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IS THE PRACTICE OF ECLECTIC OSTEOPATHY A MENACE TO THE OSTEOPATHIC SCHOOL.

President's Address Eleventh Annual Meeting of the A. O. A., Norfolk, Va., August 26-30, 1907. S. A. ELLIS, D.O., Boston, Mass.

My subject is rather unusual and perhaps will bear a little explanation. By eclectic osteopathy is meant the practice of osteopathy as a major branch of therapeutics, but with the assistance of various adjuncts, even going so far as the use of drugs. The term "osteopathic school" is used in its general sense, and not in the sense of an institution of learning.

No doubt the question which this brings up seems superfluous to some of you who practice osteopathy in sections of the country where other methods or aids are never resorted to by the osteopathic practitioner. The use of adjuncts in osteopathic practice was considered by this Association a number of years ago, and at that time was regarded as settled, but the tendency toward drug giving is a new and insidious form of adjunct which we must consider now or in the near future. I can assure you that it is a live question in many localities. It cannot be said that drugs, as such, are taught at the present time in any of our schools, but not a small number of osteopathic practitioners use drugs with more or less regularity in their work. This is not confined to unrecognized or unqualified men by any means, for members of this Association have discussed with me in the most open manner the advisability of giving drugs. In view of these facts, the question which the subject of this paper raises is not out of place. It is unfortunate that it seems necessary to bring this matter forward again, but it is a situation which we are bound to face, and the members of this Association are the ones, who in the end, must decide it. The fact that osteopathy has had such wonderful success when practiced in its purity should certainly give the advantage of presumption to that side. To many of us the answer is clear, but there are others who will argue the negative with great enthusiasm.

The discussion of this subject, I fully realize, cannot be made altogether popular, for the very reason that even among recognized osteopaths there is such a wide divergence of opinion in the matter. My idea in speaking along this line was not particularly to state my own opinions, but to put the question before you in the serious spirit which it deserves.

Let us by all means be honest with ourselves and with our work. Are we in the future to practice osteopathy or shall it be eclecticism? These two definitions are from Webster:

"The eclectic physician is one of a class of practitioners of medicine who select their modes of practice and medicine from all schools."

"Osteopathy is a system of treatment based on the theory that all diseases are chiefly due to mechanical interference with the functions of nerves, blood vessels, and other tissues, and may be remedied by manipulation to remove interferences, correct misplacements, and stimulate or inhibit activity."

Certainly all of us today are in search of the best in the methods of diagnosing our cases and curing our patients. We want the training that will make us the most useful to our fellowmen and to the community at large. We are not going to allow any false pride or dogma to decide this question for us. It must be determined on its own merits.

Now as to eclecticism. The theory sounds all right, but let us see how it works out in practice. For the sake of example, let us say a man of good average intelligence and sound judgment—in other words, the scientific man of common sense—is in the position of a practitioner after a thorough course in eclecticism. He has very likely spent eight years in medical and osteopathic schools. In that time two separate and contradictory systems of drug therapeutics and diagnosis, surgery, and osteopathy have been carefully studied by him, to say nothing of kindred subjects like hydrotherapy and electrical therapeutics. He has graduated broadly trained, broadly educated—a first class all-round theoretical physician. His first patients are before him. They very naturally feel themselves fortunate to have fallen into the hands of this well rounded fellow. Are they to be disappointed by his ultra-conservatism and lack of enthusiasm in his work? Does his failure to make a definite diagnosis or outline a definite treatment indicate hesitation or confusion of ideas? There is no denying that our eclectic doctor is to say the least somewhat puzzled. Could it well be otherwise? Is the man of average intelligence capable of comprehending and putting into practice such a multitude of contradictory scientific theories, particularly in the presence of his patient or at his bedside in time of critical illness? It seems to me that there is but one answer to all these questions, and that is an emphatic "No." I believe that this opinion will be justified and borne out by the records and experience of so-called eclectic physicians. Has eclecticism made good in your locality? It certainly has not in Boston. The successful physicians of my acquaintance are those who have perfected themselves in one school, are definite in diagnosis and treatment, radical in their views, enthusiastic and hard at work along their particular line. We look in vain for a satisfactory philosophy in eclecticism. No two men in this school agree as to the best method of treating similar cases. One of our strongest points in osteopathy is in this very connection. We have a common and uniform philosophy both in diagnosis and treatment, and in adhering closely to it we find our greatest strength.

Just a word about homeopathy. This school has had, no doubt, a wonderful influence in modifying the methods of physicians who favored strong drugs, but what of the homeopathic school as such? Its philosophy as stated by the majority of its adherents today is only a little less confused than that of eclecticism. I am sure that there is not a member of this Association who would wish to see our splendid science go the way of the homeopathic school. Loss of identity is the most ignominious ending that can be imagined for any school or system. Did this result come to homeopathy because of the practice of the theory in its purity and efficiency by the older men in the work like Bell or the Wesselhoefts? No. The result was brought about by the practice and teaching of the younger element of the profession who chose to pursue the mirage of eclecticism and dragged their school down with them. Perhaps too much has been said in the discussion of

this problem of medical schools, but I feel strongly about these things. They are brought almost daily to my notice, and I sometimes wonder if these examples are not put before us in order that we may profit by them for the sake of our own osteopathy.

Now as regards osteopathy—the A. T. Still sort of osteopathy. Has it made good? Has it done what we expected of it? There is no doubt in the minds of any of us as to that. The wonderful development of this school, mainly in the last fifteen years, and the place it holds today in the minds and hearts of the American people is your answer. It has attained this splendid position largely on the strength of the most wonderful clinical record in the history of medicine. This result has not come through mixing amalgamation, or alliance with any other school or system of healing, but by maintaining in its purity the initial theory of osteopathy that the body is a machine and that the logical remedy for impaired machinery is adjustment. This idea carried to its natural conclusion and perfected to the highest degree has brought us where we are today. This theory has stood the test and has covered the ground in a sufficiently broad manner for most of us, fortunately. It has stood the test not only of practice, but the strain as well of many assaults by our natural enemy, organized medicine. Victory has been ours in the majority of cases. We have successfully resisted all important attacks from without, and our success in the future rests entirely with ourselves. Not a small part of the result is done up in this knotty problem of broad training and broad practice. I would be the last to argue or speak in any way against breadth in thought or view, in diagnosis or treatment, but osteopathy is in itself the very essence of breadth. A more comprehensive or broader principle in medicine was never stated. "Man a machine," and Dr. Still placed but one limitation upon it. "No drugs" he wisely said. How foresighted he was we begin to realize today. "Man a machine?" What a wealth of opportunity for broad study is suggested by this phrase! Know the machine? Assuredly, and in every detail as far as possible; not only the normal working machine, but the same when out of order—out of adjustment.

Have we all gone into the study of anatomy as far as we might? Are we worthy of the reputation which our friends give us of being fine anatomists, and can this splendid reputation be maintained? It certainly must be, for anatomy is the very life and trunk of our system. The workings of the machine in health and disease, the great department of physiology comes next in importance to us. If you do not care to be confined in your investigations, or if your mind chafes at the limitations and dullness of anatomy, here you have a chance to spread yourself over as much ground as you like. This subject has no bounds—no hedges, and every fact you dig out will be of the greatest use to you in clinical osteopathy. Your osteopathic practice is an application of every fact and principle in these two great sciences. If you still have time for further study, investigation along the kindred subjects of osteopathic training will keep you busy and far from dissatisfied with osteopathy on account of its limitations.

Pretence and dishonesty have no place in science. By all means let us not pretend. We are credited with superior knowledge along anatomical and physiological lines. Let us be what our friends think we are—thorough, well trained osteopaths all the time. If we maintain a high standard in our osteopathy, our knowledge of these fundamentals must be most thorough. Let us be broad, but see that the breadth is along osteopathic lines. Let investigation and study be on the fundamentals of osteopathy, not leading us away from it with tendencies toward con-

fusion of ideas and principles. Let us review a few facts in this connection. There is no doubt that the trend of the times among scientific men is toward specialization. Far from trying to master two or three schools of healing, they are content to study only one, and to confine themselves at that to the mastery of one small branch of their chosen method. No one will deny that they are better in their special line for this concentration. Do we recommend the general practitioner for our surgery? Not at all. Very likely a surgeon is recommended who rather makes a joke of his deficiencies in general medicine. You understand that I am making no argument for the specialist. It seems to me that scientific men are carrying this idea to an unfortunate extreme, but the trend of the times is significant.

Too often already the impression has gone abroad that osteopathy is merely a system of treatment. This of course is entirely wrong. It puts our science in a class with hydrotherapy and similar methods. We cannot bear down too strongly upon the point that osteopathy is a school and a distinct system not only in treatment, but in diagnosis as well. We should at all times make this clear to our patients so that the public may not gain a wrong idea of our wor.k In a recent article in the Kirksville Journal by Dr. Wm. Smith, he quoted statements from a number of prominent osteopaths. I was pleased to note that in every case their success was attributed largely to the fact that they had always practiced osteopathy in its purity. Surely success has followed in the wake of this principle rather than in that of eclectic osteopathy if we are to judge by the records of the older group of practitioners in our work. They have never practiced anything but osteopathy, and their achievements are unquestionably significant. On the other hand, if we look to our investigators and scientists, we find that the large bulk of their study has been along the line of the osteopathic lesion. They have not worried as to the possible necessity of employing a drug or other adjunct to bring results.

There has been too great a tendency among osteopaths to turn in time of trouble to a medical practitioner rather than to seek the advice of a fellow osteopath. This giving way in the face of serious illness is a most striking confession of weakness. The giving of the drug itself is certainly not osteopathic, and it immediately suggests the queston to the minds of the public as to whether osteopathy is a complete system or a specialty. This giving of medicine by our own men is proof positive that they think it necessary, which puts our science in the light of a limited practice.

It is difficult to understand why some of our practitioners should place their reliance on drugs just at this time when the best medical opinion is strongly against their use. Not to go too deeply into an argument against the use of drugs, these opinions from medical men are interesting in this connection. Metchnikoff, the great European authority, after making a statement on the ill effects of opium and alcohol on the phagocytic action of the white blood corpuscles, concludes thus: "But it is not only alcohol and opium which hinder the phagocytic action. A number of other substances regularly employed in medicine cause the same results. Even quinine, the prophylactic effect of which in malarial fevers is indisputable, is a poison for the white blood cells. One should, therefore, as a general rule, avoid as far as possible the use of all sorts of medicaments, and limit oneself to the hygienic measures which may check the outbreak of infectious diseases. This postulate further strengthens the thesis that the future of medicine rests far more in hygiene than in therapeutics."

Dr. A. Stearn, chairman of the Department of Pharmacology of the American Medical Association, has some interesting things to say about drug therapeutics. He has no delusions as to the science of medicine. He knows that it is still unborn. He says: "The treatment afforded by surgical measures may be rational in so far as it is directed against the cause of the affection. Internal medicine, on the other hand, is still helpless and has to combat the symptoms of the condition. Almost the entire science of therapeutics is nothing else but more or less refined and varnished empiricism, all protest to the contrary notwithstanding." He also adds: "Is it not quite humane to follow the letter and dictum of Skoda, who said, 'We are able to diagnose, describe, and understand disease, but we must not believe that we are able to cure it by any of our remedies.' We know now that most if not all infectious diseases are self-limiting. The effect of remedial measures on the underlying conditions is nil or almost so in every instance."

These men represent the best thought of the medical profession, and their opinions are certainly valuable.

Now when has osteopathy failed? Under what conditions has it disappointed the practitioner as well as the patient? Experience shows that in the majority of these cases, the osteopath was not sure of his ground. His conception of the initial lesion theory was faulty or confused, and through lack of confidence he failed to apply the specific osteopathic work which brings results in all curable cases. These failures can in no way be used as an argument against the efficiency of osteopathy. They are personal, and should be regarded as such. We shall have taken a great stride forward when we are able to attribute our failures to our own shortcomings and not question the wholeness of osteopathy; when we realize that the trouble was due to our failure to read and interpret deeply enough.

A law such as the one recently passed in New York seems very effective and wholesome. It restricts the osteopathic practitioner to the practice of osteopathy alone. We find this principle first stated in the constitution of the Greater New York Osteopathic Society. This organization prohibits its members from the use of adjuncts of any kind, and on the strength of this, has built up what is perhaps the strongest local osteopathic society in the country. Have the New York osteopaths found themselves hampered by these restrictions? Is there a place in the country where osteopathy is stronger than in New York? I think not, unless it be at Kirksville, the home of the "Old Doctor." This strong osteopathic sentiment prevails quite as strongly up the state as in New York City. We saw this little band of osteopaths in the state of New York during the last session of the legislature achieve a most signal victory in a contest with one of the strongest medical organizations in the country. With all due credit to the personal ability and efforts of these men, could this result have been obtained without harmony, without a common belief that the individuality of osteopathy should be maintained, and a common determination to place osteopathy on the statute books of New York as an independent system.

I can in no way make my position or my purpose more clear than by recalling to you a statement of osteopathic principles laid down by Dr. Still many years ago. I quote the following platform from one of his articles in an early number of the Kirksville Journal:

First—We are opposed to the use of drugs as remedial agencies.
Second—We are opposed to vaccination.
Third—We are opposed to the use of serums in the treatment of disease.

Fourth—We realize that many cases require surgical treatment, and therefore advocate it as a last resort. We believe that many surgical operations are unnecessarily performed and that many operations can be avoided by osteopathic treatment.

Fifth—The osteopath does not use electricity, X-radiance, hydrotherapy, but relies on osteopathic measures for the treatment of disease.

Sixth—We have a friendly feeling for other non-drug natural methods of healing, but we do not incorporate any other methods into our system. We are opposed to drugs; in that respect, at least, all natural, unharmful methods occupy the same ground. The fundamental principles of osteopathy, however, are different from those of any other system, and the cause of disease is considered from one standpoint, viz: disease is the result of anatomical abnormalities followed by physiological discord. To cure disease, the abnormal parts must be adjusted to the normal, therefore other methods that are entirely different in principle have no place in the osteopathic system.

Seventh—We believe that our therapeutic house is just large enough for osteopathy and that when other methods are brought in, just that much osteopathy must move out.

Eighth—Osteopathy is an independent system and can be applied to all conditions except purely surgical cases.

Ninth—We believe in sanitation and hygiene.

There are men in this organization today who give drugs in their practice, yet they do not hesitate to hold themselves out as osteopaths. A member recently said to me, "I cannot get along without morphine in my work." This man has practiced for a number of years and of course has a perfect right to his opinion. However, an expression of this kind raises many questions. This man has never studied medicine. Now is he qualified to prescribe such a powerful and insidious drug? Has a man who is an osteopathic graduate and still finds it necessary to give drugs in his practice, ever grasped the fundamental conception of osteopathy or sensed its basic theory? To me it is most doubtful. The loss of these men to the profession would not be irreparable, to say the least, but the harm to our science comes from the fact that while they practice this species of eclectic osteopathy they hold themselves out as osteopaths. Now if they believe conscientiously that drugs are necessary, their opinion of course cannot be criticised, but when these things are carried on in the name of osteopathy, it seems time that some change was made. The principle is the serious thing. It strikes at one of the most vital tenets of osteopathy—that it is a drugless science.

It must not be understood from these remarks that the fear of drug giving among members is any special phobia of my own. It is a condition and not a theory which presents itself to this organization, and a solution of the problem must be made in the very near future. We do not care to lose those members who are giving drugs in their osteopathic practice, and every effort should be exerted to make them see the danger to osteopathy in these methods. Failing in this, I am convinced that the American Osteopathic Association should state definitely that drug giving is not osteopathic, and should determine whether its members shall be privileged to use internal medicine in their practice.

144 Huntington Ave.

Our body is a well-set clock, which keeps good time; but if it be too much or indiscreetly tampered with, the alarm runs out before the hour.—*Bishop Hall.*

CANCER—CRITIQUE AND EXPLANATION.

J. MARTIN LITTLEJOHN, Ph.D., M.D., D.O.

Several correspondents have asked me to present in brief and as clearly as possible a summary of my ideas. This I will attempt to do. Other correspondents have asked questions, formulated problems and inquired for some authorities. These I will endeavor to answer and give such explanation and reference as is available.

To those who have kindly written good words of commendation I tender my grateful thanks. This is a subject that was forced upon me in the field of practice and I could not feel that in justice to myself and our science I could set it aside. The gratitude of benefited patients has more than repaid me for the time and labor expended in investigation. Every step in this investigation has been a stepping stone higher and higher into the conviction that the osteopathic theory of disease is correct and will stand the severest tests. I have not sought notoriety nor presented any cure all theory. I have referred to writers and writings as any one would put a witness on the stand to prove facts from the profession itself.

For the past seven years the writer has been investigating by means of clinical observation, microscopic examinations and chemical analyses this subject of morbid growths. Incidentally I have looked up the history and methods of others. But the results so far set forth are deduced entirely from personal investigations. I realize that my ideas are not in line with current medical, or osteopathic notions. But they are based upon scientific conclusions, reached from a close study of physiology, pathology and the clinical data of several hundred cases.

The writer accepted the osteopathic theory of health and disease and in line with this has attempted to apply etiology and therapy in the case of a so-called incurable disease. To make the academic statement, as many have done, and still do, that any disease is incurable, is simply to assert ignorance of the cause of disease, its life history and the means of combating it. No disease is curable, in the strict sense of the term, because disease is simply a relative expression. Patients are curable; and, if patients have sufficient vitality and vital endurance, the proper methods applied will restore them to health. That some patients die is no proof of incurability, but proof of our inability to grasp the meaning of the conditions that affect the patient. If every incurable disease had been at once proscribed, osteopathy would never have been born, because osteopathy has cured the so-called incurables.

The osteopathic theory differs from the older medical methods therapeutically in one particular, viz., in refusing to use means of stimulating; using entirely means of increasing the powers of resistance to disintegrating and destructive forces operating within the organism. In line with this, *Osteopathic Etiology* is based upon obstruction, interference and irritation; *Osteopathic Patholody,* upon perverted functioning, resulting from obstruction, interference or irritation, with a resultant alteration of the cellular or intercellular structure and destruction, whether partial or complete, of structural integrity. *Osteopathic Symptomatology* is based upon physical, physiological and psychic expressions of the changes taking place in the organism or its parts in connection with the production, development and establishment of causes and conditions of disease; *Osteopathic Therapy* taking it for granted that stimulation is already perverted in connection with

the disease processes, does not use stimulative measures, but uses entirely *corrective* measures to remove obstruction, interference or irritation, thus strengthening the resisting powers of the organism and permitting the free operation and co-operation of the vital capacities within the organism.

In applying these principles to morbid growths we asked ourselves these questions: (1) how can these obstructive or irritative causes originate; (2) why do they operate; (3) how can we explain the peculiar symptoms in relation to the original causes; and, (4) are there any means that we can apply to lead back the organism to its original condition of native integrity and thus remove the load that is crushing vitality out of the organism, poisoning the vital centers and destroying the vital nutrition as fast as it is furnished to the organism.

Cancer, using the word to represent the localized morbid growth, represents the resultant of a life long toxemia, whether the life be long or short. Whence the toxemia? It originates from and is the result of toxic conditions developed from childhood in connection with the physiological processes of digestion, metabolism, nutrition and secretion, when elimination or any of the vital processes is impaired in some way. In addition to this we find cumulative toxemias resulting from the multiplicity of diseases to which the body is subject. In addition to these we have accumulated toxemia resulting from the use of poisons, the frequent use of uncalled for and improper food, both quantitive and qualitative, the use of patent medicines, beverages that the system cannot take care of or does not require, etc.

Back of the localized cancer, then, lies a long train of abnormal processes, devitalized products, substances incapable of assimilation and substances that are actually poisonous to the tissue elements. Back of these lie all the *lesions* of a life time, maladjustments of cell and tissue structures, accumulated wastes, vitiated nutritive conditions.

This is the reason why we have said that cancer is not a localized disease, but that the cancerous bunch or mass is the expression of a *vitiated* condition of the organism. What is the cause of this vitiation? All the ailments of the previous life history and even the hereditary neurosis. Hence, among the causes we have classified: (1) structural lesions, corresponding with the conditions through which the organism has passed, whether these persist or have been replaced by succeeding conditions; (2) poisons that have entered into the nutritive processes, either through the avenue of medication, or in the form of food or drink, or, as they have been produced within the system in connection with auto-intoxications; (3) structural lesions, either in the form of dissociation of cells, as in the case of lacerations, abscesses, wounds; or, dissociation of tissues, as in the maladjustment of bones, muscles, ligaments; fascia, with resultant interference with correlation; or, dissociation of cells resultant from toxic vitiation of the cell substance, particularly in the cells of the brain and spinal cord, resulting in abiotrophic nerve cell conditions and atrophic or neurotic changes in the superficial tissues, especially the mucous membranes and the glands.

This latter class of lesions represents the lesions sustaining the existing cancerous conditions and hence represent the lesions found most commonly when the cancer patient presents himself or herself for examination and treatment.

But why has this been possible? Why does it develop in some and not in others? Why does it appear at varying ages? And, how is it possible to develop by implantation, as in the case of mice, such tumor conditions?

The answer to all these questions is the same. It depends upon the resisting

power of the organism. In some it is less, it is greater in others. Implantation is possible, because the germ of the condition has been developed in another life history and its transplantation from the soil in which it has been previously cultured into a new soil depends upon several things.

Causes numbered (1) and (2) above account for the development of the germinal principle; number (3) for the implantation in a new soil. But why, if we deny the parasitic theory, is germinal implantation possible? Simply because, (a) the entire reconstruction process of nutrition and assimilation takes place on the basis of bioplasm. Bioplasm is naked living matter and the making of bioplasm is a process going on all the time in every living body. Now, if the toxemic conditions developed in connection with (1) and (2) are going on, the new bioplasm is being continuously vitiated and any transplantation of that vitiated bioplasm represents the plantation of a nidus around which vitiating life processes take place. The fact that in some cases of implantation spontaneous cure takes place simply indicates that the vital resistance in that organism is strong enough to overbear and ultimately destroy the implanted life force, the organism life being preserved.

(b) This foreign bioplasm implanted in a new soil is a much more rapidly growing bioplasm than the bioplasm of the organism. Hence, without any lowered vitality in the organism in which implantation takes place, the growth of the implanted germ substance may take place for a time until the resisting power of the organism life becomes greater than the capacity of the new germinal life. This is the reason for our objection to all forms of lymph and serum treatment and to vaccination.

(c) There is probably no organism in which the history of the biological processes has been perfect and in which there is no waste accumulation. To be perfect at each stage in the biological history each process must have been perfectly adjusted to every other process; and this presupposes perfect alignment of structure at every moment in the history of the organism. Such a condition is probably a physical impossibility.

One question seems to be a stumbling block to many; can these poisons accumulate in the system? This is a problem that troubled me a long time before I could reconcile myself to believe such accumulation possible. You have probably seen, as I have, a case of scarlet fever occurring in childhood, showing a history of a discharge from the ear and sometimes from the eyes, probably for twenty or thirty years. Why that continued discharge? Why the necrosis of bone? *Toxic destruction.* Did you ever analyze the discharge or try its behavior in response to poison tests? Did you ever inject it into a rabbit and see a febrile symptomatology develop in the rabbit? If not, experiment and watch the results. Read the articles of Dr. Adams, referred to later.

Not long ago a lady was brought to me by an osteopathic physician of high standing. The lady had suffered in many ways for a long time. She was well nigh mentally unbalanced, with a head pain in the left occipito-vertex region, with laryngeal spasms at times that completely overcame her. She had faithfully taken osteopathic treatment for over two years, with correction of lesions apparent and an improvement in stomach conditions, but absolutely no benefit to head and throat. Careful investigation brought out iodine poisoning. The antidoting of the iodine made the patient feel as if "a load were lifted from her head" as she said. She stated that often she had been tempted to commit suicide. Now that condition is gone. In addition, lesions in the neck, which per-

sistently refused to remain corrected, now remained normal. Was osteopathy at fault, or did the osteopath fail? No, but there was an obstructive lesion there that required to be removed before the structural tissues could be liberated from the load resting on them.

The sister of an osteopathic physician came to me some years ago with a chronic throat condition which had persisted in spite of osteopathic treatment. The history of the patient developed the continued use of iodine in connection with the treatment of a goitre. The antidote of iodine eliminated irritation, removed a persistent purple color of the cheeks and has enabled the patient to live through the climatic changes of Chicago for over three years without any return of the throat trouble. Osteopathic correction was attended to in both these cases.

Some years ago I saw a veteran of the civil war who had been wounded in the lower part of the leg, just above the ankle, by a gun shot, during the war. Everything known to surgery in those war days and since had been used to try and heal the wound. Osteopathic treatment was tried for some years but without success. When I saw him he was on his way to a hospital for a surgical amputation of the limb. I advised him strongly against it. He was determined, however, even against the wishes of his family. I told him, after examining the discharge, that he would be dead inside of thirty days if he submitted to an operation. He was operated on, his limb healed, but the patient died of blood poisoning in less than thirty days. Was surgery to blame? Was osteopathy to blame? No. The system was in a toxic condition and as soon as the channel of elimination was closed the toxic condition simply encompassed the organism and the organic life was crushed out by poisoning.

Dr. Koppe, in the *Deutsche Medizinische Wochenschrift,* states that, chemically pure water is poisonous, because of its action as a solvent of the salts from the tissues. Hence, distilled water is most poisonous, while the mineral waters contain so much salt they cannot absorb more from the tissues. Distilled water, therefore, is a protoplasmic poison, all the symptoms of catarrh of the stomach proving this.

Dr. H. A. Hare, of Philadelphia, in the *Medical News,* states "that chloroform generally kills by its vaso-motor poisoning effect, which deprives the heart and respiratory center of blood, and simultaneously the drug itself aids in the embarrassment of these parts."

The history of tuberculosis is very much akin to that of cancer. For a long time tuberculosis was considered a purely local condition and even now some consider the removal of tubercular glands very much as they do the removal of a localized cancer. Dr. Allbut, in 1871, came to the conclusion that in tuberculosis "the lesion is one, not originating in the local tissues, but in the nervous system." (Medical Times and Gazette, Vol. II, p. 613, 1871). Dr. Thos. J. Mays states, "there are a varied number of agents generated within the body and introduced into it from without, which intoxicate the nervous system with such severity, that they become a prolific source of pulmonary consumption. These poisons are alcohol, syphilis, lead, typhoid fever, diphtheria, measles, whooping cough, mumps, influenza, cerebro-spinal meningitis, beri-beri and rheumatism." (Journal of Nervous and Mental Disease, Nov. 1896).

This, in reality, is what we claim, for the poisonings in the causation of cancer, viz., a toxicosis of the nervous system. The toxicosis shows itself by the typical symptoms of numbness, tingling, hyperesthesia, anesthesia, spasms, paralysis, neuralgia, neuritis, loss of reflexes and by the morbid changes of infil-

tration, sclerosis and degeneration. Why are neuritis, neuralgia and pain frequent accompaniments of such narcosis? Because these poisonous products of metabolism are circulated in the blood of the peripheral nerves.

Dr. Adolph Kussmaul, in his work on Untersuchungen uber den Constitutionellen Mercurialismus, Wurzburg, 1861, confirms this view in regard to mercury. Walter Pope states that laborers in the mercurial mines of Friaul all become hectic and paralytic sooner or later. (Philosophical Transactions, Vol. I, p. 21, 1665). Of fifty persons affected by mercurial toxicosis, Dr. Kussmaul states, thirty-nine died of pulmonary tuberculosis, three of pneumonia, two of pleurisy, two of senile marasmus, five of apoplexy, two of varioloid and one each of meningitis and scirrhus. These all represent nervous or wasting diseases.

Dr. Mays says, "Metallic poisons, on account of being more slowly eliminated from the animal body are more liable to exert a prolonged destructive action on the nervous system than vegetable poisons."

Of the toxins developed by the toxic diseases there can be no doubt that toxicosis is the result. Typhoid fever, says Dr. Mays, "has an intoxicating action on the nervous system;" the virus of whooping cough "has a specific toxic influence on the respiratory nerves." "The morbid anatomy of influenza is principally seen in the meninges of the brain, spinal cord, peripheral nerves, lungs and heart. The brain and spinal cord are congested, and are dotted with hemorrhagic spots, and degenerative changes occur in the axis cylinders and nerve fibres." Dr. Alexander Haig, of London, claims that a number of nervous diseases, like epilepsy, hysteria, migraine and convulsions are produced by uric acid poisoning. This toxic influence is exerted chiefly on the vaso-motor nervous system. This toxic agent, therefore, is a frequent cause of hemorrhages, caused by disintegrating the vaso-motor nerves, with resultant weakening of the capillary blood vessels. Similarly the uric acid poison has a pernicious influence on the central nervous system, which undoubtedly reacts upon the trophic influence exerted by the cerebro-spinal system, upon the different tissue structures of the body.

Dr. Mays divides the poisons into two classes, "those that bring about a slow intoxication of the nervous system," and those "that act more or less acutely." In the former class he places alcohol, mercury, lead, syphilis and uric acid. To the latter belong the disease toxins of typhoid fever, measles, etc. "The ultimate trend of all these poisons is to undermine the nervous system, and the extent of the damage done depends "on the virulency of the poison, on the amount and frequency with which it is introduced, on the persistency of its action, and on the facility or difficulty with which it is excreted by the body."

All these poisons, then, have an affinity for the nervous system, and after a life time of subjection to varying toxic agents, is it wonderful that toxicosis results? What does this toxicosis mean? Perverted metabolism and vitiated nutrition, with toxic trophicity.

Dr. Wolfgang Reichardt has demonstrated that overwork produces a fatigue poison which injected into the guinea pig produces death in from thirty to fifty hours. Drs. Metchnikoff and Snyder claim that old age is simply accumulated fatigue, certain microphag cells attacking the cells of the brain, liver, kidneys and producing a waste of tissue and a depreciation of capacity. If this overwork has been accumulating a life time, what does it mean for the tissues?

Dr. L. Garrigue (Comptes-rendus de l'Academic des Sciences, Paris, 1904), states that the formates of lithium, strontium, magnesium, sodium and quinine

act through the impulses they impart to molecular exchange in the system in eliminating the by products of fatigue or faulty metabolism. "They fix themselves in the system and their effects are cumulative."

Drs. Girard-Mangin and H. Roger (Presse Medicale, Paris, No. 31, pp. 249-256), report experiments in which the toxic nature of certain substances in cancer is closely connected with their structure. The soft cancers are found to be more toxic than the hard and toxicity is lessened as the fibrous tissue crowds out the real cancer cells, indicating that the toxicity is in the cancer cells. Each type of cancer has its own peculiar toxic characteristics. This is exactly in line with our findings.

Lubarsch, in an address before the International Conference, on cancer, (Zeitschrift fur Krebsforschung, 1907, 117), states that in carcinoma embolic tumor cells will not be implanted or grow in a field unless poisonous substances are found in the blood, thus preventing normal resorption from destroying the cancer cells. According to Lubarsch these poisons originate from the primary growth. He shows how Cohnheim's experiment of injecting parts of fetal periosteum into the veins resulted in forming osseous nodules in the pulmonary arteries, these nodules soon breaking up and being resorbed. He claims therefore that metastasis depends not on the cancer cell characteristics, but upon the prevention of resorption by an inhibitory process. Here we have, (1) toxicity as the basis of implantation and growth; (2) the inhibition of resorption as the immediate cause of metastatic conditions. This may include toxicity, lack of elimination, improper secretion or direct nervous inhibition of resorption; (3) when the metastatic conditions exist, spontaneous cure or the spread by proliferative conditions after the removal of the primary growth, depends upon the power of resorption in the surrounding tissues. The check, therefore, of metastatic growth may take place by a continuous process of systemtic immunization.

Another point of considerable importance mentioned by Blumenthal (Ibid p. 186), is that the autolytic cancer cell enzymes are much more powerful than similar enzymes in normal cells, being capable of destroying any cell in the body. This accounts for emaciation. Also, as cancer progresses, these cancer enzymes are found free in the blood circulation. These enzymes, under metastatic conditions, prepare the soil for the implantation of cancer cells. As this cancerous material is forced into the circulation these substances may be destroyed, if the resisting power of the organism is strong enough, the body cells producing antidotes to these toxins. If the body is not strong enough to resist the invasion of these materials and to antidote them there is a general spread of the cancerous condition.

Czerny (Ibid, p. 27), refers to a case in which a mammary carcinoma developed an erysipelas infection in wound of second operation with the result patient was free from the disease after twenty years.

Another question is asked, do you not recognize and use medicine? I recognize medicine to the extent of recognizing that it is a cause of the toxic condition, along with autointoxication and other poisonous conditions. I recognize it to get *rid* of it. Not all cases of morbid growth are associated with poisoning. But in my experience there are few cases of malignancy in which poisons of some kind are not present. *Collier's Weekly* and other journals have called attention to the drug, patent medicine and nostrum habit, justly, because it is a terrible curse.

We, as a school of practice, propose to repudiate drugs in all forms. Let us recognize that not only must we set aside poisons, but until we can accomplish a

regeneration of the race by freeing them from the use of poisons and improper foods, we must deal with those whose tissues have been already poisoned by such impurities. Make this subject a matter of experiment, if necessary, and you can easily demonstrate the cumulative action of mercury, arsenic, quinine, alcohol, etc., whether in the chemical or the dynamic form in the cells and tissues of the body.

My point on the *etiologic* side is: here is a lesion of the *obstructive order*, whether it originates from autointoxication or poisoning in connection with the substances introduced into the body. When once introduced or present in the body it vitiates the tissues by perverting metabolism, secretion and nutrition and settles down in a permanently vitiated tissue combination. Every reconstructive process that takes place does so on this vitiated basis. This, of course, does not apply to all drug substances, although I believe it applies to the majority of them. It also applies to the toxins of the different diseases and to toxins developed in the sub-katabolic processes.

On the *therapeutic* side I am simply contending for the application of the osteopathic principle of removing the obstruction. I say, get rid of the *toxic lesion*. Take a case of cataract, when you have corrected the gross anatomy lesion disturbing the circulation you have not cured the cataract, there still remains the accumulated matter that has resulted from years of impaired circulation. The corrected circulation will not clear away the waste. You must add force to the circulation by continued treatment to keep up arterial circulation of blood and establish venous and lymphatic drainage in order to force within the field of circulation a reconstruction process. Similarly, when dealing with new growths that imply vitiated tissue substance, measures must be taken not only to prevent further growth, but to undermine the foundations that were laid in the original toxemias. Both of these measures are thoroughly osteopathic because they are based on the etiology of obstruction and the therapeutics of removal of the obstruction in order to increase the force of vital resistance to disintegrating and destructive influences.

There are not lacking evidences strongly confirmatory of these principles. There has just been published a book of more than ordinary interest, entitled "The Essential Similarity of Innocent and Malignant Tumors," by Dr. C. W. Cathcart (1907, London, Simpkin, Marshall Hamilton Kent & Co.). The conclusion he reaches is that innocent and malignant tumors are essentially similar. The only theory of *causation*, he contends, that can be at all satisfactory is one that accounts for both the innocent and the malignant. Another conclusion he reaches, which is of great significance, is that the reason for the failure of many of the recent investigators is to be found in the fact that cancer is considered a disease by itself. Both of these points are in line with our conclusions.

In the Transactions of the International Conference on Cancer Research, which was held at Heidelberg and Frankfort, in Germany, in 1906, we find some very interesting reading matter on this subject (Zeitschrift fur Krebsforschung Bd V. H. I. U. II. Verhandlung der Internationalen Konferenz fur Krebsforschung, Berlin, August Hirschwald, 1907). Dr. Goldman shows in his paper, on the relation of the vascular system to malignant new growths that not only in sarcoma, but also in carcinoma and even in its earlier stages, there are specific changes in the walls of the blood vessels. The dissemination of the malignant cells takes place through the medium of the blood stream. This is in line with our principle of blood examination in diagnosis and also that the blood is in-

volved in general before real localization takes place at some particular point where the cancer tumor grows.

Dr. Robert Bell, of *London,* states that cancer has been brought within the category of curable diseases and is now to be regarded as a preventable disease. "The sum and substance of his theory is that it is a disease having an origin within a body in a vitiated condition of blood; that the vitiation of blood is caused by flagrant errors of diet and improper sanitation of the body, and that the way to prevent cancer is to keep the blood pure. The way to cure it is to get rid of the contamination of the vital fluid and restore healthy activity to the organs which have been undermined."

Dr. Bell points out that surgery has signally failed to give relief in cancer. He claims there is value in the trypsin treatment as an adjunct to other methods. (1) The main point in successful treatment of cancer is the formation of a healthy condition of the adjacent tissues, so that the malignant cells may be rendered innocuous and ultimately absorbed, without lessening the vitality of the surrounding tissues. (2) He considers the chief predisposing factor in the production of cancer autotoxemia of intestinal origin. (3) The chiefs points to be aimed at are, (a) the prevention of cancer by obedience to the laws of nature; and, (b) the cure of the condition when it develops depends on the functional restoration of the thyroid function, correct diet and hygienic conditions, so as to re-establish the healthy cell life. (Medical Record, Feb. 16, 1907).

This is exactly the sum and substance of the working hypothesis we formulated seven years ago on the basis of examination of the cancerous discharges and the tumor substance, postmortem, with the addition of toxic vitiation to that of diet and sanitation.

On the prevention side an important contribution comes from Dr. C. B. Keetley, of London, in his paper on "The Prevention of Cancer," and its relation to that of some other diseases and calamities." (1907, London, Balliere Tindall & Cox). He advises for the prevention of cancer: (1) the sterilization of the food; (2) the destruction of discharges from ulcerations, especially of a cancerous nature; (3) the prompt excision of cancerous tumors or ulcers; (4) the avoidance of physical familiarity, except with those who are nearest and dearest to us; (5) abstinence from alcohol, tobacco and from foods leaving waste products difficult to eliminate; (6) personal cleanliness, and, (7) a clean house.

Here Dr. Keetley recognizes all of the essential factors in our theory, if we add to his, (5) all drug substances. The difficulty of elimination is the basis for accumulation and the waste products are of the subkatabolized substances that enter into the tissue and cell nutrition in the vitiation process.

There died recently, in this city, Dr. W. C. Fuchs, an X-Ray expert of international reputation, of carcinoma induced by burns received two years before, during his scientific researches in the use of the X-Rays. At first, two years before his death, the thumb of his right hand and the first two fingers of his left hand wasted away from the constant use of the rays, so that amputation became necessary. Eighteen months later the right arm and right side became involved with inflammation and proliferation of malignant substance with great rapidity. In the *Atlanta Journal Record of Medicine,* for June, for 1095, we find the report of a clinic lecture, by Dr. Wm. Seaman Bainbridge, in which he presents a number of points accepted in the etiology of cancer. Among these we note, (1) "all cancer begins as a benign growth;" (2) "there is, therefore, a true pre-cancerous stage in which removal is a sure means of relief;" (3) "the disease is

absolutely local in its beginning, and if fully extirpated a cure should result." This is correct because *disease* is an effect or result, but back of the disease lies a cause or a series of causes and it is here that we place the pre-cancerous etiology that leads up to and produces in the organism conditions that become localized in the cancer product—the tumor. (4) "Extension may take place by direct infection of the surrounding tissue, but it is usually through the blood or lymphatic channel." This is true, and why such infection? Because of the malignant bioplasm that circulates in connection with the lymph and blood. (5) "The system is poisoned by the production of toxins." When did this begin? During the pre-cancerous stage. Why the cancerous cachexia and the general emaciation? This is answered by him: (7) "General malnutrition, as well as diminished vitality of the non-cancerous tissue in the neighborhood of malignant disease, as a rule, tends to increase the rapidity of the local extension and renders more likely the development of metastases."

Dr. Bainbridge presents a splendid summary of the subject in a short paper entitled "A Brief Resume of the World's Recent Cancer Research," read before the Atlantic City Academy of Medicine, May 11th, 1906, (published by Wm. Wood & Co., N. Y.). He points out "Cancer occurs with the same essential characteristics throughout the vertebrate creation." "It occurs when the tissues are undergoing retrograde metamorphosis, hence it is largely a disease of senility."

The geographical distribution in cancer belts has been brought out by different writers. Dr. Thresh, county medical officer for Essex, England, points out that in Essex county there are two zones, one N. W., another S. E., and of these he says "there is something possessed by these districts in common which affects liability to cancer in opposite ways."

In regard to the etiology of cancer Dr. Bainbridge says: "Much of the recent experimental work points to the cell as the essential element in the development of cancer, some investigators holding that external agencies probably play little or no part in determining the incidence of the disease." "It is generally conceded that lowered vitality, other things being equal, seems conducive to the development of cancer."

Here is the basis for our theory of *lesions,* lowering the grade of vital resistance and of toxemias depleting the nutritive materials and laying the foundation for vitiated local growth. The mere trauma of a wound or the irritation of a corset cannot convert a benign to a malignant tumor. There must be some vitiating influence in the nutritive or trophic conditions back of the trauma. In line with this we find "mental depression also plays some part, according to some investigators, being particularly noticeable as a causative factor in women." Notice the influence of worry, mental anxiety and depression upon the cancerous patient, see how rapidly cancerous development takes place under such influences. Now mental anxiety is not a localized condition, but an organism characteristic, operating detrimentally upon a local part because of the lowered grade of localized life and the more rapid characteristic of the localized vital processes.

In an article by Dr. E. C. Hill, professor of chemistry in the University of Denver, published in the International Clinics, Vol. 3, Series 16, we find some interesting points: "The poisons generated in the body, which lead to the abnormal cell-reactions of disease, are in general of intracellular (katabolic) or gastro-intestinal origin, and are formed by autolysis, disassimilation, abnormal secretion, fermentation and putrefaction. A general rule is that the waste products of any organism are deleterious to it and may cause death—the toxicity of these

products varies in proportion with the complexity of their molecules. By vitiation of the interstitial plasma they cause arteriosclerosis and degeneration of protoplasm with increase of nitrogen output. Autointoxication creates, by depraving nutrition, the morbid opportunity essential for the pathogenic action of the nearly omnipresent germs, which poison the body by means of their toxins. Conversely, autogenic poisons are augmented in infected organisms through increased febrile disassimilation and elementary putrefaction."

Here are all the essential points in our theory. Dr. Hill goes on to state, "The varying susceptibility of different individuals to toxic substances depends probably on peculiar cell reaction and especially *on defective elimination* (Italics mine). Autointoxication is, in my opinion, the chief underlying factor in most chronic pathogenic conditions, and in the acute form of food poisoning is encountered more frequently than any other syndrome."

In demonstration of our theory we find this statement, "mechanical factors are important in producing autotoxemia, which, conversely, tends to lower the motor function of the affected parts. Dilated stomach is both a cause and an effect of self-poisoning—Abrams holds that congestion of the veins of the abdomen is a leading factor in chronic intestinal toxemia. The nervous element is not to be disregarded in the development of autotoxemia. Reflex or trophic factors act mainly by inhibition of natural functions. Drug habits add greatly to the ill effects of autointoxication, which, on the other hand, increase the craving for the drug." Here we have opened up very plainly the two fields of lesion mentioned before, the structural lesion and the toxic lesion.

The extent of the toxemia possible is understood when we find, (1) "Gastrointestinal autointoxication, from abnormal decomposition of food substances; (2) arrest of organic function, as in Addison's disease, myxoedema, cretinism, cachexia strumipriva, pancreatic diabetes, acute yellow atrophy; (3) anomalies of general metabolism, as in gout, oxaluria, diabetes; (4) overproduction of physiologic and pathologic products, as in overwork, cystinuria, diacetemia, ammoniuria, etc.; and (5) retention of physiologic metabolic products, as in uremia, cholemia, eclampsia, asphyxia, extensive burns. The urine of fifty-two hours (urea of sixteen days) or the bile produced in eight hours, will kill a man. The carbon dioxide exhaled by one man in twenty-four hours would poison him lethally many times, if retained. The blood itself is normally toxic to one-tenth the fatal degree. The saliva of some men is nearly as poisonous as serpent's venom. (Bruntin)."

Take the accumlated effects of a life time of subjection to toxicity and we need not wonder that cancer may be described as the result of a life long toxemia. In cancer we find notable amounts of "acetone, diacetic acid, and oxybutyric acid." How is the system protected from those autointoxicants? "Man is protected from autointoxicants by the healthy action of his emunctories and by the neutralization within the fluids and cells of the body. In this self-protection the liver is the chief organ of defense, oxidizing (by oxidases) and neutralizing poisons and excreting them in the bile. The kidneys are the chief organs of elimination. Connective tissue absorbs bile pigment, and so protects brain and nerves. The lymph glands serve as filters to bacterial products. Leucocytosis is the rule in the threatened autointoxication."

What is the effect on the bioplasm? "An acid reaction annuls the irritability of bioplasm." "The chlorides of the body normally preside, according to Hall, over the chemical regulation of the tissues and fluids and perform the function of

detoxication thus preventing the accumulation of toxic substances. If poisoning is threatened chlorides are multiplied to increase the molecular tension of the part affected by the poison."

Here we have the chemical basis of diminished vital resistance. The bioplasm, instead of being responsive to the life stimuli, appears as deadened material, alive and yet living on the lowest plane of existence, with molecular tension lessened to such a degree that rapid destruction takes place unless in the focal field of abnormal life processes. In this process of self-protection there is an inherent cellular power that preserves the tissues from autolysis; the adrenal bodies protect the system against the worn out pigments of muscular intoxication products; the thyroid bodies destroy enterotoxins, the parathyroids "antidoting gastrointestinal poisons which excite dyspnea, tachycardia, tetany, convulsions and general tremors."

Thus the process of antidoting is not an artificial process, but a natural process, the adrenals antidoting the muscle poisons, the thyroids antidoting the mucous, fibrous and connective tissue poisons, the parathyroids antidoting the intestinal poisons, the pituitary body antidoting the osseous poisons, the sexual glands antidoting the fat tissue poisons, especially those associated with the mammary glands in the female. Lack of correlation between the mammary glands after the menopause is a fruitful cause of cancer in the female. The spleen antidotes the toxins of the febrile processes and the poisons developed in the blood in connection with the cycle of changes taking place in the blood corpuscles.

Nature, thus, if effectively corrected and properly stimulated, in connection with the organic functions, has the native power of detoxicating, antidoting the autotoxins. It is probable that within the limits of the organic functionings these same organs attempt to antidote the foreign poisons and prevent them from entering the cell and tissue structures of the body. When the capacity of these organs is limited and the poisons enter into the constitution of the cellular structure, either chemically or dynamically, aid must be rendered in the process of elimination by antidoting the poisons in order to prepare for elimination. To accomplish this purpose by the treatment of intoxication one of the first things necessary is the free action of the channels of elimination. In nearly all the cancer cases there is an aggravated constipation, sometimes extending back years in the patient's history. Similarly a suppressed sweat condition is found in many of the cases. This condition calls for the active promotion of the skin, sebaceous and sweat gland processes for purposes of elimination. In many cases typical lesions affecting these eliminative fields exist.

Dr. W. C. Abbott, the editor of the American Journal of Clinical Medicine, after fourteen years close and careful investigation, makes the following statements that deserve our attention: "By the operation of our vital functions we are incessantly producing certain toxins, which are formed in every cell of the body. Toxins are also generated in the alimentary canal, especially when feces are retained beyond the normal period in the large intestine, where they are beyond the disinfecting influence of the gastric juice and other digestive secretions. Other toxins are contributed by the food and its decomposition products. We are saved from death, due to overwhelming quantities of these toxins, by the constant elimination going on by the skin, liver, lungs, kidneys and intestines. If the lungs cease to act, death comes in a few minutes. If the kidneys go on a strike, it is a matter of some hours—Bouchard gives the exact number. The importance of skin elimination was learned by accident, when a child who had been gilded

died quickly of suffocation. Total inhibition of hepatic or intestinal function is as surely fatal, though a longer period is necessary. To a certain degree impairment of the eliminating action of either of these emunctories is complemented by an increase in the action of the others, but there are much closer limits to such vicarious action than most physicians realize; and it may be attended by special disadvantages, such as skin diseases, occasioned by the passage of morbid substances through the cutaneous tissues. Interstitial nephritis is usually attributable to the same cause.

The principal source of these toxins is the alimentary canal. When fecal matter is retained beyond the normal period in the large bowel, beyond the influence of the gastric juice, microbic action and toxin development progress beyond the normal degree. The fluid portions are absorbed and with them the toxic products; and circulating in the blood to every cell in the body, they thus make their impress thereon. This is manifested especially on the points of lowest vital resistance—structures weakened by previous disease or hampered by the presence of encumbering debris. Here we shall have the evidences of a local disease, and the ever-present micro-organisms will seize on the opportunity to establish a colony there. It may be that the part has its resistance temporarily weakened by exposure to cold or wet, and then the laity will truthfully say that the patient has taken cold. *We recognize, however, the local manifestation of a general systemic poisoning at the locus resistentiae minoris.*

"In fevers we have to deal with a decrease or cessation of the production of the digestive fluids, nature's intestinal antiseptics; and an increase in the number, activity and virulence of the intestinal fluidity of the blood from excessive cutaneous radiation. Peristalsis is usually lessened. It is not necessary to have any specific microbe, like the typhoid bacillus, in the alimentary canal—in fact we may ignore this element in considering the problem and confine ourselves to the conditions presented in the intestinal field with its usual inhabitants." (Helpful Hints, July, 1907, p. 2).

What does this mean? That toxin formation *plus* poison from without in certain foods, medicines and water actually intoxicate the system. If this has gone on for a life time what results may we look for when the system tries to rid itself of the condition and cannot because vital resistence is low. Local manifestation appears at the point of lesser resistance marked by trauma, dissociation of cells, non-use of organs or other focalizing conditions. Back of all these lie *the lesions of a life time, the localizing lesion and the persistent cell intoxication—all obstructive* and irritative lesions.

A correct diet is of the greatest value. In general the amount of diet should be diminished, in some cases, by fasting. Putrefactive processes are obviated by the use of milk, buttermilk and cereals. Acetones are lessened by the use of carbohydrates.

(1) It is granted that there are toxins in the body resulting from autointoxication and also toxic substances of a poisonous character taken into the body as poisons. (2) It is also granted that there is a dissociation of cell structures, caused by trauma, laceration, cicatricial structures, etc.

Now the point of my hypothesis is, to bring these two together so that the former become deposited in the soil of the latter and when such deposit takes place neoplasm results. Supposing that autointoxication does take place, then products are in the system. Supposing that continued drug taking is resorted to in the effort to correct or counteract the autointoxication, and still the auto-

intoxication continues, what then? There is a complex intoxication and the complex products which the system has all along been unable to get rid of must enter into the nutritive field and in every constructive process that takes place these vitiated products enter into the assimilation process. In the course of time when the degenerative metamorphosis sets in these intoxicated substances furnish the food materials for the neoplasm.

Now, the question is, what are the causes of (1) and (2)? The answer to this question would present the etiology of the malignant growth. And according to the osteopathic principle therapy calls for the removal of these etiological factors, viz., the lesions of autointoxication, the lesion of intoxication and the superadded lesions of whatever diseases the organism had passed through without perfect restoration—the sum total of these lesions *plus* the lesions that maintain the organism in a state of malnutrition and the local field of the neoplasm in a state of organic dissociation. The therapeutic work is entirely corrective and does not differ from that in other diseases except that the condition is more deeply seated, more permanent and less easily dealt with in the period of degenerating organism life.

Perhaps the most noted investigator of this subject in modern times is Dr. G. Cooke Adams. He made observations during a number of years in Australia, Britain and United States. In February, 1904, he began the publication in the *London Lancet* of his articles on cancer. His views have never been refuted, while the theory of Cohnheim, the parasitic theory of Doyen and all other theories have been discredited. Among the points demonstrated by Adams we note the following: "That cancer is a constitutional disease due to a specific or malignant virus originating in the blood and chiefly manifesting itself after thirty-five years of age and at its greatest virulence between fifty and seventy years of age. "That the principal factor in the cause is hereditary tendency." "That the principal exciting cause is prolonged local irritation acting on a constitution suffering from an inherited tendency or which has been debilitated through want of treatment of one or other of the following diseases in their order of frequency: syphilis, alcoholism, obesity, rheumatism, gout or tuberculous disease." "That the principal dietetic factors in the cause are sugar, beer and alcohol." "That the principal hygienic factors in the cause are woods and forests whose dropping foliage, decomposing, causes stagnation of water; also badly formed streets and defective drainage in cities, and overcrowded, badly fed and housed population of cities." "That cancer is a preventable disease and the absolute cure is only to be found in the means for preventing its exciting causes and completely removing the same." "That all internal or local treatment of a poisonous or irritating nature should be absolutely avoided, more particularly such local treatment as the X-ray and Finsen's light, as they are likely to set up secondary conditions around the site of the lesion."

Dr. Adams has cited cases to demonstrate the close relation between cancer and syphilis. In his American statistics he claims also a direct relation between food and cancer.

I am asked to give an opinion on Beard's investigations. Beard has been misunderstood and misinterpreted. He is an embryologist, not a therapeutist. Read his own explanation of how he was led to formulate a theory on cancer. (Medical Record, N. Y., Feb. 2, 1907, pp. 169-174). He started his investigations into the germ cell, the course of the cycle of life and the processes of reproduction. His entire theory hinges upon the trophoblast, cancer being regarded as

associated with the irresponsible trophoblast. "It is not from any and every aberrant germ cell that a cancer takes its start, but from one or other of some few germ cells, embryonic in destiny, which should have given rise to twins, triplets, etc., identical with the embryo, which arose in any particular gestation. Such a persistent embryonic germ cell, encapsulated within the individual, may at any time, by illness, injury, irritation or other cause, such as declining years, weakening the system, be awakened into activity. It may develop, and it only does this congenitally, with the developing individual or it may attempt to go on with the life-cycle. Skipping the formation of conjugating cells, it is brought to the next portion of the life cycle, trophoblast. In this way it becomes an irresponsible trophoblast, and it may imitate or mimic anything in its environment. Whatever it mimic, something existent or non-existent, it is always an imitation tissue, and behind this domino or mask an irresponsible trophoblast."

At the starting point of functioning in the embryo the pancreas gland, with its ferments, is active. In connection with this pancreatic activity the trophoblasts degenerate. These pancreas gland ferments, therefore, he concludes, make it impossible for the cancer cell to live. He suggested, accordingly, hydrodermal injection.

This argument reinforces the idea that one function of the secretions of the body is detoxicity and destruction of foreign cells, germs, etc. But Beard seems to forget (a) that while nature depends upon the pancreatic ferment for the suppression of the trophoblasts in gestation and embryonic life, in the mature body, with a multiplicity of structural tissues, there is a multiplicity of secretions and that these are all active in the process of antidoting and destroying the poisons and germs found in the organism; (b) that the artificial injection of a serum ferment does not compass the same end as does the use of a natural ferment formed within the system itself. In line with this the osteopathic physician believes in utilizing the internal secretions of the body itself, correcting conditions that prevent their proper elaboration and distribution by the organism; (c) where poisons have cumulated in the system the nitrogenous wastes are accumulated in terms of the poisons, so that the waste *plus* poisons become the food of the tissues. In the reconstructive process this combination can be broken up only by the proper elimination of the poisons.

Beard has undoubtedly emphasized some points of importance, (1) as living matter is found only in cell form, all problems of life and health pertain to the cell; (2) the form of division according to which the number of chromosomes is reduced to one-half of the normal number found in the body cells is the same form of division occurring in the cells of a malignant growth; (3) there is a parallelism between the cells of malignant growths and the cells of normal reproductive organs, both in their origin and development; (4) cells, during the reproductive phase of the life cycle, live upon the parent organism, much as parasites do. Hence, malignancy represents, as a transition from benignancy, the change of the cell to the reproductive or sexual phase from the non-reproductive condition of the cell; (5) this would account for the fact that malignant cells are out of harmony with the parent organism, these cells, living as parasites, upon the organism; (6) Dr. C. E. Walker claims that the earliest traceable stage in the history of the malignant cell growth is "a true fusion between leucocytes and tissue cells." Here the condition is traced back to the *blood* (leucocytes) and the real question would be how the fusion between the leucocytes and the tissue cells was effected and the cause of this fusion (Lancet, London, Feb. 16, 1907).

This could easily be explained *on the tissue side* by the dissociation resulting from traumatism, malnutrition and *on the blood side* from the toxic conditions induced by autointoxication. Osler explains the haemolysis of pernicious anemia by the absorption from the gastro-intestinal field of poisons that produce or tend to produce the destruction of the corpuscles. Have you ever noticed a soft, patulous and even spongy cervix of the uterus, so soft that it seemed on palpation almost ready to fall to pieces? And yet congestion existed there and toxicity existed, for the minute terminals of the nerves were irritated, producing pain. Here we have a precancerous stage in the development of a possible cervical cancer. The writer came across such a case recently and turned it over for treatment to an osteopath with good results following the treatment. No antidotal treatment was needed because here was a case uncomplicated by drugs, the patient never having used drugs. The patient was just rescued from a surgical operation, all arrangements having been made to go to a hospital when she was first seen.

The question is asked, do you believe in surgery? I recognize the value of surgery under two conditions, (1) in the non-malignant stage, to eliminate a tumor, which, if allowed to remain, might be the locus of a future malignant tumor. The non-surgical treatment of such a tumor, however, in the majority of cases, would accomplish the same end, if properly applied, according to the corrective and eliminative methods. There are cases, however, in which tumors produce obstruction, are pendent to such an extent, or cause pressure that hazards other functions, which makes it necessary to remove them surgically. In this case, if surgery is resorted to, it is on the osteopathic principle of removing an obstruction to restoration to health.

(2) To remove a malignant tumor when the tumor is liable rapidly to terminate life or to produce such intense suffering that its removal means the comfort of the patient as well as prolonged life. These are cases that come under observation very late in the development of the cancer. Too much emphasis cannot be placed upon an early diagnosis.

In the diagnosis of tumors, "all tumors should be regarded as malignant until they are proved benign. No tumor can be proved benign while still in the body. Therefore, all tumors should, if possible, be removed." (Richardson, Boston Medical and Surgical Journal, Vol. 66, No. 110).

Where the malignant tumor is removed as a palliative measure, surgery is indicated, because vital endurance is incapable of standing the strain of elimination necessary in th non-surgical treatment. That is, where the life powers have been so sapped that vitality has not the sustaining capacity to carry it through the elimination process, surgery is called for. But here it is to be remembered that treatment is indicated for the underlying causes and conditions that are back of the localized expression.

The results of surgical operation are very varied. Bainbridge recommends removal in the non-malignant stage as preventative and in the late stages as palliative of suffering (Boston Medical and Surgery J., June 27, 1907). Lomar claims that a favorable result is more likely to follow the use of local thermocautery or local chemical caustics than incomplete surgical operations. Many cases are reported in which after removal by incision through cancerous tissue without complete dissection, in which patients live many years without recurrence.

The A. M. A. Journal, July 20th, 1907, summarizes as follows: "It is remarkable how differently operative interference affects malignant tumors. Often, es-

pecially with the slow growing scirrhus cancer of the breast, it seems to fan a smouldering flame of malignancy into a fiery outburst of consuming growth; yet sometimes the operation seems to stimulate, not the cancerous cells but the protective mechanisms, whatever they may be, so that the retrogressive changes predominate over the proliferative, and the residue of the growth and its metastases disappear or remain quiescent for many years. Instructive cases have been observed in which persons have died from some unrelated affection several years after operation for cancer and autopsy has revealed the presence in the internal organs and tissues of cancer nodules, showing marked fibrotic changes with few visible cancer cells in the scar tissue. Evidently in these patients the metastases had formed before the operative removal of the primary growth and after this event had lost their proliferative powers, and gradually disintegrating, had been largely replaced by fibrous tissues."

Are we not laying undue stress upon one disease? I think not. The subject was forced upon my notice by the fact that six years ago I was treating at one time as many as sixteen patients of this type. I questioned myself if I should treat them or refuse to treat them. The results secured have justified the treatment, as in nearly every case, every other form of treatment, in most cases even surgery, had been resorted to. I have not made a specialty of this subject, although it has received careful study and much time has been devoted to it.

One of the leading authorities on gastric diseases states that one per cent of all deaths are due to cancer of the stomach. Dr. Bainbridge states that from 1850 to 1890 deaths from cancer increased in the United States from nine to thirty-three and one-half per one hundred thousand population. In England in 1864 there were three hundred and eighty-five and in 1900, eight hundred and twenty-eight deaths from cancer per million of population. In France, in 1887, there were eight hundred and forty and in 1898, ten hundred and fifty per million. In 1900 there were nine thousand deaths of cancer of the stomach in the United States. With such a record it certainly demands our attention.

Another reason was the conviction borne in upon my mind by experimental investigations made in connection with the food. At the invitation of Secretary Wilson, of the Department of Agriculture of the United States, I made investigation into the subject of meat and its preparation and returned to him my report in which I stated that no toxic agent should be used in the preparation or preservation of meat.

One reason for devoting so much attention to this subject is the enormous increase in mortality from cancer. In 1856, in Chicago, one death per one thousand was caused by cancer; in 1866, one in one hundred and sixty-four; in 1905, one in twenty-three and in 1906, one in twenty-one and eight tenths. The greatest increase is found in the foreign born population, especially the Germans and Irish. Among the Germans in Germany over forty years, one in twelve dies from cancer, while in Chicago, it is one in four. In Ireland, among those who die over forty years, one in fifteen die of cancer, while in Chicago it is one in six. The Italians and Chinese and the native born Chicagoans show the lowest mortality, one in seventy-two among those who die over forty years dying of cancer.

Experiments prove that the toxic characteristic of the secretions among the classes and nationalities with the highest cancer death rate was much higher than among those with the lower death rate. A similar contrast was found between the toxicity of the secretions and tissues of malt fed stock and the properly pastured stock.

On the basis of such experiments, Dr. Adams concludes, that the food of those showing the highest mortality ferments and putrefies more readily, with resultant toxic absorption. The constant use of prepared meats produces a rapid destructibility of tissues, especially in those over forty years. That a new diet different from that to which the individual and his ancestry were accustomed to produces a predisposition, especially where animal food is largely used. Italians, Chinese and Japanese who are dieted on a purine or proteid free diet, such as macaroni, spaghetti and rice, show the lowest cancer mortality.

Dr. Adams calls special attention to the fact that syphilis is the greatest exciting cause of cancer, because the syphilitic toxin produces such a vulnerable condition of the tissues as to result in tissue weakening and loss of resistance. This applies to inherited as well as acquired syphilis. In the latter case, he claims that cancer is apt to develop twenty-five years after the primary infection. (Lancet, London, Feb. 13 and 20, 1904). Professor Poirier has stated that "cancer of the tongue might be called the cancer of syphilitic smokers." This does not mean that syphilis is the cause of cancer, but as Adams says, that it produces "the vulnerability of the tissues or the condition precedent; as local irritations of tobacco, bad teeth, etc., are necessary in association with the syphilitic lesions." Here you note the *toxin* condition is the precedent foundation and the toxic irritation such as tobacco may be the exciting condition.

I am grateful for the privilege of engaging in such investigation. Within recent years this subject of cancer research has forced itself to the front. Those interested can find a splendid review of experimental research in the Deutsche Medizinische Wochenschrift, Berlin and Leipsic, March 28, 1907, p. 495. The transplantation experiments have yielded the most fruitful results. In all these experiments it is found (1) that tumors in one species of animal can be implanted only into animals of the same species; (2) living cancer cells must be implanted in order to establish growth in the new cell, i. e., metastasis must actually take place. Such a new growth cannot be established by infection through serum or dead cells, or through the transmission of some constituent of the cancer cell; (3) the new growth takes place from the transplanted cell. When the stroma of the implanted cell dies, the stroma of the new growth comes from the connective tissue in the soil organism; (4) under certain conditions the stromatic connective tissue may become malignant; Hence, an implanted carcinoma cell may produce a complex sarco-carcinoma or even a pure sarcoma; (5) immunity from implantation confers upon the blood serum of the immune animal the power of producing passive immunity in other animals. Hence; if there is any parasite in cancer, as Beard and Ribbert point out, the parasite is the cancer cell itself. (Clower, British Medical Journal, Dec. 1, 1906, p. 1548; Bland Sutton, Lancet, London, May 18, 1907; Michaelis & Lewin, Transplantable Rat Carcinoma, Berliner Klinische Wochenschrift, Vol. 44 No. 15, p. 1417. An interesting article on the subject of metabolism as affected by alimentary intoxication will be found in Tahrbuch fur Kinderheilkunde, Berlin, Vol. 65 No. 5, by L. F. Meyer). The haemolytic blood test applied in the diagnosis of cancer is explained by Tedeschi in the Milan Gazetta degli Ospedali, Vol. 28, Nos. 3-9; American Medical Association Journal, Dec. 1, 1906, p. 1832.

These researches have confirmed in the main the essential points in our theory. We await with interest fuller light on this absorbing topic.

Professor Sir A. E. Wright, of London, the reputed discovered of Opsonin, makes the statement that "positive diagnosis for any kind of disease can be made

through the examination of a single drop of blood." This statement is absolutely true. Equally true is the statement that every drop of blood is continually the battleground of the struggle between life and death, health and disease conditions. The blood corpuscles are continually destroying disease germs and toxins and as continually being destroyed themselves as a sacrifice to the integrity of the organism.

According to Wright bacterial and toxic infections may be classified under two types, (1) a type in which "the opsonic power with respect to the infecting organism hardly varies from day to day, remaining always inferior to that of the normal blood; (2) a type in which "the opsonic power is continually fluctuating," the degree varying from below par to above par. In the former type we find the localized and in the latter type the systemic infection. The variations in the opsonic power manifest the periodical activity or checking of the immunizing capacity.

The value of this opsonic theory is that it helps to demonstrate, (1) the power of the blood to create certain active anti-bodies (antidotal substances) which are produced for the purpose of establishing immunity reactions. The object of this immunity from the biologic standpoint is to assist the processes of repair by elevating the standard of resistance in the organism. (2) The opsonic experiments have also demonstrated that the best results are secured by the use of living bacilli. This is interesting chiefly because in those diseases where such immunizing influences are established the cancer cells or the germ cells exist within the organism. To promote leucocytic activity in the cell destroying process means the destruction of these foreign cells and this process naturally aids in recuperation by establishing immunizing forces. (See Amer. Med. Ass., Journ, Aug. 10 and 17, p. 484 and 567).

Why should not we, who claim the power to control the physiological processes by our therapeutic methods, establish such immunizing influences and regulate the line and frequency of treatment by persistent blood examinations to test the opsonic value of the blood?

Such a blood analysis is absolutely essential to determine the degree and progressive character of the haemolysis present. The extent of the toxemia must be determined by the haemolytic process and this in turn must be traced back to the enterogenic intoxication. This in turn is probably due to the substitution of active anaerobic bacteria for the normal vegetative bacteria of intestinal fermentation with a resultant saccharo-butyric fermentive intoxication. The haemolysis, then, is actively produced by ammonium butyrate. Toxic substances increase. The blood is depleted and diminished in quality and in quantity.

If the removal of the cause of disease is always a rational procedure, then, as we find in cancer, the *lesions* of a *life-time*, anatomical and toxic, the removal of the causes is in order, (1) by the correcting of lesions, continued until the system is brought back to its original integrity; (2) by eliminative treatment to remove causative factors from the blood and secondary causative factors, viz., resulting products, in the cell and tissue constitution; (3) if the toxic products formed in the alimentary canal or taken into the system are not converted into harmless products by the liver, the fluids of the body, especially the blood and lymph, are carrying around nitrogenous waste elements, more or less toxic, and these produce toxic symptoms, and build up toxic structure. Dr. Glynn, of Pittsburg, says "wherever the chemistry of life is taking place, whether it be in the intestinal canal, glands or muscles, these toxins are being formed—their accumulation within the body would soon destroy life."

In conclusion I would like to say that I started out with no preconceived ideas. I formed my own conclusions from observations and examinations and clinical data. After forming such conclusions I dug out the history of the subject for my own satisfaction and to find what confirmatory evidence I could find in others for the conclusions I had reached. The essential points are as I have stated and I have had no reason to modify or alter any conclusion I tentatively reached.

Chicago, August 19, 1907.

ON RECORDING SPINAL CONDITIONS.

Read Before the Tri-State Osteopathic Association at Kirksville, Mo., May 24, 1907, by ARTHUR STILL CRAIG, D.O., Maryville, Mo.

No two men can see alike. It is fortunate thus, else all would have been smitten with my wife, which I should not have enjoyed. But accentuation of these differences is the mark of savagery. A difference of no moment has drenched a continent in blood. Minor differences have split the Christian world, more in our memories than now, into warring and uncompromising factions, each consigning the other to more unpleasant regions.

Civilization, we catch an occasional ray of its distant radiance, strikes for the essential. It seeks that which is in common, the heart of the person, of the movement, of the thought.

Osteopathy is new. Her barbarians fume and quarrel. I am not designating one as more a barbarian than another, but we are still in a state of scientific savagery. The bony lesion is a god and a devil. Dr. Haight quotes in Still College Journal from both sides of the lesion controversy, from one extremist as follows:

"In my estimation the bony lesion occupies no higher rank as a cause of disease than is given in the common surgery, and that osteopathy will live and progress and the bony lesion theory will drop out," and from one on the other side, "The bony lesion remains the most common cause of disease."

Is there, except the name, anything in common among osteopaths? Reflect. If there is anything which the physicians quoted from, and all other osteopathic physicians, yes and a large number who are not osteopathic, would accept it is this, that associated with disease or disorder of a viscus, either primarily or secondarily, there is often a sensitiveness and irritation in the corresponding spinal area. This has its corollary, that in certain non-irritative diseases the opposite effect obtains. Associated with these ideas has generally come to be accepted, the idea of contractions at the points of irritation, and of a contraction which is sufficiently long continued that we give it the specific name of contracture.

Granted that there is a contraction or a contracture the pertinent question remains, what contracts? The contractile tissue proper of the body is muscle. While some insist that there is in many cases a thickening and in a sense a contraction of ligaments connected with some conditions, it is pretty generally conceded that there are local contractions of muscles connected with many affections.

What muscles then are affected and why are they contracted? No one seems to think the superficial muscles as the latissimus or other arm muscles are included in the list. If there is contraction of muscles then it must be either of the deepest layers of the spinal muscles, including the multifidus, the spinales and the semi-spinalis or it must be of the great erector spinae group. We think that it is generally believed among those who have thought sufficiently along the line to form an opinion, that the deepest layers receive the pathological impulses first

and that from continued or increased irritation the erector spinae becomes contracted.

The two normal and constant primary effects of muscular contraction are the approximation of their attachments, and heat. With the former we are principally concerned today, though we shall digress briefly for the consideration of the latter, heat.

In every muscular contraction there is an amount of heat liberated that is appreciable, and is more than the amount caused by the destruction of muscle tissue. "The amount of heat evolved depends on the tension of the muscle," (Heidenhain). "If the ends of a muscle be so fixed that it cannot contract the maximum of heat is obtained," (Beclard). "And this the more rapidly the stimuli follow each other," (Fick). "Such a condition obtains in tetanus, in which condition the violently contracted muscles oppose each other and very high temperatures have been recorded by Wunderlich, while the same is true of animals that are tetanized," (Leyden). "Dogs kept in a state of electrical stimulation die because their temperature rises so high. 112 to 114 degrees, that life can no longer be maintained," (Picket).

From these quotations we see that the heat derived from muscular contraction is very great. While it may be objected that in all cases of tetanus or spasm as from strychnine poisoning the heat is not so great we must remember that in these cases the profuse perspiration may modify the heat to some extent. And again we have the principle that the heat "increases as the load and the height (to which it is raised), increase up to a maximum point and afterward diminishes as the load is increased," (Heidenhain). In the extremes of tetanus then the heat may not always be proportionate with the severity of the disease.

While tetanus may run the body heat up to the very highest point reached in fevers and far beyond the point compatible with recovery, 114 degrees, and the opposite condition of paralysis, in which very little heat is derived from muscular contraction has sent the temperature down to 88 to 86 degrees several weeks before death.

Now these chronic contractures of the deep spinal muscles, if such exist, certainly present the ideal conditions for the production of heat for the muscles are tetanically contracted from a continuation of impulses, and conditions are such that the ends are fixed to a considerable degree and therefore they cannot contract freely.

Is there any evidence clinically that this heat exists? I have never heard it referred to by but one practitioner. Dr. A. T. Still used to run his hand over the back of a patient and made considerable stock of the hot and cold spots. I fear his followers are letting a very important part of the diagnosis slip since his mantle has fallen upon them. If it is important it is a strong point in favor of the bare back examination.

I have heard a number of patients complain of a coal of fire, or a hot box, or by other like expressions indicate that they were conscious of localized heat. I have often been able to bring out this symptom by questioning when the patient did not consider it of enough importance to speak of it.

This heat would be more insulated from the surface, lying beneath the superficial muscles and the subcutaneous adipose layer, than from the spinal cord, but we are not now speculating upon its probable effects on the cord, a field for investigation and study in itself. What we now suggest is that means be taken for its detection and scientific proof of its presence. I have nothing to offer in the way

of a mechanical means of detection and measurement, but I believe that some one ought to devise the instrument and that we ought to use it. Let our scientists and thinkers get to work and produce it.

As to the approximation of surfaces, or tendency to the approximation of surfaces, as a direct effect of contraction we need not go out of our way to prove its existence. It is the function of muscle. While there are many spinal muscles and their actions are varied, for our purpose at present we can sum up those actions and direct effects briefly thus: If there is a local bilateral contraction, whether of the deeper or the more superficial layers, there can be but one result, notably a local spinal extension or in other words a localized anterior spine. A unilateral local contraction would produce a lateral flexion varying to rotation with the particular group of muscles involved.

We are not now discussing the relation of these facts to the cause and effect of disease, but only note their general acceptance *as facts* relative to disease and the advisability of proof. If there are muscular contractures these effects *must follow* and the results are surely such that they can be measured by mechanical means. It is high time then with a profession of nearly 5,000 practitioners and all following blindly after a conception that we turn our attention to finding just how much there is really in it. Some would name these irregularities from muscular contractions spinal bony lesions, while some claim something a little more subtle as the bony lesion with the muscular contractions resulting. If there are lesions however from whatever cause which are manifest as palpable malpositions of the vertebral spines there can be no question that they can be detected and recorded by mechanical means. Our lesionists must come down to something demonstrable.

In my first efforts to get a record of spinal conditions I used a flexible leaden ruler, which method I afterwards saw illustrated in medical literature, and then some years ago, at a meeting of the Iowa Association, I presented my spinograph with movable slats. Later I saw the same principle illustrated in medical literature, both probably independently invented. Dr. Goetz then took up the work and has spent much time and money in trying to produce an instrument for spinal record. He has a good instrument and it is unfortunate that he could not be with us to present the results of his research with it.

With my slat machine I took quite a number of records, some of them of considerable value, but it was not delicate enough for some of the work that may be accomplished with the Goetz machine and the machine which I am about to present to your notice. The results that I show you then from the old machine are not what may be expected should the work be taken up and carried on properly, systematically and in a large number of cases. The new machine has not been in use long enough for many valuable findings.

With the proper instrument used in a sufficient number of cases we should be able to demonstrate, not only the lesion, but the relative time of its appearance, and the correction of lesions, and the amount of actual correction that is necessary before improvement sets in, in short, the whole relation of lesion to disease.

Of the spino-pantograph I now present, the principal advantages are that while producing an accurate record it reduces that record to a size that may be conveniently compared, published and filed. Should one use a card system or loose leaf record the spinogram may be placed at a convenient place on the card or leaf.

One may take records either antero-posterior or lateral while the patient is either lying or sitting, and the adjustment is very simple whereby one may superimpose one spinogram directly upon the other, so facilitating comparison. Note should be made, however, of the conditions under which each record is made, and also points as cervico-thoracic, or thoracico-lumbar interspaces should be noted.

Spinograms should be an integral part of published case reports if spinal contour is at the bottom of the trouble.

The use of the instrument while primarily designed for the spine need by no means be confined to the spine. It will record the contour of any part of the body equally as well. So one may record tumors, flexions of joints, etc., or obtain a complete horizontal outline of the chest or any part of the surface anatomy.

While I have myself neglected the work to some extent, on account of bending every energy to the completion of my book, I believe that it ought to be taken up by the practitioner and by the schools. It depends only on care and patience and possibly some mechanical skill, and like the use of the temperature indicator, when this is brought out, it may be prosecuted without any conpunctions of conscience, nor remonstrance even from the anti-vivisectionists. By one or both of these instruments a great field is opened up for the scientific proof of osteopathy.

My machine is simply an adaptation of the common pantograph. If it is tried and proves efficient, use it. I hold no patents or reservations. If it is not what you need, use the Goetz machine or some other, but let us get down to business. Bold assertions are not facts.

Empire Theatre Bldg.

ARMY LIFE AS A CAUSE OF INTESTINAL DISEASES.

ERNEST E. TUCKER, D.O., Jersey City, N. J.

The recent talk of war with Japan was not taken seriously by the American public, but nevertheless it caused a review to be made of the national defenses. Military thought was in the air, and makes more or less opportune some comments on the causation of the typical camp diseases, dysentery, constipation and typhoid fever.

Some observations made by me in connection with the causation of these troubles during the World's Fair, and at other times, and very recently some facts stated to me by a cadet at West Point, and now being further observed by him at my request, have a most intimate bearing upon the question. The gist of these observations is, that affections of the lower bowel are liable to be caused by excessive walking, or other abuse of the legs, particularly if such use or abuse be unaccustomed.

Referring to the anatomy of these parts, we notice that the innervation to the legs comes from the lumbar segments, from the first lumbar to the fifth sacral. From these same segments the nerves of the caecum, lower bowel and rectum arise. The two sets are therefore associated at their origin, so that irritation from the centres of the leg might overflow into those of the bowel, and *vice versa*, as seems to occur in cases of abuse of one or the other. These nerves at their exit from the spine, lie in the great psoas muscle, one of the most important muscles in the movement of the thigh. They then traverse the iliacus, these two

together performing a great part of the labor of flexing the thigh. This relation contributes something to the irritation of the nerves, in abuse of the legs, besides the direct irritation from the overuse itself. Another factor contributes to this irritation. In walking, particularly if the exercise be prolonged, the lumbar spine moves extensively. The spine tends always to sag towards the relaxed leg; when walking is prolonged, the dorsal muscles tend to take part in the rhythmic motion; and when they become weary, not only allow the spine to sag, but actually encourage it, to get the benefit of the stretching alternating with contraction.

Various biologists have advanced the theory, that the contraction of a muscle can only with difficulty be renewed, unless the muscle has been passively stretched meanwhile. Certainly such stretching aids various processes of restitution of the exhausted muscle. All mechanical arrangements of the body evidently include this plan, and the nerve arrangements carry it out. So that these muscles tend to encourage the stretching of themselves by the sagging of the back.

The result of this sagging is, that the ligaments of the pelvis and back are stretched and share in the irritation which excess of walking produces. The nerves carry the reports of this irritation to the spinal segments corresponding to them, where it is added to the irritation from other sources.

Other sources of irritation may be present in camp life, in the unaccustomed positions, labor, etc.; but we are dealing here primarily with the effects of excess of walking. The overused muscles and nerves of walking, are of course the chief contributors, ligaments., etc., merely adding more irritation.

Now let us examine the intestine. The innervation of the intestine is from the same portion of the cord, and passes out by the same nerve trunks, traverses the same psoas muscle and some of the fibres traverse the iliacus muscle also. The sympathetic nerves of the intestine originate in the pelvic plexus being in front of the spinal column, in a position to be easily affected by abnormal motion and irritation of this structure.

Now it is an axiomatic law of neurology, that centres lying in the same ganglion, or even the same nerve trunk, are apt to be affected together. These nerves of the intestine are therfore exceedingly liable to be overthrown, or at the very least, greatly weakened by the abuse or straining of the nerves of the leg.

Moreover the intestine itself may be affected independently by the excess of walking. In the animal kingdom, with the horizontal spine, the intestine hangs vertically down. Man has however thrown his spine into an illogical vertical position, in which every organ is at a disadvantage, each weighing upon the other.

On the backs of cadets, the cartridge sacks are seen to jump up and down with each step. The intestines do the same, although inside the confining abdominal wall. A person with a very full stomach may perceive this. Nature has of course adapted herself to this condition; when it is kept up too long, or when she is not accustomed to it, there is irritation in the intestines from it. Each coil of the intestine thrusts on the one below with its own weight and the weight of its contents, (which in the large bowel are semi-solid) and the weight of the whole descends upon the pelvic floor, whose muscles become more and more wearied and strained, until they scream with irritation.

In cholera-morbus and other intestinal conditions, the irritation is reflected from intestine to leg, causing cramps in them. This gives clinical confirmation to the statement of the relation between leg and intestine. Action and reaction are equal. If irritation be reflected from intestine to leg, irritation may be reflected from leg to intestine in equal degree.

From all these sources, leg, ligaments, pelvic floor, etc., the irritation is gathered and is summed up in the spinal segments whence these nerves arise, producing a concentration and excess of irritation. These segments consist of nerve mechanisms whose action is automatic, and depends upon the degree of stimulus to which they are subject.

The minimum of stimulus causes physiological action. As it increases, the action departs more and more from the normal, being first, exaggerated function, then passing to failure of function, then to spasmodic action, the response to irritation, lastly to inflammation, the response to injury. There may be no actual local injury, but the nerve ganglia, when subjected to an excess of stimulus, respond as for injury, by instituting the process of tissue repair. They cannot distinguish the sources of the stimulus, but respond automatically whenever affected by it. The nerves of the bowel are the least stable, the least inured to irritation and injury, so respond with much greater violence than those of the leg.

I have made numerous observations supporting the statement that diseases of the intestine are caused by excess of walking. In connection with the World's Fair in St. Louis in 1905, I observed a large number of cases suffering with constipation, diarrhoea, or dysentery which were directly and unmistakably traced to the abuse of the legs at this exposition. Verbal confirmation by others, not patients, was also abundant.

A few cases of college men in training for athletic contests, base ball, etc., tell the same story, some having in connection with the difficulty, pain in the lumbar region of the spine. The necrological records of the osteopathic profession itself bear tragic testimony to the same law. It has been said that the only thing that could kill an osteopath, was typhoid fever. Certainly many of the brightest and best have been laid low by this dread disease. The reason seems to be quite evident; he who runs may read. The osteopathic work requires much standing in a bending position and often heavy lifting in this position, especially wearying on the lumbar muscles. I, myself, have often noticed a most depressing weariness or pain in the lower spine, after a day's work. In connection with the foregoing comments, the fact is most significant and should serve as a serious warning to the too ambitious osteopathic physicians, that too long hours are dangerous.

Among shop girls, required to stand without rest all day, a great many cases of bowel troubles are found, although these usually pay the penalty which nature exacts with the more sensitive nerves of the genital system.

Besides these, numerous scattered observations, much more carefully made, bear out the idea most explicitly. In many cases the abuse is walking, in one, coasting, (on a Bob-sled), in others, rowing, in some, standing, as with shop girls, etc., in almost all cases, a monotonous continuance of exercise, the monotony of which tended to deaden the senses and failed to give warning of the excessive weariness. These observations tend to show that the occurrence of these diseases in armies is due to the excess of walking. Especially among armies freshly called into the field, a very large percentage are affected with bowel troubles.

The comment recently made to me by a West Point cadet, referred to above, attracted my mind to the subject in connection with military affairs and caused the writing of this article. His statement was, that after his day on guard duty, which required nine or ten hours walking, and being on his feet, he usually had difficulty with his bowels. He made the same statement, with less certainty, for

his classmates, and is now investigating further among them.

These affections in armies are attributed to unsanitary conditions and germs. But if this be the case, why is it they follow so regularly the days that require excessive marching? Under the very strict sanitary precautions at West Point, the danger from germs and unsanitary conditions is removed.

The importance of determining the cause or causes of camp diseases can hardly be overestimated; for not only do they kill more than the bullets of the enemy, but they often seriously interfere with the mobility of a whole army, and are a heavy burden upon hospital arrangements. The total number affected is, of course, far greater than those whose cases terminate fatally. If further observations on these points are necessary, they could easily be made by the proper officers.

In treating these conditions, instead of adding further burden of irritation in the shape of a purgative, the procedure should be to allay the irritation and to promote, by every means, the restoration of normal equilibrium. Passive stretching of these muscles, which should be gentle and not rough, is part of the normal program in restitution of muscles, and should be the first step. At the same time, the passive stimulation of the ganglia turns the current of nerve force away from executive channels, to aid in restitution. The most effective and direct way of reaching the vaso-motor system, to insure abundant circulation to the affected parts, is the use of hydrotherapy. Dr. Osler gives nearly half of the space devoted to treatment of disease to hydrotherapy.

Besides these things, osteopathic lesions should be discussed. Such lesions might alone produce the affections, but their presence would in any case add tremendously to the degree of the irritation from any abuse, the removal of any such lesion, it goes without saying, is fundamental in any treatment of these diseases.

More important than treatment is prophylaxis. If the system is accustomed by degrees to any form of exercise, the margin of abuse is thrust farther and farther away. At all times, both in accustoming the system to exercise and afterwards in the performing of work, too great monotony should be avoided, even at a cost of a greater total of weariness; for abuse is a relative term, relative to totals of exercise, and also to exercise of other parts of the body.

In fresh armies prophylaxis should include a system of elimination, allowing those who show symptoms of abuse to rest, until they have gradually accustomed themselves to the exercise. It is contrary to all physiological law that a large number of men could be taken from different pursuits and suddenly forced into the severe strain of army life, without disturbing physiological equilibrium and losing many lives. The more sudden the change, the greater the loss. The function of an army, like any function of the body, must be developed gradually, if safely.

337 Pacific Ave.

PROFESSIONAL COMITY IN A CASE OF NEPHRITIS.

H. L. Chiles, D.O., Auburn, N. Y.

In January, 1906, a gentleman called to ask what I could do for Bright's disease in a young person. I told him the treatment was fairly satisfactory and that if he had nothing in view that offered him much hope, I thought the treatment was worth trying.

The next day he called again and in the course of the talk I said to him that I understood that he was not dissatisfied with his physician nor lacked confidence in him, but that if there was anything that might be done that his physician could not do, he wanted it. I said to him further that I had no desire to supplant the physician in his family nor did I care to assume charge of this case. I would be willing if he wished, and his physician consented, to see the case and if I thought conditions justified it, I would be glad to treat the case a reasonable time, and if there was no improvement, I would retire, and in the meantime the case was in the hands of his family physician, just as it had been, only I should of course give my treatment as I thought it should be given.

The same day the physician called at my office and we had an understanding to the above effect. He said to me that he had had the case for ten weeks and that it was rapidly approaching, if it had not reached, the stage of chronic Bright's disease, that he had discontinued practically all medicines, and that if any improvement was shown the credit should be mine. This was from perhaps the bitterest opponent of our practice to be found in the city. We saw the case together the following morning.

I found a youth lacking three months of being fourteen years old, about five feet nine inches tall and weight about 140 pounds, the greater part of this unusual growth having taken place within the few months preceding this spell of sickness. In addition to this rapid growth, change of voice and other symptoms, indicated puberty.

A few weeks before the onset of this attack of nephritis, the youth had suffered an attack of tonsillitis in a very severe form, when he was treated by the physician then in attendance. Recovering from this he visited Boston with the family for the Thanksgiving holidays and was there taken ill, returned home and within a day the diagnosis of acute diffuse nephritis was made out. There had been the usual symptoms—without coma, or spasm, or any unconsciousness—and the doctor told me that then so much albumen was voided that simply boiling the urine precipitated it until it looked as if the white of an egg had been cooked in the test tube. At the time I first saw the case, there was still abundant albumen, casts and tubules were numerous, and the quantity of urine voided daily varied greatly. The patient was at this time in bed, sitting up perhaps a small part of each day, apparently well nourished, pulse very quick and excitable, there was indication of anemia, puffiness around eyes, and some swelling of ankles. After the first week or two, after the onset, the diet had not been exclusively of milk, some bread, eggs, and green vegetables being allowed; all meats, however, were denied. As there were indications of a long fight, in which event the preservation of the general health to the highest degree seemed essential, I thought this the best course to pursue. The patient was having alcohol and oil rubs and sponge baths two or three times each week at bedtime.

From physical examination then made the kidney centers were evidently involved. In addition to a twist at the seventh dorsal and marked irregularity in the lower dorsal and first lumbar, there was a slight cervical lesion and innominate slip of the right side. The condition of the spinal muscles also showed the effects worked upon the kidneys, for above them there was a saucer-like depression caused by the loss of tonicity of the muscles at that point.

Treatment was begun at once, administered every other day. The father and physician expected that I would treat every day, but with an excellent nurse in attendance thoroughly in sympathy with the treatment, I thought it would be

more prudent and perhaps as effective, to take no chance of irritating the already inflamed tissues. At each treatment, I gave as much attention to the bony lesions as I thought prudent, and looked after the symptoms, rapid heart, etc., and gave in addition to this a thorough treatment to the splanchnic area hoping in so doing to equalize the general body circulation, and thereby relieve the high pressure in the kidney and giving its diseased and delicate tissues rest.

I am not able to state what I accomplished for the kidney directly; I do know that I accomplished a great deal in lowering the blood pressure, and making it possible for repair in the kidney to take place. What would the physician who relies on drugs give for one that would do this simple thing? I shall digress farther to say that I have seen many cases of bad heart lesion, regurgitation and valvular incompetency, where this condition was, for the time at least, removed by removing peripheral resistance.

Few physicians of any school realize the importance of the vasomotor system in health and disease, and our own practice does not appreciate the effects we can get upon it and through it.

To return to the case under consideration. From the first, excepting that a cold contracted a few days after treatment was begun increased the disturbance, there was improvement. Analyses of urine made at intervals of two or three weeks showed continued decrease in amount of albumen and diminished numbers and changed character of casts. I had an expert chemist make these analyses and the record of them is preserved. After about three months the casts had practically all disappeared and the albumen very light.

In spite of this improvement we held pretty closely to the diet list as in the beginning, as the patient was not suffering any loss of flesh and his appetite was good.

Earlier in the treatment, the physician had tried the forced water drinking, but it was not satisfactory, and is manifestly bad. The logical treatment certainly is to measure carefully the amount of water voided, and administer that amount in liquid. This latter plan was followed. During these months the M.D. and I met a number of times to consult and compare notes on the case ,and I was always treated with consideration and courtesy. At first when he was seeing the case as often as I was, I was careful not to assume much direction of the case in questions from the patient and nurse, referring them to the M.D., but later when he discontinued regular visits, I took more active charge of the case. At no time was there any friction between us, and finally when time came to make the plan for the summer, I think the father relied as much on my view of what it should be as upon the family physician. With a climate such as we have here in April and early May it was a problem to get the boy out of doors. It was finally accomplished without harm and soon he was taking rides and short walks almost daily. And while this exertion and exposure did not seem to increase the albumen, it did bring about great irregularity in the amount of urine voided, and the least excitement or exertion would simply cloud the urine with phosphates. This seemed to indicate the extreme nervous changes that had taken place in the system.

Early in July it seemed wise to have the boy, accompanied by the nurse, go to the seashore, for while bathing and athletics were not allowed, it was thought that the tonic effect of the New England coast would be helpful. It proved so, and the summer there toughened him considerably. Returning to Auburn in September he tried school for a few weeks, but its effect on the heart and the phos-

phaturia was so pronounced that it had to be discontinued. He had weekly treatment during the Fall, when some riding of bicycle, golf, etc., was allowed. In order that he might be out and have moderate exercise during the Winter early in January he went to Georgia and returned north in April in excellent condition. He can now take the average amount of exercise and excitement without any untoward symptoms arising, and three different examinations of urine by experts show it to be normal. The boy is well and I think with reasonable care on his part for two or three years, there will be no return of this trouble. The musculature of the back is now normal and the bony lesions have been for the most part entirely removed.

I have written of this case not so much because of the result, for that is not different from that many of our practitioners have obtained, but because of the case being treated in connection with the medical physician. It is a fact that many of our practitioners would not have taken the case as I did. For my part I took it just as I would prefer to take it. I then had no license and I did not care to take big risks, and I don't feel called on to take a desperate case and let the fellow who has allowed it to become so, slide out from under the responsibility of the fatal termination.

As stated above this arrangement worked out with entire satisfaction to me and I think to others concerned, certainly to the family.

If the family interested wish it, I am convinced that many cases might be taken with the family physician without any loss of dignity to our practice, and the opportunity made to demonstrate what we can accomplish in cases that we otherwise might not have the chance to demonstrate on, and besides this we must not lose sight of the right of the patient to avail himself of any and all methods of treatment, and as most osteopaths, from lack of practice in acute cases, are not as familiar as is the regular physician with the clinical symptoms, the latter's presence may often be a help. This all depends of course upon the physician, as to whether he is willing to be as fair with you as with any specialist that might be called in, and whether the family and nurse have the good sense and tact to avoid friction rather than to create it. In this case I was fortunate in having a nurse in attendance in full sympathy with the treatment, and a family of ample means to do anything that the welfare of the patient required.

I presume that many are ready to question the advisability and even the ethics of working on a case with a medical physician, and if the editor of the JOURNAL is willing, I should like to see the matter discussed in its columns.

118 Metcalf Bldg.

REPORT FROM THE LABORATORY OF PHYSIOLOGY, THE PACIFIC COLLEGE.

LOUISA BURNS, M.S., D.O., Los Angeles, Cal.

At a late meeting of the Los Angeles Osteopathic Association, the question of flatulence came up for discussion. The immediate question involved referred to the possibility of the accumulation of gas within the peritoneal cavity. The following points were mentioned by several practitioners of note who were present:

The fact that the gas which results from fermentation could not find its way through the uninjured intestine was mentioned.

The celerity with which the gas is formed, and its equal celerity in disappearing were held evidence in favor of its accumulation in a larger area than the intestinal tract. The enormous distension of the abdomen in such cases was also held indicative of the presence of gas in the peritoneal cavity.

The statements of women suffering from diseases which affect the Fallopian tubes were quoted, showing that these women thought, at any rate, that the gas escaped per vaginam. The possibility of error in such cases was recognized.

The persistence of gas after very urgent and constant emesis and purgation was mentioned, and several instances cited.

In the presence of such diversity of opinion among the doctors in practice, it occurred to me that an appeal might be made to experiment. It is already known that the accumulation of gas in the abdomen is easily produced by the maintenance of an "artificial lesion" in the splanchnic area. (The "artificial lesion" is produced by holding one or more vertebrae in an abnormal position.)

The accumulation of gas within the intestines occurs beyond doubt in these cases. This has been shown many times, in experiments upon animals and upon human subjects. The question to be settled is the possibility of the accumulation of gas within the peritoneal cavity.

Cats of various ages and white rats were used in these experiments. Anesthesia was given, as usual, and the animals placed under warm water. The abdomen was opened, and the artificial lesion produced. The intestinal vessels became dilated, as usual, and the intestines distended with gas.

In addition to these facts, which are in accordance with the results of other experiments and with clinical evidence, the formation of gas upon the mesentery and omentum was demonstrated. Bubbles of gas were formed upon the surface of these membranes, and increased in size until they became large enough to rise to the surface. Some of the gas was formed within the omental sac. The gas was odorless, and was probably carbon dioxid, though no tests were made.

It is evident that gas may accumulate in the peritoneal cavity. This being true, the fallacy of attempting to remove such accumulations by emetics or purgatives is evident. The only possible means of eliminating this gas is by means of increasing the pressure of the blood and the speed of its circulation.. The accumulation of gas within the intestines as a result of fermentation or of faulty circulation, is not doubted. Such gas may be eliminated per oram or per anum, or may be absorbed into the blood stream, as in the case of the peritoneal gas.

Treasurer's Notice.

Dues for the year 1907-8 are now payable. The constitution of the A. O. A. permits the continuance of the privileges of membership for three months after the annual meeting. After that time, following notice from the treasurer, all who have not paid are dropped from the roll. Last year the treasurer notified through the medium of the mail over 700. He is pleased to be able to report that less than one hundred of these failed to respond. However he would appreciate it if all who know themselves in arrears would remit at once and not wait to be personally notified, thereby relieving him from much unnecessary clerical labor, and saving to the Association considerable postage expense. Make all remittances for dues (checks, money orders or drafts), payable to M. F. Hulett, 8 East Broad St., Columbus, O.

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SEPTEMBER 1, 1907.

The Value of Case Records.

Another annual meeting has passed into history. Those who were fortunate enough to be in attendance are now going back to their work with new ideas, higher ideals and firmer resolves for the future. They have caught an inspiration which it is hoped will last through another year, for, in a sense, this *is* the beginning of a new year. Many of those who did not attend the annual meeting

are just back to their offices from vacations spent in short excursions to the country, the hills, mountains, or sea-shore, where they have been recuperating.

This, then, is an auspicious time to inaugurate the reforms and improvements in our methods which all of us have been promising ourselves we would do—some day. Doubtless a little earnest thought and conscientious introspection would reveal to us many points where we have failed to do our full duty to our patients, our profession, and consequently to ourselves.

It would not be practicable to attempt to indicate all the things wherein improvement might be made that would make for greater personal success and the elevation of the profession, for they are as varied as are the habits, methods and idiosyncrasies of the individuals composing the profession. There is, however, one thing that we feel constrained to urge at this time, despite the stress that has been put upon it in the past by the Committee on Publication, the JOURNAL and leaders of the profession generally, and that is, that every member of the profession, who is not already doing so, should begin at once to keep accurate records of cases treated.

