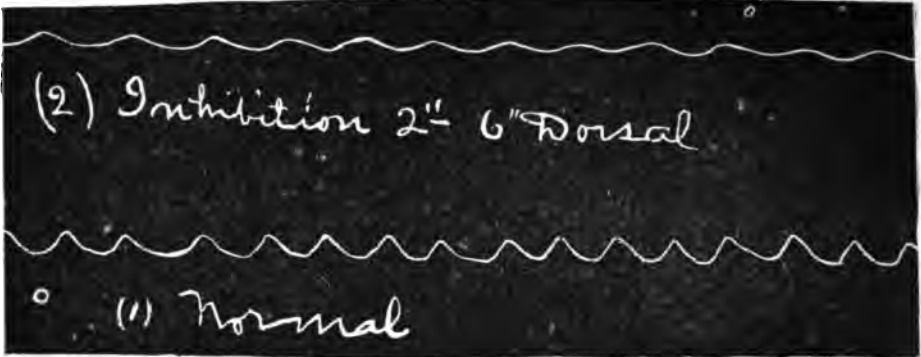


Figure I.



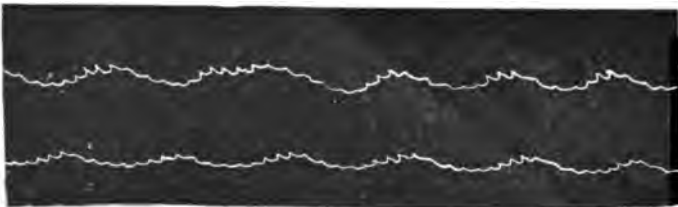
Normal Resting



After Two minutes Inhibition 2"-5" Dorsal



Figure II



Stimulation 2 min. 2"-5" Dorsal
Normal Resting

Figure III

given in the splanchnic region. This dilated the splanchnic vessels and thus lessened the blood supply to the lungs. The results noted in the lungs were identical with those described in experiments 1 and 2. The lungs grew lighter in color, respirations became more frequent and shallow.

Experiment 8.—Student, a young woman, in good health, was subjected to this experiment. She rested quietly upon a table until the blood pressure remained

constant. The blood pressure, taken from the right radial artery, registered 116 m.m. of mercury. Osteopathic inhibition was given near the second to the fifth dorsal vertebræ for one minute. The blood pressure then registered 110 m.m. After a few minutes' rest, it was found to be still 110 m.m. Stimulation was then applied in the same area for about a half minute, and the blood pressure

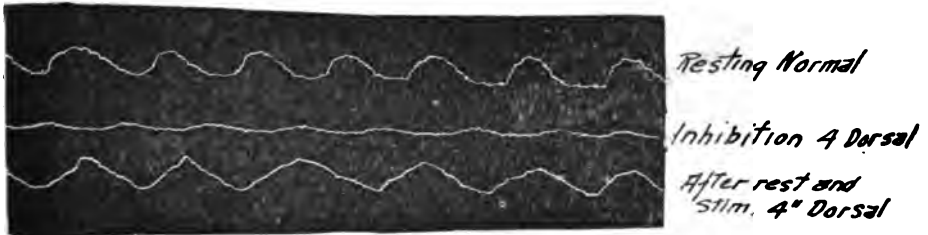


Figure IV

was at once raised to 114 m.m. This experiment was repeated a number of times in the laboratory, with similar results.

Experiment 9.—The tracing shown in Fig. 1 was taken with the tambour. The subject was in normal condition. An extra tambour pan (made especially for this work, three inches in diameter) was placed over the apex beat of the heart and held firmly in place by a bandage. The tracing marked “normal” was taken after the subject had rested quietly upon the table until the pulse showed no further change. The heart beats are not shown in this tracing. The waves are due to the movements of the thorax in respiration. The tracing marked “Inhibition 2-6 Dorsal” shows the respiratory curve after about five minutes' steady inhibition. This causes the reflex dilatation of the pulmonary vessels.

Figure V



Normal, Resting



After five minutes. Splanchnic Inhib.

The amount of blood in the lungs being thus increased, the respirations became shallow and slow. This experiment was repeated with the same and different subjects, of both sexes and different ages. Fig. 2 shows both respiratory and cardiac curves.

Experiment 10.—In the tracings in Fig. 3, after the normal resting curve had been taken, stimulation was given near the second to the fifth dorsal vertebræ.

The respirations became deeper and more rapid. We infer that the blood vessels were contracted, and, to compensate for the reduced quantity of blood in the lungs, the respirations became deeper and more rapid. Evidently the cardiac augmentors were also affected. Fig. 4 explains itself.

Experiment 11.—The effect of osteopathic stimulation and inhibition in influencing the caliber of the blood vessels in the splanchnic area has already been proved, in this laboratory as well as elsewhere. This experiment shows the effect of splanchnic inhibition upon the respiratory curve. The dilatation of the splanchnic vessels lowers the blood pressure in all parts of the body, including, of course, the lungs. The pulmonary vessels being depleted, the respirations became quicker and deeper, as in experiment 10. This experiment also was repeated several times.

CONCLUSIONS.

The lungs receive vasomotor impulses by way of the following structures: The white rami communicantes leaving the cord with the second to the fifth dorsal nerves (probably chiefly the third and fourth), then through the lateral chain of sympathetics to the cervical ganglia, in one of which a relay is made; then by gray fibers to the vagus, with which they are carried to the pulmonary plexus. Vaso-constrictor impulses may be increased reflexly by the stimulation of sensory nerves ending in the tissues near the second to the fifth dorsal spines. Vaso-constrictor impulses may be decreased by lessening the sensory impulses by steady pressure upon the same tissues.

Osteopathic inhibition imitates the condition produced by the bony lesion and the muscular contracture; hence the influence of these in producing passive pulmonary congestion.

605 Chamber of Commerce Bldg.

IS INFLAMMATION REPARATIVE ?

GUY WENDELL BURNS, D.O., New York City—Read Before the Greater New York Osteopathic Society, March 19, 1907.

To discuss this question carefully, one could easily write volumes. I shall not attempt in this short paper to go into the matter at great length, but simply to touch the high places, as it were, and call your attention to a few of the important phases of inflammation which confront us in every-day practice. In order that we may understand alike the points which I mean to discuss, let me first say a word in regard to what is now known about inflammation and the phenomena which accompany it. There are many definitions of inflammation, by different authors, but one which pleases me much is the following:

“Inflammation is an altered state of nutrition, due to whatever cause, and accompanied by certain phenomena which represent an attempt on the part of Nature to repair injury to a part, if that injury has been insufficient to destroy the part.”

This definition, to my mind, covers the ground nicely, and appeals to me for the reason that it is thoroughly osteopathic in character, and I am wondering if its author realized how closely he adhered to the osteopathic idea. “An attempt on the part of Nature to repair injury.” This, in itself, would seem to answer the question, but to bring out more substantial proof let me mention certain accessory conditions which are common to the pathology of all inflammation.

First—The phenomena of **inflammation**: Congestion, transudation, emigration, diapedesis, **degeneration**, necrosis and production of new tissue.

The first four of these phenomena—congestion, transudation, emigration, and diapedesis—occur in all inflammation, whether simple or necrotic, and if the inflammation goes on to full term, the last three are also present.

The causes of inflammation may be: Traumatic—a blow, cut, or external injury; physical—heat, cold, electricity; chemical—acid or alkali. These cause the original traumatism, while the presence of bacteria, attacking this point of least resistance, furnishes the exciting cause.

Inflammation spreads by means of the blood vessels, lymphatics, and the continuity of tissue, and terminates in either return to normal, by resolution or organization, or death of the tissue, necrosis with suppuration, ulceration, or gangrene.

The stages of inflammation: Congestion stage, transudation stage, and reparative stage; in other words, congestion and inflammation are one and the same thing, since congestion is the first stage of inflammation. By congestion I mean excess of arterial blood and dilatation of blood vessels due to some obstruction. Transudation—the oozing of serum through the tissue. Emigration—the diminution of red blood cells and marked leucocytosis or increase of white blood cells in the inflammatory area. Diapedesis—oozing of white blood cells through the walls of the blood vessels, without rupture, and through the tissues, and accumulating in the inflammatory area.

One is greatly surprised, in looking over the standard definitions of diseases common to humanity, to find that inflammation is the predominant factor in nearly all of them. Take, for instance, the most frequent:

Acute Catarrh—It is a simple exudative inflammation of the mucous membrane.

Influenza—Characterized by fever and prostration, accompanied by an inflammation of one or more of the various mucous membranes.

Fibrinous Tonsillitis—It is a simple exudative inflammation of the mucous membrane of the tonsil.

Diphtheria—It is a necrotic inflammation of a mucous membrane, with a destruction of the surface epithelium.

Acute Pneumonitis—The walls of the alveoli are thickened by inflammation of the blood capillaries, and the alveoli are filled with varying amounts of fibrin, red and white blood cells, and desquamated epithelium.

Cirrhosis of the Liver—A type of interstitial productive inflammation of the liver.

Nephritis—Varying types of inflammation of the kidney.

Carditis, pleuritis, enteritis, typhlitis, phlebitis, and I might go on indefinitely, all having as a predominant factor this peculiar something we call inflammation.

The question naturally is, What is this peculiar something, this inflammation, and why does it exist? For answer let me take you back to the original definition (inflammation is an altered state of nutrition, accompanied by certain phenomena, which represents an attempt on the part of Nature to repair injury to a part). In other words, it is an outward evidence that Nature is alive to the necessities of a given case, and is marshaling her forces for protection and defense. Then inflammation is a good thing, and not bad; a feature to be welcomed, and not feared. Nature must at all times be the curative agent: so this evidence of her activities is a good thing.

In most diseased conditions, and I don't know but I am safe in saying all diseased conditions, the evidence of inflammation simply says to us that Nature is doing her part toward repair. The ordinary process of wound repair is typical of inflammation. Take, for instance, an incised wound. After the first shock of the injury has passed off, hemorrhage is stopped by a blood clot forming in the small vessels back to the first collateral. During this process *congestion*, or the first stage of inflammation, occurs. Vessels dilate, and there is a marked increase in arterial blood.

Next we have *transudation*: red blood cells markedly decrease in number, and over the two surfaces of the wound there is an exudate of serum and white and red blood cells, until these surfaces are completely glazed over. This serum is of a sticky consistency, and if the parts are properly co-apted, will hold them together.

Emigration now takes place, and we have a marked increase in the number of white blood cells at the point of injury.

Diapedesis next follows, and we have the oozing of the leucocytes through the walls of the blood vessels and through the tissues to accumulate on the surface of the wound, ready to do their work of repair or do battle with any invaders in the form of bacteria.

Do you see how closely this process follows the process of inflammation? Now we have reached the vital point, and the question of which way the process will continue must be decided; whether by resolution to recovery, or by degeneration to destruction of the part. It is interesting to one following the progress of these cases to note how trivial an influence will turn the tide of repair from recovery to complete destruction of the part.

At this point we must of necessity give some consideration to bacteria. I think we are of one mind in regard to the existence of bacteria. They certainly do exist, and in great numbers, but many people have a mistaken idea regarding them. Bacteria, in themselves, are harmless, but the harmful features arising from bacteria are the chemical substances which they produce—namely, “toxines and ptomaines”—when they can find a soil in which to do their work of manufacture. We will not go into the details of the numerous kinds and varieties of bacteria, but two main classes will answer for consideration in this presence, namely:

Parasitic Bacteria—Those which live on living organic matter.

Putrefactive Bacteria—Those which live on dead organic matter.

Of the first class, two varieties will answer our purpose:

Pathogenic bacteria: Those which produce toxines, which cause specific diseases. Pyogenic or septicemic bacteria: Those which cause formation of pus in a tissue.

I wish to make this distinction very clear, for in many minds the idea exists that any and all bacteria cause pus, necrosis, degeneration, etc., in their order. This is decidedly not the case at all. Of the pathogenic variety of the parasitic class of bacteria there are many types, namely:

Bacillus of typhoid, bacillus of pneumonia, bacillus of diphtheria, bacillus of cholera, bacillus of meningitis, bacillus of erysipelas, etc.