This will prove beneficial to the practitioner himself in many ways. It stimulates a more careful examination and diagnosis and, in consequence, better results in treatment. No one will doubt the value of experience in the treatment of disease, but no memory, however tenacious, will retain all of the details of the numerous cases treated. By having a record to which reference may be made in difficult or unusual cases which one may have treated the result of experience is not lost. While this is true in one's own practice, how much more valuable would it be if we had before us the combined experience of the entire profession.

If every osteopath had done his duty in this regard what a mine of information would be open to us! It is not possible, to be sure, that every case treated could be reported and published in detail, but if the records existed in the offices of our practitioners it would be possible to summarize these results. If accurate records had been kept throughout our history we could now talk authoritatively of percentages of cures in various diseases, and this of itself would be worth something to each of us in consultations with patients.

To be of value these records must be intelligently and honestly made. The unsuccessful and disappointing cases must be as conscientiously recorded as the brilliant and phenomenal cures. Not only this, but, when possible, the patients must be kept in touch with for months and years after treatment is discontinued, in order that we may know of the permanency of cures and, in acute cases, what, if any, sequelae develop. We are fond of saying—and no doubt our individual experiences warrant it—that osteopathic cures are permanent because they are wrought in accordance with Nature. But would we not feel more comfortable, would it not be a greater asset, if in making this statement we could speak by the record—the record made by four thousand osteopathic practitioners?

Secretary Chiles is now sending out certificates of membership for the year 1907-8 to all whose dues are paid. In order to increase our membership it is as important to hold the members we have as to gain new ones. It is to be hoped that every member from whom a fee is due will remit to the treasurer without delay. As that officer points out in this number such a course will save considerable work and expense. In addition to that attention to the matter at this time will prevent the trouble and annoyance of being reinstated later in the year.

FREDERIC E. MOORE, D.O., President, A. O. A.

Dr. Frederic E. Moore, the twelfth President of the A. O. A., was born in Minneapolis, Minnesota, February 7, 1874. His early education was obtained in the public schools of that city, Macalester Classical Academy, of St. Paul, and Macalester College. He graduated at the Academy and left the College as a sophomore to accept a clerkship in the Security Bank of Minneapolis, a position he held for five years.

Dr. Moore was a matriculant in the first twenty months' class at the Northern Institute of Osteopathy, Minneapolis, from which he graduated in January, 1899. He also graduated from the American School of Osteopathy in January, 1902.

Since his graduation he has been in continuous practice at La Grande, Ore.

In all attempts to secure osteopathic legislation in his State Dr. Moore has been particularly active. He was the practically unanimous choice of the osteopaths of his State for the position of osteopathic member of the Oregon Board of Medical Examiners, a position created by the law enacted last winter, and which he now holds.

Dr. Moore has been a member of the A. O. A. since its organization, and an active worker in it. In 1899 he was elected to serve for a term of one year as trustee, and again in 1904 for three years, his term expiring with the Norfolk meeting.

NOTES OF THE NORFOLK MEETING.

The weather throughout the week was delightful; sometimes quite warm in the sun at mid-day, but cool in the shade and at nights.

The Trustees selected Dr. A. Still Craig to succeed Dr. Gertrude Lord Gates as member of the Board of Regents for the three year term.

The social evening, under the direction of Dr. Hezzie C. P. Moore, was greatly enjoyed and was spent in dancing, card playing and social converse.

Inasmuch as all of the papers and demonstrations will appear in the JOURNAL during the year we will at this time merely give, in brief, the more important matters of business that were acted upon by the Association.

A committee was appointed to revise the constitution and report at the next meeting. Dr. C. M. T. Hulett was made chairman, the other members are J. H. Sullivan, Kendall Achorn, Julia M. Sarratt, and E. W. Sackett.

The Committee on Prize Essay, through its Chairman, Dr. C. W. Young, reported that Dr. W. Banks Meacham, of Asheville, N. C., was the winner in the contest for 1907. His subject was "Pulmonary Tuberculosis."

The amendment constituting the Council of Delegates the nominating committee was adopted. The other amendment which proposed to make subscriptions to the JOURNAL separate from membership dues was laid on the table.

The absence of Dr. C. E. Still, which was noted by many, leaves Drs. A. G. Hildreth and M. F. Hulett sole claimants to the honor of having attended all meetings of the A. O. A. There are many, however, who have missed but one or two meetings.

The osteopaths of Virginia, and especially Dr. W. D. Willard, of Norfolk, are entitled to much praise and the lasting gratitude of the profession for the excellent arrangements made, the clinic patients provided, and the hard work generally which they did to insure the success of the meeting.

An important step was taken in the appointment of a committee on osteopathic terminology. The committee consists of the following members: Chairman, M. C. Hardin, Atlanta, Ga.; W. F. Link, Knoxville, Tenn.; Geo. A. Still, Kirksville, Mo.; J. L. Holloway, Dallas, Tex.; Chas. J. Muttart, Philadelphia, Pa.

The reports of the officers, trustees and three standing committees showed gratifying progress along the lines of work represented by them, and that all had been alive to the interests of the Association. The important recommendations made by the committees should be read by all when they appear in the JOURNAL next month.

Dr. A. Still Craig gave, one evening during the meeting, an interesting stere-

opticon demonstration of his new work on anatomy, showing many horizontal sections of the human body. His book represents an almost infinite amount of work and will prove to be a valuable contribution to the literature of the profession.

The Inside Inn, the headquarters of the A. O. A. during the meeting, came in for special thanks in the report of the Committee on Resolutions. The manager, Mr. Harry Watcham, also acted in that capacity for the Inside Inn at St. Louis, when our meeting was held in that city, and made many friends in the profession.

The membership of the A. O. A. now numbers 1,465. There were not as many new members elected at Norfolk as at other meetings held in recent years. This was due in part to the fact that some of the best membership workers, like Dr. W. J. Novinger, were not present, and partly to the fact that not as many non-members were in attendance as usual.

The Trustees of the A. O. A. arranged for the publication of the Osteopathic Directory for the coming year. It will be published again at Kirksville, Mo. A copy will be furnished to each member of the Association. The Board also arranged for Dr. A. L. Evans to edit a Hand Book of Precedents, together with the constitution and code of ethics; this, too, will be supplied to members.

At the opening exercises Rev. Dr. Thacker pronounced the invocation. The Association was honored in being welcomed by Hon. J. Taylor Ellyson, Lieutenant Governor of Virginia, who spoke on behalf of the State and the Exposition. Gov. Ellyson delivered a polished address, breathing the spirit of genuine welcome, which was highly appreciated by the osteopaths in attendance. The response was made by Dr. C. M. T. Hulett.

The election of officers resulted as follows: President, F. E. Moore, La Grande, Ore.; First Vice President, E. H. Shackleford, Richmond, Va.; Second Vice President, Ada A. Achorn, Boston, Mass.; Secretary H. L. Chiles, Auburn, N. Y.; Assistant Secretary, J. F. Bumpus, Steubenville, Ohio; Treasurer, M. F. Hulett, Columbus, Ohio; Trustees, three year term, M. E. Clark, Indianapolis, Ind.; Frank F. Jones, Macon, Ga., and W. W. Steele, Buffalo, N. Y.

There were two vacancies on the Board of Trustees of the P. G. School, and it being desirable that as many trustees as possible should be present at the organization of the corporation, the trustees of the A. O. A. named Drs. E. M. Downing, York, Pa., and Herman F. Goetz, St. Louis, as trustees. The By-laws of the P. G. School require that at least seventeen of the twenty-seven trustees shall be osteopathic physicians and members in good standing of the A. O. A.

The Norfolk meeting of the A. O. A., while not the greatest in point of attendance, was in some respects the best ever held. The fact that a great deal of the routine business was handled in committees and by the trustees left more time for the presentation of the professional part of the program. The amendment to the constitution which was adopted last year, leaving the selection of the next meeting place to the trustees, also saved much valuable time to the Association.

There were doubtless between three hundred and four hundred osteopaths in attendance, but only 283 registered. There were 461 registered at Put-in-Bay. The comparatively light attendance at Norfolk was due to three things: The unfair reports concerning the Exposition, the far eastern point at which the meeting was held, and the late date. Many osteopaths had concluded their vacations before the latter part of August, and the practice of many at that time was such that they could not leave.

The personnel of the standing committees for the coming year, as chosen by the Trustees, is as follows: Committee on Publication, Chairman, S. A. Ellis, Boston, Mass.; Edythe F. Ashmore, Detroit, Mich.; Geo. W. Perrin, Denver, Colo.; Committee on Education, Chairman, E. R. Booth, Cincinnati, Ohio; O. J. Snyder, Philadelphia, Pa.; Effie E. York, San Francisco, Calif.; Committee on Legislation, Chairman, Frank Heine, Pittsburg, Pa.; Chas. E. Fleek, Orange, N. J.; Ralph H. Williams, Rochester, N. Y.

The Committee on Publication chose Secretary H. L. Chiles as editor of the JOURNAL. This seems to be an excellent arrangement, as by combining the salaries of secretary and editor, both of which have been slightly raised, Dr. Chiles can give practically all of his time to the duties of the two offices. The combination of offices will save some work in correspondence and enable the editor to be thoroughly familiar with the work of the Association. Dr. Chiles will assume editorial charge of the JOURNAL with the October number.

The program, as usual, was a little crowded, but by reason of the admirable manner in which it was handled by President Ellis and the Committee on Publication it was all given without confusion. This was true, notwithstanding the fact that a number who had accepted places on the program failed to appear, or to give notice that they would not be present. In most instances substitutes were secured and the subjects were well presented. The program itself was most excellent, there being plenty of clinics and demonstrations of technic.

What the osteopaths in attendance think of the Exposition is best told in the following resolution which was adopted by unanimous vote:

Be it Resolved, That it is the sense of this Association that the Jamestown Exposition has been greatly hampered in its objects as a historical and educational exhibit by the adverse reports printed and otherwise disseminated which have been scattered by earlier visitors, and that in our judgment the Exposition compares favorably with others held in recent years, and that the individual members of this body will undertake to correct as far as possible in their respective communities the false impression existing and urge their friends not to miss the opportunity of seeing one of the most notable displays ever made.

The management of the Exposition invited the Association to celebrate Osteopathy Day with public exercises in the Auditorium Building. The official band was present and rendered delightful music. The meeting was presided over by President Ellis, who made appropriate remarks in calling it to order. He introduced Dr. E. R. Booth, who made remarks appropriate to the occasion. Dr. A. G. Hildreth followed with reminiscences of the early struggles of Dr. A. T. Still and the beginning of the school and practice. The meeting adjourned to attend an informal reception at the Virginia State Building.

The Council of Delegates, operating under the provisions of the amendment

to the constitution adopted at Put-in-Bay, met at Norfolk, and organized by the election of Dr. A. G. Hildreth as chairman and Dr. C. B. Atzen as secretary. Twenty-eight states were represented. While not much business was before the council some important matters were considered and several lively sessions held. There seems no reason to doubt that the council will grow in importance as time passes. Next year this body will act as the nominating committee. It therefore behooves each State Association to see that a delegates or delegates are chosen and proper credentials given before the meeting opens in 1908.

The most important work done at Norfolk was not done in open meeting, but was done by the Trustees of the Post Graduate college in effecting the organization of that institution. A full report, however, was made to the Association, and a better understanding of the project now exists in the minds of all who heard it. The Post Graduate college, as its name implies, will take up the work of osteopathic education where the present colleges leave it, and will in no sense be their competitor. It is hoped that immediate arrangements can be perfected to assist in research work.

Dr. C. M. T. Hulett was elected Chairman of the Board of Trustees, Alice Patterson Shibley, Secretary, and Dr. Harry Still, Treasurer. Dr. E. R. Booth was elected Chairman of the Council. A committee to have charge of raising funds, headed by Dr. Guy E. Loudon, was appointed.

We regret that the data is not at hand that would enable us to give a more complete report of this matter, but it will appear in a later number.

The meeting in 1908 will be held at Kirksville, Mo. The eightieth birthday of the "Old Doctor," August 6, will be one of the days of the meeting. When it became known that it was the request of Dr. A. T. Still that the next meeting be held at his home, those pressing the claims of other places gracefully withdrew, which was an eloquent tribute to the love the profession feels for the Father and Founder of Osteopathy.

This location being central, and the desire on the part of all to meet and greet the "Old Doctor" once more will, we believe, draw at least one thousand osteopaths to Kirksville in 1908. It will be a veritable osteopathic "home-coming." These considerations too, are bound to exert a favorable influence toward a substantial increase in membership. Our new President, Dr. Moore, has ever been an energetic and effective worker along this line, and under his leadership, with the cooperation of all, which we most heartily bespeak, we will be surprised if, at the close of his administration, we have less than twenty-five hundred members in the A. O. A.

What stronger breastplate than a heart untainted?
Thrice is he armed that hath his quarrel just;
And he but naked, though lock'd in steel,
Whose conscience with injustice is corrupted.
—*Shakespeare.*

No man ever sailed over exactly the same route that another sailed before him. Every man who starts on the ocean of life arches his sails to an untried breeze.—*William Mathews.*

He who imagines he can do without the world deceives himself much; but he who fancies the world cannot do without him is still more mistaken.—*Rochefoucauld.*

IMPRESSIONS OF THE NORFOLK MEETING.

EXPRESSIONS FROM A FEW WHO WERE PRESENT.

The meeting at Norfolk was one of the best we have held. I went expecting a good meeting and was not disappointed. Two features of the meeting I hope to see perpetuated—the universal fellowship and harmony and the "open parliaments." HARRY W. FORBES.
Los Angeles, Cal.

I thoroughly enjoyed the meeting. The clinics were good, and the demonstrations exceptionally so. Forbes and Turfler deserve special mention, and that Clark did well goes without saying. The open parliaments gave opportunity for discussion of every subject one could have any interest in, and all in all I consider it a week well spent.
Westerly, R. I. IRVING COIBY, D. O.

One of the best meetings of the Association, if not the best. I feel it did me a great amount of good. Hence I will be able to do more efficient work for my patients. Pure osteopathy was the only thing accepted. That is the only way Dr. Still got the science on the firm foundation that it rests upon. The attendance was good, considering the place of the meeting so far from the center of population and hearing unfair reports of the Exposition.
I look upon the meetings as being next to a post-graduate course. I cannot afford to miss them. J. F. BUMPUS.
Steubenville, Ohio.

The impressions left on my mind of the Norfolk meeting are eminently satisfactory. The practical character of the program, the number of clinics, and demonstration of technique, were helps to all who attended. Several clinics being held in different places at the same time, divided the crowd, so all had a chance to see and hear.
Those who have been longest in the field and most successful in their practice are apt to become weary of what may seem to them needless and useless repetition of work, but could they realize what it means to the younger and weaker ones in the profession, they would take hold of it with more willingness.
The freedom with which it was possible to secure assistance in adjustment of lesions and demonstrations of technique were strong points, and it is to be hoped that future programs will find even more room for them. EFFIE E. YORK.
San Francisco, Cal.

I think that we had a most excellent meeting, some of the clinics and demonstrations being exceedingly valuable. It is regrettable that any members of our profession should be outside of the A. O. A. They do not know what they miss by not attending these meetings.
As usual, the veritable feast of good things provided for us was greater than we had time to devour.
There seemed a prevailing sentiment that a less crowded program, not divided into sections, but with time enough for everything and giving everybody a chance to see all that goes on, would be more satisfactory.
The "too bookish" papers are still in evidence.
An unprogressive, narrow-minded, intolerant spirit came to the surface at one time that was painful to see. I cannot but believe that the majority in our profession want the *truth*, knowing that "Truth is mighty and will prevail."
We have a science that will stand the searchlight of Truth. Then let us not be afraid to turn it on, knowing that "the Truth shall make us free." HARRIET A. WHITEHEAD.
Wausau, Wis.

The feature that most impressed me at the Norfolk meeting was the united, almost unanimous, sentiment for everything genuinely osteopathic, and the spontaneous hostility from every source toward any seeming deviation from the principle that has made our profession world famous. There was less pandering to sentiment and more direct shoulder blows from all sources for the simple, unvarnished and genuine article, than I have ever witnessed in our meetings before. Another beautiful feature to me was the seeming good feeling existing between all schools everywhere. There was less mention of school and a more united, brotherly love sentiment existing than ever before in the history of the Association. The program this year was an innovation, in that the long-winded papers were cut out and we had practical demonstrations in actual practice from start to finish. This was as it should be. This kind of a program means practical demonstrations and an exchange of experiences that could not be brought about in any other way.
Take it all in all I consider the Norfolk meeting one of, if not the most valuable, of all our annual gatherings. While the attendance was not so large as we could have hoped

for, yet, considering the fact that Norfolk is at the extreme end of our territory, it was truly a great success.

A. G. HILDRETH.

St. Louis, Mo.

My impression of the last meeting is that it was the best I ever attended. The business of the Association was so arranged as to take up the least possible time. The clinics were practical, interesting and instructive, and afforded all the opportunity of keeping very busy. Either one of two in particular of the demonstrations I witnessed was worth the cost in time and money to attend the meeting.

The program did not, however, give me the opportunity of learning all I went there for: but, do we ever get just what we most need?

If osteopathy is a non-drug system (and I believe it is) why should we in respecting the osteopath who studies medicine discredit the osteopath who studies natural methods, calling him a fool and a crank? Why, please? Is it possible for us to eliminate everything except the one question of adjustment? Do we always tell all we do and do all we say we do? Why not be reasonable and honest with ourselves in discussing osteopathy?

I am convinced that we must maintain our individuality and that the danger line is when osteopathy and the so-called practice of medicine come close together. The farther we keep them apart the greater our success individually and collectively. To maintain our individuality in a reasonable, sensible manner, should be the effort of our National Association. We have made a good start this year; let us keep it up until we succeed.

Boston, Mass. C. E. ACHORN.

I was impressed with the evidence of professional growth, noticeable more especially in the discussions, where ideas are given expression on the spur of the moment without any dressing up from previous preparation. Growth was shown in clearer ideas on the distinctively osteopathic phases of diagnosis, an increased tendency to not take things for granted, but to get at the bottom of things, with a more assured attitude in the processes of reasoning out conclusions.

Two suggestions for improvement: First, the members are not logical in holding to the subject under discussion. For instance, there were two divisions of the subject of obstetrics, and Dr. Clark was compelled frequently the first day to remind members that they were anticipating the second division of the subject. If lumbar lesions are under discussion and pain in the knee is remarked incidentally, that will remind some one of a knee case he had which proves to be not remotely associated with the subject under discussion. A little more care on this point would enhance the interest and value of the discussions.

Second, to get the best results in the clinics and demonstrations they should be held in an amphitheater. That is impracticable. Then reverse the situation. Have prepared before the meeting opens a small temporary platform of a height sufficient to raise the speaker and clinic about five feet above the level of the floor on which the audience is placed. Then every one can see without trying to look through the head of the person sitting in front of him.

C. M. TURNER HULETT.

Cleveland, O.

Committee and board work during the Jamestown meeting made it impossible for me to hear many of the exercises. The distinctive feature of the program was its demonstrations in diagnosis and treatment, most of which I enjoyed and from which I gained valuable information. There was, however, too much to lead a stranger to osteopthy and even an osteopath with but little experience to believe that all that is necessary for the osteopath to do is to give a twist, a pull, or a push and the lesion would forever disappear and the patient would ever after be perfectly well. Upon the whole, those giving demonstrations were not only conservatively practical but also cautiously scientific.

There was no great principle discussed or acted upon in open meeting, such as has characterized almost every meeting since 1900. This is not an adverse criticism because much of that kind of work had been done by the Association and it remained only for the Board of Trustees of the A. O. A., the Board of Trustees of the Post-Graduate College, and subcommittees to complete the work assigned them by the Association. I believe that reports will show that that work was well done.

The mission of an Association like the A. O. A. is to deal with fundamental principles and build for the future, rather than show its members how to do a certain specific act. Its great work in the past has been along Association lines, not along academic lines. A more carefully balanced and fully matured program would be my ideal for next year's meeting.

E. R. BOOTH.

Cincinnati, O.

Since the eleventh annual meeting of the A. O. A. has withdrawn into the past sufficiently to allow a comprehensive perspective, we can at length see it as a whole, and judge of the spirit which animated it. The characteristic of this spirit which distinguishes it from its predecessors, seems to be greater realization of the maturity of osteopathy. This could

be noted in such expressions as "osteopathic archives," "in the early days of osteopathy," and "primitive osteopathy."

Now we are coming to feel the rights and duties of our majority; and we want our dignity given due recognition from others also. Hence, the terminology employed among ourselves in our younger days must grow up to be fitting for the "grown-ups" whom we have become, as well as those whom we meet in our world—the world of science. Hence, too, we must prepare ourselves to prove to them that our contentions are real knowledge, and not the fabrications designed to divert the mind of youth. Hence, again, we must reduce methods of convention procedure to the compactness of business methods, so that we may use our time for the things most worth while. The same self-valuation leads to our new demand that a Doctor of Medicine must study two years with us in order to become a Doctor of Osteopathy.

The growing sense of the weight of the science we represent does not decrease the sense of our individual responsibility for proficiency. There remains the usual intense interest in osteopathic therapeutics, touching both theory and practice. Our differences of opinion regarding such measures, we realize more and more to be mainly differences of proportion, depending on what particular feature of therapy we emphasize. So we become more harmonious in our workings; with no danger, however, of suffering ankylosis because of lack of motion among our constituent parts!

ADA M. NICHOLS.

Columbus, O.

Undoubtedly the greatest good of this meeting was derived from the practical development of osteopathic technique; the ample provisions made for clinics, if continued, must eventually increase the interest shown in our national meetings. Long business sessions become dull; to break up this dullness by interspersing interesting clinics will always be a wise procedure.

The "open parliament," bringing out as it did "individual mechanics," cannot be too highly commended. The scientific spirit was very much in evidence, a desire to know the fundamental truths here, based not so much on individual effort as upon a concensus of opinions.

Methods were criticised; we sought negative information as well as positive. Here lax, unscientific methods of diagnosis must not be tolerated. When will we discountenance the "pop" as not indicative of adjustment?

To original research the profession must and will give greater attention. Ways and means were devised to stimulate original study. The danger lies not in our having osteopathy absorbed as a whole, but in members of other schools of medicine taking those conceptions unique to osteopathy and developing them ((basing the development on scientific research rather than on dogmatic assertion) before we do. Much as if we had failed to patent our inventions and having some outsider stepping in and doing it for us, at the same time appropriating its valuable feature, and claiming originality.

If the A. O. A. would arrange with local associations to work out selected problems in osteopathic research, no doubt such co-operation would give valuable results. If of our senior students we could demand an original research thesis, as a part of the qualification for graduation, methods would be learned, and a love for original study would be assured. In this the A. O. A, and the Post-Graduate College will co-operate.

For scientific, legal, and general usage, the resolution to adopt a uniform nomenclature, was a step in the right direction. There is no apparent reason why this matter should be delayed.

So much was done at this meeting that shows the advancement of osteopathy that it is impossible to cover it at this time.

Great credit is due Drs. Ellis, Kendall Achorn and W. D. Willard for the success of this meeting.

HERMAN F. GOETZ

St. Louis, Mo.

California Osteopathic Association.

The Osteopathic Association of the State of California held its sixth annual meeting at Oakland June 28-29, 1907. The following program was prepared by the committee. Some changes were necessarily made due to absentees:

FRIDAY MORNING SESSION.

Meeting called to order.

Reading of the minutes.

Appointing of committees.

Dr. J. Le Roy Near, Berkeley, Clinic with illustrations. Discussion led by Dr. H. F. Miles, Sacramento.

Dr. Loulsa Burns, Los Angeles. The Significance of Disease Symptoms. Discussion led by Dr. Archie R. Waters, Chico.

Dr. J. R. Patterson, Pasadena. Discussion led by Dr. L. R. Daniels, Sacramento.
Preliminary reading of new Constitution and By-Laws.

FIRDAY AFTERNOON SESSION.

Annual report of Secretary.
Annual report of Treasurer.
Report of the Secretary and Treasurer of the State Board of Osteopathic Examiners.
New business.
Dr. H. W. Forbes, Los Angeles. Physical diagnosis of Heart Affections. Discussion led by Dr. F. B. Meacham, Oakland.
Dr. J. W. Henderson, Berkeley. Practical Osteopathy. Discussion led by Dr. D. C. Farnham, Oakland.
Dr. Lena Creswell, San Diego. Applied Gynecology in Osteopathy. Discussion led by Dr. A. C. Moore, San Francisco.

FRIDAY EVENING SESSION.

Lecture by Dr. J. Martin Littlejohn, Chicago, Ill.

SATURDAY MORNING SESSION.

Report of Committee on Necrology.
Report of Committee on Constitution and By-Laws, wth final reading for adoption.
Dr. C. A. Whiting, Los Angeles. Different kinds of Nephritis. Discussion led by Dr. T. W. Sheldon, San Francisco, and Dr. Elizabeth Spencer, San Francisco.
Dr. W. W. Vanderburgh, San Francisco. Osteopathy, What is it? By whom was it discovered? Discussion led by Dr. C. F. Ford, San Francisco.
Dr. J. C. Rule, Stockton. Clinic Scoliosis—Demonstration of treatment. Discussion led by Dr. H. E. Penland, Berkeley.

SATURDAY AFTERNOON SESSION.

Guests of Oakland Chamber of Commerce on a trip to points of interest around Oakland, Berkeley, Piedmont, Fruitvale and Alameda.
Dr. Dain L. Tasker, Los Angeles. Exophthalmic Goitre. Discussion led by Dr. F. L. Martin, San Francisco.
Report of Finance Committee.
Election of Officers.
General discussion—Good of the Association.

SATURDAY EVENING SESSION.

Banquet at Piedmont Springs Club house. A. P. Kottler, toastmaster.
It was a source of regret that Dr. J. Martin Littlejohn was unable to be with us in person, although he kindly forwarded to us his paper which will be published in *The Western Osteopath*. A symposium on "Innominate Lesions" with practical illustrations was substituted.
Instead of the elaborate banquet scheduled for Saturday evening, the convention in a body attended the Alcazar theater in San Francisco where "Mrs. Leffingwell's Boots," the osteopathic play, was the attraction.
The dues were increased from $1 to $2.50 per year. This amount includes a subscription to *The Western Osteopath*, which was adopted as the official organ.
Drs. C. A. Whiting, Harry W. Forbes and Effie E. York were appointed delegates to the national convention, which is to be held at Norfolk, Va., in August.
Over sixty members of the Association were registered from twenty-two towns.
Officers for the coming year were elected as follows:
President—W. W. Vanderburgh, San Francisco.
First Vice-President—Minerva K. Chappell, Fresno.
Second Vice-President—Lena Cresswell, San Diego.
Secretary—Effie E. York, San Francisco.
Treasurer—Lester R. Daniels, Sacramento.
Trustees—Isaac Burke, San Francisco; S. D. Cooper, San Francisco; D. C. Farnham, Oakland; J. R. Patterson, Pasadena; J. C. Rule, Stockton.
One regret was common—that too much was crowded into two days, and suggestions were made that there should be a three days' session for next year.
July 8, 1907. EFFIE E. YORK, Secretary.

Nebraska Osteopaths to Meet.

The eighth annual meeting of the Nebraska Osteopathic Association will be held in Beatrice, September 12, 1907. An excellent program has been arranged, and the following subjects will be discussed by Nebraska practitioners: Pneumonia and typhoid, bowel and

rectal diseases, prostatic and rectal troubles, neurasthenia and hay fever, short talks on practical experiences, notes taken from clinic demonstrations with discussions and prognosis after patient has retired.

Dr. George M. Laughlin, of Kirksville, Mo., will give a demonstration of the reduction of hip dislocation.

Pennsylvania Osteopathic Association.

The eighth annual meeting of the Pennsylvania Osteopathic Association was held in the parlors of the Continental hotel at Philadelphia, Friday and Saturday, June 28 and 29. The following program was carried out:

FRIDAY EVENING.

Call to order, 8 o'clock.
Invocation, Rev. Dr. E. M. Coffee.
Address, Hon. A. B. Eaton.
Address, Hon. John Connell.
Clinics, "Demonstrating the Osteopathic Technique in the Reduction of Dorsal and Cervical Lesions," by Dr. George J. Helmer of New York. Discussion and volunteer demonstrations.

SATURDAY MORNING.

Call to order, 9 o'clock.
Invocation, Rev. Dr. E. M. Coffee.
President's address, "Medical Perversion of the Osteopathic Philosophy," by Dr. O. J. Snyder of Philadelphia, president P. O. A.
Address, Dr. S. A. Ellis of Boston, president A. O. A.
Paper, "Some Suggestions in the Management of Cases of Uric Acid Diathesis," by Dr. Florence Brown Stafford, Pittsburg, Pa.
Address, "Broader Education for Osteopaths," Dr. Charles J.Muttart, of Philadelphia, vice-president P. O. A.
Paper, Dr. Wm. Rohacek of Greensburg, president W. P. O. A.
Question box, answering of questions by volunteers.
Fraternal luncheon at the Continental hotel at 1 o'clock.

SATURDAY AFTERNOON.

Call to order, 2:30 o'clock.
Report of officers and committees, including report upon the last legislative campaign.
"The Hearing Before the Governor," by Dr. Jane Scott of Philadelphia (the only lady osteopath in attendance at the hearing).
Election of officers.
Explanation of the New York Law, by Dr. Chas. Hazzard of New York.
Clinics—Demonstrating some cases of Uric Acid Trouble and some cases of Disorders of the Feet, by Dr. Charles Hazzard of New York.

We are pleased to say that this was one of the largest, most interesting and enthusiastic conventions ever held by this Association, the whole state being well represented. Each of the three sessions was largely attended and every number on the program contained items of great interest. The clinics were especially practical and interesting The review of the past legislative campaign was received with enthusiasm, and the utmost confidence is felt that at the next session of the legislature we can not fail to obtain a law which will be entirely independent of the medical profession.

At the afternoon session of Saturday the following officers were elected for the ensuing year:

President—Dr. O. J. Snyder. Philadelphia.
Vice-President—Dr. F. R. Heine, Pittsburg.
Secretary—Dr. J. Ivan Dufur, Philadelphia
Treasurer—Dr. William Rohacek, Greensburg.
Executive Committee—Dr. O. J. Snyder, Philadelphia; Dr. J. Ivan Dufur, Philadelphia, ex officio; Dr. H. M. Vastine, Harrisburg; Dr. V. A. Hook, Wilkes-Barre; Dr. E. M. Downing, York.

J. IVAN DUFUR, Secretary.

Oregon Osteopathic Association.

The Oregon Osteopathic Association convened in special session on June 21 at Portland to congratulate and confer with its newly appointed member on the Medical Board, Dr. F. E. Moore. Our law was read and discussed by section, and doubtful points interpreted according to legal advice.

Dr. Forbes, president of the Los Angeles College of Osteopathy, visiting the Pacific Northwest for the first time, addressed the association, discussing various lesions and presenting clinics. He was warmly greeted by old-time students and friends, and his work was cordially appreciated.

MABEL AKIN, Secretary.

Announcement.

The North Carolina State Board of Osteopathic Examination and Registration will meet in Charlotte, N. C., October 17, 18 and 19 for the purpose of examining applicants for license to practice osteopathy in North Carolina.

There will also be a meeting of the North Carolina Osteopathic Society at the same place on the above named dates:

A. R. TUCKER, Sec. Exam. Board.
A. H. ZEALY, Sec. N. C. O. S.

Tragic Death of Dr. James M. Smith.

It is my sad duty to report that Dr. James Marion Smith, of the January, '07, class, A. S. O., lost his life at Long Beach, Wash., by drowning in an effort to rescue his thirteen-year-old son who was bathing in the surf and got beyond his depth. Both father and son had a frantic struggle against the undertow and the son alone was rescued by parties who had hastened to their assistance.

Dr. Smith intended to join our State Association this fall. Those who knew him speak highly of his character, his devotion to his family and to his profession and prophesied a splendid career for him had he lived.

The body has not yet been recovered. A wife and two young sons survive him.

MABEL AKIN, Secretary.

Women's Osteopathic Association.

The Women's Osteopathic Association of Kansas City, Mo., held their first meeting of the season on Tuesday evening, Sept. 3. There was a very good attendance in spite of the fact that several have not yet returned from their summer vacation.

Following is the program:

Paper, "Goitre," Dr. Purdom.

Paper, "Typhoid Fever," by Dr. Balfe; paper, "Hay Fever," by Dr. Peter.

A general discussion and clinic followed the reading of these papers.

MATILDA E. LOPER. Secretary.

Idaho Osteopathic Board.

The Idaho State Board of Osteopathic Examiners will hold the next examination in Nampa, beginning Wednesday, Oct. 23, '07. E. G. HOUSEMAN, Secretary.

PERSONALS.

Dr. Ada E. Morrell, of Lowell, Mass., returned about August 20 from an enjoyable trip to Europe.

Dr. J. P. Bashaw, of North East, Pa., was married August 7 to Miss Mary Isabella Rockwell at Monroeton, Pa.

Drs. Herman H. and Bertha W. Moellering, who a few months ago removed from St. Paul, Minn., and located at Munchuerstrasse 8, Dresden, Germany, report that Dresden is a delightful city, climatically and otherwise. The prospects for a successful practice are good. Drs. Moellering recently enjoyed a visit from Dr. L. W. Walker, of Glasgow, Scotland, who was traveling in Germany for a rest.

REMOVALS.

J. Lester Adams, Severance Bldg., to Geo. A. Ralph's Bldg., 512 S. Spring St., Los Angeles, Cal.

Adele Allison, Anaconda, Mont., to 131 Annex Ave., Dallas, Tex.

L. V. Andrews, Des Moines, Ia., to 221 Scales Bldg., Muskogee, I. T.

Charles A. Arand, Kirksville, Mo., to 1017 Osborne St., Sandusky, O.

W. H. Bowdoin, Madison, to Americus, Ga.

Willaunie Breden, Kirksville, Mo., to 327 Altman Bldg., Kansas City, Mo.

Lewis G. Boyles, Seattle, to 514 American Bank Bldg., Seattle, Wash.

Robt. D. Cary, Bristol, to 405 Trust Bldg., Easton, Pa.

R. M. Crane, W. 59th St., to 36 W. 35th St., New York, N. Y.

J. E. Donahue, San Francisco, to 14th St., near Broadway, Oakland, Cal.

H. I. Furman, Scranton, to Dalton, Pa.

R. A. Glezen, Brown Blk., to 611 Kalamazoo National Bank Bldg., Kalamazoo, Mich.

Mary E. Gordon Graham, 1526 O. St., to 222 N. 16th St., Lincoln, Neb.
Chas. K. Hale, Modesto, to Santa Cruz, Cal.
M. Hook, N. Main St., to 16 First Ave., East, Hutchinson, Kas.
A. P. Kidwell, Pueblo, Colo., to Wellington, Kas.
Edwin R. Larter, Silberberg Bldg., to Sta. A., Niagara Falls, N. Y.
M. T. Mayes, Republican Bldg., to 211 Meekins, Packard & Wheat Bldg., Springfield, Mass.
S. C. McLaughlin, Newton, to 3 Harvard St., Newtonville, Mass.
Herman H. and Bertha W. Moellering, St. Paul, Minn., to Munchuerstrasse 8, Dresden, Germany.
J. Leroy Near, Center St., to 503 Alta Vista Apartments, N. E. Cor. Bancroft Way and Telegraph Ave., Berkeley, Cal.
H. Nielsen, Getty Sq., to 273 S. Broadway, Yonkers, N. Y.
R. B. Peebles, Pratt Blk., to 504 Kalamazoo National Bank Bldg., Kalamazoo, Mich.
R. Annette Ploss, Witherspoon Bldg., to 439 Mint Arcade Bldg., Philadelphia, Pa.
Wm. L. Rogers, New York City, to 138 South St., Morristown, N. J.
Geo. W. Tebbetts, Kirksville, Mo., to 6505 Penn Ave., E. E., Pittsburg, Pa.
Ionia Kate Wynne, Denison, to McKinney, Tex.

NEW MEMBERS OF THE A. O. A.

The following were either elected to membership or were reinstated at the Norfolk meeting. The names of applicants which were published in the August number are not included in this list:

R. Wm. Aspley, Atlanta, Ga.
A. L. Bryan, Gainesville, Tex.
Onie A. Barrett, Philadelphia, Pa.
Walter Lewis Beitel, Philadelphia, Pa.
Myron H. Bigsby, Philadelphia, Pa.
Wm. D. Bowen, Richmond, Va.
A. Clifford Brown, Council Bluffs, Iowa.
Marcus E. Brown, Sioux City, Iowa.
Geo. H. Carpenter, Chicago, Ill.
Merl J. Carson, Rocky Mount, N. C.
Marthena Cockrell, Wilmington, Del.
John A. Cohalan, Philadelphia, Pa.
L. Lynn Cutler, Berlin, N. H.
Frances Dana, Chicago, Ill.
Walter J. Ford, Seattle, Wash.
C. O. Goodpasture, Washington, D. C.
Walter Keith Hale, Hendersonville, N. C.
William L. Gruble, Pittsburg, Pa.
Dayton B. Holcomb, Chicago, Ill.
Harry M. Ireland, Kearney, Neb.
J. H. Long, Lancaster, Ohio.
Mary Meta Lucas, Bowling Green, Ky.
Geo. P. Lyman, New York, N. Y.
Mary M. Marshall, Albany Oregon.
Henry A. McMains, Baltimore, Md.
J. L. Megrew, Seattle, Wash.
Elizabeth V. Myers, Chicago, Ill.
Flora A. Notestine, St. Louis, Mo.
Grant E. Phillips, Schenectady, N. Y.
I. Chester Poole, Fall River, Mass.
Addie Fish-Price, Moscow, Idaho.
Theodosia M. Spring-Rice, New York, N. Y.
Chauncey C. Rust, Tacoma, Wash.
G. H. Stewart, Norfolk, Va.
Ray E. Tilden, Cleveland, Ohio.
J. A. Williamson, Parsons, Kas.

The heights by great men reached and kept
Were not attained by sudden flight;
But they, while their companions slept,
Were toiling upward in the night.—*Longfellow.*

An Osteopath as an Expert Witness.

The following clipping from a Philadelphia newspaper will doubtless be of interest to our readers:

"For the purpose of demonstrating the character and effect of injuries sustained by H. H. Ayres, who is suing John Wanamaker for $25,000, a human skeleton was today brought into Judge Magill's court. Ayers was hurt several years ago by falling into an open hatchway on the Juniper street side of Wanamaker's store.

"The skeleton was brought into court by Dr. O. J. Snyder, an eminent osteopathic physician and president of the Pennsylvania Osteopathic Association. Counsel for the defense objected to Dr. Snyder testifying, on the ground that osteopaths are not legally recognized physicians under the laws of this state.

"Judge Magill, however, permitted Dr. Snyder to explain the system and basis of osteopathic therapeutics, whereupon counsel for defense raised the point that Dr. Snyder's testimony would clearly be that of an expert and that under the laws of this state at this time he had a right to object to his qualifying, and the court sustained the objection. The court did, however, permit the doctor to state the anatomical lesions (abnormalities) he discovered upon his examination, but would not permit him to demonstrate the same upon the skeleton.

"This is the first attempt in this city and state to introduce osteopathy in the courts as expert evidence and in a short time the objection of the defense will not hold, as the bill legalizing the practice of osteopathy in Pennsylvania has passed both branches of the legislature and awaits the governor's signature."

A man should never be ashamed to own he has been in the wrong, which is but saying in other words, that he is wiser today than yesterday.—*Pope.*

A little learning is a dangerous thing;
Drink deep, or taste not the Pierian spring—
There shallow draughts intoxicate the brain,
And drinking largely sobers us again.—*Pope.*

The Journal

— OF —

The American Osteopathic Association

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VISCERO-SOMATIC AND SOMATO-VISCERAL SPINAL REFLEXES.

LOUISA BURNS, M. S., D. Sc. O.
Department of Physiology, Los Angeles.

Results to be Attained.

In the study of the physiology of the sympathetic nervous system it was noted that a lack of clearness was especially evident concerning the locality in which the viscero-sensory impulses affect the viscero-motor nerves. It occurred to me that a study of viscero-somatic and somato-visceral spinal reflexes might assist in determining whether this co-ordination takes place chiefly in the sympathetic ganglia, or chiefly in the spinal cord. It is evident that viscero-somatic reflexes would be impossible if viscero-sensory nerves did not enter the cord, or if they did not form either direct or indirect physiological relations with the somato-motor neurons. On the other hand, somato-visceral reflexes would be impossible were not the somato-sensory axons related with the viscero-motor neurons.

Resume of Previous Investigations.

Since the work of Claude Bernard, in 1850, the vaso-motor nerves have been studied. For the most part these studies have been directed either to the study of vaso-motor phenomena or to the study of the effects of the stimulation of certain nerve trunks. The origin of these impulses from a chief center in the medulla and from subsidiary centers in the lateral horn of the spinal cord have been described by many observers.

Fletcher has shown that the vaso-constrictors for the cranial region arise chiefly as white rami communicantes from the second, third and fourth thoracic nerves. These terminate, for the most part, by forming synapses with the sympathetic neurons of the superior cervical ganglia.

Bradford and Dean, (Journal of Physiology, 1894,) found evidence of the existence of the vaso-constrictor fibers to the pulmonary arteries in the third, fourth and fifth thoracic nerves. These results have been both verified and disputed by more recent physiologists.

The stomach and intestine receive vaso-motor fibers through the splanchnic nerves arising from the fifth thoracic segment and downward. (Hallion, Francois-Franck.) According to these same observers, and also to Bradford, the kidneys and the liver receive vaso-motor fibers from the splanchnic nerves arising from the eleventh to the thirteenth thoracic segments, in the dog. Doyou has proved the greater splanchnics to be motor to the biliary ducts.

Langley, working also on the dog, traces the vaso-constrictors of the external genitals from the thirteenth thoracic to the fourth lumbar segments. The vaso-dilators for this region are mostly derived from the sacral nerves by way of the nervi erigentes. The internal genitals receive vaso-constrictor and vaso-dilator nerves from the upper lumbar nerves.

Bechterew and Mislawski trace motor nerves for the small intestine from the sixth dorsal to the first lumbar segments of the cord, by way of the splanchnic nerves and the semi-lunar ganglia.

According to Howell, Langley and Anderson, Bayless and Starling, and others, the large intestine receives motor nerves—mostly inhibitor—from the second to the fifth lumbar segments, in the cat. The nervus erigens supplies the rectum and descending colon with motor nerves.

The experiments of Goltz upon dogs and the work of succeeding physiologists indicates that the center for defecation (Budge's anspinal center) is found within the lumbar segments of the cord. The centers for erection and ejaculation in the male and of parturition in the female are also placed in the lumbar cord. Budge's cilio-spinal center lies near the second and third thoracic segments.

Morat and Dufourt caused an increased formation of sugar from glycogen by stimulating the great splanchnic nerve.

Argutinsky (1899) finds a marked appearance of segmentation in the lateral horns of a new-born babe, but doubts the existence of a true segmentation. Dana, Mackenzie and Head, writing from the clinical standpoint, have proved the intimate physiological relation between the nuclei of insertion of the viscero-sensory and the somato-sensory nerves.

Barker described the collaterals from the axons of the sensory cells as entering into relationship with both the antero-median and the lateral groups of cells of the ventral horn of the cord. The latter is the lateral horn of other authors.

Bartenstein's experience at Breslau, (Jahrbuch F. Kinderheilkunde, Berlin,) confirms Head's assertion in regard to the increased sensitiveness of certain zones of the skin in cases of affections of the internal organs. He believes it may prove possible to influence the internal affection by revulsion applied to these zones.

The views of Cornelius, of Meningen, (Klinish-therap. Wochft., Nos. 35-41, 1903) are of interest in this connection. He finds "painful spots" (somato-sensory) associated with those gastro-intestinal disturbances which are considered as purely nervous. Irritation of these points precipitates an acute attack, while gentle massage, which relieves the pain, inhibits or aborts the viscero-motor storm.

Essential Structures.

The gross anatomy of the nervous structures concerned is fairly well known. The axons of the sensory ganglia enter the spinal cord as its posterior roots. After theY-division both branches of the axons give off collaterals which penetrate the gray matter and form synapses with the cells of the anterior, posterior and lateral horns, and with the cells of Clarke's column. According to Barker, probably every entering axon sends collaterals to every region of the gray matter of the same and probably adjacent spinal segments. The ordinary somatic segmental reflex actions are governed by impulses carried over somato-sensory nerves either directly or by means of interpolated neurons to the motor cells of the anterior horn. The cells of the lateral horns send their axons outward chiefly with the anterior roots. It is these fibers which make up most of the white rami communicantes, the splanchnic nerves and the erigentes. All these fibers terminate by forming synapses with sympathetic

neurons. According to Howell, there is probably only one relay between the lateral horn cells and the destination of the nerve impulse. The probable pathway of the impulses concerned in visceral reflexes include a viscero-sensory neuron, a neuron whose cell-body lies in the lateral horn, and one sympathetic neuron. One or more of the associational neurons within the cord may also be included in the reflex arc. If these structural relations are true, and there is much evidence in their favor, somato-visceral and viscero-somatic reflexes are an anatomical possibility.

Conditions of Experiments.

The series of experiments here cited were performed upon animals and human beings. The subjects employed in the experiments quoted were young and healthy. The principles noted were found to hold true, however, under many abnormal conditions both among diseased animals and diseased people, except where the pathological condition involved a gross structural defect. Among these abnormal subjects the reflexes were variously modified, as was to be expected.

The animals used were not permitted to suffer pain, nor to recover consciousness after mutilation. Ether, chloroform, cocaine, morphine and ether-alcohol were employed to secure partial or complete anesthesia. Cats, dogs, guinea-pigs, frogs, toads and white rats were used in the series. Only the experiments upon cats, dogs and people are here quoted. Unless otherwise stated, every reaction was verified upon at least five, and usually ten or twelve individuals.

The tracings of the respiratory curves were made with Marey's tambour, with an extra tambour pan two and a half inches in diameter placed over the apex beat of the heart. The pulse tracings were taken with Dudgeon's sphygmograph. The sphygmomanometer used was a modification of the Riva-Rocci apparatus. A Du Bois-Raymond coil was used for the electrical stimulation and the minimal stimulus usually employed.

The human subjects were kept in ignorance of the nature of the expected reaction, and the psychical factor was eliminated as far as possible.

Viscero-Somatic Reflexes upon Animals.

The experiments upon the thoracic viscera will be first mentioned. The thorax was opened under ether or chloroform narcosis. The electrodes were applied to the visceral pleura of the upper part of the upper lobe of the lung. The first inter-costals of the same side were strongly contracted. Upon increasing the current, the other inter-costals of the same side, and those of the other side were also contracted. The electrodes were placed upon different areas of the visceral pleura, and the inter-costals normally covering the area stimulated were contracted. The lobes of the lung were displaced (but not cut) and the segmental, or pseudo-segmental, reactions remained constant. Contractions of the diaphragm, the quadratus lumborum, and occasionaly the abdominal muscles were initiated by the stimulation of the lower lobes of the lung. After the removal of the pleura the reactions were somewhat more widely diffused, but were otherwise unchanged. In the dog, the inferior lobe on the right side lies next the diaphragm but does not touch the lateral walls of the thorax. The stimulation of this lobe initiated the contraction of the diaphragm but not of the inter-costals. After the section of both vagi above the superior cervical ganglion, the reactions were not perceptibly affected, but after section of both vagi below the superior cervical ganglion the reactions were scarcely to be noted. After section of the vagi below the stellate ganglion, and in some animals even higher, the reactions were not to be secured at all under the conditions of our experiments. In the dog the cervical gangliated

cord is bound up in the sheath of the vagus. The same relation was observed in some of the cats.

The stimulation of the parietal pericardium gave slight inter-costal contractions, occasionally apparently segmental. The contraction of the spinal muscles near the third, fourth and fifth thoracic vertebrae was fairly constant. The stimulation of the visceral pericardium and of the heart muscle initiated the contraction of the left second to sixth inter-costals, and of the spinal muscles near the second to the fifth thoracic vertebrae. The most marked and constant muscular contraction was found near the fourth thoracic spine.

Stimulation of the larynx, pharynx, trachea and thyroid gland initiated the contraction of the muscles near the second and third thoracic vertebrae.

For the experiments upon the abdominal viscera, the abdominal wall was cut, and the viscera exposed to view with as little manipulation as possible. The stimulation of the inner wall, the muscular coat and the peritoneal covering of the cardiac end of the stomach or of the fundus was followed by the contraction of the spinal muscles near the sixth to the ninth thoracic vertebrae. The same stimulation applied near the pylorus gave rise to the contraction of spinal muscles one or two segments lower, in a given animal, than those last mentioned. The stimulation of the duodenum, pancreas, and gall-bladder caused the contraction of the spinal muscles near the tenth and eleventh thoracic vertebrae, (cat or dog.) The stimulation of the rectum, bladder, cervix uteri, and prostate initiated contractions near the lumbo-sacral articulation. Stimulation of the caecum and appendix initiated the contraction of muscles near the fourteenth thoracic and first lumbar vertebrae. Portions of the intestine between the duodenum and rectum gave rise to muscular contractions fairly proportionately divided between the tenth thoracic vertebrae and the lumbo-sacral articulation. The stimulation of the ovaries and testes contracted the muscles near the tenth thoracic vertebrae, the kidneys the twelfth and thirteenth and the supra-renals the thirteenth.

None of these reactions were apparent after the destruction of the sympathetic ganglia of the fifth to the fourteenth thoracic nerves. The destruction of these ganglia implies the destruction of the splanchnic nerves. The reactions just described were not apparently affected by section of the pneumogastrics.

The stimulation of the Fallopian tubes, or of the double uterus, pregnant or virgin, did not initiate any apparent contraction of skeletal muscles until the current was so greatly increased as to give rise to the suspicion that the observed results were directly produced by the electricity.

The abdominal muscles normally in relation with the viscera stimulated were contracted in every instance in which the nerves concerned were intact. The skeletal muscles innervated by the branches of the lumbar plexus were frequently but not invariably stimulated.

Somato-Visceral Reflexes upon Animals.

The relations determined in section V were held indicative of certain possibilities in testing the visceral effects following the stimulation of somato-sensory nerves. In the first experiments the electrodes were placed upon the skin in the area of distribution of the chosen nerve. The visceral effects thus secured were inconstant and not conspicuous. Reasoning that since the skin and superficial tissues are normally subject to great variations in stimulation the liminal value of the neurons concerned in their sensory innervation must be comparatively great, the attempt to employ the sensory nerves of the skin was abandoned. Mechanical stimulation of the sensory nerves in the muscles, tendons and joint tissues by pinchings and by quick, forceful movements were more successful. The joints were never dislocated by the movements given.

In the following series these mechanical forms of stimulation were employed unless otherwise stated.

In all the somato-visceral reflexes the latent period was longer than in the corresponding experiment of the preceding series, and was very variable, both in different individuals and the same individual during the experimetal manipulations.

The experiments of this series were as follows:

The thorax remaining intact, and the abdomen opened, the color of the lungs was noted through the central tendon of the diaphragm. In dogs, this tendon is very large and thin. The experiment is not easily duplicated in the cat, in whom the tendon is small. Stimulation of the deeper spinal muscles near the fourth and fifth thoracic vertebrae lightened the color of the lungs perceptibly. After a few minutes rest they reddened again, and again after the same stimulation they became lighter. There seemed to be no limit to the repetition of this experiment except the life of the anesthetized animal.

The thorax was opened and the lungs collapsed. The same results were secured. The cardiac nerves were divided in order to eliminate cardiac effects. The same results were again secured. The vagi were divided above the superior cervical ganglion. The results were not perceptibly changed. After section of the vagi below the superior cervical ganglion the reaction noted above was either very faint or entirely absent. No effect could be secured after the extirpation of the stellate ganglion, though the vagi remained intact.

Any segmental (or pseudo-segmental) reaction corresponding to that mentioned in section V was too slight to be perceived. The lungs were unequally affected, the change being first noted on the side stimulated, and then on the other.

The somato-visceral reflexes affecting the heart were most satisfactorily studied upon human beings, and will be described in a subsequent section. The results obtained with animals were in harmony with these.

The stimulation of the tissues near the fifth to the eighth thoracic vertebrae was followed by muscular and secretory activity in the stomach, and stimulation near the eighth to the twelfth thoracic vertebrae was followed by activity of the intestines. (These same movements were inhibited by the direct stimulation of the splanchnic nerves. No explanation is offered for this paradox.) The blood vessels were constricted and the blood pressure raised. By the use of a reading glass, the contraction of the smaller arteries was evident. The intestinal temperature was perceptibly raised, though the intestines were exposed to the air. After a few minutes of rest, the color returned to that observed upon opening the abdomen, and the experiment could be repeated.

After section of the vagi, the results above noted were intensified. In these cases, the direct stimulation of the splanchnics initiated reversed peristalsis. Bile was quietly ejected from the mouth in some instances, and was found in the stomach in all in whom the direct stimulation of the splanchnics followed the section of the vagi. After section of the spanchnics the stimulation of the spinal muscles produced no perceptible effects upon any of the abdominal viscera.

The appearance of a roughly segmental reaction, noted in Section V was not noted in connection with visceral action. An appearance of the segmental relation was evident in connection with the vaso-motor changes.

Stimulation near the tenth thoracic spine was followed by a partial evacuation of the gall-bladder.

Stimulation near the thirteenth thoracic spine was followed by dilatation of the supra-renal vessels, and a little later, by an increase in the blood-pressure

and a lightening of the color of the abdominal and thoracic viscera, but similar changes in the vessels of the brain and skeletal muscles were doubtful.

In a single instance, stimulation was given near the second lumbar spine of a pregnant cat. After two or three minutes uterine contractions began, but were not accompanied by any relaxation of the cervix uteri. The uterine contractions were rhythmical and of increasing strength. They continued for about twenty minutes, at which time the uterus was opened and emptied.

Stimulation of the tissues from the third lumbar spine to the lumbo-sacral articulation were followed by imperfect movements of urination, defecation, and erection.

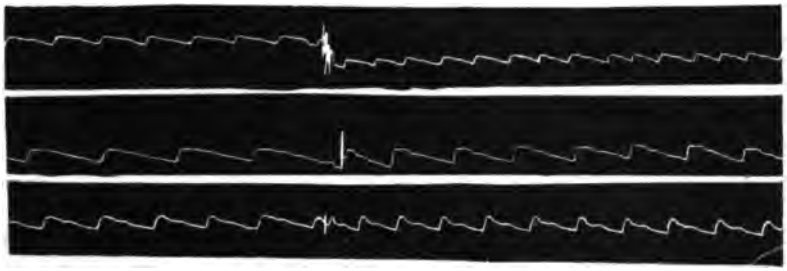
Another point noticed in this connection may be of interest. It was noticed that firm pressure, such as inhibits conscious sensory impulses, inhibited also the functions which were stimulated by mechanical irritation.

Steady pressure at the sides of the fourth to the sixth thoracic spines was followed by the dilatation of the pulmonary vessels. Rest permitted them to return to their normal condition. Steady pressure at the sides of the fourth thoracic spine was followed by a variable slowing of the heart rate. Steady pressure near the eighth to the thirteenth thoracic spines lessened peristalsis and decreased the tone of the visceral walls and their vessels. The vessels became distended with blood under low pressure and of venous appearance. The intestines became distended with gas.

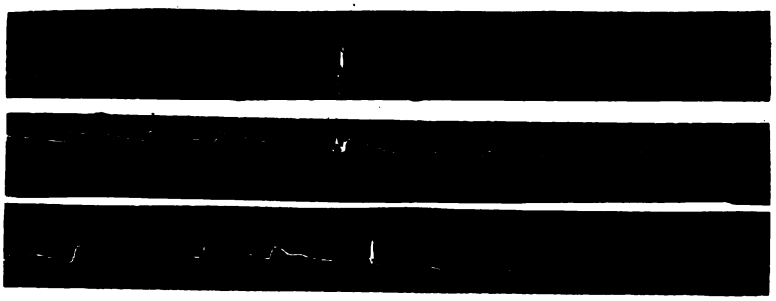
This accumulation of gas was accomplished with such celerity that the possibility of its formation from fermentation was excluded. Since intestinal puncture before the experiment was never followed by any perceptible escape of gas, it is not probable that any great amount of gas was present before the experiment. Subsequent stimulation of the area previously subjected to the steady pressure increased peristalsis. The vessels were again contracted, the blood-pressure was raised, and the blood became more arterial in appearance. The intestinal distention disappeared, and, after several minutes, peristalsis was again seen. Puncture of the intestinal wall at this time was not followed by any perceptible escape of gas. These experiments were repeated after the ligature of various parts of the intestinal canal, and the same effects were produced. It was therefore inferred that the gas was derived from the blood while it was flowing slowly under low pressure, and that it was reabsorbed when the blood-stream was quickened and the blood-pressure raised.

Experiments upon Human Subjects.

The sphygmograms illustrating the pulse changes initiated by the stimulation of somato-sensory nerves are submitted with this section. The sphygmograph was not removed from the wrist during the experiment. The stimulation employed was that mentioned in Section VI, namely, urgent shaking movements of the tissues near the spinal column. The endeavor was made to bring about such vertebral movement as to affect the nerves ending in the articular surfaces, as well as those of the muscles, etc. The break in the tracings indicate the time of the stimulation, during which the sphygmograph was stopped. The stimulation lasted for about two minutes, usually, though there seems to be considerable difference in the reaction time of different individuals.



Sphygmograms illustrating effects of mechanical stimulation near fourth thoracic spine.



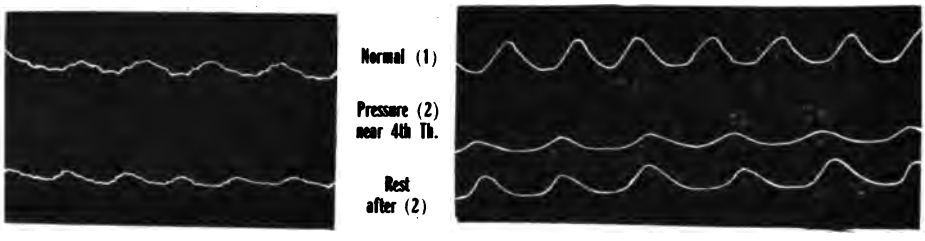
Sphygmograms illustrating the effects of steady pressure near fourth thoracic spine.

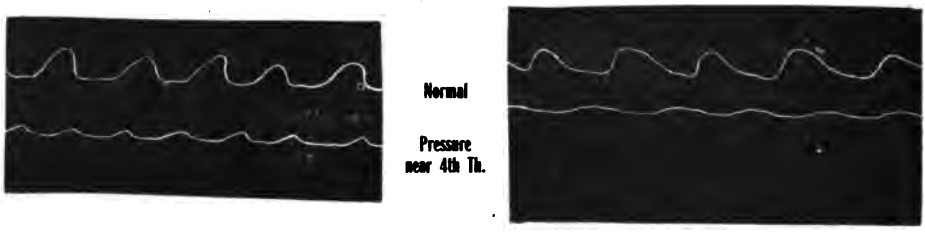
The effects of variations in somato-sensory impulses upon general blood pressure were usually decisive, though in a few individuals, especially those of strong masculature, the effects were less apparent.

The experiments were performed upon thirty-seven individuals. The subject was placed on a comfortable table and the blood-pressure taken until no further change occurred. The last reading was given as the normal, resting blood-pressure. The stimulation was the same as that already described. When steady pressure was used it was continued until no longer heeded in consciousness,—usually for two or three minutes. After each experiment the subject was discharged for several hours before being employed for subsequent tests. The results noted are tabulated below. Averages only are given.

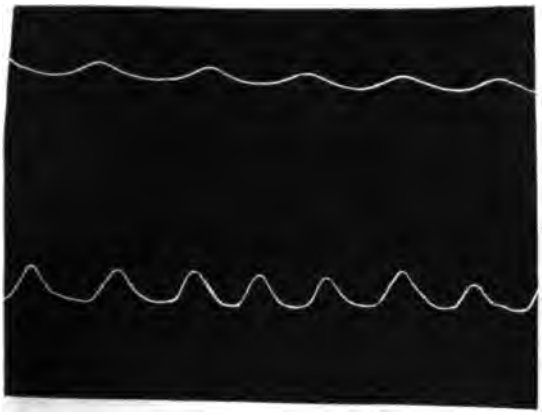
	Pulse.	Blood-Pressure.
Normal	73	125 m. m. of mercury
Stimulation near 4th thoracic spine	82	130 m. m.
Steady pressure near 4th thoracic spine	65	119 m. m.
Stimulation near 8-10 thoracic spines	75 (very variable)	138 m. m.
Steady pressure near 8-10 thoracic spines	70 (very variable)	110 m. m.

The following series of respiratory curves illustrates the effects produced by steady pressure upon the tissues near the fourth thoracic spine.



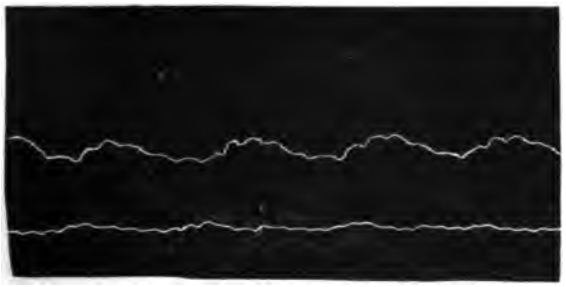


The stimulating manipulations referred to in connection with the pulse rate produced also changes in the respiratory curves. These effects are apparently due to vascular changes, as was the case in Section VI.



Normal

Stimulation near 4th thoracic spine



Normal

Steady pressure near 4th thoracic spine.

Inferences and Conclusions.

A very important, if not the only, pathway of viscero-sensory impulses enters the spinal cord through its posterior roots.

Somato-visceral reflexes are much less circumscribed and direct than are viscero-somatic reflexes.

Since abnormal conditions of the viscera follow such pressure upon somato-sensory nerves as is sufficient to lessen conscious sensation, and since section of somato-sensory nerve is followed by abnormal conditions of the viscera, it is inferred that normal visceral activity depends in part upon the stimulation derived from the somato-sensory nerves.

The possibility of recognition of abnormal viscero-somatic reflexes as an aid in diagnosis is inferred .

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PACIFIC COLLEGE OF OSTEOPATHY.

The following resolution was sent to the Journal for publication last issue but reached it too late, hence is printed here:

At a meeting of the Board of Trustees of the American Osteopathic Association held in connection with the 11th annual meeting of the association at Norfolk, Va., August 26-30, the attention of the Board was called to an article recently published in the "Forum" of St. Louis in which officials of the Central College of Osteopathy, Kansas City, Mo., charged that Dr. J. H. Holloway, for inspecting that college in November, 1905, presented a bill in which double charge was made for railroad fare from Dallas, Tex., to Kasas City and return. The original bill presented by Dr. Holloway and paid one-half by the college and one-half by the association, together with an affidavit from the railroad agent in Dallas showing that the amount charged by said Holloway in said bill was the rate in effect at that date, November, 1905, was in evidence before the Board. It was ordered by the Board that this statement completely exhonorating the said J. L. Holloway from the charges made in said article in "Forum" be published in the Journal of the American Osteopathic Association and a copy be sent to the "Forum" for publication also.

By order of the Board.

H. L. CHILES,

Sec'y. Board Trustees.

Auburn, N. Y., Sept. 6, 1907.

Remarks made by E. R. Booth at the Osteopathy Day at the Norfolk meeting:

I hardly know what to say under the circumstances. We are a body of Osteopaths, perhaps almost exclusively Osteopaths, and anything I might say of special interest along Osteopathic lines might be more or less a re-hash of what has often been said. It often occurs that when a person has thought out a little line of talk, circumstances are such that it is not altogether appropriate, and perhaps what I intended to say would not be exactly fitting at this time; hence what I will say will be brief and may be more in the form of an extemporaneous talk. I do not know whether you fully appreciate, as I do perhaps, the circumstances under which we are gathered here today, and this week, in this convention.

We are meeting here on Virginia soil, the oldest settlement in this country. We are upon ground that has been historic for three hundred years. Scarcely a year, at least not a decade of that period, but what has made history; and much of that history is of exceeding interest to every patriotic American ,and to every lover of progress. It is the home, as you all know, of Washington, of Jefferson, of Madison, of Monroe, of John Marshall, of Patrick Henry, and I might mention a great many more who deserve honorable mention. And such a country, a country that can produce such material as these surely has in it elements that are rather unusual.

As you know, the element that was developed in this country, which produced such men as these whose names I have given you, later passed further west, into Kentucky, into Missouri, into Kansas, and later to the Pacific coast. It is the same element precisely that has made prominent other sections of the country which made prominent this section of the country first.

I had the pleasure last winter of being down in Asheville, North Carolina, which by the way is the county seat of Buncombe County, from which the ancestors of Andrew Taylor Still came. As I studied the mountaineers as they came in town from day to day, I observed a remarkable similarity existing between them and the sturdy pioneers of every section of the country with whom I have come in contact. There seems to be a similarity, not only in physical structure, but also in the ruggedness of the mental and moral character which has been the pride of those people, and which has done so much toward the advancement of the interests of this country.

Going back a little further,—I mentioned only a few of the great characters to which Virginia can lay claim; I did not give the name of the one in which we are especially interested, and perhaps there are a great many of us who have forgotten the fact or at least it has not been impressed upon their minds, that we are on the soil that gave birth also to ANDREW TAYLOR STILL.

In passing through the historic building this morning, I ran across the portrait of a man named Tazewell, a prominent citizen of this commonwealth in its early history, in honor of whom was named the county in which Dr. Still was born. And I thought that these characters whom I have mentioned, and to whom I referred so briefly, that they sprang up not only in the commonwealth of Virginia, but also in other commonwealths, and are all very much like the venerable founder of Osteopathy. Another thing I noticed in passing through one of the buildings, I saw a great many relics of Thomas Jefferson. The greatest memento, perhaps, to the character and life of Thomas Jefferson is the State of Missouri, which was formed out of the Louisiana Purchase, and which was promulgated by Jefferson himself. And it is with pride that we find this connection existing between the old commonwealth of Virginia, and some of her prominent citizens in its early history, and that of the founder of Osteopathy.

I ran across another very interesting incident, which had I the time I would like to develop. I saw some of the public documents pertaining to the great John Brown. He was another character of that rugged type, which believed in a certain principle, and it makes no difference whether we agree with him at this late day

in his views or not, we recognize in him that element which did so much towards developing the character of this country.

It is precisely the same element which was implanted upon the soil of Kansas, and showed itself forth a little later in the development of that spirit which we find in the early history of Osteopathy.

Patrick Henry, one of the earliest and most prominent of the sons of Virginia, in that memorable speech said: "Give me liberty or give me death," and that has been to a great extent the key-note of Osteopathy. That is the spirit that was infused into Dr. Still, which he carried into his lifework, and he insisted upon the liberty of speech, the liberty of action, and the liberty of advanced ideas, and that, it seems to me, to a great extent is the spirit of Osteopathy. Therefore, it is not altogether a coincidence that those people should have come from this section of the country. It is in accord with the spirit of our American institutions.

I did not wish to talk very long, but perhaps some of you might expect me, as a member of the Committee on Education, and holding the position I have held, to say something along that line, but I do not know that it is necessary to say anything. The question has arisen in my mind a great many times, and I have often asked the question, why is it that Osteopathy has made the progress it has? Every one of you can answer that question as well as I. I believe it is true that it has advanced because of the fact that there is a certain definite principle back of Osteopathy that is not found in any other therapeutic system. There is something perfectly tangible, something absolutely comprehensible, something that is within reach of the finite mind; all of mysticism has been to a great extent eradicated. It is perfectly simple, and capable of being placed on an absolutely scientific basis. The systems heretofore have been based to a great extent upon mysticism, but we have something tangible. What is that tangible element? You are all familiar with it as well as I. Going back to the same principle that the human body is a perfect machine and the additional elements in connection with it, the influence of the nerve force and of circulation, we have a tangible basis upon which to build, and those are the principles that were given to us more than a third of a century ago, by this rugged man that was born in the wilds of the western part of this state. It seems to me we have everything to be proud of and nothing in a certain sense to regret.

Great progress has been made along all lines in connection with our work, and great progress is destined to be made in the future; the end of the progress has not by any means been reached. We each and every one have a duty to perform, officers as well as members of this Association, and the profession.

I was impressed the other day in passing through Arlington Cemetery, near Washington, with one fact. I noticed in one place the guide told us on one side were the tombs of the generals and officers that served in the armies of the United States; I noticed in another part of the cemetery he pointed out the graves of the privates,—the common soldiery, and a large number of the graves of the unknown. And I wondered who it was anyway that had fought the battles of this country, whether it was the private or the man in the higher ranks. And when I come to think of it, success in any undertaking, I care not what it is, depends upon the rank and file of those that are interested in it, rather than altogether upon those that are the leaders. I think you will appreciate the point I am making.

The future of Osteopathy is entirely in the hands of the profession; it will be just what you and I want it to be, what the rank and file of the profession make it; and if we do not live up to the possibilities and the opportunities that are within our grasp it will simply be our own fault. We all have a work to do, and no one should neglect that work. Now I am in hopes that we will see the time when our opportunities will be much greater than they are at the present time. As I said a moment ago, I think we have little or nothing to regret, and it is to be hoped that each one will go forward with renewed energy and with a determination to do his part in the humble position that he or she may be called upon to occupy, and in that way work harmoniously with all that are engaged in the advancement of our great cause. I think I have said about all I care to this afternoon, and so I thank you.

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H. L. CHILES, Editor.

OCTOBER 1, 1907

ANNOUNCEMENT.

A change in the management of the Journal is made necessary by the regrettable resignation of Dr. A. L. Evans, who has edited it since its founding six years ago.

The Committee on Publication and the Board of Trustees have urged me to conduct the Journal, at least for the time. I have yielded to this pressure with many misgivings.

If I know the profession it wants a strong Journal. A strong journal is not the creation of one man's hand or brain. To succeed it must present the thought and effort of the profession. In no other direction are our interests more mutual and interdependent. And further, nothing connected with the association will count for more in developing the profession, or in making for it a place of honor and distinction outside of itself than a strong representative organ.

My purpose is to keep before the profession the importance of maintaining a journal of the highest standard, and to impress on those best qualified to instruct, their duty to support the organ of the profession. My conviction is that success in giving the profession the journal we strive for can be attained by securing this cooperation.

In conducting the Journal, I have no theories to advance; no pet schemes to foist; and no vanity to flatter. I shall be content to shine only through those capable men and women whose support I hope to secure for the Journal.

There is a place for this Journal that no other publication among us can fill. It is the representative organ of the profession. Representing the science and practice, it should be biased or warped by no interest or consideration other than those of the entire profession. It has solely the advancement of osteopathy to stand for, and it should do that at all times. It should make clear and keep clear before the profession what is for the advancement of osteopathy, how it did advance, how it can advance, the osteopathy of the fathers, the osteopathy of a dozen years ago—when there was but one conception of it.

Osteopathy then made a place for itself because it contained a new thought, a new principle, a new aspect of disease, its cause and its cure. It was not because it was something new in the healing line; many new things had arisen and as speedily perished. Then this system almost at a bound conquered the country, because its theory contained that thought from which no thinking mind could get away, or fail to grasp, and in practice it was effective because that principle was believed in by the operator and was put into effect. And osteopathy has held its own and advanced, in general and with the individual practitioner, to the extent that this principle has been held to or lost sight of in his effort to meet the demands—for these demands do come—for the all-around, the finished physician. The impending fate of homeopathy, so aptly referred to in the President's address at Norfolk and published in the last issue of this Journal, might well be borne in mind.

One principle in the etiology and cure of disease is osteopathy and to minimize this is to weaken, and to lose it is to fail of being an upbuilding factor in the science and practice.

No better watchword could be chosen than that with which President Moore closes his address in this number of the Journal, "Keep close to the osteopathy taught and practiced by Dr. Andrew Taylor Still."

The Journal and all that enters into it should stand for the vital principle of osteopathy. For the profession to forget it is eventually to cease to exist; to maintain it is to perpetuate ourselves as the givers to the world of a system that shall endure for its uplift and betterment.

H. L. CHILES.

The Revival.

The O. P. urges an osteopathic revival. This is surely needed. There is danger as we feel secure in our position, protected by law, that we forget how young the practice is, how it needs developing, and the absolute importance of maintaining our state and national organizations. Our practitioners need to meet their fellows in practice. They need to read our professional papers, study our professional books and keep in touch with the advance that is being made and help to make it. Stagnation is easy and so dangerous! Let us beware. The only hope for this profession to reach its possibilities is to be thoroughly alive. Self-satisfaction is fatal. Those in the Association will welcome all loyal Osteopaths to join them. Little has been accomplished outside of organization. Little can be accomplished outside of union of effort. Now let every member get one new member! This can easily be done. The Secretary is starting now a card system by which it will appear just what each member is doing to send in new ones. We must all of us get to work. Talk Osteopathy. Talk the Association, help to fill it with new members.

For the Revival, the A. O. A. is fortunate in having as president, perhaps the most persistent and successful membership worker among us. Dr. Moore is determined above every personal consideration to make this year a success. And this year will not be a success in his sight unless this revival is a success, a revival of enthusiasm and in recruits to membership. Help this along! It will be so easy if you, reader, will help too.

This article in the O. P. should be read by every Osteopath. Unfortunately space is wanting to reproduce it here.

This issue of the Journal is necessarily delayed a few days, as the official report could not be prepared by the stenographer sooner. In the future the Journal will be mailed in time to reach its subscribers by the first of the month.

The profession is under obligations to few of its members to the extent that it is to Dr. A. L. Evans, who has conducted the Journal since it was founded. He has been officially connected with the Association practically since it was organized, and as president and as member of the Board of Trustees his knowledge of its affairs has been of exceeding value and his absolute fairness and impartiality made him always a useful counselor. Again reelected to the Board almost unanimously at the expiration of his term as President, the Association fortunately still has the benefit of his ripe experience and sound judgment.

His name will go down in the history of the profession as the man who made the Journal, and for his success with this he deserves and will continue to receive thanks and praise from his fellows in practice.

Closely associated with him in this editorial work has been Dr. Wm. F. Link, since the adoption of the Constitution, chairman of the Committee on Publication. Few know the time and patience this work has required. Familiar with the publishing business, he has brought to his work an amount of experience and good judgment that few if any in the profession possessed. He has to his credit many achievements to be proud of, and the association to be thankful for. The founding of the Journal, the formation of programs for the annual meetings, the publication of case reports, the issuing of the year book, and many other ethical means of publicity and promotion have originated and developed under the care of the committee of which he has been the head. This painstaking work, done often at a personal sacrifice, deserves more than a passing notice.

One of our professional papers in speaking of the meeting, refers to this time as the passing of the Old Guard. There should be no feeling of bitterness in this expression, certainly no organization ever had a more faithful guard, and certainly no organization without chart or compass or a way blazoned ahead, ever needed such steering more . The service rendered by those mentioned in these notes and a half dozen others cannot be forgottten by those who love the cause.

The other retiring member of long service is Dr. A. G. Hildreth, Chairman of the Committee on Legislation. Dr. Hildreth was fortunate in being close to Dr. Still, as he so often says he felt that he had a personal reason to be thankful to Osteopathy. Endowed with a persuasive manner, a genial spirit, and deeply loving the cause, his voice was called to be raised in that first fight to make the then queer plea that Osteopathy receive legal recognition. Successful there, his services were asked for wherever two or three were practicing in a state, feeling that the law should recognize the new school in order that it might grow, or hounded and jailed by the hostile medical societies the regulation of the law was essential to continued practice. In scores of these states his voice was heard, when voices for our cause were few, and often these trips had to be made at the personal expense of himself or the founder. One other point should not be forgotten by the younger part of the profession, that if Dr. Hildreth and these scattering pioneers had not done that work when they did our practice would now be utterly barred from those states.

No one among us has been so successful in this work as he, and no one knows the subject so well. The Uniform Bill, recommended by the Association and used as a model in every state where local conditions will permit, is his work. The marvelous success in securing fairly satisfactory legislation in so many states is not due solely to the fact that our patients are our friends.To succeed

with legislatures, one needs arguments, organizations and methods, and of these Dr. Hildreth has had a fund for supply. He retires after seven years of continuous service within which time the osteopathic map has been entirely changed.

This seems a perfectly appropriate time and place to officially record without gush or sentiment the long and faithful work of these pioneers in the particullar fields of duty and service, now retiring.

Capable new members are coming into the work, now equal to taking up the burdens as they leave them, but where is the encouragement for them to do so, if such service as preceded them calls not forth from their fellows whose interests they serve a fair meed of appreciation and praise?

If there are those of our members who wish to complete their files by getting back numbers of the Journal they can be procured from Dr. Evans at five cents per copy. These run back over several years. Write at once if you wish these copies.

The secretary is now sending the Membership Certificates to all who have paid their dues to the treasurer for the year 1907-08. All who were elected to membership previous to May last are now due the treasurer five dollars unless this has been recently paid. Pay up now and get a full year's wear out of the Certificate.

Dr. F. P. Young for many years connected with the American School at Kirksville, has, according to a dispatch from Kirksville, to a Kansas City paper, resigned his position with this school and accepted a position with the Still College at Des Moines. Dr. Young is representative in Missouri Legislature from Kirksville.

In the published reports of the proceedings of the Norfolk meeting Dr. J. L. Holloway was given as one of the members of the Committee on Osteopathic Terminology appointed by the president. This is an error as Dr. Harry W. Forbes is the selection made. Dr. Forbes has been advocating this move for several years.

This issue of the Journal contains largely the proceedings of the annual meeting and the reports of the officers and standing committees of the Association. This matter may not be of special interest to the average reader and of necessity crowds out much that would be of more general interest, but these records of the year's work must be presented and should be in the hands of every member, and printing them in the Journal is the proper way to accomplish these ends.

Dr. Francis A. Cave of Boston on account of ill health has been forced to retire temporarily from practice. He has arranged with Dr. Alfred W. Rogers to take care of his Boston practice at his old address, 208 Huntington Ave., and Dr. D. Wendell Coburn of Portland has removed to Newburyport, 100 High street, and will continue the practice there.

Dr. Cave has been an active member of the association and his friends will wish him a speedy return to health and resumption of practice.

The annual Directory of the profession is being prepared by Dr. R. E. Hamilton who issued the last number. Members of the A. O. A. will not be written to this year by the publisher as it is agreed for him to accept the list of members from our directory. All members of the association are, however, interested in this directory being as complete as possible and they can aid in securing accuracy by writing the Publisher at Kirksville of any inaccuracies in the last issue of the Year Book. The book is to be mailed by January 1 next.

Death found a shining mark in Dr. Harry T. Lee of Carlisle, Ky. Dr. Lee was at the Norfolk meeting and while there complained of feeling ill. The condition was diagnosed as walking typhoid and he was advised to return home at once, which he did. Typhoid developed and within a few days heart complications arose and death was sudden. Dr. Lee had enjoyed an extensive practice in which he had been signally successful. He was largely instrumental in organizing the Central Kentucky Osteopathic Society of which he was president at the time of his death.

The Osteopathic Physician prints a very enthusiastic account of the last annual meeting of the Association as it appeared to its Editor. He frankly states there was nothing to kick about. He finds much to praise in the fact that the Nominating Committee was posted on the bulletin board and that this Committee made active canvasses to find what sentiment was in regard to the several places to be filled, and characterizes the A. O. A. now as a pure democracy. Its closing sentence is here quoted: "The Exposition officials and the hotel management used us splendidly. The location was little short of ideal and the weather favored us. Take it all in all the Norfolk meeting should go down on the records as a remarkably successful one, marked by harmony, great enthusiasm, and plenty of sure and strong sentiment for Osteopathy."

Even an Editor cannot be expected to know every detail, and an inaccuracy or two slipped into Editor Bunting's account,—The Council of Delegates acts as a nominating committee but the Board of Trustees determines the time and place of holding the annual meetings.

Perhaps nothing more strikingly sets forth the growth and spread of osteopathy than the largely increased number of our people who are now practicing in foreign fields. The Journal understands on best authority that those who have been located in these fields any considerable length of time have met with a generous patronage.

The school of practice is fortunate in the character of these, our representatives in Europe. Dr. Horn, Pheils, and the Drs. Streeter and Watson in London, Dr. Jay Dunham in Belfast and Dr. H. R. Foot in Dublin, Dr. Franklin Hudson in Edinburgh, and Drs. Ovens and Walker in Glasgow are all first class people and deserve the confidence they are gaining on the other side. Most of these have not the privilege there of using the title Doctor but that does not prevent their getting the results that the afflicted seek. More recently Drs. Moellering have located in Dresden, Germany, and the Journal bespeaks for these excellent physicians and brave spirits rich success, and calls upon our practitioners in this country to remember them when they have friends and patients traveling in Europe.

The annual meeting of the Alumni Association of the Delta Omega Sorority was held during the recent A. O. A. convention and officers were elected for the coming year.

President—Dr. Mary Giddings, 810-11 New England Bldg., Cleveland, Ohio.
Secretary—Dr. Betsey B. Hicks, 206 Ward Bldg, Battle Creek, Mich.

A Letter from President Moore.

Those of us who attended the Norfolk Convention alone know the real value of the Eleventh Annual Meeting of the American Association. As is usually the case, there were obstacles to be overcome, but in the President's chair we found Dr. Ellis equal to all emergencies. A man who "could do things." The meeting was a success because it was primarily Osteopathic. It was a success because it was practical. The desire for the "how and why" of things was satisfied. The President's able address sounded the key note of the Convention, and it was not lost sight of.

Next year we go to Kirksville, in honor of the dear old doctor who will celebrate his 80th birthday on August 6th. In the flush of our prosperity as a profession, and our hopes for future greatness, we wish to show Dr. Still that we have not forgotten that it all results from the sacrificing efforts of his early toil. I firmly believe that the spirit of the Fifth Commandment applies in our relation to Dr. Still; we must never forget to honor our unselfish benefactor, that our days may be long and prosperous in the field of usefulness he has outlined for us. Surely our loyalty is shallow if we remain away from Kirksville for fear the weather may be hot, or because we live at a long distance. A conservative estimate of the attendance for the 1908 Convention should be ten to twelve hundred.

Mrs. Moore and I have just spent two days in Kirksville, and I am happy to state that any apparent lack of cordiality in a recent Journal was merely a slip of the pen; the old doctor, Dr. Charlie, Dr. Laughlin, Dr. Hamilton, Dr. Fisk,—in fact all that I consulted with, are disposed to do all they can to produce a great meeting. Dr. Charley promised me such Osteopathic-Surgical and Obstetrical treats that I am sure the Kirksville Convention will prove a great drawing card. With surgical operations and obstetrical cases in the amphitheatre, also open parliaments and special demonstrations, the afternoons will be attractive, as well as the profitable mornings devoted to Osteopathic subjects and clinics. Kirksville is all right; I have felt the pulse there, and we are going to have the greatest meeting in our history.

A word about our post graduate school: While the A. O. A. was busy, the trustees of the P. G. School were involved in most earnest discussion over the new project. It may now be declared to possess a healthy foundation, and to have been most carefully planned. It is in a position to entertain inquiries as to its purposes and plans, to receive bequests, or to be put in touch with those who are philanthropically inclined. It is not the purpose of those in authority to speedily establish a P. G. School. The work will be done in a sober, careful manner, and only as fast as the profession and its friends render the necessary means. The aims of this great work are most laudable; keep it in mind always.

The matter of membership must receive a word of encouragement. This part of the work, so well planned and operated under the previous administration, must go on with new vigor. Even to rest on one's oars is to be lost. We must aim for a still higher goal. We now have 1,500 members and over; let us not be satisfied with anything short of 2,000 membership at the Kirksville meeting. While I truly feel that non-members need the Association more than the Association needs them, we are responsible for their best interests, and until they are in the Association they do not realize its benefits. Then too, our interests are mutual, and while we are helping them they are aiding us.

While our scientific reputation as a profession is going to depend to quite a degree upon the history the Case Reports involve, we are grossly neglecting that duty of furnishing these Reports. We must most seriously consider our responsibility in this matter, and each of us do our part.

In closing, I wish to call attention to the good work and loyalty of the Osteopaths of the South, at the Norfolk meeting. The relative position they displayed toward the Convention was that of a real Southern gentleman toward his guest. Remember our watch word for the coming year—"KEEP CLOSE TO OSTEOPATHY, AS TAUGHT AND PRACTISED BY DR. ANDREW TAYOR STILL"

September 17, 1907.

F. E. MOORE,
President, A. O. A.

Notice.

After October 1st, the business of the Post-Graduate College will be in the hands of its own officers. All communications concerning contributions (aside from the work of the special committee on subscriptions), and all payments on subscriptions should be sent to the secretary of the Finance Committee, Dr. C. E. Achorn. All communications respecting college work or research work should be addressed to the Council. Communications not otherwise provided for, as location of college or other matters of general nature, may be addressed to the officers of the Board.

C. M. TURNER HULETT.

Things are moving in the Post-Graduate matter. Two applications for location of the college have been received, and the trustees are ready for others.

PERSONALS.

Dr. Clyde L. Thompson, Oakland, Cal., is in Chicago doing Post-Graduate work.

Dr. Minnie Iland has completed her medical course and is now Intern in the Children's Hospital, San Francisco.

Dr. J. Martin Littlejohn is recovering from an attack of typhoid fever, which prevented his attending the Norfolk meeting.

Dr. Anna Hadley recently was burned out in her offices in Brooklyn, N. Y., but has reopened offices at The Touraine, 23 Clinton St.

A Salt Lake paper says that a carload of Osteopaths passed through that city recently enroute to Los Angeles, to return by the Southern route.

Dr. William Horace Ivie who has been connected with the hospital work in Kirksville for the past year has reentered practice with Dr. J. W. Henderson at Berkeley, Calif.

Dr. D. Webb Granberry announces to his patients and the profession that he has completed his medical course and will now give all of his time to the practice of Osteopathy at 408 Main St., Orange, N. J.

Dr. Laura Grainger of Columbia, S. C., after attending the Norfolk meeting, went with a party as far north as Albany, N. Y., and visited Niagara Falls and other places of interest north, returning by way of her old home in Kentucky.

APPLICANTS FOR MEMBERSHIP IN THE A. O. A.

Eliza M. Carey, Laurel, Mont.
Mary J. Kraft, Los Angeles, Cal.
John H. Lee, Billings, Monta.
Ella X. Quinn, Baltimore, Md.

MEETING OF COUNCIL OF DELEGATES.

This body, for several years holding informal sessions, met this year as a Constitutional body. At the first meeting Dr. A. G. Hildreth of St. Louis was made Chairman and Dr. C. B. Atzen of Omaha, Secretary. These temporary officers were later made permanent. The following states were represented by the delegates set opposite:

Alabama—N. A. Chapman; California—H. W. Forbes, C. A. Whiting, Effie E. York; Colorado—G. W. Perrin; Delaware—Marthena Cockrell; Florida—A. E. Berry; Georgia—M. C. Hardin; Kansas—H. K. Benneson; Missouri—A. G. Hildreth; Michigan—G. H. Snow; Maryland—E. L. Schmid; Minnesota—C. W. Young; Massachusetts—Ada A. Achorn, Nell C. Crawford; Maine—Lillian P. Wentworth, G. H. Tuttle; Nebraska—C. B. Atzen; North Carolina—A. R. Tucker; New Jersey—Melbourne Munroe; New York—J. A. DeTienne; Oregon—Hezzie Carter Purdon Moore; Ohio—E. W. Sackett; Pennsylvania—Arthur D. Campbell, E. S. Willard; Rhode Island—C. H. Wall; Texas—J. L. Holloway; Tennessee—Bessie A. Duffield; Vermont—Guy E. Loudon; Wisconsin—W. D. McNary; Washington—W. L. Smith; West Virginia—Clara E. Sullivan.

The following Committees were appointed by the Chairman:

On By-Laws—J. L. Holloway, E. W. Sackett, Bessie A. Duffield; To interview A. O. A. Trustees—G. E. Loudon, A. R. Tucker, H. K. Benneson; On Business—H. W. Forbes, Ada A. Achorn, J. A. DeTienne; To consider State Reciprocity—Effie E. York, C. W. Young, C. H. Wall.

At the second session the following Constitution was presented and adopted:

ARTICLE I.

Name.

This section of the American Osteopathic Association shall be known as the Council of Delegates.

ARTICLE II.

Objects.

Section 1. 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 and territorial organizations sending them.

Section 2. The Council shall further consider and vote upon any matters which may be submitted to it by the Association, or by the Board of Trustees of the American Osteopathic Association.

ARTICLE III.

Members.

Section 1. Only those who are members of the American Osteopathic Association and who present credentials in conformity with Section 1 of Article X of the Constitution of the American Osteopathic Association are eligible to membership.

ARTICLE IV.

Meetings.

Section 1. Meetings shall be held annually at the same time and place as the annual meeting of the American Osteopathic Association.

ARTICLE V.

Officers.

Section 1. The officers of this Council shall consist of a Chairman, and Secretary elected at each annual meeting. They shall hold office until their successors are elected.

Section 2. It shall be the duty of these officers to communicate with the officials of the several state and territorial organizations with a view to securing,

1st. Closer affiliation of State and National Associations.

2nd. Reciprocity relative to state licenses where possible,

3rd. Active co-operation in the work of establishing an endowment fund, working in harmony with the policy of the American Osteopathic Association with respect to such fund.

ARTICLE VI.

Amendments.

This Constitution may be amended by a two-thirds vote of the Council of Delegates regularly called at any annual meeting where twenty states are represented.

ORDER OF BUSINESS.

Call to Order.
Election of Temporary Chairman and Secretary.
Election of Permanent Chairman and Secretary.
Appointment of Committee on Credentials.
Reports of Committee on Credentials.
Communications.
Appointment of Committees.
New Business.

The following was presented by the Reciprocity Committee and adopted:

RECIPROCITY RESOLUTION.

Resolved: That we recommend that Osteopaths while working to secure legislation in their respective states, where there is no law, endeavor to have reciprocity clauses included in the law.,

In states where there is no such clause in the present law, that earnest endeavor be made to secure amendments embodying such clause or clauses.

Respectfully submitted,
C. W. YOUNG,
C. H. WALL,
EFFIE E. YORK.

It was moved and seconded, that this Body is in favor of the change in the Constitution relative to the effect that the delegate body act as a nominating committee for officers of the A. O. A. Carried.

A resolution presented to this body by Dr. W. D. McNary, of Milwaukee, Wisconsin, was accepted as a suggestion for future needs, and to be printed with the rest of the Secretary's Report, which said resolution reads as follows:

Resolution Regarding National and State Organizations:

1st. Whereas, the need of a closer relationship between "The National Association," and "The various state associations" is apparent to all, in order that each may be benefited and be a benefit to the other, and

2nd, Whereas, we believe the National Association could reach more practitioners through a closer co-operation with the officers of the state organizations, and

3rd, Whereas, we believe the state organizations would take a greater interest in the A. O. A., Therefore,

BE IT RESOLVED, That a committee of three be appointed by the Chair to consider the question further, and if deemed advisable to suggest a plan whereby such a relationship may be established that the state associations may become an integral part of the American Osteopathic Association.

There being no further business to come before the meeting, the Chairman declared it adjourned sine die.

A. G. HILDRETH,
Chairman.

Attest:
C. B. Atzen, Secretary.

THE A. T. STILL POST-GRADUATE COLLEGE OF OSTEOPATHY.

The manner in which the purpose of the profession to found and maintain an educational institution is to be realized in working form, is indicated in the by-laws. But perhaps some interpretation of those by-laws may help to a more ready understanding of the expected result of the operation in actual practice, especially as the institution grows.

The College is the child of the American Osteopathic Association. It was by the authority of the Association that the plans for the College were developed and matured, and the organization in due time accomplished by the twenty-seven persons appointed by the Association for that purpose. It is now fully organized and prepared to manage its own affairs. The direct responsibility of the Board of Trustees and the Board of Regents of the Association for its success is now transferred to its own Board of Trustees, and its future success or failure, so far as the management may contribute thereto lies with these trustees. The continued supervision of the College by the Association is assured by the following provisions of the by-laws:

First—The vacancies in the Board of Trustees occasioned each year by expiration of term are to be filled by the election of persons nominated by the Association, which thereby governs directly the policy of the College through the kind of men put in charge of it.

Second—Copies of the annual reports of the officers to the Trustees, required by the by-laws as well as by the statutes governing chartered corporations, are to be filed with the Secretary of the Association.

Third—The Trustees of the American Osteopathic Association may demand special reports on the financial affairs of the College and may examine the books of the Treasurer of the College, at any time.

These provisions constitute a control in perpetuity by the American Osteopathic Association, of the organization and conduct of the College.

The general management of the affairs of the College is by the Board of Trustees. At their annual session the Trustees will receive the reports of the various officers, showing the work of the year and the present condition of the College; contemplated or desired improvements, or additions to equipment; regulations as to faculty, curriculum, conferring of degrees, investigation and research, hospitals, and other matters which may be included in the work of the College. These reports will be considered and passed upon by the Trustees. On the basis of estimates furnished by the Council and revised and allowed by the Trustees, appropriations will be made to the various departments for the ensuing year, according to the funds available. The Trustees will give such instructions to the Finance Committee, respecting the funds and investments, as may be required.

This General supervision by the Trustees will establish the policy of the College. This policy will be carried out in detail by the Finance Committee, and the Council.

The Finance Committee will have in charge and attend to the collecting of all subscriptions and payments to the funds of the College, all money received being turned over to the Treasurer on his receipt. On the Finance Committee will devolve the responsibility of keeping the endowment funds so invested as to be both safe and productive.

The Council is the executive department, the most important department of the College organization. The annual appropriations by the Trustees will be disbursed by the Council. All bills against current funds will be audited by it, and paid only on its order. It will employ the faculty, director of laboratories, superintendent of hospital, and all other employes, approve the curriculum, provide for the various departments of research work, secure buildings, install equipment, purchase supplies, and in general it will be the duty of the Council to so manage the details of the business of the College as to carry out the expressed will of the Board of Trustees.

The lines of responsibility here indicated are clear and direct. The Treasurer is held to the Finance Committee as to his bond; in all other things he is responsible to the Trustees. The Finance Committee is responsible to the Trustees. The Faculty is responsible to the Council, and the Council

is responsible to the Trustees. The Board of Trustees is responsible first to the state under the charter of the College, and second, to the American Osteopathic Association through the annual nomination of new members of the Board, the filing of reports, and the right to examine the books, and on the higher plane of moral relations arising from its origin as a creature of the Association.

It is now fully organized and prepared to manage its own affairs. The direct responsibility of the Board of Trustees and the Board of Regents of the Association for its success is now transferred to its own Board of Trutees, and its future success or failure, so far as management may contribute thereto, lies with these trustees.

C. M. TURNER HULETT.

ORGANIZATION OF COUNCIL OF POST-GRADUATE COLLEGE.

One of the most important features of the Jamestown convention—though perhaps the least heard from—was the completion of the organization of the Board of Trustees of the A. T. Still Post-Graduate College of Osteopathy, and the preparations by the Board for an aggressive campaign for the establishment on the broadest lines of a college for higher osteopathic education and for research work.

If the truth of the osteopathic principle is to be demonstrated beyond cavil; if cold judicial analysis of our methods is to decide that they are scientific; if Osteopathy shall come to be recognized as the realization of the highest attainment in the determination of the ultimate etiology and of the cure of disease, it must be through such an institution as this is to be.

The Trustees elected the following members of the Council: Dr. E. R. Booth, Dr. C. P. McConnell, Dr. Chas. Hazzard, Dr. H. F. Goetz, Dr. N. A. Bolles, Dr. E. M. Downing and A. P. Brantley, of Georgia. The last-named gentleman is not an Osteopath, but he has for years been interested in our work.

According to the by-laws of the Board of Trustees, the Council is the executive body, and will have charge of all matters of detail; the providing of the necessary buildings and equipment, the employment of instructors, and the general conduct of the college. The Council may in time provide for "affiliated schools" and for "co-operating schools," along the lines of the work being conducted by the Chicago University.

The Council met on Friday, August 30th, with Dr. Hazzard as chairman pro tem., and elected Dr. Booth (Chairman of the Committee on Education of the A. O. A.) chairman, and Dr. Downing secretary. The secretary was authorized to obtain a supply of suitable engraved stationery for the use of the officers and members of the Board.

The possibilities and limitations of work in the immediate future were discussed. The small amount of money so far available from the income of the endowment fund makes possible at present little more than the encouragement of those individuals and institutions engaged in original research work. The Council determined, however, to assist such work so far as its means will permit. It further invites all who have actually undertaken work in any special line to communicate the results of such work to the secretary, to the end that theories may be proven or disproven, and that whatever makes for the good of the profession may be promulgated.

Among special lines of work already under way were mentioned the following:

The demonstration of the pathological effects of osseous lesions, vertebral and costal.

The same of the pelvis.

The accurate recording of spinal configuration—the determination of the normal spine; ascertaining whether certain well-defined deviations are typical of certain pathological states.

A system of osteopathic dietetics.

Dissections of cadavers, history of which is known, to verify if possible in this manner the osteopathic lesion.

It will be of interest to the profession to learn that the Philadelphia College of Osteopathy, which recently acquired the Philadelphia School of Anatomy (the second oldest anatomical school in this country), will systematically carry out the last-named line of work.

Further announcements will be made as the work progresses, that the members of the A. O. A. and the profession generally may know of what is being done.

E. M. DOWNING, Secretary.

OFFICIAL REPORT OF THE PROCEEDINGS OF THE ELEVENTH ANNUAL MEETING OF THE AMERICAN OSTEOPATHIC ASSOCIATION HELD AT EXPOSITION GROUNDS, NORFOLK, VA., AUGUST 26-30TH, 1907.