None of these bacteria produce toxines, which in their most aggressive form cause the formation of pus.

The pyogenic or septicemic variety of the parasitic class of bacteria has but two types, namely, streptococcus and staphylococcus pyogenes aureus. These

bacteria are always present when pus is present in a wound, and the only thing they do is to cause septic infection. I thought when I first came in contact with those names that a bug with a name like that ought to be able to cause pus in several different languages.

Now, to go back to the consideration of wound repair. We had gotten in that process to the end of the fourth phenomena—namely, diapedesis—where the leucocytes had oozed through the tissue and flooded the wound area.

This is the vital moment, because at this time the leucocytes do one of two things—they either begin throwing out fibroblasts, one on another, in an attempt to build their way across the gap made by the wound and unite again the severed walls, or if by any chance bacteria have settled in the wound, the leucocytes give their attention to overcoming these bacteria. In the latter case the attention of all the leucocytes may be required, so that the formation of fibroblasts and the progress of the reparative process is entirely stopped, or part of the leucocytes may attack the bacteria, and those remaining continue to form fibroblasts, so that the wound is united but partially, and we have a typical honeycomb union, which necessitates surgical attention before union can be accomplished.

This condition may exist and yet be entirely free from the formation of pus. I believe it is possible to have a typhoid infection without an involvement of the intestines, or a pneumonic infection without the lungs being involved. We know that we can have tuberculosis without any involvement of the pulmonary tissue. Now, if in any of these disturbances I have mentioned there is pus present, it always comes from bacteria other than those which are pathogenic, namely, the pyogenic bacteria, streptococcus and staphylococcus.

Take a case of pulmonary tuberculosis. It is not necessary to have suppuration and a cavity in the lung in order for the condition to become fatal. The bacillus of tuberculosis does not cause the formation of pus or the breaking down of tissue and the formation of a cavity in the lung. This is a very important point to consider, for it would seem, with this fact in view, that the successful treatment of tuberculosis was largely a matter of absolute asepsis, and if this could be to a certainty secured, there would always be a chance for a cure in pulmonary tuberculosis.

As I understand the pathology of pulmonary tuberculosis, the area affected shows—

First—A number of miliary tubercles scattered through the area, and the lung tissue between them affected with an exudative inflammation, so that an appreciable area of the lung is consolidated.

Second—This inflammation becomes more diffuse, and we have a proliferation of epithelial cells which fill the alveoli and thereby lessen the lung capacity.

Third—There may be a preponderance of connective tissue growth and necrosis and cheesy degeneration may occur in the area.

If at this time septic infection occur, we will have, beyond doubt, a breaking down of the tissue and formation of the cavity; but if, on the other hand, as is possible, infection can be prevented, there will always be a possibility of overcoming the tubercular condition and reviving the affected tissues, depending upon the amount of tubercular anti-toxin which the system is able to produce. Of course, the connective tissue growth which may be present cannot be entirely abolished, but it can be reduced in amount, depending upon the amount of healthy inflammation which exists, and will settle down into a cicatrix which will do no more harm than to lessen the area of active air alveoli.

This brings us back to our original proposition: Is inflammation reparative?

Take it in the case of an incised wound, and with the healing process come redness and some swelling. This redness is the first and best evidence that inflammation exists, and the inflammation is the only way that Nature can bring about sufficient change in the tissues to cause union to take place.

If perchance infection has taken place, we have, in addition to the other evidences, the formation of pus; and still I would claim that even this most dreaded evidence of inflammation is a good thing and a desirable thing in all infectious inflammation. Of course, we always regret that infection has taken place; but after it has taken place, the best thing that can occur is the formation of pus. It is the best evidence we can have that Nature is able, in a measure, to cope with the disastrous effects of the infection.

What is pus, and of what is it composed? Pus is a thick, creamy, opaque fluid containing blood serum, white blood cells, debris of tissue in which pyogenic organisms produce the inflammation, and bacteria. Blood serum, leucocytes, and bacteria. What is more simple? The best evidence in the world that there is a marked leucocytosis in the part, and that the leucocytes are overcoming the pyogenic bacteria. Then *pus* is a good thing.

Take a case of septic infection where there is no formation of pus, and what do we have? It is the most difficult of all infectious conditions to handle, no matter what therapeutics are employed, and the chances are that blood-poisoning will set in and necessitate excision of the local part, if not causing destruction of the entire body. The time was when we had what was then called "laudable pus," which grew out of the idea that in all wounds undergoing the healing process a certain amount of pus formation was necessary, and its presence was accepted as a natural result, but it is now an accepted fact that there is no such thing as "laudable pus." If pus exists at all, it is taken as an evidence of infection, and proper measures should be taken at once.

As to the treatment of such a case, I should consider surgical measures thoroughly osteopathic in character, for the reason that it is the surest and quickest method of removing the cause; just as I would consider the use of anti-toxin in diphtheria thoroughly osteopathic in principle. The toxic poison of the bacteria is present, and an antidote is required. Under osteopathic treatment the system might be made active enough to produce the necessary antidote or anti-toxin, but the effect of the poison is so marked and so disastrous that it is not the best judgment to wait.

I might mention an excellent point in differential diagnosis between a simple fibrinous inflammation and a diphtheretic inflammation. A *fibrinous inflammation* is a simple exudative inflammation of the mucous membrane, with undred serum and white blood cells forming on the surface of the membrane. A *diphtheretic inflammation* is a necrotic inflammation, with the formation of a false membrane composed of fibrin, broken-down tissue, white blood cells, and bacteria.

These two conditions are very similar in appearance and clinical history, and the differential diagnosis is difficult, but it can be made positive. Take a swab of the throat by specially prepared swab which can be obtained from the Board of Health, and if the surface of the membrane on which the swab was taken is left clean and smooth, there is no diphtheria present; but if the surface membrane is left raw and bleeding, there is diphtheria present, undoubtedly. If this test is uncertain, and you are unable to determine to your satisfaction, put the swab

in a blood serum and place them in an incubator for twenty-four hours, when, if the inflammation is diphtheretic, you will find a pure culture of diphtheria bacillus.

All of these diseased conditions which I have mentioned are of moment in this connection for the reason that the predominant feature existing in them is inflammation.

In the investigations which our esteemed friend Dr. McConnell has been making in the past year he has found that lesions in the spine can produce disease, although I understand he does not yet feel that he has proven his point. But for our purpose what is the important point which his excellent investigations have shown us? What did he find? *Inflammation*—at all times inflammation. Inflammation of the nerve trunk affected by the lesion, inflammation of the tissues supplied by the nerves. All of which means to me that inflammation is a good thing, a rational thing, and a natural thing, just as soon as danger or injury to a part takes place. It is as natural and necessary to a pathological condition as a free flow of blood is to a healthy condition.

A discussion of this subject so far has led up to a matter which has confronted me not a little in my practice; namely, the osteopathic treatment of tumors. This is a class of cases in which I have had the good fortune to be successful, and in this connection the process undergone in their removal is important.

Tumors, for our purpose, may be considered in two main classes—those which grow in connective tissues, and those which grow in epithelial tissues. All of the connective-tissue tumors, with the exception of sarcoma, are benign; all the epithelial-tissue tumors, with the exception of papilloma, are malignant. I am not prepared to say that all malignant tumors can be cured by osteopathy. It is very difficult to determine, in some cases, the diagnosis. The chief difference, however, is that the benign tumor is in a circumscribed area. It grows from its center, does not infiltrate the adjacent tissue, and will not recur when removed, whether by surgical or osteopathic means.

A malignant tumor is in a measure circumscribed. But it grows from the periphery, infiltrates the adjacent tissue, especially the glands in that section, and the surrounding tissue is so infected that, if removed, the tumor will recur in course of time. We do not know why these things exist. The medical theory is that a colony of cells in the fœtus for some reason become circumscribed and do not develop with the adjacent tissues. This colony remains dormant until some great metabolic change in the system takes place. Then growth begins in these cells, and the tumor is the result.

I suppose the lesion osteopaths would claim a spinal lesion as the direct cause. I am not prepared to say as to the truth of either theory. In only one of the several cases I have cured have I been able to find a spinal lesion. In the other cases there was no lesion, spinal or otherwise, other than the presence of the tumor and the accompanying functional disturbance of the organic system. The tumors were removed, however, and the process undergone is the feature that interests me.

When the treatment began to effectually reach the growth, there was around it marked evidence of inflammation, not alone in the tumor but also in the adjacent tissue. The glands of the axilla—and I am now speaking especially of the tumor of the breast—the glands of the axilla show signs of activity by swelling and becoming very sensitive to the touch. It is sometimes difficult to convince a patient that this activity and the inflammatory condition accompanying it are necessary to the ultimate result when these apparently grave symptoms are

present. In one of my cases I had this experience. The patient insisted that I was not doing the right thing, and discontinued the treatment; so, with as great generosity as I could bring to bear, I consented to retain my opinion of what the results of treatment would be, and allowed the lady to retain her tumor.

The other cases responded nicely, in like manner, to treatment, and were finally entirely cured. Now, while the inflammatory symptoms were a little disturbing, I believe they are quite harmless, and are absolutely necessary to the successful metabolic activity which is desired in order that the tumor may be absorbed.

Inflammation exists in nearly every disease which we, as professional healers, are called upon to treat. It is the most vitally important feature of pathological conditions, and of all disease phenomena is least understood by all classes of physicians. I believe it is not a thing to be feared; it is a thing to be understood and made use of. It seems to me that in this wonderful age of discovery and investigation there is no greater opportunity in the field of disease for profitable research than that of the phenomena of inflammation. Let us not be afraid of it, but, on the contrary, delve into its bewildering mysteries, and know to what extent it can be made to serve our ends to the ultimate perfection of our art.

35 West Thirty-third St.

SOME FEATURES OF PULMONARY TUBERCULOSIS.

GUY E. LOUDON, D.O., Burlington, Vt.—Read Before the New England Osteopathic Association, at Boston, January 19, 1907.

Tuberculosis is an infectious, non-contagious disease excited by the presence in the organism of the tubercle bacillus. It may affect any tissue in the body, but most frequently attacks the lungs in adults and the lymphatics and osseous tissues in adolescents.

Pulmonary tuberculosis, or phthisis, has been defined as a wasting disease of the whole body, in which the lungs are actively involved. The poorer and more ignorant classes provide the vast majority of subjects, although as a disease it is no respecter of persons.

Without doubt tuberculosis is both a preventable and a curable disease. Future generations will read of the terrible "white plague" of the nineteenth century as we now read of the smallpox, Asiatic cholera, yellow and typhus fever ravages of a century ago. I speak of the nineteenth century for the reason that it seems probable that the climax has been passed and that a decline in the number of victims has already begun, owing to the discovery of the tubercle bacillus, and the preventive measures which are yearly becoming more potent.

Improved sanitation has practically eliminated the epidemics of typhus and yellow fevers, cholera, and smallpox, in many places where formerly these diseases were always present; so will tuberculosis follow in their vanishing wake before the ever-improving sanitary and hygienic environments of this enlightened age. All these diseases are so-called filth diseases, and cleanliness sounds their death-knell.

The renowned Koch did the world a great service when he discovered the tubercle bacillus. Without that organism tuberculosis must vanish; and if these bacilli were destroyed as soon as they left the body, *they* must necessarily vanish, and tuberculosis cease so far as new subjects are concerned. Of course, the destruction of every bacillus is impossible, but public opinion should rule that

promiscuous expectoration be stopped; that tenement houses, factories, and places frequented by our poor, be so constructed that light, good air, and dryness shall replace darkness, foul air, and dampness; that playgrounds, parks, and baths be within easy access of the poor; and that child labor be prevented.

If we will think for one moment what an ignorant and careless consumptive may do, I believe every one of my hearers will do something to educate public opinion. Good authority is found for the statement that an advanced consumptive often discharges in his sputum from one-quarter to one-half billion bacilli per day. Think of such a being, housed in an unhygienic tenement, and being careless of his sputum! Is it not a wonder that any escape? Do we not find an explanation for the statement that over 150,000 people die every year from tuberculosis in the United States alone; that over 1,000,000 victims die throughout the world each year, over 3,000 each day, and about two people every minute?