The 11th annual meeting of the American Osteopathic Association met in the auditorium of the Inside Inn Exposition Grounds, Norfolk, Va., Monday, August 26, and was called to order by President Dr. S. A. Ellis at 10 o'clock a. m.

Rev. J. Ernest Thacker, pastor of the Second Presbyterian church, Norfolk, was present and delivered a fervent invocation.

On behalf of the State, Lieutenant Governor J. Taylor Ellyson welcomed the members and guests with very happy and appropriate remarks. The Chair called on Dr. C. M. T. Hulett who made response on behalf of the association.

With Vice President Ashmore in the chair, President Ellis then read his address. Subject: "Is Eclectic Osteopathy a Menace to the Osteopathic School?" (published in the last issue of the Journal). Dr. F. A. Turfler then demonstrated his manner of correcting cervical lesions. These demonstrations were watched with intense interest. Dr. T. L. Ray followed with a demonstration of a hip dislocation. The subject was a youth of 15 years whose hip was partially dislocated when he was a mere child and it was then reduced. Later from a railroad wreck the hip was completely dislocated and has never been set since. Case at present under treatment of Dr. W. D. Willard of Norfolk.

Dr. F. E. Moore, La Grande, Oregon, read a paper of the prevalence of the Sacro-iliac Dislocations. Much interest was manifested and free discusssion followed. Dr. Atzen called attention to the variety of expression in the terms backward and forward slips of the Innominate bones and suggested that some uniform manner of designating the condition should be agreed upon. This discussion was entered into by Drs. Breed, Corning, N. Y., Ray, Texas, and others.

Dr. W. W. Steele then demonstrated on subjects his manner of reducing this form of sub-luxation. These demonstrations were watched with much interest, and the demonstrator eagerly questioned.

Further clinics were conducted in sections by Drs. Turfler and Steele.

Announcement of Open Parliament at 2:30 p. m. conducted by Dr. C. E. Achorn and morning session was adjoured.

Afternoon Session First Day.

Open Parliament, Dr. C. E. Achorn, of Boston, in charge.

Constipation was the subject first discussed. Discussion was entered into by Drs. J. F. Starr, C. B. Atzen, F. A. Turfler, A. E. Berry, K. W. Coffman, N. B. Atty, C. W. Young, T. L. Ray, M. F. Hulett and others.

The chairman then announced that the innominate lesion would be taken up. Dr. Forbes gave an explanatio of terms stating that when he spoke of an anterior slip of the innominate, he referred to the condition where the anterior superior spine of the ilium is moved forward, outward, and downward, the distance between a given point on the sternum and the spine being increased. A backward displacement just the reverse. He recognizes these two regular lesions of the innominate.

Free discussion followed, queries being fired at Dr. Forbes whose explanations seemed to give general satisfaction.

Dr. Hildreth called attention to the fact that there is too great carelessness in the use of term "dislocation" when a mere slip or sub-dislocaion is meant. This statement was approved and the impression seemed to be general that more clear-cut and explicit terms should be agreed upon and used. Dr. E. M. Downing called attention to the fact that the Medical Record of June 15th, printed an article by Dr. J. E. Goldthwait of Boston in which the author takes for his subject the pelvic articulations and speaks of these articulations as true joints. He also read a letter from the doctor telling him that the paper read before the last meeting of the American Medical Association would be printed within a few weeks from date, August 22, '07, in the Journal of that Association.

Dr. E. R. Booth spoke as follows: "I think that we have learned an important lesson from the discussion. The medical profession is coming very rapidly, you may say, to our way of thinking along certain lines. Probably every Osteopath from the first ones down to the present, knows almost to a certainty in his own mind that there is such a thing as a displacement of the innominate. Call it what you please. The medical doctors are just learning. But notice this one thing. I saw one of those articles referred to, and I presume the same applies to the other. He was proceeding to demonstrate it upon absolutely scientific mathematical principles.

Now, are we doing the same thing? Have we been doing it? And if not, it is time we were stirring ourselves, for the first thing you know they will come in and have the demonstration, and have the problem and claim it. Let us demonstrate to a certainty these conditions with reference to these questions."

C. E. Achorn said: "I would say that after reading Dr. Goldthwait's article it seems surprising that the Osteopathic schools have not taken it up before and proven it. He used nearly 200 subjects and it is surprising that we never have gone to the trouble of demonstrating as he did."

Ada A. Achorn: "In the admission of Dr. Goldthwait was this, that the Osteopath was getting results. In fact his partner, Dr. Osgood, had investigated Osteopathy to some extent, and was interested in it to such extent that he had made arrangements to go to. * . * . * . * . to study Osteopathy, but he was told by a graduate of that school that there was nothing there that he could not get in Harvard College, so he gave it up. He was willing to devote his time to it. They wanted to effect a cure wherein they had been failing. When the medical profession accept our ideas, and when we publish the fact that this man has accepted our ideas it is not putting him forward as the originator of it."

C. M. T. Hulett: "This brings us up against a problem. How much actual, scientific, careful investigation has this profession done? Dr. McConnell has begun one series of experiments to demonstrate scientifically that bony lesion will produce disease. We must not think that when we put a patient on the table, and say we find a lesion in the back, and correct that lesion, you must not think that that is a scientific demonstration. It is not at all. There are too many problems involved among this living tissue that the procedure does not answer at all, does not satisfy the scientific mind, no matter how unprejudiced he may be. He says here is a question, and there is another, what will you do with it? We simply jump from them. Why? Because we do not have the means to do that work. Our schools have to depend upon their students for a living; and those who had no faith in Osteopathy were without financial means to assist us. Osteopathy has had to make its own way, and in doing so it had to give what the students wanted and not what the scientist wanted. However, last year we started a movement whereby we might fill in that gap and furnish the means whereby men could devote their time to that particular kind of work and make scientific demonstrations along Osteopathic principles."

Sophronia T. Rosebrook: "I recently treated the president of the school at Boston who is an intimate friend of Dr. Goldthwait, and he lectured in Boston last winter upon the advancements made in medical science during the last few years, and he spoke particularly of the sacro-iliac lesion. He asked if there were any reporters present, and when informed there were none, he said without doubt the discovery of that belonged to the Osteopaths, but that the medical profession had given him the honor."

Edythe Ashmore: "I know of another instance where Dr. Goldthwait appeared before a medical society, and in discussing this question one physician said: 'Is not that Osteopathy?' And he hesitated a moment and then replied, 'I presume it is.' "

This concluded the discussion and the open parliament was by the Chairman declared adjourned.

Morning Session Tuesday, Second Day.

Meeting called to order by the President at 9:30 a. m. and minutes of previous day's session were read and approved.

Telegram was read from the Mayor of Toronto inviting the Association to hold its next annual meeting in that city. Letters were also read by the secretary from Drs. Ellen Ligon and Cora Tasker of the Board of Trustees regretting that they were prevented from attending the meeting.

At the suggestion of Dr. Bessie A. Duffield a committee was appointed to send a congratulatory telegram to Dr. A. T. Still. Drs. Duffield and Loudon were named as the committee by the President. Later in the session the committee reported that the following had been sent: "Dr. T.A.Still,Kirksville,Mo. The American Osteopathic Association sends greetings. We congratulate ourselves that your noble life has been spared and regret your inability to be with us.

(Signed)

BESSIE A. DUFFIELD,
GUY A. LOUDON,
Committee.

Dr. Herman F. Goetz, of St. Louis, then demonstrated with the spinograph manner of detecting and recording changes in spinal curvatures. His paper, in which he figured out mathematically the relation of the lengths of the several segments

of the spine, as cervical to dorsal, etc., and from a great many spines had formed the contour of a composite, normal spine was exceedingly interesting.

Dr. J. H. Sullivan, Chicago, demonstrated reduction of lesions an lumbar region. Many queries and full discussion followed.

President announced that the afternoon session of the Open Parliament would be conducted by Dr. C. B. Atzen, and that the forenoon sessions would convene at 9:30. He further appointed the following as Committee on Resolutions: J. F. Bumpus, Nora A. Chapman, Sophronia T. Rosebrook, Eliza M. Culbertson, and J. T. Downing.

Dr. M. C. Hardin, Atlanta, presented the following resolution:

Resolved, That the President of the American Osteopathic Association is hereby instructed to appoint a committee of five from among the members of this association which shall be known as the Committee on Osteopathic Terminology.

1. This committee shall consist of those who are reputed to be learned, not only in the science of Osteopathy, but also in languages, especially those of Latin and Greek.

2. The duties of this committee shall be to formulate in scientific language the technical terms peculiar to the science of Osteopathy and to adopt other such terms as may be necessary to form a complete terminology of the science, as well as to formulate definitions of these terms.

3. Realizing that this work is not to be accomplished in a short period of time, the committee shall continue from year to year until its task is complete, making a report to this body at each annual meeting of the progress of the work.

(Signed) M. C. Hardin, H. W. Forbes, W. B. Meacham, E. R. Booth, J. L. Holloway, Edythe Ashmore.

On motion of Dr. Hardin, seconded by Dr. Atzen, the resolutions were unanimously adopted and the president was authorized to appoint committee.

Dr. W. B. Meacham then conducted a clinic, subject, Pulmonary Tuberculosis. He presented subject who had made a recovery.

Following this Dr. Eliza Edwards, Cincinnati, presented a paper, subject, Prolapsus Uteri. Free discussion followed with many suggestions and experiences related. Meeting adjourned.

Open Parliament Tuesday Afternoon.

Dr. C. B. Atzen in charge. A demonstration was given of a knee trouble demonstrated by Dr. Forbes and Dr. Hildreth. From this discussion took the direction of Flat Foot which was considered for some time.

Letter from the Mayor of Los Angeles was read by the Secretary asking that next meeting of the Association be held in that city. The Association was further asked by Drs. Forbes and Whiting to come to the Coast. Meeting then adjourned to 9:30 Wednesday.

Morning Session Wednesday.

Meeting called to order at 9:30 by President Ellis. Secretary read the minutes of the previous day's sessions.

Dr. J. E. Collier demonstrated on case of thickened tissues of neck, result of injury. Case was pronounced very interesting by all who saw it.

Treasurer was then called on for his report which was read, and with the report of the Auditing Committee appointed by the President, read by the secretary, was adopted.

The report of the Committee on Legislation was then read by the Chairman of the committee, Dr. A. G. Hildreth, and the same was accepted. Dr. Clark then conducted a clinic presenting a case of arrested mental development accompanied by nervousness in a youth of 17. Following discussion a paper on "Experimental Pathology" was read by H. W. Glascock, Raleigh.

Report of the Board of Trustees was then read by the Secretary. Dr. Link read the report of the Committee on Publication, which was accepted.

A clinic, male aged 21, Aphonia, result of strain in game of football was demonstrated by Dr. C. J. Muttart, Philadelphia.

Dr. C. W. Young, St. Paul, from the Committee on Prize Essay announced that the prize was won by an article on Pulmonary Tuberculosis, written by Dr. W. B. Meacham of Asheville.

Dr. Wm. Smith was presented to the meeting and made a few remarks.

Dr. E. R. Booth then read the report of the Committee on Education which was accepted. Report of Regents was read by Chairman, Dr. Hulett. Same was accepted.

The invitation of the Commissioners of the Va. State Bldg. to the Association to visit their building in a body and be extended a reception, was presented through a letter to Dr. Mary C. Moomaw which she read. The invitation was accepted for afternoon of Thursday, August 29th. This invitation was extended on account of the recognition of the fact by the State that Dr. A. T. Still is a native born Virginian.

Dr. W. E. Harris then moved that a vote of thanks be extended the retiring editor of the Journal, Dr. A. L. Evans, for the manner in which he has conducted the Journal for the past six years. Carried with rising vote.

The President asked the meeting its pleasure in the manner in which nominations for officers for the coming year should be made. It was decided on vote to have the chair name a committee. Following is the committee later announced by the president: M. E. Clark, Ind.; J. Earl Collier, Tenn.; H. W. Conklin, Mich.; C. A. Whiting, Cal.; Frank Heine, Penna.; J. E. Hodgson, Wash.; B. S. Adsit, Ky.; Charles Hazzard, N. Y.; N. B. Atty, Mass.; E. H. Shackleford, Va.; Florence Covey, Me.; J.F Bumpus, O.; Harry Still, Mo.; C. W. Young, Minn.

Meeting adjourned to 2:30 p. m.

Afternoon Session Wednesday.

Open Parliament with Dr. T. L. Ray, Fort Worth, in charge. Dr. Walkup demonstrated treatment of case of infantile paralysis. Long discussion conducted by Dr. Forbes.

Dr. J. E. Hodgson, Washington, conducted a clinic demonstrating treatment in a case of exophthalmic Goitre.

Dr. H. R. Bynum, Memphis, demonstrated Malaria. Following this demonstration and discussion, Dr. Walkup demonstrated with clinic case of nervous disturbance brought about by pelvic disturbances and cervical lesions. This case was freely discussed by Drs. Clark, Achorn and others.

Dr. George Still, Kirksville, gave a carefully prepared address on the subject of Pelvic Tumors Requiring Surgical Intervention. The paper was highly regarded and much discussion followed.

Paper, Subject, Prostatitis, prepared by Dr. F. P. Millard, Toronto, was read by Dr. Heist. Dr. Marie N. Adsit, Franklin, Ky., read a paper, Subject: Menopause, that was listened to with marked attention.

Dr. Julia E. Foster, Butler, Pa., read a paper, Lateral Displacement of the Uterus and Treatment, after which the meeting adjourned to 9:30 Thursday.

Illustrated Lecture on Sectional Anatomy.

At 7:30 p. m. Wednesday, the Association upon the invitation of Dr. A. Still Craig met at the Larkin Building for a stereoptical lecture. In this with slides Dr. Still gave a very vivid idea of his forthcoming work on Anatomy. He said in part:

The advancement in the manner of studying anatomy has been very marked in the past twelve years since this work was undertaken. The medical profession has awakened to its importance, and many good works have been produced, and in one respect they have advanced beyond the Osteopathic profession. This is in the matter of Sectional Anatomy. In some of the schools it is necessary for the student to dissect bodies after the cross section method, and to produce drawings of those sections, some of which I show upon the screen; however all the work done in sectional anatomy in the medical colleges is of the catabolic or analytic method.

While yet in school I conceived the idea of studying sections of the anabolic or synthetic methods, and following this idea I have built up a complete series of sections, and the result is that these sections represent the body exactly as it is found in life with all parts intact, and all cavities moderately filled exactly as would be found in life, whereas the other sections that we have are much altered by the post-mortem changes and hardening fluids. Also a vast number of parts which it is impossible to differentiate in the frozen sections, or in sections of hardened specimens, may be shown by this method. A great advantage in the study of anatomy from this standpoint is that we have every organ and part of a certain region lying in its exact relation with every other part, and in addition to this the innervation of every segment of the skin is shown upon the skin itself, and the innervation of every muscle is written plainly upon the muscle itself, thus bringing every factor of importance in relation to a given area prominently and clearly before the eye. Given these facts and a system of drawings built up on an absolutely uniform plan the value of such a method in the study of anatomy and its practical application becomes at once apparent.

Morning Session, Thursday, August 29.

President Ellis called meeting to order at 9:30, and requested secretary to read minutes of previous sessions. Minutes were read and approved. Dr. Myron H. Bigsby of Philadelphia then gave a demonstration of Swing Technic, using as subject youth of 14 with weak hip joint. He gave a number of landmarks that were very striking and original.

Dr. M. E. Clark then read a carefully prepared paper. Subject: The Management of a Normal Case of Labor (Primipara).

Following this he gave a talk and conducted a Round Table. Subject: The Management of Pregnancy. This was also very interesting and was freely discussed. He then called upon Dr. E. R. Proctor, who gave a paper on Osteopathic Midwifery. After a long, eager discussion the Symposium was closed, and the following telegram was read: "Des Moines, Iowa, August 28, '07. President Ellis, Etc.—Acute lesion at Pride Centre. Osteopathic arrival. Gloria ladent Ruddy. Regret cannot come. Best wishes. J. T. Ruddy.

The president then called on the chairman of the nominating committee for the nominations for officers for the ensuing year. Dr. M. E. Clark responded as follows: For President, F. E. Moore, LaGrande, Ore. First Vice President, Dr. E. H. Shackleford, Richmond, Va. Second Vice President, Dr. Ada A. Achorn, Boston. For Trustees, Dr. F. F. Jones, Macon, Ga., M. E. Clark, Indianapolis, Geo. W. Riley, New York. Secretary, H. L. Chiles, Auburn, N. Y. Assistant, J. F. Bumpus, Steubenville, O. Treasurer, M. F. Hulett, Columbus, O.

The president announced that ballot would be taken on these at 12:30.

Dr. Forbes demonstrated a case of lateral curvature. Harry M. Still, New York, then demonstrated a case of hip, dorsum dislocation.

The president announced that the election of officers would be taken up. Dr. C. E. Achorn objected, as he did not know until within ten minutes that the program has been changed, and moved that the election take place at 2:30 p. m. It was pointed out that an invitation had been extended by the Exposition Company to hold public exercises in one of their buildings and that this had been advertised as Osteopathy Day. A motion was made to proceed with the election of officers, which on vote was carried.

The President: "Our constitution provides that elections take place by ballot. I will ask the secretary to read the nominations as offered by the committee." Secretary read: For President, F. E. Moore, Oregon. Dr. J. M. McGee, Philadelphia: "Where there is no opposition, I move that the secretary cast the ballot of the association for the nominee of the committee." Seconded and carried. Secretary then in order read the nominations and cast the ballot of the Associtaion for F. E. Moore, for president; E. H. Shackleford, Richmond, first vice president; Ada A. Achorn, second vice president; treasurer, M. F. Hulett, Columbus; trustees, Dr. F. F. Jones, Macon, Ga., and M. E. Clark, Indianapolis. The motion included Dr. G. W. Riley, but he arose and spoke as follows:

"I wish to thank the nominating committee for having placed my name on this list, but I wish most respectfully to decline the nomination for the reason that my business is such that I cannot serve the Association as I would like to, and as I know the Association would like to have me, and I therefore request that my name be withdrawn."

Whereupon the following were placed in nomination: Paul M. Peck, Texas, W. W. Steele, Buffalo, Earle S. Willard, Philadelphia. On motion nominations were closed and ballots prepared. Following were appointed tellers by the president: D. W. Granberry, J. E. Hodgson, C. W. Young, A. L. Evans, K. L. Achron and C. E. Fleck. Ballot resulted as follows: W. W. Steele, 91. Paul M. Peck, 8. Earle S. Willard, 37. Dr. Steele having received a majority over all, was declared elected. On motion the president cast the ballot of the Association for H. L. Chiles, Auburn, for secretary. J. F. Bumpus, Ohio, was elected assistant secretary. This completing the election of officers, adjournment was had to the Auditorium of the Exposition Co., where appropriate exercises were to be held commemorative of Osteopathy Day.

Afternoon Session, Thursday, August 29th, 2:30 P. M.

Osteopathic Day.

The Association convened at the Exposition Auditorium at 2:30 P. M. and was called to order by President Ellis. This being the day set apart by the Jamestown Exposition management in honor of Osteopathy and its founder, the officials of the exposition were invited to be present but owing to business engagements were unable to personally honor the convention by their attendance.

President Ellis in his opening remarks regretted the inability of President Tucker and the other officials of the Exposition to be present in person, but expressed the gratitude of the A. O. A. to them for sending the official band of the Exposition to furnish music for the occasion, and also mentioned among those to whom the Association was deeply indebted for special courtesies: Messrs. Sexton and Lieutenant Governor Ellyson. Dr. E. R. Booth of Cincinnati was then introduced,

Dr. A. G. Hildreth was then introduced and spoke in his usual entertaining manner.

Preceding and following these addresses the Exposition band rendered several beautiful selections which were enthusiastically applauded.

Thereupon the members of the Association marched in a body to the Virginia Building, where an informal reception was tendered the Osteopaths in honor of Osteopathic Day, by the Virginia State Commission to the Jamestown Exposition, with Hon. Robert W. Withers in charge, assisted by Dr. Mary C. Moomaw, and several other Virginians. The building was most artistically decorated, and abounded in historic relics.

The reception was altogether a most charming one, and afforded a veritable past-time to the Osteopaths who had devoted the past three days so strenuously to convention labors.

Morning Session, Friday, August 30, 1907.

Meeting was called to order by president and the minutes of the previous day's sessions were read by the secretary and approved.

Dr. C. W. Young, St. Paul, read a paper on Constipation and gave demonstration on subject. Followed by remarks and recitation of cases by several.

Dr. Percy H. Woodall then gave a paper on Salpingitis and Treatment.

Dr. W. D. McNary, Milwaukee, demonstrated treatment of case of Otitis Media. This was followed by a paper, "Some Acute Conditions," by Dr. O. J. Snyder, Philadelphia, Pa.

Dr. C. A. Whiting, Los Angeles, read a paper, "Epithelium and Its Invasions of the Connective Tissue."

Dr. Clara Wernicke, Cincinnati, presented subject, Chronic Headache, and demonstrated treatment. Out of this grew a prolonged discussion as to the possibility of the 5th lumbar being anterior as to the sacrum.

C. M. T. Hulett, the Chairman of the Board of Regents, had the following to say about the Post-graduate College:

There was a movement started last year at Put-in-Bay, and the meeting was very enthusiastic in regard to the matter, but not much has been said during the year about it, however the matter is progressing. The last Journal contained a statement of what had been done showing that the plans for the handling of it by the Association had been worked out and approved by the Trustees; and the committee of 27 who were selected to manage it met yesterday and today and completed the organization, so that now we are in readiness to take care of that work and develop it as fast as possible. The matter of solicitation was suspended because it was thought best to work out our plans first, and then we would be thoroughly prepared to proceed systematically.

The matter of the location of the school is still undetermined. In fact, we are not in a position to settle it. There are several factors to be considered in that. One is the accessibility of those who want to attend it; then we also want it in a location where it may have proper surroundings. No institution is so large but what it can profit by being in the neighborhood of other similar institutions, as they can interchange courtesies in the use of apparatus in a particular investigation, or they may have material which the other has not, as well as laboratories, museums and hospitals. We should also consider the amount of Osteopathic material there may be within two, three or four hours of the college that can be utilized to make up its faculty, for in the beginning we may not be in a financial position to pay for all our help and instructors.

Another thing with reference to the location. Some localities may make us offers in the way of an endowment, provided it was located there, and we would not want to turn down a person or offer of that kind.

This is the first time that Osteopathy has been in a position to encourage men outside of the profession to contribute to its general advancement. Heretofore there has been no opportuity for it; no institution has been organized and in a

position to receive assistance from men of wealth, and this will provide a channel. We are informed that there are men of means in this country who are interested in Osteopathy and in its advancement and are willing to contribute to that end. The By-laws are now complete, as you know, and the officers have been elected and committees appointed. The officers are, Chairman C. M. T. Hulett, Secretary Alice P. Shibley, Treasurer Harry Still, Finance Committee Dr. W. A. Lamb of Los Angeles, Dr. Fred Ward of Burlington, Vt., and Dr. C. E. Achorn of Boston, Mass., together with the president and treasurer. The Council will ultimately have charge of the direct management of the college employing the faculty and making provision for laboratory and equipment, and other details, but is now more particularly charged with preliminary work preparatory to beginning intelligent development. The Council is composed of Dr. C. P. McConnell, Charles Hazard, the Chairman of the Committee on Education, E. R. Booth, Dr. Herman F. Goetz, Mr. A. P. Brantley of Georgia, a business man who is very much interested in education, and especially in Osteopathy; Dr. E. M. Downing of York, Pa., and Dr. N. A. Bolles of Denver. The Special Committee that has in charge the matter of gathering funds from the profession and outside is Dr. Guy E. Loudon of Burlington, Vt., and Dr. Asa Willard of Missoula, Mont., with the understanding that they are to organize the work and secure as many members of the profession to assist them as they may need, and doubtless some of you will be called upon to help them. A resolution was passed authorizing the Council to expend the money which is available at this time and in the immediate future in such way as may seem best to accomplish the best results. There is not much money available now. The money that you subscribed at Put-in-Bay and since is endowment money, and only the income of it can be used, it being but four per cent. Arrangements were also made at Put-in-Bay for a separate fund called the guaranty fund, in which, for instance, the money which the Osteopaths collected on a certain day was to go, and if at the end of the year any of it was left it was to go into the endowment fund.

The amount of cash on hand is about $6,300. There are about $1,500 of subscriptions due and unpaid, most of which will be paid soon. The outlook is encouraging. A friend of one of the Board of Trustees, and who is not an Osteopath, said, when you get ready to begin your building I have money to help build up your obstetrical department. Another one said, I have money to help establish and equip your training school for nurses. Another will not promise anything until we show what we are, what we will do and how we will do it, but said, I have a considerable sum of money that I am willing to devote to the advancement of Osteopathy; and we are led to infer that that sum of money may be something like a million dollars. I believe there are many people in this country who have money and are willing to help Osteopathy when it is understood that we are properly prepared to develop the science.

H. F. Goetz: Since the adjournment of the Trustees the Council met, and with reference to the resolution referred to by Dr. Hulett, I believe a few words from Dr. Booth would make the matter clearer.

E. R. Booth: The Council met and organized, electing the Chairman of the Educational Committee, Chairman, and E. M. Downing, Secretary. We talked informally over several matters and details for the future. We decided that it was not necessary today to take any steps toward erecting a building. The policy of this movement from its very incipiency to the present time has been one of assistance and helpfulness, and with that idea before us we have today begun active work. We are in search of all the available material in and out of the schools in our profession to do research work; there are a great many in our profession who are capable of doing it, and we want to locate them and encourage them, notifying them, however, in advance that our treasury will not permit us to deal with them liberally. We all recognize the valuable work Dr. McConnell is doing, spending time and money, and we decided we would make special mention of this fact, and give him all the encouragement possible. I would therefore suggest that you get in correspondence with him, give him the result of such experience you may have and encourage him. We inquired among ourselves if anybody else had been working along this same line, and perhaps some of us neglected our duty by not being present to hear the paper that was presented by Dr. H. W. Glascock. There may also be others who are giving this study some thought, and it is the desire of the Council to assist these who are capable of doing that work; it is also our idea to get in touch with them in order that they may not do unnecessary work in the way of duplicating, for there are many lines along which comparatively nothing had been done, as for instance the question of dietetics.

Often times there are questions that are proposed. I can illustrate it better by

a man that I knew several years ago who went through Harvard College, and took a post-graduate course, devoting his attention to one particular subject. From there he went to Washington where he thought much additional data could be found. He did not succeed either in Harvard or Washington in establishing his point. He then went to England and made further investigations, and I heard his father say when he got through he proved that there wasn't anything whatever in the thing he was trying to work out, and so we want to be careful not to waste our money and energy, but often times it is important to establish a prinicple in a negative way, and if there is anything in it let us have it. This is suggestive of the line of work the Council thought advisable to enter upon at once, as these matters can be developed at your homes without the necessary use of a college.

The President then appointed the following Committee on Terminology in accordance with the resolution heretofore adopted by the Association:

M. C. Hardin, Chairman, W. F. Link, George A. Still, Harry W. Forbes and Charles J. Muttart.

Bessie A. Duffield, Chairman of the Committee on Necrology, then presented the following report, which on motion was received and adopted:

Your Committee on Necrology submits the following:

Within the past year five (5) members have been removed from our association by the hand of death, and it is fitting that we make recognition of our loss as individuals and as Osteopaths.

These five are all whose names have been reported to your committee as having passed on before:

Dr. Jeannette S. Wilson, Duluth, Minn., died September 2, 1906.
Dr. M. E. Pearson, Louisville, Ky., died January 22, 1907.
Dr. Sylvester W. Hart, Albany, N. Y., died Feb. 1, 1907.
Dr. George Gilmour, Sioux City, Ia., died May 24, 1907.
Dr. Earl L. Manart, New Castle, Ind.

Respectfully submitted,

BESSIE A. DUFFIELD,
Chairman.

J. F. Bumpus, the Chairman of the Committee on Resolutions presented the following report of that Committee, which on motion, was unanimously carried:

RESOLVED, That it is the sense of this Association that the Jamestown Exposition has been greatly hampered in its objects as an historical and educational exhibit, by the adverse reports, printed and otherwise, which have been scattered by the earlier visitors; that in our judgment the Exposition compares well with others of recent years; and that the individual members of this Association will undertake to correct, so far as possible, in their respective communities the false impressions existing, and urge their friends not to miss the opportunity of seeing one of the most notable displays ever made.

RESOLVED, That this Association tender thanks to the local press for the full and accurate reports of the convention meetings, as well as for the liberal spirit with which they have handled the matter.

RESOLVED, That we appreciate greatly the time and interest Mr. Sexton, Chairman of the Committee on Congresses and Special Events, has given to make the meeting the success it has been.

RESOLVED, That we tender Mr. Wacham of the Inside Inn our sincere thanks for the many courtesies extended the Association.

RESOLVED, That it is the sense of this Association that all papers and clinical discussions presented at the annual meetings be regarded as belonging to the Association; and that it is discourteous to the Association for any one who accepts a place on the program to give out for publication his paper or remarks either wholly or in part, in advance of their publication by the Association.

RESOLVED, That the hearty and sincere thanks of this Association are due the Local Committee for their efforts to further the success of this meeting; and we desire to especially express our appreciation of the immense amount of time, labor and thought bestowed during long months of unceasing activity by Dr. W. D. Willard, Chairman, and other members of the Committee.

Respectfully submitted,

J. F. BUMPUS,
NORA A. CHAPMAN,
SOPHRONIA T. ROSEBROOK,
ELIZA M. CULBERTSON,
E. M. DOWNING,
Committee.

Dr. C. W. Young called up his resolution regarding case reports offered to Committee, and after much discussion his motion was lost. Amendments to the Constitution were considered and that proposed to amend Article VII was laid on the table.

The second proposed amendment was to amend Article X by adding the following:

Amend Article X by adding the following:

Sec. 5. At the annual election of the 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.

The motion was then put and unanimously carried, and the president then declared Section 5 to Article X of the Constitution of the American Osteopathic Association adopted.

The President then called upon the Board of Trustees for its report upon the next annual meeting place of this Association, whereupon C. B. Atzen, in behalf of the Board, made the following report:

The Board of Trustees thoroughly canvassed the situation, and carefully considered all the places to which the Association was invited; it also obtained the concensus of opinion of nearly all of the members present, and the prevailing feeling is to the effect that, owing to the advanced and declining years of Dr. Still, and his inability to travel and attend any more of our annual gatherings, no greater token of esteem or consideration could be paid to the Doctor than to hold our next annual meeting at his home, the birthplace of Osteopathy, and so all those who strenuously urged us to meet at their respective cities voluntarily withdrew in favor of Kirksville.

C. A. Whiting: In behalf of California permit me to say that she is heartily in favor of Kirksville, and will bring the largest turnout that has ever attended an Osteopathic convention. As you all know, Los Angeles had hoped to entertain you next year, but owing to the Doctor's age we gladly withdraw, but when the time is ripe for you to come to the Pacific coast, you will not only be welcome, but the occasion will be one that you will never forget.

W. W. Steele: As you all know Buffalo felt very confident that you would all go there next year, in fact we were so sanguine that we were already beginning to make preparations for the feast, but after discussing the matter with different ones and finding their sentiment so largely in favor of Kirksville, we cheerfully joined them out of our profound courtesy for Dr. Still; but the outlook of this Association is so bright, and knowing that there are still many years to follow, we rest assured that you will not be unmindful of us in the near future.

A. G. Hildreth: When I came to this convention I had my mind thoroughly made up that I would not say one word about where we would go next year. I really wanted to go to Minneapolis, but after hearing a number of the members discuss the different locations, and hearing them discuss Dr. Still's age, and asking if he would like to have us there once more, I could not refrain from saying that the last time I was in Kirksville the Old Doctor said to me, "Arthur, do you suppose the boys and girls would like to come here again? I would like to have them." In reply I said, "Doctor, it is a hard matter to get them to come here, on account of the advantages we have for taking care of them. They would like to see you, but I do not know." I could see the anxiety manifested on his countenance, and when I heard the inquiries from the various members upon my arrival here, I then exerted my efforts in behalf of Kirksville, and I know by your action, and that of the Trustees of this Association, great joy and gladness will illuminate the heart of the Old Doctor from this time to the end of his days. I know he will appreciate this compliment and will be glad to welcome you.

In discussing this matter with the members I said it is not a question of school; we are beyond that; and this meeting has fully demonstrated that by the fraternal fellowship that is at present existing among all our colleges, an no one is more pleased with it than I. I assure you that when you come to Kirksville next year we will have a love feast, and so far as the place being able to entertain you is concerned, I will go there in person, and enlist the good offices of every housewife in the city, and being personally acquainted with a host of them, I bespeak for you a warm reception and a delightful time, and for Dr. Still, on the 6th day of August, 1908, his 80th birthday, the greatest day in his life.

F. E. Moore was called to the chair and the gavel was handed to him.

Jno. B. Buehler then moved that the Association do now adjourn sine die until the next meeting at Kirksville, which was unanimously carried, and President Moore declared the Eleventh Annual Meeting of the American Osteopathic Association adjourned.

REPORT OF THE BOARD OF TRUSTEES.

To the Members of the American Osteopathic Association:

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

Immediately following the meeting of the Association at Put-In-Bay, the Trustees met and appointed the following Committees: Committee on Publication: W. F. Link, Edythe Ashmore and K. L. Achorn. Committee on Education: E. R. Booth, W. B. Meacham and J. L. Holloway. Committee on Legislation: A. G. Hildreth, C. E. Fleck, Otis F. Akin. Special Committee on Endowment, Guy E. Loudon, Asa Willard and A. B. King. Dr. Loudon resigned during the year, and Dr. J. A. De Tienne was chosen to fill the vacancy. Dr. A. L. Evans was appointed to succeed himself as Editor of the A. O. A. Journal. Dr. R. E. Hamilton was appointed as official compiler and Editor of the Directory and Year Book for the ensuing year.

During the year, the work of the Board, which has been the most important, as well as the most difficult, has been that in connection with the P. G. School. The Board of Regents, after most commendable and effective work, presented to the Trustees of the American Osteopathic Association a plan for carrying on the prospective school. After much correspondence, the recommendations of the Board of Regents were, in the main, adopted, and, after much balloting by mail, the Post Graduate Trustees were elected, fifteen from the profession and ten from the laity. We feel that the Association is to be congratulated on the quality of the Board selected for the management of the Post Graduate School. In addition to the work carried on by letters, the Trustees of the American Osteopathic Association authorized a Special Committee of its members to meet in Albany in November at the meeting of the New York State Society, and make recommendations as regards the plan submitted by the Board of Regents, represented by Dr. Teall in person.

This committee was also instructed to consider the advisability of a special inspection of Osteopathic schools to be carried out during the year. This was considered advisable, and Dr. E. C. White was appointed as special inspector, his appointment being later confirmed by the Board of Trustees. Dr. White's work has been of a high order, and his report shows the schools to be in much better condition than during the previous year.

According to action taken by the Association, a special committee, consisting of Dr. Teall, Dr. Ellen B. Ligon and Dr. E. C. Link, was appointed to provide suitable tablets to be erected at the A. S. O. Hospital in Kirksville, in memory of Drs. Patterson, Riggs and Hulett.

An effort was made by the Board of Trustees to secure general active support for the Osteopathic Legislation at Washington, D. C. The profession responded heartily, and the bill would, no doubt, have passed but for a technical political barrier.

The year has been a most auspicious one for the Association. The membership has passed the 1,500 mark. Much progress has been made toward launching the P. G. School, and a most harmonious feeling is evident among all classes within the Association.

The Board wishes especially to commend the work of its Committees and hereby to express regret at the resignation of Dr. A. L. Evans from the editorship of the Journal. Dr. Evans has served the Association long, efficiently and faithfully in his present capacity.

The organization seems to have out-grown the existing constitution, and the Board recommends that a Committee on Provision be appointed to go over the whole ground and suggest to the Association such changes as seem desirable.

S. A. ELLIS, President.

REPORT OF COMMITTEE ON PUBLICATION.

To the Board of Trustees of the American Osteopathic Association:

Little needs to be said by the Committee on Publication concerning the work of the year now closing. Our operations have been along the lines prescribed by the Constitution, and nothing sensational or of spectacular interest has been undertaken.

We have not been able to accomplish all that we hoped to do, but we are able to report a gratifying degree of progress, and we have some comments and recommendations to offer.

CASE REPORTS.

Last year you adopted our recommendation that the policy of distributing case reports as supplements to the Journal be discontinued; that, instead, the case reports published by the Association should be supplied free, only to those who would take the trouble to contribute one or more acceptable cases at the call of the Department of Case Records.

This plan has worked well, and we have published two new series of reports this year. Series VII, the latest of these publications has just been printed and is ready for distribution.

We are glad to note a steady improvement in the character of the reports this year, and an increase in the number of reporters. There is evidently a growing appreciation of the importance of the work that the Department of Case Records is trying to do.

THE GENERAL DIRECTORY.

The Osteopathic Directory for 1907 cost the Association $556, and is similar in most respects to the directory of 1906. It contains about the same number of names in spite of the considerable increase in the number of practitioners. This is due to the rule adopted by the committee of omitting from the directory the names of those who could not be definitely located and reached through the mails. The new book is a very creditable production, and involved a large amount of ill-compensated labor on the part of the publisher, Dr. Hamilton.

In this connection we may say that the question has been raised whether the American Osteopathic Association should any longer continue to aid in the publication of a general directory—whether we have not reached a stage in our development as an organization where we can, and should, cut out the expense and labor of trying to keep track of all the members of the profession, as well of the Association—whether the American Osteopathic Association should use its funds to save from oblivion those who persistently refuse to become members. For it may safely be assumed that unless the American Osteopathic Association lends the aid of its treasury to the enterprise no general directory of the profession is likely to be published for some years to come.

As it seems to us, the general directory is chiefly useful as an aid to missionary effort on the part of the officers of the Association, and if we can devise some effective plan of recruiting the membership of the Association—of drawing into the American Osteapathic Association the best of those that still remain outside the organization—we can then profitably dispense with the general directory.

We, of the Association, know its benefits and realize something of its importance and its possibilities. The out-siders do not. To put it on the lowest plane, they are simply blind to their advantages.

Only on the ground that we owe an obligation to the profession at large, and that the general directory is an aid to further missionary effort on the part of the Association, can the continued publication of the book be justified.

THE PROGRAME.

This year, for the first time in our history, we employ the sectional method of presenting the work of the annual meeting. The increase in the attendance of our meetings, and the demand for a close range, practical treatment of many subjects of vital interest, necessitate this greater sub-division of our convention work.

For the average practitioner, who travels five hundred (500) or one thousand (1,000) miles or more to attend a meeting, something more than a good social time and a pleasant vacation should be provided. He wants these, but he also wants inspiration, ideas and methods. He wants to "get next" to something good to take home with him and use in his practice. So, in our program, we have attempted to supply this demand by emphasizing research, clinics, technic, and by employing the most direct possible methods of dealing with subjects of intense practical interest and importance.

THE JOURNAL.

The Journal of the Association has maintained with dignity and ability its unique position as the organ of the Association.

From Dr. Evans' report, as editor and manager, which is submitted herewith, we glean some interesting facts and figures.

The total amount paid out on account of the Journal from September, 1906, to August, 1907:

Twelve issues	$2,948 66
This total is made up of various items, the two chief of which are:	
Printing Journal, including Quarterly Directory	1,377 60
Editors' salary and clerk hire	1,200 00
The remaining $371.06 covers the following items:	
Printing supplements, pamphlets, etc	180 25
Postage	96 58
Miscellaneous—illustrations, telegrams, press, clippings, service	94 23
	$2,948 66

The Journal's receipts in cash for the year have been $453.83. Of this sum, $388.89 was for advertising and $57.17 for bound and unbound copies of the Journal. Of good accounts still due, there remain about $190, making the total income of the Journal $643.83.

The total cost of the Journal for the year is $370.29 greater than it was last year. Of this sum $344.40 belongs under the heading of printing, which covers various items, chief of which are: 1. The A. O. A. directory which was reset at the beginning of the year; doubled in size by arranging the names both alphabetically and geographically, and enlarged from month to month by the addition of names of new members; (2), a supplement costing $85.00 which appeared with the October number; and (3), the larger editions of the Journal, rendered necessary by the growth in the membership of the Association.

Th American Osteopathic Association directory, published in the current number of the Journal, showed a membership of 1,414—a net gain of 255 for the year. Hence counting the membership as 1,414 (though it is now perhaps 1,500 or more), and the net cost of the Journal (based on cash received, and disbursed on its account), as $2,562.05, we have, as the net per capita cost of the Journal, $1.76. This cost per member would be still less if we deducted from the foregoing sum the accounts that are good but not yet collected, amounting to $195.08. But as it stands it is the best showing we have ever made.

For prudential reasons we gave up the plan of changing the Journal from a monthly to a semi-monthly, which was authorized at the Put-in-Bay meeting. To have made this change would have involved a new application for admission to the mails at second-class rates, which, on investigation, we found that the postal authorities would likely deny. Had we gone ahead and made the change we should, in all probability, have been obliged to mail the Journal at third-class rates at an additional expense of upwards of $400.00.

The Constitution amendment now pending, making subscriptions to the Journal separate from dues to the Association would doubtless clear up our uncertain status at the post office and assure our admission to second-class privileges in the mail, but as it involves other questions outside of the jurisdiction of this committee we make no recommendation on this point at this time.

THE EDITORSHIP OF THE JOURNAL.

While Dr. Evans' resignation, announced in the August Journal, creates a condition that the successors of the present committee will have to deal with, we take this opportunity of expressing our high appreciation of his long, loyal and able service as editor of the official organ.

In his "Word of Parting" in the August number he says:

"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 American Osteopathic Association. 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, education 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 meeting of every State and local Association, and that some interested worker distribute same. 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."

Apropos of which we remark, without disparagement to the editorial qualifications of any other member of the Association, that the man who can most nearly measure up to the ideal, thus set forth by Dr. Evans, is none other than the doctor himself.

But who, having a practice to take care of, is sufficient for all these things? In our judgment the time is at hand when we should pay the editor a salary that will enable him to devote at least the greater part of his time to the Journal. Moreover, the correspondence and clerical work, incident to the editorial office, has grown to such proportions that a private secretary to the editor should be employed by the Association. And we believe it would pay still further to sub-divide the work of the office by appointing an assistant to the editor, a business manager, who should look after the growing business concerns of the publication. The proposition need not be argued that such an organization of the Journal office would make far greater efficiency in each department.

We believe it would pay, but whether it would yield immediate returns in dollars and cents or not, it is plain that some such plan must sooner or later be adopted.

THE PRIZE ESSAY CONTEST.

This year the contest is not only nominally but actually a competition. Three essays were submitted within the time limit prescribed for the contest, and a fourth was offered too late for entry. Each of the three competing essays is a fine contribution to osteopathic literature.

THE OSTEOPATHIC HAND-BOOK.

The hand-book of rulings, precedents and resolutions, gleaned from the record of the proceedings of the A. O. A. and indicating its policy on various subjects which this Committee was instructed to complete and publish is now in the printer's hands, and soon after this meeting will be published and distributed to the members of the Association.

The data were not got in shape for publication until late in the year, and, in order to bring it up to date, it was deemed advisable not to print it until after this meeting, so that any new rulings or changes in the Constitution that might be made at the meeting might be included in it. Respectfully submitted.

W. F. LINK, Chairman.

Aug. 24, 1907.

REPORT OF COMMITTEE ON EDUCATION TO THE BOARD OF TRUSTEES OF THE AMERICAN OSTEOPATHIC ASSOCIATION.

It is with pride that the Committee on Education looks back over the work of the A. O. A., in its educational aspects, during the last five years. The report of the committee, adopted at Milwaukee, in 1902, suggesting, somewhat especially, a standard for our schools, has been kept in view ever since.

POST GRADUATE COLLEGE.

The establishing of the post-graduate school along the lines suggested in the report of the Committee on Education, in 1906, is a consummation devoutly to be wished. This is a task requiring a great deal of work and careful consideration.

That progress has been made is shown by the Board of Regents, duly appointed by the report of Board of Trustees and which has been submitted to said Board.

ILLEGITIMATE SCHOOLS.

The correspondence and short-term schools are still in existence. This committee has corresponded with a number of magazines carrying advertisements of such schools. As far as known, reputable magazines do not now carry such advertisements. One magazine (New Thought) has not yet been convinced of the error of its way.

LITERATURE.

The constitution of the American Osteopathic Association makes it the duty of the Committee on Education to take cognizance of the literature of the profession. The framers of the constitution evidently did not suspect the amount that would be issued withn six years, and the amount of work it would take to become familiar with all of it. New Journals, most of them intended for the laity, rather than the profession, are constantly making their appearance. Several copies of new periodicals have reached the hands of the committee during the year. Most of them were prepared for promotion purposes; some are very good, some only fairly good; at least of such a character as not to bring the profession into disrepute. Those that present Osteopathy in adignified and intelligent manner deserve encouragement; but it is hardly to be expected of the profession that it will patronize all of even the worthy ones so as to bring financial rewards to the editors or publishers. It is hoped that those that would not appeal to an educated constituency will soon cease to exist, and no longer be a menace to the good name of Osteopathy, among those to whom we must appeal more and more if it is to command continued respect and confidence of an enlightened public. Let us select most carefully the literature that we place in the hands of those whom we would convert to Osteopathy. Prospective friends have been diverted and probably at least one legislative contest has been lost by misdirected efforts to enlighten those whom we would interest.

HISTORICAL RECORDS.

Apropos to the question of literature, the Committee on Education wishes to make a suggestion which the Association might recommend, but could not enforce. It is as follows: Let each State Society, or, probably in many places, organizations of less territorial extent, through its proper officers or special committees secure, as far as possible two copies of all its acts, resolutions, papers, etc., bearing upon Osteopathy, one to be kept among its own files, and the other to be placed in the hands of the Secretary or other designated custodian of the A. O. A., all such documents to be accessible to the members of the profession.

In like manner, and for the same purpose, two copies of the history of Osteopathy in each State, prepared by a committee representing any opposing or conflicting views that may have existed, should be made. Furthermore, complete files of all periodicals and copies of all Osteopathic books, charts, etc., should be placed with a custodian named by the A. O. A. for a permanent possession for the use of the profession. If this is worth doing at all, it should be done a soon as possible, else much that may be of vital interest in the future, and become a valuable asset to the professon, may be lost.

CRITICISMS.

The discussion of any question at issue should always be encouraged. Differences of opinion necessarily exist on all subjects that have not been settled by the fiat of absolute science. A free and full expression of views on any subjects during its formative stage helps to classify and hasten its correct solution. All progressive interests should always invite honest intelligent criticism to the end that defects may be eradicated, weaknesses strengthened and progress insured. But all such criticism should be based upon a knowledge of what has been done, should be constructive, rather than destructive, should be couched in dignified language, rather than epithets of abuse. In so far as a journal deals in personalities, it should be sure of its facts, and present them in such a way as to be for the good of the cause, rather than the personal satisfaction of those who have a fancied or even a real grievance. In so far as it deals with any organization it should make a manly fight openly, rather than attempt to stir up strife by carrying on the contest under assumed names. In so far as possible criticism of an organization or its officers should be made in opening meetings, or through journals circulating among its members, rather than through journals circulated mostly among those who know little, some of whom care less about what has been done. Osteopathy needs the combined strength of all her followers. Let us, in every case of importance, discuss freely, formulate deliberately, mature cautiously, and then act—forcibly.

ADVERTISING.

The attention of this committee has frequently been called to the action of various individuals and institutions in the matter of their presentation of certain facts as advertisements to further personal and financial ends.

In view of these complaints founded on written evidence, we feel called upon to emphasize what, in our opinion, is not ethical advertising:

First—No individual should use display newspaper advertisements. (See Sec. 6, Code of Ethics, A. O. A.)

Second—No literature published should contain a list of "percentage of cures" unauthorized by this Association in its official case reports.

Third—No individual or institution should circulate for their own benefits the opinions of this Association, or of its officers, signed in their official capacity, which may be either in commendation of themselves or condemnatory of a rival.

Fourth—No institution should circulate statements, the truth of which is yet open to legal question.

SAN FRANCISCO COLLEGE.

It is with regret that the committee has learned that the San Francisco College has decided to close its doors for the present at least.

This school was probably the first, under Dr. J. J. Pearce, the teacher of physiology, to do purely Osteopathy laboratory work. The school surely deserves specal mention, not only for the good work it did, but also for the great fight it made when assailed by earthquake and fire.

Most respectfully submitted,

E. R. BOOTH,
W. B. MEACHAM,
J. L. HOLLOWAY,
Committee on Education.

REPORT OF COMMITTEE ON LEGISLATION.

Your Committee on Legislation begs leave to report that during the past year the question of Osteopathic Legislation has been presented in more states than during any previous year of our existence. Twenty-two States and the Congress of the United States have considered our interests in some form, varying from requests for independent boards to members on existing boards; new laws where old ones existed; amendments to existing laws and bills introduced by the old schools to prohibit our practice. We were defeated in the lower house of Congress for the District of Columbia, even after passing the U. S. Senate without a dissenting vote. The Legislative Committee of the A. O. A., under the advice of the trustees, mailed a circular letter to every osteopath in the United States asking their aid and the aid of their friends in passing the bill. We regret to say that the request did not meet with the general united effort that we had so much hoped for. Good work was done by a great many, but all should have done their share; not that the territory was so great, but the precedent meant much to us.

All are familiar with this fight through our papers. In eight states we secured new laws. In two of them, Idaho and North Carolina, independent Osteopathic Boards of Examination and Registration. In six states,—New York, Delaware, Utah, West Virginia, Oregon and Texas—we secured representation on the existing Medical Examining Boards. In California our people secured an equal representation with other schools on a composite board. California's law does not give us a new state as regards Osteopathic legislation, simply a new law made necessary by a Court decision declaring the old law invalid. In South Dakota we secured a new law giving us an independent Osteopathic Board of Examiners in place of their old and very poor law. In Missouri and Montana minor amendments were made to our existing laws. Thus out of the twenty-two states where Osteopathic and medical legislation was agitated in their various forms we were successful in twelve. In Maine, Massachusetts, Pennsylvania, New Jersey and Washington, our people worked hard and earnestly for new laws, but failed. In Illinois, Iowa and Nebraska an effort was made to create new laws in place of our old ones, but we failed. In Colorado and South Carolina our people simply blocked medical legislation which had for its object the extermination of the Osteopaths. We can really claim success in fourteen out of the twenty-two states,—not a bad record for an infant science. Much could be said regarding the history of these fights in the different states that would be of infinite value to the profession in securing laws yet to be enacted, and too, that would be of great value to the thinking, liberty-loving public, but time and space will not permit us to go into detail. One thing certain, this has been a record-breaking year for the profession in a legislative way; and to our

able, earnest, capable and untiring representatives in each and every state, both where successful and where we failed, is the profession as a whole under lasting obligations. In Pennsylvania, Massachusetts and New Jersey, where our people have fought so valiantly and so long, we extend congratulations; not because of their failure to secure what they asked for, but upon their courage and indomitable pluck, and the success obtained against such a formidable foe. In Pennsylvania this year our people passed the very kind of a bill which the Governor last year demanded, representation on the existing board, and the new Governor this year promptly vetoed the bill on the ground that our people should be separate from the other schools and have a board of their own, whereupon the Osteopaths immediately introduced a new bill giving us an independent Osteopathic Board, and it only lacked one day of having enough time before the adjournment of the Legislature to become a law. Seemingly defeated, yet our people then were up and doing to the last. This courage and persistency, which has ever been manifested everywhere, is what has made and is now making our victories so marked, and our future an assured fact.

In Illinois, Iowa and Nebraska, our people undertook to create new laws, independent Osteopathic Boards, in the place of our present very poor ones. In Illinois and Iowa our people were late in getting started, and only lost out on account of the want of time, for a strong sentiment in both Houses in both states was with us. In Nebraska we were confronted with a peculiar situation. The Medical Examining Board, realizing that their existing law did not regulate the practice of Osteopathy, and not wishing to have our people mixed up with them, suggested to the Osteopaths that they secure a Board of their own, promising not only to not oppose us but to aid us. Imagine the spectacle of a part of our people asking for a board of their own with the medical men favorable, and a division in our own ranks that could and did kill the bill. Such a deplorable condition cannot be condemned too harshly, and the Osteopaths who opposed a measure of that kind under such circumstances and such conditions as now exist in Nebraska deserve to be ostracized forever in the ranks of our beloved profession. The condition there is another proof of the fact that our worst enemies are within our own household. To the men and the women in Nebraska who so valiantly fought to secure just and fair legislation we are again indebted.

Every single state fight deserves special mention, and each one has an independent history so different from the others that all would make most interesting reading. And to those who have labored so hard and sacrificed so much of their valuable time and their money that our great science might grow, each and every one deserve personal mention for their valiant services. We cannot expect to do justice to all who so richly deserve it in this record. Suffice it to say that from every state comes the same wholesome, glorious news, our friends are growing more numerous, we are developing greater strength—we simply overwhelmed the enemy, they had no idea we had so many friends, etc. There are some features of our success and failures that deserve our most profound thought, and the lessons there taught should be weighed well. For instance, from one state comes this kind of information: we commenced our fight early, we had prepared and introduced in both houses an independent Osteopathic Board bill, but we soon found we could not pass it. **Our friends** said they could not and would not pass it, that we "must get together with the medical schools and agree upon a bill satisfactory to all, and it would be passed easily." Was it? Let us see: "We substituted a complete board bill, giving all schools representation upon one board for our bill—**and it was defeated.**" And why?—Now listen: The Christian Scientists, Chiropractics, **Naturopaths**, the masseurs, and everybody fought it and it was killed. Think of it! We joined forces with our old enemy, that staunch, rock-ribbed old school that has stood for years a giant in strength and friends, and yet we were beaten. Strange, wasn't it, that these little fellows could stop the onward march of such a colossal power? To me it is a proof of their (the medics') weakness with the public, and illustrates the danger to us if we ally our forces with theirs in the attempt to exterminate or shut out other lines of practice. The people are tired of the despotic power of the old schools, and the action in that state is the hand-writing on the wall, and those who read should govern themselves accordingly. Out of the eight states where we have secured new laws, either new or where we have enacted new laws in the place of old ones, five of them create membership for us on their existing Medical Boards, and three states give us our own independent Boards. Too much cannot be said of the danger that lies before us if we unite our forces with theirs to combat other and newer methods. The circumstance above quoted is a true lesson from actual experience. And too much cannot be said in urging the independent Boards. The time must come when each line of practice will be forced to stand upon their own merits, and when the public will refuse to let any

one school or number of schools choose whom they shall employ to treat their sick. We know full well the argument that is often so well taken, and that carries with it great weight, and that is equality of all systems. And we know from experience that it is not a question of equality with the old school, nor is it a question of the best good of the people, but that it has been a question of self-preservation by stringent legislation for the purpose of extermination of competition with them, and the tendency of our legislation today is along the same lines upon which theirs have been drawn, and if followed up it means our death knell, a weakening of the strong, independent position we are so proud to occupy today; our danger lies in being drawn into their pool on legislation and forced to fight with them their battles, rather than from drastic laws which we know they would like to but cannot pass. And another tendency of our legislation (and mark you, we are not condemning the work of our people in the several states, but simply wish to point out the weak spots as we see them, in order that they may be overcome in the future) is to accept any kind of a law that gives us recognition, especially when it cares for those already in the state where legislation is pending. We had better have no law at all than to have one that is unfair and unjust to the profession as a whole. And again, we are passing law after law without much consideration for the young man or young woman who toils earnestly and conscientiously for three years, often spending every dollar they have on earth, and some besides, to equip themselves for a life profession; then leaving it in the hands of from three to ten men to say whether or not they shall be permitted to follow out that life's work upon which they have expended so much time and money. In other words, all our laws amply care for all who have graduated, but the ones who are yet to come are given small consideration. We only mention these things here because we know that the fight for Osteopathy all along the line, from its origin to this day, has been a fight for truth and justice. And it is the earnest desire of your Legislative Committee to so guide all our legislative efforts that throughout all time we may be pointed to as the one profession that has ever fought for freedom, liberty and justice to all schools and to all individuals.

Last year this Committee recommended that each State Association either elect or have their President appoint a standing legislative committee whose duty it should be to watch over and keep in close touch with all medical legislation of whatever, character, either for or against us, that comes before the several state legislatures. This should be done in all states whether where recognized or not, and we earnestly urge that this movement be taken up at once by the State Associations, and a strong legislative committee be created in every state. Three members would be plenty, and much good can come from a united effort along this line. The A. O. A. legislative work can be made much more effective through working in close touch with the local committee. These committees are needed just as badly in states even where recognized as where no law exists, for some of our laws are poor, and can be made good if we but get together and all pull for them. Even where we have our best laws we need the committees to care for and protect them.

In conclusion, your Committee congratulates the entire profession upon the unprecedented progress made this year in legislation. We are proud of the able men and women in every state who have represented us where our battles have been fought, and compliment most heartily the good work done in all states, both where laws were secured and where defeated, for in some of the states where we failed in so far as getting our laws, yet our people won signal success in strength manifested and friends made for the conflicts yet to come, when victory must and will be won.

Respectfully submitted,

A. G. HILDRETH, Chairman.

St. Louis, Mo., August 1, 1907.

TREASURER'S REPORT.

To the Board of Trustees of the American Osteopathic Association:

I have the honor to present below a report showing the financial condition of the Association at the close of the fiscal year 1907:

Balance on hand last year	$3085.66	
Cent. Pass. Ass'n, Return Deposit	30.00	
Interest	137.20	
Net Receipt of Dues	6130.00	
Income from Journal	453.83	
Net General Receipts		$9836.69

DISBURSEMENTS.

Services	800.00	
Supplies	581.70	
Prize Essay	50.00	
Expense of Committees	230.00	
Expense of Board of Regents	82.60	
Treasurer's Bond	20.00	
Official Stenographer	155.00	
Year Book	556.00	
Memorial Tablets and Express	158.80	
Net Cost of School Inspection	655.25	
Journal	2948.66	
Case Reports	153.65	
Perry Monument Fund	25.00	
Total General Disbursements		$6416.66
Cash Balance on Hand at End of Year		$3420.03

Respectfully Submitted,
Columbus, Ohio, August 24, '07.

M. F. HULETT, Treasurer.

Approved August 27, '07.

J. EARLE COLLIER,
FRANK F. JONES,
F. E. MOORE,
Auditing Committee.

Report of the Board of Regents to the Trustees of the American Osteopathic Association, for the Year Ending Aug. 19, 1907.

The Board of Regents is intended to be executive in its function, its activities to be confined to such matters as are referred to it from time to time. The Committee on Education in the prosecution of its work, has developed two matters, which, on its recommendation, have been referred to the Board of Regents. One is that of negotiating with the Associated Colleges an arrangement for the examination of prospective osteopathic students by the Board of Regents, and their matriculation in the various colleges on a Regent's certificate. Owing to the many difficulties, professional and practical, together with some opposition, encountered in this matter, but little has been accomplished. The matter is still under consideration, and we hope to develop a working basis with the associated colleges at this meeting.

A letter and copy of the requirements for matriculation as adopted by the Association was addressed to each of the Colleges with a request for their full and hearty co-operation in the regulation of matriculation. This correspondence had led to the suggestion of a meeting between the A. C. O., and the Board of Regents, at which time it is hoped that some satisfactory agreement may be reached.

The second matter referred to the Board of Regents is that of the post-graduate college. The sentiment favorable to an endowed scientific institution under osteopathic auspices has been growing for some time, was crystalized into a demand first expressed in tangible form in the action of Dr. G. E. Loudon in a subscription of money to be devoted to that purpose, and recommended to this Asscoiation by the Committee on Education in its report last year.

The profession at the meeting at Put-in-Bay exhibited a spontaneous outburst of enthusiastic faith in this movement, by pledging the sum of $21,832 to its support. If this is an index of the feeling throughout the profession—and the Board of Regents and Board of Trustees have taken it to be so—only an organized effort is necessary to insure the early realization of our hopes. A special Committee on endowment subscriptions was created, but its work was held in abeyance pending the working out of the plan and the actual organization of the College control. This required the most of the past year so that but little has been done along that line during the year. Nevertheless a number of individual subscriptions have been made indicating an interest alive and ready to respond.

Payment of the first annual installment of the subscriptions, and special contributions, make a total of $6,264.99 actually in hand at this time, which the Board of Regents will turn over to the College organization as soon as it is ready to receive it.

What has been done to this time toward perfecting the organization of the college is best explained in the following communications. The first one is the letter of transmissal to the Board of Trustees, as follows:

Sept. 10, 1906.

To the Board of Trustees of the American Osteopathic Association:

The Board of Regents have the pleasure of submitting the following report:

The Board of Regents met in Chicago on Sept. 8, 1906, and organized by electing C. M. Turner Hulett President, and Percy H. Woodall Secretary.

Pursuant to instructions of the A. O. A., the Board took under consideration the matter of establishing a foundation for a post-graduate school of osteopathy, and have formulated a plan of organization and proposed regulations for such a school, herewith submitted as its report upon that subject.

In their deliberations the Regents have kept in mind certain propositions.

First—The general control and policy of the school should remain with the A. O. A. as far as is practically and legally possible.

Second—Stability in the school should be sought. Frequent, sudden or general changes in its policy or management would impair its usefulness, especially in so far as plans for instruction or research work, requiring long time for their development, were concerned. Stability would also tend to inspire confidence in possible contributors to the endowment fund.

Third—The expression of many members of the A. O. A. favors having some business men of assured ability and experience from outside the profession associated in the management of the endowment funds of the school.

Several plans of organization suggested themselves:

First—The ordinary form of incorporation for the handling of trust funds of all kinds, viz., certain persons, in this case, selected by the A. O. A. to become incorporated, with perpetual succession, these electing their successors, from year to year. The palpable objection to this is the complete divorcing of the school from the profession, leaving the latter no voice whatever in the policy and management of the school.

Second—To incorporate the A. O. A. for direct management of the school. This would secure the closest control by the profession. But it would be more subject to change, in view of the varying personnel of the A. O. A. from year to year, in different localities. It would preclude our availing ourselves of the help of business men in handling the endowment, with the alternative of putting them on the Board of Trustees of the A. O. A. Again, the A. O. A. is conducted for certain objects, specified in Art. II of its constitution. Another paragraph could be added providing for the establishing and maintaining of a school; but there would be no legal bar to the use of endowment funds by the Trustees for any of the five objects then named. While the moral improbability of that ever occurring might be sufficient for the members of the A. O. A. it probably would not be satisfactory to other donors who would be willing to endow a school, but not the A. O. A., and who would require more than assurance of good intention that the funds would not be diverted.

A modification of this plan would be to insert the regulations practically as we have submitted them with only necessary verbal changes, as an additional article in the constitution of the A. O. A. This would create one of two situations equally undesirable. Either the A. O. A. would have two equal Boards of Trustees, a legal anomaly at least, if not a legal impossibility; or the school trustees would be practically a committee, all the legal authority, therefore, resting in the regular A. O. A. Trustees.

The third plan, which we submit, is an attempt to combine the good points of others while avoiding their undesirable points. The Regents have had competent counsel on the legal points involved, and we believe that the plan submitted is the best practical and legal solution of the problem.

The further steps in the development of the movement, leading to the actual organization of the college, lies with the Trustees, excepting the securing of a sufficient endowment, which probably still rests with the Regents and the special subscription committee, and if it is not presumptuous we would offer these suggestions for co-operation between the Trustees on the one hand, and the Regents and subscription committee on the other hand.

The profession will undoubtedly respond more readily to our solicitation after the plans of the college are announced, so they will know what is proposed to be done and how it is to be done. We will, therefore, wait until the Trustees have perfected and adopted the plan for the college organization. But outsiders can be more effectively solicited after we have not only the plans, but the names of the persons who are to handle the funds. So while we are canvassing the profession, the Trustees can select the twenty-five persons and bring about the actual organization and incorporation. This will probably also involve the question of location of the college, as the Finance Committee and the Council should be near the college. The faculty will also be a factor in the question of location, although a part of the faculty for special courses, short courses, etc., can probably be made up of the faculties of present schools who will still continue in their present positions.

The question of name of the college was the subject of considerable discussion, the other one proposed being "The American Osteopathic Institute." The objection to the latter was it did not memorialize Dr. Still, was not distinctive in showing what the college was, and would not allay the fears of the present colleges as to possible competition of this college with them.

The Regents ordered a call for the first annual payment on the endowment subscriptions, on or before Dec. 8, in order that the funds may be made productive as soon as possible. It was ordered that the Treasurer of the A. O. A. be made temporary custodian of the funds, and the payments be sent to him for time deposit in a safe bank or other institution, at interest, subject to the order of the Regents, for turning over by them at the proper time to the college.

Board of Regents of the A. O. A.

(Signed) By C. M. T. HULETT, President,
PERCY H. WOODALL, Secretary.

The next communication is the by-laws referred to, including the changes suggested by the Trustees and concurred in by the Regents and as adopted by the Trustees of the Post-graduate college at their meeting Aug. 30, 1907. These changes were chiefly:

Increasing the proposed number of college trustees from twenty-five to twenty-seven, by adding the Chairman of the Committee on Education, and of the Board of Regents.

Requiring the annual reports of the Chairman and Treasurer to be filed with the Secretary of this Association.

Requiring the Treasurer to submit his books to the inspection of the Trustees of this Association at any time.

The following are the by-laws as finally adopted by the college Trustees so that the profession has here the actual organic law of the college organization as it now stands.

THE A. T. STILL POST-GRADUATE COLLEGE OF OSTEOPATHY.

PREAMBLE.

WHEREAS, The report of the Committee on Education 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 post-graduate 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 post-graduate 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 deliberations, have recommended to the Trustees the sub-joined 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 the 27th day of August, 1907: E. M. Downing, C. E. Achorn, Chas. Hazzard, G. E. Loudon, H. L. Chiles, Alice Patterson Shibley, M. C. Hardin, C. P. McConnell, J. Erle Collier, H. M. Still, J. L. Holloway, W. B .Davis, Asa Willard, N. A. Bolles, J. Strothard White, W. A. Rogers, E. R. Booth, H. F. Goetz, C. M. T. Hulett, F. W. Ward, Fred Rothschild, T. L. Johnson, W. D. Guilbert, H. Clay Evans, W. A. Lamb, A. P. Brantley, H. H. Cobb.

Now, Therefore, the above-named incorporators met this 30th day of August, 1907, pursuant to call of the Board of Regents, and 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 Post-Graduate 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 Committee on Education and the Chairman of the Board of Regents, of the American Osteopathic Association, for the time being, shall be ex-officio trustees of the 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 recommendations 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 these reports shall 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 thirty days prior to the date of such meeting. Nine members of the Board of Trustees shall constitute a quorum.

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, or of the Trustees of the American Osteopathic Association. The Treasurer and the Depositaries shall give bond in such amount as may be determined by the Finance Committee. The Treasurer 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 American Osteopathic Association.

9. The Trustees shall elect from their number 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 person 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 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. The Trustees shall elect from their number 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, sanitariums, equipment and appliances, as circumstances may require and permit, suitable for these purposes; shall approve rules and regulations formulated by the faculty as to courses of study, granting of degrees, and general conduct of the college. The work of the Council shall at all times be subject to the direction and control of the Board of Trustees.

The Council shall elect a Chairman and Secretary, who shall perform the duties usually appertaining to those offices. The Secretary 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 of those engaged in giving instruction; one of whom, designated by the Council, shall be President of the College. The faculty shall formulate rules, regulate the courses of study, recommend candidates for degrees and shall correlate the work of this College with the work in the other Colleges, so as to avoid conflict. All such actions of the faculty shall in all cases be subject to the approval of the Council.

12. 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.

The third communication is the report to the Board of Regents of the Secretary of the A. O. A. of the action of the Trustees on the by-laws recommended by the Regents.

Auburn, N. Y., July 17, 1907.

To the Board of Regents of the American Osteopathic Association:

I have the honor to lay before you a copy of the proposed by-laws adopted by the Board of Trustees of the A. O. A., to be presented to the Trustees of the Post-Graduate College for their adoption.

As the Trustees of the A. O. A. made a few minor changes in the by-laws, after they came from the Regents, they are herewith referred back to the Regents for their concurrence before presenting to the Trustees of the Post-Graduate College for final adoption by them.

To save time, I am sending a copy of the proposed by-laws, as described above, to each member of the Board of Regents, and I would suggest that you write your opinion of the by-laws as here presented to the Chairman of your Board, Dr. C. M. T. Hulett, and if it is the sense of the Regents that it should be done, I understand from him that he will issue a call to the Trustees selected by the A. O. A. to act as incorporators and first board to meet in connection with the coming annual meeting of the Association.

The matter of selecting these Trustees, all by correspondence, was necessarily slow. Fifteen from the membership of the Association were selected first, and the ten from the laity afterwards. Several of these latter were abroad, and, after the invitation had been extended them, nothing could be done but await their return and reply. Then, if they declined to act, another ballot must be taken, and, perhaps, several, as all of these selected received a majority vote—six or more.

The Trustees selected from the membership of the Association as follow on the P. G. School Board: C. E. Achorn, Mass.; G. E. Loudon, Vermont; Charles Hazzard, H. L. Chiles, New York; Alice Patterson, Shibley, D. C.; M. C. Hardin, Georgia; C. M. T. Hulett, O. J. E. Collier, Tenn.; H. M. Still, Missouri, J. L. Holloway, Texas; W. B. Davis, Wisconsin; Asa Willard, Montana; N. A. Bolles, Colorado; J. Strothard White, California; W. A. Rogers, Oregon.

Lay trustees were selected and have accepted as follows: F. W. Ward, Vermont; Miss Helen Sanborn, Mass.; Fred Rothschild, N. Y.; T. L. Johnson, W. D .Guilbert, Ohio; H. Clay Evans, Tenn.; Dr. W. A. Lamb, California; A. P. Brantley, Georgia; H. H. Cobb, Texas.

I think it is not necessary to wait until the Board is completed to organize. If not completed before the Norfolk meeting the organization can be completed there.

Respectfully Submitted,

H. L. CHILES,

Secretary A. O. A.

Consistently with this stage in the development of the movement, a call was issued for a meeting of the persons selected by the Trustees for the actual accomplishment of the organization which will be directly charged with the carrying out of the expressed will of the profession for a scientific institution of the highest order. Before the echoes of this meeting of the American Osteopathic Association shall have died away, this organization will have been perfected. This task of your Board of Regents will have been accomplished and the full and early realization of the hopes of the profession will then depend upon the prompt and sufficient co-operation of its members with the efforts of the Trustees of the College in their work. This we believe you will give them and with this their efforts will not fail and Osteopathy will be in position to investigate the profoundest problems of disease, and to demonstrate the Osteopathic solution of those problems, and to give opportunity for study and training to those studiously inclined, to the furthest limit of scientific attainment and research.

An item of interest to those who have subscribed to the endowment fund, will be the statement that the expense incident to the forwarding of the movement to this point has been borne by the American Osteopathic Association, and that every penny so far contributed is still available for the purpose for which it was given.

Most respectfully submitted,

Board of Regents,

C. M. TURNER HULETT, Pres.
PERCY H. WOODALL, Sec'y.

FOR A PORTRAIT OF DR. STILL.

The Alumni Society of the American School proposes raising a sum to have the best artist to be had go to Kirksville and make a portrait of Dr. A. T. Still.

While this movement is inaugurated by a sect in the profession, so to speak, the object makes it practically of like interest to all, regardless of whether they attended his school or not, and all who feel inclined to contribute towards the end of having a first class portrait made of the Founder of the system while he is in rugged health and strength have the opportunity. The Committee asks the alumni for $3.00 each and this amount or any sum will be gratefully received from those who have a desire to guarantee the carrying out of this undertaking. Contributions may be sent to Dr. G. W. Riley, 43 W. 32nd St., New York.

REMOVALS.

Coral Crain, from 45 S. Marengo Ave., Pasadena, Cal., to 588 Huntington Ave., Boston, Mass.
C. W. Gray, from Du Bois, Pa., to 800 N. Fourth St., Steubenville, O.
Aurelia S. Henry, from 205 Sandford Ave., to 201 Sandford Ave., Flushing, N. Y.
C. T. Mitchell, from Monteagle to Willcox Bld., Nashville, Tenn.
Nettie Olds-Haight, from McMinnville, Ore., to 204 Mason Bld., Los Angeles, Cal.
Millicent Smith, from King City, to 2522 Lafayette St., St. Joseph, Mo.
M. G. E. Bennett, from Eugene, Ore., to Lincoln, Neb.
Robt. D. Cary, from 325 Radcliffe St., Bristol, Pa., to East Trust Bld., Easton, Pa.
Annie P. Thompson Handy, from Sakonnet, R. I., to 21 Beacon Ave., Providence, R. I.
W. F. Hilliard, from Edgewater, N. J., to Haileysburg, Ont.
Florence Coffland from Circleville, O., to Oak St., Columbus, O.
Mary B. Cornelius from Carthage, Mo., to 485 Sherbrook St., Winnipeg, Man., Can.
W. E. Greene from 1930 5th Ave., to 1813 5th Ave., Troy, N. Y.
Della Renshaw from The Charlevoix to 56 Winder St., Detroit, Mich.
A. H. Davis from Gluck Bld., to Elderfield and Hartshorn Bld., Niagara Falls, N. Y.
D. W. Starbuck, from Perry, Ga., to Montgomery City, Mo.
Leone Dalton, from Kirksville, Mo., to Racine, Wis.
Cora G. Parmelee, from Attica, Ind., to 602 S. 6th St., Kirksville, Mo.
Wm. Horace Ivie from San Francisco to First Nat. Bank Bldg., Berkeley, Cal.
Anna Hadley from 119 Montague St., to The Touraine, 23 Clinton St. Brooklyn, N. Y.
H. M. Gifford from Louisiana, Mo., to 1322 E. 10th St., Kansas City, Mo.
G. W. Tebbets, from Kirksville, Mo., to 5605 Penna. Ave., Pittsburg, Pa.
J. H. B. Scott, from 64 N. Morrall Ave., to 502 New 1st Nat. Bnk Bldg., Columbus, O.
Katherine McLeod Scott, from 64 N. Morrall Ave., to 1126 Bryden Road, Columbus, O.

Dr. H. M. Gifford who has been practicing at Louisiana, Mo., has moved to Kansas City where he is associated with the Central College of Osteopathy as professor of Genito-Urinary Diseases.

Dr. J. Earle Collier, from Wilcox Bldg., to the Stahlman Bldg., Nashville, Tenn.

RESOLUTIONS.

Whereas, Dr. Harry T. Lee, the late President of the Central Kentucky Osteopathic Society, whose death occurred on September 16, 1907, at Cynthiana, Kentucky, has saddened the hearts of all central Kentucky Osteopaths and of others in the profession at large,

Be it Resolved, That out of respect to the deceased, his earnest and devoted services, his tireless labor and sacrifice, his matchless loyalty in promoting the best interest of the profession, the members of the Central Kentucky Osteopathic Society, assembled this 24th day of September, 1907, herewith express our deep sorrow, and extend to the bereaved wife and family our sincere sympathy.

Be it Resolved, That a copy of these resolution be sent to the bereaved wife and parents and to the A. O. A. Journal, and that they be spread upon the minutes of this society.

E. O. VANCE,
S. W. LONGAN,
VIRGINIA AMOS,
Committee.

STATE SOCIETY NOTES.

New York.

The profession in New York State is preparing for a mammoth gathering and jollification on account of the legislative victory won last summer, at the occasion of the approaching annual meeting of the Society, Wednesday, Oct. 30th, at the Ten Eyck Hotel, Albany.

Order of Business is as follows: Call to order at 9:30 a. m.
Reading of minutes.
Address by President, C. F. Bandel.
Report of Secretary, G. W. Riley.
Report of Treasurer, W. L. Buster.
Report of Directors, W. M. Smiley.
Report of Legislation, R. H. Williams.
Constitutional amendments. Election and reinstatement of members. Unpaid dues and assessments. Appointment of Special Committees. Unfinished business. New business. Election of officers. Adjournment.

AFTERNOON SESSION, 2 P. M.

Paper, Sub-Tropical Diseases. Dr. G. Ligon, New York.
General discussion.

Round Table.

Five minute talk led by women members, on special points in Gynecology, Obstetrics, and Pediatrics.
In charge of Dr. Elizabeth Frink.
Adjournment.

Banquet 8 p. m. Program Committee, F. J. Beall, W. W. Steele, J. P. Burlingham.

At this writing, the program for the banquet is not complete but it will be up to the high functions of this organization.

It is understood that invitations to the banquet have been extended to the following as guests of honor: Governor Hughes, Hon. Martin W. Littleton, Howard J. Rogers, L.L. D., first assistant Commissioner of Education, Hon. H. W. Hinman, Hon. Owen Cassidy, Hon. P. McCarren, Hon. E. W. Hamm, Hon. Wm. Nottingham, of the Board of Regents, and others.

The Osteopaths in New York state are justly proud of the success they won and propose to celebrate it in proper style. Members of the profession from other states who may wish to attend this function should write to Dr. F. J. Beall, 452 So. Salina St., Syracuse, N. Y., for tickets. It is earnestly hoped that the profession in the state will make a grand turn-out to this meeting. The profession in few states have ever had so much to be thankful for.

SOUTH DAKOTA.

The Osteopathic Association of this state met September 26 with Dr. Atkinson of Mitchell. Dr. J. H. Orr of Flandreau was elected President and Dr. S. W. Heath was reelected Secretary-Treasurer. Dr. J. G. Follett was elected to a vacancy on the Board of Trustees. The Board of Examiners met also to consider issuing licenses. The Organization has had a prosperous year, having increased its membership by a third and passed a satisfactory law regulating it practice.

MONTANA.

The seventh annual meeting of the Montana Osteopathic Association was held in the parlor of the Broadwater hotel, Helena, Sept. 5, 1907. Meeting called to order by the President, Dr. L. K. Cramb, of Butte, invocation, Dr. C. W. Dawes, Bozeman.

The President's address, "Remarks on Professional Advancement," contained many excellent thoughts and suggestions regarding our present financial system.

The following papers were read: The First Rib, Dr. E. M. Carey, Laurel; Morphine Habit, Dr. Asa Willard, Missoula; Cerebro-Spinal Meningitis, Dr. Eva M. Hunter, Livingston. General discussion followed all papers, after which was a question box, conducted by the President, which was continued to the afternoon session.

After which was held the election of officers, the following being elected:

President, Dr. John H. Lee, Billings; Vice President, Dr. Carrie Cramb, Butte; Secretary, Dr. L. K. Cramb, Butte; Treasurer, Dr. Wellington Dawes, Dillon; Trustees, three year term, Dr. Asa Willard, Missoula; two year, Dr. E. M. Carey, Laurel; one year, Dr. W. C. Dawes, Bozeman.

After the business session adjournment was taken 'till eight o'clock, and all enjoyed a dip in the Broadwater plunge, the largest plunge in the world.

The evening session was held in Dr. C. W. Mahaffay's office and consisted of demonstrations of adjustment of the various lesions.

The next meeting will be held in Butte.

W. C. DAWES, Secretary.

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DIRECTORY OF MEMBERS.

In good standing in the American Osteopathic Asociation, August 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. S. S. Still College of Osteopathy, Des Moines, Ia.
(Consolidated with the American School.)
Ac.—AMERICAN COLLEGE OF OSTEOPATHY MEDICINE & 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.
(3) 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.)

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(1) Active schools are set in small caps; inactive schools in smaller type.

(2) These two schools, not having yet 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 Ass'n.

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CHILDS, BESSIE CALVERT, (A.) 600 Goldsmith Bldg., Milwaukee, Wis.
CHILES, HARRY L., (A.) 118 Metcalf Bldg., Auburn, N. Y.
CHITTENDEN, W. C., (At.) 1 East Miller St., Newark, N. Y.
CHRISTIANSEN, C. P., (S. C.) Main St., Humboldt, Iowa.
CLAGETT, R. L., (So.) Dean Bldg., Dawson, Ga.
CLAPP, CARL D., (A.) 22 Evans Bldg., Utica, N. Y.
CLARK, ANNIE STOW, (P.) 530 Auditorium Bldg., Los Angeles, Cal.
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CLASSEN, WM. G., (S. C.) South Huron, Mich.
CLAY, LIZZIE, (S.C.) King City, Mo.
CLAYTON, G. F., (A.) 619 Grant Bldg., Los Angeles, Calif.
CLIFFORD, JAMES RAY, (A.) 29 John St., Cardondale, Pa.
CLINTON, MARY W., (A.) 1007 Arrott Bldg., Pittsburg, Pa.
CLUETT, F. G., (A.) 309 Security Bldg., Sioux City, Ia.
COBBLE ,WILLIAM HOUSTON, (A.) Fremont Nat'l Bank Bldg., Fremont, Neb.
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COFFMAN, J. M., (A.) Fourth St., Owensboro, Ky.
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COLLIER, JOHN R., (S.S.) 9 Courier-Journal Bldg., Louisville, Ky.
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CONNER, D. L., (A.) 8 West Adams St., Phoenix, Ariz.
CONNER, MARY A., (A.) 303 Neave Bldg., Cincinnati, O.
CONNER, SALLIE, M., (A.) Chalfour Blk., Bellefontaine, O.

CONNER, W. J., (A.) 204 New York Life Bldg., Kansas City, Mo.
COON, A. S., (A.) Clarkston, Wash.
COON, MARY E., (A.) Clarkston, Wash.
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COOPER, SARSHEL DEPEW, (Cc.) 1259 O'Farrell St., San Francisco, Calif.
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CORBIN, MILTON E., (A.) Malvern, Ia.
CORKWELL, F. E., (A.) 96½ W. Main St., Newark, O.
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CRAMB, L. K., (A.) 16 Owsley Block, Butte, Mont.
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CRAWFORD, W. A., (N.) 928 Main St., Buffalo, N. Y.
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CRESWELL, LENA, (A.) 30 Sefton Block, San Diego, Calif.
CROFOOT, FRANK ADELBERT, (A.) 73 William St., Lyons, N. Y.
CROW, E. C., (A.) Spohn Bldg., Elkhart, Ind.
CROW, LOUISE P., (N.) 304 Matthews Bldg., Milwaukee, Wis.
CULBERTSON, ELIZZA M., (A.) Appleton, Wis.
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DAVIS, CLARA, (A.) East Wooster St., Bowling Green, O.
DAVIS, DABNEY L., (A.) Meridian, Texas.
DAVIS, WARREN B., (M.) 302 Wells Bldg., Milwaukee, Wis.
DAVIS, W. E., (A.) 242 W. Court St., Paris, Ill.
DAVIS, W. L., (S.C.) Funke Bldg., Lincoln, Neb.
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DAY, J. O., (So.) Mayfield, Ky.
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DE FRANCE, MISS JOSEPHINE, (A.) 404 Commercial Bldg., St. Louis, Mo.
DE LENDRECIE, HELEN, (Nw.) Fargo, North Dakota.
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DESHAZER, J. DALTON, (A.) Ouray, Calif.
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DIETZMAN, ELMER F., (S.C.) Erickson Blk., Stoughton, Wis.
DILL, EMMA B., (A.) R. F. D. No. 7, London, O.
DILLABAUGH, ANNA, (N.) 209 W. 56th St., New York, N. Y.
DILLABAUGH, A. H., (A.) 209 W. 56th St., New York, N. Y.
DILLABAUGH, W. J. E., (N.) 209 W. 56th St., New York, N. Y.
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DOOLITTLE, HARRIET M., (P.) 230 N. Gary St., Pomona, Calif.
DOWLIN, W. R., (S.C.) 40 E. Colorado St., Pasadena, Calif.
DOWNER, L. A., (A.) 710 James 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.
DOZIER, J. K., (A.) 92 Park St., New Haven, Conn.
DOZIER, W. R., (A.) 400 Grand Opera Bldg., Atlanta, Ga.
DERENNAN, T. L., (A.) 117 E. La Fayette St., Jackson, Tenn.
DRESBACH, GEO. B., (Cc.) R. F. D. No. 2, Santa Cruz, Calif.
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DUFFIELD, MISS BESSIE A., (A.) Willcox Bldg., Nashville, Tenn.
DUFUR, J. IVAN, (A.) 35 S. 19th St., Philadelphia, Pa.
DUGAN, R. C., (A.) 126 Vine St., Marion, O.
DUNHAM, JAY, (3) 7 Shaftesbury Sq., Belfast, Ireland.
DUNNINGTON, MARGARET B., (Ph.) 620 Real Estate Bldg., Philadelphia, Pa.
DUNNINGTON, R. H., (A.) 620 Real Estate Bldg., Philadelphia, Pa.
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DYKES, A. L., (A.) Bristol, Tenn.

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EASTON, MELROY W., (A.) Lay Block, Oil City, Pa.
ECHOLS, R. M., (A.) Kirkville, Mo.
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EDLING, ADA L. PHELPS, (A.) 316 Shukert Bldg., Kansas City, Mo.
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EDWARDS, J. C., (A.) Wallace, Idaho.
ELLER, FRANCES M., (A.) 111 N. Frederick St., Oelwein, Ia.
ELLIOTT, J. W., (A.) Cordele, Ga.
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ELLIS, S. A., (N.) 144 Huntington Ave., Boston, Mass.
ELTON, E. J., (M.) 304 Matthews Bldg., Milwaukee, Wis.
EMENY, HARRY W., (A.) Eldora, Ia.
EMERY, R. D., (P.) 331 Mason Bldg., Los Angeles, Calif.
ENEBOE, LENA, (A.) Canton, S. Dak.
ENGLISH, MERTON A., (Bn.) Colorado Bldg., Washington, D. C.
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ERVIN, W. B., (A.) Navarro Flats, Macon, Ga.
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EVAN, A. L., (A.) 710 James Bldg., Chattanooga, Tenn.
EVANS, GENEVIEVE V., (A.) 816 Carleton Bldg., St. Louis, Mo.
EVANS, JENNIE L., (A.) 604 Hamilton Bldg., Akron, O.
EVANS, NELLIE M., (A.) 604 Hamilton Bldg., Akron, O.
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FISHER, CHAS. S., (A.) 608 Merrill Bldg., Milwaukee, Wis.
FISHER, LAMONT H., (A.) 34 Jefferson Ave., Brooklyn, N. Y.
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FORREST, GERTRUDE, (A.) Albia, Ia.
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FOSTER, JULIA E., (At.) Stein Bldg., Butler, Pa.
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GATES, MARY A., (A.) Leon, Ia.
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GIDDINGS, MARY, (A.) 810 New England Bldg., Cleveland, O.
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GILMAN, CARRIE A., (A.) 308 Boston Bldg., Honolulu, H. I.
GILMOUR, J. R., (A.) Mt. Ayr, Ia.
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GRIFFIS, NELLIE B., (Bn.) Sanford Blk., Bridgeport, Conn.
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HALE, JOHN, (So.) 66 Inman Bldg., Atlanta, Ga.

HALE, MARY E., (A.) Merced, Calif.
HALE, WALTER KEITH, (Ph.) P .O. Bldg., Hendersonville, N. C.
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HALL, ELMER T., (A.) 304 Lowndes Bldg., Atlanta, Ga.
HALL, W. W., (S. C.) Water St., Kent, O.
HALLADAY,, R. S., (A.) Triole Bldg. Galesburg, Ill.
HAMILTON, MARTHA A., (S.S.) Minden, Neb.
HAMILTON, RAY A., (A.) White Hall, Ill.
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MEACHAM, W. B., (Bu.) 5 Sondley Bldg., Asheville, N. C.
MEAKER, LUCIUS P., (A.) 206 Auburn Savings Bank Bldg., Auburn, N. Y.
MEGREW, J. L., (A.) Peoples' Savings Bank Bldg., Seattle, Wash.
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MOELLERING, HERMAN H., (N.) 47 E. 6th St., St. Paul, Minn.
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MOORE, ELEANOR, (A.) 202 Elektron Bldg., Fort Wayne, Ind.
MOORE, F. E., (A.) LaGrande, Ore.
MOORE, HEZZIE CARTER PURDOM, (A.) LaGrande, Ore.
MOORE, RILEY D., (A.) Grand Junction, Colo.
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MORRELL, ADA E., (N.) 68 Glidden Bldg., Lowell, Mass.
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PAUL, THEODORE, (A.) Tarkio, Mo.
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PROCTOR, ALICE HEATH, (A.) 897 Ellicott Sq., Buffalo, N. Y.
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RAY, H. F., (S.S.) Hunt Bldg., Charlotte, N. C.
RAY, T. L., (A.) 203 Fort Worth Nat'l Bank Bldg., Fort Worth, Texas.
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RECTOR, EMMA, (A.) East Main St., Benton Harbor, Mich.
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RESNER, LURENA, (S.C.) Biggsville, Ill.
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STARR, J. F., (A.) 110 Park Place, Passaic, N. J.
STARR, GEORGE R., (At.) 426 W. 44th St., New York, N. Y.
STEELE, W. W., (A.) 365 Ellicott Sq., Buffalo, N. Y.
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.
STEVENSON, MRS. H. A., (A.) 542 S. Crockett St., Sherman, Tex.
STEVENSON, J. F., (A.) 542 S. Crockett St., Sherman, Tex.
STEVENSON, RICHARD GIVENS, (Ac.) Hagerstown, Md.
STEWART, FRANCES G., (S.C.) Ames, Ia.
STEWART, G. H., (Mc.) 40 Riverview, Norfolk, Va.
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.) 18 W, 34th St., New York, N. Y.
STILL, S. S., (A.) 316 Century Bldg., Des Moines, Ia.
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STOUT, OLIVER G., (A.) 505 Conover Bldg., Dayton, O.
STOW, ELLA K., (At.) 17 Main St., Binghamton, N. Y.
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STREETER, WILFRID A., (A.) 2 Harewood Place, Hanover Sq., London, W., Eng.
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STROTHER, J. O., (A.) First National Bank Bldg., Winfield, Kan.
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SWARTZ, W. C., (A.) 311 Odd Fellows Bldg., Danville, Ill.
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SWEET, H. D., (S. C.) 267 Glen St., Glens Falls, N. Y.
SWEET, RALPH A., (A.) Providence, R. I.
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SWITZER, C. R., (A.) 57 Washington St., Chicago, Ill.

T.

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TEALL, CHAS. C., (A.) Weedsport, N. Y.
TEBBETTS, GEORGE WOODMAN, (A.) Kirksville, Mo.
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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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WILES, A. M., (A.) Jerseyville, Ill.
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WILLARD, EARLE S., (A.) 35 S. 19th St., Philadelphia, Pa.
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WILLIAMS, O. W., (Mc.) 304 Matthews Bldg., Milwaukee, Wis.
WILLIAMS, RALPH H., (N.) Chamber of Commerce Bldg., Rochester, N. Y.
WILLIAMS, W. MILES, (S.S.) Willcox Bldg., Nashville, Tenn .
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WRIGHT, ANNA A., (P.) Theatre Bldg., San Jose, Calif.
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Burke, Isaac (Cc.) 1540 Broderick St.
Cooper, Helen, Victoria, (Cc.) 1259 O'Farrell St.
Cooper, Sarshel De Pew, (Cc.) 1259 O'Farrell St.
Ford, Chas. F., (P.) 1350 Franklin St.
Hardin-Mason, J., (Cc.) 54 Webster St.
Harris Susan Orpha, (Cc.) 1459 Franklin St.
Hibbard, Carrie Snead, (Mc.) 626 Clayton St.
Ivie, Wm. Horace, (A.) 251 Scott St.
Lawrence, J. Lovell, (Cc.) 2124 Bush St.
Martin, Frank L., (Cc.) 989 Page St.
Miller, Chas. N., (Cc.) 129 Haight St.
Moore, Audrey C., (A.) 2018 Broderick St.
Sheldon T. W., (A.) 1844 Sutter St.
Slaughter, Kate C., (Cc.) 887 Fulton St.
Spencer, Elizabeth A., (S.C.) 887 Fulton St.
Usher, Jennie M., (Cc.) 71 Haight St.
Witherspoon, J. E., (Cc.) 1239 O'Farrell St.
York, Effie E., (S.C.) 1481 Geary St.
San Jose.
Long, Nellie G., (Cc.) 215 So. Second St.
Nims, Herbert J., (Cc.) Ryland Block.
Stephenson, Jennie, (P.) 109 Theater Bldg.
Werkheiser, Amos E., (A.) 17 Ryland Block.
Wright, A. A., (P.) Theatre Bldg.
Wright, Anna A., (P.) Theatre Bldg.
Santa Anna.
Littell, U. G., (P.) 14 New Hervey Block.
Santa Barbara.
Sperry, Myra Ellen, (P.) 19 W. Victoria St.
Santa Creg.
Hale, Chas. K., (Cc.)
Santa Cruz.
Dickey, William F., (P.) 408 Pacific Ave.
Dresbach, Geo. B., (Cc.) R. F. D. No. 2.
Santa Rosa.
Oliver, Catherine Lloyd, (Cc.) 315 Second St.
Sisson, Ada B., (A.) 7th and B Sts.
South Pasadena.
Whiting, Lillian M., (P.)
Stockton.
Hain, Grace Estella, (S.C.) 62 Alliance Bldg.
Rule, J. C., (S.C.) 62 Alliance Bldg.
Turlock.
Manuel, Jennie Krepps, (P.)
Vacaville.
Foree, Lynn R., (P.)
Vallejo.
Hitchcock, Allen W., (P.) 418 George St.
Ventura.
Otey, J. J., (A.)
Visalia.
Robinson, Mina Abbott, (A.) 314 W. Oak St.

COLORADO.

Boulder.
Burrus, Loula M., (A.) cor. 16th and Pearl Sts.
Overfelt, L. B., (A.)
Colorado Springs.
Pauly, G. W., (A.) DeGraff Bldg., 118 N. Tejon St.
Denver.
Bartlett, Laura F., (A.) 428 Empire Bldg.
Bass, Elizabeth C., (C.) 624 Empire Bldg.
Bass, John T., (C.) 624 Empire Bldg.
Cornett, Jessie Willard, (A.) 522 Barclay Blk.
Bolles, N. A., (A.) 1457 Ogden St.
Bolles, Nettie H., (A.) 1457 Ogden St.
Brown, L. S., (A.) 33 Masonic Temple.
Burton, Hasseltine A., (C.) 667 S. Tremont St.
Cramb, Jno. L., (A.) 31 Masonic Temple.
Gooch, Lucy Owen, (S.S.) 16 Evans Block.
Hilton, Bertha, (C.) 46 W. First Ave.
Perrin, Geo. W., (A.) 524 Empire Bldg.
Powell, R. B., (A.) 326 Empire Bldg.
Reid, Chas. C., (A.) 308 Temple Court.
Reid, W. Edw., (A.) 416 Commonwealth Bldg.
Sanders, Maude M., (M.) 854 Clarkson St.
Sanders, W. A., (M.) 854 Clarkson St.
Westendorf, Katharine, (C.) 516 Kittredge Bldg.
Fort Collins.
Clark, D. L., (A.)
Maddux, Walter S., (S.C.)
Fort Morgan.
Warner, W. S., (S.C.)
Grand Junction.
Moore, Riley D., (A.)
Greeley.
Harper, C. S., (S.C.)
Morrison, Martha A., (A.)
Lamar.
Hardy, J. H., (A.)
Longmont.
Morse, Sarah E., (A.) 459 Main St.
Loveland.
Keeler, Mary N., (S.C.)
Ouray.
De Shazer, J. Dalton, (A.)
Pueblo.
De Tienne, Harry G., (A.) 312 Central Block.
Young, A. Howard, (A.) 52 Mechanics Bldg.
Trinidad.
Barnes, N. B., (A.)

CONNECTICUT.

Bridgeport.
Griffis, Nellie B., (Bn.) Sanford Block.
Paul, Arthur H., (A.) 311 Court Exchange Bldg.
Fairfield.
Bouks, Carrie M., (Mc.)
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.
Cockrell, Marthena, (A.) The Marion.
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.

Atlanta.
Aspley, R. Wm., (So.) 605-6 The Grand.
Broach, Elizabeth, (S.S.) 343 Capital Ave.
Hale, John, (S.) 66 Inman Bldg.
Dozier, W. R., (A.) 400 Grand Opera Bldg.
Hall, Elmer T., (A.) 304 Lowndes Bldg.
Hardin, M. C., (A.) 704 Lowndes Bldg.
Americus.
Bowdoin, W. H., (So.)
Augusta.
Bennett, James W., (A.) Miller-Walker Bldg.
Cordele.
Elliott, J. W., (A.)
Dawson.
Clagett, R. L., (So.) Dean Bldg.
Fitzgerald.
Townsend, G. A. (A.) Buie Bldg.
Griffin.
Layne, A. C., (So.) 23 S. Hill St.
Layne, Mary E., (So.) 23 S. Hill St.
Macon.
Ervin, W. B., (A.) Navarro Flats.
Jones, Frank F., (S.C.) 354 Second St.
Newnan.
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.
Moscow.
Fish-Price, Addie, (N.) 122 N. Washington St.
Hatfield, W. M., (A.) Creighton Bldg.
Nampa.
Houseman, Evan G., (A.) Acme Bldg.
Wallace.
Edwards, J. C., (A.)

ILLINOIS.