Are we not prepared, in a large degree at least, to accept as a fact the opinions of eminent specialists that one-half, according to some observers, and every one, according to others, has had some time during life tubercular lesions?

From statistics prepared by the Charity Organization Society, of New York, it is found that between the ages of 15 to 44 years of life one death in three is due to tuberculosis. It is certainly lamentable that during these years of prime manhood and womanhood a preventable disease should play such havoc. "It attacks preferably young men and women who are just beginning to repay to society the capital that has been invested in them through the years of helplessness and education, or those who, later on in life, are at the height of their productive capacity and have families dependent upon them."

The economic consideration alone ought to enlist the government, state, and municipal aid in stamping out this scourge.

It is said that sickness is responsible for at least one out of every four cases of poverty. The average consumptive is dependent upon his friends or the state for nine months after the time when he is unable to work until his death. We assume that he earns \$1.00 per day when working, and that it costs \$1.50 per day to care for him while incapacitated. This makes a net loss to the community of \$2.50 per day for each consumptive; multiply this by 270, the number of days in nine months; to the product add \$1,500, which is the value of the average human adult; multiply again by 150,000, the number of people who die each year from tuberculosis in the United States; and we have the stupendous amount of \$330,000,000 loss to the United States each year from an unnecessary and preventable disease. Laying aside all philanthropic motives for the sake of argument, the economic loss should enlist every man, woman, and child in the crusade to conquer this common foe. A war between nations costing a million dollars per day to maintain and sacrificing 500 men daily would arouse every citizen with a grain of patriotism; yet practically the war of the "white plague" goes merrily on with nearly as great a loss to the nation, financially and socially, while few realize it or lend a hand to subdue it. This is why, my co-workers, I have chosen this subject. As physicians, as fathers, mothers, brothers, and sisters, we should study this calamity and add our mite to enlighten and encourage the masses, and conquer our uncompromising enemy.

The etiology of tuberculosis is divided into two factors: First, predisposing causes; second, exciting causes. Of these, the former is of greater importance for the reason that without a local or general lowered resistance the bacillus is powerless. It is well known that we frequently breathe the germ with impunity.

Anything which depletes the nervous forces, and lowers the vitality of an individual, predisposes, in true proportion to the depletion, that individual to tubercular infection, if brought into contact with the exciting bacillus. As osteopaths, we think first of all of the osteopathic lesion as being the paramount predisposing cause. These lesions, by obstructing the nerve force and circulation to an organ, or a small part of an organ it may be, allow a gradual deterioration in tone, followed by a favorable nidus for infection. My own experience, supported by other osteopaths with whom I have consulted, points to the presence of such lesions in almost all cases. The most frequent lesions found in my practice are mid-dorsal and upper cervical. The third and fourth dorsal vertebræ, and related ribs, and atlas lesions are frequent.

From occiput to the eighth dorsal vertebræ and ribs may contain the lesion. Next to osteopathic lesions, alcoholism ranks as a powerful predisposing factor. It has been estimated that the excessive use of alcohol trebles the susceptibility to consumption. The history of tuberculosis the world over shows that among those nations using the most alcohol per capita the greatest tubercular death rate is found, and vice versa. Density of population has a direct bearing on the prevalence of tuberculosis. Overcrowded, badly lighted, poorly ventilated tenements are hotbeds for disease. Overwork, poor and insufficient food, absence of outdoor recreation, excessive use of stimulants of all kinds, drugs, and sexual excesses are important predisposing causes, as is also living in infected houses. One house in Chinatown has a record of thirty-seven new cases of tuberculosis developing among its tenants in nine years; another, twenty-five cases; a third, nineteen cases. The fact of house infection has been proven. Every house having a careless tubercular subject should be thoroughly disinfected before being a fit place for *any one* to live. I say *any one* because even a tubercular subject living in such a place, by breathing the dust laden with bacilli, might readily re-infect some other part of his own lungs. It is quite well known that tuberculosis is not a single infection, but a series of re-infections. This point might be used in persuading a selfish, careless individual to be particular not to expectorate except into proper receptacles.

The disease is not directly inherited, but children from tubercular parents inherit a lower vitality, which makes it easier to acquire the disease, sometimes at an early age, owing to the carelessness of their parents and having to live in infected houses. Some cases of apparently inherited tuberculosis are really acquired in this manner in earliest infancy.

The tubercle bacillus itself is an immobile, rod-shaped, vegetable organism. It does not multiply outside the body except under laboratory conditions. Direct sunlight kills it within a few hours; daylight, as ordinarily found, usually kills it within a week; whereas dark, damp places will keep it alive for many months. Cold has no effect on it, but boiling kills it almost immediately, while a temperature of 140 degrees F. kills it in about fifteen minutes.

Under pathology, I wish to take up a couple of theories which seemed of interest to me. The first is that tuberculosis is primarily a nervous disease. Dr. Thomas J. Mays, of Philadelphia, is perhaps as ardent a champion of this theory as any one in this country. Mays says: "Now, the conditions and influences which produce pulmonary tuberculosis may be divided into three classes: First, those which vitiate the nervous system in general and the pulmonary nerve supply in particular; second, those which irritate the lungs directly through the inhalation of dusty air; third, those which act by infection." The neurotic origin of

phthisis goes back to Cheneau in 1842. A number of other investigators have supported this contention. Mays himself dates his belief in this theory back to 1885. Since then he states that many clinicians of note have joined in this belief that phthisis and other pulmonary diseases are secondary to injury and disorder of the nerve supply to the lungs. He admits that the evidence is chiefly gathered from clinical observation. However, this fact alone will not prejudice osteopaths against this theory, since we have been obliged to rely almost entirely upon clinical data to support our osteopathic theories. Mays proposition is, "given a case in which there is pressure or disease of the pulmonary nerves, pulmonary disintegration in some form will follow." This certainly sounds osteopathic. He cites illustrative cases under the following divisions: First, those in which the pneumogastric nerves were injured or compressed by aneurisms, tumors, glands, etc.; second, those in which specific poisons like those of alcohol, drugs, fevers, etc., produced pneumogastric degeneration; third, those in which the vagi nerves become involved in diseases of the peripheral and cerebro-spinal nervous systems; and, fourth, those in which the vagi nerves become implicated in diseases of the highest nerve centers.

In the general discussion taken up under the above headings, Mays cites about two hundred specific cases in which subjects, having died from pulmonary diseases, phthisis being predominant, showed, under post-mortem examination, degeneration of the pulmonary nerves. The vagus was affected in nearly all cases. Mays says: "From pathological data which have been given above, it appears that the condition which is called forth in the lungs, from experimental injuries to the vagi and recurrent laryngeal nerves, may be summed up as follows: Dyspnoea, bronchitis, pulmonary congestion, infiltration of alveoli with epithelial cells, alveolar contents undergoing fatty degeneration, thickening of the arterial intima, and obliteration of arterial caliber. An almost identical picture is found in the human pneumonic lung, except in the latter event the process is more chronic and undergoes caseous rather than fatty degeneration, extending to the limits of excavation, ending in tubercularization and bronchiectasy, if life is prolonged to a sufficient length." In the *New York Medical Journal*, September, 1904, Mays says: "There is sufficient pathological evidence for believing that the integrity of the vagi is always impaired in pulmonary consumption." Dr. J. Martin Littlejohn told me while at Put-in-Bay of some very interesting experimental work which had been conducted in his school at Chicago. He said that to investigate the Mays theory of vagus degeneration in pulmonary tuberculosis they dissected out the brain, spinal cord, and principal cranial nerve from a negro who had died from pulmonary tuberculosis. They found one vagus nerve degenerated to the size of a small silk thread. He also experimented with a three-weeks-old guinea pig. Tubercle bacilli were injected into a vein. After several days the pig could retain nothing in its stomach. They managed to keep it alive for several days, then killed it and examined the stomach and vagi. That part of the posterior wall of the stomach supplied by the vagus nerve was emaciated to the thinness of a film, and the vagus showed degeneration.

Whether the vagi are affected before tuberculosis sets in, as would seem probable in Mays cases, or whether they were subsequently affected by the toxins in the blood, as might be inferred from the guinea-pig experiment, would be of great interest. There seems to be no doubt but that degeneration is there. It is certainly interesting, to say the least, that in a high percentage of phthisical

patients whom I have examined, atlas lesions which might affect the vagus were found to be present.

Dr. Littlejohn cites a case which he cured, the patient having an extremely sensitive and misplaced atlas. May not the so-called "stomach cough" and the little hack due to so-called tickling in the throat be due to incipient vagi degeneration? Even the laymen have recognized these as precursors to pulmonary tuberculosis. May not the rapid heart, disturbed digestion, and irregular bowels, so early noted in these subjects, be due to vagi irritation?

The other theory as to the pathology of tuberculosis is that it is due to imperfect absorption and assimilation of fats, the result of deficient functioning of the intestinal villi, or lacteals. The fact that many chronic cases of tuberculosis have been cured in patients who continued their labors during the time they were under treatment, by feeding them predigested emulsions of fats, lends weight to this theory. Dr. John F. Russell, of New York, cites about sixty cases so cured.

I cannot, of course, say which, if either, is correct. Personally, I believe in both, and cannot see wherein the one is incompatible with the other. Surely if Mays' theory were correct, and the vagus were degenerated, it might readily affect the functioning of the lacteals and deprive the body of sufficient fats. The vagus certainly sends fibers to the intestines. So the osteopath who recognizes truth, wherever found, would do well to keep one eye on the vagus, the other on emulsions, and both hands on the mid-dorsal vertebræ and ribs. By so doing he cannot go far astray.

In his resume Mays says: "That the tubercle bacillus is present in phthisis and plays a causative part in its propagation is beyond question, but it does not follow that it is always the cause of the disease, as indicated by cases cited above, and also by the following considerations: The bacilli have been found in healthy lungs. Pizzini discovered that out of thirty healthy persons who had no contact with phthisical people, and who died suddenly from other diseases, 37 per cent. had bronchial glands with which guinea pigs were inoculated and made tubercular. Potts' disease, tubercular joint disease, and tubercular peritonitis in persons not developing phthisis, point to the nervous origin of pulmonary consumption."

In no disease is it more important that an early diagnosis be made than in tuberculosis. Early treatment will cure practically all incipient cases. The Charity Organization Society is author of the remarkable statement that more tubercular patients are cured than in any other chronic disease. The public should be taught not to look with indifference upon a cough, dyspnoea, loss of strength, loss of weight, chest pains, blood spitting, nausea, and an irregular heart or temperature. The earliest symptom is likely to be variation in temperature. A rise of three-fifths of a degree to a degree without evident cause should be thoroughly watched; also the presence of frequent subnormal temperature is suspicious. A temperature chart covering a week, and showing a registration every few hours from early morning until bedtime, will almost always give results if infection is present. The pulse is increased in frequency and loses in force and tension. Mays says "it may be laid down as a rule that this disease never progresses favorably while the pulse rate is above one hundred."

An early symptom frequently present is sudden attacks of hoarseness. Brinton says "a hacking cough may precede expectorations many months." Do not conclude that the absence of bacilli in the sputum is certain proof that infection is not present.

Place more dependence upon general symptoms than upon the revelation of the microscope. Of course, if the microscope does reveal the presence of bacilli, the diagnosis is positive, but all investigators admit that the bacilli may be present long before the microscope identifies them.

A common mistake is to take the readings of the microscope as an evidence of the progress of the disease. No dependence may be placed upon these readings unless supported by clinical symptoms. One sputum analysis may reveal a "few bacilli," while the next, when the patient is apparently almost well, may show numerous bacilli. For instance, in the first case, the sputum may have come from a spot but slightly involved, or the germs may have been destroyed in the degenerative changes in the sputum; whereas, in the second case, every spot may be healed except one little space, yet the scab from this little ulcer might, if examined, be loaded with bacilli. The reverse of this illustration might also apply in many cases.

Breathing is also early affected. Inspiration is faltering and jerky; exhalation lengthened and prolonged.

Brinton, quoting Cornet, in *New York Medical Journal*, July, 1906, says: "In the usual forms of pulmonary tuberculosis there is, as a rule, either one focus of infection, or isolated foci, not before these have broken down, when the bacilli have distributed themselves into the surrounding territory, and have established fresh foci, do the first clinical symptoms become manifest. With the breaking down of the tubercle there is a diffusion of soluble proteins (toxines), which are carried into the lymph stream, invade the blood, and, reaching organs, produce effects which, at first scarcely noticed, are intensified by time."

Nausea, heightened temperature, rapid pulse, sweating, etc., are the nervous manifestations excited by the toxines upon the nerve centers.

A diagnostic point of some interest is the posture of the patient while lying down. They are apt to lie mostly on the sound side, as the weak lung becomes congested if it is down.

Brinton says "practically never does a tubercular body come to necropsy with a pleura free from inflammation."

Hence, we should not look carelessly upon sudden pains or "stitches in the chest." The earliest pains are apt to be felt in apical regions, below the clavicles, and between the scapulæ. Such pains are usually not severe. Sometimes, instead of being pains, a prickly feeling in the skin is felt.

In my limited time I must necessarily only mention a few of the principal points in early diagnosis. In doubtful cases, treat the case as though a positive diagnosis had been made. Many cases will be checked and lives spared under this regimen.

Assuming that pulmonary tuberculosis is largely due to insufficiency of nervous forces—which assumption, I believe, is tenable—then the treatment must have in view the restoration of nerve energy. This may be done (1) by increasing the vitality of the general nerve system, and (2) by increasing the vitality of the pulmonary nerve supply. To accomplish these things, anything which is constructive in principle is worthy of use, while anything which is destructive is contra-indicated. It is understood that improper use of beneficial agencies may destroy their utility. It is necessary to study the individual case in order to apply the best treatment. However, some general rules may be given as being more or less applicable in all cases. There are three things which seem to me to be so important that they deserve to be mentioned simultaneously. They are osteo-

pathic treatment, rest, and diet. It is granted that some cases will be cured by osteopathy alone; some by diet alone; and some by rest, with ordinary diet, alone. But a judicious use of all three of these agencies will score the most victories. The osteopathic treatment is very important, for no doubt it is because of osteopathic lesions that the nerve forces are dissipated in most cases.

The treatment should be directed to building up general tone, in addition to the building up of pulmonary tone. It should be specific, the object being to correct lesions, restore motion, increase glandular activity, and aid the emunctories. It should be kept up for a month at least after the case is apparently cured. Acute cases should be treated daily, bad cases twice daily until the fever and cough are considerably lessened. Treatment should be short, gentle, and not fatiguing to the patient. Careful neck, dorsal, and rib treatment are to be kept in mind, particularly the lifting up and freeing of tissues surrounding the vagus nerve in the neck. The chronic case requires the same careful treatment, and three treatments per week are best at first. Carefully guard against forcible pressure of the thumb or finger on the phrenic, vagi, or sympathetic nerves. If the Mays theory is correct, and degeneration is present, the nerves should not be strongly compressed against osseous tissue. It is well to bear in mind that the apices of the lungs should rise above the level of the sternal end of the clavicle during inspiration, so vigorous treatment might cause injury if the thumb were pressed back of the clavicle during a full inspiration.

Whenever there is a fever, much cough, losing of strength and weight, the patient should be as quiet as possible. The rule is to give the patient the maximum amount of fresh air and proper food, with the minimum amount of exercise. In advanced cases or acute cases, and when there is much expectoration, pleurisy, or chest pains, the arms and chest of the patient should be kept quiet.

Vigorous, active arm and chest exercises are harmful in such cases. Even deep breathing is forbidden if by so doing pain or coughing is manifest. The passive exercise given in osteopathic treatment is vastly different from the active exercise of the patient, and is beneficial and indicated. Deep breathing is helpful, as is also moderate exercise, when they do not cause pain or aggravate coughing. The deep breathing at this stage should be followed by gentle forcible exhalations. This has been called auto-massage of the lungs, and is very beneficial, when the active inflammatory stage is passed. The lungs should be thoroughly filled from bottom to top, and the object in expiration should be to drive out the residual air and increase the amount of the tidal and supplemental air. In coughing, the patient should do so as easily as possible, for a hard, racking cough may tear adhesions, force infected mucus into healthy tissues, and make suitable ground for new foci of infections. Having wandered away from the subject of rest, I will say that rest is a valuable febrifuge, quiets the heart, augments the circulation, tends to prudent living, builds up nerve force, and restores the appetite.

Owing to limited time, I will only make a few suggestions as to diet. It is certainly best to give all the food the tubercular person is able to digest. Food given in excess of powers of digestion and assimilation does more harm than good. However, the tubercular patient is often able to eat a very large amount of food. In some who have no appetite, a glass of milk every two hours, with an ounce of beef juice every two hours, will be quite readily taken, and other food gradually added. To this I would add two doses daily of a good emulsion of fats. Dr. John F. Russell's emulsion or "Wyeth's Sevetol" are excellent predigested emul-

sions of mixed fats. I have used each with very good results, both in tubercular patients and others having neurasthenic tendencies.

Every tubercular patient should take large amounts of fat in his food; *e. g.*, emulsion, cream, butter, bacon, olive oil, nuts, etc.

Some tubercular patients, especially in the incipient stage, have strong digestion. They may eat their regular meals daily, with egg-nogs midway between meals. There is a large list of suitable foods for such people. Some authors strongly recommend beef juice, freshly prepared from nice round steak, as being food par excellence; others forbid its use, but assign no reason for so doing. I have always used it whenever practicable, and found it helpful to the patients. In acute cases, the juice from two pounds of beef has been taken daily, but one pound is usually better borne. Do not neglect to recommend vegetables. If the digestion is too much disturbed to permit of their use in the usual way, vegetable juice as per the Russell formula should be given. Oranges, grape fruit, apples, etc., should be allowed. Some patients thrive best on eggs, milk, and bread in large quantities; others on meats, beef juice, vegetables, etc. Study each case, and give enough food to make the patient gain weight. Add milk and eggs, and increase the amount of emulsion. You gain on the disease when the patient gains weight, and lose with decline in weight.

The patient should eat sparingly of sugars, having his fruits cooked without sugar. He should avoid foods which he knows disagree with him; also those difficult to digest, such as pork, baked beans, etc. He should not use alcoholic liquors, tobacco, strong tea or coffee. *Climate*: "It has finally been discovered that it is not any special kind of fresh air that cures phthisical patients, but rather an unlimited quantity of fresh air, forced feeding and rest being accessories."—U. of N. Med. Col. Milroy.

This strikes the keynote. Patients get well in one state as in another, yet it is conceded that a dry, sunshiny, equable climate has many advantages over a damp, cloudy, changeable climate. It is admitted quite generally that if a patient expects to live in the same climate where he contracted the disease, after recovery, it is better to get well in that same climate or one very similar to it. He will be less likely to relapse if he does this. Sanatorium treatment is admirable in many cases. Koch says: "Send the early cases of consumption to sanatoria and cure them; send the advanced cases to hospitals and cure them if possible, but at all events keep them from infecting others, and do not let them die in their homes at any cost." We should encourage the sanatorium movement on every occasion.

To those who may desire to read up on this interesting subject I would suggest that they obtain Dr. Thomas J. Mays' "Consumption and Pneumonia, and Their Allies"; also "The Handbook on the Prevention of Tuberculosis," published by the Charity Organization Society, 105 East Twenty-second street, New York. Many of the quotations above given were taken from these books.

199 South Union St.

Meeting of the Trustees.

The first meeting of the Trustees of the A. O. A. at Norfolk will be held on Saturday evening, August 24, at the Inside Inn, Exposition Grounds. All members of standing committees are requested to be on hand at this time. It is hoped that much of the preliminary work of the Board of Trustees may be completed before the regular meeting of the Association is convened.

S. A. ELLIS,
President.

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AUGUST 1, 1907.

A Parting Word From the Editor.

This number completes the sixth volume of the JOURNAL and my sixth year as its editor. I take this opportunity of announcing that I will no longer be connected with it in that capacity. But for the fact that the Committee on Publication has fallen into the habit of re-electing me each year, this announcement would be unnecessary, since the term for which I was elected expires with the

year. I deem it proper to make the announcement at this time in order that those charged with the duty of selecting my successor will not be taken by surprise in the event that my re-election has been contemplated. It is also fair to those in the profession who may feel that they have the time and aptitude for this work that they have an opportunity to consider the matter and, if they desire, to communicate with the committee.

My retirement is prompted solely by the fact that I am no longer financially able to spare the time from my practice to conduct the JOURNAL in a manner satisfactory to myself and in keeping with the ideals I have for it. I fear that many in the profession measure the work of the editor by the amount of space consumed by editorial matter. Such a view gives an entirely inadequate conception of the duties devolving upon this office. It should be remembered that, aside from the valuable assistance rendered, and general oversight exercised, by the Chairman of the Committee on Publication, all of the work of editing and publishing must be done by the editor. This involves the work, or at least the careful oversight of it, that falls under the following heads: Reading and revision of manuscripts, editorial writing, proofreading, mailing, bookkeeping, correspondence, business management, including soliciting for advertisements, etc. To this must be added much detail work, such as revising and keeping the quarterly directory up to date. It is obvious that a busy practitioner with the cares and responsibilities of a general osteopathic practice cannot always, without great sacrifice, give that attention to the matters above enumerated that their importance demands. It is equally obvious that for a salary of \$100 per month, out of which necessary clerical help must be paid, no osteopath could afford to give his whole time to the work.

Now that I have resolved to retire and to devote myself in the future to the practice of osteopathy, I trust I may without presumption, and certainly without arousing even the suspicion of self-seeking, venture to offer a few thoughts on the subject of the JOURNAL. I am firmly convinced that the time has come when a capable osteopath should be employed, at a salary at least equal to the average income of an osteopathic practitioner, so that he may be able to devote his entire time to the work of the JOURNAL. I believe this would be good business policy. By this means the JOURNAL could be made a more potent influence in adding to the membership, and thus the resources and efficiency, of the A. O. A. But leaving that view of the matter out of consideration, I will say that I know of no investment which the Association could make that would pay such dividends, in an intellectual way, and one where the benefits would be so evenly distributed among the members, as money employed to increase the amount and improve the quality of our professional literature.

The editor of the JOURNAL should have ample time to study all manuscripts submitted, weigh their importance, and verify, so far as possible, the statements pertaining to science which they contain. He should be in touch with the field of practice and with the officers of the Association. He should be familiar with the history, spirit, and objects of the A. O. A. He should have time to read carefully contemporary osteopathic and medical literature. He should have time to study those problems constantly arising in our profession—scientific, educational, and legislative. Then he should have time for reflection, to mature his judgment, to the end that the editorials he prepares may be timely, instructive, and influential. If the foregoing is not task enough for one man, then the editor should be prepared to make a business of securing advertisements for the JOURNAL. Its

circulation now renders it possible, if the work be properly gone about, for this department to yield a fairly good revenue. The editor should, of course, answer all letters the day they are received. He should ever be active in the work of recruiting the A. O. A. membership, and should arrange for a supply of sample copies of the JOURNAL to be at meetings of every State and local association, and that some interested worker distribute them. He should keep in touch with the colleges and see that each senior student is furnished with several copies of the JOURNAL before his graduation. He should see that every non-member of the A. O. A. receives two or three copies of the JOURNAL each year, and an invitation to join the Association. He should keep every department of the JOURNAL full, and add others from time to time. He should, even if he does not do the proof-reading, at least see a proof of every form of the JOURNAL before it goes to press, and see that every edition is printed and mailed on time.