Alton.
Dressel, W .F., (A.)
Wyckoff, A. B., 119 West 3d St.
Aurora.
McGinnis, J. C., (A.) 450 Mercantile Block.
Barry.
Johnson, H. C., (A.)
Belleville.
Eales, I. J., (Ac.) Ohms & Jung Bldg.
Biggsville.
Mekemson, Elvina, (S.C.)
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.)
Champaign.
Hartford, Wm., (A.) Illinois Bldg.
Parker, F. A., 204 W. Park St.
Charlestown.
Francis, J. E., (A.) Odd Fellows Bldg.
Centralia.
Jennings, Louise F., (A.) 308 N. Locust St.
Chicago.
Allen, W. Burr, (Ac.) Trude Block.
Bartholomew, E. J., (A.) 134 Mentor Bldg.
Bernard, Roy, (A.) 201 Trude Bldg.
Biddle, J. Russell, (Ac.) 57 Washington St.
Bunting, H. S., (A.) 171 Washington St.
Carpenter, Geo. H., (S.C.) 405 Trude Bldg.
Dana, Frances, (S.C.) 304 Trude Bldg.
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.
Holcomb, Dayton B., (Ac.) 1501 Steinway Hall.
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.
Lucas, John H., (Ac.) 203 Trude Bldg.
Melvin, A. S., (A.) 300-57 Washington St.
Mitchell, C. Elizabeth, (A.) 400, 57 Washington St.
Littlejohn, J. B., (Ac.) 535 W. Monroe St.
Littlejohn, Mrs. J. B,, (Ac.) 535 W. Monroe St.
Littlejohn, J. Martin, (A.) 928 Adams St.
Logan, Chas. L., (Ac.) 45 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.
Myers, Elizabeth V., (A.C.) 1888 Diversey Boulevard.
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.
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.
VanHorne, Helen, (A.) 908, 57 Washington St.
Young, Alfred Wheelock, (A.) 42 Auditorium Bldg.
Clinton.
Atkins, W. A., (A.)
Danville.
Schimdt, J. J. (A.)
Swartz, W. C., (A.) 311 Odd Fellows Bldg.
Decatur.
Martin, Elmer, (A.) 405 Powers Bldg.
Shaw, Dudley, (A.) 308 Wait 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.) 20 The Spurling.
Murphy, J. W., (A.) Sherwin Bldg.
Todson, Clara L., (Bn.) 23 The Spurling
Galesburg.
Halladay, R. S., (A.) Triole Bldg.
Hemstreet, Cora E., (A.) Holmes Bldg.
Geneseo.
Chambers, Etta O., (A.)
Havana.
Fager, Emma C., (A.)
Henry.
Swift, H. C., (Ac.) West Parker Ave.
Hillsboro.
Pleak, J. J., (A.)
Ivesdale.
Gallivan, Kathryn L., (S.C.)
Jacksonville.
Loving, A. S., (A.) 12 Morrison Block.
Jerseyville.
Wiles, 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.)
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.
Davis, W. E., (A.) 242 W. Court St.
Peoria.
Boyer, G. R., (A.) 334 Woolner Bldg.
Magill, Edward G., (A.) 228 Woolner Bldg.
Thawley, Edgar Q., (A.) 334 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.
Robie, Ella L., (S.C.) 230 N. Church St.
Rock Island.
Bergland, V. A., (A.) 1721½ Second Ave.
Springfield.
Carter, Mrs. Georgia, (A.) 413 E. Capital Ave.
Carter, Walter C., (A.) 413 E. Capital Ave.
Mantle, Pauline R., (A.) 405 Pierik Bldg.
Maxey, C. N., (A.) 409 E. Capital Ave.
Penrose, J. T., (A.) Pierik Bldg.
Sullivan.
Bushart, E. E., (A.)
Taylorville.
Roberts, Arthur, (A.) 6 Anderson Block.
Tuscola.
Overton, J. A., (A.)
Washburn.
West, Bertha M., (A.)
Watseka.
Herrick, W. Edwin, (A.)
Waukegan.
Bischoff, Fred, (A.)
White Hall.
Hamilton, Ray A., (A.)

INDIANA.

Auburn.
Oswalt, Adam M., (A.) 116 N. Main St.
Bedford.
Schrock, Lorena M., (A.) 1540 "I" St.
Parmalee, Cora G., (C.)
Bergland, V. A., (A.) Ill. Theater Bldg.
Marshall.
Baker, Chas. F., (A.)
Bloomington.
Holland, J. Edwin P., (A.) 312 N. Walnut St.
Bluffton.
Blackman, W. Wilbur, (S.C.) 108 W. Washington St.
Connersville.
Baughlman, 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.
Indianapolis.
Clark, M. E., (A.) 409 Board of Trade Bldg.
Maltby, John W., (A.) 521 E. 24th St.
McNicoll, D. Ella, (A.) Pythian Bldg.
Reagan, Thos. Edgar, (A.) 1710 N. New Jersey St.
Rector, Chas. A., (3) 220 East North St.
Smith, Orren E., (A.) 516 Traction Terminal Bldg.
Spaunhurst, J. F., (A.) 529 State Life Bldg.
Tull, George, (A.) 727 Pythian Bldg.
Warner, Sumner E., (A.) 410 Board of Trade Bldg.
Williams, Kate, (S.C.) 435 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.
Martinsville.
Barnett, John Ambrose, (S.) 221 E. Morgan St.
Michigan City.
Fogarty, Julia A., (A.) 312 E. Market St.
Princeton.
Springer, Victor L., (A.) 9 Wellborne Block.
Richmond.
Gardner, Emma Griffin, (A.) 23 N. 10th St.
Rensselaer.
Robinson, S. C., (A.)
Turfler, 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, Cordelia, (A.)
Ardmore.
Shackleford, J. W., (A.)
Muskogee.
Andrews, L. V., (S.C.)

IOWA.

Albia.
Forrest, Gertrude, (A.)
Ames.
Stewart, Frances G., (S.C.)
Anita.
Larrabee, T. B., (S. C.) Anita Bank Bldg.
Atlantic.
Bradbury, Chas. C., (S.C.) 12 Fifth St.
Finley, Chas. D., (S.C.) 610 Chestnut St.
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.
Council Bluffs.
Brown, Clifford, (S.C.) 220 Merriam Blk
Creston.
Wagoner, Lillie E., (A.) Maple St.
Davenport.
Sharon, Thos. L., (A.) 126 Main St.
DesMoines.
Bowling, R. W., (S.S.) 1418 W. Locust St.
Fike, Emily M., (S.C.) 7 Florentine Bldg.
Johnson, Chas. W., (S.C.) Still College.
Kerr, George Asbury, (S.C.) 1023 Twenty-Fifth St.
Ruddy, T. J., (S.C)
Still, Ella D, (A.) 1716 9th St.
Still, S. S., (A.) 316 Century Bldg.
Thompson, C. E., (S.C.) 1104 Nineteenth St.
Dubuque.
Cole, W. A., (A.)
Earlham.
Shike, J. R., (S.C.)
Eldora.
Emeny, Harry W., (A.)
Grinnell.
Hibbetts, U. M., (A.) 721 Broad St.
Kerr, Janet M., (S.C.) 721 Broad St.
Humboldt.
Christiansen, C. P., (S.C.) Main St.
Indianola.
Owen, Jas. E., (A.)
Leon.
Gates, Mary A., (A.)
Malvern.
Corbin, Milton E., (A.)
Marshalltown.
Bullard, John R., (A.) 28 E. Main St.
Burkhart, Exie L., (S.C.) 308 W. Main St.
Montezuma.
Trimble, Guy C., (A.)
Mt. Ayr.
Gilmour, J. R., (A.)
Mount Pleasant.
Keith, Mary C., (S.C.) 209 N. Main St.
Muscatine.
Leffingwell, Mrs. A. M. E., (S.C.) 514 Walnut St.
Newton.
Slaght, Nellie, (S.C.) 221 E. McDonald St.
Oelwein.
Eller, Frances M., (A.) 111 N. Frederick St.
Olds.
Smith, H. H., (A.)
Orange City.
Bolks, 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.
Thompson, L. O., (N.)
Sidney.
Chappell, George G., (A.)
Sioux City.
Brown, Marcus E., (S.C.) 505-6 Metropolitan Bldg.
Cluett, F. G., (A.) 309 Security Bldg.
Storm Lake.
Parrish, U. S., (S.C.)
Tipton.
Furnish, W. M., (A.) 517 Fifth St.
Vinton.
Hitchcock, C. C., (S.C.) Parsons Bldg.
What Cheer.
Barker, F. M., (A.)
Winterset.
Weir, T. P., (S.C.)

KANSAS.

Abilene.
Shearer, John W., (A.)
Beloit.
Kissinger, L. A., (A.) 109 E. Main St.
Clay Center.
Benneson, H. K., (A.) 434½ Lincoln Ave.
Downs.
Frederick, Harriet, (A.)
Ellsworth.
Fordyce, Daniel B., (S.) Wellington Blk.
Emporia.
Armor, Gladdis, (A.)
Eudora.
Carr, S. V., (S.C.)
Hiawatha.
Hardy, Linda, (A.)
Holton.
Godfrey, Nancy J., (S.C.)
Hutchinson.
Hook, M., (A.) 16 1st Ave., E.
Manhattan.
Stockton, M. Jeannette, (A.) 119 S. 3rd St.
Minneapolis.
Howes, Luther Alan, (A.)
Muscotah.
Gaylord, J .S., (A.)
Paola.
McClanahan, J. L., (A.)
Parsons.
Williamson, J. A., (A.)
Pittsburg.
Trabue, Josephine A., (A.) Syndicate Bldg.
Willis, C. E., (A.)
Sulina.
Hearst, Ethel L., (A.) 122 N. Santa Fe St.
Bower, J. H., (A.)
Wellington.
Kidwell, A. P., (S.C.)
Wichita.
Stanley, Annie (A.) 329 E. Dong Ave.
Winfield.
Floyd, T. J. (S.C.) Century Bldg.
Strother, J. O., (A.) First National Bank. Bldg.

KENTUCKY.

Bowling Green.
Lucas, Mary Meta, (So.)
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.C.) 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.
Carter, G. R., (A.) 507 Paul Jones Bldg.
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.
Nelson, H. E., (A.) 1203 Second St.
Mayfield.
Day, J. O., (So.)
Owensboro.
Coffman, J. M., (A.) Fourth St.
Coffman, Kent W., (A.) 219 Fourth St.
Harris, Edwin L., (A.)
Paducah.
Gilbert, J. T., (S.S.) Brook Hill Bldg.
Neville, J. L., (A.) 331 Broadway .
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., The Somerset, 633 Congress St.
Howe, Viola D., (Ac.) 190 State 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.
McMains ,Henry A., (A.) 837 N. Freemont Ave.
Schmid, Edward L., (A.) E. Patrick St.
Hagerstown.
Smith, A. M., (N.) 121 W. Washington St.
Stevenson, Richard Givens, (Ac.)

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 Cumberland St.
Bearse, Ada M., (Mc.) 39 Huntington Ave.
Brown, Dale E., The Windermere.
Byrkit, Francis K., (Bn.) 803 Boylston St.
Byrkit, Anna Waldron, (Bn.) 803 Boylston St.
Carter, Bertha Elizabeth, (Bn.) 755 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.
Crain, Coral, (S.S) 588 Huntington Ave.
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.
Finneran, Margaret T., (Mc.) 164 Huntington Ave.
Lane, Arthur M., (Mc.) 266 W. Newton St.
Leavitt, Frank C., (Bn.) 755 Boylston St.
Lown, Anna B., (A.) 144 Huntington Ave.
MacDonald, John A., (A.) 39 Huntington Ave.
McWilliams, Alexander F., (A.) 421 Huntington Chambers.
Nott, Ellen Bird ,(Mc.) 164 Huntington Ave.
Olmsted, Harry J., (Bn.) 715 Colonial Bldg.
Purdy, Frank Leroy, (Mc.) 12 Huntington Ave.
Rogers, Alfred W., (A.) 121 Hemenway St.
Sherburne, F. W., (A.) 382 Commonwealth Ave.
Small, Mary A., (Mc.) 305 Huntington Chambers.
Smith, George E., (Mc.) 30 Huntington Ave.
Smith, R. K., (Bn.) 755 Boylston St.
Taplin, George C., (Bn.) 1069 Bolyston St.
Taplin, Grace B., (Mc.) 1069 Boylston St.
Turner, L. C., (Mc.) 208 Huntington Ave.
Vaughan ,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.
Lake, F. Bourne, (A.)
Fall River.
Poole, I. Chester, (A.) 292 Pine St.
Haverhill.
Horn, George F., (A.) Simonds & Adams Bldg.
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.

Marlboro.
Jones, William Henry, (Mc.) 200 Main St.
Medford.
Durham, A. Duke, (S.S.) 86 High St.
Melrose.
Wheeler, G. D., (A.) 120 N. Emerson St.
Newtonville.
McLaughlin, S. C., (Mc.)
New Bedford.
Walker, Mary Wheeler, (A.) 288 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.
Allen, L. W., (A.) The Kenson, 10 Chestnut St.
Atty, Norman B., (N.) Court Sq. Theater Bldg.
Mayes, M. T., (A.) 211 Meekins, Packard & Wheat Bldg.
Robison, Alice A., (Bn.) 42 Dartmouth St.
Taunton.
Mager, Edwin J., (3) 58 Broadway.
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.
Fletcher, Mary M., (S.C.) Central Exchange Bldg.
Gleason, Alson H., (S.C.) 765 Main St.
Reid, Geo. W., (A.) 1 Chathem St.
Spaulding, Wm. R., (Bn.) 738 Main St.

MICHIGAN.

Albion.
Arnold, G. E., (S.C.) P. O. Bldg.
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.) 206 Ward Bldg.
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, Emilie L., (A) 676 Woodward Ave.
Hobson, Ancil B., (S.C.) Stevens Bldg.
McGavock, James E., (A.) 65 Washington Ave.
Millay, E. O., (A.) 232 Woodward Ave.
Renshaw, Della, (A.) 56 Winder St.
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.
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.) Kalamazoo Nat. Bank Bldg.
Peebles R. B., (A.) Kalamazoo Nat. Bank Bldg.
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.
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.)
Mankato.
Maltby, H. W., (S.C.) 303 S. Front St.
Minneapolis.
Fellows, Helen H., (N.) 211 Hullett Block.
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.
Manuel, K. Janie, (N.) 712 Masonic Temple.
Pickler, E. C., (A.) 17 S. 6th St.
Rydell, John S., (S.C.) 335 Auditorium Bldg.
Willetts, A. G., (N.) 17 S. 6th St.
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.
Camp, Henry Clay, (C.) 68 The Buckingham.
Hall, A. H., (N.) 240 Arundel St.
Huntington, G. L., (N.) 801 Pittsburg Bldg.
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.
Waterville.
Heinemann, Sophia M., (A.)
Winona.
Middleditch, Sarah H., (A.) Exchange Bldg.

MISSISSIPPI.

Biloxi.
Bullas, Grace, (A.)
Columbus.
Marshall, Alice, (S.S.)
Corinth.
Skidmore, J. Walter, (A.)
Hattiesburg.
Burrus, Madison Cooper, (A.)
Jackson.
Price, R. L., (A.) Merchant's Bank Bldg.

Laurel.
Feather, Effie B., (A.)
Sharpsburg
Randel, Della B., (S.C.)
Vicksburg.
Oden, L. E., (A.)

MISSOURI.

Booneville.
Spicer, D. F., (A.)
Spicer, Nettie L., (A.)
Caineeville.
Baker, H. N. (A.)
Cameron.
Talbott, Mrs. Emma E., (A.)
Carthage.
Wolf, Truman (A.)
Caruthersville.
Hunter, V. D., (So.)
Charlestown.
Bridges, James P., (A.)
Chillicothe.
Phelps, T. G., (A.) Gimby Bldg.
Edina.
Brownlee, Annie McC., (A.)
Fulton.
Wenger, H. U., (A.) 814 Court St.
Wood, R. B., (A.)
Hannibal.
Bell, John A., (A.) 119½ S. Main St.
Cain, Mrs. Emma E., (A.) Masonic Temple.
Cain, Philip R., (A.)
Kansas City.
Bergin, P. J., (A.) 304 Owen Bldg.
Breden, Willannie ,(A.) 327 Altman Bldg.
Cooper, Emma S., (S.C) 309 Deardorff Bldg.
Conner, W. J., (A.) 204 New York Life Bldg.
Elding, Ada L. Phelps, (A.) 316 Shukert Bldg.
Harwood, Mary E., (A.) 308 N. Y. Life Bldg.
Hofsess, J .W., (A.) 527 Shukert Bldg.
Loper, Matilda E., (A.) Deardorff Bldg.
Lyne, Sandford T., (A.) 612 Shukert Bldg.
Purdom, Mrs. T. E., (A.) 1017 E. 29th St.
Veazie, Ella B., (A.) 307 N. Y. Life Bldg.
King City.
Clay, Lizzie, (S.C.)
Kirksville.
Bammert, Rena, (A.) A. S .O. Hospital.
Bowen, Margaret, (A.) 116 McPherson St.
Burdick, Ralph H., (A.)
Coppernoll, Orieannie, (A.)
Dobson, W. D., (A.) 315 E. Jefferson St.
Echols, R. M., (A.)
Fiske, Franklin, (A.)
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.)
Parmelee, Cora G., (C.) 602 S. 6th St.
Pratt, Frank P., (A.) A. S. O. Infirmary.
Snare, Wilden P., (A.)
Southworth, Bertha B., (A.)
STILL, ANDREW TAYLOR, (Honorary)
Still, Chas. E., (A.)
Still, Geo. E., (A.)
Walters, Marv A., (A.)
Young, F. P., (A.)
La Belle.
Johnson, Nannie A., (A.)
Lebanon.
Taber, Mary E., (A.)
Liberty.
Hemstreet, Sophie E., (A.)
Louisiana.
Gifford, H. M., (A.)
Marshall.
Nuckles, R. H., (A.)
Maryville.
Craig, Arthur Still, (A.)
Memphis.
Benson, O. N., (S.)
Grow, James A., (A.)
Mexico.
Traughber, Wm. F., (A.)
Montgomery City.
Starbuck, D .W. ,(A.)
Shelbina.
Mills, Ernest M., (A.)
Springfield.
King, T. M., (A.) National Ex. Bank Bldg.
Noland, G. L., (A.) 212 Baker Block.
Noland, Mrs. Lou T., (A.) 212 Baker Blk.
St. Joseph.
Holme, T. L., (A.) 43 Ballenger Block.
Hurst ,Anna Holme, (A.) 43 Ballenger Block.
Smith, Millicent, (A.) 2522 Lafayette St.
St. Louis.
Bailey, Homer Edward, (A.) 229 Frisco Bldg.
Buddecke, Bertha A., (A.) 3230 S. Ninth St.
Chappell, Elmore C., (A.) 229 Frisco Bldg.
Chappell, Nannie J., (A.) 310 Mo. Trust Bldg.
Crenshaw, J. H., Oriel 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.) 706 Century Bldg.
Hunt, Ella A., (A.) Equitable Bldg.
Ingraham, Elizabeth M., (A.) 14 Ohio Bldg.
King, A. B., (S.C.) 309 Mermod and Jaccard Bldg.
Notestine ,Flora A., (A.) 706 Central Bldg.
Schaub, Minnie, (A.) 601 Carleton Bldg.
Tarkio.
Holme, E. D., (A.)
Paul, Theodore, (A.)

MONTANA.

Butte.
Cramb, L. K., (A.) 16 Owsley Block.
Fridley.
Corwin, F. E., (S.S.) Checo Hot Springs.
Great Falls.
Armond, Richard H., (A.) Vaugh Block.
Helena.
Mahaffay, Chas. W., (A.) Pittsburg Bldg.
Stoel, Harry M., (A.) Collins Bldg.
Lewiston.
Noble, Arza J., (A.) P. O. Bldg.
Livingston.
Hunter, Eva M., (A.) P. O. Bldg.
Missoula.
Willard, Asa, (A.) First National Bank Bldg.
Pony.
Bell, Allie Eleanor, (A.)

NEBRASKA.

Alliance.
Balfe, Susan ,(A.)
Frey, Miss Julia V., (A.)
Waller, Olive C., (A.)
Ashland.
Moss, Joseph M., (A.)
Beatrice.
Hardy, Clara, (A) 609 Ella St.
Chadron.
Mossman, H. A., (A.)
Fairbury.
Cramb, Lulu L., (A.)
Fremont.
Cobble, William Houston, (A.) Fremont National Bank Bldg.
Grand Island
Milliken, F. M., (A.) 221 E. 10th St.
Hastings.
Struble, C. K., (S.C.) First National Bank Bldg.

Kearney.
Ireland, Harry M., (S.C.) 2100 Central Ave.
Lincoln.
Bennett, M. G. E., (A.)
Bowers, Catherine M., (A.) 141 S. 12th St.
Davis, W. L., (S.C.) Funke Bldg.
Graham, Mary E. Gordon, (S.C.) 1526 O St.
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.)
Scotia.
True, Minnie W., (A.)
Tekamah.
Merritt, J. P., (S.C.)
University Place.
Hoye, Emma, (A.)
Weeping Water.
Hull, Jesse L., (S.C.)

NEW HAMPSHIRE.

Berlin.
Cutler, L. Lynn, (Ph.) Berlin Savings Bank Bldg.
Claremont.
McPherson, Geo. W., (Bn.)
Dover.
Hills, Charles Whitman, (Ac.) 356 Central Ave.
Keene.
Carleton, Margaret B., (A.) 6 P. O. Blk.

NEW JERSEY.

Atlantic City.
Butcher, O. L., (A.) 1013 Boardwalk.
Jones, Laila Schaeffer, (A.) 517 Oriental Ave.
McCall, F. H. (S.C.) Penn Ave.
Bridgton.
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.
Goodrich, L. M., (A.) 13 Passaic St.
Whitney, Isabella T., (A.) 13 Passaic St.
Jersey City.
Beeman, Roy Herbert, (A.) 462 Jersey Ave.
Coffer, G. T., (At.) 279 York St.
Montclair.
Smith, Forrest Preston, (A.) 35 Park St.
Morristown.
Rogers, William Leonard, (A.) 138 South 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.
Cottrell, Mead K., (A.) 316 Broadway.
Plainfield.
Willcox, Frank F., (A.) 108 Crescent Ave
Red Bank.
Wolfert, William Jules, (Ph.)
Ridgewood.
O'Neill, Addison, (Ph.) 31 Prospect St.
Summit.
Mawson, Gertrude B., (A.) 4 DeForest Ave.
Trenton.
Murray, John H., (A.) 147 E. State St.
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.
Smiley, Wm. M., (A.) 213 State St.
Were, Arthur E., (Mc.) 36 Clinton Ave.
Amsterdam.
Graham, R. H., (A.) 50 Division St.
Van Deusen, 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, E. M., (A.) 420 Security 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.) 70 Seventh Ave.
Bandel, C. F., (A.) Hancock St. and Nostrand Ave.
De Tienne, Jno. A., (A.) 1198 Pacific St.
De Tienne, Maud Waterman, (A.) 1198 Pacific St.
Ferguson, Joseph, (S.C.) 118 Quincy St.
Fisher, Lamont H., (A.) 34 Jefferson Ave.
Fitzwater, Wm. D., (S.C.) 178 Prospect Park West.
Hadley, Anna, (A.) 119 Montague St.
Henry, Percy R., (A.) 480 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.
Moses, Lucy J., (A.) 731 Argyle Road.
Rhodes, Millie, (A.) 34 Jefferson Ave.
Smallwood, Geo. S., (A.) Jefferson Arms Bldg., Jefferson and Franklin Aves.
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.) 928 Main St.
Dieckmann, Louisa, (A.) 415 Vermont St.

Foss, Martha M., (A.) 38 Orton Place.
Harris, Harry M., (A.) 356 Ellicott Sq.
Howe, Frances A., (A.) 38 Orton Place
Kugel, Arthur C. L., (Bn.) 531 Mooney-Brisbane Bldg.
Lockwood, Jane E., (A.) 93 Prospect Ave.
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.)

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.
Diehl, J. M., (S.C.) Robinson Bldg.
Hillabrant, Cora L., (S.C.) 652 Park Place.

Flushing.
Henry, Aurelia S., (A.) 201 Sanford Ave.
Merkley, George Harvey, (At.) 273 Sanford Ave.

Fredonia.
Johnson, N. A., (A.) 332 Main St.

Geneva.
Wanless, Richard, (A.)

Glens Falls.
Sweet, H. D., (S.C.) 267 Glen St.

Gloversville.
Kennedy, Seth Y., (A.) 37 Second Ave.

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.)
Marshall, J. S. B., (A.)

Kingston.
Warren, Geo. S., (A.) 18 Pearl St.

Lockport.
Pontinus, Geo. A., (A.) 89 Main St.

Lyons.
Crofoot, Frank Adelbert, (A.) 73 William St.

Malone.
Lyman, Alice Parker, (Bn.) 159 Main St.

Medina.
Thayer, H. A., (A.)

Middleport.
Walker, J. J., (A.)

Middletown.
Griffis, Frederick H., (Bn.)

Mt. Vernon.
Buster, Will L., (At.) 110 Park Ave.

Newark.
Chittenden, W. C., (At.) 1 E. Miller St.

Newburgh.
Johnnot, W. W., (A.) 245 Grand St.

New Rochelle.
Bensen, Lester R., (At.) 311 Hugenot St.

New York.
Albright, Edward, (N.) 379 West End Ave.
Banker, J. Birdsall, (A.) 115 W. 71st St.
Beeman, E. E., (A.) 500 Fifth Ave.
Brill, Morris M., (Ph.) 18 West 34th St.
Buehler, John Benjamin, (Ph.) 156 Fifth Ave.
Burns, Guy Wendell, (N.) 55 W. 33d St.
Burt, James E. (Ph.) The Forres, Broadway and 81st. St.
Chagnon, Edward Everett, (Mc.) 37 Madison Ave.
Clark, A. B., (A.) 10085 Metropolitan Bldg.
Crane, Ralph M., (S.C.) 36 W. 35th St.
Dillabaugh, Anna, (N.) 209 W. 56th St.
Dillabaugh, W. J. E., (N.) 209 W. 56th St.
Dillabaugh, A. H., (A.) 209 W. 56th St.
Fechtig, Louis R., (A.) 37 Madison Ave.
Fechtig, St. George, (Ac.) 37 Madison Ave.
Firth, A. P., (At.) 156 Fifth Ave.
Fletcher, Clarke F., (A.) 143 W. 69th St.
Graham, G. E., (A.) 1851 7th 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.) 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.
Knight, Delia Gazlay, (A.) The Hudsonia, 315 W. 79th St.
Leiter, John H., (A.) 35 Wall St.
Ligon, Ellen L. B., (A.) "The Cambridge" 5th Ave. and 33d St.
Lockwood, Travis D., (Ph.) Hotel Normandie.
Lyman, Geo. P., (A.) 220 Central Park So.
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, Rebecca, (A.) The Strathmore, 1672 Broadway and 52d St.
Novinger, Walter J., (A.) 25 W. 42d St.
O'Neill, Thomas H., (A.) 25 W. 42nd 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.
Spring-Rice, Theodosia M., (A.) 46 W. 96th St.
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. Rosalie, (Bn.) 156 5th Ave.
Walker, Mrs. Cornelia A., (A.) The Martinique, 56 W. 33d St.
Wardell, Sarah Corlies, (A.) 156 Fifth Ave.
Wardell, Eva R., (Ph.) 250 W. 85th St.
Watson, T. J., (A.) Hotel Woodward, Broadway and 55th St.
Webster, Frederick A., (Bn.) 245 W. 104th St.
Webster, Mrs. F. A., (Bn.) 245 W. 10th 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.) 122 W. 80th St.
Whitcomb, Vernon O., (A.) Broadway and 72d St. and Amsterdam Ave.
Whitcomb, Mrs. Vernon O., (A.) Broadway and 72d St. and Amsterdam Ave.

Niagara Falls.
Davis, A. H., (At.) Elderfield & Hartshorn Bldg.
Larter, E. R., (A.) Sta. "A"

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

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

Peekskill.
Lichter, S., (A.) 1028 Brown St.

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.) 124 William St.
Camp, Chas. D., (Mc.) 222 Powers Bldg.
Daily, Lillian B., (Ph.) 425 Granite Bldg.
Rau, Marie Kettner, (A.) 247 Main St. E.
Williams, Ralph H., (N.) Chamber of Commerce Bldg.
Rome.
Mitchell, Geo. W., (At.) 147 N. James St.
Schenectady.
Phillips, Grant E., (N.) 617 State 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.) New Rosenbloom Bldg.
Weed, Cora Belle, (Mc.) 226 E. Onondaga St.
Troy.
Frink, Elizabeth, (S.C.) 92 4th St.
Greene, W. E., (A.) 1813 5th Ave.
McDowell, J. H., (S.C.) 102 Third St.
Utica.
Bossert, Jacob H., (At.) 30 Gardner Bldg.
Clapp, Carl D., (A.) 22 Evans Bldg.
Leffler, Josephine, At.) Gardner Bldg.
Van Dyne, Oliver, (Ac.) 52 Gardner 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.
Leeds, George T., (A.) 87 N. Broadway.
Nielsen, Hans, (At.) 273 S. Broadway.

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.
Glascock, A. D., (A.)
Durham.
Tucker, A. R., (A.) Loan & Trust Bldg.
Goldsboro.
Zealy, A. H., (S.S.) 111 Chestnut St., East.
Greensboro.
Basye, A. A., (Nw.) 309 City National Bank Bldg.
Tucker, S. W., (S.S.) 402 McAdoo Bldg.
Hendersonville.
Hale, Walter Keith, (Ph.) P. O. Bldg.
Raleigh.
Glascock, H. W., (A.) 504 Tucker Bldg.
Rocky Mount.
Carson, Merl J., (S.C.) 231 Sunset Ave.
Salisbury.
Armstrong, Roy M., (S.S.)
Smithfield.
Kevil, 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
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.
Maxwel, B. C., (S.C.) Clewell Block.
Worstel, H. E., (S.C.) 304 Folwell Block
Cincinnati.
Booth, E. R., 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 Florence, (A.)
Wilderson, W. H., (A.)
Cleveland.
Aldrich, Wm. H., (A.) 589 The Arcade.
Forquer, J. W., (A.) 603 Osborn 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.
Hulet, Miss M. Ione, (A.) 1208 New England Bldg.
Kerr, Clarence V., (A.) Lennox Bldg.
Miller, A. L., 410 New England Bldg.
Singleton, R. H., (S.C.) 435 The Arcade.
Sheridan, Margaret, (A.) 20 Lucerne Ave.
Columbus.
Coffland, Florence, (A.) Oak St.
Dyer, Mary Maitland, (A.) 613 Columbus Savings & Trust Bldg.
Hulett, M. F., (A.) 702 Capital Trust Bldg., 8 E. Broad St.
McCartney, L. H., (A.) 715 Harrison Bldg.
Nichols, Ada M., (Ac.) 702 Capitol Bldg.
Scott, J. H. B., (A.) 64 N. Morrall Ave.
Scott, Katherine MeLeod, (A.) 64 N. Morrall Ave.
Tilden, Ray E., (S.C.) 355 The Arcade.
Dayton.
Gravett, W. A., (A.) 103 Conover Bldg.
O'Connor, Katherine, (A.) 34 McPherson St.
Stout, Oliver G., (A.) 505 Conover Bldg.
Delaware.
Bumstead, Lucius A., (A.) 104 W. Central St.
East Liverpool
Wilson, Elizabeth V., (A.) 118 Sixth St.
Findlay.
Peel, Lucy Kirk, (A.) 215½ So. M St.
Galion.
Mansfield, B. R., (A.) 340 Boston St.
Glendale.
Shepherd, L. K., (A.) Fountain Ave.
Greenville.
Seitz, Anna E., (A.) 333 W. 4th St.
Hamilton.
Urbain, Victor P., (A.) 111 Dayton St.
Hickesville.
Tuttle, R. E., (S.C.)
Kent.
Hall, W. W., (S.C.) Water St.
Kenton.
Gaylord, W. A., (S.C.)
Lancaster.
Long, J. H., 202 S. Broad St.

Lima.
Peirce, Josephine Liffring, (S.C.) The Elektron.
Lisbon.
Johnson, J. ssie B., (A.) Brewster Block.
London.
Dill, Emma B., (A.) R. F. D. No. 7.
Dixon, J. W., (A.) 49 N. Main St.
Koontz, Effie, (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.
Bickford, Edw. Storrs, (A.) 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.
Arand, Chas., (A.) 1017 Osborne St.
Springfield.
Sackett, E. W., (A.) 32 Bushnell Bldg.
Steubenville.
Bumpus, J. F., (A.) 406 Market St.
Gray, C. W., (A.) 800 N. 4th St.
Tiffin.
Currence, B. C., (A.) 117½ S. Washington St.
Toledo.
Kerr., Franklin E., (A.) 1115 Adams St.
Liffring, L. A., (N.) The Nasby.
Liffring, W. J., (N.) National Union Bldg.
Pratt, Mary E., (A.) 1612 Madison Ave.
Reese D. H., (A.) 442 The Nichols.
Reese, W. E., (A.) 442 The Nichols.
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.
Marstellar, Chas. L., (A.) Dollar Savings Bank Bldg.
Zanesville.
Quick, Roy T., (A.) 17 S. 7th St.

OKLAHOMA TERRITORY.

Atoka.
Garring, Chas. K., (A.)
Carmen.
Woodson, T. H. (A.)
Oklahoma City.
Mahaffay, Mrs. Clara A., (A.)
Rouse, J. M., (S.C.) 125½ Main St.

OREGON.

Albany.
Marshall, Mary M., (S.C.) 224-6 Broadalbin St.
Ashland.
Sawyer, Bertha E., (S.C.) Williams Block.
Astoria.
Hicks, Rhoda Celeste, (A.) 573 Commercial St.
Baker City.
Samuels, C. T., (A.)
Eugene.
Studley, H. L., (C.)
La Grande.
Moore, F. E., (A.)
Moore, Hezzie Carter Purdom, (A.)
McMinnville.
Wilkens, J. H., (A.)
Newberg.
Bowers, Homer D., (A.)
Pendleton.
Hoisington, G. S., (A.)
Portland.
Akin, Mabel, (S.C.) 403 Macleay Bldg.
Akin, Otis F., (S.C.) 403 Macleay Bldg.
Barr, F. J., (A.) 207 Mohawk Bldg.
Gates, Gertrude Lord, (N.) 406 Macleay Bldg.
Graffis, R. S., (S.C) 319 Mohawk Bldg.
Macfarlane Clara, (P.) 308 Swetland Bldg.
Ramsey, Cylthie J., (P.) 403 Macleay Bldg.
Rogers, W. A., (A.) Marquam Bldg.
Schoettle, M. Teresa, (A.) 512½ Williams Ave.
Shepherd, B. P. (N.) 308 Swetland Bldg.
Smith, L. B., (A.) 409 Oregonian Bldg.
Walker, C. E., (S.C.) Macleay Bldg.
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.
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.
Carbondale.
Clifford, James Ray. (A.) 29 John St.
Carlisle.
Krohn, G. W., (A.) 55 W. Louther St.
Mutschler, O. C., (Ph.) 209 N. Hanover 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.
Corry.
Morse, Herbert F., (S.C.)
Dalton.
Furman, Herbert I., (At.)
Easton.
Beam, Wilson, (S.C.) 12 N. 3rd St.
Cary, Robert Drake, (A) East Trust Bldg.
Eden.
Randall, Helen Morton, (A.) care F. & L. Institute.
Ellwood City.
Bradley, Oscar Evans, (A.)
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.
Germantown.
Roberts, W. L., (A.) 150 W. Chelton Ave.
Webb, Ida DeLancy, (Ph.) 461 Wayne Ave.
Greensburg.
Rohacek, Wm., (A.) Lomison Bldg.
Harrisburg.
Kann, Frank B., (Ph.) 315 N. Second St.
Vastine, Harry M., (A.) 109 Locust St.

Lancaster.
Burkholder, J. D., (Ph.) Woolworth Bldg.
Johnson, Julia A., (A.) Woolworth Bldg.
Jones, E. Clair, (At.) 20 W. Orange St.
Kellogg, H. R., (A.) 33 W. Orange St.
Purnell, Emma, (A.) 217 Woolworth Bldg.

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.) 68 E. North St.
McCormick, J. Porter, (A.) 506 Lawrence Savings and Trust Bldg.
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.
Barrett, Onie A., (Ph.) 1423 Locust St.
Bentley, Lillian L., (Ph.) 1533 Chestnut St.
Beitel, Walter Lewis, (Ph.) Keith's Theatre Bldg.
Bigsby, Myron H., (A.) 321 Weightman Bldg.
Brown, Flora, (A.) 3,222 Mt. Vernon St.
Bryan, Charles Tyson, (Ph) 1524 Chestnut St.
Burleigh, Edward D., (Ph.) 800 Perry Bldg., 1530 Chestnut St.
Campbell, A. D., (A.) 1524 Chestnut St.
Cohalen, John A., (Ph.) 882 N. 25th St.
Curran, Cecelia G., (Ph.) 402 Mint Arcade Bldg.
Daniels, W. Nelson, (Ph.) 1524 Chestnut St.
Dufur, J. Ivan, (A.) 35 S. 19th St.
Dunnington, Margaret B., (Ph.) 620 Real Estate 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.
Graves, W. Armstrong, (Ph.) 3033 Germantown Ave.
Howell, Jose C., (Ph.) 348 Mint Arcade 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., (Ph.) 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. Anette, (Ph.) Mint Arcade.
Pressly, Mason W., (N.) 401 Hale Bldg.
Romig, Kathryn, (A.) 341 Mint Arcade Bldg.
Snyder, J. C., (Ph.) 414 Pennsylvania Bldg.
Snyder, O. J., (N.) Witherspoon Bldg.
Turner, Nettie Campbell, (A.) 925 Land Title 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 Nat'l Bank Bldg.
Clinton, Mary W., (A.) 1007 Arrott Bldg.
Compton, Emma M., (S.S.) 323 Pittsburg Life Bldg.
Compton, Mary, (S.S.) 323 Pittsburg Life Bldg.
Craven, Jane Wells, (A.) Methodist Bldg., 268 Shady Ave., E. E.
Gano, Chas. H. (A.) 1007 Arrott Bldg.
Grubb, W. L., (S.) Pittsburg Life Bldg.
Hansen, Edward N., (A.) 4514 Forbes St.
Heine, Frank, (A.) Nixon Bldg.
Husk, Noyes Gaylord, (At.) Arrott Bldg.
Marshall, F. J., (A.) 1026 Park Bldg.
Peck, Vernon W., (N.) 631 Penn Ave.
Stafford, Florence Brown, (A.) 625 Clyde St., East End.
Tebbetts, Geo. Woodman, (A.) 6,505 Penn Ave.
White, Bertha O., (A.) 5115 Center Ave., East End.

Pottsville.
Lidy, I. Henry ,(Ph.) Raring Bldg.

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.

Scranton.
Benedict, A. May, (At.) 2513 N. Main Ave.
Downing, J. T., (At.) 305 B. of T. Bldg.
Harvey, K. G., (At.) 15 Coal Exchange Bldg.

Sunbury.
Huston, Grace, (A.)
Miller, John W., (Ph.) 418 Market St.

Tarentum.
Kline, Lyman C., (S.C.) 532 Second Ave.

Towanda.
Warburton, J. R., (At.) Ontario Bldg.

Union City.
Oneland, Sarah C., (A.) Spraul & Morrow Bldg.

Wellsboro.
Lyon, Louis A., (At.) 71 Main St.

Wilkes-Barre.
Hook, Virgil A., (A.) 406 Second National Bank Bldg.

Williamsport.
Hughes, Alice, (Bn.) 238 Pine St.
Wood, J. Fred, (A.) 20 W. 3rd St.

York.
Cormeny, Howard J., (A.) 42 W. Market St.
Downing, Edwin M., (Ph.) Rupp Bldg.

RHODE ISLAND.

Providence.
Flanagan, Chas. D., (3) 146 Westminster St.
Flanagan, Louisa C., (A.) 146 Westminster St.
Handy, Annie Prince Thompson, (A.) 21 Beacon Ave.
Rhoads, A. W., (At.) 385 Westminster St.
Roberts, Annie M., (A.) 146 Westminster St.
Strater, J. Edward, (Bn.) 268 Westminster St.
Sweet, Ralph A., (A.)
Wall, Clarence H., (Bn.) 163 Elmwood Ave.

Westerly.
Colby, Irving, (A.) 58 High 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.
Rock Hill.
Lucas, T. C., (S.C.) Supply Co. Bldg.
Spartanburg.
Butcher, Frances M., (A.) Hydrick Bldg.
Scott, W. E., (A.) Hydrick Bldg.
Sumter.
Vickers, A. W., (S.) 18 S. Sumter St.
Union.
Sims, Mary Lyles, (A.) Main St.

SOUTH DAKOTA.

Aberdeen.
Pittman, Mary E., (S.C.) Peery Bldg.
Britton.
Wisner, Tillie, (A.)
Canton.
Eneboe, Lena, (A.)
Huron.
Betts, C. Steele, (A.)
Watertown.
Jones, G. P., (N.)

TENNESSEE.

Bristol.
Dykes, A. L., (A.)
Chattanooga.
Barnes, Mrs. Clarence, (S.S.) 31 Loveman Bldg.
Blocker, Bolling L., (A.) 625 Carlisle Place.
Downer, Lerond A., (A.) 710 James Bldg.
Evans, A. L., (A.) 710 James 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.
Cupp, H. C., (A.) 5 Odd Fellows Bldg.
Norman, P. K., (A.) 110 Randolph Bldg.
Stamps, Sarah R., (S.S.) Randolph Bldg.
Thomas, Maude B., (A.) 304 Randolph Bldg.
Viehe, H., (So.) 516 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.
Mitchell, C. T., (So.) Willcox Bldg.
Ray, E. C., (A.) 1st Nat'l Bank Bldg.
Ryan, Pearl M., (S.S.) Willcox Bldg.
Shackleford, J. R., (A.) Willcox Bldg.
Williams, W. Miles, (S.S.) Willcox Bldg.
Winchester.
Wheeler, Sarah E., (S.S.) Hotel Fuller.

TEXAS.

Austin.
Bathrick, Rose, 822½ Congress Ave.
Cleburne.
Ray, A. D., (A.)
Dallas.
Allison, Adele, (A.) 131 Annex Ave.
Harris, D. S., (S.C.) 326 Linz Bldg.
Holloway, Jas. L., (A.) 435 Wilson Bldg.
Laughlin Genevieve F., (A.) 792 Bryan St.
Overton, J. H., (A.) 415 Wilson Bldg.
Denmison.
Wynne, Ionia Kate, (A.) 801 W. Main St.
El Paso.
Ross, Hettie M., (C.) 1007 San Antonio St.
Ft. Worth.
Harris, M. B., (A.) National Bank Bldg.
Larkins, Earl E., (A.) 203 Ft. Worth Nat'l Bank Bldg.
Ray T. L., (A.) 203 Ft. Worth Nat'l Bank Bldg.
Gainsville.
Bryan, A. L., (A.) 115 E. Pecan St.
Galveston.
Edmondson, E. E., (S.C.) 206 Levy Bldg.
Greenville.
Wells, Geo. A., (A.) Tippitt Bldg.
McKinney.
Wynne, Ionia Kate, (A.)
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.
Hassell, Nellie, (A.) Riverside Bldg.
Hassell, Stonewall J., (A.) Riverside Bldg.
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.
Stevenson, Mrs. H. A., (A.) 542 S. Crockett St.
Stevenson, J. F., (A.) 542 S. Crockett St.
Waco.
Bailey, J. F., (S.S.) 506½ Austin St.
Gildersleeve, J. Ellen, (A.) Provident Bldg.
Sarratt, Julia May, (A.) 93 Provident 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.
Loudon, Harry M., (A.) 199 S. Union St.
Whitcomb, Henry Phelps, (A.) 301 College 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.
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APPLICATION FOR MEMBERSHIP IN THE A. O. A.

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

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

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

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

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

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

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I began the practice of Osteopathy at..... .....

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

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

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

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The Journal

— OF —

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EXPERIMENTAL PATHOLOGY.

HAROLD W. GLASCOCK, RALEIGH, N. C.

Cats were used in these experiments, as dogs were not to be procured conveniently. For some reasons cats are more to be desired, but I prefer to use the latter. A litter of five healthy kittens was taken at about the age of two months, and under anesthetic lesions were produced on three of them by making a fixed point of one vetrebra and making pressure forward and to the side in the direction that the lesion is desired. The other two kittens were left normal, and were dissected for comparison. I was prevented from making as many experiments as I had planned, as the legislative matters in our state claimed my attention shortly after I began this work. Throughout this paper, I use the term *lesion* meaning a bony abnormality, such as was produced on these subjects.

Object.

The object of these experiments was, if possible, to arrive at some definite conclusion as to why a lesion of a single vertebra or structure will cause a variety of diseases, and why there is no certainty as to what the nature of the disease will be, or where or in what organ the disease may appear; and why lesions of several, various and remote vertebrae may produce the same identical disease. The anatomy is constant. The nervous and vascular mechanism is the same in all bodies, but we cannot predict with certainty, the result of any lesion. I know that it will require a vast number of experiments to arrive at any satisfactory conclusion on this point, but these have served as a beginning.

Nature of Lesions Produced.

The lesions were produced on the 5th of November and the animals, both the normal and those operated upon, were carefully observed. Dissections were made after four, five and six weeks. The subjects operated upon showed acute illness for several days. They were not sure of their walk. They were not playful like the other two and were not easily scared, nor did they care much for food. Number 2 seemed to be worse than the others, wobbled in its walk, and appeared weak below the middle dorsal. All three seemed to do better as time went on, but were never like the other two.

The Dissection.

In dissecting I noticed that these did not refuse the chloroform as the healthy animals did. I kept each animal alive under the anesthetic as long as possible so as to observe as much as I could during life and while the circulation con-

tinued. They all showed the same lesion, the tenth vertebra to the right and the tenth rib up. Possibly the bones were luxated a little more in Number 2. The same conditions were found about the lesion as Dr. McConnell has described in his several articles on Research. About the head of the rib there was an area of redness or inflammation which extended considerably into the adjacent tissues. The nerves about that point were red whereas normally they are white. The ligaments around the heads of the luxated ribs were lax (a condition that I was surprised to find.) Number 1 showed ecchymotic spots on the liver and the cardiac end of the stomach. While the intercostal nerve, the sympathetic ganglion, and the splanchnic nerve were all red and inflamed, this condition did not seem to have extended toward the chord. Number 2 showed a very large area of inflammation around the lesion. It extended to the ganglions above and below. In this case the inflammation of the nerves extended into the spinal cord and meninges and involved an area about an inch and a quarter long. The large end of the spleen was affected in this case, also the pyloric end of the stomach.

Microscopic Changes.

Miroscopic Examination showed a great congestion and much degeneration of the nerve tissue. The large end of the spleen was affected in this case. It was very hard, exceedingly dark in color, while the other end remained normal. Microscopic examination of the diseased end showed congestion (passive) and disintegration of the tissues. The stomach showed areas of inflammation around the pyloric end. Number 3 showed much less inflammation around the lesion, and it did not reach the cord. The stomach showed congested areas but in this case the intestines seemed to be the most affected and worms were found in great numbers. In all of these cases there was a general dilatation of all the abdominal vessels. This condition was a little more apparent in Number 3. Microscopic examination was made of all the diseased parts but they failed to show any pathological condition except the results of vaso-motor disturbances in the way of congestion, active and passive, and inflammation.

Effects of Lesions.

The degeneration was from the lack of free circulation and nourishment to the cell bodies. This seems, so far, to be the extent of the pathological conditions produced by lesion, congestion and inflammation, the result of vaso-motor inhibition, loss of function and sensation by lesion to the motor and sensory nerves. Other agencies and combinations of effects determine the variety and character of the disease. Dr. McConnell has well established the fact that inflammation arises from a nerve disturbed by lesion, and that it is the primary element in pathological conditions.

Reverse Peristalsis.

A few other observations were made, the most important of which was that if the intestine were firmly held between the fingers the peristaltic action of the gut would travel to the point held and would then reverse and travel backward.

Animals Number 4 and 5 showed none of the signs of disease found on Numbers 1, 2, and 3.

Nerve Action Under Stimulation and Inhibitation.

I will not take up the histology of the nerve, but it must be remembered that the nerve can receive impulses and be inhibited anywhere along its neuron, cell, dendrite, or end-plate. It is generally agreed among physiologists that mechanical pressure continually applied will inhibit the nerve and will not excite it to action, except as Mathews says that "pressure may stimulate at first." That an irritation, inflammation, or neuritis of a nerve may exist so that it may not

carry impulses; that when a nerve is stimulated or inhibited along its neuron the stimulation travels equally in both directions of the neuron. In animal Number 5 where I dissected out the nerves for a short distance so as to conveniently apply pressure, I found that if pressure were made on the nerve that the effect of the stimulus on the organ supplied by the nerve was in proportion to the pressure applied, and when a certain degree of pressure was reached the impulses failed to pass to the organ beyond; then on applying the stimulation to the nerve below the point of pressure, the impulse was of full strength. In stimulating from the cell end a nerve supplying several organs, the implses would travel to all organs receiving branches from the nerve, until the point of pressure was reached there the impulses ended. Very little pressure served to impede the impulse nor did it require much pressure to cut off the impulse entirely. I found the intercostal nerve to have the greatest resistance, the splanchnic next, and the pneumogastric least. Mathews states in the Medical Handbook of Medical Sciences "while there is no variation in the excitability of the same nerve, there is considerable variation between the motor nerves of the same animal,—thus the sciatic nerve of the frog is far more irritable than the brachial nerve to all kinds of stimuli, and the sympathetic fibers seem less excitable than the motor."

The Law of Nerve Action.

We may draw the conclusion from this statement and these experiments that the more excitable the nerve the stronger the pressure must be applied to impede the impulse. Again, if the nerves of a centre all have the same degree of receptivity for impulses, an incoming impulse would be deflected over every nerve connected with the centre. Pfluger's law seems to substantiate this idea.

Thus we draw from these experiments the conclusions that the fibers of one perineural division of a nerve have not the same power of receptivity for mechanical stimuli as the fibers of another perineural division of the same nerve trunk, and that the receptivity of one division does not always come within the scope of the other; and further that motor and sensory, secretory and nutrient nerves have a minimum and maximum degree of receptivity for impulses the same as the nerves of special sense. Of course many other experiments must be made to coordinate, and qualify these findings, but physiological, pathological and clinical evidence seems to warrant a definite channel of research along this line.

The Lesion and the Disease.

In osteopathic practice we have come in contact with practically all the diseases catalogued, and the correction of the lesions found have brought about a cure. It seems that where conditions are favorable, the lesions being corrected nature has full power over diseased parts, and that she is far more energetic in eliminating and discouraging disease than she is courageous in promoting it. So far, from these experiments, I am led to believe that the lesion, beyond its immediate effect in perverting the normal function of the nerves and arteries interfered with directly or indirectly, has nothing to do with determining the form the disease may assume.

The lesion produces the interference, be it sensory, motor, nutrient, or vaso-motor, and beyond this other agencies or combinations of conditions within or without the body determine the ultimate character of the disease. The lesion does not determine directly whether the disease shall be atrophy, tumor, cancer, ulcer, typhoid fever or mumps. Interference with a vaso-motor nerve can only disturb the normal duties of that nerve because it has no other functions but vaso-motion. Interference with a secretory nerve can only disturb the normal

secretion of that nerve because it has no other duty. Therefore I say that the lesion goes no farther than to pervert the function of the vital forces of the body. It is true that vaso-motor function is dependent upon nutrition, and that motion is dependent on sensation, and vice-versa. We noted in animal Number 2 that the spinal cord was congested and that degeneration had taken place on account of the blood not being properly supplied. We noted the same in the spleen. Thus we see that all the forces, in a measure depend on the others and if it is true that a certain degree of vaso-motor disturbance coupled with a number of degrees of disturbed neutrition will produce a definite form of disease, is a question of further research, but that the removal of the lesion will cure diseases in advanced pathological conditions, we do know.

Different Conditions follow the Same Lesion.

We note in these experiments and those of Dr. McConnell that like effects of the lesions are rarely found. These lesions were as similar as it was possible to make them. They were all at the same point, and the force applied was as near the same as I could gauge it, and I got liver trouble in one case, spinal trouble in another, and intestinal trouble in the third. It is so far impossible to tell when we produce a lesion what the effect will be and where it will manifest itself. It is even impossible when you know what nerve is interfered with to forecast where the effect will be manifested and if the nerve goes to more than one organ or its distribution widespread, the disease might not even manifest itself in the nerve interfered with, but pass beyond and show itself in some other organ or locality. We have always explained this condition by saying that the disease shows itself in the area of least resistance, and the explanation has so far seemed satisfactory and is doubtless true but the philosophy of the tract of least resistance is not yet well understood.

Hulett states in his Principles of Osteopathy that "the excess of energy will be distributed more or less over the entire nervous system, perhaps more to those offering least resistance, that is to those having the greater number of nerve strands," and further on "that in most cases some one or more organs will be found in the irritable state quite out of the odinary, and that the organ will be involved reflexly which is in the more irritable condition, and that the excess of irritability in one organ over that in another, will depend to a slight extent upon inherent capacity, but in a much greater part, upon a disturbed neutrition dependent upon an associated lesion." Now if the effect of the lesion always goes to the point of least resistance, as we have been always taught to understand it, we have not yet discovered the real and true primary factor in the cause of disease. It is well known that we have disease originating where there is normal vitality and that a lesion produces the disease. If not, why does the area of lowered vitality lie dormant until reinforced by the effects of the secondary disturbance to manifest itself as a diseased area? If an organ has a greater number of nerve fibres supplying it than another organ has the resistance of, that organ must be stronger as its ratio of fibers to another organ is greater. I think that if one structure has more nerves than another it is because of its size and function, and where one organ has a number of nerves supplying it each nerve has an area of that organ to supply and its duty does not overlap the duty of its neighbor; as an example, in the spleen of No. 2, in the liver of No. 1, and the ecchymotic patches on the stomach. We seldom find the whole organ involved, but usually parts of it or little patches of it; and if the nerve fibers be traced from a diseased area, say the fibers of the affected lobule and the fibers of the normal lobule, I think you will find that many of the fibers supplying the normal lobules will be in direct contact with the lesion.

Receptivity.

That the different organs of the body have different degrees of receptivity is well established by Byron Robinson in his work on the Abdominal Brain, and the fact that various drugs when taken into the body will have abundant effect on one organ and not materially disturb the rest of the system. The Reference Handbook of Medicine states "that the receiving organs at the extremities of the dendrites of the different classes of neurons differ widely in respect to structure and in their capacity to react to different stimuli and to transmit the state of excitation to the dendrites," and further it states "that the exciting organs at the extremities of the axones of different classes of neurons are of different types, and behave differently, the discharge of the exciting process upon a muscle, gland, or nerve cell being adjusted to the capacity for reaction possessed by the organ in question." I think the spleen is not capable of receiving the same amount or character of impulses as the liver, or the kidney the same as the stomach. I think that in the healthy body no organ by virtue of its size or nerve supply is any more susceptible or prone to disease than another. They retain their equilibrium until a nerve is affected and then that organ suffers whose receptivity best corresponds to the character and intensity of the lesion. We know that a nerve will respond more perfectly in action when a given degree of stimulus is reached than it will if the stimulus be regulated to a greater or less intensity. It has been demonstrated clinically and by these experiments that the intensity of the lesion is no rule to the extensiveness of the disease.

Theory of the Cause of Disease.

Hence the conclusion, that in the primary condition where a nerve supplies more than one organ or structure, each structure supplied has a different power of receptivity and resistance, and that the lesion to the nerve will affect that organ whose power of receptivity corresponds most actively with the degree of stimulation or inhibition exerted by the lesion; that this is the primary disease, and that the theory of area of lowered vitality does not become a factor until there is a secondary lesion; that the effect of secondary lesion will go to the area of least resistance or lowered vitality formerly produced by a lesion, I think there can be no doubt. Yet this may not always be the case and cannot by any means be made a rule. It is not held that these results are conclusive. I have only given the ideas that were suggested by these experiments after careful dissection and observation of the conditions that presented themselves; but I am satisfied that a great number of dissections and observations along these lines the great train of events between cause and ultimate effects can be systematized sufficiently to be of vast clinical importance.

504-505 Tucker Bld.

SALPINGITIS AND ITS TREATMENT.

PERCY H. WOODALL, M. D., D. O., BIRMINGHAM, ALA.

I have selected this subject as I am convinced that Gilliam is correct in stating "it is the most common of all diseases to which these structures are liable. Because of its frequency, tenacity, and the serious changes, both structural and functional which it entails, it is more productive of invalidism than any other of the diseases peculiar to the sex."

The Anatomy.

A few of the organs of the body seem not only by position but by form to be especially prone to disease. Among such are the Fallopian tubes. Passing out from both cornua of the uterus the tubes run almost horizontally to the uterine extremities of the ovaries where they turn upward close to the pelvic wall along the anterior margins of the ovaries to their tubal extremities. Here they turn downward, their fimbriated extremities embracing the posterior borders and inner surfaces of the ovaries.

The tubes are in reality attenuated continuations of the uterus, having an identical and continuous mucous membrane and peritoneal covering and a continuous layer of muscular tissue between these. The tubal lumen is least at the uterine end, being from 1-50 to 1-25 of an inch in diameter. In the ampulla, the most dilated portion of the tube, it is eight to ten times this diameter but narrows again at the peritoneal opening to from 2-25 to 3-25 of an inch. The tubal arteries are branches from the anastomotic trunk of the uterine and ovarian arteries, and likewise the veins empty through those of the uterus and ovaries. The tubal nerves are derived largely from the ovarian plexus but are closely associated with the uterine nerves. The lymphatics unite with those from the uterus and enter the lumbar glands.

As pathogenic predisposing peculiarities we would notice the tortuosities of the tubes and their naturally dilated middle portion. These favor poor intratubal circulation and drainage and invite sacculation of the normal or abnormal contents of the tubes with consequent bulging and weakening of their walls.

Again the situation of the tubes in a vascular sense, midway between the uterine and ovarian circulation, compels that they participate in all ovarian and uterine, and in fact in all pelvic circulatory changes. Being structurally continuous with the uterus they must participate in some degree, by continuity of tissue, in all pathological states of this organ. Thus the tubes may be said to possess no independence of their own, their structure, their circulation, their nerve supply, even their health being dependent upon that of other organs.

Cause and Nature of the Disease.

So also is it true that disease invades the tubes through other organs. All these conditions of whatever nature that cause pelvic congestion predispose to disease of the tubes equally as they do to disease of the other pelvic structures. Among these are muscular or osseous lower dorsal, lumbar, sacral, pelvic or innominate lesions. Heart, lung, liver or kidney diseases, abdominal constriction, tumors, displacements of uterus, ovaries or tubes, etc.

Being most intimately connected with the uterus, disease nearly always assails the tubes through this organ, so that the etiology of salpingitis is in the majority of instances that of the endometriits upon which it is dependent. Occasionaly salpingitis may come through lymphatic channels from the vagina or directly from primary involvment of the ovary or the peritoneum.

The great foe of the tubes is gonorrhoea, it causing according to various authors from fifty to ninety per cent. of tubal disease. We believe these estimates to bee too high. The gonococcus is found only in about twenty per cent. of tubal cases operated on, however the germ is short lived and may have been present in a greater per cent. of cases originally but has succumbed to unfavorable conditions.

Septic infection following labor at term, an abortion or a miscarriage perhaps ranks next as a cause of salpingitis. Cases arising from this cause are usually more severe and serious than those caused by gonorrhoea.

The gonococcus and the pyogenic germs invade the uterus and these cause

an endometritis and the greatest agency in causing an extension of the inflammation to the tubes is operative gynecology. I truly believe that the curette is more responsible for salpingitis than any other one agency. An endometritis exists and Nature is exerting every effort to combat it, but under the mistaken idea that the endometrium is entirely exfoliated at each menstrual period, the curette is used to scrape away the diseased endometrium and allow the growth of a new and healthy one. Even were this true the operation is attended with dangers and serious consequences. As the shedding of a small part of the endometrium in the form of epithelial cells is merely an incident and not the chief end of the menstrual period the folly of scraping, lacerating, tearing and destroying all that may remain of a healthy endometrium is at once apparent. However aseptic and thorough the operation may have been germs yet must lurk in the uterine glands, and for these the best possible culture ground has been made by the raw and denuded surfaces. An intense local inflammation results from the operation and in this the tubes necessarily participate. From this damage the uterus may and often does recover, but owing to their natural handicaps and peculiarities the tubes remain damaged and diseased. I do not deny that apparent improvement seems to sometimes follow a curettement but I believe this to be due rather to continued rest in the recumbent position than to the operation. It is a rare thing to find a patient who has been curetted who does not present positive evidences of tubal inflammation. It is my prophesy that in ten years the operation of curettage will have become obsolete and will have gone the way of many of the other barbarous treatments.

The use of the uterine sound is in a smaller measure responsible for the extension of an endometritis. Rough manipulations in examinations or treatment may so injure the tubes as to cause an inflammation.

Congestion from suppressed menstruation may be so intense as to result in inflammation.

Certain of the exanthemata are sometimes accompanied by salpingitis, particularly measles and scarlatina.

Classification of Forms.

Diseases of the tubes have the usual classification of acute and chronic, and into simple or catarrhal and purulent.

In simple or catarrhal salpingitis the mucous membrane of the tube is congested and thickened. The tube is slightly swollen and tender to the touch. It contains an increased amount of serous fluid. The inflammation does not usually extend through the tubal walls and involve the peritoneum. As a rule there are no adhesions formed about the tube. Complete resolution may now occur and the tube resume its natural function.

An acute catarrhal may become an acute purulent salpingitis but it more frequently becomes chronic. In this case the mucous membrane remains somewhat swollen and congested and the epitehlium destroyed in patches. The inflammation gradually extends to the deeper portions of the tube and it becomes thickened and enlarged. Should the peritoneal coat become involved as is often the case adhesions may form and cause the closure of the fimbriated extremity of the tube. When this occurs with an increased secretion of serum or mucous and the closure of the uterine end of the tube, it becomes distended, its walls become thinner and a hydrosalpinx of variable size will be formed.

In acute purulent salpingitis a much more severe grade of inflammation is manifested. The congestion is more intense and involves the deeper portions of the tube as well as the mucous membrane. The enlargement and tenderness are also more marked. The epithelium is destroyed early. The fimbriated extremity is usually closed from swelling, retraction and agglutination of the

fimbriae. This is a conservative step and protects the peritoneal cavity from the entrance of the septic contents of the tube. Pus collects in the tube and distends it. The entire tubal structure is affected and it is surrounded by peritoneal adhesions. These may later become organized and not only close the fimbriated opening of the tube, but constrict and distort and bind and mat it with the surrounding structures.

In the chronic purulent salpingitis the inflammation has become less acute but destructive and often permanent changes have occurred in the tubes. They are distorted, closed and enveloped in adhsions and filled with a purulent material. Their walls have become distended and thinned and the patient is in constant jeopardy from the possibility of rupture or leakage of this material into the peritoneal cavity. This material is actively septic at first but in time may become sterile. This is the so-called pus-tube. The resident germ is usually either the gonococcus or the streptococcus. Occasionally other germs are present. With the subsidence of the symptoms these germs gradually lose their virulence and in many cases so completely disappear that the contents of the pus-tubes are sterile.

Diagnosis.

The symptoms of an acute salpingitis are so closely identified with and overshadowed by those of the initial endometritis, ovaritis, etc., that the possibility of tubal involvement is easily overlooked. In addition to these symptoms a variable tenderness and pain above the middle of Poupart's ligament added to those of the primary trouble, is very suggestive. It is to the manifestations of the chronic stage to which we wish to call especial attention. Here we find pain and tenderness, heaviness, bearing down sensations, an inability to ride or walk in comfort, dysmenorrhoea, malaise, loss of flesh, pallor, weakness, indigestion, constipation, nervousness. The pain is variable. Is often colicky and burning in the iliac region of the affected side. May be dull and continuous or sharp and lancinating.

It is often paroxismal and is aggravated by lifting, walking, riding, coition, etc. Tenderness or pressure is usually present along the course of the tube. There is often a feeling of weight or heaviness if the patient lies on the side opposite the affected tub. The jolting or jarring of riding or walking is sometimes unbearable. The dismenorrhoea accompanying the trouble is peculiar in that it may begin several days before menstruation and last throughout the period. The pain is in the region of the ovaries.

After an indiscretion of any kind the symptoms are aggravated and there may be a rise of temperature. If both tubes are involved, sterility results.

A diagnosis is usually made from the history and a bimanual examination. An interview with the husband will enable you to judge whether or not gonorrhoea is causative. A history of sepsis following labor at term, a miscarriage or an abortion is very suggestive. The history of one or more curettments almost assures me that a bimanual examination will disclose diseased tubes.

Method of Examination.

A bimanual examination should always be made with extreme caution and gentleness. This is especially so in the acute stages, because of the great tenderness and because of the frail barrier of new adhesions, perhaps closing the tube and protecting the peritoneum from invasion.

Personally when pus is suspected, I do not advocate examinations under anesthesia, as I believe the patients expressed sense of pain to be the safest guarantee against violence and injury.

The more acute the case the greater will be found the tenderness. All parts palpated throught the vaults of the vagina may be exquisitely tender, but an exaggeration of this and a sense of fullness and resistance along the course of the tubes is very significant. After the acute symptoms have subsided, the enlarged tortuous and nodular tubes can usually be traced out from the uterine cornua.

Occasionally peritoneal adhesions have so matted together all the structures that the separate organs cannot be differentiated from each other by palpation, and all that can be determined is the presence of an ill-defined mass either to the side or back of the uterus. This with the foregoing history usually justifies a diagnosis of tubal inflammation. The pain and tenderness and consistence of such a mass combined with the rectal examination to definitely locate the uterus, will usually differentiate it from a uterine displacement or fibroid.

Prognosis.

In the catarrhal forms of salpingitis when resolution is not complete there is danger of a crippled and functionless tube and a consequent sterility. Should the catarrhal pass into the purulent form the likelihood of tubal destruction is more positively assured. Purulent salpingitis rarely causes death, yet there is lurking in every pus tube the possibility of death from the escape of its contents into the peritoneal cavity, either by rupture or by leakage through the unclosed fimbriated opening. Rupture has occurred spontaneously but is usually due to instrumental or bimanual examination, manipulation or some surgical operation about the uterus. A small amount of the contents leaking excites a local inflammation, with adhesive protection of the general cavity. Continuous suffering and chronic invalidism are by no means unusual. Ectopic-gestation is more likely to occur in a diseased tube and this fact must be considered in the prognosis.

It is not my intention to speak of the treatment of acute salpingitis further than to mention absolute rest in bed, enemata to keep the bowels open, light diet, ice bags at first over the affected area, thorough relaxation of the lower dorsal and lumbar regions, followed by inhibition, and a correction of lesions as far as possible. Later hot fomentations, hot douches and hot sitz baths will materially aid resolution.

In the chronic purulent cases the question arises, shall we dare violate the surgical law, "evacuate pus wherever found" and dare to treat a chronic purulent salpingitis by means other than the knife. Experience coupled with the statements of the surgeons themselves convinces me that we offer the majority of our patients the surest and easiest road to complete recovery.

The surgeons state that after a viriable time the germs lose their vitality and virulence and that the contents of most tubes are sterile. Should they not be, there is no reason why osteopathic treatment should not be administered with the most favorable result.

Treatment.

It is my rule after such a case has been examined and diagnosed, to explain the situation candidly and at length. Impress upon the patient that her co-operation in every detail is absolutely necessary. State that the time to do all that is possible for her will be measured in months and that her patience and persistence in taking the treatment will be essential. If the case is of recent occurrence and abdominal tenderness great, demand that she go to bed for a few days, perhaps a week or two. The alternative is an operation, which will keep her in bed much longer. This is an important part of the treatment, but one that is sometimes hard to enforce, as patients who are able to come out to your office will persist in staying up. Lesions in the cases, either primary or

secondary, are invariably found and should be removed as expeditiously as possible. These patients are usually poorly nourished, constipated, weak, nervous, often sleepless and general treatments are as a rule indicated. Besides the attention to the lesions, thorough but gentle treatment to the lower abdominal region is to be given. Treat as deeply into the pelvis as the tenderness will allow. Impress upon the patient that she must tell you when the treatment becomes uncomfortable, for here we have our best guide as to the severity of the treatment.

To place the patient in the knee-chest or Trendelenberg position or on her side will often enable you to reach deeper in the pelvis than in the dorsal position. After having given such treatment for two to four weeks, you will find the malaise, nervousness, nutrition and pelvic weight, heaviness and tenderness and general conditions much improved.

Local or bimanual treatments may now be begun. In giving these I prefer to have the patient in the dorsal position. Have the hands surgically clean, and begin by gentle bimanual manipulation of the tubes or tubal mass, the movements all being made towards the uterus. Remember to be gentle and let the severity of your treatment be governed by the pain caused. Let your rule be to do too little rather than to do harm. At the next treatment, question the patient carefully as to pelvic pain or discomfort, which may have been caused by the first treatment. Should any uncomfortable symptoms have resulted, be more gentle in your local treatment or defer it altogether at this time. If no symptoms followed the previous treatment, one as nearly like it as possible may now be given. Increase the thoroughness and length of the treatment gradually. Keep in mind that with each treatment you have something definite to do, a condition to overcome, circulation to stimulate, lesions to correct, for in truth these adhesions are such. After the local treatment is given and as a terminal part of it, place the patient prone and give gentle but strong inhibition to the lumbar and sacral regions. This tends to relieve any discomfort which may have been caused by the treatment.

If this course is persisted in for from eight to sixteen weeks a return of general health and often apparently healthy tubes will be evidenced by an absence of symptoms and by conception after years of sterility.

The diet should be governed closely. It should be light, nutritious and abundant. Hydropathic ministrations in the form of daily hot vaginal or rectal irrigations, hot packs and hot sitz baths offer valuable aids in treatment.

I do not contend that such treatment as this is applicable to every case, but it is applicable to that large number who are able to come for office treatment and do not show marked evidences of extension or active inflammation. There are cases active, progressive and virulent. In such, advise surgery. Also in those cases, none of which I have seen, who do not show early and positive improvement under the treatment I have outlined.

First Nat. Bank Bldg.

PREVALENCE OF SACRO-ILIAC DISLOCATIONS.*

DR. F. E. MOORE, LAGRANDE, ORE.

Much has been said, still I feel that the sacro-iliac dislocations present to the osteopathic physician a large scope of development and discussion, if not the largest of any one part of the human framework, owing to the various effects produced by the slightest deviation from the normal of the structures forming this articulation.

During the last few years a large number of cases have come under my care in which the innominate bones were involved, and many and varied have been the so-called diseases that I have directly traced to this cause, and after corrections all former symptoms and effects have disappeared.

Cause of Prevalence.

The frequent occurrence of the sacro-iliac dislocation or slight strain, for often the deviation is so minute it could not always be classed as a dislocation, has brought to my mind the question, Why is there such a number of these cases, could it be that in different localities there would be an increase or decrease?

After considering this for some time, I have come to the conclusion that the mode of living and occupation with a rugged country probably presents a majority of these cases in the far West over those of the inhabitants of the East who live a more sedate life. People in the West often walk for miles over a mountainous road, not always being able to determine just how solid the footing for the steps to follow will be, and a mis-step will be taken, causing a terrible jar to the entire body, which is taken as such at the time and not thought of again, until several days or a month later, when pain is felt in hip, knee, toe, appendix, ovary or head. And after an osteopathic examination the cause is found to be at the sacro-iliac articulation, and after questioning, the pain, wherever it may be centered, is dated from time of such and such a trip over the mountains.

Again, at times one is compelled to walk through drifts of snow several feet deep and in taking these difficult slow walks, each foot stepping out of the snow has to be raised to a right angle with the body, so you can easily see the strain such stepping would bring on the muscles of the abdomen, pelvis and leg, increasing the abduction, adduction, flexion and extension to a great degree, and such walking for a day's time, bringing extra strain, weakens the muscles, causing the pelvic bones to be strained and the articulation pulled from its normal position. Also such as long rides in stage, buggy or on horseback over rough roads would be the beginning of trouble with this articulation, for rides of great distance are taken and not only is the jolting severe, but the sitting position is hard, lasting sometimes for ten or twelve hours, and the jumping in and out or off has been known to cause a dislocation.

While I have taken notice of these cases, I have observed that this dislocation or strain is more frequent in women but of more severity and more pronounced in men, which I think is due to the innominate bones of the woman being more easily strained as they are more delicate and less massive, while in a man it takes a more direct and forcible injury to dislocate these parts as they are broader and more compact, causing in turn a more complete dislocation and greater pain.

Anatomy of Articulation.

In discussing this articulation I wish to briefly give the bony frame work of which the parts consist. First, the sacrum, which is an excellent example of a wedge, is broad at the base and has a decided apex, and is the axis on which the innominate bones have their mobility, the upper half of each lateral surface, forms in front an auricular surface for this articulation.

The innominate bones, so named because they do not resemble any known object, are formed at puberty by the union of the ilium, ischium and pubes; they are large, irregularly shaped flat bones, with constricted center and expanded above and below. On the internal surface of the ilium and behind the iliac fossa is a rough surface, divided into an anterior and posterior portion. The anterior is of an auricular shape and articulates with a similar surface on

the side of the sacrum. The posterior has a rough surface for the posterior sacro-iliac ligaments and part of the erector spinae origin.

Taking the pelvic bones as a whole, they have muscular attachments of the abdomen, the perineum, pelvic floor and rotators of the thigh, and in addition, the ligaments of this especial joint, the sacro-iliac, are so well placed that they fortify the joint against abnormalities so that strains and wrenches of no mean proportion are necessary to alter the articulation.

Gray gives the sacro-iliac as an amphiarth-rodial joint, but Morris in his recent work, says: the sacro-iliac articulation is a diarthrodial joint. I consider this, an endorsement of one of osteopathy's greatest discoveries, namely, a joint of sufficient mobility to make malposition possible. From Cabot's latest work on Physical Diagnosis I take the following: "Goldthwaite has recently shown that the sacro-iliac joint is subject to most of the diseases of other joints, and that some are not at all uncommon here. Many of the pains in the back complained of by women during menstruation or in pelvic disorders are referred precisely to the sacro-iliac articulation and are probably due to lesions of that joint. Many cases diagnosed as 'Lumbago' are probably due to one or another sacro-iliac lesion. The subject is a new but very fruitful one." Here we have another endorsement of this old osteopathic subject—viz.: a joint in which causitive malpositions were discovered and corrected as early as our honored Dr. A. T. Still discovered other great osteopathic truths. The sacro-iliac dislocation and strains consist of forward and backward tilts. As it is so rare for an upward or downward dislocation to occur, on account of the wedge shape of the sacrum, I will not take it under discussion. In the cases I present, I wish to show how abnormal conditions of the sacro-iliac joint have been the direct cause of disturbing various centers and nerves, resulting in entirely different effects as the pressure may be. I also emphasize that improved effects and recovery are so marked, following successful correction of any abnormality of this joint, that I urge all to make a careful examination of the innominate and where trouble is found, do specific work, and the results are sure.

Cases Recited.

First, I call your attention to a case of a Mrs. H—, injured in a stooping position while hurriedly lifting. She felt something snap in her back, as she expressed it, and pain ensued almost immediately in the lower spine, while later she had continuous headaches and experienced a depressed nervous state. Patient went to bed for weeks, depending on the medical remedies, usually resorted to in baffling such cases, but was not relieved. When I examined her I found a decided sacro-iliac dislocation and a hypersensitive condition above and below the articulation. It was a forward position of the left posterior inferior spine of ilium. I have never observed an innominate case with more general nervous collapse. Hyperesthesia necessitated light relaxing treatment, confined to lower lumbar and sacral region. I kept the patient in bed much of the time and at the end of a month, finding the joint in improved tone, I set the innominate. It gave quick relief and from that date recovery was speedy. Discharged case at end of fifth week. No recurrence until this spring, four years later, caused by lifting, but was easily corrected.

The next case, a Mr. M., was a pronounced and interesting case of sacro-iliac dislocation. It resulted from a six or eight mile walk while prospecting in the Coeur d'Alene Mining District, Idaho. He walked with great difficulty over a rough country, through snow three feet deep, each step requiring labored effort. There was great fatigue, resulting no doubt in more irregular action in

joints and consequent greater strain. A day or so later he found himself unable to maintain an erect posture with the left leg extended. After a half dozen M. D.'s and Hot Lake sanitarium failed in curing, so-called sciatica, from which disease he had never been a sufferer, I discovered upon examination, a sacro-iliac dislocation, with forward tilt of innominate. Leg muscles were drawn and contracted. I placed the patient on crutches, (a procedure to lessen tension of the joint, I have found to be of much aid in certain innominate cases.) At the end of three weeks' treatment, confined wholly to the sacro-iliac region, relaxation was accomplished, and with Mrs. Moore's assistance reduction of the dislocation was performed. At the end of five weeks' treatment, a bright young man who had almost become reconciled to spending a cripple's life, was restored to health. In this case the only suffering was in the lower abdomen.

The next case, also a forward tilt of the innominate, was in a Mrs. M., passing through a nine year menopause, during which time constant flowing, in periods of weeks' standing was not unusual. As the result of a well-remembered fall down stairs, a period of constant flowing, covering eleven months was started. In a state of alarm osteopathic treatment was sought, I discovered right innominate forward. I at once corrected it, not treating case again for several weeks. Result was immediate, and now two years later patient reports, but two period seasons and both normal.

Apparently a similar position of the right innominate, produced in Mr. B., an acute attack of appendicitis after a previous day of mountain climbing, showing as it did the usual symptoms of such an attack. Examination revealed a forward position of the posterior inferior spine of ilium and a sensitive area there around. Patient had been subject to previous attacks but of less severe nature. I raised the caecum from its impacted position in the pelvis, corrected the innominate and on the third day patient was normal. Three years have elapsed and no return of the trouble.

The next case of forward tilt produced a cripple, a Mr. S—. The effect of injury was immediate upon lifting a heavy piece of lumber. He was confined in bed for a month during which time he was doped and treated according to the symptoms, his much deranged system indicated to a skilled M. D. Although a most decided sacro-iliac dislocation, it was diagnosed, a spinal curvature on account of the natural ability of the wonderful spine to compensate in position for a pronounced pelvic tilt. Even opiates would not relieve the distressed nerves which were calling for removal of pressure. Upon examination I found the left innominate was unmistakably tilted forward and the patient wholly unable to extend leg. It took a month to lessen contractions and increased leg motion, during which patient was kept in bed. The second month he was on crutches, and at the end of the month Mrs. Moore and I succeeded in reducing the dislocation. The patient experienced immediate relief and demonstrated for the first time his ability to maintain erect posture. Several weeks later he was discharged and has enjoyed his usual good health for the past three years.

The foregoing was one of the slow innominate cases, and now I wish to relate a case in which a patient was cured in one treatment.

A Mr. G— had been suffering for some weeks with what he considered rheumatism in the great toe of his left foot. It necessitated temporarily ceasing his work as railroad conductor. Upon examination I found a forward tilt of the innominate with slight sensitiveness at the sacro-iliac articulation. I at once corrected the slip, relief was immediate and there has been no return of the difficulty. That was two years ago. In this case the patient's trouble was in his toe, now I will call attention to one where the effect was in the knee.

A Mr. S— was thrown with horse seriously bruising the knee producing a synovitis. Entire left side of body was sore from fall, but apparently with all the difficulty in the knee. I discovered a sacro-iliac slip with innominate tilted backward. First I gave surgical attention to the knee and kept the patient in bed one week until activity was indicated. Then he was allowed the use of crutches for two weeks, at the end of which time all direct injury to the knee was overcome. Attention was then given to the innominate; patient was unable to completely extend leg when in erect position. With Mrs. Moore's assistance I corrected the trouble and instantly the use and comfort of the knee was secured.

The next, a case of ovaritis, was a Mrs. C— from out of town, who came for a six weeks' course of treatment. Her suffering was quite intense, a decided right sacro-iliac dislocation. The posterior inferior spine of ilium backward and a sensitive area, also sensitive along iliac crest. Eleventh and Twelfth ribs were dropped. I corrected the innominate at third or fourth treatment with immediate and steady improvement thereafter until recovery. No return in three years.

The next case, one of Amenorrhoea, was that of a sixteen year old girl, Miss W— apparently healthy in every way. She was late in becoming established. Had menstruated once and then lapsed for months. I found a backward tilt of innominate and no perceptible sensitiveness. Treated one month directing my work to correcting the sacro-iliac dislocation and menstruation was established. It has been two years and no further difficulty has been experienced.

One Unsuccessful.

Among the successful cases I wish to tell you of a failure. A Mr. O— had sacro-iliac dislocation, agreed upon between three osteopathic physicians in consultation, after carefully excluding hip dislocation. Three months' persistent treatment failed to correct. The patient became discouraged and will doubtless go through life a cripple, yet I feel that a year's treatment might have accomplished what three months' consecutive work failed to do. I consider it virtually a locked joint, held so, largely by the most intense contractions around an abnormal articulation. The case dated from a bad strain in a logging camp two years previous. It left the patient with a tilted pelvis. The posterior inferior spine of right ilium showed a decided backward position. The area of articulation was sensitive with more or less constant suffering in that locality. This is one of the very few cases of misplaced innominates that I have failed in. I do not believe that a year's practice will show more than one innominate failure, and I do not state that egotistically, but to emphasize that if we osteopaths develop ourselves in the skill of correcting innominate malpositions we are in a position to remove the real causative factor in many and varied diseases.

Case eleven, and the last one I shall give, was a Mrs. H—suffering from so-called chronic appendicitis due to horseback riding or possibly getting into or alighting from saddle. Being mountain ranchers forty miles off the railroad, there was much occasion for stage and horseback riding, a case in which the trouble could be charged to no other known cause. Suffering in the right iliac region more or less all the time, and aggravated after long rides, a state of anxiety existed that a surgical operation might have to be resorted to.

Examination revealed a backward tilt of the innominate. At second treatment it was corrected. No more suffering was experienced thereafter. Discharged case at end of a month. In this case, as in many others, we must bear in mind that sacro-iliac dislocations, especially if of long standing, require improved tone of ligaments, so that when an innominate is corrected the ligaments will fulfill their function of holding the articulation intact.

In conclusion I wish to state that it was not my purpose, and has not been my effort, to present to you a scientific article on the many complications of this subject, but rather to give you a practical talk on my own observations and experience in sacro-iliac abnormalities. I consider it a vital osteopathic truth that misplaced innominates do exist and that scientific osteopathic skill is necessary for their correction.

Sommer Building.

*Paper read before the eleventh annual meeting of American Osteopathic Association.

W. W. Steele, Buffalo, N. Y., then demonstrated a case of innominate adjustment with patient, as follows:

In this case the sacrum is forward and the innonminate back—the one on the left side mainly, the one on the right side does not seem to be disturbed. We find tension of the muscles and ligaments, forming quite a perceptible knot where they are thrown posterior. That produces pain around the crest of the ilium. Both legs are the same length. That does not indicate anything in the ilium. It is not a very good point to diagnose from. It is, however, a slight indication of the condition. My method of getting this relaxed is to put the knee against the right pelvis and put the hand on the left shoulder, pushing the patient back towards the median line, and up towards the head, and then by holding the pelvis in a fixed position with the fingers on the part to be corrected. By that movement you can often fix them. In this case it was corrected. I have a case now, a Mr. H., in reaching over for a bar he was standing on his right leg with his left leg off the ground, and when he straightened up he found he could not bring his leg down to the proper position, and great pain started. This same man took Christian Science for six weeks with no improvement, and his employer induced him to come to me, and I found a twist in the innominate. The innominate was anterior and the sacrum posterior, making the leg about two inches longer than the other. I treated him one month, but after the third treatment he resumed his work. At the present time it is not entirely corrected, but so near that you can hardly detect anything wrong.

C. B. Atzen: You say you never use the leg in diagnosing?

W. W. Steele: I use the leg to confirm my findings; not as a positive condition because I do not believe you can be positive of the position of an innominate by the length of the leg, because so often the shortening or lengthening of the leg is produced by the dislocation pressing on the nerve centers which control different muscles, and which sometimes produce lengthening or shortening of the parts according to what nerve center it controls or irritates.

Then another position is to get the person relaxed as much as possible, and then I place my hands on both sides of the sacrum, pushing apart each one of the innominates. And as you do that to bring the legs on a right angle with the body, and by pulling them apart in that way you very often correct the trouble I have just explained. Where you find an innominate posterior you put the patient on his back; draw him towards the foot of the table; bring his knees up in the position of an acute angle with his knees under your arms, so that you can use them as levers, and then bring your patient to one side of the table on the corner, and by placing the center of the spinous part of the sacrum on the center of the corner of the table make your downward pressure, and as you make that downward pressure have an assistant hold the patient, so that you can use the knees and make the desired pressure, bringing your weight on

the knees; and as you do that pull down with all your strength. That is another method I have in setting sacrums that are posterior where the innominates are anterior.

Another method which I consider very good for a dislocation of the innominate, and which of course throws the sacrum out of position, is to set the patient on a stool about 18 to 20 inches high; have an assistant in front of the patient and make a tension on the sacrum, and while he is in front, the position he should assume would be to get between the patient's legs so as to make him steady. You stand behind the patient and have the patient clasp his hands behind his neck, and put your hands under his arms, bring your hands around behind his hands, then having your patient relax as much as possible while you make a straight up pull, which relaxes all those parts; and when you make that pull have your assistant pull forward on the sacrum; and that method is used the same as you would pull out a wedge that is driven into a tree.

F. E. Moore: Dr. Steele states that he usually works alone. I am more fortunate in that Mrs. Moore usually assists me. This is a forward tilt of the innominate. I put my hand on the anterior superior spine, and take hold of the tuberosity of the ischium and with the other hand and make the motion do like that. (Demonstration) That is one I have found successful. And the reverse treatment is given where they are tilted the other way. Now I put my hand under the tuberosity of the ischium and push down on the tuberosity of the ischium and pull up on the posterior superior spine of the ilium, and draw the leg in and drop it out.

I have been asked if I had innominates that I could not keep in position after getting them in place, and in reply I will state that I have had quite a few.

C. E. Achorn: Do you find lumbar lesions, and if so do you correct the lumbar lesion and afterwards find that the innominate lesion continued?

F. E. Moore: I have found lumbar lesions, and my observation has been as you state.

C. E. Achorn: In lifting the tray of a trunk at one time I threw out the innominate. I could not secure a reduction of it until the next day. Now, whenever I step off of a car suddenly, or when I make a mis-step I experience severe pains across the sacrum, which does not seem to be well defined. It seems to radiate throughout my entire back and sacrum, and it is my present source of weakness.

W. W. Steele: In my practice it is usually the right innominate that is affected. Both of these cases before us are left. In this case the muscles are tense; the lower muscles are tight and swollen. The upper muscles are likewise swollen.

I am asked why I consider the right limb more often involved than the left? Simply because people get on and off street cars and railroad train, in fact in nearly everything they do they use the right leg more than they do the left.

I am asked if I had cases with an innominate lesion that I could not reduce? I will say that I have. I have reduced them under chloroform, but after a week they would slip out; I again reduced them, but finally had to give it up, it being impossible to hold them in place.

J. K. Schuster: In those cases did you get the lumbar muscles relaxed?

W. W. Steele: I had the lumbar muscles in good condition; the reduction was complete, and the patient was relieved of pain and suffering, but still it would not stay in place. Dr. Achorn says he has no pain in the legs, but the pain is chiefly across the innominate. In this condition he has a fifth lumbar slightly posterior, making a tension on the muscles, and they in turn pressing against the nerves, and that is one thing that helps aggravate the pain in his back; but the whole condition is produced by the innominate lesion.

THE INNOMINATE.

(Discussion in open parliment at the Eleventh Annual meeting of the A. O. A., Norfolk, Va.)

C. E. Achorn: We will now take up the Innominate, and I trust you will all take part in this open discussion.

C. B. Atzen: If it is agreeable I wish we could agree on the different points to be discussed. Let us take one point and make it a fixed point to talk from, either the movement of the innominate or the movement of the sacrum, so that we can follow the thought of the speaker; and let the speaker state just exactly what has moved forward, and what has moved backward.

H. W. Forbes: (with patient) I will attempt to tell you briefly what an innominate lesion is. When I say the innominate is anterior or posterior I want you to know exactly what I mean, and then if there are other conditions, or if any of you mean something else when you use the same terms we want to have you say so.

First, let us discuss the sacro-iliac articulation. The articular surfaces on the sacrum are directed outward, upward and backward. The sacrum does not fit down between the two innominates as the keystone of an arch, but just the reverse. The sacrum is wedged up between the two innominates.

The articular surfaces of the sacrum are wedge shaped. A line connecting the articular surfaces along the posterior surface of the sacrum is shorter than a line connecting the articular surfaces along the anterior surfaces. In other words, the sacrum is pushed upward and backward between the innominates in the form of a wedge. If all the muscular and ligamentous supports were taken away, the weight of the trunk would carry the top of the sacrum downward and forward between the two innominates. When the sacrum is pushed backward and upward it separates the innominates.

Now, let us examine this just one moment. A look at the skeleton will show that the formation of the articulation is such that the weight of the trunk tends to force the top of the sacrum forward. There must be some reason why the top of the sacrum does not tip forward, and that reason is to be found in the disposition of the ligaments about the joint. As the patient stands with the weight of his body transmitted to the top of the sacrum there is a tendency for the top of the sacrum to turn forward and downward, and for the lower extremity and coccyx to move backward and upward. The tendency of the sacrum to rotate on a transverse axis drawn through the center of the sacro-iliac articulation is counteracted by the great sacro-sciatic ligaments and posterior sacro-iliac ligaments. The great sacro-sciatic ligaments, which pass forward and outward from the side of the sacrum and coccyx to the tuberosity of the ischium are the chief factors in preventing the inferior extremity of the sacrum from moving backward and upward. Cut the great sacro-sciatic ligament on a cadaver and the inferior extremity of the sacrum may be moved backward and upward. With the sacro-sciatic ligaments intact slight forward and backward tilting may be produced.

The second important factor counteracting the tendency of the sacrum to rotate is the posterior sacro-iliac ligaments. The great sacro-sciatic ligaments prevent the inferior extremity of the sacrum moving backward and upward; the strong interosseus posterior sacro-iliac ligaments resist or prevent the top of the sacrum from moving downward and forward. (Patient stands on right leg). As he stands with the weight of the body on this foot the entire weight of the trunk on the right leg is borne by the right posterior sacro-iliac ligament. The normal movement of the sacrum on the innominates is a slight forward and backward tilt of the sacrum on the innominates on a transverse axis

passing thorugh the center of the articulation. The posterior superior spine of the ilium is directly behind the center of the joint. A line drawn horizontally from this, the axis of movement, is about on a level with the second sacral vertebra. In strong forward flexion the top of the sacrum moves forward and downward, the inferior extremity backward and upward, the great sacro-sciatic and posterior sacro-iliac ligaments are made taut; the posterior superior spinous processes come closely together, and the transverse diameter of the pelvis is lessened. In this condition the lumbar curve forward is accentuated. The increased pelvic inclination is an important factor in the causation of some cases of that attitude known as round shoulders. This condition might be named anterior sacrum, or bi-lateral posterior innominate. The former terminology seems preferable. In strong backward bending the top of the sacrum is carried slightly backward and upward, the inferior extremity forward and downward, the great sacro-sciatic ligaments are made lax, and the transverse diameter of the pelvis is slightly increased. In this condition the lumbar spine is more straight than normal. This may be named posterior sacrum or bi-lateral anterior innominate. The former seems the better. It is highly desirable that a uniform nomenclature be used, and the nature of this condition suggests that anterior and posterior sacrum be adopted as the names of lesions involving the movement of the sacrum equally, and in the same direction on both innominates. The term innominate lesion might well be limited to cases in which the lesion is unilateral.

I recognize two regular lesions of the innominate. By regular is meant a lesion predisposed to all the normal movements of the joint. A regular lesion inwards is one in which the innominate is retained permanently in a position of exaggerated normal movement. That may be named anterior innominate and posterior innominate. In anterior lesions of the innominate the anterior superior spine of the ilium is moved forward, outward and downward, the tuberosity of the ischium backward, upward and inward, the posterior superior spine slightly forward and slightly upward. The distance between the ensiform cartilege and the anterior superior spine is increased. The distance between the side of the sacrum and the tuberosity of the ischium is decreased. The great sacro-sciatic ligament is lax, the posterior sacro-iliac ligaments taut, sometimes torn. In a posterior innominate lesion the anterior superior spine is moved upward, backward and inward. The tuberosity of the ischium forward, outward and upward. The posterior superior spine backward, downward and inward. The distance between the ensiform cartilege and the anterior superior spine is lessened, and that between the side of the sacrum and the tuberosity of the ischium is increased. The great sacro-sciatic ligaments are taut and sometimes slightly torn.

The diagnosis of these lesions may be made by comparing the prominence of the posterior superior spines and by measurement. With the patient standing the posterior superior spine and the crest of the ilium if one inch forward from this point is less prominent than its fellow in anterior lesions, and more prominent in posterior lesions. In anterior lesions the distance from the ensiform cartilege or the top of the sternum to the anterior spine is increased, and that from the third sacral spine to the tuberosity of the ischium lessened. In posterior lesions the distance from any fixed point on the sternum to the anterior superior spine is lessened, and that from the third sacral spine to the tuberosity of the ischium increased. These bones are sufficiently positive to establish the diagnosis in most cases. Inasmuch however as these signs only indicate a difference in the two sides, one is sometimes in doubt as to whether one innominate is forward or the other backward. The presence of unilateral symptoms or effects may indicate the side of the lesion. In acute cases pain, tenderness and muscular rigidity are of diagnostic value. In case of doubt the

therapeutic test is available, namely, attempt to correct the asymmetry by working forward on one and backward on the other. The one, the seat of lesion will move under correct manipulation.

C. B. Atzen: What effect do innominate lesions have on the length of the legs, if any, in what way is the length changed, in anterior posterior lesions?

H. W. Forbes: The length of the leg is not greatly altered in either lesion. In anterior lesions the leg is apparently slightly longer, and in posterior lesions slightly shorter than its fellow. A line drawn from the anterior superior spine of the ilium to the internal malleolus will measure practically the same on the two sides. A line drawn from any fixed point on the sternum to the internal malleolus will be slightly longer than the normal in anterior lesions, and slightly shorter in posterior lesions. (Patient in dorsal position on table). If alteration in the length of the legs is used at all in diagnosis the change must be demonstrated by measurement from some fixed point on the trunk above the pelvis to the internal malleolus. To attempt a diagnosis by comparing the length of the legs as they are placed parallel on the table it seems to me is altogether unscientific, and this method is wholly untrustworthy. The reason for this is obvious. There are many conditions in which the pelvis as a whole is tilted up on one side and down on the other, and these cause great apparent lengthening and shortening of the legs. For instance, if the right leg is ankylosed in abduction, and brought parallel with its fellow by a tilting downward of the pelvis on the right side and upward on the left, it will be apparently much longer. This may be seen at a glance by comparing the malleoli and a measurement from the malleoli to the ensiform cartilege will show the amount of apparent lengthening. If on the other hand the right leg is immobilized in a position of abduction and carried parallel to its fellow by a tilting upward of the pelvis on the right and downward on the left it will be apparently much shorter than its fellow. In both these cases measurements of the actual lengths of the legs from the anterior superior spines to the internal malleoli show but slight difference. The leg which is apparently longer is actually slightly shorter than its fellow, and the leg that is apparently shorter is actually slightly longer. The reason for this is clear. Abduction lessens the distance between the anterior superior spine and the internal malleolus, and adduction increases it. Abduction lessens the distance because the axis of movement is on the hip joint. It is two to three inches below the anterior superior spine, and the distance between the anterior superior spine and the internal malleolus would continue to decrease in abduction until the leg was carried around to a point at which the anterior superior spine would be directly on a line between the axis of movement in the hip and the internal malleolus. At this point the distance between the anterior superior spine and the internal malleolus would be as much less than the length of the femur and tibia as the distance from the anterior superior spine to the acetabulum.

There are many affections of the hip joint which cause the leg to be held permanently in a position of abduction or deduction, and thus apparently lengthen or shorten the leg. Lateral curvature of the spine frequently produces a tilting of the pelvis as a whole, and thereby causes an apparent lengthening or shortening of the legs. Inasmuch as all of these conditions must be differentiated from innominate lesions, if apparent shortening and lengthening of the legs is used as a diagnostic point in these it seems wiser to rely upon the asymmetry previously discussed. In this connection we may remark that hip joint affections, sciatica, etc., which produce tilting of the pelvis as a whole, may be caused by primary lesions of the innominate; consequently innominate lesions should not be overlooked, because the apparent shortening or lengthening is otherwise satisfactorily accounted for.

I am asked why the leg is apparently longer in anterior lesions and shorter

in posterior ones? It is because the acetabulum is in front of the axis of rotation, and in anterior lesions the acetabulum is carried downward and backward, coming more under the sacro-iliac joint, and thereby the leg is apparently lengthened. In posterior lesions the acetabulum is carried forward and upward and the leg apparently shortened. Theoretically in an extreme anterior lesion the leg might be shortened if the acetabulum were carried behind the axis of movement. I have not actually met with such a case.

M. F. Hulett: Is the axis of rotation a shifting one?

H. W. Forbes: It apparently does not vary more than half an inch in regular lesions, being about on a level with the second sacral spine.