Practically all of the above-mentioned requirements I have tried faithfully to meet. How far short I have fallen perhaps no one is more conscious than myself. I am aware that my work has not been free from mistakes. In the hurly-burly of conducting two businesses contemporaneously, no doubt, errors of judgment have been made; yet I have the satisfaction of knowing that I have done the best that I could do under the circumstances. And, despite the shortcomings of the JOURNAL, I cannot, in looking back over the six years of its history, wholly repress a feeling of pride in its career. I recall that when the first number of Volume I was mailed, in September, 1901, there were but seventy-five members of the A. O. A. in good standing. This number goes to fourteen hundred and fourteen members, and it is a safe prediction that within a month the membership will have considerably passed the fifteen-hundred mark. I do not by any means say that the JOURNAL has been the only influence contributing to this end. But that it has been an important factor, that it has served as an inducement to membership, that it has contributed toward the cohesiveness and solidarity of the Association and profession, I think no one will question. Neither do I wish to convey the impression that the value and influence of the JOURNAL are due altogether to the work of the editor. Nevertheless, I confess to a degree of pride in the achievements of the publication to which I have given during the past six years practically all of my spare time during office hours, not a few of my evenings, and—I grieve to say it—many Sundays as well.

Now that I have come to the end of this work, I must say that it is not without a feeling of regret that I lay it down. While it has not been, in a financial sense, altogether a "labor of love," in a higher sense it has been, for it has indeed been a labor that I love. The interests of the JOURNAL and of the Association have been a part of my life; they have been, and will continue to be, very near to my heart. While the work has not always been free from anxieties and perplexities, there has been a joy in it that has far outweighed them. Not the least of my compensations have been the words of encouragement and appreciation of my efforts that have come to me in unstinted measure from all parts of the country.

I wish at this time to thank all of the contributors whose unselfish labors have made it possible for the JOURNAL to live. My thanks are likewise due to many of the associate editors, who have so often responded to my appeals for help. It is a pleasure also to mention the fact that I have always had the active co-operation of the various officers of the Association. I shall ever remember the pleasant relations that have existed between us.

And, finally, I would be recreant to my sense of justice should I lay down my

pen without saying in this public manner that which I have long had in my heart to say, and have often said in private, that I owe a large debt of gratitude to Dr. William F. Link, who has been the Chairman of the Committee on Publication since the JOURNAL was founded. During the years that have since intervened I have been most intimately associated with him, and have ever found him prompt, courteous, and efficient, with an eye single to the good of the JOURNAL and the profession. It is the simple truth to say that to his active assistance, wise counsel, able direction, and sound judgment, in a large measure, has been due whatever measure of success it may be accounted that the JOURNAL has achieved.

A. L. EVANS.

Chattanooga, Tenn., July 25, 1907.

How to Use a Doctor.

The World's Work for July, 1907, contains an excellent article, under the above caption, by Dr. Luther H. Gulick. The author makes a strong plea for a larger place for preventive medicine in the practice of physicians. He points out that every large business corporation employs a lawyer, and pays him an annual salary, whose business it is, not so much to institute or defend lawsuits as to prevent them. He is employed as an expert to keep the corporation out of trouble. Dr. Gulick argues that "what a well-trained lawyer is able to do for a corporation, a well-trained specialist should be able to do for an individual."

The following excerpts show the line of reasoning the doctor employs to substantiate his point. Speaking of the physician who is to give expert advice, he says:

"He must be even more of a specialist in the laws of health than in those of disease; for his business is to show his client how to run his complex, highly organized physical corporation so as to get the biggest results—maximum efficiency—with the least danger. Entanglements with disease are costly.

"The physician and surgeon are of much use in sickness; but they are of far more use when they succeed in preventing sickness. Prevention is worth more than cure. Its cash value is greater. It is good economy: it saves time, money, energy, opportunity. * * *

"The large fee and the large place in the community are today given to the man who can perform a surgical operation with skill. And yet it is of more importance to get that advice which shall make the surgical operation unnecessary. To give such advice demands no lesser degree of skill, training, and natural acumen than does the most difficult surgical operation. Still, a man would gladly pay \$500 to be operated on successfully for appendicitis, when he would grumble mightily at paying \$50 for a two hours' discussion with a man equally trained who will advise him with reference to his personal health and habits. It is the dramatic service of the physician which at the present time commands public admiration—that service which is given in extreme and critical cases, where the physician is called in to aid Nature to stem the current of forces making for death and to emphasize those making for life. * * *

"* * * In a case of typhoid fever, where the danger is that the temperature may become so high as to interfere with vital operations, he can by means of cold baths or other treatment reduce the temperature, thus permitting Nature to do her own work more favorably. In the case of a broken bone, he can see that the two ends are against each other and that the bone is straight; then Nature will do the rest. So one might discuss disorders of vision, with all their reflex effects;

disorders of digestion; and the conduct of the person under various conditions of disease. * * *

"The chief service of the physician is to the man that is well, and it consists not in curing him when sick but in keeping him well."

Undoubtedly the day of preventive medicine is dawning, and it behooves the osteopath to be in a position to take advantage of the fact. Already he is unrivaled in that large class of diseases caused by anatomical maladjustment, the early detection and correction of which will constitute so important a part of the field of preventive medicine. But in the science and art of keeping well, which all physicians should be able to teach, there are, of course, many factors. There are things other than the anatomical lesion that tend to produce or predispose to disease, and in these things it should be the purpose of our colleges to fit their graduates as well as, or better than, other schools of healing, to be teachers of the laity. The osteopath should be, possibly is, as well qualified as any other physician to give advice on all matters affecting the health, such as cosmic forces, heredity, habit, environment, sexual relations, hygiene and sanitation, and dietetics.

Dr. Gulick thinks the physician can more properly be likened to a pilot than an engineer. We think he should be both. He should keep his patients in the open channel and off the shoals and rocks of disease; but he should be able to detect the slightest friction in the physical engine and to repair it at once.

Every osteopath should assist in every possible way to bring in the day of preventive medicine. He should lose no opportunity to impress the lesson that it is more economical, and better in every way, to *keep* well than to *get* well. We believe that when preventive medicine comes to occupy its proper place; when people pay their physicians for keeping them well; when they go frequently to be examined for early evidences of decay, the predisposing causes of disease, the "small beginnings of death"—then will the osteopaths have fully come into their own; for no system of preventive medicine can ever be complete that does not take into account the osteopathic idea of the cause of disease.

Notes Concerning Norfolk Meeting.

Now for Norfolk.

There should be one thousand osteopaths at Norfolk during the five days of the A. O. A. meeting, August 26-30.

A very little effort on the part of all will put the A. O. A. membership well beyond the fifteen hundred mark before the close of the Norfolk meeting.

The last week in August will be an excellent time to take a vacation and Norfolk is an excellent place in which to spend it.

The Norfolk meeting of the A. O. A. is going to be a great intellectual feast, and it is one to which every osteopath in the world is bidden.

The "Inside Inn," located in the Exposition grounds, will be the headquarters of the A. O. A. during the week of our meeting, August 26-30.

On another page we print information about hotel rates, reservations, etc. We would advise those who expect to attend to reserve rooms at once.

It would be impracticable to make a passenger tariff sheet of the JOURNAL. Your local ticket agent can give you all the information necessary in regard to rates, etc. Better consult him at once.

Do not fail to consult your local ticket agent *at once* in regard to rates, dates of sale and route to Norfolk. The railroads and steamship companies are offering all kinds of excursions and it will be your own fault if you do not get what you want.

The A. O. A. is not a Post Graduate College, but the program this year comes as near to offering such a course as it is possible to compress into five days time. The instruction will be eminently practical because it will be given by men and women of large experience who are in actual practice.

If we mistake not some one spoke or wrote rather sneeringly of our last annual meeting being "a great *social* success." Nevertheless we maintain that the opportunity for fraternal social intercourse is one of the most delightful features of our meetings. To make the most of our coming meeting in this respect parties should be organized to travel in company to and from the meeting.

A Final Word From President Ellis.

We wish to give a last invitation to all osteopaths to attend the meeting of the A. O. A. at the Jamestown Exposition, August 26-30. A splendid program has been prepared for you, and those who miss this fine opportunity will surely regret it.

The Exposition is improving and shaping itself daily, and should prove a most attractive place in August. The hotel people assure us of good accommodations at very reasonable rates, and the Exposition officials are prepared to do everything in their power to make our meeting a great success.

Not only do you need to profit by this fine program and to keep in touch with the work of the Association, but the national organization needs your presence. You can show your loyalty to your science in no better way than by regular attendance at these annual meetings. By all means put aside your other plans and come to the meeting.

Dr. O. J. Snyder is quoted in the *Public Ledger*, Philadelphia, for June 28, as follows:

While a law akin to that now in effect in New York would protect reputable practitioners here, it would also protect the public. Philadelphians now desiring osteopathic treatment are at the mercy of charlatans, and fully 75 of such quacks have invaded the state since the passage of the New York law. We shall inaugurate a campaign for legislation in Pennsylvania, and we believe the people will support us when a real danger like the one now existing in this state is pointed out.

The state of affairs pointed out by Dr. Snyder is as might have been expected, and will prove a strong argument for regulation when the matter again comes before the Legislature of Pennsylvania.

Vol. III, No. 1, of the *Osteopathic Journal*, published by the Journal of Osteopathy Publishing Company, Kirksville, Mo., has just made its appearance. It is an attractive publication, filled with good things for the laity. This journal had been discontinued for several months, and this number marks a resumption of service, which will be maintained in the future. The profession now has a number

of good popular journals. We consider this branch of our literature but little, if any, less important than our professional and scientific publications.

It is a fact upon which the osteopathic profession is to be congratulated that practically all of our colleges, some of them by laws recently enacted, are able to secure abundant dissection material. This assures even better training than formerly in anatomy, a subject in which the osteopaths now rank as specialists.

Attention is called to the advertising pages of this number of the JOURNAL. They contain some new advertisements and some important changes in old ones.

NOTES AND COMMENTS.

Natural Foods.

The natural foods are fruits and herbs. Others may only be used because of inherited or acquired tastes, and only when hungry for them, after trying to be satisfied with the natural. These other foods are the roots and bulbs, tubers, grains (cereals), nuts, and all foods of animal origin.

First Choice.—Herbs, tree and ground fruits, berries and greens; such as lettuce, cabbage, celery, kale, cauliflower, Brussels sprouts, pie plant, asparagus, spinach, beet-tops, lamb's quarter, dandelion, shepherd's purse, melons, squash, pumpkin, canteloupe, cucumber, tomato, egg-plant, young and tender green corn, peas and snap beans; strawberries, raspberries, blueberries, mulberries, etc.; apples, pears, peaches, plums, apricots, grapes, cherries, oranges, lemons, pomelo (grape-fruit), figs, prunes, dates, pineapple, pawpaw; bananas only under protest—apt to be over-ripe or green and starchy.

Second Choice.—Non-starchy roots and bulbs; as beet, carrot, parsnip, turnip, radish, kohlrabi, onion.

Third Choice.—Starchy roots and tubers. Arrow-root, taro; potato, artichoke, sweet potato, yam.

Fourth Choice.—Cereals (grains), legumes, and any kind of nuts; as wheat, rye, oats, barley, rice, corn, beans, peas, peanuts, pecans, almonds, walnuts, etc.

Fifth Choice.—All animal foods, of whatever class or variety; as eggs, milk, cheese, oysters, fish, gelatine, meats, fowl, any flesh.

How to Eat.—For taste only, everything preferably raw. Very small bits; suck, roll about in the mouth, and chew, solely to enjoy the taste, and swallow nothing but juices and saliva till taste disappears. Then the tasteless residue may be swallowed or rejected at will. The more time and taste enjoyed, and the smaller amount swallowed, the better. Never eat when foods do not taste good.

When feeling obliged to eat anything but first choice foods, try to be satisfied with second, then third, etc., in order, but be sure to satisfy yourself fully, as to kind and amount and manner of eating, even to the point of disgust; then you will be able to make a good start over, fresh and earnest.

The natural order of succession in food-tastes seems to be—mother's milk for infants till about one year old, by which time a taste for fruit juices and pulp is acquired. The use of fruits will continue at least till maturity and full growth; meanwhile the leaves and leaf-stems of herbs will become more and more acceptable, becoming staple for an indefinite period, while the taste for fruits may possibly disappear.

1457 Ogden St., Denver, Colo., July, 1907.

N. A. BOLLES, M.D., D.O.

Are Osteopaths Always Thoughtfully Charitable to Each Other?

"Do unto others as you would have others do unto you," is an old, old motto, and sentiment, but cannot be too deeply impressed upon the mind and heart of every osteopath in his attitude toward his fellow practitioners. There are a few in the profession who are willing to gain at the expense of their brother practitioners, even though the loss sustained by that brother was brought about by the purposeful unfairness and questionable methods of the gainer. These are few; but the writer from time to time, since he has been practicing has been impressed with the fact that there are many instances where one osteopath has injured another through thoughtlessness, and while acts of thoughtlessness are not to be judged as acts of malice, yet the hurt is often just as severe. To illustrate: A lady and her husband, after having lived for some years in A—, moved to B—, and the lady immediately began to take treatments of the D.O., in the place to which she had just come. She told this D.O. that the osteopath in A— had had a very unfortunate experience in having treated a case of appendicitis, and ruptured the appendix which was filled with pus. An immediate operation was performed and the patient was saved. A little

while later another lady whom the D.O. in B— was treating, moved to the town from which the first mentioned lady came. She asked the B— osteopath to which D.O. in A— she should go. He told her that he personally knew neither, but to go to Dr. J., as Dr. R., he had heard, was a little careless in his work. She did, and of course would tell her friends to do the same for the same reason. Then as the old Arabian proverb says, "Thy friend hath a friend and thy friend's friend hath a friend." As a matter of fact the D.O. in A— treated the appendicitis patient referred to on a Tuesday and the abscess ruptured on the following Thursday, two days after he had seen her, and after she had been placed in other hands.

Another instance. * * * * An osteopath in the town of C— was called to treat a young lady who had been in a state of poor health for years. Pains of a neuralgic character, along the course of the middle intercostal nerves were distressing. The osteopath found a posture kyphosis in upper and upper middle dorsal, and also symptoms objective and subjective, which indicated the possibility of Potts disease. The kyphosis was not angular and in itself was of course no indication; but there was a beginning prominence of one vertebra in particular. Patient was not told of this possibility, but her husband was. The osteopath treated for about three weeks and gave very little relief. Several months after this patient visited another town. The prominent vertebra grew more prominent, and as she frequently examined it, she became impressed with the possibility of the treatments having made it so. Letters to osteopaths, some of them leaders, whose names she secured, were written, and answers returned which confirmed her. Some said it was extraordinary that she was alive after having had a lesion of such size so produced, and in answer to questions told what the effect of a lesion at the point mentioned would be upon general health and specific organs. She felt better generally, but there was still soreness and tenderness between the shoulders at that point. In a word, she became impressed with the thought that that vertebra, misplaced by osteopathic treatment, represented an ever-present potential cause of disease. It was a dread spectre hanging over her, a something that might at any time cause her great physical trouble, the possibility of which depressed her. She is a lady in every true sense of the word; she is honest and fair-minded, but her suspicions were confirmed by the opinions of the osteopaths corresponded with, not one of whom, had he known all the circumstances, and had seen the treatment given, would have allowed her to have entertained the idea that the posterior vertebra could have come from the treatment. Without detailing same it will suffice to say that what little of it was not inhibitory, was by no means harsh, and had it been it could not by mechanical possibility have produced a posterior lesion. There are sometimes errors made by practitioners that are due to inexcusable ignorance, and, as they reflect discredit upon the science and the profession, should be openly condemned. Any local manipulation of an appendiceal abscess and manipulations in the treatment of the spine which are of such severity and kind as to produce misplacements of vertebræ are such; but before saying or writing anything which will give, or allow to stand, an impression that would injure a brother practitioner, let us most carefully investigate, learn all the facts and be undoubtedly sure that what we say is absolutely just and fair.

Injustice travels fast, and this old world is really not very big. It is not so big either, but that there are few good deeds and kindly acts that will not get back to us, no matter in what far corner the recipient of such may be. Thoughtfulness for others is the basis of true culture. It is charity. It is what Christ lived mostly to teach. Let us each be thoughtful of our fellow practitioner. While not condoning inexcusable ignorance and wrong doing, let us, before rendering or accepting harsh judgments, put ourselves in the other fellow's place and know all the circumstances. Let us pass around the milk of human kindness. It will not lessen our respect for ourselves, nor that of the public for us. It will make for a true spirit of fraternity.

Missoula, Montana.

ASA WILLARD.

A Correction and Suggestion.

Dr. H. M. Gifford, Louisiana, Mo., writes as follows:

"In Dr. Ashmore's report of the Tri-State convention I noticed a mistake that was not corrected in the following issue of the JOURNAL. Dr. Ashmore states that an operation was a ventral fixation, when it was distinctly stated by Dr. C. E. Still and Dr. G. A. Still that the operation was a ventral suspension. Both these men corrected themselves when they said fixation, and told why the operation was a suspension instead. It makes some difference to the patient, as, with a ventral suspension, conception and carrying to term can take place. This was carefully explained three times by the surgeon attending.

"Dr. Fiske had an excellent paper, and in trying to tell us what a certain doctor had written about nomenclature of vertebral lesions, he advised the designation of superior. This idea of a superior instead of an inferior vertebra being out of line is admirably taught by A. T. Still. If osteopaths would study carefully his writings instead of medical books, it would tend to stop the steady drift of osteopathic practitioners toward medical ideas and absorption."

Program of the Eleventh Annual Meeting of the American Osteopathic Association at Norfolk, Virginia, August 26-30, 1906.

MONDAY, AUGUST 26.

9.30 A. M.

Call to Order.
Invocation.
Response—C. W. Proctor.
Address of Welcome.
President's Address.

11.00 A. M.-1.00 P. M.

Demonstrations of Technic—

- (1) Cervical Region. F. A. Turfler and Virgil A. Hook.
- (2) Thoracic Region. George Helmer.
- (3) Costal Lesions. H. L. Russell.

Section in Practice—

- Kendall L. Achorn, Chairman.
- (1) Pulmonary Tuberculosis. F. D. Parker.
 - (2) Malaria. Ellen B. Ligon.
 - (3) Chronic Valvular Disease. E. C. White.

2.30 P. M.—*Open Parliament—*

Topic, Diseases of Children. Conducted by

TUESDAY, AUGUST 27.

9.00-11.00 A. M.

Section in Research—

Dain L. Tasker, Chairman.

- (1) Sectional Anatomy. A. Still Craig.
- (2) Experimental Pathology. H. W. Glascock.

SECTION II.

Demonstrations of Technic (Concluded)—

- (3) Lumber Region. J. H. Sullivan and Chas. H. Ervin.
- (4) Sacrum, Innominate and Coccyx. W. W. Steele and F. E. Moore.

11.00 A. M.-1 P. M.

Section in Gynecology (Continued Wednesday)—

Edythe F. Ashmore, Chairman.

- (1) The Menopause and Its Treatment. Marie Neely Adsit.
- (2) Prolapsus Uteri and Its Treatment. Eliza Edwards.
- (3) Pelvic Tumors Requiring Surgical Interference. George A. Still.

Section in Practice—Clinical Demonstrations—

- (4) Eczema. W. A. Merklely.
- (5) Bright's Disease. R. K. Smith.
- (6) Chronic Prostatitis. F. P. Millard.

2.30 P. M.

Open Parliament—

Topic: Diseases of the Respiratory System. Conducted by C. C. Teall.

Open Parliament—

Topic: Diseases of the Digestive System. Conducted by C. E. Achorn.

8.00 P. M.—Open Session of the Associated Colleges of Osteopathy.

WEDNESDAY, AUGUST 28.

9.00 A. M.-1 P. M.

Report of Treasurer.

Report of Board of Trustees.

- (a) Report of Committee on Education.
- (b) Report of Committee on Legislation.
- (c) Report of Committee on Publication.
- (d) Report of Committee on Endowment.
- (e) Report of Board of Regents.

2.30 P. M.

Section in Gynecology (Concluded)—

- (4) Versions of Uterus and Treatment. Percy H. Woodall.
- (5) Flexions of Uterus and Treatment. Frances A. Dana.
- (6) Lateral Displacement of Uterus and Treatment. Julia Foster.

Section in Practice—Clinical Demonstrations (Continued at 11 tomorrow)—

- (7) Neuritis. Charles Hazzard.
- (8) Epilepsy. E. W. Cully.
- (9) Locomotor Ataxia. Jerome Knowles.

8.00 P. M.—Grand Ball. Hezzie Carter Purdom Moore, Floor Manager.

THURSDAY, AUGUST 29.

9.00-11.00 A. M.

Section in Obstetrics (Continued tomorrow morning)—

Marion E. Clark, Chairman.

Topic: I. Antepartum Treatment.

- (1) Spinal: When Indicated; Where and How Administered. E. H. Cosner.
- (2) Stomach: Diet, Emesis, Treatment of Hyperemesis Gravidarum. R. C. Dugan.
- (3) Affections of Lower Limbs, Innominate, Etc. (Including Varicose Vein, Sciatica, "Stitch in Back"). E. R. Proctor.

Section in Research (Concluded)—

- (4) The Osteopathic Pathology of the Extra Spinal Cell and Its Relation to Treatment. T. J. Ruddy.
- (5) Epithelial Invasions of Connective Tissues. C. A. Whiting.
- (6) Graphic Representations of Spinal Curvatures. H. F. Goetz.

11.00 A. M.-1.00 P. M.

Clinical Demonstrations (Continued).

SECTION I.

Osteopathic Orthopedics—

- (10) Scoliosis. H. W. Forbes.
- (11) Pott's Disease. Geo. Laughlin.
- (12) Flat Foot.

SECTION II.

- (13) Constipation. C. W. Young.
- (14) Neurasthenia. J. A. De Tienne.
- (15) Rheumatism. G. E. Smith.

2.30 P. M.—Election of Officers, and other business.

8.00 P. M.—Alumni and Class Meetings.

FRIDAY, AUGUST 30.

9.00-11.00 A. M.

Section in Obstetrics (Concluded)—

- (4) Bathing: When Indicated, and Kind of Bath. Why? Marie Neely Adsit.
 - (5) Bowels: Constipation, Diarrhea, Hemorrhoids. H. C. Maxwell.
- Management of a Case of Normal Labor. Marion E. Clark.

Section in Practice—Causes and Treatment of Chronic Headache—

- (1) The Osteopathic Lesions.
- (2) Headaches Due to Pelvic Disorders.
- (3) Headaches Due to Digestive Disorders.
- (4) Headaches Due to Eye Strain.

11.00 A. M.-12.30 P. M.—Section III, Open Parliament.

Topic: Some Acute Conditions. Conducted by O. J. Snyder.

2.00 P. M.—Unfinished business.

ADJOURNMENT.

The Program of the Norfolk Meeting.

The "clinical demonstrations" which are scheduled to take place each day from 11 a. m. to 1 p. m., will be actual demonstrations of diagnosis and treatment and not academic essays. They will be given in the smaller rooms where those who attend may see and hear and quiz to the best advantage.

The "open parliament" to be held daily at 2:30 p. m., is intended to be a sort of clearing house for osteopathic ideas and information. The topic for the day will be discussed first, after which the meeting will be entirely informal and any subject relating to practice may be called up.

The Norfolk program is characterized by a scarcity of papers and an abundance of practical demonstrations, and whether the program be viewed from the standpoint of the practitioner or of the scientist, it must be regarded as the best ever prepared for a meeting of the Association.

W. F. LINK,
Chairman Committee on Publication.

NOTES FROM THE SECRETARY'S OFFICE.

Norfolk Meeting.

The profession, at least that part of it east of the Mississippi river, never had a better opportunity to attend an annual meeting than the coming one.

The railroad rates are low, for the most part one fare or less for the round trip, and allow of much variety of route. For instance, tickets through New York, Baltimore, or Washington may be had either by rail or boat from those points, and these are all good boat lines.

Where the journey is begun west of Chicago, St. Louis, or Memphis, I think it will be best to purchase tickets under the special arrangement made by the transcontinental passenger lines to these points, as Chicago, etc., and from there purchase the Norfolk excursion tickets, ten-day ticket or thirty-day ticket as may be desired, or obtainable. It would be well to notify your ticket agent at least a week or two in advance, as sometimes they do not have these tickets on hand.

..
AT NORFOLK.