M. F. Hulett: What holds it?

H. W. Forbes: The chief structure is the strong interosseous sacro-iliac ligament. The great sacro-sciatic ligaments resist the tilting backward below and thus assist the posterior sacro-iliac ligaments in resisting the tilting forward and downward above. As a rule considerable force is required to produce a lesion when all the ligaments are intact.

W. E. Harris: I think the diagnostic rules are good except with regard to the matter of alteration of the length of the legs. The articulation may be made secure by passing something through the center of the joint, so that in the forward tipping of the innominate you can demonstrate the appreciable lengthening of the leg. You rather under-rate that point. In my class work I have demonstrated it over and over again. Putting the patient on the table and making a strong pull on the side you generally see what you want to, for you tip the pelvis as a whole; but I think it is a physical impossibility to have an innominate lesion without changing the length of the legs. Perhaps your other method of diagnosis is satisfactory, but it does seem to me that you overlook one of the oldest, that of changes in the length of the legs.

H. W. Forbes: There is undoubtedly a difference in the length of the legs in innominate lesions, the legs being apparently longer in anterior lesions and apparently shorter in posterior lesions. The chief objection I have to emphasizing this as a diagnostic point is that there are so many conditions in which the pelvis is tipped that must be differentiated in order to make this sign of any value.

Clara Wernicke: Does contraction of the gluteal muscles alter the length of the legs?

H. W. Forbes: Sustained contracture of the abductors will produce an apparent lengthening when the legs are brought parallel, and sustained contraction of the abductors will produce apparent shortening.

C. B. Atzen: Would sustained contraction of the adductors or abductors produce a tipping of the whole pelvis?

H. W. Forbes: With sustained contraction of the abductors the pelvis is tipped downward on the side by contraction, and the spine is curved toward that side when the legs are placed parallel, and the lumbar spine is curved toward that side. In sustained contraction of the adductors the pelvis is tipped up on that side and the lumbar spine curved to the opposite side.

A. G. Hildreth: While we are talking about innominate lesions and dislocations, there is one thing that is of vital importance to this association, and it is this: we find that so often in our practice a patient will come to us and say so and so said my right innominate was dislocated, or that this or that dislocation existed. That kind of talk to our patients is wrong, because it carries a wrong impression. The old school people ridicule the idea that we claim there can be a dislocation of the innominate and the sacrum. When it is actually dislocated we should say so. The common tilting of the pelvis anterior or posterior should be so called, and not called dislocated, because the thought of a dislocation in the mind of the average individual is a dislocated condition of an

articular surface, and that is wrong. We should say the pelvis is tilted anteriorly through an injury, a sprain, or contracted muscle, so they will clearly understand it, it will leave our profession in a much better position, and furthermore it conveys to them a correct opinion of their true condition. This is not only applicable to the sacrum, but to the vertebrae, the elbow, shoulder or any other part of the body. We should be careful what we say and how we say it.

C. E. Achorn: I am heartily in favor of Dr. Hildreth's idea. About a year and a half ago the medical profession in my city published a long article well illustrated proving the mobility of the innominate bone, and they said they spent two years demonstrating and proving the existence of that movable joint, with the result that they are treating what they call a movable pelvis. And we have one of our profession here today who knows through a friend that Dr. Goldthwait, the authority on orthopedics, admitted to an assembly, after first inquiring if there were reporters present, that he got that idea from the osteopaths. You can say that it has been demonstrated by the medical people beyond a doubt that this is a movable joint, and you can refer them to the article published by Dr. Goldthwait in the Boston Surgical and Medical Magazine; and you can further state to them that they stole our thunder.

A. G. Hildreth: I do not want to be misunderstood. There is no question but what we do have dislocated innominates, and there is no question but what we do have movable joints between the sacrum and the innominate, because it has been demonstrated time and again; but the point I make is, when there is a dislocation say so, and when it is only a tilting of the pelvis say so, and do not confuse the patient.

P. H. Woodall: I want to call your attention to an article published in a medical journal in Washington, D. C., about three months ago, in which a physician speaks of treating twenty consecutive cases of subluxated innominates. Down to where he refers to the treatment you would say he was an Osteopath rather than an M. D. He states among other things that these cases are frequently overlooked by the regulars. But in his treatment he relies largely on strapping the patient with adhesive plasters.

H. W. Forbes: In a recent book by Lovett on lateral curvature or scoliosis, he described the movement of the sacrum on the innominate, but I cannot entirely subscribe to the idea that it adds any force or weight to our theory of the movement of these lesions, because we can show some regular practitioner as an authority for our way.

E. M. Downing: I hold in my hand a letter from Dr. Goldthwait. Some weeks ago there appeared a statement in the papers to the effect that Dr. Goldthwait had read a paper before the medical association at Atlantic City, and the statement was made in it that he held that the sacro-iliac articulation is a true joint and subject to slips and displacement. I asked for a copy of the article and I have the doctor's reply. The New York Medical Record of June 15th contained the following:

"Boston, Aug. 22, 1907.

Mr. E. M. Downing, York, Pa.:

My Dear Sir: Your note in regard to the paper presented by me at the last meeting of the American Medical Association has been received. This article will appear within the next two weeks in the regular issue of the Journal of that Association. Trusting that this information is what you require, I remain,

Very truly yours,

JOEL E. GOLDTHWAIT."

I wanted to get it for the purpose of seeing whether the great orthopedic authority would give the Osteopath any credit for the discovery.

PROSTATITIS.

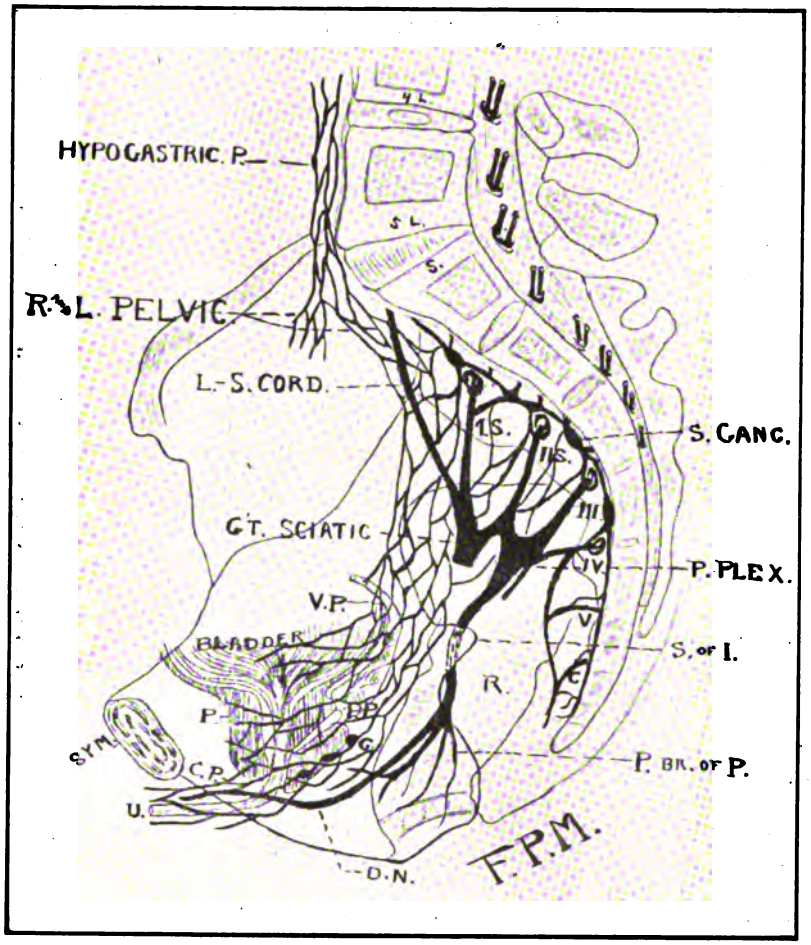
F. P. MILLARD, TORONTO, ONT.

The word prostrate derives its name from its relation to the neck of the bladder, meaning, I stand. Its intra pelvic position protects it from outward injury. Normally the prostate is a sexual gland. Its secretion dilutes and coagulates the semen. In the congested condition not only is the normal function disturbed but the gland interferes with normal urination. This necessitates our considering the gland from a double standpoint,—sexual and urinary.

The prostate is largely composed of unstriped, muscular fibres and acts as an involuntary sphincter of the bladder, the urine from a distended bladder enters the pars prostatica urethrae, the portion of the urethra contained in the prostate gland and a strong desire to urinate is felt. Normally, relaxation of the compressor urethrae muscles occur, but abnormally, in the congested state, this muscle fails to relax and the prostatic muscle fibres contract and the urine is forced back into the bladder, influencing the urinary tract to a varied degree. Retention of the urine may bring on general toxemic symptoms, fevers following chills, and micturition and defecation become painful.

Prostatitis, or inflammation of the prostate gland, is usually distinguished from hypertrophy of the prostate, and may be acute or chronic, occurring in young and middle aged men, while hypertrophy or enlargement is usually restricted to men fifty years or over. Hypertrophy will not be discussed in this paper. In acute inflammation the prostate is congested, but in chronic prostatitis congestion may or may not exist. The amount of congestion can often be told by deep pressure over the bladder, which will be quite painful if congestion exists, and by noting whether the last drops of urine passed are blood tinged. Acute prostatitis is usually the result of the extension of an inflammation from adjacent tissues. The relation of the prostate to the bladder and urethra influences urinary affections, as the urinary stream is interfered with by any pathological lesion which increases the size of the prostate. Urinary symptoms can often be traced to prostatic origin and on the contrary inflammation of the prostate is always accompanied by urinary symptoms, local or general in nature. Infection traveling from the genital tract to the urinary tract or vice versa, must pass through the prostatic urethra which is one of the most important portions of the urinary tract. This local infection may lead to chronic prostatitis and possibly hypertrophy. However the constrictor urethrae muscle prevents, to a great extent, infections and inflammation from running back along the urethra.

Before considering the treatment for prostatitis, which is the primary object of the demonstration, we must review for a moment the innervation to the prostate. Indirectly, the gland is supplied from the hypogastric plexus, (see cut) more directly, from the prostatic plexus. But as lesion osteopaths we must trace all associated connections with the spinal nerves as well as visceral branches. The visceral branches are traced to the third, fourth and fifth S. (sacral) spinal nerves. These nerve fibres are closely connected with the sacral ganglia, as well as the visceral and prostatic plexuses. Coming from the second, third and fourth sacral we have the pudic plexus formation, and these nerve fibres are joined by the sympathetic branches not only at their formation, but near the termination of its branches by direct connection. Branches of the deep perineal nerve, (a branch of the pudic) sends filaments to mucous membrane of the urethra, also the dorsal nerve of the penis, (another branch of the pudic) which joins with the sympathetic branches of the cavernous plexus, (a direct continuation of the prostatic), making the prostate and urethra closely connected by nerves of spinal and sympathetic origin.



INNERVATION OF PROSTATE.

(F. P. MILLARD)

I's, II's, III's, IV's, V's, Sacral nerves; C. Coccygeal; P. PLEX., Pelvic Plexus; S. GANG., Sacral ganglia; S. OF I., Spine of Ischium; P. BR. OF P., Perineal branches of pudic nerve; D. N., Dorsal Nerve of penis SYM., Symphysis Pubes; V. P. Vesical Plexus; P., Prostate; P. P., Prostate Plexus; G., Ganglia found in prostatic plexus; R., Rectum; C P Cavernous plexus; U. Urethra; 4L., 5L., Lumbar; S., Sacrum; C. Coccyx.

Examination and Treatment.

Unfortunately the middle lobe of the prostate is difficult to palpate by digital examination per rectum, and if prostate is highly congested even rectal examination is difficult on account of sensitiveness of the tissues. Perineal tenderness is often quite marked especially on deep pressure. The prostate lies one and one quarter inches above margin of the anus and the rectal face of the prostate will reveal the degree of congestion better than perineal palpation. Treatment per rectum should give way to extra-pelvic, if marked prostatic congestion exists, as irritation is liable to follow. After reducing the congestion in prostate by other methods, described below rectal massage over the gland will help to relieve the inflammation. I seldom treat per rectum. I prefer perineal, inguinal and pudic nerve treatment. Correcting all lesions as high, at least, as the micturition centre, including lumbo-sacral, innominate,

and cocygeal articulations, free the perineal circulation and then treat the pudic nerve. This nerve, and origin of its branches can be readily reached over spine of ischium, or as it lies in the ischio-rectal fossa, just internal to tuberischii. By flexion and circumduction of the leg the inguinal region may be treated and a more or less massage effect produced on the prostatic area, favoring venous flow. Cold sponge perineal baths are often beneficial, but hot Sitz baths are almost always harmful, as they induce a higher degree of congestion. However a hot rectal douche is sometimes beneficial, also hot supra-pubic applications. The circulation can be assisted and congestion relieved by evacuation of the bowels, stimulation of the liver to assist portal circulation, and strict attention to the entire urinary system. Acid urine, or any urinary disturbance, may aggravate a weakened prostatic condition. Regulation of diet will be of some value.

111 Confederation Life Bld.

MOTION RATHER THAN POSITION.

M. E. CLARK, D. O., INDIANAPOLIS, IND.

The explanation of the beneficial effects of osteopathic treatment, how they were obtained and why the lesions produced the disease, has undergone many changes within the last decade. The system has not changed,—it never will since it is a science—but many practitioners differ as to its application and explanation. Some so grossly misinterpret the significance of spinal lesions and make such extravagant statements as to what the treatments do and how they accomplish the results, that many intelligent people refuse to accept osteopathy as a science and confuse it (and rightly too) with massage, suggestion or other non-medical, unscientific methods of treatment. I deplore the methods used by many in exploiting osteopathy such as telling patients that they have a curvature of the spine when there is only a slight deviation; dislocation of a vertebra, when there is only a slight change of position possibly in the spinous process alone, and similar statements. The intention is probably all right but the effect on the patient, the patient's friends and especially on the family physician is such that they sometimes misjudge and make a laughing stock of osteopathy.

When I was a student, the subject of irregularity of the spinous processes was emphasized to a great extent. It was interesting to expose a patient's spine and note the position of the spinous processes, the examiner calling our attention to the fact that the second was to the left, the third to the right, the fifth anterior and the seventh posterior, etc., etc. I was greatly impressed with the importance of this method of examination but the significance of such has been overshadowed by other things of which I will speak later. I do not want to minimize the importance of examining the spines but rather *to emphasize the importance of examining the spinal joints. Lesions are in joints rather than in bones, that is the function of the joint should be considered rather than the position of the spinous process.*

The *function* of any spinal joint is *movement.* This movement is limited in any one joint but taking the combined movement of the spine, it amounts to considerable. The movement is restricted in degree by ligaments and muscles. Repeated stretching of these structures by carrying the movement to the limit, results in freer and a greater range of movement of the spine.

I have long contended that a *spinal lesion* is one in which the movement of the vertebral joints is impaired, either exaggerated or restricted. The degree of the lesion in a way, depends on the amount of impairment of the function of the joint, that is the movement. *Lesions of the vertebral joints are induced by carrying the movement of the joint beyond the point limited by the ligaments in their normal condition.* When the movement is carried beyond this point, something gives way, that is the ligaments are injured, this being followed by an attempted repair of the injury characterized by tenderness, swelling, limitation of movement, exudation and sometimes inflammation. In some of these cases there is an appreciable change in the position of the spinous process but in most of them there is not. If one were to depend on position, an error would be made in the majority of all cases. If one were to depend on motion of the joint, no error is possible since if the motion is normal, position must be. The converse is not always true, that is, if the position is normal, the function of the joint is not always so, on account of the inflammation and its effects; the results of the abuse of the function, i. e., motion.

Excessive movement is often of greater consequence than is restricted motion since it is more difficult to correct. *Any spinal or other affection characterized by relaxation is hard to cure.* Any joint affection characterized by excessive movement, that is relaxation, is extremely difficult to correct. Have you not treated cases of "willowy" spine?

The *indications of a spinal lesion* are then based on degree of impairment of the movement of the joint; condition of the adjacent tissues and position of the bone, but in reality the first includes all. If the movement of the articulation is normal, the condition of the adjacent tissues, that is the ligaments and muscles, must be normal. If the ligaments were sprained, then movement would be painful and restricted. If the motion of the joint is normal, then there must be good position, at least the change in position would not be appreciable. The articular surfaces must be in perfect alignment in order to insure perfect movement. From this we would reason that normal movement is indicative of a normal joint, while any change whatever in the movement of the joint from the normal is diagnostic of a lesion, the degree of change being indicative of the degree of the lesion. In making an examination for spinal lesions *I test the function* (movement) *of each individual spinal articulation.* In order to thoroughly understand this subject, one should be familiar with all the spinal joints, the amount of movement and directions of freest movement. I will not discuss this here for lack of space.

The *cause* of practically all spinal lesions is *trauma.* This may result in a hundred different ways. Anything that exaggerates the movement of any joint, especially if the exaggeration be sudden, is likely to injure that joint, thus constituting a lesion. This represents the type of lesion characterized by restricted movement. Systemic diseases produce relaxation of ligaments and if this so affects a spinal joint that the movement is exaggerated and especially if there is an accompanying tenderness of the ligaments, it constitutes a spinal lesion. This represents the opposite type.

Lesions of the spinal column produce *effects* through a lessening in size of the intervertebral foramina through which the nerve impulses to and from the spinal cord and brain pass. *This pressure is not due so much to a displacement of the bone as to inflammatory exudates deposited around the joint as a result of the primary injury producing the lesion.* It has been the popular belief that all bony lesions produce their effect through pressure of the displaced bone on the nerves and other adjacent structures. This idea is still held by many of the practitioners especially those that graduated from seven to ten years ago. I believe this to be the case in acute injuries, in fact I have reduced many a partial dislocation of a vertebra, but in the average chronic, I do not

believe it to be the case. Even if the vertebra is forced out of line, the least movement will assist in its restoration to a normal position if the injured tissues will permit. The conclusion then is that at the time of the primary injury the bone is displaced to some extent but in practically all cases except those followed by pressure or paralytic effects, the bone goes back into place and the effects are maintained by the injured tissues and not by pressure of the bone itself. There is an impaction, an approximation of the articular surfaces. This has given rise to many a mistake in diagnosis, *an irregular contour being mistaken for a lesion.* I know of a man, once prominent in the osteopathic profession who gave up osteopathy and stated that there was nothing new in the system because he was not capable or at least did not differentiate between an irregular spinous process and a real vertebral lesion. He said that he had faithfully treated case after case in which a vertebra was displaced to one side or the other (so diagnosed by himself and others in whom he had great confidence) and after a thorough trial had found that the bone was just as far out as it was when he began the treatment. He admitted that the patient improved under the treatment. The explanation lies in the fact that there was no lateral or other deviation in the position of the vertebra but an impacted, stiffened joint with adhesions all around the facets partly filling the intervertebral foramina.

In the opposite types of vertebral lesions, that is where the movements are exaggerated, little general spinal treatment is indicated; in fact I think it positively harmful in most cases. In those cases it has been my observation that there was one or two single lesions that alone should be treated, one or two spinal joints that were anchylosed or at least approximated and the treatment should be confined almost if not entirely to those joints. The location of this lesion is most frequent in the middle or upper dorsal area. The relaxed parts in themselves do not produce the effects that the single stiff joint does.

The principal *function* of the spinal column is to protect the spinal cord and its branches (nerves) in all natural positions of the body and to afford a safe channel for the nerve impulses that pass to and from the spinal cord. In order to fulfill this function, every joint must have its normal movement since if the movement of any joint is restricted, nerve impulses passing through the corresponding foramen or the blood carried to or from that particular part of the cord, would be obstructed, in which case the column is not protecting the channel of nerve impulses. If the intervertebral discs are thinned the function of the column would be impaired since the elasticity and movements would be restricted. Although there are other functions of the column this is the most important one and if there is normal movement in each joint, the movement as a whole will be normal and when this is the case, the principal function of the column is not impaired. It makes no difference what the contour of the spinous processes is, how crooked and irregular they are, just so the joints work right. Sometimes there is a deviation but this is the exception in most chronic cases. In other cases the irregularity of contour should suggest that there might be some affection of the joint, consequently the joint should be examined the closer.

The *object of the spinal treatment* so far as my practice is concerned, *is to get normal movement of the vertebral articulations.* As we artificially restore function (motion), the circulation through the joint improves, hence absorption of the exudate is increased. Just as soon as the exudates disappear, unless the facets are away out of alignment, the articular surfaces will go back into normal position without the use of much force and in most instances when the patient himself moves the part. Unless the muscles are too much contracted, it is a very easy matter to reduce a recent displacement (partial) of a vertebral joint if the case is seen soon after the injury. But little force is required. I don't

believe in using the force that some do and I think that the science has suffered much at the hands of those *that mistake force for skill.* This has given rise to the erroneous idea that osteopathy can be administered only to an athlete, that the weak are unable to bear the treatment, it being so rough and vigorous. In recent cases in which there is an appreciable displacement of a vertebra, I set it. In the chronic case I attempt to get movement at the affected joint and when I do, the lesion sets itself. I examine every joint in the spine when a patient comes to me for treatment and I treat only those joints that need it, that is those in which there is restricted movement. I have dissected many dozens of bodies in order to ascertain the pathology of the spinal lesion and I must confess that *it was the exception to find any appreciable displacement of the vertebra* even though the spines were irregular and the rule was to find the intervertebral foramina lessened by some sort of deposit or exudate.

In the "willowy" spine I advise physical exercises to strengthen the muscles that support the column and in addition the correction of whatever lesion that I find. It is there somewhere.

I am well aware of the fact that many osteopaths will think that I have departed from the orthodox bony lesion osteopathy, but I know that I haven't; that I am as firm a believer in the efficacy of osteopathic treatment as the most radical. I have only explained it in a way slightly different from that to which we are accustomed, but which we all practice every day: that is, treatment directed toward getting normal movement in all the joints of the body, especially the spinal articulations.

410 Board of Trade Bldg.

APPOINTMENT OF COMMITTEES.

President Moore announces the appointment of the following committees:

Transportation Committee: Dr. Alfred W. Young, Chicago, Ill., chairman, Dr. R. F. Graham, Batavia, N. Y., Dr. Jose C. Howell, Philadelphia, Pa., Dr. A. G. Hildreth, St. Louis, Mo., Dr. J. Erle Collier, Nashville, Tenn., Dr. Carl T. Samuels, Baker City, Oregon, Dr. R. D. Emery, Los Angeles, Ca.; Necrology Committee: Dr. Francis A. Cave, Boston, Mass., chairman, Dr. Florence A. Covey, Portland, Me., Dr. R. W. Bowling, Los Angeles, Cal.; Prize Essay Committee: Dr. E. C. Crow , Elkhart, Ind., chairman, Dr. A. H. Zealey, Goldsboro, N. C., Dr. E. D. Heist, Berlin, Ont.

These are for the most part "new blood" not having served on any committees in recent years.

It is hoped that the Prize Essay Committee will arrange with the Committee on Publication, Dr. S. A. Ellis, Chairman, for the conditions of the next contest so that these may be announced in the next issue of the Journal. There is evident interest in this contest as the editor has already had inquiries as to the specifications for articles to be entered for the contest. The prize, in addition to the honor and the contribution to the literature of the profession, is worth winning. The amount is fifty dollars.

THE AMERICAN OSTEOPATHIC ASSOCIATION AND WHAT IT STANDS FOR.

The American Osteopathic Association was formed just ten years ago, according to the seal, by early pioneers in the osteopathic profession for the mutual development and encouragement and for service to humanity.

Recognizing the old maxim that in unity there is strength, it has steadly grown in numbers as in every other particular.

A national association in any profession is a vital necessity to growth and preservation. Without it we are merely individuals carrying on our work in our own particular way in a personal field. By mere individual effort a profession cannot possibly grow or make its full value of worth felt in the world.

Concentrated endeavor is vital in these days of strife and development and a profession's greatest usefulness can only be obtained by such efforts.

Every man must realize that an exchange of thought with one interested in the same work and confronted by the same problems is essential to the mental growth of both. One cannot sit in his office pouring over his books alone, never seeing or talking with others as to these innumerable problems, and expect to develop. We will surely, by such routine, become mechanical automatons regardless of our personal ability and conscientiousness. Hence we need for our own very growth the profession's best association and broader thought.

An association of this kind means work and plenty of it for many, but the benefit to be derived should be shared by every one in the profession and the work therefore, should be a privilege. The literature alone, including Journal and Case Reports, is by far the best in the profession today, occupying a field peculiarly its own and representing the best in the osteopathic work in the diverse fields. A man is not doing himself justice when he deprives himself of these advantages.

The annual gathering is certainly a stimulation of the proper kind and a mighty aid for another twelve months of endeavor. It never fails to do me good to grasp a hand at this time, and to hear a sincere greeting of pleasure is certainly a privilege. All these things constitute life, for friendships are among its dearest possessions and we should not fail to renew them at every opportunity, for verily it is a privilege. Along with all this, if at one of these meetings a man cannot get more ideas than he has power to assimilate, it must be his own fault.

We realize furthermore, that all this requires effort, but everyone can contribute his mite and by doing so he will aid himself surely, and his profession also, and if all will do this we can become a mighty power in this wonderful age of growth when everything tends away from drugs and wants results in a rational way. Surely the returns for this little annual investment will compensate one an hundred fold.

If you can think otherwise as to the financial reward being honest with yourself, nevertheless, affiliate, because it is a part of your life work as an earnest, conscientious man, and let the returns take care of themselves.

ALFRED WHEELOCK YOUNG.

Chicago, Ill.

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MISDIRECTED EFFORT.

The transactions of the last A. O. A. convention made one issue paramount above all others, which is, that as an organization, we are at this time only willing to stand or fall in the defense of the fundamental theorems conceived and propounded by our venerable founder.

It is further (tacitly, at least) understood by all those who attended this convention that our proceedings be purely osteopathic, and that for the present we wish our progress to be measured by the "Osteopathic yard-stick" only. In taking this position, it is not, in my opinion, the intention of the Association to belittle or assign less than their importance to collateral sciences or arts, but rather, that the greatest gain can be made in Osteopathy by adhering strictly to and elaborating its fundamental precepts. It is not difficult to state this attitude of the Association:

One, the one Osteopathic theorem, that stands out sure, demonstrable, proven, regarding which there shall be no digression, no doubt, no equivocation, stated even so briefly, is that function is dependent on structure.

This is the great vital truth, that permits and withstands the white light of investigation, either along the lines of clinical evidence, anatomical, experience, or microspcopic research. In this, we are supreme and compelling in our certainty.

Whatever other methods constitute a part of Osteopathy, or whatever other methods constitute a part of the healing art, they are but mere by-ways compared to this broad and comprehensive road, so brilliantly conceived and laid out by A. T. Still. None others are so exact, so free from obstruction or confusion as this precept—function is dependent on structure.

It is upon this foundation that the entire superstructure of osteopathic pathology, diagnosis, and treatment, is built. It is this theorem that enables us to state our therapeusis in the one word, "Adjustment." Upon this truth we demand recognition; that as physicians we serve in a plane distinctly apart from all other schools of practice. These are facts, and as such, it does seem deplorable that we find it necessary to defend this fundamental fact to members of our own profession. It seems like a waste of time in unprofitable argument to make this defense, and our only excuse for so doing is in the hopes that the energy now being expended in misdirected effort can be conservated and added to a movement of concentration, the object of which is the development of pure osteopathy as originally conceived. If osteopaths are not sure of themselves, then osteopathy must be weak. *Not one of you will concede this.* That perverted structure is the cause of disease is the very foundation rock of osteopathy. It is the vital fact to which every one of our contentions are finally reduced. It is the one axiom that every osteopath must accept; hence, his line of action lies not in the direction of, "firing into his own ranks," but in giving his mind, his work, his undivided effort to the further development of this osteopathic truth.

Enough has already been written, based on scientific research, to permit the statement made above; that it is sure, "demonstrable, proven," but as a scientific proposition to be handed down, in all its fulfillment, it needs further elaboration. For the scientific members of our profession to concern themselves with problems outside of this premise is misdirected effort. We need them not to fight us but to aid in this elaboration. Retrospection of our growth is satisfactory. We have reached a numerical value that compels notice, makes us a factor in scientific proceedings; but we are moving too slowly in research work. Naturally, we find our evolution has been in epochs; theories have arisen, have stood, have fallen; this is as it should be, providing our growth takes place along lines of greatest eventual value to osteopathy. Among ourselves, we have been riven to the very depths, by discussion of certain theories, and these have not always been a part of pure osteopathy as originally conceived by our founder and yet, final threshings of all such departures has separated the grain from the chaff.

What is this grain? The everlasting, demonstrable, proven, vital truth,—"Function is dependent on structure," and the treatment is adjustment. It is the end reaction in the test tube, the last stroke of the dissector's knife, the final miscroscopic slide of the pathologist. *It is the cause of diseases, that is on the verge of being accepted by all the schools of practice.*

These words are only intended as a sane call to those members who are leaving the straight osteopathic road, stepping off into the by-ways of collateral sciences, which but diverts their efforts, rankles them with doubts, blinds them to beautiful theories and facts of osteopathy, which cry out for their aid in developing our science. A call to them; to concentrate their efforts towards elaborating osteopathic principles, as true and pure today as when we first accepted them.

As a protest to those who are attempting at this time to incorporate in our transactions other methods than osteopathy, not because such methods are lacking in virtue but because osteopathy does not need them; because, now of

all times, such digressions are misdirected efforts. As a warning to all of us, that other schools are continuing our investigations, deliberately plagarizing our scientific work, claiming originality for *our* theories and their proof. We cannot sit with folded hands and hope to retain our identity as a school. We have got to study, to work, to continue research, and thus fight for our rights. The cause of disease is a mathematical certainty; it only remains for us to solve its many, many equations. The world has produced one man who has for 30 years unflinchingly withstood the fire of investigation; has without a single digression stood within this one scientific fortification of function and structure, and yet every day it has grown stronger. Others have come to his aid, have helped him build but never has one atom of final value been added to his position, that lost sight of his fundamental precepts of cause and effect.

Are we in position, now of all times, just as our theories are about to be accepted by the scientific world, to misdirect our efforts? No! Let this year be devoted to the building up of the "old" osteopathy; let us cast out every thought antagonistic to the progress of osteopathy and devote our individual energies to its development.

Our work is but in its youth—we have grown so fast that like youth many of our scientific tenets are in awkward form. Let us round these out, give them grace and poise.

Let this be a year of individual effort, of individual research, so that when we go before the Old Doctor, next August, we can each place in his hands our well directed efforts, not one word or thought of which could be translated or construed into meaning anything but, *Osteopathy.*

H. F. GOETZ.

St. Louis, Mo.

The Journal with this issue presents the first of a series of Signed Editorials. It is believed that this will prove a very attractive and instructive feature. Much of experience and counsel may be given in an editorial way that would not be possible in an article of a different nature.

The excellent editorial of Dr. Goetz in this number will be followed by articles from Dr. Granberry and the other associate editors each presenting and developing a specific thought. The readers of the Journal are to be congratulated because of the cooperation that has been promised which assures a strong official organ to the profession.

Last year the association spent nearly two dollars per member on the Journal, which is about the limit that should be spent in this direction and do justice to other interests. This cost is based on fifteen hundred members. A membership of two thousand would give at the same ratio another thousand dollars to be put into the Journal, and the increased cost of the additional five hundred copies would be very small, and with this additional money, the value of the Journal to our members could be greatly increased.

There are yet outside of our membership at least one thousand practitioners, who would make good members and who would be made much better osteopaths for having membership in the association, and who would become members if approached in a personal way. Each reader of these lines has a friend or acquaintance among this class. The Journal makes an appeal to YOU, personally, reader, to send in the application of some one who needs this association. Let's have a revival of interest and a big increase in membership!

The movement to have a suitable painting made of Dr. Still should not be allowed to fail. It would be a rude shock now that the proposition has been made public for it to be abandoned for lack of support. The idea was happily conceived and the execution should not be allowed to languish or delay. This work must be done before August. The committee cannot assume the financial responsibility. The definite arrangements even cannot be made until the money is in hand. While this proposition properly came from the Alumni Association of the American School it is one in which all who wish to may unite and send to Dr. G. W. Riley any contribution for the fund. The Committee asked the A. S. O. graduates for $3.00 each.

Editor Fiske in the current issue of the Journal of Osteopathy speaking of the retiring of Dr. Evans from the editorship of the Journal of the A. O. A. says he has seen it grow from an "insignificant pamphlet to a journal commensurate with the profession it represents." This is all very nice as a sentiment, and nice for Dr. Evans perhaps, and may be it's the way such things usually start, but it was not the way the A. O. A. did. The first issue of the Journal was practically as large as this one. It was issued at first bi-monthly, but from the start the Journal was commensurate with the dignity of the profession, for the association did not think it was in keeping with the interests of the profession to issue as its official organ a mere insignificant pamphlet. It issued none until it was able to issue one that needed not to be apologized for. Dr. Evans has accomplished much for the profession through his work on the Journal, enough that is real, and he does not need and does not desire that misstatements be made for his benefit. It is taken that this statement of Dr. Fiske was entirely due to a desire to pay a compliment to Dr. Evans and no reflection on the association and notice is taken not for the purpose of picking up some inaccuracy in a contemporary but it is not just to the Association for it to go unnoticed.

Dr. A. T. Still seems to appreciate the wish of the profession to spend his eightieth birthday with him. In his Journal for October he has the following

very characteristic letter to the profession over his signature on the title page: To all Osteopaths who are Graduates of this, or any Other Regular School, who are tired of Drugs, Dope and Pills, Greeting: I want you all to come to Kirksville next summer and attend the A. O. A meeting here, and will promise to give you a good time and a full feast. We will save up the eggs of reason for many months in anticipation, and will see that none go away hungry. Bring your wives and husbands and knitting and have a Good Time. Yours, A. T. Still. A big meeting is inevitable. On all sides there are those who want to make this pilgrimage. In the year intervening let the profession bestir itself and purify itself of all that is not Osteopathy and be at the birthplace of Osteopathy a united, mighty throng. The suggestion is being considered of having August 6—the 80th anniversary of Dr. Still—a gala day in Kirksville. Arrange for a monster parade, barbecue or picnic, and let his old neighbors and friends of the town and country around have a part in doing honor to their neighbor and friend. Dr. Ellis guarantees a program such as our growing profession can furnish. The meeting will be all right. Let every member of the Association talk up this meeting and secure at least one new member to take to the meeting with him.

An Explanation.

The October number of the Journal suffered many mishaps. The stenographic report of the annual meeting did not reach it until the Journal should have been in the mails on its way to its readers, then in addition to the time required to get from the five hundred pages of report the matter needed for use, and the additional time required in a new printing office to entirely reset the magazine, advertisements, title pages, directory and all including the long official report and committee reports, the Journal was finally gotten into the mails October 12, and the fees deposited pending its acceptance for second class matter. The presumption was that this would have ended the delays, and it should but to cap the climax of this Tragedy of Accidents, the day the Journal reached the post office in Auburn, an order was received by it from the Department in Washington that every piece of mail matter should be counted, its amount of postage made a record of, and every thing be weighed. This was needed in making contracts with the railroads, etc., for carrying the mails and this condition continued for one week, and as late as October 20 in spite of additional help in the post office, about half of the number of copies still lay languishing in piles on the post office floor!

It is not the purpose of the management of the Journal to enter upon its duties with apologies—it hopes that it shall not need to—but this explanatory statement is due all concerned.

REMARKS BY DOCTOR A. G. HILDRETH AT OSTEOPATHY DAY CELEBRATION.

(The following report was taken by the official stenographer, but failed to reach the Journal in time for its proper place in the proceedings as publishd in the last issue. With this explanation these remarks are given place here.—The Editor).

This is the second of the great Expositions to honor us by setting apart a day known as Osteopathy Day. We should not be unmindful of this honor and courtesy extended us. This exposition is held to commemorate an historical event that has meant much not only to this state and this nation, or this continent, but also to this entire western hemisphere. It was the beginning of a civilization that has not been confined to this western world, but its influence and effect have been felt by the entire civilized globe; and we, as representatives of a new profession, even though we are few in numbers, represent an influence which is destined to be as far reaching, even as this event we celebrate for our work is destined to reach the intelligent people of all the earth.

It is useless for me to undertake to talk along lines I had intended to, because you are all familiar with what has been accomplished through legislative work for our profession in the United States; but if you will pardon me I will call your attention to just two or three little incidents that had to do in the beginning with our legislation and with the development and growth of the osteopathic profession.

The first that comes to my mind carries me back to a little frame structure in Kirksville, and I see there an old man that we all love and honor, Dr. A. T. Still. I called on him one beautiful Sabbath morning, long before the word osteopathy had been heard outside of the town of Kirksville. I had known him from my boyhood, and he said: "Arthur, come around here, I want to show you something. Most of you have seen a picture of his home as it was then, his first in Kirksville. He pulled down a dry goods box from the side of the wall, reached into it and pulled out a coffee sack full of human bones. He took from that sack bone after bone and articulated them, and there in his way told me what he was going to do for suffering humanity. It was beyond my comprehension. Even the name I could not remember, but in the light of the years from that day to this, I know, as you know, the truth that underlies the philosophy that originated in that wonderful mind, and has been given to the world through the association of the bones contained in the old coffee sack in the dry goods box behind that humble cottage.

Another incident that may be of interest to you: The first bill that was passed through any legislative body for the purpose of recognizing osteopathy was passed during the winter of 1895 in the Missouri Legislature, and Governor Stone of Missouri, now United States Senator, vetoed that bill. The reason I mention that fact is this: I, with many of our good, able friends, had labored hard and earnestly for the passage of the bill, that to have it vetoed was a shock to me I cannot express. I came home from Jefferson City after spending the winter there and working for the measure, thinking, of course, that it would be approved by the Governor—my experience with governors and their vetoing power was more limited then than it is now! After waiting ten or twelve days, a message came over the wire from Senator Seaber telling us that Governor Stone had vetoed the bill. My first thought was of Dr. Still. The first thing that flashed through my mind was that this act of Governor Stone would be a heart-stab to the man that I loved. I only tell you this to illustrate the kind of man he is. He was not at home. I watched for him, and saw him coming down the walk from the railroad, as spry

as a boy. He was then in his sixty-ninth year. I suspect I went to him with a rather doubtful expression on my face, for I was wondering how he would take the news. He looked at me and began to smile, and said: "Don't worry, boy; that was a poor law, and the next time we will get a better one." It has ever been that indomitable courage of his, that undying confidence that he has ever manifested in the profession that he has given to the world that is worthy of the example of every man and woman in this audience, and every osteopath that follows on down through all time to come. To his heroic, sturdy character, undaunted in seeming defeat, with his face ever to the front, always courageous, ever hopeful, and to his abiding faith that whatever is, is for the best, is osteopathy indebted for what it is today.

There was one other little incident I want to mention that may convey to your minds the kind of material he was anxious to enlist with him in this practice. I remember as well as if it were yesterday, it was in April, 1892, before he received his charter from the State of Missouri to establish the first school of its kind on earth, the American School of Osteopathy at Kirksville, Mo. I happened to meet him on the train, he came and sat down by me, and after talking a little he said: "Arthur, I want one hundred young men to study osteopathy. I want men that do not drink whiskey; I want men of good moral character; I want men that have the backbone to always stand up and be men." That was the description of the kind of material that he wanted to introduce into the profession that you represent today. I felt that I knew what he had in mind. I said: "The kind of young men you describe are very scarce and hard to find." We rode a little further and I said: "There is just one reason why I am not ready to say to you tomorrow that I will study osteopathy with you." He looked at me and asked what it was. My reply was: "I am afraid I can never learn to diagnose diseases as you do." He looked at me so intently, and replied: "I can teach you all I know." And I have found out since that he could do what he said.

Coming on down, there is another little matter that I would like to mention. Dr. Booth has spoken fittingly of our growth, and of the principle that underlies our profession, and that we all know why we have succeeded. I wonder if any of you can imagine how I feel, and how those of the older men in the practice feel who know what the struggles were that we went through at Kirksville in the beginning of this practice, when we look over an audience like this, and realize what this profession that we worked so hard for then, has been to so many individual men and women. I often think of it. Your success and the good you are doing in the world are largely based upon the fundamental work of Dr. Still and others who labored so faithfully then under such adverse conditions. I want you to go back with me to Kirksville for just a few moments. Most of you know that I am a native of Adair County, Missouri, and when I speak of Adair county, I mean the county in which Kirksville is located, the birthplace of osteopathy. I was born and raised there, and as you all know, there have graduated from The American School of Osteopathy something over three thousand people. Well, one evening last winter a friend and I were discussing the number who had graduated, and who were originally Kirksville and Adair county people, and while talking we took one of our directories, and I went down page after page, and marked off the men and the women—the boys and the girls—that I had known in that county, who had graduated from that school, and upon counting them they totaled 465. I mention this fact for the reason that those men and women were men and women that I had known personally. I knew their opportunities in life, their advantages, under the old environments, and I know them as they are today. I wish you could know individually every one of those people as it has been my privilege to know them as they were then, and as they are now. I am proud of them and their record, and proud of my profession for it has given them the

opportunity to be what they are, and their success comes because they have earned it by aiding the sick with whom they have come in contact. They are here today representing, not Adair County and Kirksville, but as representative men and women in their chosen profession; they represent the greater number, if not all the states of this Union. The situation is this. You have entered this profession, you have demonstrated to the world your ability not only to make a success of your lives, but by the results you have obtained in your practice, you have proven the truth that underlies the profession that we are here to represent. That is a great satisfaction to me. What is true of the graduates of that school, and the men and women who have gone forth from Adair County, is equally true of the men and women who have gone forth from our other colleges.

Just recently a man passed through St. Louis who was born and raised in Adair County who has been in the field for eight years, and has been eminently successful. We were talking over the practice—and by the way he came to me at one time and wanted to know if I would advise him to study osteopathy. I said: "No sir; you have known osteopathy from its incipiency; you know what it is doing in the world, and unless you are man enough to make up your own mind and take up this study because you believe in it, and because you know that it is the line of work you yould like to follow, do not study it." I never advised him to take it up, but he did it just the same, and as I told you, he has been in the practice eight years. I said to him on his visit the other day: How about it, old man; are you satisfied with your profession, are you doing well enough to satisfy yourself, and is there all in it that you anticipated?" And he replied: "I never thought when I went into it that I could make the success that I have." I replied that it was not the financial success that I wanted to know about. "I don't care anything about what amount you have made, though I am glad you have been successful, but what I want you to tell me is, after spending eight years in the practice, if when you are called to the side of a bed where a patient lies hovering between life and death, do you know that you have the knowledge in your brain, the power in your fingers, and the ability to do all that can be done for that man or that woman by any school on earth?" He looked at me straight as he replied: "Doctor. I can do even more than the rest of them." That was a satisfaction to me, and what was still more gratifying to me was the thought that he had nothing in his office with which to treat people but his hands and his head.

We as osteopaths can point to the record of our past with a just and reasonable pride. The history of our growth, the success we have attained, the achievements that we have accomplished, should satisfy the most hungry heart; but, we must not let the successes of our past intoxicate us with the belief that there are no victories yet to win, nor battles yet to be fought; for as we turn our faces to the future, eager for the fray, we must realize that there are many problems yet to be solved. We must proceed with that judgment, with that deliberation, with that care, that will guarantee to the future generation yet unborn, that the principle given to the world by that grand old man shall never be snuffed out, but live forever. This Association, of which you represent a part here today, you men and you women, who have traveled, many of you across this continent, to uphold, means much to our profession as a whole. But, oh, I beg of you to remember that a baby must crawl before it can walk, and that a child must walk before it can run, and that though we have met with signal success we face grave problems; and it behooves every one of us to be careful, and to do only sensible things. We must have not only an abiding faith in the profession which we love, but a knowledge of its adequacy, and its ability to cure diseases. That is what has made us. I have always had the utmost confidence in the Guiding Power that has carried us to this point, and I believe and trust that God in his goodness and wisdom will guide us throughout all time to come. I thank you.

COLORADO.

The eighth semi-annual meeting of the Colorado Osteopathic Association was held in Denver recently, at the Brown Palace Hotel. In connection with all the papers read, a clinic was provided in order to demonstrate any new theory that came up in discussion of the treatment of the condition.

Dr. C. T. Samuels, of Baker City, Ore., gave a report of the A. O. A. meeting and also a talk on "Asthma and How to Cure it." He brought out the points most commonly and uncommonly found as causes for these conditions.

Saturday morning was given to general business of interest to the Association, which lasted until eleven o'clock. The rest of the time was given to clinic. At 12:30 the attention of the president, Dr. Mason, was called to a luncheon waiting down stairs. The meeting was adjourned to the dining room, where everyone present took an active part. The afternoon was given entirely to clinic, where fifteen cases were examined and discussed. Fifty-one per cent. of the osteopaths of the state were present at this meeting and five were out of the state at this time.

Respectfully,
R. A. ELLIS D. O.
Secretary.

Denver, Col.

MARYLAND.

The Maryland Osteopathic Association met Saturday, October 12, at Dr. Harrison McMain's offices on Dolphin street, and listened to addresses by Drs. William Pennock of the faculty of the Philadelphia College of Osteopathy on the spinal cord and its diseases, and by Dr. Aloha M. Kirkpatrick of Baltimore on typhoid fever.

The following officers were elected:

President, Dr. H. C. McMains, Baltimore: Vice-President, Dr. A. M. Smith, Hagerstown; Secretary-Treasurer, Dr. Grace McMains, Baltimore.

MASSACHUSETTS.

The Massachusetts Academy of Osteopathic Physicians began the ensuing year's work as a body on September 28, at the Parker House, Boston.

Dr. Frederick W. Sherburne, the president, gave an address which he called "A Plea for Honesty," dealing with some of the most pertinent topics of the osteopathic profession of today.

Dr. Sherburne has been requested by the Academy to publish his address.

GRACE B. TAPLIN,
Secretary.

NEW YORK.

The New York Society meets October 30 for an all day meeting. Besides routine business addresses will be made by Dr. Greenwood Ligon on "Sub-Tropical Diseases," and Dr. Charles Hazzard, "Osteopathic Diagnosis," and an address by the guest of the society, Dr. A. G. Hildreth, subject, "Osteopathy Written Indelibly With a Big O."

The Round Table, conducted by Dr. Elizabeth Fink, will consist of five minute talks on specific points of Gynecology, Obstetrics and Pediatrics.

It is also expected that former President of A. O. A. Ellis will be present and participate.

INDIANA.

The tenth annual meeting of the Indiana Osteopathic Society was held at the Dennison Hotel, Indianapolis, Indiana, Oct. 12, 1907.

"Back to Nature," was the president's watchword. Dr. Frank Spaunhurst cited a few instances where the best medical authorities are dropping the drug treatment and getting back to more natural methods of treatment. Dr. M. E.

Clark, of Indianapolis, emphasized the importance of an early diagnosis of tuberculosis, and is of the opininon that most cases can be cured in the incipient stage. Dr. J. E. P. Holland, of Bloomington, presented a paper on Visceral Splanch Noptosis, and Dr. Ella McNichol, of Indianapolis, on ear trouble. Practical demonstrations on how to correct cervical and dorsal lesions by Dr. Trufler, of Rensselaer.

We were very fortunate in having with us Dr. Charles Still, of Kirksville, who examined several clinic cases and also told about some of the pioneer work of his father, Dr. A. T. Still. He asked all to be present at the A. O. A. meeting at Kirksville next summer. Dr. A. T. Still will celebrate his 80th birthday, and the thirty-second year of the birth of osteopathy. A number of doctors from other states were present, besides Dr. Charles Still, of Kirksville, Mo., namely, Dr. H. M. Vastine, Pennsylvania; Dr. Evelyn Bush, Louisville, Ky.; Drs. Francis, Illinois and Drs. Trueblood, Michigan.

The following officers were elected:

President, Dr. E. C. Crow, Elkhart; Vice-President, Dr. J. H. Baughman, Connersville; Secretary, Dr. K. T. Vyverberg, LaFayette; Treasurer, Dr. Kate Williams, Indianapolis; Trustees, Dr. Lorena Schrock, Bedford, Dr. W. H. Johnson, Fort Wayne and Dr. George Tull, Indianapolis.

The entire programme was very interesting and instructive. The members not present missed a big treat.

K. T. VYVERBERG,
Secretary.

LaFayette, Oct. 12, 1907.

Dr. M. E. Clark, now practicing at Indianapolis, in a personal letter to the editor, makes the following interesting comments and observations on the meeting:

Dr. Charlie was with us and aside from diagnosing and demonstrating the treatment in many difficult cases, gave a talk on the early history of osteopathy and the experiences of himself and father during the pioneer stage of osteopathy. He said that none of us knew what a hard time was, when compared with what he and his father endured. He and the Old Doctor used to go from school house to school house and give talks and demonstrations. He said that he had asked his father to write up those early talks, since they would be of interest to many. This phase of the history of osteopathy was new to me and was received with interest by those present.

In the round table discussion adjuncts were treated and disposed of after quite a sharp debate. The subject of administering some opiate was debated. Dr. Baker described a case of spinal injury from falling slate, in which there was a fracture of the spinous processes of several of the middle dorsal vertebrae, with dislocation. The suffering was so intense that he called in a surgeon to administer an opiate. We all agreed that he did right. Dr. Holland recounted a case of renal calculi which he failed to relieve after working several hours. He administered an opiate to relieve that suffering, which was very intense. There was considerable discussion of this case, many stating that it was not a surgical case, hence an opiate was not indicated. I told them that there was a happy medium somewhere. Many of us are too radical. If the suffering causes more harm than the opiate, then I see no reason why the patient can not be relieved by means of the opiate, but I must confess that this is the exception, since I believe that the effects of the opiate are far worse than those of the pain, except in very unusual cases. There are times when an opiate is indicated, and when I meet such cases I ask the other fellow to do the administering. Some say that an osteopath should be able to do all. I believe that there is a place for everyone, and I don't care to spend years in a medical school just to obtain the privilege of giving an opiate in about one per cent. of my cases. It is a waste of time. Let the other fellow do it. The better the osteopath the less the use he has for drugs of any description. I don't care to know about drugs, since I would be tempted to administer them before I had exhausted all the osteopathic measures. The "Old Doctor" used to carry Dovers Powders with him before he perfected osteopathy, but after that he discarded them.

About fifty per cent. of the osteopaths of the state were in attendance. We pool our car fares here so that each pays the same. The purpose of this is to get a good attendance of those that are distant. We have all our meetings in Indianapolis, since all roads in Indiana lead to Indianapolis, and it is in the center of the state.

The state board is getting after the fakers and several are now under arrest.

DR. LOUDON MARRIES.

The Burlington, Vt., papers give a full report of the brilliant marriage of Dr. Harry M. Loudon and Miss Laura B. McKillip of that city, October 16, at 3:30 p. m. The best man was Dr. William Craig of Ogdensburg, N. Y., and Dr. Guy E. Loudon, brother of the groom, was one of the ushers. The marriage ceremony was followed by a reception which was largely attended by the society folk of the city. The gifts to the bride, some treasury notes of large denomination, silver, cut glass and gold plate, filled a room. Following the reception the newly wedded pair left for the West and will visit the groom's former home at Shenandoah, Iowa. Their home will continue to be in Burlington, Vt.

THE MEDICAL SOCIETY IN PENNSYLVANIA.

The annual meeting of the Pennsylvania Medical Society was in session recently at Reading. Although the society boasted of about 5,000 members it just quaked at the thought of a couple of hundred osteopaths being in the state and said many mean things about them. The allopaths in Pennsylvania seem to have great trouble in deciding what view they will hold of the osteopaths. Some of them want to treat the osteopaths as their equals, that is, demand that the osteopths be placed with them on the state board of medical examiners. Others say they are merely skilled masseurs and no more entitled to recognition than the masseurs or bath attendants are. Too bad the public thinks so differently, and almost every chance it has it does its part to dignify the osteopathic profession with just the same legal recognition it gives to the other schools. This has been the case with the two successive legislatures right there in Pennsylvania; and one governor vetoed it because it did not provide for a composite board and the next year, trying to please the governor, the Osteopathic Society put in a bill to meet the wishes of the former governor, and the present executive vetoed it because it should have been, in his eyes, the kind of bill his predecessor opposed. The governors down there seem to be as badly mixed as the medical society is.

But the point is this: The people for two years, through their members of the Legislature, have given the osteopathic profession the same recognition they give the older schools.

Dr. O. J. Snyder, president of the Osteopathic Society of the state, came out in very vigorous articles in several of the Philadelphia papers, which seem to have freely given him space, in which he very vehemently resents, in behalf of the profession of the state, the slurs made by some of the physicians. The osteopathic profession has entirely outgrown the position where such displays of temper effect the attitude of the public towards it.

THE PACIFIC COLLEGE.

The Pacific College of Osteopathy opened on the third of September with a fine class of new students. The prospects for the year seem exceedingly good, this is not only because of the number of new students, but also because of their character. It is becoming a matter of increased importance for colleges to carefully guard the character of students whom they receive.

REINSTATEMENT.

C. H. Grainger, Winston-Salem, N. C.
Geo. Betz Dresbach, Salinas, Cal.

RESOLUTIONS.

Whereas, In the Providence of an all kind heavenly Father, a worthy and greatly respected practitioner has been taken from the Indiana Osteopathic Society by the death of Dr. J. W. Cathcart, of Peru, Ind., and

Whereas, We shall miss his presence and influence in our meetings; his counsel and hearty co-operation from our work, 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, occassioned by his death. Be it

Resolved, That we hold him in affectionate memory and acknowledge our gratitude to God for the noble qualities that formed his character, and the great interest he had at all times manifested in our beloved profession. Be it

Resolved, That we extend to the wife and near friends of our deceased brother assurance of our sincere sympathy in the 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 record for preservation.

C. L. NELSON,
J. A. CHAPMAN,
KATE WILLIAMS,
Committee

Indianapolis, Oct. 12, 1907.

REMOVALS.

Eva R. Wardell from 250 West 85th St. to The Ansonia, 73rd St. and Broadway, New York, N. Y.

Lula Ireland McKinney from Eureka Springs, Ark., to Garden City, Mo.

Orieannit Coppernoll from Kirksville, Mo., to Alliance, Neb.

Wilden P. Snare from Kirksville, Mo., to Alliance, Neb.

D. W. Coburn from Portland, Me., to 100 High St., Newburyport, Mass.

C. E. Abeggien from Pomeroy, Wash., to Ritzville, Wash.

Marie Torsen from Bixley Bld. to Long Beach, Cal.

J. D. DeShazer from Ouray to Durango, Col.

R. M. Echols from Kirksville, Mo., to Winston-Salem, N. C.

Ralph H. Burdick from Kirksville, Mo., to Tonopah, Neb.

Hester L. Beck, from 2159 Pacific Ave., to 220 San Jose Ave., Alameda, Cal.

W. E. Dressel from Alton to Rushville, Ill.

Joseph C. Goodsell from Webb Bld. to First National Bank Bld., Covina, Cal.

E. Anton Peterson from Mutual Life Bld. to Washington Bld., Seattle, Wash.

Wm. A. Potter from Safe Deposit Bld. to Washington Bld., Seattle, Wash.

Emilie L. Greene from 676 Woodward Ave. to Breitmeyer Bld, 24 Broadway, Detroit, Mich.

Jesse L. Hull from Weeping Water, Neb., to Avoca, Neb.

Bertha B. Southwarth from Kirksville, Mo., to 523 Harrison Ave., Leadville, Col.

Martha M. Foss from 38 Orton Pl. to 5 W. Oakwood Pl., Buffalo, N. Y.

Frances A. Howe from 38 Orton Pl. to 5 W. Oakwood Pl., Buffalo, N. Y.

G. T. Coffer from 279 York St. to 18 Britton St., Jersey City, N. J.

J. B. and Mrs. J. B. Littlejohn from 535 W. Monroe St. to 1906 Lexingston St., Chicago.

R. M. Crane from 220 W. 59th St. to 26 W. 25th St., New York City.

W. F. Harlan from Grand Forks, N. D., to Kirksville, Mo.

R. Annette Ploss from Witherspoon Bld. to Mint Arcade, Philadelphia, Pa.

Carrie M. Banks, Fairfield, Conn., name printed in last Directory, Bouks.

The names of P. L. and Rose Bathrick, 822½ Congress Ave., Austin, Tex., were omitted from the alphabetical list of the last Directory.

Wm. C. Classen, South Haven, instead of South Huron, Mich.

J. F. Holsclaw, Donephan, Mo., was left out of the last Directory.

APPLICATIONS FOR MEMBERSHIP.

Frank Heyer, 42 North Brady St., Du Bois, Pa.

C. J. Gaddis, Fort Collins, Col.

Evelyn R. Bush, 400 W. Breckenridge St., Louisville, Ky.

Jane Scott, 326 Mint Arcade, Philadelphia, Pa.

DENVER OSTEOPATHS.

The Denver osteopaths are perhaps doing the best thing they can to substitute for legal recognition. In the city papers under this caption, the names of those osteopaths entitled to recognition appear:

"Osteopathic physicians whose names and city addresses appear below form a complete list of graduates of reputable osteopathic colleges of Denver and have met all requirements entitling them to practice under the state law."

DEATH OF DR. CORBIN.

Dr. Margaret A 'new Corbin, wife of Dr. John Hauser Corbin of Westfield, N. J., died suddenly at the home of her father, at Fairchild Farm, Mt. Clemens, Michigan, October 10, of malignant diphtheria. Dr. and Mrs. Corbin had been spending the month of September at their summer home at Lake Orion, Michigan, and Dr. J. H. had only just returned home, to be followed in a few days by his wife and infant son, when the news of her death was received. The infant survived his mother.

MICHIGAN.

The Mich gan State Osteopathic Association held its eighth annual convention at the Hotel Cadillac, Detroit, Saturday, October 19, with an attendance of sixty. The morning session was devoted to business. The afternoon session consisted of clinics furnished by Drs. E. A. Seelye of Coldwater, B. A. Bullock of Hastings, M. E. Garrett, W. W. Stewart, T. L. Herroder, Edythe Ashmore, of Detroit, and W. S. Mills of Ann Arbor, whose cases were discussed by Dr. William Smith of the A. S. O. The programme was very interesting and Dr. Smith conducted the demonstrations in a very able manner. The next place of meeting was decided to be Flint, and the officers elected for the coming year were: Drs. John M. Church, Detroit, president; B. A. Bullock, Hastings, vice-president; Betsy Hicks, Battle Creek, secretary; John Garrett, Ypsilanti, treasurer; Edythe Ashmore, Detroit, delegate to the A. O. A.; F. J. Harlan, Flint, chairman executive committee. A dinner at the hotel concluded the meeting.

OSTEOPATHIC SANITORIUM.

A company representing osteopathic interests has purchased the Senate Hotel at Atlantic City and have opened the Senate Hotel and Sanitorium, with Dr. O. J. Snyder physician-in-chief, and Dr. F. H. McCall, Resident Physician. The hotel, as such, had enjoyed a good patronage, and the sanitorium feature should be attractive. Atlantic City is one of the few resorts on the Atlantic coast that is open the year round, and the profession now has the opportunity to have their patients desiring or needing the conditions of the sea shore, offers good accommodations and osteopathic attention also, if it is needed, and at the end of the sojourn have the patient returned to their care without mind and body both poisoned against their physician and their school of practice.

Dr. Snyder continues his office practice at the Witherspoon Building, Philadelphia.

WEST VIRGINIA BOARD MEETS.

The Wheeling Telegraph says: "The State Board of Health has been called at the Waldo Hotel at Clarksburg for November 12, 13 and 14 for the purpose of examining applicants for license to practice osteopathy. It is understood there will be a number of applicants. A few years ago there was not an osteopathist in the state, and now there are one or more in every city of any size in West Virginia."

CAN'T SIGN IN WASHINGTON.

The profession in the state of Washington have had the Medical Examining Board get an opinion from the attorney general of the state as to the right of osteopaths as regards death certificates. The opinion is handed down that they have not the right to sign such certificates. This in no way interfers with their right to practice, as they are under an opinion from the state that their practice is not the practice of medicine as is contemplated by the law regulating the practice of medicine.

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THE DEVELOPMENT OF THE EPITHELIAL ORGANS.

C. A. WHITING, SC. D., D. O., LOS ANGELES, CAL.

The following paper is based upon the study of a series of embryonic mice. The greater part of it is simply a confirmation of facts long since enunciated, but some deductions have been drawn which I believe have not previously been published. It is hoped that this study may lay the foundation for work on abnormal growths.

Epithelium as the term is used in the present paper may be defined as a cellular tissue, on surface of which rests upon a membrane known as the basement membrane, the other surface being free. It is the first tissue which is clearly differentiated in the embryo. With few exceptions true epithelium membranes are either upon the outer surface of the body or they line cavities which freely communicate with the outside. The most striking exceptions to the last statement is the epithelial tissue of the inner ear, the supra-renal capsules, the pituitary body, and the thyroid gland. The cells forming the free surface of an epithelial membrane frequently have slender hair-like projections which are known as cilia. It appears probable that when they exist they always develop in the foetus. In their most typical form the cilia are freely movable and quite separate, but in many cases these projections become highly modified and they may become so matted together as to form what is sometimes called the cuticular membrane. This membrane usually appears structureless and may completely cover the epithelial surface. The basement membrane upon which the epithelial cells rest is of doubtful origin. In many cases it appears to very closely resemble the cuticular membrane, and may be of a similar origin. In other cases careful observers have believed that it is derived from connective tissue. The epithelial membrane may consist of a single layer of epithelial cells in which case it is known as "simple epithelium," or it may consist of a varying number of superimposed layers, when it is known as "stratified epithelium." The layer of epithelial cells in stratified epithelium, as well as the cells composing a simple epithelial membrane exhibit what may be called polarity. By this is meant that the structure of the ends of cells nearest the basement membrane is rather simpler than that of the parts of the cells most remote from basement membrane. This condition might be anticipated as the free end of the cell is most immediate in contact with the external environment and a high degree of organization is necessary to enable it to adapt itself to varying conditions. The end of the cell nearest the basement membrane is frequently spoken of as the vegetative pole of the cell, to distinguish it from the animal pole of the cell which is the farthest from the basement membrane.

Reproduction.

All typical epithelial membranes are free from both blood and lymph vessels, but sensory nerve endings are abundant in almost all epithelium. There is a marked difference between the reproductive methods of embryonic and adult epithelial cells. When an embryonic cell divides it gives rise to two cells neither of which differ in any marked degree from the parent cell. In adult epithelial cells, however, the foregoing statement is the exception rather than the rule, for in these one of the daughter cells resemble the mother cell, while the other differs from the mother cell to a greater or less extent. In stratified epithelium the cells which differ from the mother cells are those which form the superficial layers. Sometimes instead of these aberrant cells becoming cemented together, they remain as free, wandering cells. These are very abundant in the skins of some scaleless fishes. In the mammals they are the cells which are sometimes known as Macrophages. It is quite possible that these aid measureably to the protection of the epithelial membrane from bacterial invasion.

It is proper to note at this place that with the exception of the cells of the nervous system, the muscle cells and the leucocytes, the epithelial cells are the only active cells found in the animal body. The three first named cells are highly specialized in their functions, while the functions of the epithelial cells are widely generalized.

It seems that there is rather a close relationship between the specialization of epithelial cells and the extent to which the epithelial cells have pushed into or invaded the connective tissue. This statement appears to embody a general, rather than a specific truth. The surfaces of plants are composed of cells closely resembling epithelial cells, and the glands of such plants as secrete volatile oils are made up of these invading cells.

Glands.

This statement is founded on observations made on the umbelliferae and the libiatae. All of the true glands of the body are formed from invaginations of epithelial cells. Probably without any exceptions this growth primarily consists of a solid cord of epithelial cells of the embryonic type. At a later time this solid growth becomes tubular from a re-arrangement of the component cells and the deeper epithelial cells, by a process of differentiation, becomes specially fitted for producing the secretion or excretion proper to the gland. It may be noted that the glands form one of the four kinds of epithelial invasions. The other kinds are known respectively as dilitations diverticulae and visicles. By dilitations are meant enlargements of what were once tubes of nearly uniform diameter. The best examples of dilitations are the stomach, uterus, and bladder. It is possible that the lungs should be included in this list. By diverticula are meant blind outgrowths from cavities already existing. These are exemplified in the bodies of the higher mammals by the coecum, vermiform appendix and possibly by the gall bladder. Both dilitations and diverticula differ from glands by being formed by the harmonious growth of both epithelial tissue and connective tissue, while glands are purely an epithelial invasion of the connective tissue. Vesicles are formed by an epithelial invasion of connective tissue closely resembling gland formation, but the epithelium eventually becomes completely cut off from the surface by the constricting growth of the connective tissue. The best example which we have of a true vesicle is the epithelium of the inner ear. In early embryonic life this begins as a solid ingrowth of epithelial cells which afterwards becomes a hollow sphere and is eventually completely cut off from the surface by the growth of the surrounding connective tissue. As the central nervous system is developed in very much

the same way, it is perhaps philosophical to regard this also as an example of vesicular formation. It would be difficult to over-estimate the importance of embryonic development of these four forms of invagination. The difference between the structure of very simple animal forms and the more complex forms is largely due to the differences in the invaginations. Two forms of typical glands have been recognized by histologists. These are the tubular and racemose. In the first the secreting cells of the glands are arranged around a lumen of uniform or nearly uniform diameter. In the second the terminal portion of the lumen is expanded into a sphere which is surrounded by the active epithelial cells. The earlier histologists regarded the second as the more common form of gland, but farther research leaves room for grave doubt of there being one really good example of a racemose gland found in the bodies of the higher mammals. From the standpoint of secretion, glands may be divided into two kinds; the serous and mucous. In the mouse (the embryo of which has been extensively used in the preparation of this paper) there appears to be no essential difference in the development in these two kinds of glands. The secretion of the serous glands is more watery than the secretion of the mucous glands. The serous glands usually elaborate some ferment. The secretion of the mucous glands is mucoid in character, and is devoid of any ferment. Modern histological methods render it comparatively easy to distinguish between these two classes of glands. The cells of serous glands in the resting state are well filled with granules from which the ferment is to be formed, while the cells of the mucous glands present a more nearly homogenous appearance. The salivary glands are divided between these groups. The parotid in the human being is almost exclusively a serous gland. The submaxillary is a mixed gland containing both serous and mucous cells, while the sub-lingual is almost invariably mucous in character. All of these glands are fine types of the highly developed and specialized tubular glands.

The poison glands of poisonous reptiles are compound tubular glands, closely resembling the salivary glands in structure. The peculiarity of their secretion is to be explained by their physiological activity rather than by their apparent structure.

Lingual glands which are rather abundant on the posterior portion of the tongue are simple in structure and belong to the mucous type. The glands of the stomach are upon the whole even simpler than most of the glands of the tongue. Like the other glands of the body, the gastric glands begin as solid cords of epithelial cells pushing into the connective tissue. These cords eventually branch and when the cells composing the cord arrange themselves in such a way as to form a lumen, it is the cells of the branches which differentiate into the truly active cells of the glands. Somewhat before birth a differentiation of the gland cells occurs which results in the formation of the special cells which produce pepsin and those which secrete hydrochloric acid. The enteric glands in the mouse appear to develop simultaneously with the villi. The structure of the enteric glands is upon the whole simpler than the structure of the gastric glands, as the enteric glands seldom branch. As a result of careful study of several adult forms I believe that the only cells of the enteric glands which are truly active are those situated deep in the crypts, and these are believed to be the only epithelial cells of the intestine which reproduce themselves. The sudoriferous glands begin their development like other glands. The most striking peculiarity of their development is that the downward growth of the cord of epithelial cells appears to be checked in the connective tissue, and as the growth continues after the checking occurs, it results in the formation of a coil. The cells of this coil are probably the most active cells of these glands. The sebaceous glands begin their development like the sudoriferous glands, but their downward growth is not checked as is the growth

of the sudoriferous glands and they (sebaceous) show more or less of a tendency to branch. The tarsal glands (meibomian) are closely related to the sebaceous glands in structure and in function, the most striking difference being that the tarsal glands show a marked disposition to produce short, thick branches which pass off at right angles from the parent stem.

Ceruminous glands are branched tubular glands often coiled in such a way as to closely resemble the sudoriferous glands. The fact that their secretion is sebaceous in character while their structure is more or less sudoriferous lends possibility to the idea that the sebaceous and sudoriferous glands have differentiated from a more generalized gland and are thus genetically related.

The tear glands are compound tubular glands. Neither the structure nor the development of these glands appear to present any striking feature. In an embryonic mouse, three millimeters in length the different lobes of the glands appeared to be separated from each other, so it is quite possible that that which constitutes a single gland in the adult may have been developed by the union of several similar subordinate glands.

The Liver.

The first indication of the liver is a diverticulum which eventually develops into the gall-bladder. The epithelial lining of this begins at an early time to invade the surrounding connective tissue. Most of these invasions develop into simple or slightly complex mucous glands, but the epithelium on the anterior side of the gall cyst continues its development until such a mass of epithelial cells are formed that the original diverticulum becomes a mere appendage. It is not quite clear as to just how the cells come to arrange themselves so as to utilize their blood supply and at the same time discharge their function as bile producers. In the normal liver, all of the epithelial cells appear to have functional activity and it is probable that no epithelial cells in the body have more diversified functions than these. They not only form the distinct internal secretions, glycogen and urea, but also the very complex secretion and excretion known as bile. They also effect certain toxines in portal blood in a way not yet well understood.

The Pancreas and Suprarenals.

The pancreatic gland begins its development almost simultaneously with the liver. In its earlier stages as in its adult condition, it closely resembles the parotid gland. When the cells begin to arrange themselves so as to form the lumen of the gland, this formation proceeds from the end attached to the intestine toward the more distant portions.

There are certain parts of the gland where the cells never arrange themselves so as to form a lumen. These masses of cells are often spoken of as "islands" and they have a function which is entirely distinct from the function of the other parts of the glands. Physiologists have for years recognized these islands as forming an internal secretion which facilitates the oxidation of sugar in the blood. These islands may be regarded from the standpoint of the histologist and embryologist as examples of arrested glandular development.

The suprarenal capsules, the prostate gland, the pituitary body, and the thyroid gland constitute a remarkable series of glands. The suprarenals represent glands whose development has been arrested at a very early stage. In them the epithelial cells have arranged themselves in the form of solid cords but no lumen is developed; consequently there can be no external secretion. Whatever is formed by these cells necessarily passes either into the lympth stream or blood current. The pituitary body represents a stage of development one step in advance of the suprarenals. In this body acini are formed by the rearrangement of the epithelial cells, but the epithelium which connects these with the

surface degenerates and in no case do these acini communicate with the surface, hence of necessity we again have a gland whose secretion is entirely internal. The prostate gland represents a stage further in advance as the acini communicate with the surface, but communicate through many openings instead of discharging through a common duct, as is the case with the parotid and pancreatic glands both of which are upon the whole much more highly organized.

In passing it may not be without importance to call attention to the fact that almost the entire length of the male urethra is grandular. The invaginations or ducts are numerous and while the secretions are probably of slight value, the ducts and glands are of vital importance to the pathologist, as they frequently become the seat of infection, especially gonorrheal and from these places it is extremely difficult to dislodge the gonococcus.

The thyroid gland is a good example of a gland which has passed its highest stage of development and which has in part degenerated. This is shown by the fact that in early embryonic life the thyroid gland has a distinct outlet through the foramen caecum, at the base of the tongue. This outlet is lost as development proceeds and the gland in an adult represents about the same type of development as does the pituitary body.

Mammary Gland.

The mammary gland is represented in the embryo by what is known as the milk ridge. This is an epithelial thickening extending the entire length of the trunk; deep invaginations of cords of epithelial cells are developed at intervals. In some mammals like the pig, cats and dogs most of these go on to complete development and may become functional. In some other mammals the anterior embryonic glands are suppressed and only the posterior ones become functional. The cow, sheep and horse, are examples of this. In others the posterior part of the milk ridge never develops and the anterior part alone becomes functional. The primates and elephant are examples of this. In early embryonic life, it is impossible to distinguish between the sexes as far as the development of the mammary gland is concerned. In both cases the embryonic development is marked, but in the male this is eventually suppressed while in the female there is retained at least the possibility of complete development, though it apparently seldom happens that the solid cords of epithelial cells give way to true tubes until about the time that the female bears young. A careful study of the mammary gland shows that so far as structure is concerned, it possesses some of the characteristics of both the sudoriferous glands and the sebaceous glands.

Almost all fish have a series of sense organs extending the entire length of their bodies on either side. These organs constitute the "lateral lines," and they are formed by an invagination of the epithelium. In higher vertebrates both the sensory portions of the nose and of the internal ear originate in the same way as do the organs of the lateral line, and it is highly probable that they represent the most highly developed organs of this series. All of the lateral line organs are abundantly supplied with nerves, and it is in these organs that we find the most primitive form of neuroepithelium. By neuroepithelium is meant epithelial cells which have processes which more or less remotely resemble the processes of nerve cells and which form synapses either with nerve cells or their processes. They may be regarded as an intermediate step between epithelial cells and true nerve cells. As has already been stated the central nervous system is of epithelial origin. A careful study of its ultimate constituents shows to what a marvelous extent the embryonic epithelial cells are capable of modification.

The nasal cavity is first represented by two epithelial invaginations. At an early period these epithelial cords become hollow and are at first known as the nasal pits. The epithelial invasion continues until it finally reaches the mouth

cavity and the pits finally become tubes which open into the mouth. Soon after the opening into the mouth is established, the hard palate begins its development and as this progresses backwards the openings of the nostrils into the mouth are carried back until they open into the pharynx, a condition permanent in the adult. Soon after the development of the nostrils a differentiation of the cells of the regio olfactoria occurs and as a result of this certain of the epithelial cells develop into neuro-epithelium and these constitute the cells of special sense of the nose. In the portion of the nose nearest the external orifice, there are numerous sebaceous glands which apparently differ in no essential respect from the other sebaceous glands of the body, either in their development, or general structure. Along these sebaceous glands numerous short stiff hairs are found. The vomero-nasal organs are developed in the lower external portion of the epithelial covering of the vomer bone. These are sometimes known as Jacobson's organs. They are never of functional importance either in the human being or any of the other mammals. In a mouse these organs are clearly distinguishable shortly after the formation of the nasal pits. Like the nostrils themselves, these organs begin as invaginations of epithelial cells, and it is questionable whether they ever advance much beyond this stage of development in the mammals.

Hair and Teeth.

There is considerable similarity between the development of the hair and the teeth. In both cases epithelium and connective tissue enter into their structure. In the case of the hair, the connective tissue does not extend beyond the general surface of the body, while the greater portion of the external tooth is composed of this tissue. The epithelial portions of both begin as a thickening which as a solid cord invades the connective tissue. At an early stage of development the developing hair or tooth closely resembles the early stage of a gland; indeed, so far as the hair is concerned, the sebaceous glands do bud off from this primary epithelial invasion. As the epithelial cord of the hair grows downward, the upward development of connective tissue is taking place, but before the downward growth meets the upward growth, the ingrowing epithelium has become cup-shaped at the end and thus fits over the upward growth of the connective tissue. The combination of these two form the so-called root of the hair. The shaft of the hair which afterwards grows out is formed from the epithelial portion of the root. The epithelial invasion connected with tooth formation furnishes the basis from which is formed the enamel of these organs. The downward growth in many respects, as before stated, is comparable to the epithelial growth which forms a portion of the hair, and the connective tissue of the tooth which eventually forms the dentine is quite comparable to the connective tissue portion of the hair. The downward growth of the epithelial portion of the tooth becomes distinctly divided into two parts with more or less evident trace of a third part. The portion first developed becomes the enamel of the milk teeth, the second part becomes the enamel of the permanent teeth, and the third feebly developed part may occasionally develop into the enamel of a third set of teeth. No epithelial cells of the body are more profoundly modified than are the epithelial cells which form the hair and the enamel of the teeth, and of these, the epithelial cells forming the enamel undergo the greatest modification.

Phosphorescence.

Phosphorescence is a phenomenon characteristic of some members of both the animal and vegetable kingdoms. It is by no means certain that it is produced in all cases in the same way. It appears that among certain of the protozoa phosphorescent results from the production of some substance which undergoes

oxidation upon contact with the air, and it is quite possible that it is in this way that the phosphorescence of fish is produced. The phosphorescent organs of the toad-fish consists of epithelial invaginations. The cells do not present any very marked structural characteristics, which leads to the suspicion that it is rather a physiological activity of the cell than a histological characteristic. However, much more work must be done along this line before any positive assertions can be made.

Germinal Epithelium.

The origin of the germinal epithelium of the vertebrates is wrapped in almost complete obscurity. All recorded observations up to the present time appear to indicate that it is of mesoblastic origin and at an early stage of development it differs in no observable respect from other portions of the peritoneum of which it forms a part. The first evidence of differentiation is observed when the squamous cells of that portion of the peritoneum which covers the genital ridge develop into columnar cells. Shortly after these cells assume their culumnar form some of them proliferate rapidly and form solid cords of epithelial cells which penetrate the connective tissue of the reproductive gland. Up to this point no differentiation has occurred between the ovary and testis, but from this time on a marked difference is observed in their method of development. The solid cord of epithelial cells which has penetrated the ovary becomes tubular and the lower end enlarges. By the degeneration and absorption of the epithelial cells between this enlargement and the surface the lower portion becomes cut off and proceeds with its development as a graffian folicle. The subsequent history of the folicle is so thoroughly described in good works on histology that it seems useless to repeat it in this place. The solid cords which penetrate the testes also develop into tubes, but unlike the tubes of the ovary, they are permanent and the outer end of these tubes eventually become continuous with some of the tubes of the degenerating Wolffian body and so through these and the Wolffian duct, which is now known as the vas deferens, the testis has a permanent outlet. Little or no enlargement occurs at the lower ends of the tubules in the tests at the place where the graffian folicle is developed in the ovary, but it is in a corresponding place in the testes that the spermatozoa are produced. In spite of all the careful work which has been done by the closest observers and most competent histologists, the complete histogenesis of these cells is very unsatisfactorily explained. It seems quite probable that they are the direct descendants of the germinal epithelial cells which form the original invagination of the gland.

The committee having in charge the collection and disbursement of the funds for the relief of the sufferers in the San Francisco calamity eighteen months ago have made their final report to the Board of Trustees of the Association. The total receipts from the association and contributors to its funds, $593.20, and expended chiefly for osteopathic books, $566.84, leaving a balance on hand for which obligations have been created, $16.36.

It will be recalled that as soon as the association found out that our practitioners there were so much in need of assistance, that the secretary took the matter of renewing the libraries of those who had lost their books, and wrote to the several publishers of medical books and the authors of our osteopathic textbooks and secured, in most cases, a very liberal discount and in many cases gifts of many books that were distributed by this committtee. This disbursement does not include, of course, the amount of dues remitted by the association to its members who were thus burned out and had their practice destroyed. Counting this amount contributed and the amount of dues remitted, and discounts secured, the amount would be twelve or fifteen hundred dollars. Drs. Wm. H. Ivie, Effie E. York and Ernest Sisson constituted the committee.

LATERAL DISPLACEMENT OF UTERUS AND TREATMENT.*

JULIA E. FOSTER, BUTLER, PA.

The condition of lateral displacement of the uterus has never yet been a subject accorded a prominent position in the discussion of either the medical or the osteopathic profession, but as such a condition exists commonly and as it can be successfully treated, the topic assigned me is indeed worthy of our consideration.

To be able to give effective treatment it is necessary to study early conditions. Therefore I wish for the moment that we consider together this condition of lateral displacement of the uterus as a *result*. It may be the result of: (1) tumors in the lateral walls of the uterus and adjacent structures, (2) extensive distention of some nearby organ, (3) contracting bands of scar-like adhesive tissue in broad ligaments, (4) congenital and physiologic lateroposition brought about by unequal growth of the Mullerian ducts and their adnexa (tubes ligamentum latum). These conditions of disease and imperfect development might well be considered, but they belong to my colleagues in this section, to whom we leave the discussion of them.

As other and prominent causative factors we have habit scoliosis and the natural results of present environments. With the exception of the abnormally flexible infantile form, there is always some cause for the displacement outside of the uterus.

It is my purpose to bring to you my clinical experience, and by far the larger percentage of all my cases have been caused by habit scoliosis and the natural results of environment, I shall consider chiefly the displacements thus caused.

In scoliosis the faulty posture assumed in standing and especially in sitting will through lessening in size the foramina produce more or less pressure on everything that is in them. Pressure on the blood vessels interferes with the nutrition of the spinal cord and ligaments. This leads to muscular atrophy and visceral weakness. This weakening is followed by ptosis and through general ptosis and *gravity* by a lateral tilting of the uterus.

In the normal development, the generative organs are the last in the bodily structure to functionate. When there is a natural freedom of environment the girl blossoms into beautiful young womanhood, but as is often the case the strenuousness of school and social life is so insistent that we have the mental growth at the expense of the physical. The young brain is full of energy and ambition, opportunities are offered and the race for brilliancy is begun, the struggle is now on in earnest. The body quivers under the tense nerve strain, and yet the ambition is not satisfied, the goal is not reached, the prize is not won. So on, on, is the mental call—and the blood yields to the brain and its component parts the nourishment prepared for their use and also some that was elaborated for other portions of the body.

Through compression and tenseness of irritated muscles, or through extreme relaxation from their atonic condition, obstructing the little gateways of nourishment to the spinal and sympathetic nerve systems, the nerve centres themselves are suffering from an impoverishment of blood supply, any disturbance of which results in a disturbance of metabolism and of function. The comparative rhythm of the body is now broken and through the sympathetic nerve which presides over the rhythm, we have disturbance of circulation, sensation,

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absorption, secretion, respiration and nutrition. Furthermore, the products of catabolism are accumulating in the tissues and the blood. Having traced environment thus far, we can readily perceive in the condition of the uterus the natural results of diverted forces.

Let us first, however, in imagination look a bit to the general position of the abdominal and pelvic viscera. We find all the organs movable and therefore of necessity *suspended.* The most dependent organ having superior attachments that permits motility is the uterus. Yet, as long as all the parts are normal, this dependent and motile body is enabled to absolutely return to primal situation. In the abnormal state, especially, we ought always to recognize this complexity of abdominal and pelvic conditions.

The changes described as due to diverted forces have taken time to develop as is shown by the fact that many cases of lateral displacement occur early in womanhood. Sometimes these displacements appear in girlhood, although they may not be so pronounced or permanent as to be recognized until later in life; but the clinical history if carefully obtained, and the development of all the structures if observed, will be evidence to their presence as a result of strain and stress during adolescence.

In the condition under consideration, we have a general visceral ptosis. The faulty position producing pressure on nerves which will result in: (1) motor and trophic disturbance; (2) weakness and pain. Symptoms are abounding, the nerves ever vibrating, never resting, the muscles atonic, the disposition irritable, the vital forces at a low ebb, the personality lost in the clinical picture of an invalid. The individual is claimed and, as it were held prisoner by the enfolding army of surging, irascable, dissatisfied nerves led by "General Pain," who is constantly sending messages to the "Grand Central," and repeatedly imploring aid. Romberg says, "Pain is the prayer of the nerves for healthy blood."

In this case the blood was used to supply mental energy at the expense of spinal development. As a result of the general disturbance of nutrition we have the normal curves of the spine obliterated, ribs displaced downward. We may have a rigid spine, extreme relaxation or scoliosis; either condition lessening the size of the foramina and limiting the circulation of fluids and forces to and from the spinal cord. Now we have visceral ptosis as a result of insufficient spinal forces. The abdomen being as it were a community of organs the complexity of the situation is apparent. The uterine ligaments also weakened cannot sustain the weight of the abdominal organs, so the uterus is displaced. It cannot move anteriorally because the space is occupied by the bladder. It cannot move posteriorally because of the rectum. Through long years of functioning, their musculature is firmly developed. The uterus under the given conditions must follow the line of least resistance and turns to one side.

Although we have not yet attained that refinement in diagnosis to which we aspire, the condition in this case is self evident.

What shall be done? Correct abnormalities in spinal and somatic contour, not forgetting the innominates, and so scientifically manipulate as to procure motion of all articulating surfaces thus freeing impingement and impaction and opening the highways of traffic, allowing these important but starving workmen an opportunity to obtain a good square meal. By this freedom assist in the elimination of the spinal catabolic processes. There has been more or less blood stasis resulting in congestion and heaviness throughout the pelvic region and we want to be free from these burdens; so by stimulating a vigorous circulation through all the parts, we afford relief. Then as soon as there appears an attempt at muscular tonicity, effectual bimanual treatments may be given, with

the occasional insertion of a wool tampon in posterolateral cul-de-sac to the side of which the organ inclines; the object being to mechanically direct and hold the displaced organ in an elevated position, to relieve the congested state of the uterus and appendages, thereby hastening parenchymatous tonicity.

We know that life is a constant death and renewing that our every day nutrition involves millions of molecular deaths and in health, as many million molecular births. Therefore, in this wonderful regeneration of tissue we should simultaneously with the spinal treatment so direct the diet that it shall contain structural material in sufficient quantity and quality.

We have considered somewhat the etiology and arrived at a conclusive diagnosis and outlined a portion of the treatment. Perhaps some one will say, "What difference will it make what kind of a displacement there is? The treatments are similar." Granted the spinal centers are the same and the spinal treatment similar, the mechanical adjustment is different. The complications are very different. An anterior displacement affects the bladder, producing irritation and frequent micturition; a posterior affects the rectum, producing mechanical constipation. Either results in pain and disturbance—physical disorders. A lateral displacement affects the ovaries and results in equal physical trouble with additional mental disorder. Therefore let me say to you that a positive knowledge of the condition is of imperative value, both for the mechanical adjustment and the general management of the case.

The patient must be intelligently directed in all her ways. The physician in the fullest sense is a teacher as well as a corrector of conditions. In sitting, standing, walking or reclining, she should be taught how best to use the different muscles and by proper relaxation conserve her forces. She should be taught how and when to breathe. This may sound far fetched, but if you will take time for observation, you will be convinced that a little advice along this line is needed and will be beneficial. Then too, attention should be given to the adjustment of the clothing, that it be worn so as to produce no pressure locally and to allow spinal freedom. In general, such exercises as will assist in restoring the muscular equilibrium of all the parts should be taught. Later when the patient in a burst of confidence, relates to you that the chest measure has increased three inches, you will have the gratification of knowing that there has been through intelligent instruction and concerted effort of patient and practitioner, a general visceral uplifting, and an absolute return of the displaced uterus to its primal situation.

Last but not least do not forget the mental activities. As it were, anticipate the questions and thus direct the thoughts to some helpful subject. Notice that these are the patients who have long memories, who question much where answers are difficult; who put together one's answers from time to time, and torment themselves and the doctor with the apparent inconsistencies they think they detect. Guide their mental action. The skillful direction of physical exercises is the first diversion from morbid self examination. Further guidance depends upon the patient's occupation and position in life. The problem is to help her attain normal adjustment with present environment.

As a rule these cases are tedious. When undertaking the uplifting of an organ, whose vital structures are as it were, tottering, certain definite characteristics must belong to the practitioner. He must have singleness of purpose, unlimited patience and perseverance. He must be sincere in speech as well as in action. We sympathize with a vigorous old Quaker lady who expressed herself thus, after the doctor's visit: "Thee will do me a kindness not to ask me to see that doctor again. Thee knows that I don't like to have my feelings poulticed." He must be master of detail in our science, with collateral knowledge of the patient and her surroundings, and must give con-

stant supervision to her actions. He must feel a wholesome discontent with past achievement and make a constant effort for more and better work.

If we are to be teachers as well as correctors of conditions, if we are to be real benefactors to humanity, if we are to keep bright in gynecology, the shining light set aglow by Dr. Still, we shall lose no opportunity to practice preventive as well as corrective therapeutics. Then we shall have a nation whose women are able to become the mothers of a great and noble race, powerful mentally, morally and physically.

WORK FOR ALL.

No important enterprise can stand still for any great length of time. If it does its competitors will soon be found leading it in the race. This is true in business, in education, in politics, in religion. Each must, to use a commercial term, show its goods and be prepared to meet the improvements of others with something better. The practice of the healing art is no exception to this universal principle. Osteopathy has demonstrated that it is a reality, that its fundamental principles are true, that its results are unmistakable.

It is surprising what a large percentage of recognized osteopaths are making a success from a professional as well as a business standpoint. The sick are healed, osteopathy is given its deserved credit, and the osteopath receives his just reward. But there is not a wide-awake, intelligent man or woman in the profession who does not know that his success is not a measure of the power of osteopathy. Unexplored fields lie before us. All that is included in the principles of osteopathy, as laid down by Dr. Still, should be taken possession of by our profession. If we do not claim our birthright, others will claim it,—in fact are already claiming it with such arrogance that their claims carry conviction to many.

We can secure our birthright only by mutual helpfulness. No individual or small number of individuals can carry our work to its legitimate consummation. It will require the combined efforts of the individuals comprising the profession. If we do not recognize this fact and act accordingly, those who oppose osteopathy as an independent system will do the work we should do, claim the inheritance, and possess it.

We cannot afford to stand still. We cannot afford to be so wrapped up in our own practice or in our individual business enterprises as to neglect the interests of the profession. The profession is made up of the 4,000 or 5,000 graduate osteopaths who are engaged in active practice or in teaching. As with bees so with the membership of every profession: there are two classes, the drones and the workers. The drones live by virtue of the efforts and good will of the workers. But each drone takes from the aggregate store of good things prepared by the workers just as much as the workers themselves. They reap the harvest made ready by the labors of others.

It seems to me almost incredible that there should be any drones in a profession possessed with so much energy as osteopathy. Of course there are some, but I am inclined to believe that they exist because they are not aware of what they may do to help the profession rather than their disinclination to help.

Circulars have been sent or will be sent soon to every osteopath by the management of *The A. T. Still Post-Graduate College of Osteopathy*. Read them carefully. If you know of any plan by which a greater honor can be conferred upon the founder of osteopathy and by which every osteopath and every college of osteopathy will reap a more direct benefit, we will be pleased to learn of the plan and consider the arguments in favor of its support. If no such plan exists, why not act quickly on the plan proposed so all may have a part in the work?

E. R. BOOTH, D. O.

OSTEOPATHY WRITTEN INDELIBLY WITH A BIG O.*

A. G. HILDRETH, D. O., ST. LOUIS, MO.

Could all osteopaths on earth today go back, and step by step, follow over the trail of him who gave osteopathy to the world,—could they plant their feet where his were planted, and follow on down all the rugged way across the lonely desert, around the boulders, over the hill tops, up the rugged mountain side of truth to the spot from which emanated osteopathy, pure and simple, the spring of everlasting life, where now not one but thousands are quenching their thirst,—*our future would be assured.* The trail has led to the pathway, and the pathway must lead to the broad highway over which all may travel with ease. Yet as we progress over the easier avenues made so by our growth we must not forget that the source from which we have drunk and are drinking such copious draughts is pouring its life stream down the mountain side, across the valley, on and on to join the great tide on the ocean of human life. And were it not for the fact that as we follow on down this stream we find from time to time cloudy areas, muddy, dark spots, contamination from other streams less fortunate than ours, there would be no need for such papers as this of mine. Could we have had that rough, rugged experience, and the backbone to follow on even when there was no footprint to guide us on our way, like him who has set us a living example, there would be no clouded spots in that stream now rushing on and on and on,—for truth cannot mix with falsehood any more than water with oil. To Dr. Still's love of nature and his nearness to the hills, the rocks, the birds and the flowers; to his undying confidence in and knowledge of the law which rules this universe, is the world indebted for osteopathy. The principles upon which he builded were God-given and are to be found in everything, everywhere throughout the entire universe, divine in its origin and perfect in every line of its construction. How mortal man can question that the power which created him, can rebuild, and recuperate within one's self, is more than I can understand. He could not do so if he but knew more of himself.

Dr. C. M. Turner Hulett stood upon the floor of the A. O. A. Convention Hall at Milwaukee in the summer of 1902 and gave utterance to something like these words: "When the time comes, as it must, that we can *know* what takes place beneath our fingers when we place them upon a spinal column or at the side of a vertabrae, when we can know the effect of the changes that take place beneath our fingers through the pressure or manipulation given to that specific point, then shall we begin to know osteopathy, then and not until then will osteopathic treatment become scientific." When he made that statement he gave utterance to a fact upon which the entire future of our practice hinges,—upon the hunger of our people to know more of the changes that take place beneath our fingers when giving a treatment, and upon our ability to know and learn more depends the life of our profession; for upon this knowledge accurately applied are we dependent for results. If that knowledge could be possessed by our entire profession today, there would be no osteopaths studying medicine, there would be no talk of adjuncts, and there would be no such thing as *general treatments*—for there would be no necessity for them—we would get results for the reason that our treatments would be correctly applied. When that time comes even surgery will be reduced to the minimum. Just the other day there walked into my office a lady whom I had treated before for asthma and who was suffering badly with it then. She was a patient who had come to me a time or two before for treatment, but had never stayed with me to

*Paper read at annual meeting of New York Society, Albany, Oct. 30, 1907.

exceed three or four weeks; consequently was not cured but always relieved, and she had come again saying, "You have never treated me but what you have given me such good help that I have come for a little more of the same kind of relief." Well, I had tried before to send her to her local osteopaths (for there were three or four in her town), and she had tried them at different times, without results. This time she told me she had gone to two new people who had located there and took two treatments, each treatment not only failed to relieve her but made her worse. The last time she said she thought she would choke to death in spite of all that could be done for her, and took a drug without any effect whatever; here is the point with such treatments: and the results obtained in most such cases would drive the patient away from osteopathy forever when the facts are it is not only a case we can relieve but one we can cure. "Well," I said to her, "I can not imagine what they could have done to you that could possibly have caused such a result. How did they treat you?" "Oh!" she replied, "they treated me all over, they finally laid me upon my face on the table and went the whole length of my spine with a hard, strong pressure at each vertebra." She said, "They almost wore me out." Now, just stop and think of it: that patient was suffering with asthma; she complained of such a tightness around her upper chest and pain between fourth and fifth ribs on right side with pain at junction of first rib with sternum. "Oh! such a heaviness, such a load on my chest," was her way of describing it. Her nasal passages were also stopped up and inflamed; these were her symptoms or some of them. The cause of her trouble originated with a twisted fifth rib on the right side producing an irritation to the fifth sympathetic ganglion on which reflexly reached the nerves that controlled the bronchials or disturbed the pulmonary plexus—for that matter all of the muscular wall of the upper thorax was involved and naturally so for the reason that that rib sagging down pulled on all the muscles of that side. The case also had a third cervical lesion to the right which was recognized as part of the exciting cause especially of the nasal disturbance. There can no longer be any question in the mind of an osteopath with even the least experience but what when you put your finger along the spinal column upon the origin of any nerve whether it is in pain or not that you can and do change the action of that nerve. We may not always be able to stop all the pain in a nerve but we all know we can change the condition not only of the nerve itself but the tissue to which it is distributed and in most cases where pain is present we can and do relieve the pain. This being true, what can be expected when the spine is treated from one end to the other giving each articulation of the vertebrae exactly the same treatment as the one at which the disturbance is created? Hold up before your mind's eye a living human spinal column, look at it as it is, analyze it from every point of view. The brain and the spinal cord giving nerve vitality to all muscular life, and the sympathetic nerve force composed of a gangliated cord extending from the ganglion of Ribes at the base of the brain to the ganglion impar in front of the coccyx, lying outside of but close to the bodies of the vertebrae the entire length of the column, and while looking don't fail to see and keep in mind the little nerve fibers that connect the spinal cord and the sympathetic gangliated cord at the articulation of each vertebrae—the rami-communicantes. It is over these nerves that the white matter of the cord is connected with the gray of the sympathetic and the gray of the sympathetic is carried to the cord, in other words, these little nerves are the connecting links between the two great batteries of the human body whose spark or union keeps up the life principle within us. Go a little further and you will find at each articulation distributing branches to the viscera and muscles in all directions around their point of origin. Could all the people of the earth but study their own spinal columns and understand them as they are, then indeed would they realize that they are

most fearfully and wonderfully made. When one looks at that spinal column and studies it as it is, and understands the origin of each nerve and the area to which it distributes the connections made by the communicating and distributing branches, in other words, understands his anatomy as all osteopaths should, it seems to me there could be no folly greater than to treat the whole length of the spine when but one or at most two nerves are involved. When you treat a given point of the spine it should always be done with a specific object in view, for the reason that each time you put your finger on the spine you know or at least you should know that you can and do change the action of the nerve or nerves beneath them, and that when you reach the entire length of the spine with identically the same pressure and the same manipulation, you lose the effect upon the nerve that needs your aid because you have caused the same action to take place in the well ones as in the sick. In mentioning this case of asthma there is no thought of criticising a brother osteopath as an individual, but I have simply mentioned this case as an illustration, and it is done too with a full knowledge that even the oldest of us in the field are not infallible, and that we all make our mistakes like all other people. This paper is presented with the hope of emphasizing the fact that osteopathy is a distinct and separate system unto itself. How can we question this fact when we know it is builded upon eternal truth, God's own law of supply and demand as its basic principle, and its reputation made, as it has been made, by curing the failures of all other schools. This being true, and all osteopaths know that it is true what can we expect to obtain by going to a source whose very failures have made our existence possible? Had we not better confine our efforts to the field that has never failed us, go after knowledge where there is more to be obtained? Let us get down our old anatomies and build for ourselves a knowledge that will entitle us to the credit so often given us now,—the best anatomists on earth. We care not for the name, but we need and must have the information; then in addition to our anatomical knowledge we must get down and dig out a technique of manipulation that shall bury forever the thought of a general or broad side treatment. We want to do our work in a scientific manner and to do this we must *know what* we are doing and *why* we do it. It is not a question of pressing a button and producing a lightning change, as is so often accredited to us; but it is a question of knowing what nerve is disturbed, what muscle is contracted, what tendon twisted or bone sub-luxated that produces the disturbance, and then knowing how to correct it. As you take away the cause, the mechanism interfered with begins its work, and by degrees that wonderful *power* within asserts itself and gradually rights the wrong. Oh, if this philosophy could only be understood; if our new people who go into the field of practice could only know the efficiency of the knowledge they possess, we would need have no fear for the future of our profession, and they would need have no fear for their success, for both would be assured.

Some years ago while in one of our largest cities, I was the guest at dinner at the home of an old time osteopath. We were discussing osteopathy and the fact that some osteopaths were studying medicine and scattering their energies in various directions. It wouldn't do to repeat all that he said just as he said it, but the substance was that some of our people were so blind that they could not realize their own opportunities—when the fact was we were all riding on front seats in the front band wagon of the greatest parade the world had ever witnessed, and all it required for us to retain our position and remain where we were was brains enough to do the work on the lines taught us in the first principles laid down by Dr. A. T. Still. That man has now been in the practice over ten years. He still practices the unadulterated article and now charges more money than any man in his city and has all that he can do and more. Knowledge gained through experience cannot be questioned.

One of my good osteopathic friends in a southern Illinois town studied medicine a couple of years since. I think he graduated this last spring. He studied because of the deplorable condition of our profession in his state regarding the signing of death and birth certificates. The state gives the right to practice osteopathy which undoubtedly carries the right to sign birth and death certificates, but the medical board of that state is persecuting the osteopaths in every possible way and this friend of mine, afraid for his life almost constantly, studied medicine. I am certain he thought I would feel badly about his taking up the study so nothing was said between us on the subject until recently he was in our offices in St. Louis and I said to him, "Doctor, do you use any medicine at all?" "Not on your life," he replied, "I didn't study medicine to practice it, I studied it to be free to get around that rotten law of ours." He has a splendid practice, stands well in his community, is now alderman of his town and stands a good chance to be their next mayor. He said: "Doctor, people come to me for twenty miles or more for treatment and they come because I cure them of conditions that the other fellows have failed to cure and I cure them osteopathically. Frequently people will come and say, "Doctor, I understand you are a medical man as well as an osteopath; so you can give me medicine and osteopathy both," and he said, "I tell them no, that there are eight or ten medical men in this town now and most of them good men and some of them much smarter than I am and you have been going to them for ten or twelve years, and they haven't cured you, for if they had you would not come to me. Do you suppose I am going to try to cure you in the same way that they did and failed? Not much. I have something better than that or you would not come to me. I shall give you nothing but genuine osteopathy." And he said, "I'll tell you, Doctor, that is a knock down argument, and what is best about it is it is a fact, I do cure them and I do it strictly osteopathically."

My knowledge of osteopathy throughout its entire life, coupled with an extensive acquaintance with the results obtained by men and women like the above, is what makes me so radical in my position as regards osteopathy and its limitless field of usefulness when practiced in its purity. From another osteopath, and a man who stands high up in our profession, an instructor in one of our good colleges, a born educator, one of the first osteopaths, comes these words in a letter: "We are developing a lot of bargain-counter osteopaths who are willing to merely sell whatever the public asks for. We must struggle hard to keep out of osteopathic practice that spirit of catering. We are teachers of a new idea and cannot afford to give up to the very thing the medics themselves are trying to get away from. *Neither I nor many others have gotten our practice by giving drugs,* but a new crowd is leaning that way powerfully hard." I know of no language any where to fit this condition of affairs—unless it be the immortal words of Him who gave His life that the world might live, when being persecuted unto death, said, "Father, forgive them, for they know not what they do." Nothing can excuse osteopaths for not living up to the full measure of our standard except just that one fact, "they know not what they do." From everywhere, on every side, by the men and women longest in the practice, comes the unqualified endorsement of genuine osteopathy pure and simple. There is no talk of mixing by the men and women of experience who have made osteopathy what it is today. All say the same thing—that we have the best system on earth, and all these older practitioners' offices are full of patients. Only the newer ones, only those who are afraid of themselves and who lack knowledge of what osteopathy really is, are wandering away. We must be patient and teach them the better way, show them all how to get better results by demonstration with the simon pure article. This done, nothing can stay our onward progress.

Recently there came to me a young lady whose parents were referred to me by an osteopath in Michigan who had treated her, and in the minds of her parents had simply performed a miracle. The patient, a girl of eighteen, was, until the last December in splendid health. She attended a party one evening and the next day found her heart was palpitating, was very dizzy and could hardly walk at all, in fact, her nerves just seemed to go to pieces all at once. Parents and patient were much alarmed. They called a physician and he examined her carefully and prescribed for her with little or no effect. They finally took her to Battle Creek to Dr. Kellogg where she remained for two months without much benefit, then they took her home again and kept trying first one thing and then another until eleven different physicians had examined the case and most of them treated her for a time. They examined her blood, made all tests possible in every way but could discover absolutely no indication of any disease of any organ in the body. Yet the palpitation kept up and mark you, not one physician of the entire number who examined her could locate the cause, not one; and the father told me that one young German physician who treated the case for two or three months and who took especial interest in the case and looked up every author he could find on the subject of palpitation, said to him one day, "I haven't found one single sentence that tells me what causes palpitation. I have no less than eight authorities and not one bit of light have I received upon this case." The osteopath was called, the twelfth man to examine her, and I have her parents' word and hers that she was suffering badly. When he called her pulse was 96 and they claim that in less than fifteen minutes' time he had relieved her wonderfully and that her pulse went down to 74. He located the cause. I believe they said that he claimed that the first and fifth ribs on the left side were involved—were dropped down and disturbed the cardiac plexus by way of the sympathetic ganglia at first and fifth. He was the first man to intimate even that he knew the cause, and we believe that he knew what he was doing for he surely relieved the patient. He began with her on June 26th and had treated her some three months when she came to me, virtually a well girl. One thing sure, her heart was beating normally when I examined her. When they began to give me the history of the case I said, "What did you do the night of the party? Did you get hurt in any way?" She replied that she fell with her left side across the arm of a chair and described the fall to me. She struck just below the arm on the angle of about the second, third, fourth and fifth ribs. One physician who had treated her upon being told by the girl's father what the osteopath had said and done, laughed at him and said, "You need not tell me that a rib was twisted or that an osteopath set it and cured that girl." "Why," she said (for the physician was a lady with Dr. Kellogg), "I know scientifically that such could *not* be the case, it is an impossibility." "Well," the father said, "you can say what you please, we *know* the girl has got well under osteopathic treatment and she did not even improve under yours." Here is the point I am after, here is the kernel in the wheat, our diagnosis, our ability to locate causes. God has written our Pathology and it is all contained in one volumne, "The Book of Life."

Dr. S. A. Ellis of Boston in his most excellent address delivered before the American Osteopathic Association at Jamestown strikes the keynote when he says, "No two men in the school (he was then speaking of the eclectics and what is true of them is equally true of the other schools of medicine) agree as to the best method of treating similar cases. One of our strongest points in osteopathy is in this very connection. We have a common and uniform philosophy both in diagnosis and treatment and in adhering closely to it we find our greatest strength." That sentence is all truth. His entire discourse was full of facts pure and simple and the whole profession would do well not only

to read, but remember all he had to say. The osteopaths cannot help but agree in diagnosis if they but possess the knowledge they should for the reason that they all read but one authority, the standard work, man as he is, Life, as so ably taught in our text books of anatomy and physiology today. We cannot go behind the origin of a nerve or our knowledge of its distribution. Unlike the physicians in the old schools of medicine we seek causes and treat them more than we do conditions for we know if we locate the cause and remove it the condition will care for itself.

The other morning I stepped into a brother practitioner's office in St. Louis, and he introduced me to a young lady and to him are we indebted for the following seemingly remarkable case and its cure: This young lady came to my friend last February suffering with what was pronounced stricture of the stomach, but what was in reality a muscular contraction of the lower end of the oesophagus or cardia. The opening into the stomach is controlled by the cardiac sphincter. She had been suffering for two years, I said suffering, there was not so much pain as there was simply a closing up of the lower end of the oesophagus, and the impossibility of getting food into the stomach. She was treated by one of St. Louis' most noted specialists for a number of months. He finally said to her that he knew of one case that had lived in that condition for thirty-five years. She then changed doctors. She consulted one of St. Louis' most prominent surgeons and one stomach specialist of national reputation and he treated her for some months with the result that the muscular contractions or spasms gradually grew worse and worse. She was advised to use a stomach tube which she did with the result that she had been living on a liquid diet for months and gradually growing weaker and the tube becoming more and more difficult to use, when she came to the osteopath. Here is what he had to say: "Case came under my observation February, 1907. Diagnosis, spasmodic stricture of oesophagus. Lesions, 8th dorsal to right with a posterior rotary curve of spine with great rigidity. (Typical Neurasthenic Spine) also a third cervicle lesion. Treatment, directed to specific lesions, as well as general bringing into line the curve of the spine. The posterior rotary curve was probably induced by the position assumed at the typewriter, while in a weakened condition and was an important factor in the production of the neurasthenic condition. Treatments at first given three times per week. Results, after first week nervousness not so pronounced, had taken some food without use of stomach tube. By May she was eating about two meals a day, and at the present time is able to eat without tube and with no distress in any way. From February she has gained 45 pounds and is now at about her normal weight, and is attending to her duties as Public Stenographer and Notary Public."

Osteopathy has cured this young woman in six months or less after the best of the old schools had the case two years, and they not only did not help her one particle but were gradually letting her die of starvation. Why this result? Because the osteopath went back to the origin of the nerves that did what? That controlled the sphincter muscle that permitted the food to pass into the stomach. He reached the pneumogastric nerves and the splanchnic, that in their union control the function disturbed and in so doing cured his patient. Tell me, could an osteopath that is one, fail in his diagnosis of this case? He could not if he would read Gray and know where these nerves come from. That case was of especial interest to me for my father died of stricture of the oesophagus before osteopathy was known. Medical doctors let him die because they did not know how to turn those nerves loose, and poured something down his throat and even what they gave him could not pass that point in the oesophagus for days at a time. Dr. Still was able to relieve him but had not gone far enough with osteopathy then to cure him. He died in 1886. Since then I myself have cured two cases. Knowing these things in this way, having

it rubbed in through contact and experience, do you wonder why I take the position I do when people talk to me of broadening osteopathy by studying these systems of failures.

I could go on for hours with illustrations telling again and again of cures just as the above where the osteopath has been called in when the most skillful of the older schools have failed and where by the simplest kind of treatment the cause has been removed by the osteopath and the patient entirely cured. You all know of these cases, many of you have had identically the same experience, in fact, cures of this kind have given us all the prestige, power and freedom we enjoy today; it gave you your law. Think where we are, think of what has been accomplished and how it has been done. Knowing these facts as all should know them, how can men and women for one moment feel that they can strengthen themselves by studying a system so fraught with failure? I fail to understand it.

Dr. Moore, the newly elected president of the American Osteopathic Association, in a recent letter to me had this to say. He had just returned from a trip clear across this continent, attending the A. O. A. meeting and visiting our osteopaths.

"We have reached home and settled again in practice after a long and enjoyable vacation which we also made a profitable one by getting in touch with various osteopaths over the country.

It makes me feel very optimistic for the future of our profession, provided we keep in the straight and narrow path of pure, unadulterated osteopathy and thus carry out the intention of our founder when he launched a new profession on the world. I do feel that there is more or less of a crisis ahead of our profession solely on account of the uncertainty of some of our practitioners as to what line of practice they will devote their energy to. The inclination of some D. O.'s to endeavor to practice a little of everything so that they may be classed as broad physicians has made a deplorable state of affairs where it exists.

Under my administration I wish to do all that I can to concentrate our profession in one broad channel of lesion osteopathy. If our practitioners only realized that by developing their osteopathic skill instead of wasting their energies they would be more useful in the healing world and in time accomplish greater success and greater satisfaction in their work.

I hope that you will do all that you can to promote this ambition among the osteopaths."

No one need ask me to do that—for the simple reason that my life has long been dedicated to that work—because I know in that way alone I can do more for all with whom I come in contact.

I am so grateful that the man elected to the highest office within the gift of our profession so thoroughly understands the needs of the hour, and what pleases me most is, he speaks from experience, a knowledge obtained through contact with disease and association with conditions as they exist. We as osteopaths can afford to be optimistic. The only breakers ahead lie in our own vascilating indecision and lack of (I came near saying confidence) knowledge in osteopathy and all there is in it—*Pure Osteopathy*. How sweet those words sound to me, and what a wealth of meaning they convey, and what a limitless influence they will have upon the future of our profession, if we but fulfill their meaning and give to the world just Pure Osteopathy.

No man has ever witnessed Dr. Still doing time on a patient by treating a spine from one end to the other and then winding up by the pump handle movement of each arm and leg. He has never been known to give such a treatment, neither has anyone ever seen him give a long drawn out half hour treatment, neither does he treat the same patient the same way twice. I mean by this he does not resort to machine methods by going over the same point again

and again in the same way simply to cover territory and to kill time, but he does locate the cause and treat again and again the same point until he has corrected entirely the lesion found and has given nature the opportunity to recuperate. Another thing, too, no one has ever seen him do and that is to give rough, harsh, treatments; a quick, hard jerk to the neck or a rough, quick wrench to any point of the spine, but he has again and again when he used to be in close touch with the students at the A. S. O. told them that they should never under any circumstances allow themselves to be rough with a patient. He always illustrated by saying that each muscle in the human body possessed its own individuality and that the first law of life everywhere was self preservation and that if you treated muscles roughly, they would contract and in their contraction prevent you from correcting the lesion through their resistance for self protection. He has always said, "Lay your hands upon the patient gently and by degrees win the confidence of your patient and the tissue under your hand and then you can accomplish something," and he has always set that kind of example. Hundreds of patients are driven away from osteopathy each year because some of our people are rough in giving their treatments. The reputation of the profession is at stake, and we should overcome these mistakes. Another serious error in late years is the method some osteopaths have of getting hold of the neck, especially, and twisting to the extreme right or left and then in the opposite direction as far as the muscles will permit, and then winding up with a hard, quick jerk. This method should not be tolerated and could not be practiced upon my family, and what is not good for them is certainly not good for my patients or yours. Our technique needs our best thoughts, and most careful study. God has given to mankind the highest degree of intelligence and reason possessed by animal life (or at least we claim this distinction—I trust you will pardon me if I intimate that there are times when one would be justified in questioning this statement.) Endowed as we are with mind and reasoning faculties, how good it would be if every individual could exercise this faculty upon all occasions. More especially should the osteopaths and all who profess to heal the sick be men and women of the greatest ability and the very best quality of reasoners, for they are dealing with God's most holy and divine law—human life. Osteopathic treatment brings you into the closest touch with all that is good and best on earth, because you are dealing with a law not only divine in its conception but divine in its perfection, so still, so quiet, so deep, almost unfathomable, and yet so simple, and so perfect in all its manifestations. Could our people be satisfied in doing the little and necessary things to keep the body in perfect order instead of going wild trying to do some wonderful big thing in imitation of some one else?; if they could be satisfied to follow for ten short years in the footsteps of him who opened our trail, the theory and practice of drug taking would be buried forever and the surgeon's knife would be used once then where it is now used fifty times. So many of our people imagine that they are the chosen ones to discover some great principle that will make them world-famous or else they are to be the ones to lead our hosts in some great big move that will overshadow all else that has gone before, that they lose much valuable time seeking big things to do; when if they would do the little things well, the big ones would care for themselves. It is the simple things done in the sick room that cure the patient. The right thing at the right time is what cures.

You people here in New York have by your persistent, never-tiring, faithful work won a long drawn out legislative battle unequaled in the annals of our law creating rights, and I congratulate you most heartily upon your victory and success. You deserve great credit; you presented a united front in your state unequaled before anywhere, and by so doing you have won a fight that should fill the hearts of every osteopath in your state with pride. But my good brothers

and sisters that was only the first victory won on the skirmish line; you men and women doing picket duty won that fight; the great test of strength lies in the future, the real battle is yet to come, and must be fought out upon the field of practice when side by side you stand shoulder to shoulder with all men of all schools and are called upon by the people of your state to demonstrate by the results of your work whether your profession is deserving of the position you now occupy. You dare not sleep on your guns, you cannot afford to lessen your vigilance. Just as every man of you so unitedly fought for freedom to practice in your state, you should now stand as one man to prove your rights to what you have won and to grander and better things yet to come; and you can only do this by practicing the genuine article, pure, unadulterated osteopathy. There is but one place good enough for our profession, and that is well in advance of the front column of the grand army of progress in this most wonderful Twentieth Century; and it will remain there throughout all ages to come if we as pioneer osteopaths do not lose our heads and weaken our cause by seeking after false gods. *The simon-pure, unadulterated A. T. Still brand of Osteopathy* has planted our flag upon the highest pinnacle of scientific research, there to remain forever, provided the men and women who practice osteopathy master the great principles underlying our science, and follow the example of him who gave our profession to the world. In this way, and in this way only can *Osteopathy be written indelibly with a big "O."*

706 Century Bldg.

LETTER FROM DR. MOORE.

The founding of the A. T. Still Post Graduate College for advance work in the osteopathic profession marks a great step forward in our life as an independent school of practice. A number of our leading osteopaths are giving their best thought and a great deal of their time and energy to the establishing of this institution. Such work bespeaks their loyalty to osteopathy as they have no more to gain than those of us who are entirely absorbed in private practice. These facts must impress us with the responsibility we each should carry in the matter and our loyalty to so high an object will hurry the success of it.

The A. O. A. most carefully and cautiously established the organization of the Post Graduate College. The Trustees of the Post Graduate College are osteopaths who will appeal to all as being the very sinew of the profession. Now it remains for you, the private practitioner, to throw your weight into the movement.

There can be no discrimination against the individual or his alma-mater; for it is the college of the profession and not of the under-graduates. Mark my word; The Post Graduate College is a child of the A. O. A.; The A. O. A. stands more resolutely than ever before for the first principles of our science; The A. O. A. is made up of graduates from all the recognized schools and every member wishes his alma-mater to prosper. The natural deduction is, First: The Post Graduate College will be osteopathic and harbor no strange gods; second, It will not conflict with your alma-mater or with mine.

Be generous toward the Post Graduate College. Do all you can personally in the way of contribution, encourage the movement with your kind words and endeavor to interest your influential patients and friends. When Dr. Guy E. Louden or Dr. Asa Willard approaches you in the interest of the endowment show them every courtesy you can. Fraternally,

F. E. MOORE,
President A. O. A.

OSTEOPATHIC DIAGNOSIS.*

CHARLES HAZZARD, PH. B., D. O., NEW YORK, N. Y.

We, as osteopaths, are wont to regard our method of diagnosis as distinctive, and this fact may well cause us to question ourselves, regarding this matter, as to how far and in what particulars we differ from the ordinary physician in the making of a diagnosis. Have we a specifically different method of arriving at a conclusion regarding what ails a sick person? If so, do we, or should we, disregard his means and his methods? Or should we use them as well as our own? Or in so far as we differ, how and why do we differ? Is there a good reason for so differing? What are the practical results of so doing? Do we look at disease from an entirely different standpoint? What is necessary to the trained osteopath to enable him to arrive at a correct diagnosis, and therefore direct his therapeutic agents at the proper point? Is there enough about osteopathy, viewed from this angle, to warrant us in saying that we do actually discover what we may correctly term the *real* causes of disease? For it is plain, at a glance, that such a fact (if fact it be) must be the corner-stone of our system; the matter of therapeutics being, of course, secondary to that of diagnosis—that of discovering the true causes of a disease.

Again, grant that we have as distinctive a system of diagnosis as we may be pleased to claim, how far it is likely to modify, or be modified by, other systems? In other words, is it sufficiently distinctive to remain the foundation of a distinct system of medicine or is it *not*, and therefore destined to be more modified than modifying?

Now, I ask these as open questions. I ask them as the every day ponderings of, no doubt, many a mind besides my own. I do not ask them for the purpose of answering them all myself, but partly to stir thought. I am frank to confess that I do not know the answers to all of them, and they are to my mind entirely open questions. It is probable that time only can solve them, and it is not at all impossible, or even very improbable, that the final answers to them all may be of such a nature as to preclude the possibility and the necessity of looking upon osteopathy as a separate and enduring system. I do not say this intending thus to imply any lack of faith upon my own part, nor to shake the faith of others. I have always regarded myself as one of the "Simon-pure" brand of osteopaths, and I see in osteopathy after more than twelve years active "pulling of bones," a constantly widening and very satisfactory and successful field of labor. I have accomplished many things that were both satisfying to myself and very profitable to my patients. But I have also found myself, at odd times, "up against" many a tall hill, and I have all along been learning more about my limitation than I always find exactly pleasant to learn. While undoubtedly some of these are the limitations of the individual, the most are the limitations of our system as taught and practiced by our profession at large. Now, I do not satisfy myself with the explanation that these are the limitations, not of *osteopathy*, but of *practitioners of osteopathy* who have not yet progressed sufficiently far into the hidden truths of our science; though this may be in a large measure true. As to this I cannot presume to say. Nor, on the other hand, am I oblivious of the fact that the ordinary practitioner of medicine is, perhaps on the whole more limited than is the osteopath.

Osteopathy is still very young. It has made such astonishing progress in a decade that it has attracted the attention of practically the whole country. Potentially, there seem to me to be wonderful possibilities in it. The questionings of minds seeking the truth, and the impatience we feel under our limita-

*Paper read at annual meeting of New York Society, Albany, October 30, 1907.

tions, are but indications of healthy growth. We must feel that, as a profession, we have serious questions to consider in this connection. Our attitude toward them, and our action in regard to them, will have much to do in solving the future of osteopathy. While disclaiming the gift of prophecy, I yet feel safe in saying that it will be but a brief time e'er we see some notable happenings along these lines.

As to our method of diagnosis, it is unquestionably distinctive, and it confers upon osteopathy that distinctiveness, which separates it from all other systems. This is particularly so in view of the fact that our peculiar osteopathic therapeutics are secondary to the discovery of the cause of disease—that is, to our diagnosis. This makes of our particular method or manner of regarding disease as due to mechanical interference with vital forces the very corner-stone of our whole system. This theory seems to me, beyond question, to be a tenable one. It has not yet been worked out in all its minute ramifications. All that we osteopaths have said about it so far may not be true. But as a theory it is sound.

In this connection it is interesting to call attention to the fact that the dominant ideas as expressed in the mottoes of the two leading schools of medicine, the Allopathic and the Homeopathic, stamp them, as in the very essence of their conceptions, schools of healing radically and totally different from osteopathy. Homeopathy's *"Similia Similibus Curantur"* and Allopathy's *"Contraria Contrariis Curantur,"* point out the essential empericism of these two systems. The very fundamental dicta used to epitomize these schools of medical thought deal, not with causes, but with effects; while, on the other hand, the fundamental and dominant idea of the osteopathic system, viz: *obstructions to vital forces cause disease,* denotes the essential characteristic of our school, the dealing at first hand with *causes,* not with effects. Here lies the difference in creeds. *Contrariis vel Similibus,* it's all the same. They differ not one whit, for all the contrariness of their mottoes. They both fight symptoms and regard them as the common enemy. We fight causes and regard them as the fundamental object of our therapeutics. With them, the question of therapeutics must, perforce, be the dominant one, and their remedies follow the symptoms. With us the question of causes must always be first, and our remedies follow the causes.

This is the distinctive feature and the crowning excellence of osteopathy, as I see it. Hence the importance I attach to osteopathic diagnosis. Concerning this part of our duties, we as practitioners cannot exercise too great care. We cannot be too well equipped for the making of the diagnosis. This should never be made hastily or carelessly. It should be exact, and should be arrived at by precise and scientific measures. We have in osteopathy a system capable of being reduced to the clearest and strictest scientific terms, but we have not, unfortunately, arrived as yet at this point. The trite saying that "doctors disagree" is in no particular more true than as regarding diagnosis, nor is it true of medical doctors alone. There has been a good deal of what seems to me to be rather loose talk among people, and even among osteopaths, (who should know better) to the effect that osteopaths practically always agree in diagnosis; that, inasmuch as they, by their methods of examination discover the real causes of disease, there is practically unanimity among any several osteopaths examining the same case separately. This, it is needless to say, is rather ideal than real, and not at all true in every day life. In fact, I have often had patients tell me that they had been to a number of osteopaths and had been given a different diagnosis in each instance.

Yet, allowing for a natural difference of opinion as to cause as related to resulting diseases, it seems to me there is good reason to expect that, if a given case can be examined by a number of skilled, competent, and thorough

osteopaths, there will be practical unanimity of diagnosis among them, and it further seems to me that this is more likely to be true of osteopathic than of medical diagnosis, for the reason that the former goes back to actual anatomical conditions as causes, being based upon a judgment of such conditions fundamentally rather than, *although in addition to,* the symptoms observed; while the latter observes symptoms chiefly and bases its judgment fundamentally upon the interpretation of them and not, as a rule, considering fundamental anatomical conditions in diagnosis.

Such being the case, it seems much more likely that osteopathic diagnosis should become an exact science than that medical diagnosis should. As yet, it has not, of course, reached that state. Also there will always be, so long as we are human, differences of opinion as to causes and effects.

The term "symptomatology" as a study, as commonly used in medicine, is synonymous with the term "diagnosis." While this may be true of medical diagnosis, where the diagnostician is chiefly concerned with the reading of symptoms, it is evident that the word "symptomatology" could not be synonymous with the term "osteopathic diagnosis," since the latter chiefly regards causes.

You may diagnose the *name* of a disease, no doubt, by means of symptoms, pure and simple, but you cannot so diagnose the *cause* of the disease. Here, I believe, we arrive at the underlying difference between medical diagnosis and osteopathic diagnosis. While the latter may be truly styled a "causal diagnosis" the former is commonly described by medical authorities as symptomatological diagnosis. Further, we cannot escape the deduction of the strict logic of the facts, that we have here revealed the fundamental difference between osteopathy and medicine. For therapeutics must always follow diagnosis, and the therapeutics that do not thus are clearly misapplied. Hence we are, no doubt, in the main correct in saying that the medical man doctors symptoms while the osteopath doctors causes. Nor can we break away from this order of things, which rests upon the very fundamental construction of the two rival systems. It is for this reason that I believe that osteopathy, when fully and scientifically developed, is bound to become the dominant system of medicine. It is unnecessary to remind ourselves that we are yet a long way from that point of excellence, and that it can be reached only by the most painstaking development of osteopathy by the schools and by the profession. There is, of course, no limit imposed upon any individual who possesses the proper intuition, ability, and determination to achieve greatness in this line.

In this connection we must not forget that there are in the medical profession many men of great ability as diagnosticians, and that these men do not confine themselves to the narrow rut of symptom reading. They have a true appreciation of causes rather than symptoms, without which no one can become a truly great diagnostician.

I must not be understood, in what I have said, to mean that the osteopath must disregard symptoms or throw away any of the knowledge of them or the aids to diagnosis possessed by the medical men. Osteopathic diagnosis, although truly distinctive, is not independent of symptoms. Rather, while taking these at their face value, it goes much further than medical diagnosis in harking back to fundamental anatomical conditions. We consider symptoms as related to causes, and we attach the greatest significance to causes of a sort the very existence of which is generally denied by medical men. We thus, truly, regard disease from practically an entirely different view-point than do the schools of medicine, but we do not, and cannot, lose any of this distinctiveness by making use of any and every atom of knowledge possessed by mankind, regarding disease. It would be most unwise not to do so. But we can, at once, lose our distinctiveness by changing to medical therapeutics, for then

we render unnecessary osteopathic diagnosis. It is but rational that the osteopath should use in diagnosis the stethoscope, the tape, the thermometer, the microscope; that he should examine, for signs of disease, the blood, the sputum, the vomitus, the urine and the stool; that he should possess the widest possible knowledge of the clinical manifestations of disease. He should have an intimate knowledge of pathology. In order, however, to make the truly causal or osteopathic diagnosis this reading of the symptoms and clinical manifestations of disease should be but the first step, and it should be followed by the most thorough search for causes. These, to be sure, may not be always discoverable by physical means, yet the complete causal diagnosis is not defeated in its aim even though palpable lesion may not always be discovered. For an osteopath may, by his particular methods of diagnosis, locate the area of obstructed vitality (nerve or blood) as surely as does the surgeon the site of the pressure of tumor or bone on the brain, or the bullet in the cord.

The osteopathic diagnostician must possess a thorough knowledge of regional, topographical, and applied anatomy. He must know the landmarks and all the surface markings of the normal body, and he must know also the peculiar (we may say osteopathic) points in connection with them all—the points at which lesion or variation may occur, and the relations of nerves, vessels, lymphatics, muscles and other structures to the affected tissues (the lesion). He must know the pathological or clinical manifestations of all the various probable lesions, and be able to judge of the probable nature of the anatomical obstruction as revealed by the symptoms, or disease. He must also have an intimate knowledge of osteopathic neurology, the manifold connections and relations of the nerves throughout the body, the multitudinous manifestations of the nervous system, as related to disease, in the form of pain, motion, vasomotion, paralysis, altered function, &c. He must know, not only the blood supply of all parts, and the relation of such to lesion, but also the vaso-motor control and the centers for the same, and he must be versed in their peculiar pathological manifestations which may be of special significance, perhaps, to the osteopath alone. He must be familiar with the wonderful intricacies of sympathetic action, and be able to trace it back from its remotest ramifications. He must understand the mechanism and the locus of the congestions, lymphatic and blood. He must be able to interpret all anatomical variations, understanding the peculiar gait or posture, or stoop of the spine as related to lesion as the cause of disease; and how lesion changes conformation, and the relations of parts, becoming thus the potent cause of disease. He must be able to trace all symptoms back to the origins of nerves and of blood and lymph streams, and thus to lesions—the obstructions which become the hidden causes of disease, "the small beginnings of death."

To make a proper and thorough osteopathic diagnosis is no small task. It calls for a varied and thorough knowledge of a special order, and for an intuition for causes and a philosophy of the human system which I believe peculiar to osteopathy. It is clear that mere reading of symptoms will not answer the purpose of osteopathic diagnosis.

We surely have here a great field for the individual. The trite saying that "a case correctly diagnosed is half cured" is never more true than when applied to osteopathy. The better the diagnosis the easier the cure; the better the diagnostician the more successful the therapist.

18 W. 34th St.

We want to call the attention of the profession to Dr. Booth's article in this issue of the Journal. Do not fail to read it and act on its suggestions.

SUB-TROPICAL DISEASES AND TREATMENT.*

G. LIGON, NEW YORK.

The principal diseases that claim the greatest concern of the physician in subtropical latitudes are Dengue fever, yellow fever, Amoebic dysentery, and pervincious malaria. With the exception of a mooted claim for quinine in malaria, our medical friends have in all of their researches in the vegetable, mineral and animal kingdoms, discovered no specific upon which any reliance could be placed in these maladies. They have not only failed to find a specific, but in their benighted effort to relieve and cure through the use of chemical agencies they have beyond doubt aided and aggravated the disease and have sent millions to an untimely grave, who would have recovered even through the unassisted natural forces of the body. This is deplorable but excusable, however, when we remember that the purpose was a good one, and they were using the best lights before them at the time. It is human to err, and our medical friends really deserve great credit; for while their supposed curative agents were in a large measure destructive, their prophylactic efforts have been great and have been richly rewarded by the less frequency, and less virulence not only of sub-tropical diseases, but of all others due to imperfect sanitary observances. Disease is an uncivilized monster, and, like the wild animals, is disposed to scatter and vanish before the ax of civilization. Nearly every disease is due to some incivility on the part of the community or of the individual. Quarantine, drainage and general sanitation have controlled in a large measure the introduction, spread and virulence of sub-tropical diseases, and for these we are much indebted to our medical friends. If their curative were only equal to their prophylactic agencies, osteopathy would be in far less demand than it is. Of the four leading tropical diseases, dengue fever is the least destructive. It is rarely ever fatal, and few diseases yield more readily to osteopathic treatment. The most distressing symptoms of deugue are nausea and the severe pains in the bones which have given it its name of "break-bone fever." Early in the attack—the first day—extreme sensitiveness exists in the lumbar and upper-dorsal regions. On the second day the region of sensitiveness and contracture is the lower dorsals. Treatment of the upper dorsal relieves the nausea, which rarely returns. Relaxation and extension of the spine, including of course the cervical area relieves the aching. After about two hours the pains begin to return, and the patient should be treated three times daily for the first two days and twice daily for the next three. On the fifth day in every case in our practice we found the patient well with none of the lassitude and languor which usually mark the three weeks' convalescence of a deugue patient under medical treatment. Treated from the beginning we have never seen a deugue case with any complications and the relief from the characteristic pains is remarkable.

Yellow fever has never been treated osteopathically that I am aware of; but there is no doubt about the efficacy of osteopathy in this malady and that it can handle it more effectually than any other remedy, just as surely as it has typhoid fever and scarlatina. Recent epidemics of yollow fever have been far less virulent than formerly. Nothing has contributed to this so much as better sanitary rules, and the disuse of drastic medicines. Nothing has so completely established the empericism of medicine as the history of dosage in this special disease, and the wonder is that any survived. According to Dr. Jno. Maden of Milwaukee in American Medicine for February, 1892, "fifteen or twenty years ago the following drugs were recommended: emetics, purgatives,

* Paper prepared for annual meeting New York Society, Albany, October 30, 1907.

sudorifics, ipecac, castor oil, calomel, the salines, jaborandi, mustard, quinine as much as twenty grains at a single dose with a half dram of tincture of opium; mucilages, linseed, slippery elm, gum arabic, opium, potassium bromide, chloral, external applications of ammonia, camphor and common salt, embrocations of turpentine, gelsemium, digitalis, aconite, veratrum veride, ergot, turpentine (internally), galic acid, tincture of chloride of iron, sodium bicarbonate, morphine, creosote, seltzer, apollinaris water, champagne, chloroform and cantharides." Do you wonder that any recovered? And yet they say *medicine* is a *science*. Fright has made many victims for this malady who were otherwise normally immune. The experiments with the mosquito and the adoption of the theory that he is the vehicle of infection has robbed this disease of much of its terror. The exhaustive experiments in Cuba, and the subsequent control of the malady by isolation of the patient furnish strong proof in favor of this theory; but I can not refrain from indulging at times the query as to where the first mosquito got his load of poisonous yellow germs. Bad drainage and bad sanitation generally, I fear are the sources of original incubation, and that the mosquito is simply a ready and willing transmitter. With amoebic dysentery we are more familiar and have no fears of being able to control it osteopathically. Impure water, unripe fruits, badly prepared food and exposure such as the soldier encounters are productive of the malady. It is very largely an army disease. Lesions are invariably found in the lumbar region. Treatments should be directed to these coupled with hot colon enemas, sitz baths and dieting. Treatments directed to the liver should claim special attention.

We next come to pernicious malaria, one of, if not the most dangerous of the four maladies. This is a disease that taxes the science and skill of the osteopath to a maximum degree. Disintegration of the blood is so rapid and the accumulation of waste in the body is so great, through the arrest of normal functioning, that the doctor has no time to waste. The anabolic forces seem to be arrested and all of the kalabolic turned loose. Restoration must take place and actively or else death is very likely to result. I shall not go into the pathology, symptoms, differential diagnosis, etc. All of these can be had in any medical practice, as you all well know. What concerns us is where are the lesions and what must be done by the osteopath to arrest and cure this disease. I have never had but one case approximating the seven stages of this disease, but the pathology and symptoms indicate and direct the osteopathic doctor. General treatments with special attention to the liver, kidneys, and spleen before, during and after the paroxisms are necessary to save the patient. The restoration of liver, kidney and splenic activities means life, while failure means death. A cure osteopathically of a *genuine case* of *pernicious malarial intermittent fever* would establish every claim of osteopathy and squelch forever any doubt as to its ability to meet every phase of disease either acute or chronic not surgical in its nature. Our medical friends depend upon quinine and calomel; but they are divided as usual. Some claim that quinine is a specific, while others equally prominent claim that the gravest form of this disease, the *hemoglobinuric form* is produced by quinine—the specific (?). Nothing will so completely establish the universal claims of osteopathy that medicine is rank empericism and that osteopathy is an exact and absolutely dependable science as the cure of *pernicious intermittent malarial fever*. The results in simple malaria have been satisfactory, the usual term of the disease being one week instead of two as under medical practice.

The Cambridge.

THE IMPORTANCE OF ORGANIZATIONS.*

After many years in battle in this great Empire State, osteopathy has gained its first foothold, namely, "legal recognition" but winning one successful battle even though it was a ten years' struggle, does not mean that osteopathy is now secure in this state as so many seem to think. We must not think, as the Homeopaths and Eclectics did, that they were securely protected because they had the distinction of state recognition,, but we must learn from them how easy it is to have individuality of school and right to manage one's own practice taken away from him. After they had secured their recognition they allowed their organizations to go down; interest waned; they had nothing to fight for, the state having given them registration, an independent board, why should they? Interest in their societies and social relations was neglected; a few only were interested and worked. This went on until last winter when suddenly a bomb was exploded in their camp and they were aroused to find that *the state could take away what it had given.*

With this lesson before us, are we going to recognize the value and necessity of societies, and harmonious organization? Shall we fail to strengthen our protective measures and in a few years join the Homeopaths and Eclectics in loss of identity as a school of practice through the power of the allopaths? The allopaths will continue their organization and add to its strength because they know its value. If we are not active and strong in a few years there will be but one school of practice in this state, that is the allopathic, for it is to that end that this powerful organization is working,—*assimilating the other schools.*

Now that we are registered, what are we going to to do? Just as it is safe policy and essential for a nation in time of peace to prepare to protect its interests, so must our profession increase its membership in the state and district societies, and thus develop strength so that in emergencies we may be in a position to defend our right to maintain our own distinction as a separate school of practice. This we shall have to fight for. Having developed to the point of protecting our cause, let me recommend that each district society begin perfecting plans to secure the enlistment and hearty co-operation of every registered osteopath within the district. This can be done by making every meeting attractive. A little snap and ginger is necessary to make people come out. The meetings must be educational, and entertaining; getting larger numbers present will stimulate interest on the part of those taking part in the program and the result will be a progressive society—just what is necessary for our protection as well as our development. Permit me to further recommend that each district society immediately assume the responsibility of establishing a clinic. Since every thing that grows starts with a nucleus, so let it be with the clinic. It is not necessary to start on a grand scale; if needs be, start in the cheapest possible manner, but the main thing is to start—howsoever humble—start, and as you progress, the public will become interested and by and by your society will receive donations, possibly endowments, and then surely the society will not wait long before it can afford to pay an osteopath to give his time to the clinic. Having thus attracted and interested the public, who, seeing that we are a progressive, earnest, sacrificing people, will come to our aid, and hospitals will be the result.

Looking to our future from these points of view, you can easily see that there is work ahead for us, and when you see one of our practitioners becoming indifferent, you can remind him that osteopathy is yet in its infancy.

We are registered, true, but that is all. Not a clinic in the state; not a

*Extracts from address of Dr. C. F. Bandel, President of the New York Society at its recent meeting.

hospital in the state, and not a college in the state. These things mean weakness for us, but when we have developed these institutions it will mean permanency for the practice and prosperity for the practitioner.

I want further to recommend that the State Society establish a State Laboratory wherein Research Work may be carried on to the best advantage. I mean by this, work that will prove the principles of osteopathy in a scientific manner. The Laboratory should be placed at the disposal of the members of the State Society to be used for such purposes as may be required of it. In conjunction with the laboratory, a Journal of Pathology should be founded for the use of the members of the State Society only. This journal can set forth osteopathic pathology in a scientific manner, and will thus help the practitioner to know *how* he cured his case. Setting a bone may be effective, but unless we know just how the change has come about, it is not satisfactory or satifying. In connection with this work of scientific development the Society can accomplish a great work for the profession by seeing that its members become members of the A. O. A. That organization deserves the credit and high praise of every osteopath in the state for its excellent work in accomplishing the adoption of the three year course of study by the schools. Had it not been for the fact that the schools are all giving a three year course of study at this time, legal recognition in the Empire State would have been an utter impossibility. So after all the schools are the backbone of the profession today and by their well regulated and adequate course of study have given us dignity, influence, and professional standing. Now is the time to cast aside selfishness and become members of these three organizations, district, state and national, by which means we become progressive, and may we so progress and advance thus honoring our venerable founder, and may he live and may we progress until we shall hear from him "My New York children are the most progressive in America."

The Committee of the Alumni Association of the A. S. O. having in charge the details of arranging for the portrait of the Founder report hearty co-operation and excellent progress.

A second letter has been sent to those who had not responded to the first, as the time is short. The committee believes that those who have not yet responded have failed through neglect and not through intent to fail in co-operating in this opportunity to pay this very appropriate mark of respect to Dr. Still.

The committee hopes that every graduate of the American School have a part in this move. It is not proposed to bar any practitioner whose heart prompts him to have a part in this, but the appeal is only to the A. S. O. alumni.

The artist selected to do this work is the most distinguished in this country, and the work when done will be of the finest. The character of the committee guarantees this: Drs. L. J. Holloway, J. A. DeTienne, G. W. Riley, Charles Hazzard. Each graduate of the A. S. O. was asked by the committee to send $3 to the treasurer of the Association, Dr. Bertha Buddecke, Carleton Bldg., St. Louis, Mo.

It is proposed to unveil the portrait at the time of the A. O. A. meeting in Kirksville, next August. The committee asks every one to be preparing to meet with the hosts in Kirksville at that time.

The press dispatches state that the Attorney General of the State of Illinois holds that it is not contrary to the statutes for the osteopaths in that state to use the term Doctor, and that the state board of health cannot revoke their licenses because they so style themselves.

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H. L. CHILES, Editor.

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IMPRESSIONS OF MEDICINE GAINED FROM ITS STUDY.

Although it has been my privilege to complete the four years' course for the M. D. degree in the College of Physicians and Surgeons of New York, the second oldest, and one of the best medical institutions in this country, I continue to practice osteopathy and to believe in its principles more strongly than ever. Many impressions, much medical knowledge and some convictions have come to me—some of which may be of value to those osteopaths who have not studied medicine.

I must say at the beginning that the comparison I shall draw will be from the osteopathic view point, but I shall not attempt to belittle the fine scholarly instruction and excellent training which the Medical Department of Columbia University offers to its students. One cannot ask for a better foundation for a medical education than it gives; to complete that education one requires a life time of study.

One of the impressions from the four years that stands out strongest is the fundamental difference between the two schools of healing. The "regulars" claim to have no sect, to be followers only of the truth as demonstrated in the laboratory and proved clinically; as a matter of fact, they are only beginning to break away from an almost blind following of tradition, the very narrowest of sects. The question first asked with regard to a new idea or theory in medicine is "What is its authority?" Up to very recent times entirely, and now to a less extent, the disciples of Hippocrates have separated themselves into schools following the leadership of one dominant brain in the path of whose genius the others travel.

That genius has led by the force of some one great idea, like antisepsis, then

asepsis in surgery, blood-letting and purging, then excessive drugging, now no drugging at all except where specifically indicated, and all the efforts of research in the profession have been directed along these same lines. Just now medicine is being studied from the standpoint of bacteriology, and the great aim of thousands of investigators is to find bacteriologically developed antitoxins or serums which will counteract and overcome disease. Always there is the attempt to find something to put *into* the body, something from without to neutralize or subdue disease—to *give* something to every diseased condition which can be helped at all, is the first thought of the medical practitioner. And the force of this idea which has been the backbone of medicine since drugs were known is what makes it so difficult for medical men to grasp the basic, simple, rational doctrine of Dr. Still's that the diseased body needs adjustment, not administration.

Medical investigation is still warped by this same habit of the years past, and though the profession has about given up looking for new drugs as a specific cure for disease, just now they are intent upon discovering some antitoxin, or opsonin, or ferment, or serum that can marvelously undo and repair the diseased workings of a diseased body. So far, except in antitoxin for diphtheria, their efforts have not been productive of much therapeutic betterment, save perhaps in leading away from excessive drugging.

Another thing that rankles in the mind of the conscientious student of the healing art who has been through their school, is the failure of the legal and custom-decreed guardians of the public health even superficially to investigate the claims of osteopathy. Institutions for research supported by public and private gift are spending yearly thousands of dollars and devoting many brilliant brains to investigations looking to the advance of therapeutics, yet in not one, controlled by these righteous public health custodians, not one of whom but has heard of instances of the power of our science, has the theory of osteopathy come up for scientific trial and decision. The doctors who try to defeat our legislative recognition have in these institutions a means more effectual than wordy arguments or the influence of powerful medical societies; let them prove honestly and fairly in their laboratories that structure does not determine function and that adjustment is not the logical, accurate and scientific treatment of a diseased body and osteopathy has received its death blow. May the time soon come when they will cease to sit in judgment by the light of their prejudice and altogether different training, but will turn to scientific laboratory and clinical trial and abide by its final decision.

Another strong impression is the entire lack of consideration of the mechanical side in studying the etiology of disease. One of the greatest surgeons in the college made the diagnosis of hysterical hip joint in the case of a young woman after demonstrating to the clinic a difference of one inch in the relative length of that patient's legs. The idea that a sub-luxation of one of the sacro-iliac joints might cause sufficient irritation of the nerves to the hip joint to produce all the symptoms of the case did not occur to him. A stomach specialist will spend hours, even days in determining the exact amount of hydrochloric acid secreted in a certain case with symptoms of gastric indiges-

tion. He will think he has a fair picture of the condition when he knows the amount of free and combined HCl, the activity of starch digestion and degree of mobility, the presence or absence of dilatation, yet he has not the faintest idea of investigating the nerve and blood supply to the poor organ which is doing the best it can. The specialties in the different organs have been marvelously developed and a large amount of exact information can be had as to the functional ability of stomach, heart, lungs, kidneys, bowels, generative organs and so on, but there is no knowledge of the importance of the connections of these organs with their trophic, motor and secretory nerves and blood supply.

The pathology of each organ is well worked out but only when that organ has been separated from its body and its function has ceased; of the physiology of the morbid process very little is known.

Except in orthopoedics where gross changes only are noted, the spine is almost entirely neglected in the physical diagnosis. The old methods of inspection, palpation, percussion and auscultation are applied fervidly to every possible organ that by any of these means can be made to yield up some peculiarity of its location or action, but the all-important bony skeleton is entirely neglected except in gross surgical conditions. One sees, after learning the traditional medical ways, how it was possible for osteopathy to remain so long undiscovered; the various articulations, especially spinal ones, cannot be profitably percussed or auscultated hence they are uninteresting. Herein lay Dr. Still's opportunity—and all honor to his genius which embraced it so mightily.

D. WEBB GRANBERRY, D. O., M. D.

Orange, N. J.

A STATE PAPER REVIEWED.

The Journal has been asked to review an address sent out by the president of the state organization in one of the eastern states to its members. There is not much in the address that needs to be taken seriously, but there are statements that ought to be noticed, and in doing so it affords an excellent opportunity to state plainly where the profession stands on several important questions.

The address is long and much of it is taken up with telling the profession what a good school they have in that part of the country. But the Association has incurred the president's displeasure because of the report of the inspectors of colleges who have investigated the schools in recent years.

"It is very unfortunate that the Association of Colleges should appoint as inspectors of our colleges men so thoroughly unfitted for the work. It is simply amazing that a science which is trying to elevate itself and win recognition should pursue such a short sighted policy." What this last may refer to is hard to figure out. The inspectors, and they only are under discussion, do not appear to have been short sighted.

The Associated Colleges should be relieved of the responsibility of having appointed these inspectors. The colleges had nothing to do with it. The A. O. A. appointed them.

The State President takes up the matter of legislation and airs the troubles the profession in his state has had. He comes out with a broad side for the Composite Board, wants representatives on the Board as the one recently passed in New York State for the reason that this would be dignified. It is really queer how great minds do differ. Here is a man wanting as first choice what other states have been forced to accept as a compromise or be thrown out entirely. The Composite Board bill was not introduced in New York state as an osteopathic measure, nor in any other state that the editor recalls; but in New York and elsewhere it was accepted because what was wanted was not to be had. The A. O. A. has thought over this matter of legislation for years and it urges the separate board as the best means of preserving our rights and keeping our identity.

The trouble about the situation seems to be that there are people who wish to lose their identity or at least do not want to be identified with a drugless system. This same President is terribly afraid he may not be looked upon with complete confidence by the public because he is frequently dependent on calling in a physician to help him out. The Editor hopes that some friend of the President in question will read to him the few words of Dr. M. E. Clark found in last issue of the Journal commenting on the Indiana State meeting in which he says that the better osteopath a man becomes the less need he has for drugs. There should be great encouragement for growth and effort in this to one who wants to build up and develop a drugless system. Ah, there's the rub! Do we want a drugless system? The President is a hair splitter of considerable dexterity. The bill he wished to see defeated provided for minor surgery but no drugs. He states with great clearness that opening a boil or dressing an abscess is minor surgery and yet cocaine, chloroform and iodofoam or boracic acid are drugs; and obstetrics in which osteopathy is so famous must be allowed to others because we must have chloroform and chloroform is a drug. The presumption is that most of the members of this state society are full grown men and women and that they will not be much disturbed by such reasoning.

Finally the doctor gets down to business and tells the members just what he has on his mind for them. It is like this: "We sometimes hear talk about osteopathy developing along its own lines and not being a complete science. Develop how, doctor? Manipulative osteopathy, according to those who are pleased to call themselves ten-fingered osteopaths (and I don't deny their right to the title) claim that it is a scienific method of manipulation, and undoubtedly it is. And has that manipulation developed any, I ask you, in the fifteen years since the first class was graduated from the hands of our beloved leader, Dr. Andrew T. Still? As near as I can find out, it is identical with what it was then, and I will go further and say that I don't believe that the manipulative part of it ever will improve."

This certainly has the flavor of the M. D. about it. One could believe it came from the pen of one of them. We have heard it so many times. It works itself out in the doctor's mind something like this: There is a drug for a condition or symptom, as fever. There must be a certain manipulation for each disease. He knows that chemists are bringing out new compounds every week or two. Consequently osteopathy is getting left, it is not making the advance that medicine is for lack of new movements. We make the same old moves in the same old way, and there is no help in us. So osteopathy is making no advance, and never will.

There are a number of osteopaths who use no form of treatment except manipulation—adjustment—their ten fingers. These are they who have mainly made the reputation for osteopathy, and they would hardly admit that they are not more successful now than when eight, ten, fifteen years ago they were "graduated from the hands of our beloved leader, Dr. Andrew T. Still." They

have developed, and when the demonstrators of the system develop, the system develops. The set form of manipulations, or movements, we presume no one stickles for. The schools have never taught "moves" as such. The point has always been made, to know the *normal.*

Ability to detect the point where manipulation needs to be applied, intimate knowledge of the anatomy of the part so that skill may be used in making manipulation, and wide and varied experience so that good judgment may be used in making proper manipulation,—these constitute success in manipulation —success in treatment—and improvement in these is made by all who believe in the principles involved.

He quotes what he terms "the most ridiculous of all ridiculous statements," "that osteopathy is good for every thing or it is good for nothing." The Journal presumes that the great majority of osteopaths will stand for this statement. If we admit the principle of lowered vitality predisposing to disease; that impeded blood flow and interrupted nerve connection is cause for lowered vitality; and if we admit that pure blood in normal quantity is the best repairing agency and germicide, that it is Nature's way of rebuilding and of eliminating harmful elements, "that most ridiculous of all ridiculous statements" that "osteopathy is good for every thing or is good for nothing" does not seem an unreasonable one. The last analysis of that statement is that the body properly adjusted is in the best condition to resist disease and to eliminate from itself disease effects. If osteopathy—adjustment—will not aid the body in doing this, it will be of no help in any condition, for the same principles are involved. The statement does not mean that osteopathy will cure all of these conditions, or even that it is the best form of medication for all of them. Any one recognizes the fact that there are conditions that do not need direct manipulation, but every competent practitioner knows that he can sometimes accomplish marvels by giving attention to the region of the spine whence the nerves to the part affected originate and where the blood supply of the part is controlled. But even after this is said, the majority of competent practitioners find conditions that they do not care to treat. They recognize it as a fact that as we apply osteopathy there are conditions that are treated by it little more successfully than other systems treat them. The reputation of osteopathy and its place in the world is not dependent on its treating every condition that arises, but on its treating conditions successfully that other systems can do nothing for. There is always a place in the world for the man who can do a thing that no one else can do, or can do it better than any one else can do it. The osteopath who has been doing this in a community need not blush for shame if he feels the need of consultation or help from a practitioner of another school—for instance to administer an anaesthetic. The occasion to blush is for our existence as a school of therapeutics if we are using the means and methods in use before we came into existence and if we add nothing to the world's knowledge of disease and offer nothing more effective for the cure of the world's ills.

WHAT IS OSTEOPATHY?

Suggested by the above, the question as to what osteopathy is, wherein does it consist, naturally follows. Our conception of osteopathy as a system of therapeutics turns on the question of what disease is, its etiology, as we view it.

If one admits the osteopathic lesion as the cause of disease, or as operating to continue the diseased condition, then the treatment is a simple one:—he must direct his attention to removing the lesion or he stultifies himself.

This belief in the osteopathic lesion as the causative factor in disease, and its removal as the effective measure in bringing about a cure, constitutes one an osteopath; and if one does not hold to this, he is not an osteopath, matters not what his professional relations may be. Men and women differ in opinion, so it is but natural that we should look at matters relating to the science from different points of view. There are radical, clear-cut minds among us who believe that to remove the lesion, giving attention to it solely in treatment, is all the aid that nature requires in helping her to again secure harmony in her forces. There are others who believe perhaps no less in the effectiveness of the removal of the lesion, but who hold that other, paliative manipulation is helpful. They apply not only a specific treatment to the spot of lesion but also relax soft tissues around the centre involved, and perhaps give some general treatment for supposed tonic effect. There are others still who spend little time or thought about locating specific lesions and give little attention to their correction; they give a general treatment and add to this form of manipulation the many forms of collateral treatment.

It is assumed that so long as a practitioner holds to the belief that a relation exists between disarranged structure and disturbed function, and relies on the adjustment of the former to correct the latter, that there will be no quarrel if some use certain harmless helps and others do not. This in a measure, at least, is a matter of experience and judgment the privilege to exercise which one has the right to claim. There should be no disposition to read one out of the profession because he does not look at non-essentials as we look at them. With these we can argue. There is common ground on which we can meet. We can show them that the osteopath will develop by practicing osteopathy, that we should not allow the subsidiary, collateral treatment to become too prominent and obscure the real in our own minds or the minds of our clients. We can show them that it is the *new thought* in osteopathy, not the discarded and discrédited remedies of other systems that one may mix with osteopathy, that has attracted the attention of the world to it. While the question of the place, if any, to be given the accessory treatment, is important, it does not need to divide the profession. But to fail to believe with all one's heart and mind and strength that the osteopathic lesion is the essential and distinctive feature of the osteopathic system, is to fail in that which constitutes one an osteopath.

"PURE" OSTEOPATHY.

The dominant note in the papers and discussions during the Norfolk meeting and in our literature since then, has undoubtedly been for *pure* osteopathy. If by this is meant a continued ban on the internal use of drugs, a firm adherence to the fundamental principles of osteopathy, a deeper research into the philosophy upon which it is based, a perfection of its technic—then this is well. But if the converse is meant—as seems to be implied in much that has been written—that we must ignore all that is not peculiar to the distinctive principles of osteopathy, that we must make no study of the hygenic management of cases and never use anything in our treatment but our hands, then I fear this attitude constitutes a menace to the best interests of osteopathy.

The difference between those who hold opposing views on this question must be in the conception of osteopathy and ambition for it which is entertained. It is my hope that osteopaths will become in time, universally, family physicians, and that our distinctive principles will dominate the healing sciences. We cannot hope to attain this position if we restrict ourselves absolutely to the

manual correction of lesions. I think no one will claim that we can often cure typhoid fever, for example, by setting a vertebra. We do, however, treat these cases more successfully, I believe, than physicians of any other school of practice. But of necessity we do other things, prescribe other measures, than merely correcting bony lesions. If this is true, is it not important that all of us should know what measures to use and would we not be better equipped if we could add to our own, the knowledge gained by those in our profession who have had large experience in such cases? It seems to me that instead of ignoring this great body of knowledge which, as has often been said, is our common heritage, we should in our schools and in our meetings, devote more attention to it. I have no doubt that most of those who have been long in the practice could contribute from their own experience much that would be of help, in a crisis, to the less experienced; that would aid in rendering patients more comfortable and in increasing their confidence in the physician.

I have sometimes wondered if those who advocated the exclusive idea in therapeutics did not do it on account of the belief that through it greater financial returns would accrue thereby to the profession; that by reason of this attitude osteopathy is more likely to maintain its identity as a school of practice. These, of course, are not the highest motives, but are worthy perhaps, of consideration. In the long run, I do not think this would be the result. On the other hand, I think it a positive danger constantly to assert, openly or impliedly, that we know nothing and care nothing for any method of relieving the sick except by manipulation. A transformation is taking place in the minds of the people. They are gradually coming to the point of believing that it is better to keep well than to get well. They are becoming willing to pay for advice and instruction in the ways of living. In short, the field of preventive medicine is being opened. Shall we, through lack of interest, through a lack of knowledge of hygenic and prophylactic measures, through a false notion of the all-sufficiency of manipulative osteopathy, evacuate, abandon, or rather—fail to occupy this inviting domain? Why should not an osteopath be as well qualified as any other physician for this service? You say he is? Very well, then why should we so persistently and proudly assert that we have no other equipment but our hands with which to treat patients, and that we have no need of other methods? About a dozen years ago, I heard an osteopathic student, one who was about to graduate, say: "It makes no difference what you eat, osteopathy can make a stomach digest rocks." Is such a statement calculated to gain for us the respect and confidence of an intelligent public?

Possibly some will say: "Of course osteopaths must use common sense about these things." So say I. And we must not only use common sense in our treatment, but we ought to use the same article in writing and talking about our treatment. The following is the best definition of common sense that I have seen and I think it is pertinent to this discussion: "Common sense is the widest understanding of common things, and our relation thereto." Common sense is, therefore, not so common as might be supposed, and it is my belief that we would all be better physicians if we were better trained in common sense methods of treating sick folks in addition to the acme of common sense treatment—the manual adjustment of lesions. As a matter of fact, I believe that most osteopaths do use other sensible methods, and especially in their acute practice. I believe that such veterans in osteopathy as Dr. Hildreth, Dr. Ellis, Dr. Moore and Dr. Goetz would be doing a real service to their profession if, in addition to their methods of technic in the correction of lesions, they would detail their accessory methods. By what I have said I would not be understood as advocating a conglomerate system. I believe, as a matter of fact, our therapeutics need to be broadened but very little, but we should have a better knowledge of the helpful auxiliaries we do employ, and should cease from

denying and decrying their value. To my mind two dangers are apparent from persistently insisting upon no treatment but that which is distinctively osteopathic. (1st) It gives the public the impression that we are ignorant of all methods but those peculiar to our practice, (2nd) the young and inexperienced in our profession are apt to be misled to their own injury and the harm of their patients by such teaching.

I am as firm a believer as anyone in the necessity of delving into the sciences upon which our science is based, of research work, of studies in osteopathic technic, in short, of the development of osteopathy. But I want it to be an all-round development. I would discard and relegate no good thing that correlates with our principles because it was not discovered by an osteopath. I would not have us in our zeal to be scientific, forget that we are *physicians*. Suffering people do not come to us in order that we may demonstrate a theory, but for relief from their suffering. We ought to be able to use all common sense and effective methods to contribute to that end.

Chattanooga, Tenn., Nov. 15, 1907. A. L. EVANS.

PRIZE ESSAY CONTEST FOR 1908.

In accordance with the action of the Board of Trustees the Committee on Publication hereby announce the fifth 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 June 1, 1908. 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, June 1, 1908, the essays sumbitted 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 Kirksville, Mo.

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

S. A. ELLIS,
Chairman Committee on Publication,
687 Boylston St. Boston, Mass.

Dr. Henry Daniels of Brockton was arrested some months ago at the instance of the State Board of Registration in Medicine and was fined in the police court of his town $100 on the charge that he held himself out as a doctor of medicine. His sign read "Dr. Henry Daniels, Osteopath" and cards and stationery "Henry Daniels, D. O., Osteopathic Physician." These facts were admitted by his counsel. The statute in the state excepts a number of classes from its exclusion to practice: osteopaths, christian scientists, providing they do not hold themselves out as practitioners of medicine and do not practice medicine. The evidence in the case was that Dr. Daniels confined himself to the practice of osteopathy only, using no drugs. Dr. Daniels had able counsel

and the case was argued in the Superior Court at Salem by both representatives of the state and defense, and Judge Stevens, after the evidence was all in, stated that he was clearly of the opinion that the defendant had done nothing but what his school of practice authorized him to do, and was consequently not guilty of violation of the law and ordered the jury to bring in a verdict of acquittal. The medical board argued to have the case go to the supreme court of the state on appeal, but the judge denied the motion. *The Brockton Times* in closing its report of the trial says:

"There was a great deal of interest in the case among the old-school physicians and those who espoused the cause of osteopathy, because its outcome determined the standing of osteopathy under the law. The opinion of Judge Stevens, possessing the weight of authority that it does, clearly holds that osteopaths have the right to advertise as doctor or physician, providing they make it clearly evident the nature of their practice."

This decision is a complete victory for the osteopaths, as it is a guarantee to the profession, or that part of it that uses no drugs, protection under the laws, and recognizes clearly the independence of the school of practice.

There are on hand a few copies of each of the seven series of Case Reports issued by the Association to date. These are now with Dr. Edythe F. Ashmore, Valpey Bldg., Detroit, and can be had, any series or all of them for 25 cents each series, as long and they last. Many perhaps did not get them as they came out, who would now like to have the complete series. Send Dr. Ashmore twenty-five cents for each series wanted, and she will ship them to you promptly. In the meanwhile she is preparing another series, and all members should send in their reports of interesting cases treated. She has the blanks now and will be glad to send the number needed to those who will use them.

OFFICERS OF THE POST GRADUATE COLLEGE.

By an oversight the officers of the Post Graduate College as chosen at the first meeting have not been published in the Journal. It's a fine body of men and the enterprise in their hands is entitled to the utmost confidence of profession and public. They are as follows:

Chairman, C. M. Turner Hulett; secretary, Mrs. Alice Patterson Shibley; treasurer, Harry M. Still.

Council—E. R. Booth, cha'rman; E. M. Downing, secretary; C. P. McConnell, Chas. Hazzard, H. F. Goetz, A. P. Brantley, N. A. Bolles.

Finance Committee—C. M. Turner Hulett, chairman; C. E. Achorn, secretary; Harry M. Still, F. W. Ward, W. A. Lamb.

Attorney—Thomas L. Johnson.

Special Committee on Subscriptions—Guy E. Loudon, Asa Willard.

TRUSTEES.

Term Expires 1912—J. Erle Collier, Nashville, Tenn.; W. B. Davis, Milwaukee, W's.; N. A. Bolles, Denver, Col.; F. W. Ward, Burlington, Vt.; A. P. Brantley, Blackshear, Ga.

Term Expires 1911—E. M. Downing, York, Pa.; Guy E. Loudon, Burlington, Vt.; M. C. Hardin, Atlanta, Ga.; Thos. L. Johnson, Cleveland, O.; H. Clay Evans, Chattanooga, Tenn.

Term Expires 1910—Chas. Hazzard, New York City; Alice Patterson Shibley, Washington, D. C.; J. L. Holloway, Dallas, Tex.; W. A. Lamb, Los Angeles, Cal.; H. H. Cobb, Fort Worth, Tex.

Term Expires 1909—C. P. McConnell, Chicago, Ill.; Harry M. Still, Kirksville, Mo.; Asa Willard, M ssoula, Mont.; J. Strothard White, Pasadena, Cal.; W. D. Guilbert, Columbus, O.

Term Expires 1908—C. E. Achorn, Boston, Mass.; H. L. Chiles, Auburn, N. Y.; W. A. Rogers, Portland, Ore.; H. F. Goetz, St. Louis, Mo.; Fred. Rothschild, New York City.

Ex-Officio—C. M. Turner Hulett, Cleveland, O.; E. R. Booth, Cincinnati, O.

IMPORTANT.

Read this! Let us reason together! Think about this! Then act as your impulse tells you! This appeals to you as well as to the other fellow!

No beating around the bush here. We are not ashamed of our project. Might as well tell you at this point that these remarks apply to the interesting subject before the osteopathic profession—**Endowment.**

Just place this remark in some safe place in your memory centers, i. e., that we are going to have an endowed Post-Graduate College that will be the pride of every osteopath, as well as to every friend of osteopathy throughout the world. A Post-Graduate College located in some large city that will add to the laurels of the greatest philanthropist of our age, and I might say of any age. Will it not be an inspiration to know that the A. T. Still Post-Graduate College of Osteopathy represents an institution whose fame will spread to the four corners of the earth, and be recognized as an ever living tribute to our revered founder of osteopathy? No argument is needed. We all concede the point. Now to the issue.

Every osteopath will be asked to subscribe his mite to the fund which is being raised to make this college tangible. All the preliminary steps have been taken to insure you that your contribution will be ably handled for the accomplishment of this undertaking. Is there anything remaining to wait for? I do not think so. If not, will you give us your assistance now?

Let us see what a few figures will reveal to us. I think they will tell us "the truth." In round numbers we will say there are 4,000 practicing osteopaths. Suppose each osteopath should give five cents per day for one year, we would have the nice sum of $73,000. Try this for five years and we have $365,000. Does any one think for a minute that the great profession of osteopathy cannot afford this contribution? We would indignantly refute such an allegation. I have always maintained, and I do so now with the utmost confidence, that our profession can raise within its ranks an average of $100,000 per year for such a worthy cause for five, or even ten years. Now if you think it over, you will agree with me.

Granted! Here we have $500,000 in five years, without a dollar from our thousands upon thousands of friends. Do you know that we can raise $5.00 from our friends and philanthropists for every dollar raised within our profession, if we only ask for assistance? Now let us begin right now to do our share. There are many in our ranks who could easily give 50 cents per day; others who could give 25 cents per day; and so on to five cents per day, and the few who cannot afford five cents per day could give three cents or two cents per day, and these should feel just as happy for making such a contribution as do the wealthier members who give the larger sums. I want every osteopath to give what he can! This is your college. This is the profession's alma mater, and rest assured that we will do nothing to injure your first alma mater, or the school from which you graduated. In the Journal of the American Osteopathic Association will appear each issue a list of "state solicitors" whose duty it will be to ask you to subscribe to this fund. He will have little except hard work for his interest in this work of yours. Certainly no monetary returns. Will you help him by cheerfully sending in your subscription? He will record it and send it to either Dr. Willard or myself, and from us it will go to Dr. C. E. Achorn for collection. Should you fail to receive a subscription blank, write for one. They are yours for the asking. We know no such word as failure. What do you say?

GUY E. LOUDON,
Chairman Endowment Committee.

A LETTER FROM DR. C. W. YOUNG.

In the November Journal appeared an editorial written by Dr. Goetz. "As a protest to those who are attempting to incorporate in our transactions other methods than osteopathy, not because such methods are lacking in virtue, but because osteopathy does not need them." He also states "that other schools are continuing our investigations, deliberately plagarizing our scientific work * * * * " and that at our last convention it was "(tacitly at least) understood by all those who attended this convention that our proceedings be purely osteopathic" and he says we can "state our therapeusis in the one word, "adjustment."

In his address before the A. S. O. alumni in 1903, Dr. Goetz said: "And I say to those members of our profession, who attempt to teach one thing and practice another, that no man can long limit the practice of osteopathy to the correction of specific lesions (osteopathy) as the only method of osteopathic

treatment, nor the cause of disease to a specific lesion (osteopathic) of an anatomical structure. Any treatment which does not consider extraneous causes in addition to specific anatomical lesion is making an error of far-reaching importance.

* * * * * * * * *

"I know of no theory which has ever crept in I deem more dangerous than this attempt some members of our profession are making to limit our practice to this narrow, vulnerable theory of cause and treatment of diseases, and the day is approaching when this will be humiliation." The writer is informed that Dr. A. T. Still was present when this address was delivered, and that he approved of it. The writer believes that a failure to try to master the non-manipulative part of our science would be an error of "far-reaching importance" in 1907 just as truly as it was in 1903. He is glad "that other schools are continuing our investigations." Suffering humanity will be the gainer. He does not fear plagarism. He has found that if he honestly does his utmost to make the world a better place for having lived in it, he need not be concerned in the least about the credit he is to receive. In fact concern about receiving credit is detrimental to the highest kind of progress.

The understanding of the Norfolk convention as to what to do to best equip ourselves to wage battle against disease will not justify an "error of far-reaching importance," but the writer thinks that Dr. Goetz is mistaken when he says "all understood that our proceedings be purely osteopathic," meaning thereby as indicated by his subsequent statements, that the whole convention did not want to investigate non-manuipulative methods. Only this morning the writer received a letter from an attendant of the convention and a member of the A. O. A., stating "many times I have felt like writing and telling you how much I was in sympathy with you at our recent A. O. A. meeting. I am so sorry that your case report was not published. We need such. But never mind, 'the world do more,' and, as you then said, the time is coming when they will listen to and employ something besides manipulation sometimes. In talking with some of the prominent members of the profession afterward, I was surprised (and pleased) to find so many who were really in sympathy with you, but for various reasons they did not want to 'show their colors'." This letter is typical of similar expressions the writer has received from many sources, and he sincerely believes that the majority of our association desires to have osteopathy become a complete system of healing, and they realize that if it is to become such it must have a non-manipulative part, that must not be slighted or neglected at any time.

Christian Science has a greater following than has osteopathy, and it has as many marvelous cures to its credit, yet it is justly receiving the world's severe criticism for its refusal to see anything good in the world but "Science." Any diseased person under their charge must suffer or die before osteopathic adjustment or any other material agency is employed, because they claim that their fundamental principles are all sufficient.

The writer hopes that when a great magazine tells the world of the life of Dr. A. T. Still, they will not be able to show that he is like Dr. Mary Baker Eddy, selfishly claiming his discoveries of sufficient worth to fully supercede anything and everything else any human being has discovered relative to the treatment of the sick since the dawn of creation. The writer believes this grand old man, who made no attempt to get wealthy out of the misfortunes of his fellowmen, and who admonished his followers to "anchor [their] boats to living truths and follow them wheresoever they may drift," and to adopt anything that is demonstrable. We cannot honor him by causing him to take a false position before the public. Let us come to his birthday party, all of us having done our best to find how to cure the sick, and all ready to listen to each other in relating our experiences, preferring fact to theory and rejoicing in the leadership of our founder, who said at Denver that osteopathy is as broad as the universe.

C. W. YOUNG, D. O.

St. Paul, Minn.

The profession in Texas, or a great part of it, is rejoicing in the fact that the governor of the state has recalled the appointment he recently made of an osteopath on the board who was very objectionable to the profession on account of his unprofessional ways since he went to the state four or five years ago. It seems that a number in the state went right after the governor when the appointment was announced and have made him see that the appointment was not at all acceptable to them, with the result that the commission to the appointee has been cancelled.

STATE AND LOCAL SOCIETY MEETINGS.

THE NEW JERSEY.

The eighth annual meeting of the New Jersey Osteopathic Society was held in the assembly hall of Achtel-Stetter's, in Newark, on Saturday, October 26.

The morning session was given over to legislative matters. Dr. E. M. Herring read the report of the executive committee, which told of the work of the past year and suggested a redistricting of the State for better organized work in putting through an osteopathic bill this year and forming district societies. The necessary steps to this end were immediately taken. Reports were then read by the various district leaders who, together with the ex-officio officers of the society, from the committee on legislation, telling what had been accomplished during the past year and what are the prospects for the future. The general feeling is that every effort that we have made to secure legislation, although ineffective thus far in passing a bill, has been of great benefit to the cause at large, and to the individual practitioner, particularly to those who have worked hardest to secure the desired end. Following these reports a general discussion on the subject of legislation was the order of the day.

At 12:30 p. m. the company retired to the banquet hall where an excellent course luncheon was enjoyed by all, one pleasant feature of the occasion being a number of visiting practitioners from the New York and Pennsylvania societies.

At 2:15 the afternoon session was called to order and the following instructive and enjoyable programme was pursued:

President Fleck's address on "The Independence of Osteopathy as a Profession."

Paper—"Professional Ethics," by Dr. Wm. L. Rogers of Morristown.

Demonstration—"Massage and Swedish Movements, With Some Comparisons to Osteopathic Procedure," by Dr. F. Myrell Plummer of Orange.

A talk on the new book, "Osteopathic Technique," by the author, Dr. M. H. Bigsby of Philadelphia.

Paper—"A Leaf From Experience on Cervical Lesions as Cause for Disease, With Some Illustrative Case-Reports,' Dr. E. M. Herring of Asbury Park.

Demonstration—"Correction of Cervical Lesions," by Dr. J. W. Banning of Paterson.

Paper—"Lumbar Lesions as the Cause for Certain Troubles, Illustrated by Case-Reports," by Dr. Nell S. Wilcox of Plainfield.

A discussion of "Osteopathic Obsterical Technique," by Dr. J. F. Starr of Passaic.

Paper—"Diet," by Dr. A. P. Firth of Newark.

Paper—"Advanced Thought in Modern Therapeutics," Dr. O. J. Snyder of Philadelphia. (Dr. Snyder, prefacing his paper, gave us some good advice on the question of legislation drawn from his experience in Pennsylvania).

This finished the programme. The usual percentage of persons, as shown in all such gatherings, who promise to take a part in the programme and then "turn up missing," were conspicuous by their absence. The programme committee, however, allowed for such shrinkage, and the time was well and ably filled. All agreed that all absentees had missed an excellent meeting.

The following officers for the ensuing year were elected after a spirited, though good-natured contest, in which our very able president and secretary-treasurer absolutely refused, a la Roosevelt, to serve for a third term:

President—D. Webb Granberry, D. O., M. D., of Orange.

Vice-President—Nell S. Wilcox, D. O., of Plainfield.

Secretary-Treasurer—Milbourne Munroe, D. O., of East Orange.

Executive Committee—Charles E. Fleck, D. O., of Orange; Forrest P. Smith, D. O., of Montclair; Ernest M. Herring, D. O., of Asbury Park.

A unanimous, hearty, rising vote of thanks was then extended to the retiring officers for their efficient and untiring efforts in behalf of the society and the meeting was declared adjourned.

MILBOURNE MUNROE,
Secretary.

East Orange, N. J.

Dr. O. J. Snyder of Philadelphia made an address covering the following points which was much enjoyed:

He was invited by the president to deliver "the principal address" and spoke upon "Advanced Thought in Modern Therapeutics." Acknowledging osteopathy as the most advanced thought and the only truly scientific and demonstrable art of healing, he addressed himself to the advanced thought of the medical school of practice, to that element of the medical profession that is setting aside drug theraphy and are reaching out for other and more rational and natural means of overcoming disease and how they are tending toward the osteopathic philosophy and methods. He then went back to the time in 1834 when the first observations were recorded, associating anatomical perversion with visceral disturbances of which we have authentic record. He reviewed the writings of the Griffin Brothers bearing upon this point and then took up the work of Marshall Hall who in 1841 published his observations establishing the status of a reflex thus opening the way for an understanding of why the pain in vertebrae is associated with organic disease. He further reviewed the researches of Dana, Head, Hendrick Kellgrew, Ling, Lauder Brunton, Brown, Sequard, Charcot, Benj. Barac and Fleming in their efforts to establish a relationship between external and internal regions. From these observations he showed how the advanced element of the medical profession endeavored to demonstrate how disease of viscera is associated with anatomical perversion but not as claimed by the osteopaths, viz., anatomical perversion as the etiolog cal factor but anatomical perversion as symptomatic of visceral disease, i. e., vertebrae and other lesions as the result of disease of the viscera resulting from impulses from organ to cord creating localized vaso-motor effects, producing atrophy or hypertrophy as the case may be and consequent oseus lesions.

These deductions and hypotheses, and their relation to the osteopathic philosophy are at least a respectable considerat on accorded osteopathy by our M. D. friends and quite in contrast with the aspersions so frequently hurled at us by the narrow and arrogant element of the medical profession. The burden of his argument was to show the fallacy of the hypothesis of the M. D.'s in interpreting spinal lesions and to point out the truthfulness and accuracy of the deductions drawn by Dr. Andrew T. Still.

The speaker then called attention to another new proposition projected by the medical school and that is the obosin property of the blood, a new hypothesis in the treatment of diseases of bacterial origin (and that, according to their teachings, includes all diseases other than traumatic). The determination (a decidedly doubtful claim) of the obsonin index and the injection of the dead bacteria into the blood in accordance with the indications of the index, he contended was only another demonstration of the unsettled state of medical therapeutics. Every new proposition or unvarfied discovery of the M. D.'s is received with outstretched arms showing that they have no verifiable nor demonstrable therapeutics. Not so with us. The basic principles of our therapeutics is the same today as it was when first proclaimed by our illustrious founder and so it will remain for all time for the reason that it is founded upon the natural laws of health and life and is demonstrable.

NEW YORK.

The New York Osteopathic Society held a great meeting in Albany October 30. About one hundred were present. A good program had been prepared and the members who failed to attend were losers of much that would have been helpful to them. All present felt that they had reason to congratulate themselves in that the few in the state had won proper legal recognition, but the determination was everywhere manifest not to allow their organizations and other means of protection and improvement to be neglected.

The officers of the society in their reports and papers called attention to the great danger that lies in assuming that legal recognition justifies inaction. The society showed its determination to be active by voting to hold two meetings a year, and the next one will be held in New York January 18,1908.

The address of President Bandel contained many good points for the profession in his state as well as of general interest and value, so it is printed in part in this issue of the Journal. The report of the secretary was very interesting to the profession in the State.

The report of the treasurer indicated the support the members of the society had rendered. After expending between twelve and fifteen thousand dollars the past year, he reported about two thousand dollars on hand. This and more will be needed to prepare for an emergency and to carry out the most excellent

program for advancement outlined by the president. A large number of new members was enrolled.

Officers were elected as follows: President, G. W. Riley, New York; vice-president and chairman of Advisory Committee, Charles Hazzard, New York; secretary, James P. Burlingham, Canandaigua; treasurer, W. L. Buster, Mount Vernon. Trustees, C. F. Bandel, Brooklyn; W. M. Smiley, Albany; J. F. McGuire, Binghamton. A message was sent to Dr. A. T. Still.

Round Table talks of five minutes each by several ladies, conducted by Dr. Elizabeth Frink, Troy.

The address by Dr. Hazzard on "Osteopthic Diagnosis," and that by Dr. Hildreth on "Osteopathy Indelibly Written With a Big O," are printed in this issue of the Journal.

Dr. Hildreth made very appropriate remarks in opening his address, expressing his satisfaction at meeting the osteopaths of the state and his keen sorrow at the missing chair among them caused by the death of his friend, Dr. S. W. Hart. He read in this connection a beautiful little poem written for the occasion by a friend in St. Louis, entitled "Our Calling."

The meeting was one of the best ever held and was adjourned to meet in New York Saturday, January 18, for a program meeting, when the Greater New York society will have a meeting and close with a banquet.

THE ROUND TABLE.

PEDIATRICS.

Meaning "the treatment of diseases of children," covers such a wide field that I have decided to devote the five minutes allotted to me to a peculiar case recently seen by Dr. Francis Beall and myself, illustrating the marvelously quick results obtained by specific osteopathic treatment.

A boy of twenty months was given a simple meal of bread and milk and then put to bed at half past eleven o'clock Sunday morning; at half past one o'clock he awoke—crying—was taken up and dressed, continued to cry during most of the process, but as he always objected strenuously to being dressed nothing was thought of it until, when the mother attempted to stand the boy on the floor, he crumpled up and fell over, screaming as if in great pain. When the mother picked up the little fellow, she noticed that "his body was doubled over and his right foot looked limp and was turned outward."

Dr. Beall and I made a hurried examination: Found the muscles about the tenth and eleventh dorsal contracted and very sensitive, the tenth and eleventh vertebrae being to the right. Treatment was given there and over the abdomen, which was somewhat rigid and extremely sensitive. The child bore the treatment well, appeared even grateful for the ease which the relaxation of the muscles gave him, but when the right foot or any part of the leg was touched, it caused agonizing cries of protest. The little one could not or would not, on account of the pain, move any portion of the leg or foot. Temperature at that time was 102.

After the treatment the child was allowed to rest half an hour or so, during which time he lay quietly in his mother's lap, crying only when the right leg was disturbed. He was then stripped and given a thorough examination—the case had been too urgent to do so earlier. The muscles on the right side were so contracted as to give the entire spine the appearance of being curved, the back and abdomen were so sensitive that he could only bear the slightest touch, the tenth, eleventh and twelfth dorsal spines were markedly drawn to the right and exquisitely painful; the abdomen slightly distended, with but little tympany, no vomiting, diarrhoea, history of recent constipation, symptoms peculiar to appendicitis, sausage-shaped tumor of intusseption, nor mass of impacted feaces; the right leg was sharply rotated outward, the knee flexed but not drawn up to the abdomen, not swollen, color normal, painful when touched and apparently helpless. The cervical region was normal.

The treatment consisted of a reduction of the lesion at the tenth, eleventh and twelfth dorsal and a gentle relaxation of the contracted muscles immediately above and below this point, with the child lying on his right side (this position caused less pain to the affected leg.) He was then turned on his back and very gentle, but deep pressure made along the right side of his abdomen, then a slight lifting movement, to free the circulation. No direct treatment was given the right leg, but by this time the child could move his toes. A saline enema was then administered, which brought away a small amount of undigested food.

The infant refused to go to bed, so his mother held him until five o'clock, when he indicated a desire to play on the floor; at first he was somewhat

unsteady on his feet, the right foot turned outward and dragged a little. From six o'clock until he was finally put to bed at seven, he was as lively and active as usual, standing on either foot and kicking his ball with the other. He was too ill to eat dinner and refused his supper. The next day all symptoms, except a slight tenderness about the trunk, had disappeared.

There was no history of an accident, no indiscretion in feeding. The happy results obtained seem to bear out my theory that the contractures about the lower dorsal region were caused by the child having chilled while out automobiling just before being put to bed. Afterwards it was recalled that the child's manner of dress and position in the vehicle were such as to expose the parts affected to the cold, hence the theory for contractures.

The lesion at the tenth, eleventh and twelfth dorsal would affect the twelfth dorsal, the first, second, third and fourth lumbar nerves. The anterior division of the lower dorsal nerves, after supplying the rectus muscles, become the anterior cutaneous nerves of the abdomen, hence the severe abdominal pain and the inability to hold the body erect. The erector Spinae and its subdivisions in the lower dorsal and lumbar regions—the ilio-costalis and longissimus dorsi—are supplied by posterior divisions of the lumbar and dorsal nerves; hence the pain along the spine. The peculiar leg symptoms seem to have been caused by contraction of the psoas magnus which arises from the lower borders of the transverse processes of the lumbar vertebrae, also from the sides of the bodies and the corresponding intervertebral substance of the last dorsal and all the lumbar vertebrae. The lumbar arteries and sympathetic nerves pass beneath these arches. The anterior crural nerve and lumbar plexus are situated in the substance of this muscle; these nerves supply many of the muscles about the thigh and then become cutaneous. This explains the pain caused by the slightest touch. The action of the psoas being to assist in maintaining the body in an erect position, to rotate the femur outward as well as flex the thigh upon the pelvis, explains the outward rotation of the right leg.

CLARA P. BEALL, D. O.

Syracuse, N. Y.

OBSTETRICS—ANTEPARTUM TREATMENT.

Obstetrics is the practice and care and treatment before and after pregnancy and delivery of child. Though this is a strictly physiological process it is still one of great complexity without necessary antepartum treatment. I consider antepartum treatment of great importance as labor can be shortened, strength of patient saved and normal conditions produced which prevent postpartum hemorrhages and antepartum hemorrhages; even premature birth can be prevented if patient takes sufficient treatment before to carry her over the time in which she should have otherwise aborted. The osteopathic treatment consists first in the removal of all lesions, thus producing in the patient the most normal condition possible of the organs and their functions and also producing normal activity of nerves and the blood vascular system. In lesions are included bony, legamentous, muscular obstructions, also visceral displacements. Among bony lesions, of great importance in pregnancy, is considered all the lumbar region; especially so the second lumbar, which, as we all know, controls parturition, due to its direct nerve supply from the lumbar to the sympathetic system, going to the aortic plexus, then forming the hypogastric plexus, ovarian plexus and inferior mesentery plexus. Some fibers, according to McClellan, from the second lumbar posterior ganglia go directly to the hypogastric plexus. The same segment controls longitudinally some of the circular fibers of the uterus and under normal conditions are supposed to work rhythmically. The Fallopian tubes and uterus are supplied by motor impulses from all the lumbar nerves.

Thes plexuses control vaso-motor impulses to the uterus, round ligaments and lower intestine, rectum and bladder. They are sensory, secretory and motor fibers to the same organs. It is easily explained how a lesion of the lumbar region would interfere with normal impulses afferent and efferent, especially at the second lumbar segment. The rigidity of the lumbar region is liable to produce tumefactions, due to prolonged congestion of the uterus. In general I pay strict attention to all the lumbar vertebrae with reference to rigidity, ligamentous thickening and shortening, irregularities, posterior conditions. Further, the sacrum is of great importance. Anterior tipping of the lumbar sacral articulation would of necessity cause great disturbance. If the lesion is a stimulating one contraction of the uterus results, while inhibition of that segment will produce patulous and an engorged condition. As innervation from that segment to pelvic floor is derived through the pudic nerve branch of the great sciatic lumbar sacral circulation and also pectoneal nerve supplying muscle of pelvic floor genitalia and skin. The inlet of pelvic floor is changed through anterior tipping of sacrum, uterus is allowed to descend,

round ligaments are weakened and changes take place causing delayed engagement of foetus. The coccyx is very often affected by the anterior tipping of the sacrum, producing sensory disturbances to pelvic floor, as sensory nerves emerge at the sacral-coccygeal articulation, also contracting coccygeal muscle and thus drawing the bone up, causing venus congestion in rectum and hemorrhoids are the result, and ulceration, constipation, etc., and rendering the pelvic floor flaccid.

Innominate lesion would be the next of interest in pregnancy. An innominate lesion first would produce vascular disturbance in the ilio lumbar, lateral sacral and gluteal. Ilion lumbar supplies the lower part of the spinal cord or corda equina. The lateral sacral supplies the membranes, the gluteal, the pelvic muscles in a cavity, also pelvic bones and hip joint. Nerves interfered with in innominate lesions would be small sciatic, great sciatic and its branches, pudic, muscular, visceral nervi trigentes. As lumbar sacral cord is firmly attached to the sacral iliac articulation the slightest deviation of innominates would cause various disturbances, as pudic and perineal, are motor and sensory to perineum and coccyx. Its function is to maintain closure of sphincter. The vesical branches which are motor to the vagina and uterus, also in addition to lumbar fibers, come from the sacrum and supply round muscle fibers of the uterus. Its function is to oppose contraction of longitudinal fibers of uterus and are supposed to work rhythmically in normal condition and to regulate the cervix and outlet of os uteri. During pregnancy there is marked exalted nerve tension. A woman is more prone to hysterical attacks. There is perversion of taste and smell. Vomiting is due to nervous reflexes. It may begin the first month, but usually it starts the second month of pregnancy, but may be totally overcome with a few treatments. To overcome nervous attacks in pregnant women Dr. Clark told me to look carefully to the third and fourth dorsal, remove possible deviation or twisted ribs. It proved always very satisfactory. I could quiet a patient down very readily. I cannot explain it except that free circulation through lungs and heart and proper oxidation of blood takes place. Vomiting is easily overcome with osteopathic treatment, removing possible fifth, sixth or seventh dorsal lesions which may be at fault; such lesions, if present, would exaggerate morning sickness and pernicious vomiting would probably be the result. I treated one case in which I found neither of these lesions, but a twisted ninth rib. After correction of the same vomiting subsided. So it explains that vagus and phrenic must have been at fault, as vagus carries afferent and efferent to the stomach and phrenic going to the diaphragm contraction of same and abdominal muscles expelling contents of stomach. If a lesion of the ninth, tenth, eleventh and twelfth could not be corrected gradually without endangering patient, I wait until a few days before partuition and then correct same. Otherwise it might have resulted fatally in particular case, as sensory, motor, vasomotor, tropic impulses and secretory to the ovaries come from that region of the spine and doubtless to uterus.

First of all find the correct time of partuition if possible. It is, as a rule, 280 days after last menstrual period. If doubtful, I find date of quickening; if such has occurred it is usually in the twentieth week in the nullapara and in the twenty-second week in the multipara. Relation of the uterus to pelvis is quite good to determine the length of pregnancy. By the end of the third month the fundus has risen to the brim of the pelvis and may be felt by deep pressure just above the syphysis pubes. By the end of the fourth month the fundus is in contact with the anterior abdominal wall. At sixth month it is just about level with umbilicus, the seventh month half way between the umbilicus and zyphoid cartilage. Towards the ninth month it is on a level with the lower ribs, but falls, though, within two weeks of parturition. In general, in treating pregnant women I would look to the correction of all lesions, as stated before, if such are found, thorough relaxation of the splanchnics, thorough breaking up treatment of the lumbar spine if such is rigid, producing free circulation through all the pelvic viscera, stimulating liver and kidneys. Of much importance is the proper placing of the foetus for engagement. If such is not the case I turn the foetus a day or two before parturition, and if possible before onset of labor. To do so I determine the foetal heart beats and the position of elbows and knees; according to their position I regulate treatment so as to produce occipital presentation. ELSA M. TIEKE.

Brooklyn, N. Y.

GYNECOLOGY.

Of the many cases where I have found displacements of the innominates, not one could be called a strong person. In confining my talk to the effect produced upon the uterus by these displacements, I wish to mention two cases of sterility which I diagnosed as atrophic endometritis and congestive dysmenorrhoea. The former case I took at the age of 38years, after marriage of 14 years.

I found a forward tilt of the right innominate brought about when the woman was a young girl, by carrying small brothers and sisters by bracing them against her side. When she came to me for treatment, it was for a recent twist of the coccyx, and in examining for this I found the other trouble.

There was a right lateral flexion of body of uterus, due to contraction of the broad ligaments from the depressed innominate, resulting in an incorrect rhythm of the hypograstic plexus and disturbance in the lumbar sacral centers, and consequent anaemia of the uterus. The incorrect position of the uterus had endured for so long, and the patient being in delicate health, it required several months of training the innominate and of toning up the spinal centers, and strengthening the muscles and l gaments, before a correct position of the uterus could be brought about. Local treatment consisted of stretching the flaccid uterine wall with finger in rectum, other hand over lower portion of abdomen. Tilt of innominate corrected by spreading in region of sacroiliac articulation, and of raising superior spine of ilium while bracing back of pelvis against my knee. Contraction of broad ligament overcome by spreading knees and external rotation of flexed thigh. The swerve to the right and posterior position of lumbar vertebrae also were corrected.

Several months after I had dismissed the case the patient became pregnant. She now has a perfectly healthy child of one year and three months.

Second case, age 29, married four years. The woman began to fear that she might not have children. Although not strong, she was in good general health except at menstrual period. Her nerves were exceedingly high strung. I found retroversion of uterus and ovaritis of left side still, no constipation; forward tilt of left innominate. Contraction from inflammation of vesico-uterine ligament, had pulled cervix forward and allowed body to go back. At menstruation the woman's face broke out in a pimpled rash about chin, nose and lips; digestion was excellent. The condition was simple congestive dysmenorrhoea, the hyper-secretion, doubtless, washing out of the ovum, even though it might be fertilized.

As work on the innominate excited inflammation, I was forced to raise by degrees, at first simply spreading at sacro-iliac synchondrosis, and carefully raising innominate with one hand on tuberosity of ischium and the other on superior spine of ilium, patient on her side. Later I could treat with knee at sacrum.

Raised body of uterus with finger in rectum, one hand guiding over abdomen, patient in knee-chest position; ending treatment by stretching the spinchter ani, at the same time instructing patient to inhale deeply, the atmospheric pressure assisting uterus to glide up. I was still giving the woman an occasional treatment when she became pregnant, and is so at this date.

Buffalo, N. Y. IRENE BISONNETTE.

I have several cases to present which have been rather interesting to me and one of them, the first, is rather puzzling and mysterious. I never have been able to solve the question satisfactorily and if any one here can give me light on the subject I shall be very glad. The second is more commonplace, but interesting because it, with many others, proves that we can have marked anatomical deviations and very little symptoms. We are, of course, interested in the pathological side, but I have noticed that it is the symptoms that are the absorbing subject to the patient.

The first is a young woman who came to me two years ago, twenty-six years old at that time. Her heredity was very poor. Mother died with cancer and father was scrofulous. The condition I found was very bad, extreme nervousness, very severe dysmenorrhoea existing from first menstrual period. Enuresis existing from seven years old and of nightly occurrence. Uterus retroflexed firmly adhered and a small fibroid growth as large as a walnut on right side. Right ovary congested and painful. The bony lesions were at fifth lumbar. Right innominate, break at twelfth dorsal and first lumbar and a generally ragged spine. I will say that I had been reading Zegenspeck's Massage in diseases of women and was influenced some by that in the treatment of the case. So I went to work on the lesions, tried to remove the bony ones and gave local treatments three times a week for six months, mainly directed to breaking up adhesions, then twice a week for six months, thence once a week for about six weeks longer. The results were the enuresis entirely disappeared in one month and within two months the intermenstrual discomfort disappeared. During the first year there were three periods scattered along that were practically painless, then it came back as badly as ever. The adhesions were entirely removed at the end of a year's time. I felt very pleased when the first gave way, as we can so rarely have a case long enough to entirely break up bad adhesions, but after the uterus was loose I didn't know

just what to do with it as it wouldn't stay in any place particularly, so I had to give up trying to make it. I was discouraged over the dysmenorrhoea by this time, but the girl had unlimited perseverence and I knew she felt I was her last hope and I hadn't the heart to turn her off. It was then I put her on one treatment a week. At the end of six months of this she stopped treatment and that was six months ago. She has never since had a particle of dysmenorrhoea. I was very glad I cured her, but have always felt annoyed to think I didn't understand just when she ought to have stopped treatment. The right innominate was entirely corrected, the lesions were improved, but not entirely corrected.

Case No. 2 is interesting because it shows that we can do so much to relieve where we do not entirely cure, and that is worth much to the sufferer. A young woman, age about thirty, came with a serious pelvic trouble. I found a retroflected and adhered uterus, some prolapsus and a congestion. The right innominate was up, second, third and fourth lumbar rigid, break between twelfth dorsal and first lumbar, first dorsal to right. The trouble had come on through heavy lifting two years previous. The patient suffered great discomfort for nearly two years before she did anything, then she went to an osteopath. He diagnosed the condition as a pseudo tumor adherent to rectum and posterior wall of uterus. She had local treatment every other day and kept off her feet as much as possible. This, in six weeks' time, made her comfortable for almost a year, but the same duties had brought on the trouble again when she came to me. I gave her local treatments directed to stretching adhesions and improving circulation about twice a week. A few months of this made her comfortable again. She stopped for a while and now occasional treatments, once in two weeks or once a month, keep her in good condition and enable her to do a great deal of hard work. The anatomical condition locally is not normal, but treatment locally and spinally seem to keep the congestion down and tone up the ligaments enough so that the prolapsus is kept under control.

This case and many others similar, convince me that a patient can have retroversion and retroflection and suffer very little discomfort if congestion can be controlled and the parts be kept toned up long enough to keep from sagging too much. And in addition to this no very inconsiderable help is to make the patient feel and think that she is right and so get her mind off the subject.

Rochester, N. Y. LILLIAN DAILY.

NORTH CAROLINA.

A joint meeting of the State Board of Examiners and the State Society was held at Charlotte recently. The Board sessions occupied the first two days.

The society meeting was called to order at 10 o'clock Saturday morning. Business matters of importance were discussed and the regular program taken up. There is no doubt that the scientific spirit is growing rapidly among North Carolina osteopaths. There is a strong tendency towards the elimination of false claims that so many osteopaths have been given to in the past. The general sentiment is to raise and maintain a high standard, to live up to professional ethics, and cultivate the scientific side of our practice.

Officers were elected as follows: Dr. S. W. Tucker, Greensboro, president; Dr. A. A. Basye, Wilson, vice-president; Dr. A. Z. Zealy, Goldosboro, secretary-treasurer (re-elected). Board of Trustees: Dr. M. J. Carson, Rocky Mount; Dr. L. A. Rockwell, Asheville; Dr. A. A. Basye, Wilson. Delegate to the next meeting of the A. O. A., Dr. W. B. Meacham, with Dr. C. H. Grainger as alternate.

ALBERT H. ZEALY,
Secretary.

IOWA.

The Southeast Iowa Osteopathic Association held its meeting in the Court house at Ottumwa, Nov. 23. The mayor of the city gave address of welcome and Dr. J. S. Baughman made proper response. Paper on "Innominate Lesions" was read by Dr. W. O. Pool, Fairfield; "Osteopathic Technique" by Dr. J. S. Baughman; papers by Dr. George Laughlin, Kirksville, "Tubercular Joints, and Preparatory Treatment for Congenital Hip Operations." Paper on acute conditions, "Appendicitis, Erysipelas, Etc.," Dr. F. P. Young. Dr. G. C. Farmer conducted Round Table, subject, "Diseases of Women." Evening session closed with a paper on "Professional Ethics," Dr. M. U. Hibbetts.