The stay at Norfolk should be very pleasant. Nights there will be cool in August, and the location of the Exposition on a point in the ocean makes it a pleasant spot, even in hot weather. Hotel arrangements are very satisfactory. The Inside Inn, within the grounds, as at St. Louis, will be the headquarters, and the forenoon sessions will be held at the Convention Hall, only a block or two distant. We have at our disposal at the hotel ample rooms for committee meetings, reunions of societies, etc. The hotel is a permanent building, very desirably located.

Mr. Harry Watcham, who was the manager of the Inside Inn of St. Louis, is manager of the Inn at the Exposition Grounds, Norfolk. This will be good news to many osteopaths, who will recall the good treatment we got at his hands at the Inside Inn, St. Louis, in 1904.

I am free to say that I have been very dubious about conditions at the Inn and Norfolk, but I am now convinced that everything, not only at the Inn but at the Exposition in general, will be very satisfactory. I shall be entirely frank, and say that the matter of changing the place of meeting to some other city was seriously considered, but after a fuller investigation and more time allowed them to straighten things out, we are convinced that there is no reason for a change of place for holding the meeting. I mention this because we, as many others, have seen in the newspapers many notices giving an unfavorable report of conditions in connection with the Exposition. Now all the buildings are completed and everything about is likewise, except that the immense pier of the United States Government is not quite completed, but will be before we arrive there. We have made every effort to get the truth of conditions there, and now feel justified in saying that everything will be all right. The United States Inspector says that everything is sanitary and healthful, and that there has been at no time any disease about the Exposition or city. Our attendance should be first class, especially from the East, as we have never had a meeting farther east than Cleveland or Chattanooga before, and it will not be so far East again for a number of years.

RATES AND RESERVATIONS AT THE INN.

To us, and those who attend on our account, prices will be:

European plan (which includes admission to the grounds after registering at the hotel) two to room, \$2.00 each per day, and up, according to location of room, etc.: \$1.00 extra where single occupancy is desired. American plan, \$2.00 additional to any European rate. Rooms with bath and en suite may be had at prices higher than those here given. The hotel also conducts a first-class restaurant.

Our people in writing for reservations need not make a deposit, but the reservation should be made before August 15, as there will be other meetings there about the same time as ours. Better attend to it now.

IN THE CITY.

For those who, unlike the officers and trustees of the Association, who will of necessity have to be at the headquarters on account of frequent meetings, wish to be quartered in the city, it may be done at prices somewhat less than these. Private homes and many hotels in the city have rooms for \$1.00 per day and up. The city has a number of first-class new hotels, and accommodations, whether at the Inn or in the city, will be convenient and reasonable in price. In addition to the quarters already mentioned, there will be at the Exposition, just a few minutes' walk from the gate, a camp of tents under military management and patrol. These are likewise under the same management as the camp at the St. Louis Exposition, in which the writer spent several very comfortable nights. The tents are roomy and dry, and very cool and cleanly kept, and are patrolled by the militia, making it perfectly safe to leave clothing, etc. These cost 75 cents per day, and breakfast can be had on the grounds. There is also a bath tent, the use of which is free to occupants of tents in connection with the camp.

This arrangement gives our people the widest range to suit the fancy and convenience of

all, but it will be very sociable and convenient for as many of us as can to be quartered at the headquarters at the Inn.

HOW TO GET TO NORFOLK.

For practically all territory east of the Mississippi river the regular Jamestown Exposition excursion tickets can be had, if the ticket agent is notified a few weeks in advance. These are very reasonable—about one fare for the round trip. Some roads have the ten-day, thirty-day, and season tickets. Of the two last named, the shorter the limit, the cheaper the ticket.

If your route lies through New York, Baltimore, or Washington, you can use the boat lines from those points if you wish. This makes a very desirable trip. These tickets are signed, non-transferable tickets, and there is no bother with certificate and one-third fare rate for the return. The ticket is validated at Norfolk as you take the train or boat for return.

The Transcontinental Passenger Association has made a special rate of about one fare for the round trip for points west of Chicago, St. Louis, and Memphis, to these points, and the excursion tickets for the Exposition are good from these points. See your agent several days in advance of making the trip.

ATTENDANCE.

Now, a word about attendance. The average member does not begin to realize the amount of work that is put on this program and the details for our entertainment and comfort. The program will be an education; the attendance will be inspiring; and the reunions will make you young again. But, apart from this, these meetings are not a picnic or an outing. They may be made such secondarily, but it is the stern duty of the profession to attend these annual meetings and do this much to place the profession where it should be, and only co-operation and unity can do this. This does not need to be enlarged upon, but it does need to be impressed. Arrange now to be in Norfolk August 26-30 next. H. L. CHILES.

Auburn, N. Y.

Secretary.

Hotel Rates for A. O. A. Meeting.

The following from a letter written by the manager of the Inside Inn to President Ellis gives the necessary information in regard to rates, reservation of rooms, etc.:

"We have quoted a rate to this Association of \$2.00 per day per person, European plan, two in a room.

"Where single occupancy is desired for any room, the rate will be \$1.00 extra, making the rate for single occupancy \$3.00 per day, European plan.

"Our rooms with bath are all on the first floor (sleeping), and face Hampton Roads, the finest outlook of the Exposition. There are only thirty-one of these rooms, and the rates for which are \$7.50 per day, single occupancy, European plan, and \$10.00 per day for two persons in the room, European plan.

"The Inside Inn is operated both on the European and American plans, and the guest has the choice of these plans on registering. We have an a la carte dining room, where meals can be secured at reasonable prices.

"Where the guest desires the American plan, he can simply add \$2.00 per day to any of our European rates.

"In a large hotel of this kind, where there is such an immense transient trade, it is impossible to keep books and open accounts, and therefore it is operated on the following plan:

"When the guest registers, he is asked to indicate the proposed length of his visit, and is issued a ticket calling for that many days' accommodations, for which he pays in advance. This ticket also acts as an admission card to the grounds, as often as desired, both day and night. If for any reason the guest decides to leave before the expiration of his ticket, he is simply charged for the time he has been a guest, and the balance is cheerfully refunded. In other words, the bookkeeping is done on the arrival of the guest, and not on his departure. This plan is worked for the benefit of the guest, and to avoid all confusion which would occur were we to run open accounts.

"In regard to the reservation of rooms, we would ask that as far as possible all reservations be made before August 1, as we are booking very heavily for that period, and want to know as to the number that far in advance."

In writing to reserve rooms, the following will be sufficient address: Inside Inn, Inside Inn Station, Exposition Grounds, Va.

Matter Crowded Out of This Number.

We regret very much that, owing to the late arrival of important matter, we were obliged to omit from this number several interesting news items after they had been put in type and the forms made up. Among the items omitted are excellent reports of recent meetings of the California and Pennsylvania osteopathic associations, a brief account of a meeting of the Oregon association, an announcement of the meeting of the Nebraska association to be held September 12

The Postgraduate College.

C. M. T. HULETT, D.O., Cleveland, O., Chairman Board of Regents.

To the members of the profession generally it may seem that the movement for the establishment of the postgraduate college is slow. If it is, it is also sure. It is going forward, and has been doing so steadily during the year. A brief statement of what has been done and of the present conditions can now be made, and will prepare the way for further advance.

Soon after the meeting at Put-in-Bay, the Board of Regents began work on the task assigned it. The Board held one meeting, in Chicago on September 8, at which the general plan of organization of the school was agreed upon. This was perfected by correspondence between the members, and submitted to the Trustees of the A. O. A. in October for their approval. (Incidentally, it is a pleasure to record the great obligations of the Board and of the profession to Mr. Thomas L. Johnson, of Cleveland (not the mayor), for his interest and advice on the many legal points involved, which was given "without money and without price," as his contribution to the movement.)

The statement that this report was "submitted to the Trustees for approval" appears innocent enough on its face, but Secretary Chiles could probably testify to the trouble and vexation of spirit involved in the task of securing registration of that approval in due form, when the circumstances under which it had to be accomplished are considered. If the Trustees had been together in session, there would have been some hours of discussion to bring the differing views on various points into harmony before a vote of approval was in order. Then, with that done, the election of the twenty-five incorporators would probably have required a number of ballots. But, instead of being together, the Trustees were scattered all over the United States. Instead of discussion direct and without delay, each Trustee, after receiving a copy of the report from Secretary Chiles, took time enough to study it carefully and decide just what he wanted to say in the way of suggestion or amendment, and to write it out and send it to the Secretary, who then summarized and compiled it all, and sent copies to all the Trustees. Each one would then answer the rest in another communication, to be in turn compiled and sent out, and so on until it was all threshed out. Then came the election of the twenty-five. We sometimes have "protracted meetin'" in election of officers in the A. O. A. when many ballots are necessary, but imagine these ballots being taken back and forth across the United States! The Board of Trustees have been doing these things, and working steadily at it, too, all these months. A compensation is the fact that the result will be more thoroughly and carefully thought out than it would have been in a meeting on the spur of the moment.

In the meantime the Board of Regents were tied up. They could only await the decision of the Trustees on the matters submitted, and only just now are these matters reported back to the Regents by the Trustees. The Trustees have made some slight changes which the Regents will probably accept without the delay of further conference with the Trustees, and the Regents may now take the next steps in the development of the movement. The first will be a call for the first meeting of the persons elected by the Trustees to organize the school corporation. This will probably be at the same time of the A. O. A. meeting. Presumably the regulations presented by the Regents with the approval of the Trustees will be adopted and the organization effected according to those provisions.

After that is done, the campaign for subscriptions can be pushed. It was the consensus of opinion, at Put-in-Bay and after, that the movement must first have a tangible basis. We must know what we want to do and how we want to do it. With plans and organization completed and the responsible persons designated, there is something for contributors to size up and to hold responsible for an intelligent and consistent plan of development in which their money shall be used to a definite end. Most of the D.O.'s at Put-in-Bay did not have to be shown first. Their enthusiasm and overflowing faith in their profession were shown by their advance pledges; but those who were not there, and especially outsiders, expect something definite first. We will now be in position to present it to them.

The report of the Regents on regulations is as follows:

THE A. T. STILL POSTGRADUATE COLLEGE OF OSTEOPATHY.

PREAMBLE.

Whereas, The report of the Educational Committee of the American Osteopathic Association submitted to the Association by the Board of Trustees as a part of its report and adopted by the Association at its regular annual meeting held August 6-10, 1906, contained the following recommendation: "That the Board of Regents take steps at once toward establishing a foundation for a postgraduate school to cover special work including the practice of surgery, and any other subjects not thoroughly presented in osteopathic colleges as they now exist, but which is necessary to prepare osteopathic physicians for the practice of the healing art in all the phases recognized by osteopathy. But all such instruction must be from an osteopathic viewpoint and must at all times keep in view fundamental osteopathic principles, and every instructor must be a graduate of a recognized osteopathic college. The course above referred to shall be so arranged in conjunction with the courses of osteopathic colleges as to supplement them, give an extended

course to meet all probable requirements placed upon osteopathic physicians, and do research work along osteopathic lines.The plans suggested in this recommendation must receive the approval of the Board of Trustees of this Association before the active work of conducting a postgraduate school shall have begun."

And Whereas, Many persons have made gifts, donations, and subscriptions to the American Osteopathic Association to be used in the endowment of such a school.

And Whereas, The Board of Regents, after due deliberation, have recommended to the trustees the subjoined by-laws, and that the trustees name twenty-five persons who shall act as incorporators and the first Board of Trustees of such school, which recommendations were adopted and the following persons named thereunder by the trustees of the American Osteopathic Association, on theday of190. . .

Now Therefore, The above named incorporators met thisday of190. . in the city ofin the state ofand adopted the following by-laws as recommended aforesaid, as governing the corporation.

BY-LAWS.

1. The name of this corporation shall be, The A. T. Still Postgraduate College of Osteopathy.

2. The affairs of this corporation shall be under the direction and control of a Board of Trustees composed of twenty-seven members, of which at all times, at least seventeen shall be osteopathic physicians, and members in good standing of the organization known as the American Osteopathic Association, or its successor.