DENVER CITY SOCIETY.

The Denver Osteopathic Association held its annual election November 2. Result as follows: President, Dr. C. C. Reid, Temple Court; first vice-president, Dr. R. M. Jones, Mark Block; second vice-president, Dr. L. S. Brown, Masonic Temple; treasurer, Dr. M. W. Bailey, Temple Court; secretary, Dr. Fannie B. Laybourn, 401 East First Ave.

PORTLAND, OREGON, ASSOCIATION.

The annual meeting of this association was held in the offices of Dr. W. A. Rogers Saturday, November 2, and elected officers as follows: President, Dr. R. B. Northrup; vice-president, Dr. W. A. Rogers; secretary, Dr. Mabel Akin; treasurer, Dr. Kathryn Reuter. The association will meet the first Saturday in each month for discussions and clinics.

THE PHILADELPHIA SOCIETY.

The Philadelphia County Osteopathic Society was reorganized Tuesday evening, November 5, 1907. Constitution and By-Laws were considered and the following officers were elected for the year: Dr. Charles M. McCurdy, president; W. B. Keene, vice-president; Myron W. Bigsby, treasurer; Gene G. Banker, secretary; B. F. Johnson, A. N. Flack and W. L. Beitel, executive committee. The officers are anxious to do their best to make this society one of the most successful in the country.

GENE G. BANKER,
Secretary.

STATE SOLICITORS FOR THE P. G. COLLEGE FUND.

Drs. Loudon and Willard, the committee for soliciting the permanent endowment fund for the college, have secured the co-operation and assistance to date of the following who will act as solicitors for the fund in their respective states:

Maine—Dr. Sophronia T. Rosebrook, 633 Congress St., Portland.
New Hampshire—Dr. Margaret Carleton, P. O. Block, Keene.
Massachusetts—Dr. R. K. Smith, 755 Boylston St., Boston.
Vermont—Dr. Guy E. Loudon, 199 South Union St., Burlington.
New York—Dr. J. A. Detienne, 1196 Pacific St., Brooklyn.
Wisconsin—Dr. W. D. McNary, Mathews Bldg., Milwaukee.
New Jersey—Dr. D. W. Granberry, 408 Main St., Orange.
West Virginia—Dr. Clara E. Sullivan, 715 Schulmbach Bldg., Wheeling.
Ohio—Dr. J. F. Bumpus, 406 Market St., Steubenville.
Michigan—Dr. Hugh W. Conklyn, 312 Ward Bldg., Battle Creek.
Indiana—Dr. Marion E. Clark, 409 Board of Trade Bldg., Indianapolis.
Georgia—Dr. J. W. Bennett, 3 Walker Bldg., Augusta.
Washington, D. C.—Dr. Alice Shibley, The Ontario.
Rhode Island—Dr. J. Edward Strater, 268 Westminster St., Providence.
Pennsylvania—Dr. Harry M. Vastine, 109 Locust St., Harrisburg.
Virginia—Dr. W. D. Willard, New Jewelry Bldg., Norfolk.
Kentucky—Dr. Martha Petree, Paris.
North Carolina—Dr. A. H. Zealy, 111 Chestnut St., Goldsboro
Maryland—Dr. Harrison McMains, 315 Dolphin St., Baltimore.
Washington—Dr. Roger E. Chase, Maratime Bldg., Tacoma.
Minnesota—Dr. C. W. Young, Pittsburg Bldg., St. Paul.
Canada—Dr. Mary Lewis Heist, 28 King St., East Berlin, Ontario.
Nebraska—Dr. C. B. Atzen, New York Life Bldg., Omaha.
Oklahoma—Dr. J. M. Rouse, Bassett Bldg., Oklahoma City.
Others will be secured and announced in the next issue of the Journal.

THE PORTRAIT OF DR. STILL.

New York, November 22, 1907.

Dr. J. A. De Tienne, 1198 Pacific St., Brooklyn, N. Y.

Dear Doctor:

The New York State Osteopathic Society endorses the A. T. Still Portrait Proposition, and contributes $100 from its treasury.

The movement set on foot by the A. S. O. Alumni Society to have a famous artist paint a full-length portrait of Doctor Still, received a most hearty endorsement and a vigorous impulse at the meeting of the New York Osteopathic Society, at Albany, October 30.

Various members of the society, who are not A. S. O. alumni, requested the privilege of contributing to the fund, out of respect for Dr. Still, and because of a desire, not only to see this project carried quickly to a successful result, but also because they said they felt that, inasmuch as Dr. Still and osteopathy are the property of the whole profession, it was really due the profession as a whole that it be given an opportunity to help in the matter. Various members strongly urged upon the committee, several of whom were present, the advisability of broadening the scope of the movement so as to give all osteopaths an opportunity to contribute. The meeting received this proposition with so much favor that several members were on their feet at one time, both asking to be allowed to contribute, and moving that the N. Y. O. S. contribute as a society. Consequently a motion was put, and carried with enthusiasm, that the society contribute $100 to the portrait fund. Also, a number, not A. S. O. alumni, made their contributions.

The committee felt that such a spontaneous show of enthusiasm should not be ignored, and, as the point was raised that probably all over the country there were many who are not alumni of the A. S. O. who would likely desire to follow the example of the N. Y. O. S., they felt that it might be advisable to make their sentiments known to the profession at large, and to the state societies.

Fraternally yours,

CHARLES HAZZARD.

(The above statement is interesting news to the committee charged with obtaining funds and having a portrait of Dr. Still made. We are giving it to the profession, feeling that other osteopathic organizations may desire a share in this enterprise, which we welcome most heartily. Contributions are coming in from graduates of other schools. It is proposed that the name of each individual and his address and the name of each organization contributing, shall be listed, and kept with the portrait.

J. A. DE TIENNE,
Chairman Committee).

BONY LESIONS AND REFLEXES.

The subject of bony lesions has been discussed so often and exhaustively, by so many able members of the osteopathic profession, that further discussion along that line may prove wearisome. There is one point, however, on this subject which, I think, should be thoroughly thrashed out. In regard to lesions in the splancnic area, in which there is pronounced tenderness, especially in the upper splancnics, and in which there is a history of indigestion, acute or chronic, is the stomach trouble due to the lesion or is the lesion a result of the continued irritation of the stomach reflected back to the center and causing an exudate to form in and around the vertebrae, and that, together with the contractured muscles, forcing these vertebrae out of alignment?

There are a great many cases in which we can obtain no history of injuries of any kind, but where we can, of indiscretion in diet, insufficient mastication, etc., and it seems to me that in these cases the vertebrae lesions are secondary to the acute or chronic condition obtaining in the stomach. If this be true, then surely the duty of the physician to pay more attention to the patient's dietry, and less to attempting the reduction of the vertebrael lesions by, in many cases, too much force, which can only cause increased irritation and at the same time unnecessary soreness to the patient.

I do not mean to say that no attempt should be made to reduce the lesion, but that such treatment should be given which would tend rather toward the loosening and absorbing the exudate than attempting to replace the vertebrae by main force.

This lesion might obtain anywhere along the spine as a result of irritation of any other organ, but I merely use the stomach as an example, because in my experience it is the most common.

I am aware that this subject has often been discussed. but have never heard of any satisfactory decision and should be very much pleased to hear the views of some others on the subject.

T. D. LOCKWOOD, D. O.

New York City.

I notice on page 90 of the October Journal (the Legislative report) the following sentence: "In other words, all our laws amply care for all who have graduated, but the ones who are yet to come are given small consideration." That seems to me is a rather general and unjust accusation against the selfishness of those practitioners who have been instrumental in getting our present laws. It can justly be said of some of our laws, but I think there is no foundation whatever for Dr. Hildreth's saying such of all our laws.

Fraternally,

Missoula, Mont. ASA WILLARD.

DANGER TO DOCTORS.

It seems that the greatest danger the doctor has to contend with is not contagious diseases or stress of weather or the night highwayman, but that it is woman, designing, malicious women, either disgraced, about to be, or desiring to be. In looking over the reports of deaths among physicians, comparatively few are reported to be from contagious diseases. A reputable physician of Detroit has recently undergone an experience which makes the average doctor shudder and look about for a chaperon. Dr. E. L. Emmons was called to visit a patient whom he had never visited before. He found her in a boarding house complaining of the symptoms of a hard cold, for which he prescribed. He did not hear from her again till a week or so later, when he read in the papers that the woman had accused him of procuring an abortion on her. She was a janitress and was found by another physician suffering from sepsis due to a blundering attempt to procure an abortion. Another physician was called in and the patient removed to the hospital. The prosecutor's office was notified and the assistant prosecutor and a stenographer hastened to the bedside to take the ante-mortem statement. The priest having administered the last sacrament, facing death and in the presence of several witnesses, she said that Dr. Emmons had performed the operation, named the time, place and fee. But she did not die. A month later the case was brought to trial and instead of the ante-mortem statement the woman herself was on the stand. On cross-examination she broke down and admitted that Dr. Emmons knew nothing at all about the case or her condition. She said she thought that she would be sent to prison herself if she did not accuse some one. Think of the fate of Dr. Emmons had she died with this awful lie upon her lips. Laws should be passed making it a crime to solicit a physician to commit an abortion as well as to offer a bribe, and the laws should be made to better protect physicians from blackmail and accusations of this kind.—E. S. M., in Am. Med. Compend.

BOOK REVIEWS.

Basic Principles, the first volume of Dr. Louisa Burns' Studies in the Osteopathic Sciences, just from the press of The Occident Printery, Los Angeles, is probably the latest addition to the literature of the profession. It is a cloth bound volume of about 300 pages, printed on very good paper, from exceptionally clear type, and is nicely gotten up in every particular. Price, $4.50.

The first part of the work is given up to a discussion of the biological principles underlying the therapeutics of osteopathy, beginning with the principle of the dependence of function on structure, in cell life.

This discussion, while somewhat exhaustive, is not in the least exhausting, as such treatises usually are, and the reader will be surprised to find how readable the subject can be made when treated from the osteopathic standpoint.

Were it not for the generous and comprehensive glossary the author has provided we would feel justified in criticising the rather frequent use of unusual scientific words and expressions in this part of the work, but since these are all defined and explained we will undoubtedly be benefited by having them brought to our notice.

Taking up the matter of experimental demonstrations of the osteopathic centers the author gives a very interesting description of these experiments and of their results. The ends sought in these experiments were: "To demonstrate, in an undeniable manner, the structural and functional relations underlying the principles of osteopathic therapeutics and diagnosis. To locate the osteopathic centers more exactly by eliminating the complexity of abnormalities which are almost invariably present in clinic cases. To locate other centers whose recognition might aid in making diagnosis more exact and osteopathic therapeutics more effective."

Although the degree of success in every case was not all that was desired, the results were indicative of the possibilities of work along this line, and a perusal of the account of these experiments and the results obtained can not help but confirm the reader's faith in the basic principles of osteopathy.

It is Dr. Burns' purpose to publish eight volumes in this series of studies, as she can find the time to do so, taking up the etiology, nature, prevention, diagnosis, etc., of disease conditions. While researches of others shall not be disregarded, original work will hold first place in succeeding volumes as in this.

We feel certain that readers of Basic Principles will look forward to the appearance of other volumes with pleasant anticipations.

REMOVALS.

Anna Goss Baker from Earlville, Ill., to 2123 E. Seventh St., Kansas City, Mo.

Geo. P. Lyman from 220 Central Park Sq., to Saranac Lake, N. Y.

W. M. Johns from 515 Byrne Bldg., Los Angeles, Cal., to Woodland, Cal.

Arthur Kew from 309 Shelton Ave., Jamaica, N. Y., to 341 Sixth Ave., Pittsburg, Pa.

D. W. Starbuck from Montgomery City to Queen City, Mo.

Charles E. Peirce from Calzary, Alberta, Can., to Ukiah, Cal.

M. C. Burrus from Hattiesburg, Miss., to New Franklin, Mo.

Walter K. Hale from P. O. Bldg., Hendersonville, N. C., to 107½ E. Main St., Spartansburg, S. C.

C. W. Bliss from 1148 E. Jersey St., Elizabeth, N. J., to 30 Vreeland St., Port Richmond, N. Y.

Mita M. Lucas from Bowling Green, Ky., to 203 Madison St., Thomasville, Ga.

A. E. Freeman from 1173 N. Clark St., Chicago, to Cor. Washington Ave. and Eighty-fifth St., Cairo, Ill.

M. Jeanette Stockton from Manhattan, Kas., to Colorada Springs, Col.

Addison O'Neill from 31 Prospect St. to 99 W. Ridgewood Ave., Ridgewood, N. J.

Corene J. Bissonette from 1169 Main St., Buffalo, N. Y., to Los Angeles, Cal.

S. A. Ellis from 144 Huntington Ave., to 687 Boylston St., Boston, Mass.

Irene H. Ellis from 144 Huntington Ave., to 687 Boyleston St., Boston, Mass.

Raesley S. Mack from 208 Broad St., to 114 Broad St., Chester, Pa.

J. W. McRae from the Imperial Block to Empire Bank Chambers, Main St., Galt, Ont.

C. N. Maxey from Springfield, Ill., to 503 Northern Bank & Trust Bldg., Seattle, Wash.

W. A. Sanders from 854 Clarkson St., Denver, Col., to 565 Bradford St., Milwaukee, Wis.

Maude M. Sanders from 854 Clarkson St., Denver, Col., to 565 Bradford St., Milwaukee, Wis.

W. Wilbur Blackman from 108 W. Washington St., Bluffton, Ind., to Robertson Sanitarium, Atlanta, Ga.

Harry M. Stoel from Collins Bldg., Helena, Mont., to 1511 Locust St., Des Moines, Ia.

W. S. Maddux from Fort Collins to Brush, Col.

Willannie Breden from 327 Altman Bldg., to Densmore Hotel, Kansas City, Mo.

John S. Rydell from 335 Auditorium Bldg., to 1700 Third Ave., S. Minneapolis, Minn.

Robert D. Stelle from Union Savings Bank Bldg., Oakland, to Box 22, Sta. H., Los Angeles, Cal.

W. E. Scott from Hydrick Bldg., Spartansburg, to 325 Main St., Greenville, S. C.

Jessie F. Streeter from Hanover Sp., London, Eng., to 225 Bath St., Glasgow, Scotland.

Wilfred A. Streeter from Hanover Sq., London, Eng., to 225 Bath St., Glasgow, Scotland.

Wm. C. Flory from 3234 Pleasant Ave., to 520 Syndicate Arcade, Minneapolis, Minn.

A. W. Vickers from 18 Sumter St., Sumter, S. C., to Gainesville, Ga.

Mary A. Small from 305 to 108 Huntington Ave., Boston, Mass.

E. C. Crow from Spohn Bldg., to Second and Franklin Sts., Elkhart, Ind.

Mary E. Pratt from 1612 Madison Ave., to 402 Nat. Union Bldg., Toledo, O.

Dorothy D. Sellards from 769 to 678 Woodward Ave., Detroit, Mich.

Wm. H. Allen from 115 Walnut St., to 42 South Seventh St., Allentown, Pa.

John W. Maltby from 521 E. Twenty-fourth St., to 618 E. Twenty-second St., Indianapolis, Ind.
F. K. Walsh from Centralia to P. O. Bldg., Hoquaim, Wash.
Alice B. Chaffee from 723 W. Third St., to Los Angeles College of Osteopathy, Los Angeles, Cal.
Hettie M. Ross for 1007 San Antonio St., El Paso, Tex., to Bryn Mawe, Wash.
M. A. Smith from 1220 Third Ave., to 1703 Howard Ave., Seattle, Wash.
L. C. Turner from 208 to 176 Huntington Ave., Boston, Mass.
C. W. Gray from 800 North Fourth St., Steubenville, O., to Clearfield, Pa.
W. F. Traughber from Mexico, Mo., to 1312 W. Ninth St., Los Angeles, Cal.
Susan Balfe from Alliance, Neb., to 205 Mason Bldg., Los Angeles, Cal.
Nettie J. Whitesell from 2 Julian Pl., to 345 Union Ave., Elizabeth, N. J.
Margaret C. Eck from 1414 Second Ave., to 228 Peoples Bank Bldg., Seattle, Wash.
A. L. Dykes from 22 Sixth St., to Interstate Bldg., Bristol, Tenn.
A. C. L. Kugel from Mooney-Brisbane Bldg., to 469 Delaware Ave., Buffalo, N. Y.
R. D. Emery from 331 Mason Bldg., to 421 Auditorium Bldg., Los Angeles, Cal.
Louis R. Fechtig from 37 Madison Ave., New York, N. Y., to Jamaica, N. Y.
J. P. McCormick from 506 L. S. & T. Bldg. to 79 E. North St., New Castle, Pa.
Flora A. Notestine with A. G. Hildreth, Century Bldg., St. Louis Mo.
J. Erle Collier from Willcox Bldg., to Stahlman Bldg., Nashville, Tenn.
H. Nielson from 7 Getty Sq., to 237 S. Broadway, Yonkers, N. Y.
Wm. L. Rogers from New York City to 138 South St., Morristown, N. J.
S. C. McLaughlin from Newton to 3 Harvard St., Newtonville, Mass.
M. T. Mayes from Republican Bldg., to 211 Meekins, Packard & Wheat Bldg., Springfield, Mass.
Warren B. Mitchell from 414 Clinton Ave., to 738 Broad St., Newark, N. J.
Della Renshaw from the Charlevoix to 56 Winder St., Detroit, Mich.
Anna K. Aplin from 213 Woodward Ave., to Steves Bldg., Detroit, Mich.
John B. Buehler from 156 Fifth Ave., New York, to 18 W. Thirty-fourth St., New York.
Delphine Mayrenne from Wells-Fargo Bld., to Cusachs Bldg., New Orleans, La.
A. S. Coon from Clarkston to Prosser, Wash.
Gertrude Forrest from Albia to Lovilia, Ia.
Emilie Greene from 676 Woodward Ave., to 24 Broadway, Detroit, Mich.
M. Cebelia Hollaster from 229 Marcy Ave., to 944 Marcy Ave., Brooklyn, N. Y.
J. W. Murphy from Sherwin Bldg., Elgin, Ill., to Sedro Wooley, Wash.
Delia B. Randel from Sharpesburg, Miss., to 715 Congress St., Jackson, Miss.
E. C. Ray from First Nat. Bank Bldg., to Willcox Bldg., Nashville, Tenn.

Barnard McFadden, the editor of Physical Culture, has gotten into the toils of the law, and was recently convicted in the Federal courts in New Jersey and sentenced to pay a fine of $2,000 and serve at hard labor for two years in the New Jersey prison. The charge was violating the postal laws in sending obscene literature through the mails. It is presumed that the nude or semi-nude photographs of men and women, taken to show physical development, is the objectionable matter. At one time McFadden lived in St. Louis and was there a Graeco-Roman wrestler, and from that took up the physical culture idea.

A neat little card bearing the following inscription has been sent to some of Dr. Roark's friends:

ALTON WADE ROARK,
October 12, 1907.
Dr. and Mrs. Hiram Alton Roark.
Waltham, Mass.

APPLICATIONS FOR MEMBERSHIP.

W. E. Pickett, Des Moines, Ia.
S. C. Matthews, 505 Fifth Ave., New York City.

CASE REPORT.

By Dr...... *Office*.....

1. *Diagnosis. Name of disease*.....
2. *Name*..... 3. *Residence*.....
4. *Married or single*..... 5. *Age*..... 6. *Sex*.....
7. *Children*..... 8. *Occupation*.....
9. *Previous treatment*.....

.....

10. *History of case*.....

(*a*) *Family history*.....

.....

(*b*) *Accident or injury*.....

.....

(*c*) *Previous attacks* .....

(*d*) *Mode of living*.....

.....

(*e*) *Date of onset*.....

11. *Symptoms.* .....

.....

.....

.....

.....

.....

Physical signs.....

.....

.....

12. *Osteopathic lesions*:

(*a*) *Bony* .....

Cranial .....

Vertebral .....

Thoracic .....

Pelvic .....

Upper limb .....

Lower limb .....

(*b*) *Muscular* .....

(*c*) *Ligamentous* .....

13. *Urinalysis* .....
14. *Other laboratory tests*.....
15. *Progress of disease and complications*.....

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16. *Treatment* .....

(*a*) *Was directed to what areas?*.....

.....

(*b*) *What manipulations were employed to correct lesions?*.....

.....

(*c*) *To excite or retard functional activity?*.....

.....

(*d*) *How much reliance was placed on general treatment for results?*

.....

(*e*) *Were there any changes in method as the case progressed?*.....

(*f*) *Frequency of treatment*.....

(*g*) *How long course of treatment?*.....

(*h*) *Directions about diet, baths, exercise, etc*.....

.....

.....

.....

17. *Results*: (*a*) *Cure or failure*.....

(*b*) *Symptoms relieved in what order?*.....

.....

.....

(*c*) *What symptoms remained?*.....

.....

(*d*) *What lesions corrected?*.....

(*e*) *What lesions remained?*.....

(*f*) *Remarks* .....

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Directions—Report carefully and in detail. Be accurate and scientific. Make a regular habit of reporting cases. Do not send testimonials.

Return this report to Dr. Edythe Ashmore, 42 Valpey Bldg., Detroit, Mich., and apply to her for more blanks gratis, or use this blank as an outline of data desired, writing upon any stationary.

The Journal

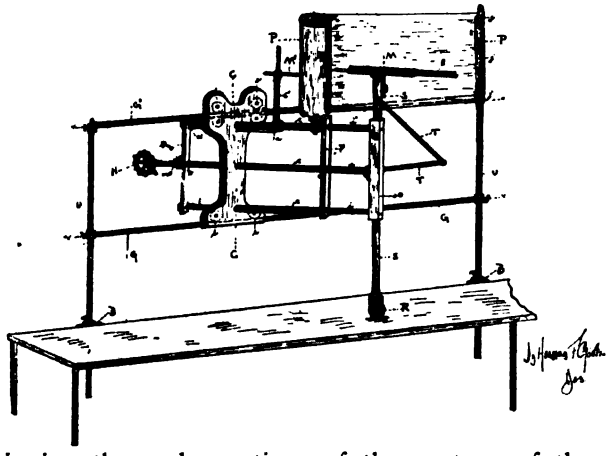
— OF —

The American Osteopathic Association

VOL. 7. AUBURN, N. Y., JANUARY 1, 1908. NO. 5.

GRAPHIC REPRESENTATION OF THE CURVES OF THE SPINAL COLUMN.

HERMAN F. GOETZ, D. O., ST. LOUIS, MO.



While continuing these observations of the contour of the spinal column with the object in view of determining "If the conformation of the spine, as a whole, had a direct influence upon the spinal cord and its branches," it became obvious that there must be some basis for comparisons.

If the spinal column in an observed instance was of peculiar conformation, why was it peculiar, and if peculiar, what relation did this pathological spine bear to the normal spinal column? This led to the questions broadly stated.

What is the normal spinal column?

Is there a spinal column that can be adopted as the normal, a standard of measurements, of combinations of curves, and these curves of such conformation that their combination may be classified as the ideal, the perfect spinal column?

Theoretically these questions are not difficult. One naturally concludes that there must be an ideal for every anatomical structure, therefore, an ideal for the spinal column; and, the more nearly we approach the ideal in anatomical structure, the more nearly we approach the ideal in physiological function.

"All roads lead to Rome," reason as we will, from any point of view, and always the final deduction.

Health is normal (anatomical) structure, combined with physiological function.

The development or growth of the vertebrae and the intravertebral discs follow well known laws. This development is a question of growth, of motion, regular and harmonious. It is energy, regular rythmic, measureable; hence normal or abnormal.

The following statement we must accept as axiomatic: "There exists an ideal, anatomically and physiologically, of the human body." This applies to the whole or to a part.

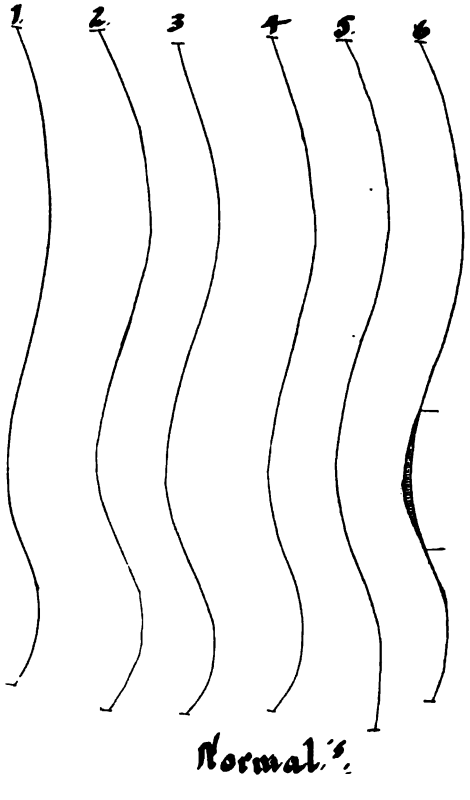
The following observations demonstrate, practically as well as theoretically, the existence of an ideal spinal column.

Heretofore, our conception of the normal spinal column is that of certain conformations not based upon actual measurements, and yet the picture so formed, although scarcely more than a mental impression, comes very near the ideal.

Our ideal of the normal, by the way, is an index of physical beauty among all nations regardless of race or color. The normal spine is not only the index of physical perfection, but of health, strength, vitality.

After analyzing the many spinograms which I have taken, results show that development follows certain conformations with almost mathematical precision. And my object is to replace for a mere mental picture of the normal, one based on observation and figures. To be able to judge the abnormality, we must first know the normal. We must have a standard of measurement—a working basis.

These are the spinograms of six cases that I have classified as normal spines as a whole and as normal curvatures of the dorsal, lumbar and sacral regions, in part.



1. Business Man, age 31, side hurt, polo player, tennis player.
2. Wrestler Strong man, age 40, back.
3. Business man, age 45, wrestler, physical culture expert.
4. ——— ———, age 21, expert physical culture, fine development, very strong.
5. Business man, tennis player, golf player.
6. R. R. man, physical culture, continuous exercise.

Each of these take daily exercise, daily baths, no sickness at any time.

Many others could be shown but these will suffice for the present.

Each of these spinograms (1 to 6) was taken many times and with great care.

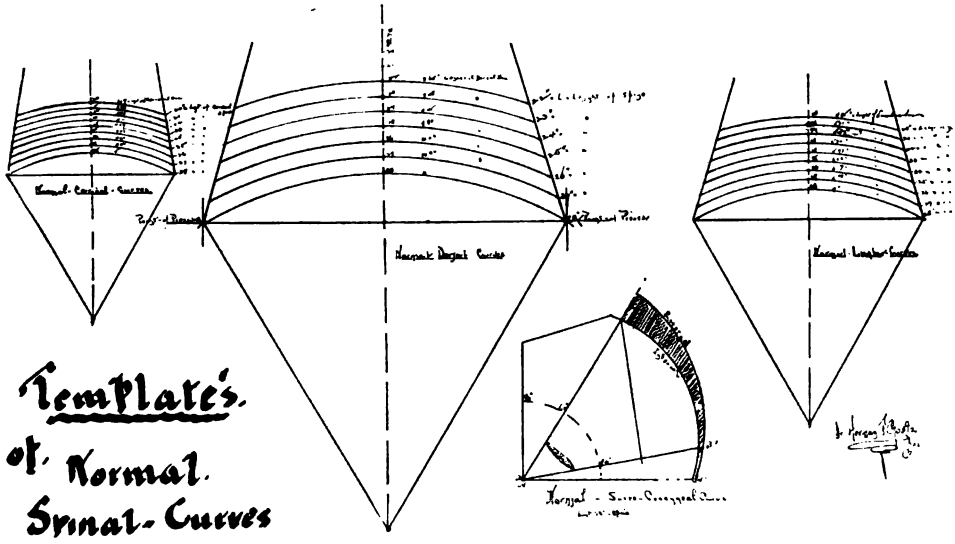
In order to arrive at a formula (if possible), I selected these spinograms for the reason that they are all from adult spinal columns. Their conformations are remarkably similar, and because these men had enjoyed for their lifetimes health in the highest definition of that term.

It was found that the lengths of the cervical to dorsal, to lumbar, to sacro-cocyxgeal, bore practically constant ratios to one another; that the cervical, dorsal, lumbar and sacro-cocyxgeal curves were arcs or segments of circles of radii equal to the length of the arcs.

For example, if a dorsal region is 11 inches long, then the normal curve of the dorsal was an arc of a circle whose radius was of such length as would describe an are 11 inches long. This led to the conclusion that a spinal column of given length, properly developed by careful, well directed physical training, would probably follow a well defined mathematical law.

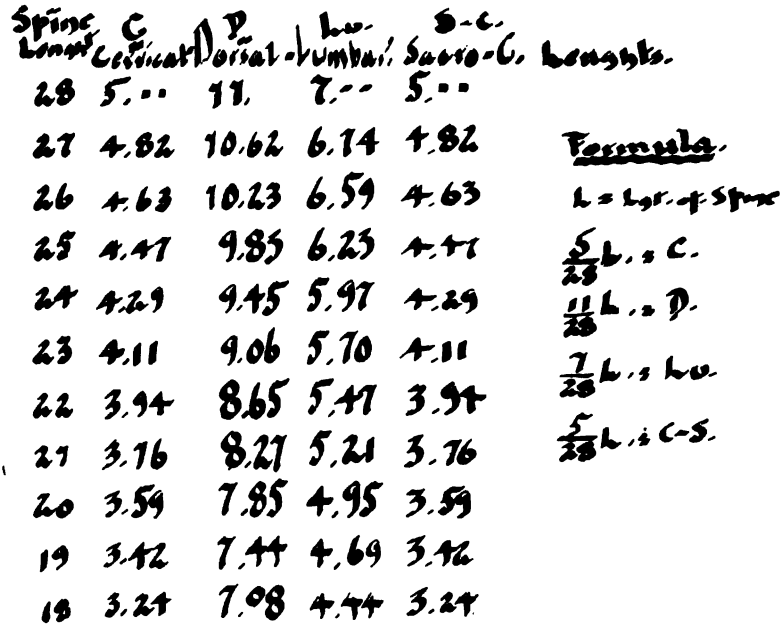
In the normal spine of length 28 inches the cervical region is five inches, the dorsal region is 11 inches, the lumbar region is seven inches, the sacro-cocyxgeal region is five inches.

In spinal columns of varying length, this ratio of the cervical to dorsal, to lumbar, to sacro-cocyxgeal, is well sustained; practically constant. If we consider it theoretically so, the following formula will be found to apply.



Them. 5-28 L = (Cervical Region) = C
11-28 L = (Dorsal Region) = D.
7-28 L = (Lumbar Region) = Lu.
5-28 L = (Saco. Coceygeal) = S-C.

Taking these figures as radii, (See Chart Three) you can construct normal spinal curves having only the length given. I have applied this formula to spines varying in length from 18 to 28 inches. If spine is longer, the formula will still apply.



Number 4 is simply a copy of the values of the lengths of the different regions, worked out acrording to the above formula.

It has been proven by Siegfried Sacks and Hans Schmaus, that vascular disorders of the spinal cord may be a congestive hyperaemia, venous stasis or anaemia, which may develop ischaemia. They have also shown that these conditions of the cord circulation readily produce disorders of the central nervous system.

This disturbance of circulation may be caused in locomotor ataxia by syphilis attacking small vessels.

Effects of syphilis are usually noted in the small arteries, by embolism, thrombosis, primary arteritis, but in most instances, it is my opinion, that underlying and preceding them will *be found abnormal curvatures of dorsal and lumbar vertebrae.*

If syphilis can be latent for years and develop nervous disorders, (and this as a causative factor is accepted by the entire scientific world), then a causative factor, such as posterior lumbar curve may eventually so enervate nerves by interference with cord circulation as to cause nervous disorders.

Who can in reason deny that a primal cause in disturbances of the nervous system is the osseous abnormality.

This brings to us a most important deduction in investigations made with the spinograph, namely:

(a) That abnormal anterior, posterior or lateral deviations of the spinal column from the normal are of the utmost importance and are provocative of disturbance of the circulation of the cord as gross lesions rather than as specific lesions of individual vertebrae and that the osteopaths as a school have ignored lesions of greater importance oftentimes in too strict adherence to the theory of the specific lesion of individual vertebra. It is just as essential to restore to normal, posterior or anterior deviations of the spinal vertebrae, as it is the lateral.

The spinograph or other measuring and recording apparatus is essential to the proper diagnosing of one of the most important considerations in osteopathy—namely, deviations from the normal of the anterior and posterior curvatures of the spinal column.

CONFORMATIONS OF THE SPINAL COLUMN NOTED IN LOCOMOTOR ATAXIA.

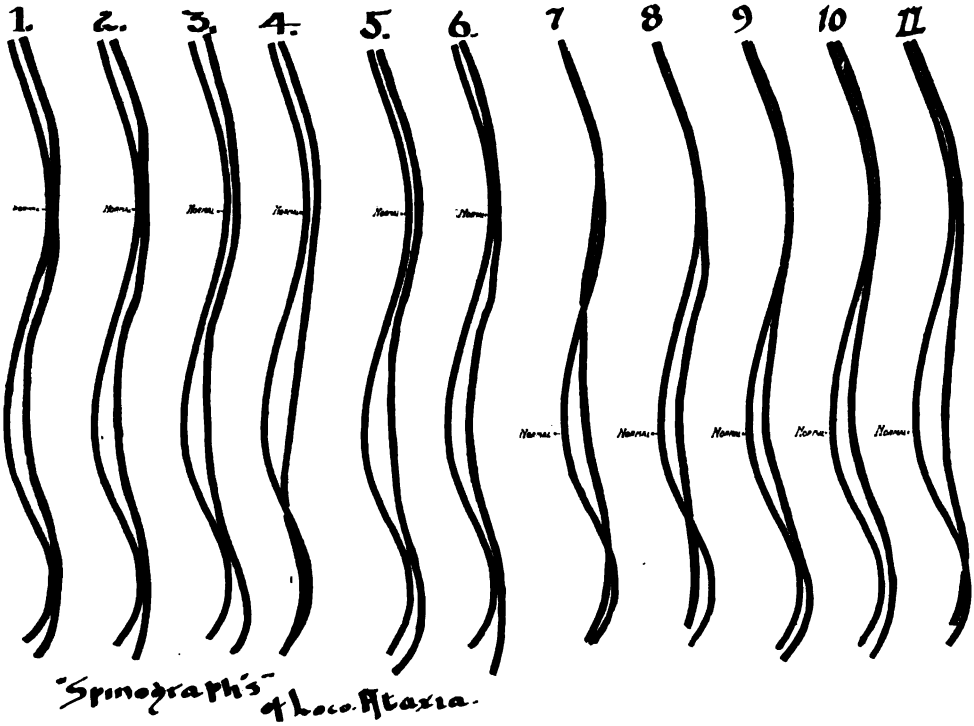
Being a discussion of spinograms, *which may eventually prove that causal factor in locomotor ataxia is the posterior displacement of lumbar vertebrae.*

We must always look with extreme conservatism, if not doubt, on any deductions, made from a series of observations not sufficiently great to warrant final conclusions.

A very great number of observations may still be only coincidence. Realizing this fully, I am still anxious to call the attention of the profession to a series of spinal conformations drawn by the spinograph.

These are anterior posterior aspects of the vertebral columns in eleven (11) cases of locomotor ataxia.

In order to show how closely these eleven spinograms resemble one another, all are given, and in each case the normal curvatures of the spine is plotted so that comparisons may be readily made. It will be noted at once that the



spinograms are *striking in their similarity*. The dorsal vertebrae in each case are parallel to the normal, as low as the 10th to 12th. From the 10th or 12th to the 5th lumbar, there is a marked posterior displacement of all the vertebrae, greatest at the 2nd and 3rd lumbar, the average deviation at this point being 1 1-16 inches. From the 5th lumbar to the upper segment of the cocyx the *sacral curvatures* are again parallel to the normal sacral curvatures, although in some instances this is not true.

My object in reporting so few cases at this time is because in private practice, it is extremely difficult to observe a large number of cases of any specific

conditions and these observations can be readily verified or disproved if all will observe those cases in which ataxia is present or in which syphilis is or has been present.

Any conclusion drawn at this time must of necessity be theoretical but in order to arouse your co-operation, it must be noted that in these observations no exception to this conformation of the spine was noted.

If it is eventually proven that this posterior displacement of the lumbar vertebrae is a constant factor in locomotor ataxia, its importance must be apparent.

We establish (what has heretofore been almost impossible in diagnosis), namely, a mathematical law.

I mean certain pathological results going hand in hand with certain conformations of the spine.

1. It is now generally conceded that syphilis is a cause of locomotor ataxia.
2. But a very small percentage of all syphilitics have locomotor ataxia.
3. Spinograms of syphilitics without locomotor ataxia do not show this spinal conformation.
4. Then, if the case is one of syphilis, it does not necessarily mean locomotor ataxia.
5. But as has been said, practically all cases of locomotor ataxia show a history of syphilis.
6. Hence, if all cases of locomotor ataxia have this posterior displacement of the lumbar vertebrae, then all cases of syphilis must be examined with the object in view of discovering whether they have posterior displacement of the lumbar vertebrae, and if so, this lumbar displacement must be corrected with the second object in view of preventing locomotor ataxia.

The importance of this point is also apparent if the diagnosis of locomotor ataxia is made early, for then by correcting this displacement or disalignment of the lumbar vertebrae, we may not only prevent further advancement of the condition but also by re-establishing the normal blood supply and nutrition, cure those cases in which no great havoc has been wrought. In other words:

Removing this posterior disalignment of the lumbar vertebrae should act as a preventive or prophylaxis in locomotor ataxia.

It is hoped that the osteopathic profession will give this communication their earnest consideration; surely to prove or disprove this theorem is worthy of the small amount of detail necessary to verify these observations.

The probable pathological effect of this constant tension on lumbar nerves has been purposely left for future communication, in order that results may if possible be based on dissections.

In concluding these observations, in view of the fact that discussion at this time seems to be rife as to the primal cause of disease, a few words may not be amiss.

It certainly will be granted by all that because perfection in anatomical structure is accompanied by health, that this is not mere coincidence.

No physician can deny that anatomical and physiological normal structure is health. Then, is it not equally true that abnormality of either form or structure is the cause of disease?

Upon the conformation of the spinal column depends the "integrity," the vital functioning of the cord. The greater the mobility of the spinal column, the greater ease with which pressure can be brought to bear upon the spinal cord, or its branches, this explains by the way the greater susceptibility of childhood to disease, the greater mortality in childhood.

True, a certain degree, a normal degree of mobility of the spinal column is

necessary to health, but when we pass this point in either direction that is too much or too little mobility of the spinal column, again disease is the result.

Here abnormality of structure causing disease is not the result of individual lesions of spinal vertebrae, but because of increased or decreased mobility of the spinal column. And when we say anatomical and physiological perfection is health, we mean that health is motion and energy—which is a force acting through a certain distance with a certain velocity. And while it may be true that function may be apparently health although accompanied by abnormal structure, yet it is idle to suppose or contend that this abnormal structure is not capable of exciting disease upon the slightest provocation.

An engine may run a long time with a "pounding crank rod," but would any engineer say that this "diseased rod" would not cause all manner of trouble, dependent upon an exciting cause? Would any engineer say that this engine is as "healthy" as a smooth running perfect mechanism. *Abnormality of structure is not of necessity always active in causing disease, but may become so upon the slightest provocation; upon an exciting cause.*

Thus disease may arise from immobility or excessive mobility of the spinal column. Here the lesion is one of departure from the normal, not as a conformation (anatomy) but as a function (physiological).

For example: I quote here from an abstract of a paper: "The pain of Osteo-Arthritis of the spine; and its bearing on the diagnosis of urinary disease."

"In his attempts to find a cause for obscure pain complained of by patients suffering from urinary disease, for which there was no evident cause, the only abnormality that could be found upon careful examination was a 'stiff lumbar spine,' treatment of which gave great relief.' Here we have disease due to immobility of the spine. Immobility caused by an inflammatory process, exudates exerting a pressure on lumbar and sacral nerves, and yet that spine may show normal curves, which brings us to this statement, that must eventually become axiomatic with osteopaths, and which detracts nothing from the strength of our therapeutic position, namely: Any abnormal deviation of structure (of spinal vertebrae) may be inoccuous unless it interferes with function. But let us never forget that when abnormality of structure exists, without being accompanied by apparent symptoms, *that the susceptibility to disease is increased immeasurably.* . . .

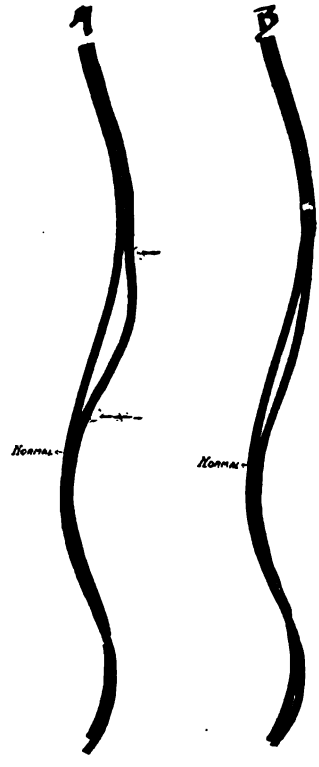
A slight spinal flexion (sustained) may produce marked symptoms, and a kyphosis cause no symptoms after the inflammations have subsided.

But what does this signify? Does it prove that gross lesions or specific lesions are not the cause of disease? Certainly not! But if an osseous lesion, be it ever so slight, interferes with function; that is, is accompanied by inflammation, anemia, congestion, then the osseous lesion is the cause of disease.

Because we have abnormal structure, conforming itself to all demands of matabolism, it does not follow that disalignment of spinal vertebrae is not the cause of disease.

Because we find exceptions to a law, it does not follow that this law is never operative.

These exceptions do not "take a fall out of the osseous lesion," for every instance that can be offered of this inconsistency, we can offer hundreds of examples where we know the osseous lesion is the cause of disease and that adjustment is followed by health. It simply means that your lesion does not interfere with function, but may become active under the influence of slight exciting causes. Let us oppose a most striking example of osseous disalignment of vertebrae and the results of adjustment.



Here are two spinograms:

(A) Taken at the examination, June 2, '07.

(B) Taken at the close of the fourth treatment, June 6, '07.

Spine weak and mobile, muscles well developed as to size but not as to strength.

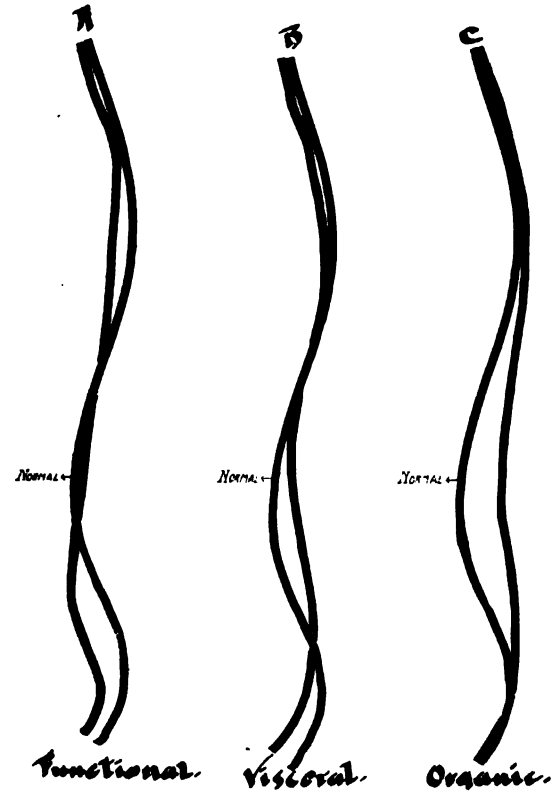
Note posterior position of 10th, 11th and 12th dorsals; very marked.

This was a case of *Constipation;* (a daily cathartic for thirty years).

Autointoxication (of such degree as to make case almost unapproachable account of fecal odor of breath, odor of perspiration almost equally as vile.) Adjustment made at fourth treatment.

Results—Normal action of bowels beginning morning of June 7th. Subsidence of symptoms of autointoxication. Note the final spinogram taken June 6th. (B)

If this does not completely and absolutely refute any argument that osseous lesions are not primal causes of disease, then put me down as an osteopathic fanatic, for I sincerely believe that osseous lesions in this instance was the primal cause.



Resume of work with Spinograph to date.

A. Represents the anterior posterior curvature of functional nervous diseases.

B. The Spine of visceral diseases.

C. The same of locomotor ataxia.: here "theoretically" called "organic."

PULMONARY TUBERCULOSIS.*

W. BANKS MEACHAM, A. B., D. O, ASHEVILLE, N. C.

As a social and economical problem the question of the cause and care of tuberculosis has no peer in all the realms of these sciences, for the prevalence of the disease, present as it is in not less than one case in every ten that comes under professional medical care, renders its arrest and prevention the most important of all questions with which the physician has to deal. The old meaning of "doctor" as a teacher or leader, which the healing profession should hold today, makes it incumbent upon us to deal with the spread of this plague of consumption. So it is our duty to impress upon the laity the necessity of those measures necessary for the removal of the unsanitary and unhygenic conditions which foster the ravages and the advance of this disease. For it is no longer a matter of doubt or conjecture that the greatest ally of tuberculosis is filth, strength-sapping occupations and habits, lack of fresh air and pure, nourishing food. Each factor in this condition favoring the development and spread of consumption is in the province of the teacher-doctor to mitigate and suppress.

As citizens the healing profession is still further bound to a consideration of this disease because as mere consumers of the products of civilization we are interested in the quality and quantity of the output of the necessities of civilized life. And it is consumption, of all diseases, that stops production by the individual at the very period when his productive powers should be at their zenith.

Apart from any general consideration as teacher-doctors, we as representatives of a new school of healing are especially bound to a serious and scientific study of the problems of so grave and important a subject as the treatment of pulmonary tuberculosis.

Are we as a profession meeting these demands? A short consideration of a few facts brought out in a recent effort on my part to gain information on this subject from my fellow-practitioners will prove that we are not meeting this demand today.

I sent to forty addresses of some of the oldest and most experienced men in our profession specially prepared blanks asking for information on the treatment of tuberculosis. The blanks asked for the location of the osseous lesion, the extent of the pathological lesion in the lung, the history of the case, the basis of diagnosis, and the length, character and result of treatment given.

To these forty inquiries I received five replies. Only three sent any reports of cases, and of the seven cases reported not one gave the information asked for. Not one showed any relation between the osseous lesion said to have been removed and the pathological lesion in the lung. In fact, no case gave the location and extent of the infected lung area. To judge from the history given in these cases, I should say that every case was in an advanced stage, and yet no report gave the presence of the tubercle bacilli as a basis of diagnosis. No report mentioned the matter of diet as a probable factor in the results obtained, but all reports did seemingly agree that by some unexplained chance or freak of Nature the correction of some vertebral or costal lesion resulted in a short-time cure. Such reports show a wonderful faith in the power of corrected osseous lesions, but they show very little accurate scientific observation among those who treat tuberculosis osteopathically.

If we believe that removal of a costal lesion is a factor in the restoration of pathological lung tissue to normal conditions, we ought to be able to show an anatomical connection between the structural and pathological lesions. Without

* In the Prize Essay Contest 1906-'07, this article was awarded the prize.

this anatomical connection our contention that the presence of lesions of the thorax is responsible for pathological spots on the thoracic contents falls to the ground.

Since I could get no data worth consideration from my own profession, I went to friends conducting an institution for the treatment of tuberculosis and asked of them the privilege of examining a large number of their patients for the data I needed in my researches. Through my own private practice and through the courtesy of these friends I have examined up to date two hundred and eight undoubted tuberculous subjects. I consider it unessential at this point that I should give a detailed report of the exact conditions found in each of these cases, but a short resume of the structural and pathological conditions found will be of help to us as a profession in getting some correct ideas of the cause and proper treatment of pulmonary tuberculosis. These facts may be briefly set forth as follows:

First. Less than sixty per cent. of the number have what we call a depressed thorax. (This percentage excludes those in last stages.)

Second. Only fifteen per cent. show any undeniable connection between the structural and pathological lesions when considered from a strict anatomical standpoint.

Third. The vertebral lesions are about equally divided between upper and lower six dorsals.

Fourth. Cervical lesions are present in forty-two per cent.

Now, if this mass of data proves anything of value to us as "strict lesion" osteopaths, it is that we must look to some other cause than direct mechanical interference to the contents of the thorax for the *raison d'etre* of pulmonary tuberculosis.

Without stopping here to consider the results of my treatment of individual cases, I will say that we find the true cause of consumption to be in the assimilation of fats in the intestinal tract. Osseous lesions that interfere with this function of the body anabolism are the true structural defects behind tuberculosis of the lung.

In a recent popular article written for the understanding of the laity by Dr. Solomon S. Cohen of Philadelphia for the *Saturday Evening Post,* he divides the human race into three classes: First, the guinea-pig class, or those very susceptible and easy to succumb to infection; second, the monkey class, or those less easily infected and more resistant; third, the donkey class, or those difficult to infect and readily cured by a change to proper environment. He fails to explain why some of the same race and species must be divided into pig, monkey and donkey classes as regards their susceptibility and resistance to tubercular infection. I find a ready explanation of this phenomenon in the extent, location and character of the osseous lesions from an osteopathic standpoint.

Every case that was reported to me at the sanitarium as showing remarkable improvement under their treatment was one in which the structural lesions were the less marked in their possible interference to the intestinal action on fats. This observation is also borne out by results in my private practice.

There is nothing in the enactment of laws regulating the conditions of labor that is peculiar to us as osteopaths. Crowded tenements, long hours of work, filthy streets, and improper food are prime conditions to be dealt with from a sociological point of view when we consider the causes of tuberculosis, but they are means beyond any appreciable benefit to us in handling the individual case after it has come to us for professional care. The individual, and not society *en masse,* is our care as physicians. And I might pause here to remark that in no class of troubles will the doctor's sound judgment and close accurate observation be so necessary and so richly rewarded as in handling tuberculosis

of the lungs. Almost every single case is a law unto itself. Nowhere is routine care or treatment so likely to prove fatal to both the physician and to the patient as in consumption.

My experience covers five years in a resort for lung patients and includes the examination of ninety-seven cases, and the care of twenty-eight cases for a period of more than three months. Those cases that have stayed with me less than three months have no consideration in this paper, for I honestly believe that any observation for a shorter period of time is too untrustworthy to have a part in any scientific discussion of the possible results of any method of treating this disease.

If the strict etiology of tuberculosis, so far as it is in the power of the physician in handling the individual case, rests upon the proper assimilation of fats through the intestinal tract, then we must look for most all our benefit to come through the removal of those obstructions to fat absorption in each individual case under our care. Fat-ingestion and fat-absorption are the mainstays of all possible benefit in the care of consumptives.

As corollaries with these two factors we might add waste-elimination and perfect circulation. And it is in the proper guidance of the patient on these points that the skillful observation of the physician can be of the most service.

Milk is a food rich in fats necessary to the tubercular patient, yet no diet can sooner play havoc with the digestive tract than will large ingestions of milk with some patients. In not less than 20 per cent. of my twenty-eight cases under consideration I have found it impossible to administer milk in any quantity, however small. With raw eggs I have found the same true in four of 28 cases. Those cases with a rheumatic diathesis I have had the most trouble with in the use of these two articles of diet.

I have never tried a forced diet of meats—beefsteak is usually tried—so cannot speak as to what percentage of cases are unable to stand a too liberal supply of meat. I have used meats of all kinds moderately in all my diet lists.

Whenever I find that the patient's digestion will allow forcing with any of these rich proteid or fat-yielding diets I allow him all that he can care for, but no more.

In the matter of eliminating waste, the greatest trouble is constipation, especially on a milk diet. In a small percentage milk produces diarrhoea. All the matter of diet can be summed up in the one sentence: all the rich, nutritious food the patient's appetite will stand, but no forced feeding beyond the demands of the appetite.

Any reader of the several publications devoted to life in the open can learn how to accustom the patient to live the greater part of the day and practically all night in the open air, so I will not pause to mention this detail, further than to say that no matter what the climate is, what the temperature or location, the patient should not be allowed to live while dressed in an artificially raised temperature. Open air twenty-four hours a day is a prime requisite for the successful treatment of this disease.

While I have had no experience with tuberculosis outside of this resort town, I do not hesitate to say that with the same methods equally as good results as are gotten here could be had in any climate or temperature in the United States. If there is any advantage in the so-called tubercular climates it lies in the fact that there the patient is enabled through the larger number of sunshiny days to remain out in the open more than in other places. I am fully persuaded that there is nothing in the peculiar quality of any air to make it better than any other air equally as free from impurities.

As in diet, the amount of mental and physical exertion beneficial to the patient is a matter to be determined by the individual. One general rule here is all that my experience will warrant: allow no mental excitement or physical exertion that will raise the temperature of the patient. And so long as the patient runs a temperature either above or below normal as much as one degree allow no exercise for the sake of exercise.

As to mental diversions, I will say that I have had to prohibit bridge whist as too strenuous in two cases.

Bathing and other hygenic measures are left to the individual judgment, except that in four cases I have yielded to the whim of the patient in allowing a cold sponge bath every morning. In these instances I have seen no special good or benefit arising from the practice.

In approaching the discussion of osteopathic treatment in so far as it relates to the actual manipulations of the body, I wish I could write the word *caution* in large letters over all that I shall have to say. For in no method of handling pulmonary tuberculosis can a mistake in the proper treatment be followed more speedily by dire results. In the beginning all manipulations should be only palliative, such as tend to aid sleep and digestion or allay the irritation producing the cough. This treatment is continued until I am sure that some progress in the arrest of the pathological condition has begun. To determine the progress of this condition I give a thorough chest examination once a week for the first month or until I am satisfied that a change for the better has started. After this beginning, I make a careful chest examination not oftener than once a month, or possibly once in three months where every other sign points to a steady improvement.

As soon as I am satisfied that encapsulation of the infected area has been in progress for a few weeks, I begin the correction of all lesions wherever found, but exercise great caution in the correction of lesions of the thorax until there are signs of cicatrical formations in the infected area. The need of care here is manifest through the danger that a vigorous treatment, in an attempt at correction of thoracic lesions, might give rise to a hemorrhage.

But hemorrhage that does not come from an attempt at correction of a lesion need cause no alarm. I have never yet had a hemorrhage that would not cease without a weakening loss of blood, if the patient would follow my simple direction to get in a half-reclining position and not move even to expectorate—using a cloth to the mouth for all flow. To all who feel that they must "do something" at such an alarming (to them) time, I allow small pinches of common table salt placed far back on the tongue. However, it is well in the beginning for both the patient and the physician to understand that the end rarely comes in a tuberculous subject through or at the time of a hemorrhage. This assurance relieves the victim of much mental worry and fright at the sight of blood in the expectoration.

The need of following all precautions to prevent infection of others must be recognized by the doctor and impressed upon the patient the very day that a diagnosis of tuberculosis is made. For it is a communicable infectious disease, and no case should be allowed to take even the smallest chance of blighting the life of another. For this reason, no doctor is justified under any circumstances in making a diagnosis of tuberculosis and keeping his opinion from the patient. Where the condition is merely suspected it is well to keep the suspicion from the victim, but never a positive diagnosis.

In the methods of diagnosing tuberculous, again I would write care and watchfulness over all that I would say. No disease is more easily diagnosed

than a case of pulmonary tuberculosis well advanced. In that condition the patient, in his emaciated form, hectic flush, cavernous cough, and purulent expectoration, carries patent to all the hall-mark of his affliction. But in this stage the services of the physician are practically useless so far as permanent help is concerned. It is in the earliest stages when the disease is masked, in its incipiency, that a proper diagnosis may mean even life itself to the patient, and it is in this stage that the greatest skill and care is demanded.

I have made it a rule to suspect every case coming to me with a history of a generally run-down condition, loss of weight, a slight varying temperature, or a "hacking cough," or loss of appetite, heavy morning expectoration, or inability to regain normal tone after an attack of pneumonia, grippe, or measles, or protracted fever from any cause.

I might state here, parenthetically, that not less than one in ten cases in which I have made my own diagnosis came to me on account of their inability to get rid of the slight temperature that persisted after a spell of what had been diagnosed and treated as malaria or typhoid fever.

My five years' experience has taught me to be ever on the lookout for this insidious disease in all chronic conditions that seem to have left even the slightest evil trace on the general body metabolism. I wish I might pass this suspicion on to my fellow osteopaths everywhere.

In this resort for tuberculosis subjects, I have had the advantage of watching the comparative results of not less than five methods distinctly different from one another and from my own. I can state honestly to my own profession that no method has secured so great a percentage of benefit and arrest of the disease as have the methods suggested to me through my osteopathic training. Of the twenty-eight cases treated by me for more than three months I have sent four home, in every appearance completely restored to normal health. Two are living here now, but for business reasons and not for fear of their inability to take up life out of this climate. Two died under my care, and three others died after leaving me for treatment by medicine at other places. Of the eighteen remaining cases, four are still under my care and supervision, but are not taking any regular treatment, four are taking regular treatment at least once a week, and the remainder, so far as I have been able to learn, are continuing to improve in other climates without professional care of any kind.

To tabulate the results of treatment in these twenty-eight cases under consideration, it appears, roughly stated in percentages, that 25 per cent. are "cured"; 17 per cent. have died, either under my care or immediately afterward; 58 per cent. (or the remainder) have the disease at least arrested to such an extent that to expect a permanent benefit in one-half of those cases does not seem too optimistic.

I might state that both of those cases dying under my care were of milliary form, commonly known as "galloping consumption."

This is a showing that cannot be equalled by any other method employed in this resort. Needless for me to remark, the patient has the Science of Osteopathy and not the practitioner to thank for the boon of restored health. And I think that in these twenty-eight cases there have been as many seemingly "hopeless" cases as come to any profession.

I have made no "specialty" of tuberculosis. I have done only what every conscientious man in the profession could do to rid mankind of the curse of the Great White Plague.

American National Bank Building.

EX-OPTHALMIC GOITRE.*

J. E. Hodgson, D. O., Spokane, Wash.

The subject we have before us is a woman employed in this hotel. She has had this trouble about five years. Her first trouble was with her eyes. My experience has been with ex-opthalmic goitre that heart trouble is usually the first symptom noticed. I am not a specialist along this line, and it has been two years since I had a case. I did not see this case until a few moments ago. She states that she has had no spell of sickness but was simply run down. I find that is the condition in almost all cases of this nature. When she saw her eyes protruding she went to the doctor, and soon after that she noticed the thyroid glands began to enlarge. She has taken no osteopathic treatment, and little if any medical treatment. Physicians wanted to operate on the glands last March, but she would not allow it.

It is usual for an osteopath to look for lesions in the neck and upper ribs. They are here. The medical men have fought it out for generations, and have made little progress. With reference to ex-opthalmic goitre, some think it is an injury to the medulla, and the fourth ventricle; others, that it is a disturbed general condition of the nervous system. I believe that osteopathy has a good rational explanation for ex-opthalmic goitre. I believe, myself, it is an atrophic condition of the nervous system, and I have found only one case where I could not locate definite lesions. I have no data with me, but I know of seven cases that I have treated, and in every case I have found bony lesions in the neck, and in almost all of the cases, trouble with the upper ribs. Now this patient has a bad condition of the atlas, it is twisted to the right, and is bi-lateral. She says it is worse on the right side, but there is little difference now. The enlargement is not great, and yet it is great enough to cause a serious case of ex-opthalmic goitre.

For other bony lesions, as nearly as I can tell both first ribs are up. This is nearly always the case. That, you will note, will interfere with the venous circulation from the glands, and of course in her case the clavicle seems tight. Whether they would be abnormally so or not without this enlargement, I do not know. I think the clavicles are all right, although I say this, that they can be raised somewhat even if they are in normal position now. I believe that that is part of the treatment.

Now, I believe that the treatment in this case should be a correction of the cervical lesions. They interfere with the superior and the middle ganglia and then with the sympathetic, which, of course, will affect the eyes. And I believe that a correction can be made in a reasonably short time in her case. The rest of the treatment would be a raising of the clavicle, and pushing those ribs down where they belong. I believe that is one of the hardest things in this case to accomplish; but, with a general loosening of the tissue, ligaments and muscles, I believe a normal condition should be restored there; since this is a well developed case, the prognosis is not so good. I believe that the most troublesome feature is the heart disturbance, which in the way indicated above could be improved, and the patient would thereby enjoy a fair degree of health.

The first case that came under my observation seemed very perplexing. The patient had tried all other methods and came to me as a last resort. Her pulse was 160 when on the table. After the first treatment, which of course was very

* Demonstration at Norfolk meeting of A. O. A.

gentle, the pulse went down to about 120, and after four months' treatment I sent her home. About a year afterward she came back with this rapid condition of the heart. I treated her then a longer time, probably six months, and since then she has enjoyed practically good health. While there is still some protrusion of the eyes, otherwise the woman is well.

I had a little boy that came to me from some child's disease, measles or mumps. It was the worst case of ex-ophthalmic goitre I ever saw, and he died within two weeks, the only case that ever came under my observation and proved fatal.

As I say, in the cases I have treated, I have not had great success in reducing ex-opthalmos. I believe a case of well developed ex-opthalmic goitre is almost impossible to reduce, whether it is due to congestion of veins back of the eye-ball, or an infiltration of the fascia, it seems to me almost impossible to get that condition reduced to normal.

A Member: I want to know if the gland was reduced to its normal size.

Dr. Hodgson: I think perhaps it was reduced three-fourths. I have another case still under my observation, although I have not treated her for a couple of years, she being unable to take treatment. I see her perhaps once in three months. She enjoys good health, but any undue exercise will bring on tachycardia; she also suffers from shortness of breath, evidently from pressure of the thyroid gland. The gland was not enlarged very much but the muscles of the neck are tight, and she says that over-exercise seems to cause the swelling. I lay special stress on the matter of rest, especially in acute stages. I have never been able to get results with the patient performing his usual vocation.

A Member: Has this patient any heart difficulty?

Dr. Hodgson: I have no stethoscope, but I think there is a slight valvular lesion. I took her pulse when she first came into the room and it was about 110. She said it does not cause her great distress. I find that the average age of these cases is from twenty to thirty years, and but two of the cases I have ever had were males, it being almost altogether a disease of women. If this subject were to come to me for treatment, I feel morally certain that I could reduce the trouble with the heart, unless she over-exerts and exhausts herself. However, it is not well to promise too much to the patient, especially when the disease has advanced to the stage this has.

In the treatment of these cases, we must not overlook the spinal column, as innominate lesions frequently cause much trouble to the thyroid gland. You should also look for lumbar and dorsal lesions and the general curves of the spine. It frequently happens that the shoulder should be raised as that interferes with the circulation to the thyroid gland.

All these things must be corrected. I wish to speak of the wife of one of my classmates who had a very pronounced case of ex-opthalmic goitre. Her eyes were bulged out so much that you could apparently knock them off with a stick, and the lids were paralyzed, and her heart was 150; and today, if you saw her, you would hardly recognize that she was the same woman, having had a complete recovery. Her people told her that she would not live a month if she went to Kirksville.

A Member: What would a surgeon do with a bilateral ex-opthalmic goitre?

Dr. L. S. Brown: I know a case, not of ex-opthalmic goitre, but a cancer of the thyroid gland, where they removed both lobes and left the isthmus and the patient lived.

Dr. Ada A. Achorn: I have a theory in these cases which I believe should be considered. I believe there is a connection between uterine or pelvic disturbances and goitre. In nearly all of these cases there is a disturbance of the first and second rib and the clavicle, and I also know that we have these other symptoms which we always look for, and which you have talked about, and nearly every case that I have treated, I found uterine or ovarian disturbances.

This woman tells me that she first menstruated at age 18, which was very profuse; was married early in life but never conceived. At 42 the menopause came on. She never had any pain or discomfort to her knowledge, except the profuse menstruation. She states, however, that she has been a very nervous woman all her life, and more so the last five or six years. While the conditions in the back are not as pronounced as in others, yet I maintain that there was pelvic disturbance preceding the growth of the goitre. She doubtless had the goitre a couple of years before the menopause but undoubtedly did not observe that closely.

ETHICS IN ADVERTISING

Dr. H. L. Chiles, Editor Journal A. O. A., Auburn, N. Y.:

Dear Doctor: Several inquiries have reached me lately relating to advertisements by osteopaths. I believe the "Hand Book of Precedents" in preparation by Dr. Evans, will contain statements making clear the stand the profession has taken in this matter. The opinion seems to be almost universal that a simple card somewhat as follows is not objectionable and may be even commendable as it helps keep osteopathy before the public: Osteopathy, Dr. John Doe, 218 Hope Building, Covington, Ky., or John Doe, Osteopathic Physician, (or Osteopath), etc. Anything in an advertisement praising one's self must transcend propriety even though it may not violate a specific rule.

Osteopathy has too much at stake to be brought into disrepute by advertising that savors of quack of patent medicine methods. It is more mature than any individual osteopath except its founder, Dr. A. T. Still, and more complete than any one college. Hence, there is good ground for objections when an osteopath would at least seem to try to make it appear that he is better than others by such statements as "oldest osteopath in ——", "ten years' experience", "graduate of ——", etc. In states requiring a license it might be a good idea to say "licensed", or something of that nature, especially if pretenders are numerous. Showy advertisements or extravagant claims whether in newspapers or journals, or upon doors, windows, or elsewhere are enough to drive sensible people either in the profession or out of it to boycott the advertiser if he believe in the use of that weapon.

E. R. Booth, Chairman Committee on Education.

AN IMITATION AND ITS LESSON.

EDYTHE F. ASHMORE, D. O., DETROIT, MICH.

The moral lesson each imitation teaches is so to improve the original that there shall be no confusion in the mind of any one as to its identity. It shall be our purpose in a series of papers for the Journal of the A. O. A. to describe the chiropractic imitation of osteopathy and to present what seems to be the lesson or lessons it would teach the practitioners and schools of the parent science. Even as there are many people who know nothing of the principles of osteopathy so there are many osteopaths who know nothing of the meaning of the term chiropractic per se. As witness of this fact, we may state that at the recent trial of a Japanese chiropractor at La Crosse, Wis., the counsel for the defendant attempted to introduce letters from the secretaries of the different osteopathic colleges stating that chiropractic is not osteopathy. These men certainly know nothing of this imitation of osteopathy or its menace.

In the November issue of the *Osteopathic Physician* we presented the results of our investigations of chiropractic at the Palmer School, the self-styled "fountain-head of chiropractic." We summarize here briefly that article. The claims made for chiropractic are these: Chiropractic was the discovery of D. D. Palmer, a "magnetic healer" of Davenport, Ia., in September 1895; it is entirely different from osteopathy and better; it is an exact science; its practitioners are prepared to treat any disease. What we found out is that chiropractic is a name given to a form of technique that was abandoned by the osteopathic school of practice in the early nineties as dangerous; that this term was coined by a minister named Weed of Monmouth, Ill., who claimed to have been cured of some ailment by this "laying-on of hands"; that the Palmer school is but a poor excuse for an institution of learning; that what they teach of the principles of nerve-impingement is the grossest plagarism from our texts with moonshine enough to rob it of all resemblance to a science; that the roughness with which their technique is given by the majority of these chiros is dangerous in the extreme, even resulting in death of individuals, such having been the case October 1, in Los Angeles, one D. Premus having been pounded with a heavy mallet driven against a wooden drill inserted between two of his vertebrae, death resulting within an hour. The methods now taught by the Palmers are as the word implied with the hands alone.

The chiropractors are in principle strictly lesion osteopaths, vertebral ones at that, for they do not recognize any subluxations other than vertebral save phalangeal ones, a relic of the days when A. P. Davis, M. D., D. O., was studying with D. D. Palmer and exchanging ideas with him. With the exception of the atlas and sacrum, all the segments of the vertebral column are liable to posterior subluxations but never anterior subluxations. In addition to being posterior, vertebrae may be laterally subluxated, or superiorly or inferiorly, the last named being more commonly spoken of as approximated or separated from the vertebra above or below; hence a posterior right superior would mean a position of a vertebra posterior, lateral to the right and tipped superiorly. To replace this vertebra a thrust would be given anterior, to the left laterally, and inferiorly.

To describe this thrust in full would be to begin with an outline of the treating table, the position of the patient upon that table, the placing the hands one upon the other, and upon the vertebra of the patient and the movement itself. The table or bench consists of two parts, the forward or superior segment, the smaller, having an incline plane for its upper surface, and eighteen

inches long, fourteen inches wide, and from sixteen to twenty inches high according to the proximal or distal end. The lower, longer, or inferior segment is a bench of the same width, sixteen inches high, and from three to five feet in length. When the patient is placed upon this bench for adjustment, the parts of the bench are separated, a notched board connected with both maintaining them in the desired position. The degree of separation depends principally upon the height of the person, or the distance from the clavicles to the ossa innominata. When only an upper dorsal was adjusted the innominates rested farther down upon the lower bench, and when only the cervicals were adjusted, very often the two parts of the bench were approximated. The Palmers were very particular about the exact position of the upper trunk on the bench and I quote from my classroom notes on that subject as follows: "The patient is placed on the table with the chest, at the junction of the clavicle with the manubrium or a trifle below, lying on the superior portion of the table; this gives good support, retains the thorax on the table in adjusting the lower vertebrae and gives a solid base for the upper dorsal adjustments." The head is turned to one side, and bent as far as comfortable upon the chest, the arms are dropped easily at the sides of the superior segment, and relaxation is urged of the patient.

The chiropractor stands over the patient: "With the shoulders and upper portion of the body as one fixed point directly over the arms, the elbows slightly bent so that by drawing them together with a quick movement, sufficient force would be given to adjust the ordinary subluxation. The body would in all cases swing in an opposite direction to that in which the vertebra is desired to be placed, thus concentrating all force to a focal point, getting the greatest weight and power together for one direct, specific, quick movement."

As to the position of the hands, we quote quite extensively from our notes: "All adjustments are based upon the principle of the hammer and nail. The board (the subluxation) is placed, the direction to which the nail (the hand) must be driven is determined, and then the force is applied with staccato movement. Continuing the comparison, the nail has three points, the head, the shaft, and the point. The hand has likewise three points, the junction of the thumb with the wrist at the metacarpo-phalangeal joint, or the head of the nail; the heel of the hand just anterior to the pisiform bone, or the point of the nail, and a line between these two or the shaft of the nail. This refers to the hand which is driven, the nail-hand in other words. The hammer-hand must have a head and a shaft, and its head is the same place on the heel of the hand that is the point of the nail-hand and the hammer-head of the one hand is placed on the nail-head of the other hand. The nail-point is placed on the vertebra to be adjusted, the hammer-head is placed on the nail-head and from it two-thirds of the power necessary to give an adjustment is derived, the other third having its source from the hand which acts as the nail. It must be remembered that the hammer is a thing separate from the nail and that it must raise and lower apart from it, to give that quick, rebounding impulse necessary to drive inward the nail. Any amount of pushing of the hammer, in direct contact with the nail would be ineffective. A light hammer upon a heavy nail, with that quick staccato or typewriter touch, will drive it deeper than one hundred pounds pushing could do in an hour."

A great deal of attention is of necessity paid to the plane of the vertebra as the patient lies upon the bench. With the head turned as it is, of course the cervicals have an oblique slant, the greatest point of obliquity being about the fourth. According to the degree of slant of each vertebra is its adjustment deter-

mined. It would be impossible to use one adjustment as to direction of force for all subluxations, because of the position of the vertebral column of the patient on the bench. For the atlas alone, they teach a specific method, as follows: "Bisect the space between the spinuous process of the axis and the transverse of the atlas, and the centre point, close to the skull, will prove to be above the junction of the lateral and posterior portions of the lamina of the atlas. The point of the nail is shifted to the centre of the fifth meta carpal bone which is placed in direct contact with the place above mentioned.

"In adjusting the transverse processes, the heel of the hand may be used quite effectively by crooking the elbow, and changing the direction of the force as the atlas varies in its subluxation. To adjust to the right side use the right hand to direct and the left hand for the nail hand." The transverse processes of the other vertebrae were never used in my presence either to diagnose or adjust the subluxation, in fact I never heard any one of their teachers speak of a rotation of the dorsal vertebrae. In their notes the adjustment upon the transverse is once mentioned with this explanation, "It is used only when the disease is confined to one side and the object utilized is to lower that side to release pressure upon those nerves that issue upon that side."

As to the adjustment of the sacrum, when that vertebra is posterior, indicated by a separation between the spinuous processes of the fifth lumbar and first sacral, the heel of the hand is placed upon the superior portion of the sacrum and the thrust anterior given. When the subluxation is anterior instead of posterior, the heel of the hand is placed upon the lower portion of the sacrum and the same thrust given.

The chiropractors claim that their method is superior to ours for the reason that we by our technique cannot break up the adhesions consequent to a subluxation, that only the thrust will do this. In describing the results of subluxation, they teach: "In all subluxations there is more or less abnormality of position. If the prospects look good for future greater abnormality, Innate Intelligence," thus they term Nature, "will utilize her forces to prevent such by the proper placing of mechanical ties, braces, and piers as will suffice to retain the vertebrae in as near a normal position as possible. As the ankylosis is an accommodation, the subluxation must be reduced and the process started by slightly breaking the ankylosis. In proportion to the correction of the subluxation will the exostosis be removed. When the exostosis is large in size and of considerable thickness, the average scientist would claim that to break such would be an impossibility for the original bone would fracture before the ankylosis. Let us consider. The first bone was twenty to thirty years in forming, while fractures are thoroughly united in from ten to thirty days, therefore their formation cannot have the consistency and solidity of the former and the seat of ankylosis loosens its grip first."

As if to prove the above statements by comparative osteology, they have gathered the finest collection of pathological specimens of bones I have yet seen. These specimens show the reparative forces of Nature to be beyond the flights of imagination. If the Palmers taught only what osteopaths might learn from a study of pathological osteology, I should advise every practitioner to spend at least a month there. D. D. Palmer certainly was shrewd for while our schools gathered in the records of disease processes as taught in the medical schools of the country, that old man was gathering together bones to prove our theory. If the first lesson the imitation teaches is to improve the real, we may awake to the fact that we have neglected prima facie evidence of the philosophy given to the world by Dr. A. T. Still.

Valpey Bldg.

CLUB FOOT.

By F. P. Young, A. B., M. D., D. O., Professor of Surgery,
Still College of Osteopathy.

I report the following case of club foot as it is an excellent example of the very worst form of club-foot and the methods of cure constitute a fair example of the best methods applicable to these cases. There are many theories as to how club-foot arises and also many classifications of the different forms, but the old general division of all cases into congenital and acquired is still best. Inasmuch as this case was congenital club-foot only that variety will be considered.

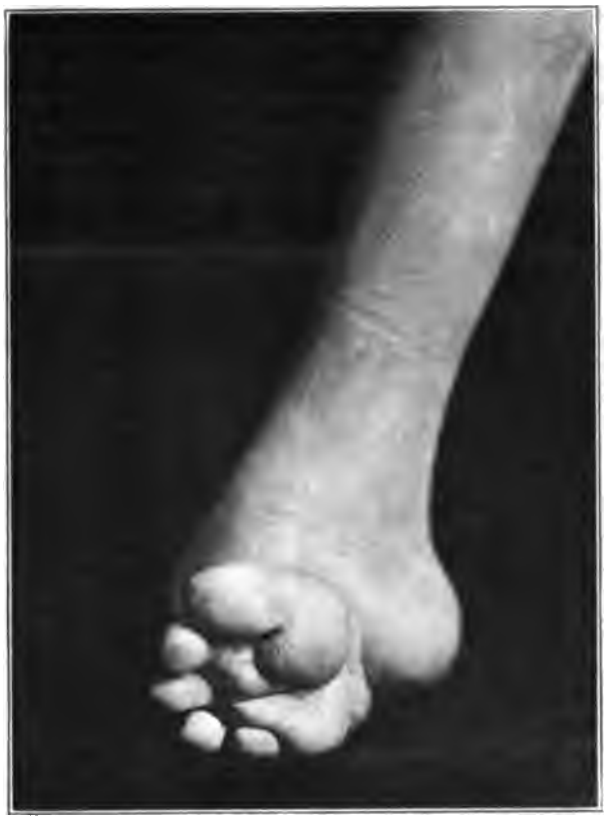
The treatment of the two kinds, while in the main similar, differs quite materially. The cause of congenital club-foot has never been satisfactorily explained. No theory of the cause has, so far, gone unchallenged. It may be safely said that the cause of this disease is shrouded in mystery.

The various forms of club-foot consist of talipes-varus, where the sole of the foot looks inward; talipes valgus, where the sole of the foot looks downward and outward; talipes equinus, where the sole of the foot looks backward and the patient walks on his toes; talipes calcaneus, where the patient walks on his heel; talipes planus, flat foot, talipes cavus, hollow foot, and combinations of these various deformities whereby we have equino-varus and equino-valgus, etc.

Talipes equino-varus is the only very common form of congenital club-foot and in speaking of club-foot, that form is usually described. The frequency with which all forms of club-foot occur has been determined by statistics to be one in six hundred and thirty births. The relative frequency of the various forms is well shown by the cases collected by Roberts. In 213 cases taken from the records of the New York Orthopedic Hospital and the Orthopedic Dispensary of the University of Pennsylvania, 95 were equino-varus, 73 varus, 29 valgus, 5 equinus, 5 equino-valgus, 3 calcaneo-valgus, 3 calcaneus.

The deformity varies in all forms of club-foot. Some cases are so severe as to prevent walking. I have amputated the leg at the knee in cases where the lower leg had become useless and burdensome. Cases may be so slight as to be overlooked and subsequently the patient outgrows the deformity. Bad cases usually grow worse as the child grows older. Especially is this so if the case is untreated or poorly treated. In many cases of equino-varus the toes turn in and the patient walks on the outside of the foot, giving the condition popularly known as "reel-foot." The deformity is often accentuated by large callouses forming on the weight bearing surfaces. Later, after the foot is used in walking, because they sustain the weight of the body while they are in abnormal relation, the bones of the foot become malformed. The cause of the deformity is not alone found in muscles and tendons but is also found in ligaments, fascia and, later, as above stated, bones.

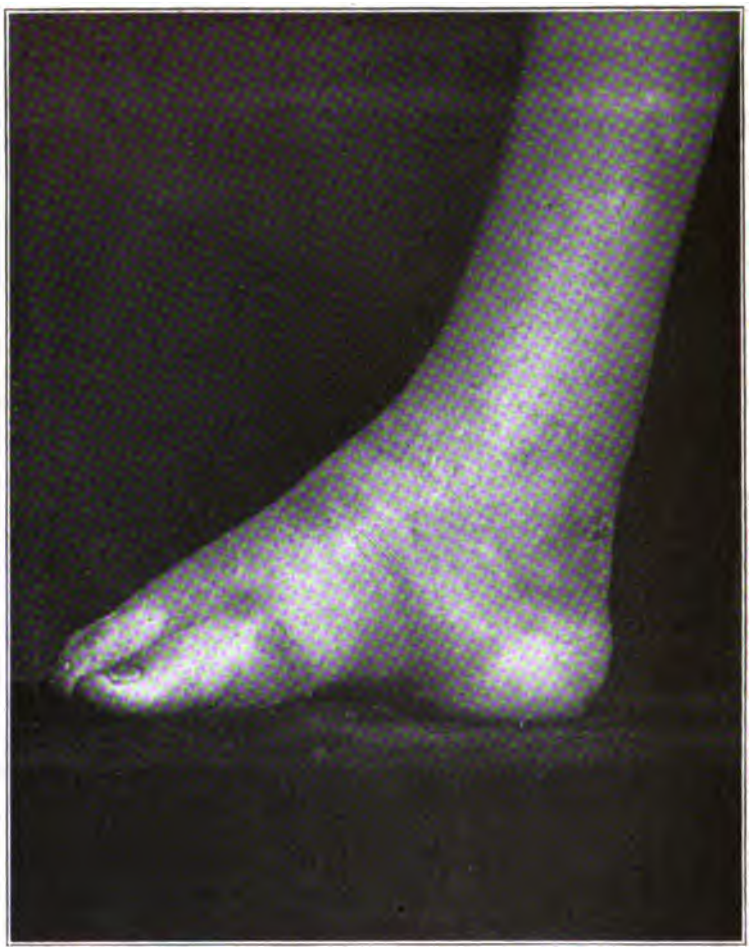
The prognosis is good in all forms of club-foot. I formerly thought that I could do nothing with flat-foot, but lately I have experimented with both Gleich's and Hoffa's operations with very satisfactory results. Gleich's operation consists of sawing through the os calcis, in an incision as for a Pirogoff's amputation, from below, upward and backward, whereupon the posterior severed part of the os calcis is slid downward and forward. To do this tenotomy of the tendo Achillis is necessary. This restores the arch of the foot by lowering the tubercles of the os calcis. The Hoffa operations consists of advancing the tendon of the tibialis posticus. Something depends upon whether the foot has been unsuccessfully operated upon as to whether a good result is to be obtained.



The case I here report had been unsuccessfully operated upon. It is always more difficult to secure a condition of "over correction" in these cases. After "over correction" is secured by the wrench, fasciotomy, tenotomy, division of ligaments or osteotomy or by whatever method the foot can be straightened, a plaster cast is applied and allowed to remain two or three months. When the cast is removed manipulative measures and appartus are used to strengthen the muscles, secure development of the bones, and to maintain the foot in the over corrected position. This treatment must be kept up for a period of two or three years, until the bones are moulded or, rather, are allowed to grow into such shape that the foot will remain permanently in the normal position.

The cuts printed in connection with this article were made from photographs of the foot of Ernest C., fourteen years old. The second photograph was taken after the first cast was removed. The case was referred to me by Dr. G. A. Gamble of Salt Lake, Utah. The patient was prepared for the operation and chloroform was administered. First of all the wrench was applied and forcible correction was attempted. It was found that that was impossible without the use of the tenotome. First the tibialis anticus and posticus were divided as was also the astragalo-scaphoid ligament. Next the plantar fascia was divided. All the cords found to interfere with reduction of the deformity were divided. Next the tendo-Achillis was divided. The wrench was again applied and the foot gradually forced into a condition of over correction. Six weeks after the

operation the cast was removed and a new one applied. As will be seen in the second cut, at the point where the tendo-Achillis was tenotomized, the skin ruptured because of the great stretching. The deformity in this case was, as you will see, very great. When the wound healed, it left a small scar. The wound was not dressed subsequent to the operation. The subsequent treatment of the case has been in the hands of Dr. Gamble. This subsequent treatment consists in artificial muscles, club-foot shoe and osteopathic treatment.



Although this is a most aggravated case, the result has been very satisfactory. It not infrequently happens that a second and sometimes third operation is performed before a good result is obtained.

In case of acquired club-foot, occasionally a tendon must be shortened while others will need to be lengthened. Occasionally a nerve may be grafted with good results, but in all cases great relief and in almost all cases a permanent cure can be effected if the matter is gone about properly.

The Murillo, Des Moines, Iowa.

MANAGEMENT OF A NORMAL LABOR.

MARIE NEELEY ADSIT, D. O., FRANKLIN, KY.

Mrs. ——, Franklin, Ky. Age 28, II Para, weight 200. Date of confinement Dec. 6, 1907.

The first confinement was four years ago. At that time the uterine constructions were slow and weak and after waiting some time the M. D. who attended her gave dose of ergot, and the child was immediately expelled. Two or three days afterward she noticed a considerably torn place, and sending for her physician he agreed with her and had specialist from a nearby city repair a laceration of the perinuem extending through the rectum. She had some fever for several days, but was soon dismissed.

The second period of gestation was about normal. For ten days prior to Dec. 6th, the date of the last confinement she had some pains. On examination I found "lightning" was occurring and attributed the pains to this condition. Occasionally the pains were quite severe, and I told her to let me know when she had the slightest discharge of mucus mixed with blood. On the morning of December 5 she had the discharge and from 8 to 11 a. m. had regular pains which continued through the afternoon and evening. At 11 p. m., December 5, she called me and I went to her. On examination I found a vertex presentation, L. O. A., the cervix about the size of a dollar and the pains as light as they were in the first confinement. By this time she had had pains for a day and night almost continuously. I made ready for delivery. The bed was arranged, enema given, and bladder emptied. The nurse bathed the external genitals, groins and hips in antiseptic water. Her pulse was eighty. The clothes, band, napkins, soap, washrag, talcum, dressings for unbilicus, boracic acid solution for eyes and mouth were provided for the baby. The greatest precautions for asepsis were carried out in every detail. At half past two I examined again and found cervix patulous and almost completely dilated, anterior rotation had occurred, the vagina and perinuem were soft and yielding.

On making the third examination at half past three the bag of water was protruding from the cervix and the descent of the fetus gradual and progressive. At a quarter of four the head was bulging the perineum and it needed protection on account of former laceration. This was done by placing a finger on the anterior portion of the child's head during uterine contraction which increased flexion, and between pains pushing occiput well under symphysis. I had the patient stop bearing down or straining at this critical point. The birth of the head was prevented for several minutes to allow stretching of the perineum and finally after the height of uterine contraction the head was born by extension, the face gliding over a perineum that was not torn. She said she experienced no pain when the head came. Just at the finish it is rather difficult to watch the perineum on account of other things to be looked after, wiping the baby's eyes, mouth, finding cord, mother's pulse uterine contractions and retraction of a restless woman, etc. When it is born the head will drop in the hand and will not receive the normal support and after delivery the woman will complain of smarting. After external rotation the shoulders and body were born and in due time the cord was litigated and cut. Then came the most particular and dangerous stage of labor, the third, but this was uneventful. When the head is born, I begin to prepare for this stage. I grasp the fundus and by mechanical stimulation provide uterine contractions and retraction. This is a prophylactic treatment for hemorrhage and septic infection. The placenta soon presented at the vulva. I grasped it and by carefully holding the membranes it is possible to catch most of the waste that occurs. There was about a cup of water, and

I am sure not more than a tablespoon of blood. The lying-in period was normal until sixth day, when the lochia stopped. She said she was stiff and had pains through her bowels. I treated in the lumbar region to promote contraction and drainage, put hot applications to the hypogastrium and advised douches of normal salt solution twice a day. In a very few hours she was easy. She had 2-5 degree of fever one evening.

What practical points are to be deducted from this?

I. It is difficult to measure uterine contractions by complaint of patients, this one seemed to have little discomfort. The progress of labor which was steady and progressive was the guide.

II. Beware of meddlesomeness. In her former labor she was given ergot, it increased pains all right and hurried delivery, but the consequences were a severe laceration of perineum and cervix.

III. In this case nothing was done to hasten labor until the third stage which I have before mentioned.

I was very glad to have prevented laceration, but it was not such a feat for everything was so normal and head not unusually large. I am often humiliated somewhat when I hear some osteopaths say they never have lacerations and that they are due to criminal neglect. I can't help but feel if they had some of my experiences they, like myself, would be thankful that a laceration is all that happens.

Southern College of Osteopathy.

THE A. T. STILL P. G. COLLEGE, RESEARCH WORK.

The Council of the Board of Trustees of the A. T. Still Post-Graduate College of Osteopathy desires to bring together as far as possible all the educational forces that can be used to advance Osteopathy and put it upon such a basis as will command the respect of every thinking man and woman interested in human health. To this end it respectfully asks every Osteopath toconsider carefully the following questions, and if he has any reply to make to communicate at once with the Chairman of the Council.

1—What have you to suggest to the end that Osteopathy may be put upon the highest possible educational plane?

2—Have you done any special work which proves or disproves any practices in the healing art? If so, what was the nature of that work? (Please do not let your modesty stand in the way of answering this question.)

3—Do you know any one who has done such work as mentioned in question two? If so, please give name and address of such person or persons and state in a general way the character of the work done.

Let us remember that Osteopathy is building for all time. Concerted action is necessary to accomplish the best results. The opponents to Osteopathy will try to destroy it by a process of absorption. Some of them are already claiming to have incorporated it into the medical practice so as to give the public all the benefis of the system. We all know the fallacy of such claims; and we must put Osteopathy on such a basis as will demonstrate to the most critical the truth of our claims.

Only a few can actually do research work, and it is no reflection upon the work of any one to say that most of the members of every profession are unable to do such work. But we are all equally interested, and each has a chance to help according to the full measure of his ability. If you canont do the work yourself, you can aid by sending your contribution to Dr. G. E. Loudon, Chairman Committee on Subscriptions, Burlington, Vt. Do not delay action. Now is the time.

E. R. BOOTH, Chairman, Council of the Board of Trustees.

BUT ONE MEETING IN KIRKSVILLE NEXT SUMMER.

The trustees of the Mississippi Valley Osteopathic Association met persuant to the call of the president, Dr. A. G. Hildreth at Kirkville, Mo., December 14 and 15. There were present at this meeting Dr. E. M. Brown, Dixon, Ill., President of Illinois Osteopathic Association; Dr. J. S. Bullard, Marshalltown, Ia., President of the Iowa Osteopathic Association; Dr. F. H. Walker, St. Joseph, Mo., President of the Missouri Osteopathic Association; Dr. H. K. Benneson, President of the Kansas Osteopathic Association, also Dr. Mary Noyes, Ottawa, Ill., secrteary of the M. V. O. A. There was only one member absent, Dr. J. T. Young, Superior, Neb., president of the Nebraska Osteopathic Association, and he was represented by proxy—Dr. W. J. Connor of Kansas City, Mo. Dr. U. M. Hibbets of Grinnell, Ia., and Dr. F. G. Cluett of Siox City, Iowa, were also present at this meeting and acted with the board in an advisory capacity. It was unanimously decided to hold but one meeting at Kirksville during 1908—and that too during the week of August the 6th. The M. V. O. A. will simply hold a business session during the week of the meeting of the A. O. A., and will act as the hosts of the American Osteopathic Association. There will be a committee on reception appointed composed of the president and secretary of the M. V. O. A. and the existing presidents and four others from each State now comprising the M. V. O. A. territory, making a membership of twenty-seven. Everything possible will be done by the M. V. O. A. that can be done to make of the A. O. A. meeting the greatest, the best and most harmonious as well as genuinely osteopathic in the history of the profession.

This action of the trustees should in no sense lessen the value of or interest in the M. V. O. A., in fact we believe it should strengthen rather than weaken our local organization. There was a very thorough canvas made regarding the advisability of holding two separate meetings at two separate dates. And all said one only. That two meetings would lessen the value of each. A resolution was passed by the trustees of the M. V. O. A. inviting as many of the States of the Mississippi Valley as should so desire to become members of our organization and we feel that at our business meeting next August we will have more of our profession present than will assemble in one place again for years and that it will be an opportune time to increase the membership of the M. V. O. A. We sometimes hear criticisms of our different organizations. No one has any right to make such a complaint unless he be a member and unless he by his presence and voice do his utmost to correct the evils of which he complains. Every genuine Osteopth should be a member of the A. O. A., and every Osteopath in the Mississippi Valley should become a membr of the M. V. O. A. There is no contest between the two organizations, both have their work to do. The A. O. A. is administrative as well as scientific, and the M. V. O. A. stands purely for social and professional growth, with the avowed purpose of visiting Pap each year, a compliment he deserves, and a visit home that will do us all good—an organization without yearly dues. So now let us all get together at Kirksville next August and make stronger both organizations and demonstrate to the world that we are the most harmonious, best organized and most energetic of all the professions on earth.

A. G. HILDRETH, Pres.
MARY E. NOYES, Sec.

POST-GRADUATE COLLEGE NOTES.

C. M. TURNER HULETT.

The funds of the college on November 1 in the hands of M. F. Hulett, acting treasurer of the Board of Regents, amounted to $6,423.92, of which $6,242 is permanent endowment, and $181.92 current funds, consisting of guarantee funds and accrued interest. The Secretary of the Finance Committee, Dr. Achorn, received the money and the original subscription papers from the Board of Regents, giving a receipt therefor which includes a schedule of the subscriptions, to the Secretary of the Board of Regents, Dr. Woodall. The money was turned over to the Treasurer of the College, Dr. Harry Still, who will hold the endowment funds subject to the order of the Finance Committee for investment only, and the current funds subject to the order of the Council for current expenditures. The Board of Trustees of the A. O. A. has made an appropriation for the expenses of the college for this year.

The Secretary has issued the call of the Finance Committee for the second payment on the Put-in-Bay subscriptions, and the response so far is very gratifying.

Drs. Loudon and Willard have gone about the work of canvassing for subscriptions in their usual thorough and business-like manner. With their complete organization of sub-committeemen in every state, instructed, drilled, and stimulated by them, every osteopath, and every friend of osteopathy, should be given an opportunity to have a part in this great work.

But to individual osteopaths I want to make emphatic the point that all that the committee may do will not relieve you of your responsibility as a committee of one. A considerable part of the funds for this movement will come from grateful patients, but only when you go after it. No one but you can present this to your patients. If you have not already been doing it, begin now to educate them along the lines of these three propositions:

First, heretofore there were no osteopathic institutions of a general nature, prepared for endowment.

Second, those patients have been wishing that they might be enabled to give tangible expression to their appreciation of what osteopathy has done for them.

Third, here and now is their opportunity.

Since the beginning of this movement two applications have been received for location of the college. A resort property at Las Vegas, New Mexico, valued at $1,000,000, consisting of land, sanatorium, hotel, and cottages, was offered to us by the railroad company controlling it, on the consideration that we occupy and use it.

The "Greater Des Moines Committee" sent us a communication some time ago inviting us to locate in the capital of Iowa, and offering as a starter the free use of the Still College buildings, with the intimation that other inducements would be added if we would indicate what would be of most use to us. In the replies sent out from this office on this subject, these considerations have been suggested as among those which will influence the Trustees when they take up the matter of location:

The number of osteopaths near enough to draw from for faculty.

The favorable atmosphere of proximity to other scientific institutions, libraries, laboratories and museums.

Accessibility to the profession.

The material inducements offered.

Our success depends now on our making this our chief business. If we follow it up vigorously we will surprise ourselves in the next three months with the position we may reach in the matter.

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JANUARY 1, 1908

THE READING OF BOOKS.

A short time ago I heard a well known pathologist make the remark that the present day frequency of medical meetings and the excessive production of medical books and magazines was the bane of the profession. It is too true that two-thirds of medical meetings are nothing but a rehash, and, of course, medical literature, especially the magazines, reflects to a very large extent the doings of meetings and conventions. Then the present day zeal and competition of book publishers adds a constant deluge of similar works, of more or less merit. One is tempted to believe there is some justice in the comment of the Chinaman upon literary America, and the medical profession is not an exception, that every one has either written a book, is writing one, or contemplates writing one.

But the reading of books is a necessity to the live and up-to-date physician. They are properly regarded as part of his tools. For consistent and conscientious every day work the knowledge to be obtained from books is next in importance to the personal contact of the master minds. To the osteopath who takes the right interest in his work the practice is not humdrum, for only when the business side predominates is the work levelled to mere drudgery. The capstone to osteopathic inspiration rests upon the fact that every case is a new study and development of broad fundamentals, which are based upon several sciences. Herein, then, rests the necessity of constant perusal of good books in order that misconceptions may be corrected, advanced development of sciences noted, and experiences of others compared with one's own. It has been well suggested that college work merely prepares us for study. Upon entering practice *real* book study has just commenced. It is then, if there is

really any originality or true worth in us (not imitation), that we are placed in a position to weigh the value of a theory. And perhaps it is not too much to say that reading is absolutely indispensable to the development and perfection of our work.

To the practitioner, his anatomies, physiologies, pathologies, practices and other books and magazines are consultants to freshen the memory and offer possible suggestions and ideas that may be of vital consequence to the afflicted. These tools, these necessities, should be of the best, carefully selected as to authorship, to practical importance, to suggestiveness, and of sufficient number to thoroughly cover the broad fields of medicine and surgery. It is taken for granted that the osteopath will first of all familiarize himself with the osteopathic literature. With such a library it is not an essential to keep in mind a vast array of impractical details that may be included, but it is an essential to know what the books present and where a certain point or reference can be found. In all libraries there is bound to be a certain amount of lumber, of padding, of repetition, of anatomy and pathology which is often necessary to make the section complete and consistent, and of obsolete theories, but often a practical point or two lies within which may prove invaluable. We can never give too much time to anatomy and physiology; fresh points and suggestions are always presenting themselves, and to the practiced reader inconsequential paragraphs and sections of a book will be noted at a glance. For a general rule if one's book money is limited choose comprehensive monographs and books by a single author rather than books made up of incomplete monographs by many writers. This is a mere suggestion for some of the so-called "systems" compiled from a number of writers are unsatisfatcory, for all the "gaps" are not bridged. However, there are a few notable exceptions.

The writer is acquainted with a general practitioner, who has, with his other practice, upward of seventy-five typhoid fever cases each year, and there is hardly a case but what he studies up some point that he does not clearly understand. It goes without saying that a physician with such a practice is an exceedingly busy person. The typhoid cases are taken as a mere illustration. But a practitioner that has the love of his work as the true inspiration is certainly a doctor that will inspire confidence. He will be a success even if his brain power is only of mediocre quality. But after all is not persistency and consistency nearly akin to genius? It is the attention to details, other things being equal, that frequently makes up the difference between success and something less. Much time can be wasted in taking care of a heavy practice; one may "beat the air" one-third of the time and really think he is working. Then it is persistency and method wherein one can economize time and labor in practice. Likewise in reading, in case reporting, in clinical analysis, etc., it is the busy practitioner with a love for his work that will find time to attend to everything. There is just as much knack in knowing how to read, to get the gist and practical helps out of a book, as there is skill required to give a specific treatment. And both are acquired in due time if one has a love for his work and the requisite persistency to back it up.