3. At the first election of trustees, five thereof shall be elected for one year, five for two years, five for three years, five for four years, and five for five years. In each class of trustees composed of five persons to be chosen at the first election, at least three shall be osteopathic physicians. The twenty-five persons so chosen as trustees at the first election shall be recommended for election by the Board of Trustees of the American Osteopathic Association, and at each subsequent annual election five persons shall be elected as trustees to fill vacancies caused by expiration of term, from a list of ten persons nominated by the trustees of the American Osteopathic Association. Vacancies on the Board of Trustees shall be filled by the board from the last list of nominations, until the next annual meeting of the board, except as to the two *ex-officio* members. The chairman of the Educational Committee, and the chairman of the Board of Regents, of the American Osteopathic Association, for the time being, shall be *ex-officio* trustees of this corporation, and the regularly constituted incumbents of each of those offices shall at all times and in all respects act equally with the other members of this board.

4. The Board of Trustees shall have entire control and management of the corporation; shall supervise the investment and care of its endowment funds and other property, and all expenditures as provided in the annual budget submitted for its approval by the council; grant degrees and diplomas on recommendation of the faculty; shall encourage and suitably provide for original investigation and study; and in general shall direct and govern the policy of the college in all its affairs.

5. The Board of Trustees shall meet annually on such date as it may determine. At this meeting there shall be presented by the chairman a report covering the work of the college, and a report by the treasurer showing all the financial operations in detail, together with a full and detailed inventory of all the assets and property of the college. Special meetings of the Board of Trustees may be held on call, in writing, of five members of the Board of Trustees, or of the council, a copy of such call to be sent to each member of the Board of Trustees at least ten days prior to the date of such meeting.

6. The trustees shall elect from their number a chairman who shall preside at all meetings of the Board of Trustees and of the Finance Committee, and perform the duties usually pertaining to that office.

7. The trustees shall elect a secretary who shall keep full and accurate minutes of the proceedings of the Board of Trustees, in books provided for that purpose.

8. The trustees shall elect from their number a treasurer who shall perform the duties usually devolving upon that office. The treasurer shall have the custody of the funds of the college, which shall be kept in such bank or banks or other depositories, in the name of the college, as the Finance Committee shall designate. He shall keep an accurate account of the finances of the college in books to be specially provided for that purpose, by the Board of Trustees, and hold the same open for examination by the Board of Trustees or any member thereof. The treasurer shall give a bond in such amount as may be determined by the Finance Committee. He shall render a full and particular statement of his accounts, accompanied by vouchers, at the annual meeting of the trustees, and shall render such other reports and at such other times as shall be required by the Board of Trustees or the Finance Committee.

9. There shall be elected from the Board of Trustees three persons who with the chairman and treasurer, shall constitute the Finance Committee, who shall hold office for one year and until their successors shall be elected and qualified, and said committee shall have the following powers and duties:

To supervise and conduct the financial business of the college, subject only to the Board of Trustees.

To loan or invest the funds of the college, which shall only be done by vote of the committee in legal session. None of the funds of the college shall at any time be loaned to any executive officer of the college nor shall any investment thereof be made in which any executive officer shall have any interest, directly or indirectly, unless at least four of the Finance Committee not therein interested, shall at a regular or special meeting assembled, authorize the same.

Said committee shall appoint a secretary who shall keep full and accurate minutes of the proceedings thereof in books to be provided for that purpose, in which shall appear in detail all loans and investments by them authorized to be made, which book of minutes shall be laid before and read at the regular meetings and special meetings of the Board of Trustees.

10. There shall be elected from the Board of Trustees each year seven persons who shall constitute the council. The council shall have entire charge of all matters of detail in the management of the college, employ instructors and others necessary to carry on the work of the college and fix the amount of compensation to be paid therefor; shall provide buildings, hospitals, sanatoriums, equipment and appliances, as circumstances may require and permit, suitable for these purposes; shall co-operate with the faculty in formulating rules and regulations as to courses of study, granting degrees, and general conduct of the college. All such rules and regulations shall, from time to time, be submitted to the Board of Trustees for ratification.

The council shall elect a secretary who shall perform the duties usually appertaining to that office. He shall keep full and accurate records of all the business of the council in books provided for that purpose.

11. The faculty shall consist of all those engaged in giving instruction and who bear the title of "Professor," one of whom, designated by the council, shall be president of the faculty and of the college. The faculty shall co-operate with the council in formulating rules and regulations as to courses of study, granting of degrees, and the general conduct of the college.

12. The council may provide for what is known as affiliated schools. These affiliated schools to make a contract or agreement with this corporation whereby certain members of the Board of Trustees of this corporation become members of the Board of Trustees of the affiliated school. The faculty of this school to arrange with the faculty of the affiliated school as to courses of study, and the examinations to be prepared jointly by the faculties of both schools, and upon the completion of the course of study and passing of the examinations, the graduate to get a degree from this college as well as a degree from the affiliated school, the plan to be worked out somewhat similar to the plan governing the schools affiliated with Chicago University.

13. The council may provide for co-operating schools, fixing the courses of study so as to enable the person taking the course in the co-operating school to enter this college without passing examinations, upon a somewhat similar plan to the Chicago University co-operating schools.

14. These by-laws may be amended by a two-thirds vote of all the members of the Board of Trustees at any annual meeting, provided that notice in writing, containing a copy of such proposed amendment, shall be sent to each member of the board at least three months prior to the date of the meeting at which the proposed amendment shall be voted upon.

Resolutions.

Whereas, The sad and untimely death of our late president and much-beloved Dr. Harry L. Bristol, which occurred April 12, 1907, has occasioned deep sorrow in the hearts of all who knew him; and

Whereas, Our society, the profession at large, and a large circle of patrons and friends are deprived of an efficient and zealous co-worker and physician, a man of sterling qualities and singularly strong character, one who possessed high ideals of life and of his profession, being steadfast in purpose, courageous, and sympathetic; be it

Resolved, That out of respect to the memory of the deceased, his earnest and devoted services, his tireless labors and sacrifices, and his matchless loyalty in promoting the best interests of the profession, we, the members of the Central New York Osteopathic Society, assembled this 22d day of June, 1907, herewith express our sorrow and extend to the bereaved family our sincere sympathy. Be it

Resolved, That a copy of these resolutions be sent to the bereaved wife of our departed brother, to the osteopathic journals, and that they be spread upon the minutes of our society.

E. W. TIFFANY,

M. E. LAWRENCE,

A. G. FRENCH,

Committee.

PERSONALS.

Dr. Mary E. Graham, formerly of Wahoo, Neb., was married on March 28 to G. W. Graham, and is now located at 329 North Sixteenth street, Lincoln, Neb.

After September 1, Dr. A. G. Hildreth will be located for practice in rooms 706 to 700 Century Building, St. Louis. Dr. Flora Notestine will be associated with him.

Dr. Jesse L. Hull, Weeping Water, Neb., writes to correct the error in the spelling of his Christian name, which was incorrectly reported as "Jessie" and so appears in our directory.

Dr. Asa Willard, of Missoula, Mont., and Miss May Curfman, of Tarkio, Mo., were married in Missoula on July 25. Immediately after the ceremony Dr. Willard and his bride left for an extended camping trip in the Northwest. This is the first vacation the doctor has had in several years.

In May we had notice that Drs. J. S. B. and Elizabeth Marshall had located in Russell, Pa., and it was announced in the June number of the JOURNAL. After the directory forms of the present number were made up, too late for correction, we were informed that they had merely established a branch office in Russell. The doctors desire it to be known that they maintain their office, and their address is still, at Jamestown, N. Y.

APPLICANTS FOR MEMBERSHIP IN A. O. A.

W. H. Bowdoin, Madison, Ga.

Oscar Evans Bradley, Ellwood City, Pa.

Flora Brown, 3222 Mt. Vernon St., Philadelphia, Pa.

J. O. Day, Mayfield, Ky.

A. I. Doneghey, 1323 Chapline St., Wheeling, W. Va.

J. F. Holsclaw, Doniphan, Mo.

V. D. Hunter, Caruthersville, Mo.

I. Henry Lidy, Raring Bldg., Pottsville, Pa.

Edward Strong Merrill, Bradbury Bldg., Los Angeles, Cal.

Simon P. Ross, 1000 Land Title Bldg., Philadelphia, Pa.

D. W. Starbuck, Montgomery City, Mo.

Sumner E. Warner, 410 Board of Trade Bldg., Indianapolis, Ind.

Reinstatements.

J. H. Crenshaw, Oriol Bldg., St. Louis, Mo.

Frank F. Willcox, 108 Crescent Ave., Plainfield, N. J.

REMOVALS.

Ernest W. Rush, Com. Nat'l Bank Bldg., to The "Savoy," Washington, D. C.

Florence Coffland, Piqua, to Circleville, O.

Ambrose B. Floyd, 317 Norwood Ave., to 748 Ellicott Sq., Buffalo, N. Y.

W. A. Gaylord, Columbus, to Kenton, O.

Mary E. Gordon Graham, Wahoo, to 329 N. 16th St., Lincoln, Neb.

Emilie L. Greene, Ferguson Bldg., to 676 Woodward Ave., Detroit, Mich.

C. S. Harper, Topeka, Kas., to Greeley, Colo.

W. F. Hilliard, Kirksville, Mo., to Edgewater, N. J., (care W. O. Ross, Esq.)

J. C. Howell, 420 Penna. Bldg., to 348 Mint Arcade Bldg., Philadelphia, Pa.

Franklin Hudson, Springfield, Mass., to 100 Princes St., Edinburgh, Scotland.

W. S. Maddux, Fairfield, Iowa, to Ft. Collins, Colo.

Robert C. Malcolm, Com. Nat'l Bank Bldg., to The "Savoy," Washington, D. C.

Richard L. Meyer, San Francisco, to 963 Clay St., Oakland, Calif.

J. T. Mitchell, Albany, Ga., to the Assembly Inn, Monteagle, Tenn.

J. J. Otey, Newman to Ventura, Calif.

J. T. Penrose, Des Moines, Iowa, to Denison, Tex.

E. C. Pickler, Bank of Minneapolis Bldg., to New Warner Bldg., 17 S. 6th St., Minneapolis, Minn.

Ernest A. Plant, 407 to 619 Fay Bldg., Los Angeles, Calif.

Alice Patterson Shibley, W. Loan & T. Bldg., to 605 The Ontario, Washington, D. C.

Ernest Sisson, San Francisco, to 86 Delger Bldg., Oakland, Calif.

Oliver Van Dyyne, 24 to 52 Gardner Bldg., Utica, N. Y.

Kate Williams, 419 to 435 State Life Bldg., Indianapolis, Ind.

Wm. D. Willard, The Chamberlaine, to Paul-Gale-Greenwood Bldg., Norfolk, Va.

A. G. Willits, Bank of Minneapolis Bldg., to New Warner Bldg., 17 S. 6th St., Minneapolis, Minn.

Doctor Eales Breaks Fast.

In replying to an inquiry from the editor of the JOURNAL as to the outcome of his recent thirty days fast Dr. I. J. Eales, of Belleville, writes that he was agreeably surprised at the interest manifested throughout the United States. He is overwhelmed with letters of inquiry and contemplates getting some stock letters printed as he finds it impossible to answer all questions. Under date of July 9, Dr. Eales writes as follows:

"There is one thing certain, there is some wonderful power beside the food eaten, that runs this human machine. * * I began my fast May 31, 1907, at noon, weight 192 lbs., waist 44 inches. I ended it July 1st at noon, weight 162 lbs., waist 34 inches. I, however, drank a glass of malted milk June 30 at noon, Monday, but went 24 hours afterward, thus making a 31 days fast. Since breaking fast I have been living on eight ounces of malted milk daily, mixed with warm water and on this diet I have gained in flesh an I strength and my blood count has increased wonderfully, both in leucocytes and erythrocytes.

"I am keeping complete record of my experiments and will make the blood test frequently in order that the profession may receive the benefit of all my investigations and deductions."

Death of Dr. G. H. Gilmour.

We have indirectly learned of the death of Dr. G. H. Gilmour, of Sioux City, Iowa, which occurred a month or two ago. Dr. Gilmour was one of the pioneer osteopaths in Iowa, and had a wide circle of friends in the profession. At the time of his death he was a member of the A. O. A.

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