Just a word relative to general reading, not to be interpreted as appearing to be pedantic, indeed, far from it, merely as a fellow practitioner. It seems to me there is nothing to take the place of general science reading for thorough mental diversion and rest; then history in biographical form, especially if one is beginning to think he is a martyr to his profession, with a thorough reading of such books as Caryle's Heroes and Hero-Worship and a perusal of a goodly number of the Spectator's essays; not to forget, of course, the innumerable other equally good things in the wide field of literature.

Chicago, Ill. CARL P. MCCONNELL.

THE PLACE OF THE ACCESSORIES.

It was noted with surprise that some of our osteopaths still think that a clear understanding does not exist regarding our position on accessory treatment, but we are sure no wide divergence of opinion is evident on this point. Every teacher, pioneer, "veteran", has at some time published his opinion. Osteopaths do know where they stand on this subject of accessory treatment and if there are some who do not, it is largely their own fault, for there are the published works of Drs. A. T. Still, McConnell & Teall, Hulett, Hazzard, Tasker, Ella Still, etc., etc., as references. Surely it is not necessary to reiterate again and again.

My editorial in the November number of this Journal asked: that osteopaths confine their investigations, studies, original research, this year, to the elaboration of osteopathy. Let this year be devoted to "concentration"; "to the consideration of the fundamental theorems as conceived by the founder."

It passes my understanding how this request could be construed into meaning that all other methods, other than "adjustment" should be renounced.

Other schools are plagarizing our work, and while none "fear" plagarism, all do look with contempt upon those who stoop to this despicable method. We do not approve of thieves or thievery.

Osteopathy belongs to osteopaths, the rightful owners, because activity in original research is essential to our development, does this mean that we fail to recognize in our every day practice the value of rational methods of the collateral arts?

The "majority" of osteopaths want osteopathy at our conventions, it seemed as if "all" of them did, but it is unnecessary to ignore the minority. It would be a wise plan to have sections devoted to Hygiene and Physiological Chemistry.

These sections would relegate to oblivion such methods, as these high priests of frenzied hygiene find necessary to their health and that of their patients. These advocates of ridiculous extremes of the so called "nature cures," who subject themselves to mental flagellation and then in their ecstacies come before a great convention and demand consideration and endorsement for their transports; who take the time of a scientific body to elucidate an exotic form of massage; who ask that we incorporate in our proceedings these hocus-pocus, shell-game, get-the-money methods of "nature cure" faddists.

The American Osteopathic Association has always looked upon these diversions with a good natured smile of toleration, but when these worshipers of the queer become insistent, clamorous, we say "Nonsense!"

"Medio tutissimus ibis."

The "world do move" true, but disciples of the extreme will never be able to convince the osteopaths that you have to stand around with your bare feet in the snow, sleep upon the earth, with a pristine smile for a night dress, stand on your tip toes and throw out your chest, in order to get strength to move it. To those who embrace this frozen illusion we say, "That the osteopath holds the Archimedean lever in 'adjustment' and has found the fulcrum upon which to rest it, in 'function is dependent on structure.' In the grand scheme of the therapeutic firmament the faddist is but a 'shooting star.'

"Lest we forget," let this year be devoted to the elaboration of the fundamental precepts of osteopathy. Let us be osteopaths, and understand that osteopathy means "function dependent on structure," our therapeusis means "adjustment," and that this does not exclude us from using in our practice such procedures of hygiene, diet, exercise, etc., as the case demands, or we choose to prescribe. If we do not violate our creed, or rational and modest methods of the healing art common to all schools, no one will cry—unethical!

"Osteopathy is as broad as the universe." But the philosophy of osteopathy is based on the self evident truth—A perfectly functioning mechanism is one that is in perfect adjustment:

Let the practice of osteopathy be kept separate and distinct.

Let accessory methods, that is their consideration and application, come only under their proper heads; such as already spoken of; i. e.

Section of Hygiene;

Section of Physiological Chemistry.

Let this work, if approved, be published under its proper title and section. Thus need no confusion ever arise as to what does and does not constitute osteopathy.

202 Odd Fellows Bldg., St. Louis, Mo.

HERMAN F. GOETZ, D. O.

CASE RECORDING AND CASE REPORTS.

Its History, its Value, its Future.

For about ten years efforts have been made to secure the reports of cases treated and to tabulate and publish the same. The first effort along this line that the editor has knowledge of was made by the Atlas Club at Kirksville about the year 1899 when a number of cases was secured, and turned over to Dr. Hazzard, which with the reports collected by him, were used in his work on practice published the following year. Then the American Osteopathic Association was reorganized and the Journal established, and the work of urging the keeping of case records and reporting the same for publication was taken up by the profession.

Thus early in its career the Association recognized the value of case records and made efforts to have them kept. Up to the present time, however, these

efforts have not met with marked success. For three or four years the compiler has given much time and pains to the work, and altogether seven series of reports have been printed. For the first three years these volumes were given to the members of the association as a part of the privileges of membership. In the hope of further stimulating the work of reporting cases, a year ago the Publication Committee recommended that the reports be given to only those who reported a case that was used in the work and sold to all others, regardless of association membership. The decision of the present Board of Trustees is that the reports, a part of association work, should go with association membership.

No one could have labored more zealously on this work than Doctor Ashmore has done; few there are among us who would not have become discouraged and given up for lack of interest shown. There are, no doubt, members of the association who have some good ideas about collecting case reports. THE JOURNAL would like to see the question discussed or have recommendations sent in to the Board of Trustees for their guidance in solving the problem.

The profession is neglecting one of the most convincing proofs of the effectiveness of osteopathic work when it fails to press the work of tabulating and publishing results of cases treated. The work done by Drs. McConnell, Burns, and Glascock demonstrating the pathology following the osteopathic lesion; the work of Dr. Goetz, showing that contours of the spinal column in certain diseases, as neurasthenia or loco-motor ataxia, bear a marked relation to all others of the same disease is of the greatest value, but nothing is more convincing than the compiled results of treatment in a great number of comparatively similar conditions. The result in a few cases is worth nothing from a scientific standpoint. This is a work that the associaton should take up in dead earnest. Unless the association does it, it will never be done. With its membership once even partially aroused, the volume of cases reported would be exceedingly valuable. The need of the work is apparent to all who give it any consideration, and the attention of the profession is here called to it that all may have the opportunity to think out some plan and suggest a means of making permanent this sure and scientific demonstration of our work.

These reports if secured in sufficient quantities could be classified, those in each section being referred to a special editor for that section, as pediatrics, or gynecology, and five hundred or a thousand of these so classified published in a volume. This has been suggested as a means of making the work of the highest value to the profession.

The difficulty with securing report of cases falls back on the fact that records of cases treated are not kept. Perhaps we can secure no better success in the future unless our attention is given to the matter of keeping these records. Cases that are written up when records are not kept, are either inaccurate, or they are star cases where unusual results were secured and neither of these conditions is desirable. What is wanted is an accurate report of the average case treated, and if it is so flattering, it will at least be honest.

The point, then, to begin with seems to be the urging of the necessity of record-

ing the condition of cases treated. It might be a wise move for the association to take up the question of a form for recording cases; either have one published or modify or adopt some now in use, secure rights to use it and have them printed in sufficient quantities to furnish members; and thus press the matter of case records. If some such work is begun now, in a year or two we may have records of sufficient numbers to make the work truly valuable.

The Doctors Moore in Oregon have undertaken, and have assurances of success, to furnish from the profession in that State sufficient case reports to complete one series. This plan or some modification of it will no doubt secure reports, and suggestions are in order, but all things considered that plan will succeed best that has for its object the encouragement of making a record at the time of examination of patient the exact conditions found lesions and symptoms and a description of the treatement that seemed most productive of results and the results finally secured.

OUT-LOOK FOR KIRKSVILLE MEETING.

Unless the unforeseen happens the meeting next summer at Kirkville will be the greatest gathering of the profession we have had, and greater than we can hope to have again in a number of years. Everybody has a word of encouragement for the plan to give Dr. A. T. Still a mark of respect that he is entitled to. The school journals generally are doing good work in pressing the matter, and Doctor Bunting with the Osteopathic Physician is in dead earnest to make this meeting a revival in enthusiasm and a record in numbers. As an indication of the feeling towards this meeting of those who have not become warmed up to A. O. A, an editorial from the December issue of the Osteopathic Brief is here quoted in full:

Doctor, if you have remained away from other meetings of the A. O. A. simply because you were dissatisfied with its workings, let us say to you, "Don't do it this year." Do away, for that time at least, with the political side of osteopathy, and make the "Old Doctor" feel good by traveling long distances to see him. He will appreciate it and then, you owe it to him anyway. No matter what the other fellow has done. No matter what your opinion or attitude is toward the A. O. A. No matter what you think of any school, don't allow any of those things to accompany you to Kirksville next year. Don't go into the "Old Doctor's" presence with any other than the kindliest of feelings. There is a time for the political aspects to be dealt with, and they will be, but when you buy your ticket next year, don't board the train until you are sure that all those ideas, opinions and ill feeling are safely locked in your office and that they cannot follow you. Seat yourself in the compartment of your train, with all the friends you can load on, and with a heart full of love for the dear old doctor, go straight to Kirksville and pour it at his feet.

While the old doctor is a Methodist and may have always believed that "to sprinkle" is sufficient, this will be one time, when he will be immersed, completely saturated, yes, if you will allow us to say it, thoroughly soaked, in an atmosphere of love and friendship of his disciples and their friends from all over the nation.

The above is certainly good advice. The meeting goes to Kirksville for one purpose—to honor Doctor Still. Everyone knows that pleasanter places can be found in August, that attractions can be had elsewhere; but in spite of this every osteopath with natural feelings in his breast wants to go to Kirksville and wants

to take as many with him as he can that Doctor Still may appreciate this expression of regard for him while he is still possesed of his wonderful faculties and can fully enjoy this gathering.

Nothing could more accurately demonstrate the feeling in regard to this in the Middle West than the announcement printed in this number of the Journal that the trustees of the Mississippi Valley Osteopathic Association have decided to combine their meeting next summer with that of A. O. A. This courteous act shows the feeling. It is that no consideration be allowed to interfere with the determination to make this the greatest gathering of the profession possible. The Mississippi Valley Association proposes to act as host and already committees to that end have been appointed. The A. O. A. promises a programme full of osteopathy and above this the satisfaction will come to every one who attends that he has done the right thing in paying this mark of respect—an opportunity perhaps that will not come to him again.

THE LORENZ OPERATION.

The York, Penn., papers have given flattering notices of an operation for reduction of congenital hip dislocation by Dr. Edwin M. Downing of that city, upon a little girl in the early part of December. Dr. Downing had as assistants two M. D.'s and two D. O.'s and even the former have freely praised his work. Dr. Downing took much pains preparing for the work, both in study of the case anatomically and in actual clinical work, as he secured a subject and put on the dressing and bandage a great number of times.

The doctor believes that with the proper study and patience the work done by Osteopathy will show a greater perecntage of cures than even Dr. Lorenz has to his credit.

The trouble about it is, it requires a vast amount of work to become even acquainted with the necessary technique, and as few Osteopaths see more than one case, of course they cannot qualify themselves for the work. It would seem that in view of the great interest Dr. Downing has taken in this deparment of practice and his success with it so far, that he is in a position to be of great service to the profession in the East particularly, under whose care cases of congenital hip may come. It is our duty as a profession, when we find among us some patient, painstaking one who is willing to do original work, be it research in physiology, preparation of text-books, surgery or what not, if he goes about it to do it well—it is our duty to encourage him. In this way only will we develop our system to the place we hope to have it occupy.

The Postgraduate College is now prominently before the profession. The work of the orgainzation is complete and the committee and solicitors have been been appointed and this now for the profession to say, each member of it, what is to become of the movement. The articles in this issue of the Journal by Drs. Hullett and Loudon should be read with interest by every practitioner. Send your subscription to the solicitor for your State and not to the committee direct. This list will be printed in every issue of the Journal.

THE ENDOWED COLLEGE.

"The work is a wonderful one, and a most glorious thing for osteopathy. Every practitioner should be made to realize this fully, then he will help." These are the words of a well known osteopath in his recent letter to me.

His comment is a most justifiable one. That every osteopath should be made to realize the wonderful possibilities of the A. T. Still Post-Graduate College of Osteopathy is indeed most necessary. That every osteopath in active practice will help the cause financially when once he realizes the potential value of the P. G. C. can scarcely be doubted.

This much hoped for result will naturally follow the campaign of education in which we are now engaged. Your committee on subscriptions is doing its best to provide information. Article following article have been printed in the A. O. A. journals and elsewhere to this end. Addresses have been made at two great conventions with a view to enlighten the profession as to the purpose of the college. The president of the Board of Trustees and others have caused to be printed pamphlets giving further information, and these are now in the hands of a large number of the profession, and those not already supplied will soon receive them.

Have we therefore neglected anything? We have not intentionally done so! Light, more light for the profession is the constant desire of the trustees. We have pointed out that it is a financial impossibility for our present schools to do much more than they are now doing in such a laudable manner. We have pointed out the fact that many of our profession desire more advanced study than the existing schools can afford to give, in order to become skillful specialists in surgery, or other branches of medical science. We have shown that for osteopaths to desire a place of higher education is no more disloyal to osteopathy, than the allopathic profession is guilty of manifesting in establishing their post-graduate institutions, such as the New York Post-Graduate College of Medicine, or the Rockefeller Institute of Research, which latter, by the way, has recently received over $2,000,000 to its endowment fund.

We need to progress constantly! Retrogression is the opposite of progression, and one or the other must apply to professional bodies. They cannot long remain stationary. We have called attention to the need of our osteopathic principles which have been established clinically, being proven beyond controversy within the chambers of research; that we must have osteopathic surgeries, physiologies, pathologies, and in fact osteopathic classifications of the many good things handed down from our predecessors in medicine, and in so writing we are duly appreciative of the many excellent writings already given us by our confreres; we have shown that many of our bright students have been led astray to a large degree by having continued their studies in specialization in medical institutions at a time before osteopathic principles had become fixed through practice, whereas had the advanced study been pursued in an osteopathic environment, they would have left the portals with increased, rather than diminished osteopathic convictions.

We have said that the Post-Graduate College was not to compete with the existing colleges, and it will NOT! We have said that the Post-Graduate College will be a direct benefit to the existing schools, in that by placing osteopathy upon a firm scientific basis, more students will be attracted to osteopathy than would be the case without the prestige of the P. G. C., and that every student so attracted must spend at least three years with the existing osteopathic schools. We have pointed out that the doors of 16,000,000 people will be closed within three years to the new graduates unless they have pursued a four year course of study, and that the P. G. C. affords the only practicable way wherein that fourth year may be obtained. Many other advantages might be cited, and to my knowledge there are no disadvantages to offset these advantages.

Have we not then done our duty in supplying information? Do we not deserve your support? Are we deriving any advantages that you will not share? Is it possible that our noble science is to suffer because of the indifference of its practitioners to its urgent needs? Is the profession waiting for philanthropists to meet us more than half way?

We must do our part! Every osteopath should stand back of the P. G. C. movement! Every one should give some financial aid! Why wait? Your state solicitor will try to secure your subscription. Give it to him! The money crisis naturally will postpone for a time the larger donations from capitalists which we have reason to expect. Let us in the meantime give our mites, so that when money matters brighten, we may approach capitalists and show them that ours is indeed a profession's movement, and that but few are missing when the roll of contributors is called!

Be prompt in paying your installments; let not a day pass with your part remaining undone; give something, even if it is little; be diligent in trying to obtain subscriptions from your clientele, and you may have no fears for the A. T. Still Post-Graduate College of Osteopathy's success, or for the future of the noblest science of the age—OSTEOPATHY!

GUY E. LOUDON, Chairman Subscription Committee.

EATING IN HOT COUNTRIES.

In common with most of the profession I have read rather extensively on the subject of diet, freak and otherwise, and have been led to believe that from the tropics we have much to learn and could with profit put into use that knowledge during our own tropic months. Opportunity for observation in this matter extending from Porto Rico through the Carribean Islands to Barbadoes and Trinidad, thence along the South American coast to the isthmus and ending with Jamaica and Cuba has not confirmed this belief as a few examples I will cite show. For instance I was marooned for ten days on the island of Santa Cruze, one of the Danish group, and lived at a most remarkable hotel from a gastronomic view point. The following menu is a sample dinner: Thick soup. Fish, boiled and fried. Roast venison, roast beef and chicken fricasse. Fried plantin, fried yams, rice and agacota, fruit and coffee. In reality meat in six forms while two of the vegetables were fried and the agacota is rich in oil. This was not an uncommon dinner for that place. Preceding it had been the heavy West Indian breakfast at noon. But, thought I, as I get further south I will find that rich profusion of fruits and vegetables but disappointment followed as a breakfast at Panama will show. A thick Spanish soup which is in reality a meat stew. Beef a la mode. Calf's liver, lyon, beefsteak and fried potatoes, fruit, coffee. Four meats relieved only by potatoes, reeking with fat. No carbohydrate but the bread. These two examples will serve to show what is eaten where the mercury hovers at the 85 degree mark daily. The one redeeming feature is the fact that nothing is eaten from 7 p. m. to 11 a. m. save coffee and a roll. There is no such thing as a balanced ration. Butter is little used but cheese is always present. The agacota or alligator pear, is served at every meal and is an excellent food. Oranges, bananas and pines are plentiful. The great lack of vegetables is explained when one finds that lettuce, radishes, celery, potatoes, cabbage and onions are imported from New York. Here in these paradises where nature is prolific to prodigality they devote themselves to sugar, cotton and a few staples to the neglect of these important articles of diet. To be sure the poor have a most limited diet. Rice and beans are staple with a bit of rank salt cod, jerked Argentine beef or a small piece of pickled pork as a luxury for state occasions. As a result of underfeeding and other causes tuberculosis is prevalent and that in the face of their living practically in the open air. Elephantiasis of the feet and legs is common while venereal diseases are rife. Tropical anemia is also prevalent. On the other hand the victims of overfeeding look healthy and appear to live to a good old age. "Scientific diet" is unknown there and they eat as did their progenitors. It was rather a shock to see the amount of hard liquor consumed. In all the English islands Scotch whiskey seems as necessary at meals as does the ice water on the American table. Coffee is universal and good. It is parched black and pulverized. The claim is that by roasting it black the toxic qualities are eliminated. Anyhow they drink it freely and live. Queer how one man's meat is another man's poison.

Havana, Dec. 12, 1907. CHAS. C. TEALL.

HAND BOOK OF PRECEDENTS.

This pamphlet filled with information valuable to members of the association, has been published under the supervision of the Committee on Publication, compiled and edited by Dr. Evans. It contains Constitution and Code of Ethics of the A. O. A. with recommendations so far as they were adopted, made by the several Standing Committees. Every member of the association is entitled to a copy and if any reader of The Journal has not received his, he should notify Dr. A. L. Evans, James Block, Chattanooga, Tenn.

OREGON STATE BOARD.

The next regular meeting of the Medical Board in Oregon will take place in Portland, Jan. 7, 8 and 9. Any one seeking information may address Dr. F. E. Moore, of La Grande, Ore.

STATE SOLICITORS FOR THE P. G. COLLEGE FUND.

Drs. Louden and Willard, the committee for soliciting the permanent endowment fund for the college, have secured the co-operation and assistance to date of the following who will act as solicitors for the fund in their respective states:

Arizona, New Mexico, Nevada—Dr. George W. Martin, Tuscon, Ariz.
Arizona and New Mexico—Dr. G. W. Martin, Tucson, Ariz.
Arkansas and Louisiana—Dr. A. W. Barrow, Hot Springs, Ark.
Colorado—Dr. L. B. Overfelt, Boulder.
Georgia—Dr. J. W. Bennett, 3 Walker Bldg., Augusta.
Idaho—Dr. E. G. Houseman, Nampa.
Indiana—Dr. Marion E. Clark, 409 Board of Trade Bldg., Indianapolis.
Illinois—Dr. Alfred Wheelock Young, Auditorium Bldg., Chicago.
Kentucky—Dr. Martha Petree, Paris.
Maine—Dr. Sophronia T. Rosebrook, 633 Congress St., Portland.
Maryland—Dr. Harrison McMains, 315 Dolphin St., Baltimore.
Massachusetts—Dr. R. K. Smith, 755 Boylston St., Boston.
Montana—Dr. Daisy D. Reiger, Billings.
Michigan—Dr. Hugh W. Conklyn, 312 Ward Bldg., Battle Creek.
Minnesota—Dr. C. W. Young, Pittsburg Bldg., St. Paul.
Nebraska—Dr. C. B. Atzen, New York Life Bldg., Omaha.
North Carolina—Dr. A. H. Zealy, 111 Chestnut St., Goldsboro.
New Hampshire—Dr. Margaret Carleton, P. O. Block, Keene.
New Jersey—Dr. D. W. Granberry, 408 Main St., Orange.
New York—Dr. J. A. Detienne, 1196 Pacific St., Brooklyn.
Oklahoma—Dr. J. M. Rouse, Bassett Bldg., Oklahoma City.
Ohio—Dr. J. F. Bumpus 406 Market St., Steubenville.
Oregon—Dr. W. A. Rogers, Marguom Block, Portland.
Oregon—Dr. W. A. Rogers, Marguam Bldg, Portland.
Pennsylvania—Dr. Harry M. Vastine, 109 Locust St., Harrisburg.
Rhode Island—Dr. J. Edward Strater, 268 West Minster St., Providence.
Southern California—Dr. Robert D. Emery, Auditorium Bldg., Los Angeles.
South Dakota— Dr. Griffith P. Jones, Watertown.
Texas—Dr. J. S. Halloway, Wilson Bldg, Dallas.
Vermont—Dr. Guy E. Loudon, 119 South Union St., Burlington.
Virginia—Dr. W. D. Willard, New Jewelry Bldg., Norfolk.
Wisconsin—Dr. W. D. McNary, Mathews Bldg., Milwaukee.
West Virginia—Dr. Clara E. Sullivan, 715 Schulmbach Bldg., Wheeling.
Washington, D. C.—Dr. Alice Shibley, The Ontario.
Washington—Dr. Roger E. Chase, Maratime Bldg., Tacoma.
Wyoming and Utah—Dr. Frank I. Furry, Cheyenne, Wyo.
Canada and Foreign Countries—Dr. Mary Lewis Heist, 28 King St., East Berlin, Ontario.

These members have charge of the work in the respective fields named. If you wish any information about the subscription work or literature relative to the Endowment Movement, write to the state committeeman of your state.

LOCAL AND STATE SOCIETIES.

DENVER.

Subject of regular meeting, Saturday, December 7, Symposium the "A. O. A." 1—Early History, Dr. Nettie H. Bolles. 2—What It Stands For, Dr. John T. Bass. 3—The A. T. S. P. G. College, Dr. C. C. Reid. 4—The Journal, Dr. N. A. Bolles. 5—Is It a Necessity? Dr. L. F. Bartlet. 6—Relation to State, Dr. E. C. Bass. 7—Larger Osteopathy, Dr. K. Westendorf. 8—Why I Belong, Dr. R. B. Powell. 9—Benefits of Membership, Dr. Edw. Reid. 10—A Word From the Outside, Dr. Fannie B. Laybourn. 11—Case Reports, G. W. Perrin.

The rendition of the above was highly creditable to both associations.

Special attention was given, and committee selected to answer articles appearing in Denver papers during the convention of Surgeons of the Rock Island lines, particularly to an address by Chief Surgeon Dr. S. C. Plummer of Chicago, wherein he denounced the osteopaths as fakers, endorsing massage treatments and saying there would some day be a wide field for experts in this line.

FANNIE LAYBOURN, D. O., Sec'y.

ILLINOIS.

Osteopaths comprising the Fourth Illinois district held a profitable meeting in Bloomington Saturday night, December 14, at the Illinois hotel, the same being attended by nearly twenty-five representatives of the profession. Dinner was served at 7:30 and afterward a business session was held in the parlors.

Dr. Ethel Burner served as chairman and introduced the principal speaker of the occasion, Dr. Marion Clark of Indianapolis, who is recognized as one of the leading osteopaths of this section. He was practical in his remarks and before closing gave a few interesting clinics.

The officers for the district were selected as follows: President, Dr. Ethel Burner; secretary, Dr. John F. Bone of Pontiac. The next meeting will be held at Peoria in February. The following attended the meeting here Saturday night: Dr. Elmer Martin, Decatur; Dr. Ernest R. Proctor, Chicago; Dr. Alfred W. Young, Chicago; Dr. Catherine Compton, Bloomington; Dr. A. E. Daugherty, Bloomington; Dr. Eliza Mantle, Bloomington; Dr. Eethel L. Burner, Bloomington; Dr. J. D. Cunningham, Bloomington; Dr. Josephine Hartwig, Decatur; Dr. Lewis F. Davis, Paris; Dr. W. E. Davis, Paris; Dr. E. G. Magill, Peoria; Dr. Pauline R. Mantle, Springfield; Dr. William A. Atkins, Clinton; Dr. F. A. Parker, Champaign; Dr. C. O. Cline, Monticello; Dr. W. C. Swartz, Danville; Dr. Warren E. Atkins, Leroy; Dr. John F. Bone, Pontiac.
H. D. Stewart, Fairbury; Dr. John F. Bone, Pontiac.—Bloomington Pantagraph.

LOS ANGELES.

The regular meeting of the Los Angeles City and County Osteopathic Association was held on the third Thursday in November in the library of the Pacific College of Osteopathy. The president, Dr. J. S. Allison, of Monrovia, was in the chair. About sixty members and visitors were present.

Dr. F. C. Clark gave a report of a case of functional heart disturbance characterized by a very rapid pulse.

Dr. C. A. Whiting gave the third of a series of talks upon Pathology. He showed slides from a uterus recently removed by a surgeon of the city. The interesting features of the case, from the standpoint of the pathologist, was in the great variety of neoplasms found invading the uterus. The slides showed fibroma, adedoma, sarcoma and carcinoma.

Dr. Nettie Olds-Haight gave the address of the evening. Dr. Haight drew a close line between "osteopathic philosophy" and "osteopathic practice." Rational measures of hygiene, personal, domestic and public, are very important factors in the osteopathic, as in all other systems of medical practice. These are not essentially osteopathic, but are the property of all people who seek the upbuilding of the human race.

The cells of the body act normally so long as their activity is unimpeded. If any cell fails to act in a normal manner, there is some efficient cause for its malfunction. The cause of such abnormal action is the "lesion."

The osteopathic philosophy renders possible a thing until now unheard of in medical practice,—a system of rational therapeutics, a truly scientific diagnosis and therapy.

Dr. Haight spoke of prevalent misconceptions as to the nature of osteopathic practice. She read a communication from some osteopath in which the statement was made that "all methods of treatment except poisonous drugs are in harmony with the osteopathic ideas." Dr. Haight insisted that many of the drugless methods of dealing with disease are as unscientific and unosteopathic as are the drugs for which they are substituted. The only rational therapy is that which seeks to remove the thing which interferes with the free expression of the life of the cell. Anything which seeks to stimulate the cell to increased activity, or to limit its activity, or to change in any way the expression of its own reply to its environment is thoroughly unscientific and unquestionably not osteopathic. The

injury done to the cause of our science by the foolish and unsuccessful attempts to "broaden osteopathy" by adding the discarded remnants of other schools of medicine was somewhat vividly portrayed by the speaker.

The osteopathy theory of "removing the lesion" may be applied to many other diseases than those of the body. Diseases of the body politic, of social and economic disharmony, may also be treated according to the osteopathic theory of removing the cause for the abnormal condition. LOUISA BURNS, D. O.

MINNESOTA.

The Minnesota Osteopathic Association under the leadership of Dr. E. C. Pickler is in a very flourishing condition. Our monthly meetings have been well attended. Our skies of harmony and fraternal feeling are not darkened by a single cloud. The programs for the year have aroused enthusiastic interest.

At our December meeting it was voted to confirm the action of the Post Graduate School Committee in the appointment of a captain to secure subscriptions for the Post-Graduate College.

Voted to contribute $25 to the fund to be used in securing a painting of Dr. A. T. Still.

Dr. F. M. B. Friederich, a graduate under Father Kneipp and a practitioner of the Water Cure for fifteen years, gave a lecture on the subject of the Use of Water, confining his remarks chiefly to practical points in the use of the wet bandage. At the close of the lecture Dr. Pickler said that he had learned many valuable points and he hoped Dr. Friederich would lecture again. Dr. Pickler then described the milk packs that he and Dr. Willits had often used successfully in eruptive fevers, such especially as scarlet fever and typhoid fever.

C. W. YOUNG.

THE NEW ENGLAND SOCIETY.

The fourth annual meeting of the New England Osteopathic Association will meet in Providence, R. I., February 22, instead of in January as usual. Dr. Ralph A. Sweet is president and Dr. Florence A. Covey is secretary.

NEW YORK.

The midwinter meeting of the New York Society will be held at the Knickerbocker Hotel, Broadway and 42nd St., New York city, Saturday, January 18.

The full day session will be occupied by program meeting. At night there will be a banquet, speaking and music and a dance following, under the auspices of the Greater New York Society. Members of the profession who may wish to attend should arrange with Dr. D. N. Morrison, Sec'y, 128 East 34th St., as early as possible.

CENTRAL NEW YORK.

The regular meeting of the Central New York Osteopathic Society was held at Syracuse December 12, with the Drs. Beall. After dinner with the hosts, the meeting called to order by Acting President Dr. Carl D. Clapp of Utica and Dr. Albert Fisher Jr. of Syracuse demonstrated on subject "Technic of Correction of Cervical lesions."

Dr. R. H. Williams of Rochester was present and gave an informal address on the necessity of using every means for securing accuracy in diagnosis. He urged that every practitioner become familiar with the technic in analyses of blood and urine by chemical as well as microscopic test.

Dr. J. P. Burlingham, secretary of the State society, read a paper dealing with antitoxin and vaccination. He quoted from a number of European clenicians to prove that the use of either is of doubtful effect on the disease.

The next meeting of the society will be held in February.

OHIO.

The annual meeting of the Ohio osteopaths was held in Cincinnati December 27, 28. Ohio has one of the best State organizations, and a most interesting report of it may be expected in the Journal next month. The following is the program:

Friday—President's Address, Dr. H. S. Worstell, Canton; The Hip Joint, Dr. L. C. Sorenson, Toledo; Miscellaneous Cases and Their Treatment, Dr. Orella Lock,

Cincinnati; Address, Dr. C. W. Proctor, Buffalo, N. Y.; Treatment of Fevers, Dr. D. C. Westfall, Findlay; Treatment of Mental Abnormalities, Dr. L. A. Bumstead, Delaware; Address and Clinics, Dr. C. W. Proctor, Buffalo, N. Y.

Saturday—Obstetrical Experiences, Dr. M. F. Hulett, Columbus; Rib Lesions, Dr. J. A. Kerr, Wooster; Atlas and Axis Lesions, Dr. J. F. Reid, Warren; Tumors, Dr. J. Martin Littlejohn, Chicago, Ill.; Innominate Lesions, Dr. R. E. Tuttle, Hicksville; Results in a Few Forms of Paralysis, Dr. J. F. Bumpus, Steubenville; Address, J. Martin Litt'ejohn, Chicago, Ill.; Osteopathic Common Sense, Dr. Nell M. Fisher, Youngstown. Programme to be followed by banquet and theatre party.

OREGON.

The sixth annual meeting of the Oregon Osteopathic Association will be held at the Imperial Hotel, Portland on January 11. The morning session will be devoted to the business of the organization including address of President Dr. G. S. Horsington and reports of the several officers and committees. The afternoon and evening sessions will be devoted to demonstrations of technic, discussions of general practice, gynecology and obstetrics and the names on the program guarantee a very interesting and helpful meeting to all who attend.

SOUTHWESTERN MICHIGAN.

The annual meeting of the Southwestern Michigan Osteopathic Association was held at Dr. Peebles' office in Kalamazoo, Saturday, December 7. In the afternoon a business session was held for the election of officers and the following were elected: President, Dr. Betsy Hicks, Ward Block, BattleCreek; Vice-President, Dr. R. B. Peebles, Kalamazoo National Bank, Kalamazoo; Secretary and Treasurer, Dr. Frances Platt, Kalamazoo National Bank, Kalamazoo. In the evening Dr. Carl P. McConnell spoke. His subject was "Practical Osteopathy." There was an unusually large attendance and Dr. McConnell's talk was appreciated by all. All felt they could be better practitioners and truer osteopaths for his inspiring words. After this a lunch was served at Berghoff Cafe.

FRANCES PLATT, D. O., Secty.

WESTERN PENNSYLVANIA.

The Western Pennsylvania Osteopathic Society met at Hotel Henry, Pittsburg, Saturday evening, November 23, 1907, with a good attendance of the D. O.'s of the western portion of the state. After a short time spent in a social way the meeting was called to order by the President, Dr. William Rohaeck of Greensburg. The first business to come before the society was the election of officers for the ensuing year, with results as follows: President, Robert H. Miller of Washington; Vice-President, Julia E. Foster of Butler; Secretary, L. C. Kline of Tarentum; Treasurer, Helen M. Baldwin of Pittsburg. Dr. H. M. Goehring was called upon to tell something of the local city affairs relating to the recent prosecutions of certain fake osteopaths who have been practicing in the city. Dr. Goehring is in close touch with municipal affairs, having special opportunities of obtaining knowledge along this line. It was his opinion that the regular D. O.'s would not be molested. In the informal discussion following, a number of the city practitioners expressed the belief that the prosecutions were instigated by the M. D.'s for the purpose of gathering evidence against the reputable osteopaths. Dr. Heine sounded a warning that all, and especially the lady practitioners, be careful and even suspicious of strangers seeking treatment. Those present then repaired to the banquet hall where justice was done to a most sumptuous repast. Dr. C. W. Proctor of Buffalo, N. Y., was the guest of honor and spoke upon the subject, "Fundamentals in Osteopathic Practice," which he handled in an able and practical manner. He also conducted a clinic, several cases coming before the society. The meetings of this society are always full of interest and the good attendance has been commented upon by nearly all those who have been present from a distance.

ROBERT H. MILLER, D. O., Sec'y.

VIRGINIA.

The profession in Virginia met in the offices of Dr. E. H. Shackleford, 102 East Grace St., Richmond, a few days ago and perfected an organization. Dr. Charles R. Shumato of Lynchburg, was made president and Dr. Margaret E. Bowen of Tazewell, secretary and treasurer. The society will hold its annual meeting in December.

THE OSTEOPATHIC BRIEF ON THE KIRKSVILLE MEETING.

One of the most notable events in the history of osteopathy will be the association meetings at Kirksville next year. These meetings will be held during the week of August 6th in which the "Old Doctor's" birthday occurs, and every osteopath should make every effort possible to attend and pay homage to the "Grand Old Man" who has given us so much and to whom our indebtedness is inestimable. He will be eighty years old on that day and is in good health for one of his age. He has invited every osteopath and his friends to visit him at that time and promises to show a good time to all.

While the Old Doctor is loved and endeared by all osteopaths and thousands of grateful patients, he will be, in years to come, more revered than he has been at any time during his life. While we all feel grateful to him and honor him in the highest degree possible, yet I doubt if there is one of us who really appreciates him now as will we in future years. The old adage about the enchantment of distance is always true and is applicable in hundreds of instances and the further we are from the "Old Doctor," after he is gone, the more keenly will we feel the real necessity of his influence as a balancing wheel and guide to our every professional act. It is to be regretted that he has not been able to devote the past ten years to active teaching and instruction, because he is fairly bubbling with good ideas and valuable suggestions, but his health has been the issue with his family and friends and all has been done that is possible to relieve him from all strenuous work and preserve his health. Doctor Still is not like many men who have grown suddenly great and who have then forsaken their old time friends but his most intimate friends today are those who stood by him when he had the least and those who helped him in any possible way to mature and place before the world in a scientific manner—OSTEOPATHY. Doctor Still, also unlike many other great men, has lived to see the fruits of his labors grow and in the short period of one decade, gain more prominence and more friends than any other healing art. The greatest tribute that can be shown him will be for osteopaths and their friends to visit him on his next birthday. There are hundreds of our readers who know of the "Old Doctor" merely as the founder of osteopathy and there may be others who do not even know that. I have seen them and come in contact with them in my practice. The "Brief" is sending this little message to all of its readers and wants to say that all who can should arrange their vacations for next year, so that Kirksville will be on their itinerary and stop a day or two and see the home and the founder of the greatest system of healing the world has ever known.

AN OSTEOPATH CALLED IN BY POLICE.

The police of Pittsburg are busy trying to establish the identity of genuine osteopaths. The beauty doctors, the physchic healers, masseurs and all such are claiming to be osteopaths to avoid the law and the detective having this work in charge has employed Dr. Harry M. Goehring of that city to help him identify the osteopaths.

THE LADIES' HOME JOURNAL AND DR. STILL.

The January, '08, issue of the Ladies' Home Journal contains an account from Dr. Still of how he came to originate osteopathy. The editor states in an introductory note that Dr. Still was asked to prepare this article as it was thought that it would be of interest to the general public. The article is written in excellent style and will prove of great interest. The definition of osteopathy is excellent and is made comprehensible to the average reader. The Journal accompanies the article with an excellent likeness of Dr. Still. When a magazine of the circulation of the Ladies' Home Journal prints an article of this kind it will do much to make many thoughtless, think; and when as keen a reader of public mind as Mr. Bok is, asks for such an article it shows clearly the interest the general public is coming to take in osteopathy. It is an article to which one can call his patients' attention without fear that a wrong impression may be made from its perusal.

EDITOR BOK SCORES PHYSICIANS.

The Public Ledger (Phila.) contains an account of a meeting of the Philadelphia branch of the American Pharmaceutical Association on December 7 in which the editor declares that thousands of persons are being driven annually from allopathy to osteopathy on account of ignorance of physicians and their freedom in prescribing. The account is as follows:

"In my circle of friends within a year," Mr. Bok said, "14 families have turned to the drugless method of treatment, and when I ask them why, they declare that they cannot take the chances with prescriptions because; they say, 'the doctors don't know.' "

Mr. Bok vigorously arraigned physicians for prescribing nostrums when ignorant of their ingredients and a therapeutic effect. He said that leaders of the profession were chief offenders.

"Six weeks ago," asserted Mr. Bok, "the American Journal of Medicine exposed a certain nostrum as absolutely worthless. The exposure was conspicuously made, but despite that fact I can name 16 leading physicians, whose offices are within six blocks of this place, who have prescribed it since that exposure was made."

Mr. Bok declared that in 1905 41 per cent. of prescriptions written in Philadelphia named nostrums and that in 1906 there had been an increase to 47 per cent., despite a crusade against the practice indorsed by the American Medical Association and emphasized in discussion before that body.

"This," declared Mr. Bok, with an ironical inflection in his voice, "is what can be expected from a campaign of education in the medical profession. In all the crusade against worthless and harmful nostrums waged for the last five years the medical profession has done absolutely nothing of a practical nature."

Mr. Bok's address was part of a symposium on "Nostrums and Newspaper Advertisements," to which Dr. John H. Musser, Dr. John B. Roberts, Dr. Henry W. Cattell, Dr. H. C. Woods, Jr., Dr. James L. Andrews and Dr. D. L. Etzel of the medical department, University of Pennsylvania, contributed.

Prof. Joseph P. Remington, president of the association; Professor Etzel, of the University of Pennsylvania and Frank E. Morgan took exception to the arraignment by Mr. Bok. Mr. Morgan declared that he had reason to know that there had been a material decrease in the extent to which nostrums were prescribed, while the other speakers, without entering denials of the various counts in the Bok indictment, declared that a campaign of education had been going on for years and that it would inevitably produce results.

Mr. Bok closed his address with a threat that startling exposures of members of the medical profession had been prepared, "but will not be made public yet," with accent on the "yet."

DIED.

The death of Dr. Gertrude Forrest, a graduate of the American School, January, '05, and a member of the American Osteopathic Association, occurred at the home of her parents, Mr. and Mrs. C. M. Forrest, at Lovilia, Iowa, December 18, 1907, valvular heart disease being the cause. In a professional career of less than three years Dr. Forrest had been successful not only in practice, but also in winning the confidence and respect of laity and professional people, irrespective of school of practice. This announcement of her untimely death will be a shock to a wide circle of friends whose sympathy will go out to the bereaved parents.

Mrs. Catherine H. Johnson, mother of Dr. Jessie B. Johnson, of Lisbon, Ohio, November 29th. She died at the home of her son, at Hemet, Cal., death being due to heart failure.

Mrs. John F. South, after a long illness, October 30, at Hot Springs, Ark., wife of Dr. John F. South of Bowling Green, Ky., a prominent member of the profession and association. The local papers speak of the deceased as a most estimable woman, prominent in church and social life of her city.

MARRIED.

At Trenton, N. J., Wednesday, December 25, Dr. John H. Murray and Miss Augusta Emily Eppele. At home, 117 N. Montgomery St., after January 15.

Dr. J. Russell Biddle of Chicago to Miss Isabel Osborne of same city, December 3.

Dr. Laure Ducote and Mr. Benicio F. Perea were recently married in Los Angeles, Cal. The bride was attended by Dr. Charlotte Escude as matron of honor.

BORN.

To Dr. and Mrs. S. A. Ellis, Dec. 14, a daughter.
To Dr. and Mrs. Arthur C. L. Kugel, Buffalo, N. Y., November 14, a daughter.
To Dr. and Mrs. F. G. Whittenmore of Hamburg, N. Y., October 26, a son.
To Dr. and Mrs. Morris M. Brill of New York City, December 19, a daughter.
To Dr. and Mrs. A. C. L. Kugel of Buffalo, N. Y., Nov. 14, a daughter.

FIRE.

Dr. Effie B. Koontz of Landon, Ohio, recently had the misfortune to be burned out of office and home. She lost office fixtures, etc., as well as clothing.

Dr. J. Dalton De Slazer of Durango, Colo., recently suffered the loss of his office by fire which destroyed likewise his library and fixtures to the amount of a thousand dollars or more.

NEW MEMBER OF STATE BOARD.

As was announced in the last issue of the Journal the profession in Texas had secured from the governor the recall of an appointee he had made on the State Examining Board and recently he caused general satisfaction by appointing to the Board Dr. J. F. Bailey of Waco. Dr. Bailey is a graduate of the Southern School at Franklin, Ky., is a member of both National and State organizations and is highly esteemed by his fellows in practice.

ATTORNEY GENERAL DECIDES AGAINST THE BOARD.

There is trouble in the Oregon Composite Board. Their statute provides that the applicants for examination pay into the treasury of the Board a fee of ten dollars, and it has been the custom of the Board to pay it expenses and then divide the balance among its members. Dr. F. E. Moore, the recently appointed osteopath on the Board, did not think this was business-like and referred the matter to the Attorney General of the state for his opinion. He decides that the action of the Board in so appropriating the funds to their own use is illegal. This has created much more of a stir than Dr. Moore anticipated, but he seems to have the best of it, at least, he has the right on his side, for which the physicians are very angry.

The Portland Oregonian of December 23 says editorially:

Dr. Moore of La Grande, has strange ideas of medical ethics. But he's only an osteopath, and doubtless that's the reason. He wants the State Board of Medical Examiners to conform strictly to the letter of the law and make a charge only for their expenses in performing their public duties. The members of the board have had different ideas. What's a foolish law between doctors? They have imposed the usual legal charge against all applicants for examination before the board, and, after defraying the board's expenses, they have constituted the balance a little medical "jackpot" and have divided it up impartially among themselves. On one occasion, says Dr. Moore, when there has been a profitable bunch of osteopaths to put through the machine, the board was able to declare a very handsome dividend, something like $50 for each member. That was worth while, even for a doctor.

But this was an extraordinary opportunity. You can't catch and pluck an osteopath every day; and no doubt other distributions have been on a more modest scale. Probably the doctors have got no more out of their little arrangement than they have earned; and they may be and doubtless are entirely right in their contention that their service is worth fair remuneration and that that's all they are getting. No doubt, no doubt. But how much have they been getting? Is there any report with any state officer at Salem setting forth all the interesting details on that subject? The medical examiners are state officers, too, or something like it, and the people are, we may suppose, entitled to know.

Yet possibly it is none of the public's business. The doctors are, of course, proceeding under some well-known bylaw of their justly celebrated medical code of ethics; and there may be no need to explain anything to anybody except one another.

CHICAGO D. O.'S VS. FORCE VACCINATION.

The Chicago Osteopathic Association went on record unanimously against compulsory vaccination, Dec. 5, with these resolutions:

Whereas, There is no law in the State of Illinois providing for compulsory vaccination;

Whereas, In spite of this fact, the State and City Boards of Health are attempting to enforce the operation of vaccination upon school children and all employes in commercial and public establishments;

Whereas, Osteopathic principles are based on a pure blood supply and not on the addition of a pathological product to the blood stream;

Therefore, It is tne sense of the Chicago Osteopathic Association, that every means possible should be used to prevent the further exercise of the unlawful and unwarranted powers which these boards of health have arrogated to themselves;

Therefore, We are in hearty sympathy with the efforts which are now being made to establish the rights of all our citizens to the control of their own bodies; the selection of their own physician and methods of treatment;

Therefore, We believe that it is the duty of every osteopathic physician to do all that is in his power to give his assistance to the furtherance of the establishment of these rights by means of action in the courts, appeals to legislatures and by education of the public to the truth and the facts of the law on the subject.

Respectfully submitted,
W. BURR ALLEN,
J. MARTIN LITTLEJOHN,
CARL P. M'CONNELL,
Committee.

Dr. E. M. Browne, Dixon, Ill., Dr. J. D. Cunningham, Bloomington, and Dr. Geo. R. Boyer, Peoria, were present at the meeting, attending a trustees' meeting. (Osteopathic Physician).

APPLICATIONS FOR MEMBERSHIP IN THE A. O. A.

P. Victor Aaronson, 150 Forsyth Bldg., Fresno, Cal.
Carrie A. Benefiel, 605 Hyde Blk., Spokane, Wash.
Ward C. Bryant, Davenport Blk., Greenfield, Mass.
G. Harry Buffum, Barr Blk., Sheridan, Wyo.
Lula Gilbert-Bell, 146 N. Main St., Sheridan, Wyo.
George Greenwell, 409 E. Pine St., Lodi, Cal.
Harry M. Goehring, Schmidt Bld., Pittsburg, Pa.
J. W. Hawkinson, Arcade Bld., Luverne, Minn.
O. F. Heisley, Walla Walla, Wash.
J. L. Huntington, P. O. Box 83, Santa Barbara, Cal.
Albert D. Heist, 17 Schnirel Bld., Geneva, N. Y.
Loxley Kelley, 3218 Powelltон Bld., Philadelphia, Pa.
Louise Lewis, 212 Mo. Trust Bld., St. Louis, Mo.
Fannie B. Laybourn, 401 East Frost Ave., Denver, Colo.
Fred L. Montgomery, Citizens' State Bank Bld., Puyallup, Wash.
Augusta Nichols, Washington Loan and Trust Bld., Washington, D. C.
Pearl Oliphant, Santa Cruz, Cal.
Charlotte Strum, 150 Forsyth Bld., Fresno, Cal.
W. Arthur Smith, 313 Huntington Ave., Boston, Mass.
Bert H. White, Bregnon Bld., Salem, Ore.
Marcellus W. Bailey, 338 Temple Court, Denver, Colo.

REMOVALS.

May Martz from Granger Bld., San Diego, Cal., to Le Grande, Cal.
Percy R. Henry from 480 Clinton Ave., to 3 Essex St., Brooklyn, N. Y.
Margaret E. Bowen from Kirksville, Mo., to Tazewell, Va.
J. Orlin Glenn from Ritzville to Kent, Wash.
Cordelia Foutz from Ada, Ind. Ter., to Sutherland, Fla.
A. A. Basye from Greensboro, N. C., to Statesville, N. C.
W. L. Novinger from 25 W. 42nd St., to 1 W. 34th St., New York, N. Y.
T. L. Holme from 43 Ballenger Bld., St. Joseph, to Balckow, Mo.
Ella X. Quinn from Baltimore, Md., to St. Augustine, Fla.
Lula I. McKinney from Garden City., Mo., to Caney, Kas.

J. E. Donahue from 14th St., Oakland, Cal., to Fink Bld., Berkeley, Cal.
Julia V. Frey from Alliance, Neb., to 1560 Downing Ave., Denver, Colo.
L. K. Shepherd from Glendale to Groton Bld., Cincinnati, O.
J. R. Shackleford from Willcox Bld., Nashville, Tenn., to Century Bld., St. Louis, Mo.
E. L. Denniston from DeKalb, Ill., to People's Nat. Bank Bld., Rock Island, Ill.
F. Leroy Purdy from 12 Huntington Ave., to 416 Marlborough St., Boston, Mass.
Alice Howe from 156 Main St., Bangor, Me., to 190 State St., Portland, Me.
D. D. Towner from 1182 to 1198 Bushwick Ave., Brooklyn, N. Y.
Grace Estella Hain from Alliance Bld., to 23 San Jaoquim Bld., Stockton, Cal.
M. Ione Hulett from New England Bld., Cleveland, O., to Alamogordo, New Mex.
Lester I. Knapp from 49 W. 33rd St., to 63 W. 36th St., New York, N. Y.
C. A. Campbell from Dallas, Ore., to Grants Pass, Ore.
Ralph H. Burdick from Tonopah, Nev., to 22 Behlow Blk., Napa, Cal.
F. L. Martin from 989 to 992 Page St., San Francisco, Cal.
R. S. Johnson from Kahlotus, Wash., to Pomeroy, Wash.
C. E. Dailey from Hoffman Bld., to Oklahoma City, Okla.
Maude B. Thomas from Randolph Bld., to 626 Goodwyn Inst. Bld, Memphis Tenn.
O. C. Mutschler from 209 N. Hanover St., Carlisle, Pa., to 430 Shaw Ave., McKeesport, Pa.
Arthur Patterson from The Marion, Wilmington, Del., to 628 West St., Bridgeport, Conn.
Travis D. Lockwood from 38th and Broadway to 390 Central Park W., New York, N. Y.
C. S. Hibbard from 626 Clayton St., San Francisco, to 3114 Downey Ave., Los Angeles, Cal.
J. C. Monks from 117 to 112 Atlantic St., Bridgeton, N. J.
Julia A. Johnson from Woolworth Bld., Lancaster, Pa., to 620 Cookman Bld., Asbury, Park, N. J.
H. L. Studley from Jackson St., Rosebury, Ore., to Eugene, Ore.
J. B. Littlejohn and Mrs. J. B. Littlejohn from 535 W. Monroe St., to 1906 Lexington St., Chicago, Ill.
C. J. Gaddis is located at 86 Delger Blk., Oakland, Cal.
Susan O. Harris' No. should be 1459 instead of 1159 Franklin St., San Francisco, Cal.
J. Mason-Hardin's address should be 1673 Sutter St., San Francisco, Cal.
F. P. Millard's address should be 4 Richmond St., E. Toronto, Ont.
Chas. K. Hale's address should be Santa Cruz., Cal., instead of Santa Creg, Cal.
Earle S. Willard's address should be 321 Weightman Bld., instead of 35 S. 19th St., Philadelphia, Pa.
A. W. Hitchcock from 418 George St., to 814 Florida St., Vallejo, Cal.
Richard J. Waters from Napa, Cal., to 2428 Bancroft Way, Berkeley, Cal.

ADDENDA TO DIRECTORY.

The following are now members in good standing but their renewals were received after the directory had been printed:

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In good standing in the American Osteopathic Asociation, Dec. 20, 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. S. S. Still College of Osteopathy, Des Moines, Ia.
(Consolidated with the American School.)
Ac.—AMERICAN COLLEGE OF OSTEOPATHY MEDICINE & 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.
(3) 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.)

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(1) Active schools are set in small caps; inactive schools in smaller type.

(2) These two schools, not having yet 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 Ass'n.

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STEVENS, DELLA KEVIL, (S. S.) Smithfield, N. C.
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T.

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Cooper, Sarshel De Pew, (Cc.) 1259 O'Farrell St.
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Harris Susan Orpha, (Cc.) 1459 Franklin St.
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Peirce, Chas. E. (S. C.)
Vacaville.
Foree, Lynn R., (P.)

COLORADO.

Boulder.
Burrus, Loula M., (A.) cor. 16th and Pearl Sts.
Overfelt, L. B., (A.)
Bruch.
Maddux, Walter S., (S. C.) Box 168.
Colorado Springs.
Pauly, G. W., (A.) DeGraff Bldg., 118 N. Tejon St.
Stockton, M. Jeanette, (A.) Chamber of Commerce Bldg.
Denver.
Bartlett, Laura F., (A.) 428 Empire Bldg.
Bass, Elizabeth C., (C.) 624 Empire Bldg.
Bass, John T., (C.) 624 Empire Bldg.
Cornett, Jessie Willard, (A.) 522 Barclay Blk.
Bolles, N. A., (A.) 1457 Ogden St.
Bolles, Nettie H., (A.) 1457 Ogden St.
Brown, L. S., (A.) 33 Masonic Temple.
Burton, Hasseltine A., (C.) 667 S. Tremont St.
Cramb, Jno. L., (A.) 31 Masonic Temple.
Gooch, Lucy Owen, (S.S.) 16 Evans Block.
Hilton, Bertha, (C.) 46 W. First Ave.
Perrin, Geo. W., (A.) 524 Empire Bldg.
Reid, Chas. C., (A.) 308 Temple Court.
Westendorf, Katharine, (C.) 516 Kittredge Bldg.
Frey, Miss Julia V., (A.) 1560 Downing Ave.
Durango.
De Shazer, J. Dalton, (A.)
Fort Collins.
Clark, D. L., (A.)
Gaddis, C. J., (A.)
Maddux, Walter S., (S.C.)
Fort Morgan.
Warner, W. S., (S.C.)
Grand Junction.
Moore, Riley D., (A.)
Greeley.
Morrison, Martha A., (A.)
Lamar.
Hardy, J. H., (A.)
Longmont.
Morse, Sarah E., (A.) 459 Main St.
Leadville.
Southworth, Bertha B., (A.)
Loveland.
Keeler, Mary N., (S.C.)
Ouray.
De Shazer, J. Dalton, (A.)
Pueblo.
De Tienne, Harry G., (A.) 312 Central Block.
Young, A. Howard, (A.) 52 Mechanics Bldg.
Trinidad.
Barnes, N. B., (A.)

CONNECTICUT.

Bridgeport.
Griffis, Nellie B., (Bn.) Sanford Block.
Paul, Arthur H., (A.) 311 Court Exchange Bldg.
Fairfield.
Banks, Carrie M., (Mc.)
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.
Cockrell, Marthena, (A.) The Marion.
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.)
Sutherland.
Foutz, Cordelia, (A.)
Tampa.
Berry, A. E., (A.) 506 Florida Ave.

GEORGIA.

Atlanta.
Aspley, R. Wm., (So.) 605-6 The Grand.
Blackman, W. Wilbur, (Sc.) Robertson Sanitarium.
Broach, Elizabeth, (S.S.) 343 Capital Ave.
Hale, John, (S.) 66 Inman Bldg.
Dozier, W. R., (A.) 400 Grand Opera Bldg.
Hall, Elmer T., (A.) 304 Lowndes Bldg.
Hardin, M. C., (A.) 704 Lowndes Bldg.
Americus.
Bowdoin, W. H., (So.)
Augusta.
Bennett, James W., (A.) Miller-Walker Bldg.
Cordele.
Elliott, J. W., (A.)
Dawson.
Clagett, R. L., (So.) Dean Bldg.
Fitzgerald.
Townsend, G. A. (A.) Buie Bldg.
Gainesville.
Vickers, A. W., (S.)
Griffin.
Layne, A. C., (So.) 23 S. Hill St.
Layne, Mary E., (So.) 23 S. Hill St.
Macon.
Jones, Frank F., (S.C.) 354 Second St.
Newnan.
Bradshaw, Sam, (S.S.)
Rome.
Riley, Mrs. Nannie B., (S.S.) 309 Second Ave.
Savannah.
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.
Lucas, Mita M., (S.) 203 Madison St.
Valdosta.
Ulmer, Ida, (S.S.)

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.

Moscow.
Fish-Price, Addie, (N.) 122 N. Washington St.
Hatfield, W. M., (A.) Creighton Bldg.
Nampa.
Houseman, Evan G., (A.) Acme Bldg.
Wallace.
Edwards, J. C., (A.)

ILLINOIS.

Alton.
Wyckoff, A. B., 119 West 3d St.
Aurora.
McGinnis, J. C., (A.) 450 Mercantile Block.
Barry.
Johnson, H. C., (A.)
Belleville.
Eales, I. J., (Ac.) Ohms & Jung Bldg.
Biggsville.
Mekemson, Elvina, (S.C.)
Bloomington.
Burner, Ethel Louise, (A.) 208 Unity Bldg.
Cunningham, J. D., (A.) 501 Livingston Bldg.
Pitts, Eugene, (A.) 317 Eddy Bldg.
Cairo.
Freeman, A. E. (A)
Carbondale.
Swartz, Laura E., (A.)
Champaign.
Parker, F. A., 204 W. Park St.
Charlestown.
Francis, J. E., (A.) Odd Fellows Bldg.
Centralia.
Jennings, Louise F., (A.) 308 N. Locust St.
Chicago.
Allen, W. Burr, (Ac.) Trude Block.
Bartholomew, E. J., (A.) 134 Mentor Bldg.
Bernard, Roy, (A.) 201 Trude Bldg.
Biddle, J. Russell, (Ac.) 57 Washington St.
Bunting, H. S., (A.) 171 Washington St.
Carpenter, Geo. H., (S.C.) 405 Trude Bldg.
Dana, Frances, (S.C.) 304 Trude Bldg.
Dayton, Frank E., (Ac.) 204 Trude Bldg.
Darrow, C. R., (A.) 1173 N .Clark St.
Darrow, Mrs. Anna A., (A.) 1173 N. Clark St.
Gage, Fred W., (A.) 901 Champlain Bldg.
Goodspeed, Almeda J., (A.) 901 Champlain Bldg.
Holcombe, Dayton B., (Ac.) 501 Steinway Hall.
Kilvary, R. D., (Ac.) 45 Auditorium Bldg.
Kretschmar, H., (A.) Trude Bldg.
Landes, Agnes, (A.) 2030 Clarendon Ave.
Lucas, John H., (Ac.) 203 Trude Bldg.
Melvin, A. S., (A.) 300-57 Washington St.
Mitchell, C. Elizabeth, (A.) 400, 57 Washington St.
Littlejohn, J. B., (Ac.) 1906 Lexington St.
Littlejohn, Mrs. J. B., (Ac.) 1906 Lexington St.
Littlejohn, J. Martin, (A.) 928 Adams St.
Logan, Chas. L., (Ac.) 45 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.
Myers, Elizabeth V., (A.C.) 1838 Diversey Boulevard.
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.
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.
VanHorne, Helen, (A.) 908, 57 Washington St.
Young, Alfred Wheelock, (A.) 42 Auditorium Bldg.
Clinton.
Atkins, W. A., (A.)
Danville.
Schimdt, J. J. (A.)
Swartz, W. C., (A.) 311 Odd Fellows Bldg.
Decatur.
Martin, Elmer, (A.) 405 Powers Bldg.
Dixon.
Browne, E. M., (A.) Countryman Bldg.
Elgin.
McCall, T. Simpson, (A.) 20 The Spurling.
Todson, Clara L., (Bn.) 23 The Spurling
Galesburg.
Halladay, R. S., (A.) Triole Bldg.
Hemstreet, Cora E., (A.) Holmes Bldg.
Havana.
Fager, Emma C., (A.)
Henry.
Swift, H. C., (Ac.) West Parker Ave.
Hillsboro.
Pleak, J. J., (A.)
Ivesdale.
Gallivan, Kathryn L., (S.C.)
Jacksonville.
Loving, A. S., (A.) 12 Morrison Block.
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.
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.
Davis, W. E., (A.) 242 W. Court St.
Peoria.
Boyer, G. R. ,(A.) 334 Woolner Bldg.
Magill, Edward G., (A.) 228 Woolner Bldg.
Thawley, Edgar Q., (A.) 334 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.) 1721½ Second Ave.
Springfield.
Carter, Mrs. Georgia, (A.) 413 E. Capital Ave.
Carter, Walter C., (A.) 413 E. Capital Ave.
Mantle, Pauline R., (A.) 405 Pierik Bldg.
Penrose, J. T., (A.) Pierik Bldg.
Sullivan.
Bushart, E. E., (A.)
Taylorville.
Roberts, Arthur, (A.) 6 Anderson Block.
Tuscola.
Overton, J. A., (A.)

Washburn.
West, Bertha M., (A.)
Watseka.
Herrick, W. Edwin, (A.)
Waukegan.
Bischoff, Fred, (A.)

INDIANA.

Auburn.
Oswalt, Adam M., (A.) 116 N. Main St.
Bedford.
Schrock, Lorena M., (A.) 1540 "I" St.
Marshall.
Baker, Chas. F., (A.)
Bloomington.
Holland, J. Edwin P., (A.) 312 N. Walnut St.
Connersville.
Baughlman, J. H., (A.) 512 Central Ave.
McKone, Ida M., (A.) D. F. Roots Bldg.
Elkhart.
Crow, E. C., (A.) 2nd and Franklin Sts.
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.
Indianapolis.
Clark, M. E., (A.) 409 Board of Trade Bldg.
Maltby, John W., (A.) 618 E. 22nd St.
McNicoll, D. Ella, (A.) Pythian Bldg.
Rector, Chas. A., (3) 220 East North St.
Smith, Orren E., (A.) 516 Traction Terminal Bldg.
Spaunhurst, J. F., (A.) 529 State Life Bldg.
Tull, George, (A.) 727 Pythian Bldg.
Warner, Sumner E., (A.) 410 Board of Trade Bldg.
Williams, Kate, (S.C.) 435 State Life Bldg.
Kokomo.
Smith, Frank H., (A.)
LaFayette.
Vyverberg, Kryn T., (A.) 1 Taylor Bldg.
La Grange.
Chapman, J. A., (Sc.)
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.
Martinsville.
Barnett, John Ambrose, (S.) 221 E. Morgan St.
Michigan City.
Fogarty, Julia A., (A.) 312 E. Market St.
Princeton.
Springer, Victor L., (A.) 9 Wellborne Block.
Richmond.
Gardner, Emma Griffin, (A.) 23 N. 10th St.
Rensselaer.
Turfler, 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.)
Muskogee.
Andrews, L. V., (S.C.)

IOWA.

Ames.
Stewart, Frances G., (S.C.)
Anita.
Larrabee, T. B., (S. C.) Anita Bank Bldg.
Atlantic.
Bradbury, Chas. C., (S.C.) 12 Fifth St.
Finley, Chas. D., (S.C.) 610 Chestnut St.
Bedford.
Roberts, Kathryn, (S.C.)
Boone.
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.
Council Bluffs.
Brown, Clifford, (S.C.) 220 Merriam Blk
Creston.
Wagoner, Lillie E., (A.) Maple St.
Davenport.
Sharon, Thos. L., (A.) 126 Main St.
DesMoines.
Bowling, R. W., (S.S.) 1418 W. Locust St.
Fike, Emily M., (S.C.) 7 Florentine Bldg.
Johnson, Chas. W., (S.C.) Still College.
Kerr, George Asbury, (S.C.) 1023 Twenty-Fifth St.
Pickett, W. E., (Sc.)
Still, Ella D, (A.) 1716 9th St.
Still, S. S., (A.) 316 Century Bldg.
Stoel, Harry M., (A.) 1511 Locust St.
Thompson, C. E., (S.C.) 1104 Nineteenth St.
Young, F. P. (A.) Still College.
Earlham.
Shike, J. R., (S.C.)
Grinnell.
Hibbetts, U. M., (A.) 721 Broad St.
Kerr, Janet M., (S.C.) 721 Broad St.
Humboldt.
Christiansen, C. P., (S.C.) Main St.
Indianola.
Owen, Jas. E., (A.)
Leon.
Gates, Mary A., (A.)
Malvern.
Corbin, Milton E., (A.)
Marshalltown.
Bullard, John R., (A.) 28 E. Main St.
Burkhart, Exie L., (S.C.) 308 W. Main St.
Montezuma.
Trimble, Guy C., (A.)
Mt. Ayr.
Gilmour, J. R., (A.)
Mount Pleasant.
Keith, Mary C., (S.C.) 209 N. Main St.
Muscatine.
Leffingwell, Mrs. A. M. E., (S.C.) 514 Walnut St.
Oelwein.
Eller, Frances M., (A.) 111 N. Frederick St.
Oskaloosa.
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.)
Sidney.
Chappell, George G., (A.)
Sioux City.
Brown, Marcus E., (S.C.) 505-6 Metropol-

Cluett, F. G., (A.) 309 Security Bldg.
itan Bldg.
Storm Lake.
Parrish, U. S., (S.C.)
Vinton.
Hitchcock, C. C., (S.C.) Parsons Bldg.
What Cheer.
Barker, F. M., (A.)
Winterset.
Weir, T. P., (S.C.)

KANSAS.

Caney.
McKinney, Lula Ireland, (A.)
Clay Center.
Benneson, H. K., (A.) 434½ Lincoln Ave.
Emporia.
Armor, Gladdis, (A.)
Eudora.
Carr, S. V., (S.C.)
Hiawatha.
Hardy, Linda, (A.)
Holton.
Godfrey, Nancy J., (S.C.)
Hutchinson.
Hook, M., (A.) 16 1st Ave., E.
Minneapolis.
Howes, Luther Alan, (A.)
Paola.
McClanahan, J. L., (A.)
Parsons.
Williamson, J. A., (A.)
Pittsburg.
Trabue, Josephine A., (A.) Syndicate Bldg.
Willis, C. E., (A.)
Salina.
Hearst, Ethel L., (A.) 122 N. Santa Fe St.
Bower, J. H., (A.)
Wichita.
Stanley, Annie (A.) 329 E. Dong 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.)
South, J. F., (S.S.)
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.C.) 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.
Rush, Evelyn R., (A.) 400 W. Breckenridge St.
Carter, G. R., (A.) 507 Paul Jones Bldg.
Collyer, Frank A., (S.S.) 635 Second St.
Dinsmoor, S., (A.) Weissinger-Gaulbert Apartments.
Mayfield.
Day, J. O., (So.)
Owensboro.
Coffman, J. M., (A.) Fourth St.
Coffman, Kent W., (A.) 219 Fourth St.
Harris, Edwin L., (A.)
Paducah.
Gilbert, J. T., (S.S.) Brook Hill Bldg.
Neville, J. L., (A.) 331 Broadway .
Paris.
Petree, Martha, (A.) Agricultural Bank Bldg.
Shelbyville.
Carter, H. H., (A.)

LOUISIANA.

New Orleans.
Mayronne, Mme. Delphine, (A.) Cusach's.
Hewes, C. G., (3.) 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., The Somerset, 633 Congress St.
Howe, Alice E., (Ac.) 190 State 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.
McMains, Henry A., (A.) 837 N. Freemont Ave.
Quinn, Ella X., (Sc.) 518 E. North Ave.
Frederick.
Schmid, Edward L., (A.) E. Patrick St.
Hagerstown.
Smith, A. M., (N.) 121 W. Washington St.
Stevenson, Richard Givens, (Ac.)

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 Cumberland St.
Bearse, Ada M., (Mc.) 39 Huntington Ave.
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.
Dennette, F. A., (Bn.) 155 Huntington Ave.
Dunsmoor ,H. V., (Bn.) 176 Huntington Ave.
Ellis, S. A., (N.) 687 Boylston St.
Ellis, Irene Harwood, (A.) 687 Boylston St.
Ericson, Erica, (Bn.) 183 Huntington Ave.
Finneran, Margaret T., (Mc.) 164 Huntington Ave.
Lane, Arthur M., (Mc.) 266 W. Newton St.
Leavitt, Frank C., (Bn.) 755 Boylston St.
Lown, Anna B., (A.) 144 Huntington Ave.
MacDonald, John A., (A.) 39 Huntington Ave.
McWilliams, Alexander F., (A.) 421 Huntington Chambers.
Nott, Ellen Bird ,(Mc.) 164 Huntington Ave.
Olmsted, Harry J., (Bn.) 715 Colonial Bldg.
Purdy, Frank Leroy, (Mc.) 12 Huntington Ave,

Rogers, Alfred W., (A.) 121 Hemenway St.
Sherburne, F. W., (A.) 382 Commonwealth Ave.
Small, Mary A., (Mc.) 108 Huntington Ave.
Smith, George E., (Mc.) 30 Huntington Ave.
Smith, R. K., (Bn.) 755 Boylston St.
Taplin, Grace B., (Mc.) 1069 Boylston St.
Turner, L. C., (Mc.) 176 Huntington Ave.
Vaughan ,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.
Lake, F. Bourne, (A.)

Fall River.
Poole, I. Chester, (A.) 292 Pine St.

Haverhill.
Horn, George F., (A.) Simonds & Adams Bldg.

Jamaica Plains.
Moses, Lucy J., (A.) 10 Seaverns 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.

Marlboro.
Jones, William Henry, (Mc.) 200 Main St.

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

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

Newtonville.
McLaughlin, S. C., (Mc.) 3 Harvard St.

New Bedford.
Walker, Mary Wheeler, (A.) 288 Union St.

Newburyport.
Coburn, D. W., (Bn.) 100 High 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.

Springfield.
Allen, L. W., (A.) The Kenson, 10 Chestnut St.
Atty, Norman B., (N.) Court Sq. Theater Bldg.
Mayes, M. T., (A.) 211 Meekins, Packard & Wheat Bldg.
Robison, Alice A., (Bn.) 42 Dartmouth St.

Taunton.
Mager, Edwin J., (3) 58 Broadway.

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

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

Worcester.
Fletcher, Mary M., (S.C.) Central Exchange Bldg.
Gleason, Alson H., (S.C.) 765 Main St.
Reid, Geo. W., (A.) 1 Chathem St.
Spaulding, Wm. R., (Bn.) 738 Main St.

MICHIGAN.

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

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.) 206 Ward Bldg.

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

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

Detroit.
Aplin, Anna K., (A.) 405 Stevens Bldg.
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, Emilie L., (A) 676 Woodward Ave.
Hobson, Ancil B., (S.C.) Stevens Bldg.
McGavock, James E., (A.) 65 Washington Ave.
Millay, E. O., (A.) 232 Woodward Ave.
Renshaw, Della, (A.) 56 Winder St.
Sellards, Dorothy D., (S. C.) 678 Woodward Ave.
Severy, Chas. L., (A.) 232 Woodward Ave.

Flint.
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.

Jackson.
Greene, Wilmer D., (A.) 506 Carter Bros. Bldg.

Kalamazoo.
Glezen, R. A., (A.) Kalamazoo Nat. Bank Bldg.
Peebles R. B., (A.) Kalamazoo Nat. Bank Bldg.
Snow, G. H., (N.) 32 Chase 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.

Pontiac.
Charles, Elmer (S.C.)

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

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

MINNESOTA.

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

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

Minneapolis.
Flory, Wm. C., (N.) 520 Syndicate Arcade
Gerrish, Clara Thomas, (N.) 17 Syndicate Bldg.
Herron, John A., (A.) Century Bldg.
Kenney, Dwight J., (N.) 47 Syndicate Bldg.
Manuel, K. Janie, (N.) 712 Masonic Temple.
Pickler, E. C., (A.) 17 S. 6th St.
Rydell, John S., (C.C.) 1700 3rd Ave.
Willetts, A. G., (N.) 17 S. 6th St.

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.
Camp, Henry Clay, (C.) 68 The Buckingham.

Hall, A. H., (N.) 240 Arundel St.
Huntington, G. L., (N.) 801 Pittsburg Bldg.
Parker, F. D., (A.) 909 N. Y. Life Bldg.
Stern, G. M., (N.) 307 Baltimore Block.
Upton, Chas. A., (N.) 708 N. Y. Life Bldg.
Young, C. W., (N,) 801 Pittsburg Bldg.

Winona.
Middleditch, Sarah H., (A.) Exchange Bldg.

MISSISSIPPI.

Biloxi.
Bullas, Grace, (A.)

Corinth.
Skidmore, J. Walter, (A.)

Jackson.
Price, R. L., (A.) Merchant's Bank Bldg.
Randel, Delia B., (Sc.) 715 N. Congress St.

Laurel.
Feather, Effie B., (A.)

Vicksburg.
Oden, L. E., (A.)

MISSOURI.

Balckow.
Holme, T. L., (A.)

Booneville.
Spicer, D. F., (A.)
Spicer, Nettie L., (A.)

Calnesville.
Baker, H. N. (A.)

Cameron.
Talbott, Mrs. Emma E., (A.)

Carthage.
Wolf, Truman (A.)

Caruthersville.
Hunter, V. D., (So.)

Donephan.
Holsclaw, J. F., (A.)

Edina.
Brownlee, Annie McC., (A.)

Fulton.
Wenger, H. U., (A.) 814 Court St.
Wood, R. B., (A.)

Hannibal.
Bell, John A., (A.) 119½ S. Main St.
Cain, Mrs. Emma E., (A.) Masonic Temple.
Cain, Philip R., (A.)

Kansas City.
Bergin, P. J., (A.) 304 Owen Bldg.
Breden, Willannie, (A.) Densmore Hotel.
Cooper, Emma S., (S.C) 309 Deardorff Bldg.
Conner, W. J., (A.) 204 New York Life Bldg.
Edling, Ada L. Phelps, (A.) 316 Sukert Bldg.
Harwood, Mary E., (A.) 308 N. Y. Life Bldg.
Hofsess, J .W., (A.) 527 Shukert Bldg.
Loper, Matilda E., (A.) Deardorff Bldg.
Lyne, Sandford T., (A.) 612 Shukert Bldg.
Purdom, Mrs. T. E., (A.) 1017 E. 29th St.
Veazie, Ella B., (A.) 307 N. Y. Life Bldg.

Kirksville.
Bammert, Rena, (A.) A. S .O. Hospital.
Dobson, W. D., (A.) 315 E. Jefferson St.
Fiske, Franklin, (A.)
Harlan, W. F., (A.)
Hamilton, Warren, (A.)
Laughlin, Geo. M., (A.)
Link, Eugene C., (A.)
Parmelee, Cora G., (C.) 602 S. 6th St.
Pratt, Frank P., (A.) A. S. O. Infirmary.
STILL, ANDREW TAYLOR, (Honorary)
Still, Chas. E., (A.)
Still, Geo. E., (A.)
Walters, Mary A., (A.)

La Belle.
Johnson, Nannie A., (A.)

Lebanon.
Taber, Mary E., (A.)

Liberty.
Hemstreet, Sophie E., (A.)

Marshall.
Nuckles, R. H., (A.)

Maryville.
Craig, Arthur Still, (A.)

Memphis.
Benson, O. N., (3.)
Grow. James A., (A.)

New Franklin.
Burrus, Madison Cooper, (A.)

Queen City.
Starbuck, D .W, ,(A.)

Shelbina.
Mills, Ernest M., (A.)

Springfield.
King, T. M., (A.) National Ex. Bank Bldg.
Noland, Mrs. Lou T., (A.) 212 Baker Blk.

St. Joseph.
Hurst, Anna Holme, (A.) 43 Ballenger Block.
Smith, Millicent, (A.) 2522 Lafayette St.

St. Louis.
Bailey, Homer Edward, (A.) 229 Frisco Bldg.
Buddecke, Bertha A., (A.) 3230 S. Ninth St.
Bridges, Jas. P., (A.) Carleton Bldg.
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.) 706 Century Bldg.
Ingraham, Elizabeth M., (A.) 506 Vandeventer St.
King, A. B., (S.C.) 309 Mermod and Jaccard Bldg.
Notestine, Flora A., (A.) 706 Century Bldg.
Schaub, Minnie, (A.) 601 Carleton Bldg.
Shackleford, J. R., (A.) Century Bldg.

Tarkio.
Holme, E. D., (A.)
Paul, Theodore, (A.)

MONTANA.

Billings.
Lee, John H. (A.) Losebank Bldg.

Butte.
Cramb, L. K., (A.) 16 Owsley Block.

Fridley.
Corwin, F. E., (S.S.) Checo Hot Springs.

Great Falls.
Armond, Richard H., (A.) Vaugh Block.

Helena.
Mahaffay, Chas. W., (A.) Pittsburg Bldg.

Laurel.
Carey, Eliza M. (A.)

Lewiston.
Noble, Arza J., (A.) P. O. Bldg.

Livingston.
Hunter, Eva M., (A.) P. O. Bldg.

Missoula.
Willard, Asa, (A.) First National Bank Bldg.

Pony.
Bell, Allie Eleanor, (A.)

NEBRASKA.

Alliance.
Coppernoll, Orieannie, (A.)
Waller, Olive C., (A.)
Snare, Wilden P. (A.)

Ashland.
Moss, Joseph M., (A.)

Avoca.
Hull, Jesse L. (Sc.)

Beatrice.
Hardy, Clara, (A) 609 Ella St.

Chadron.
Mossman, H. A., (A.)

Fairbury.
Cramb, Lulu L., (A.)

Fremont.
Cobble, William Houston, (A.) Fremont National Bank Bldg.

Grand Island
Milliken, F. M., (A.) 221 E. 10th St,

Kearney.
Ireland, Harry M., (S.C.) 2100 Central Ave.
Lincoln.
Davis, W. L., Funk Bldg.
Graham, Mary E. Gordon, (S.C.) 1526 O St.
Minden.
Hamilton, Martha A., (S.S.)
Norfolk.
Meredith, Ortiz R., (S.C.) Cotton Block.
Omaha.
Atzen, C. B., (S.C.) N. Y. Life Bldg.
Schuyler.
Johnson, C. H., (S.C.)
Tekamah.
Merritt, J. P., (S.C.)
University Place.
Hoye, Emma, (A.) 124 W. St. Paul.

NEW HAMPSHIRE.

Berlin.
Cutler, L. Lynn, (Ph.) Berlin Savings Bank Bldg.
Claremont.
McPherson, Geo. W., (Bn.)
Dover.
Hills, Charles Whitman, (Ac.) 356 Central Ave.
Keene.
Carleton, Margaret B., (A.) 6 P. O. Blk.

NEW JERSEY.

Atlantic City.
Butcher, O. L., (A.) 1013 Boardwalk.
Jones, Laila Schaeffer, (A.) 517 Oriental Ave.
McCall, F. H., (S. C.) Penn Ave. and Board Walk.
Asbury Park.
Johnson, Julia A., (A.) 620 Cookman Bldg.
Bridgton.
Monks, James C., (S. C.) 112 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.
Whitesell, Nettie J., (At.) 345 Union Ave.
Hackensack.
Ayres, Elizabeth, (S.C.) 152 Main St.
Evers, E. D., (At.) Hamilton Bldg.
Goodrich, L. M., (A.) 13 Passaic St.
Whitney, Isabella T., (A.) 13 Passaic St.
Jersey City.
Beeman, Roy Herbert, (A.) 462 Jersey Ave.
Coffer, G. T., (At.) 18 Britton St.
Montclair.
Smith, Forrest Preston, (A.) 35 Park St.
Morristown.
Rogers, William Leonard, (A.) 138 South St.
Newark.
Colborn, R. M., (At.) 1007 S. Broad St.
Mitchell, Warren B., (A.) 738 Broad St.
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.
Cottrell, Mead K., (A.) 316 Broadway.
Plainfield.
Willcox, Frank F., (A.) 108 Crescent Ave
Red Bank.
Wolfert, William Jules, (Ph.)
Ridgewood.
O'Neill, Addison, (Ph.) 99 W. Ridgewood Ave.
Summit.
Mawson, Gertrude B., (A.) 4 DeForest Ave.
Trenton.
Murray, John H., (A.) 147 E. State St.
Westfield.
Corbin, J. Houser, (S.C.) 32 Summit Ave.

NEW MEXICO.

Alamogordo.
Hulett, M. Ione, (A.)
Santa Fe.
Wheelon, Chas. A., (N.) 103 Palace Ave.

NEW YORK.

Albany.
Hart, May V., (A.) 140 State St.
Smiley, Wm. M., (A.) 213 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.
Noble, Frances A., (At.) 132 Genesee St.
Batavia.
Graham, R. F., (A.)
Binghamton.
Casey, E. M., (A.) 420 Security Bldg.
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.) 70 Seventh Ave.
Bandel, C. F., (A.) Hancock St. and Nostrand Ave.
De Tienne, Jno. A., (A.) 1198 Pacific St.
De Tienne, Maud Waterman, (A.) 1198 Pacific St.
Ferguson, Joseph ,(S.C.) 118 Quincy St.
Fitzwater, Wm. D., (S.C.) 178 Prospect Park West.
Hadley, Anna, (A.) "The Touraine," 31 Clinton St.
Henry, Percy R., (A.) 3 Essex St.
Hollister, M. Cebelia, (A.) 944 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.) 34 Jefferson Ave.
Smallwood, Geo. S., (A.) Jefferson Arms Bldg., Jefferson and Franklin Aves.
Strong, Leonard V., (At.) 143 Seventh Ave.
Towner, Dan D., (Mc.) 1198 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, Irene, (Nw.) 1169 Main St.
Crawford, W. A., (N.) 923 Main St.
Dieckmann, Louisa, (A.) 415 Vermont St.
Foss, Martha M., (A.) 5 W. Oakwood Place.
Floyd, Ambrose B., (A.) 748 Ellicott Sq.
Harris, Harry M., (A.) 356 Ellicott Sq.
Howe, Frances A., (A.) 5 W. Oakwood Place.
Kugel, Arthur C. L., (Bn.) 469 Delaware Ave.
Lockwood, Jane E., (A.) 93 Prospect Ave.
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.)

Corning.
Breed, Arthur M., (S.C.) 126 Pine St.
Guthridge, Walter, B. Di., M. Di., (S. C.) 126 Pine St.

Dunkirk.
Sigler, Chas. M., (A.) 609 Central Ave.

Elmira.
Diehl, J. M., (S.C.) Robinson Bldg.
Hillabrant, Cora L., (S.C.) 652 Park Place.

Flushing.
Henry, Aurelia S., (A.) 201 Sanford Ave.
Merkley, George Harvey, (At.) 273 Sanford Ave.

Fredonia.
Johnson, N. A., (A.) 332 Main St.

Geneva.
Wanless, Richard, (A.)

Glens Falls.
Sweet, H. D., (S.C.) 267 Glen St.

Gloversville.
Kennedy, Seth Y., (A.) 37 Second Ave.

Hamburg.
Whittemore, F. G., (At.)

Herkimer.
Leffler, Wm. H., (At.) New Earl Bldg.

Jamaica.
Long, G. Percy, (A.) 309 Shelton Ave.

Jamestown.
Marshall, Elizabeth J. B., (A.)
Marshall, J. S. B., (A.)

Kingston.
Warren, Geo. S., (A.) 18 Pearl St.

Lockport.
Pontinus, Geo. A., (A.) 89 Main St.

Lyons.
Crofoot, Frank Adelbert, (A.) 73 William St.

Malone.
Lyman, Alice Parker, (Bn.) 159 Main St.

Middleport.
Walker, J. J., (A.)

Middletown.
Griffis, Frederick H., (Bn.)

Morriston.
Rogers, Wm. Leonard, (A.) 38 South St.

Mt. Vernon.
Buster, Will L., (At.) 110 Park Ave.

Newark.
Chittenden, W. C., (At.) 1 E. Miller St.

New Rochelle.
Bensen, Lester R., (At.) 311 Hugenot St.

New York.
Albright, Edward, (N.) 379 West End Ave.
Banker, J. Birdsall, (A.) 115 W. 71st St.
Beeman, E. E., (A.) 500 Fifth Ave.
Brill, Morris M., (Ph.) 18 West 34th St.
Buehler, John Benjamin, (Ph.) 18 W. 34th St.
Burns, Guy Wendell, (N.) 55 W. 33d St.
Burt, James E. (Ph.) The Forres, Broadway and 81st St.
Chagnon, Edward Everett, (Mc.) 37 Madison Ave.
Clark, A. B., (A.) 10085 Metropolitan Bldg.
Crane, Ralph M., (S.C.) 36 W. 35th St.
Dillabough, Anna. (N.) 209 W. 56th St.
Dillabough, W. J. E., (N.) 209 W. 56th St.
Dillabough, A. H., (A.) 209 W. 56th St.
Fechtig, St. George, (Ac.) 37 Madison Ave.
Firth, A. P., (At.) 156 Fifth Ave.
Fletcher, Clarke F., (A.) 143 W. 69th St.
Graham, G. E., (A.) 1851 7th 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.) 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 L, (A.) 49 W. 33d St.
Ligon, Ellen L. B., (A.) "The Cambridge" 5th Ave. and 33d St.
Mattison, N. D., (A.) 16 Central Park West.
Matthews, S. C., (A.) 505 5th Ave.
Moomaw, Mary C., (Ph.) 23 W. 34th St.
Morrison, Daniel N., (A.) 128 E. 34th St.
Myers, Ella Lake, (A.) 109 W. 34th St.
Nicholas, Rebecca, (A.) The Strathmore, 1672 Broadway and 52d St.
Novinger, Walter J., (A.) 1 W. 34th St.
O'Neill, Thomas H., (A.) 25 W. 42nd 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.
Spring-Rice, Theodosia M., (A.) 46 W. 96th St.
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. Rosalie, (Bn.) 156 5th Ave.
Walker, Mrs. Cornelia A., (A.) The Martinique, 56 W. 33d St.
Wardell, Sarah Corliss, (A.) 156 Fifth Ave.
Wardell, Eva R., (Ph.) "The Ansonia," 73rd St. and Broadway.
Watson, T. J., (A.) Hotel Woodward, Broadway and 55th St.
Webster, Frederick A., (Bn.) 245 W. 104th St.
Wendelstadt, Edward F. M., (A.) 81st St. and Columbus Ave.
West, John Allen, (A.) 40 E. 25th St.
Wetche, F. C., Fredrik, (Cc.) 122 W. 80th St.
Whitcomb, Mrs. Vernon O., (A.) Broadway and 72d St. and Amsterdam Ave.

Niagara Falls.
Davis, A. H., (At.) Elderfield & Hartshorn Bldg.
Larter, E. R., (A.) Sta. "A"

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

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

Peekskill.
Lichter, S., (A.) 1028 Brown St.

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

Port Richmond.
Bliss, Chas. W., (M.) 30 Vreeland 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.) 124 William St.
Camp, Chas. D., (Mc.) 222 Powers Bldg.
Daily, Lillian B., (Ph.) 425 Granite Bldg.
Thayer, H. A., (A.) Granite Bldg.
Rau, Marie Kettner, (A.) 247 Main St. E.
Williams, Ralph H., (N.) Chamber of Commerce Bldg.

Saranac Lake.
Lyman, Geo. P., (A.)

Schenectady.
Phillips, Grant E., (N.) 617 State St.

Silver Springs.
Monroe, Geo. T. (A.)

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.) New Rosenbloom Bldg.
Weed, Cora Belle, (Mc.) 226 E. Onondaga St.
Troy.
Frink, Elizabeth, (S.C.) 92 4th St.
Greene, W. E., (A.) 1818 5th Ave.
McDowell, J. H., (S.C.) 102 Third St.
Utica.
Bossert, Jacob H., (At.) 30 Gardner Bldg.
Clapp, Carl D., (A.) 22 Evans Bldg.
Van Dyne, Oliver, (Ac.) 52 Gardner Bldg.
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.
Leeds, George T., (A.) 87 N. Broadway.
Nielsen, Hans, (At.) 237 S. Broadway.

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.
Glascock, A. D., (A.)
Durham.
Tucker, A. R., (A.) Loan & Trust Bldg.
Goldsboro.
Zealy, A. H., (S.S.) 111 Chestnut St., East.
Greensboro.
Tucker, S. W., (S.S.) 402 McAdoo Bldg.
Raleigh.
Glascock, H. W., (A.) 504 Tucker Bldg.
Rocky Mount.
Carson, Merl J., (S.C.) 231 Sunset Ave.
Salisbury.
Armstrong, Roy M., (S.S.)
Smithfield.
Stevens, Della K., (S. S.)
Statesville.
Basye, A. A., (Nw.)
Wilson.
Carson, Earl J., (S.S.)
Winston-Salem.
Echols, R. M., (A.)

NORTH DAKOTA.

Fargo.
Basye, E. E., (Nw.)
De Lendrecie, Helen, (Nw.)
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.
Maxwel, B. C., (S.C.) Clewell Block.
Worstel, H. E., (S.C.) 304 Folwell Block
Cincinnati.
Booth, E. R., 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.
Shepherd, L. K., (A.) Groton Bldg.
Thompson, Margaret S., (S.S.) San Marco Bldg.
Wernicke, Clara, (A.) 55 Haddon Hall.
Circleville.
Wilderson, W. H., (A.)
Cleveland.
Aldrich, Wm. H., (A.) 589 The Arcade.
Forquer, J. W., (A.) 603 Osborn 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.
Kerr, Clarence V., (A.) Lennox Bldg.
Miller, A. L., 410 New England Bldg.
Singleton, R. H., (S.C.) 435 The Arcade.
Sheridan, Margaret, (A.) 20 Lucerne Ave.
Columbus.
Coffland, Florence, (A.) 1284 Oak St.
Dyer, Mary Maitland, (A.) 613 Columbus Savings & Trust Bldg.
Hulett, M. F., (A.) 702 Capital Trust Bldg., 8 E. Broad St.
McCartney, L. H., (A.) 715 Harrison Bldg.
Nichols, Ada M., (Ac.) 702 Capitol Bldg.
Scott, J. H. B., (A.) 502 New First National Bank Bldg.
Scott, Katherine McLeod, (A.) 1126 Bryden Road.
Tilden, Roy E., (S. C.) 355 The Trcade.
Dayton.
Gravett, W. A., (A.) 103 Conover Bldg.
O'Connor, Katherine, (A.) 34 McPherson St.
Stout, Oliver G., (A.) 505 Conover Bldg.
Delaware.
Bumstead, Lucius A., (A.) 104 W. Central St.
East Liverpool
Wilson, Elizabeth V., (A.) 118 Sixth St.
Findlay.
Peel, Lucy Kirk, (A.) 215½ So. M St.
Galion.
Mansfield, B. R., (A.) 340 Boston St.
Greenville.
Seitz, Anna E., (A.) 333 W. 4th St.
Hamilton.
Urbain, Victor P., (A.) 111 Dayton St.
Hickesville.
Tuttle, R. E., (S.C.)
Kent.
Hall, W. W., (S.C.) Water St.
Kenton.
Gaylord, W. A., (S.C.)
Lancaster.
Long, J. H., 202 S. Broad St.
Lima.
Peirce, Josephine Liffring, (S.C.) The Elektron.
Lisbon.
Johnson, Jessie B., (A.) Brewster Block.
London.
Dill, Emma B., (A.) R. F. D. No. 7.
Koontz, Effie, (A.)
Marietta.
Boyes, E. H., (A.) 185 Front St.
Marion.
Dugan,R. C., (A.) 126 Vine St.
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.

Piqua.
Gravett, H. H., (A.)
Port Clinton.
Washburn, Daisy Eva, (A.) Masonic Temple.
Sandusky.
Dann, H. J., (A.) I. O. O. F. Bldg.
Arand, Chas., (A.) 1017 Osborne St.
Springfield.
Sackett, E. W., (A.) 32 Bushnell Bldg.
Steubenville.
Bumpus, J. F., (A.) 406 Market St.
Toledo.
Kerr, Franklin E., (A.) 1115 Adams St.
Liffring, L. A., (N.) The Nasby.
Liffring, W. J., (N.) National Union Bldg.
Pratt, Mary E., (A.) 402 National Union Bldg.
Reese D. H., (A.) 442 The Nichols.
Reese, W. E., (A.) 442 The Nichols.
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.
Marstellar, Chas. L., (A.) Dollar Savings Bank Bldg.
Zanesville.
Quick, Roy T., (A.) 17 S. 7th St.

OKLAHOMA.

Atoka.
Garring, Chas. K., (A.)
Oklahoma City.
Dalley, C. E., (Sc.)
Mahaffay, Mrs. Clara A., (A.)
Rouse, J. M., (S.C.) 125½ Main St.

OREGON.

Albany.
Marshall, Mary M., (S.C.) 224-6 Broadalbin St.
Ashland.
Sawyer, Bertha E., (S.C.) Williams Block.
Astoria.
Hicks, Rhoda Celeste, (A.) 573 Commercial St.
Baker City.
Samuels, C. T., (A.)
Eugene.
Studley, H. L., (C.)
La Grande.
Moore, F. E., (A.)
Moore, Hezzie Carter Purdom, (A.)
McMinnville.
Wilkens, J. H., (A.)
Newberg.
Bowers, Homer D., (A.)
Pendleton.
Hoisington, G. S., (A.)
Portland.
Akin, Mabel, (S.C.) 403 Macleay Bldg.
Akin, Otis F., (S.C.) 403 Macleay Bldg.
Gates, Gertrude Lord, (N.) 406 Macleay Bldg.
Graffis, R. S., (S.C) 319 Mohawk Bldg.
Macfarlane Clara, (P.) 308 Swetland Bldg.
Ramsey, Cylthie J., (P.) 403 Macleay Bldg.
Rogers, W. A., (A.) Marquam Bldg.
Schoettle, M. Teresa, (A.) 512½ Williams Ave.
Shepherd, B. P. (N.) 308 Swetland Bldg.
Smith, L. B., (A.) 409 Oregonian Bldg.
Salem.
Mercer, Wm. L., (A.)

PENNSYLVANIA.

Allentown.
Allen, Wm. H., (At.) 42 S. 7th St.
Beaver Falls.
Irvine, S. W., (S.C.) 1116 Seventh Ave.
Berwick.
Freas, M. J., (At.) Dickson Bldg.
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. Louther St.
Chambersburg.
Gunsaul, Irmine Z., (N.) 21 S. Main St.
Charleroi.
Wright, Clarence C., (S.C.)
Chester.
Mack, Raesley, S., (Bn.) 114 Broad St.
Clearfield.
Gray, C. W., (A.)
Corry.
Morse, Herbert F., (S.C.)
Du Bois.
Heyer, Frank, (A.) 42 N. Brady St.
Easton.
Beam, Wilson, (S.C.) 12 N. 3rd St.
Cary, Robert Drake, (A) East Trust Bldg.
Eden.
Randall, Helen Morton, (A.) care F. & L. Institute.
Ellwood City.
Bradley, Oscar Evans, (A.)
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.
Germantown.
Roberts, W. L., (A.) 150 W. Chelton Ave.
Webb, Ida DeLancy, (Ph.) 461 Wayne Ave.
Greensburg.
Rohacek, Wm., (A.) 208 N. Main St.
Harrisburg.
Kann, Frank B., (Ph.) 315 N. Second St.
Vastine, Harry M., (A.) 109 Locust St.
Lancaster.
Jones, E. Clair, (At.) 20 W. Orange St.
Kellogg, H. R., (A.) 33 W. Orange St.
Latrobe.
Snedeker, O. O., (A.) First Nat'l Bank Bldg.
Lehanon.
Brunner, M. W., (Ph.) 815 Cumberland St.
Lock Haven.
Baugher, L. Guy, (A.) 211 E. Water St.
McKeesport.
Mutschler, O. C., (Ph.) 430 Shaw Ave.
Meadville.
Sash, Elizabeth, (A.) Flood Bldg.
Newcastle.
McCaslin, Annie, (A.) 68 E. North St.
McCormick, J. Porter, (A.) 79 E. North St.
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.
Barrett, Onie A., (Ph.) 1423 Locust St.
Bentley, Lillian L., (Ph.) 1533 Chestnut St.
Beitel, Walter Lewis, (Ph.) Keith's Theatre Bldg.
Bigsby, Myron H., (A.) 321 Weightman Bldg.
Brown, Flora, (A.) 3,222 Mt. Vernon St.
Bryan, Charles Tyson, (Ph) 1524 Chestnut St.

Burleigh, Edward D., (Ph.) 800 Perry Bldg., 1530 Chestnut St.
Campbell, A. D., (A.) 1524 Chestnut St.
Cohalen, John A., (Ph.) 883 N. 25th St.
Curran, Cecelia G., (Ph.) 402 Mint Arcade Bldg.
Dufur, J. Ivan, (A.) 35 S. 19th St.
Dunnington, Margaret B., (Ph.) 620 Real Estate 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.
Graves, W. Armstrong, (Ph.) 3033 Germantown Ave.
Howell, Jose C., (Ph.) 348 Mint Arcade 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., (Ph.) 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. Anette, (Ph.) Mint Arcade.
Pressly, Mason W., (N.) 401 Hale Bldg.
Romig, Kathryn, (A.) 341 Mint Arcade Bldg.
Ross, Simon P., (Ph.) 1000 Land Title Bldg.
Scott, Jane, (Ph.) 326 Mint Arcade.
Snyder, J. C., (Ph.) 414 Pennsylvania Bldg.
Snyder, O. J., (N.) Witherspoon Bldg.
Turner, Nettie Campbell, (A.) 925 Land Title 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., 405, Liberty National Bank Bldg.
Compton, Emma M., (S.S.) 323 Pittsburg Life Bldg.
Compton, Mary, (S.S.) 323 Pittsburg Life Bldg.
Craven, Jane Wells, (A.) Methodist Bldg., 268 Shady Ave., E. E.
Gano, Chas. H. (A.) 1007 Arrott Bldg.
Goehring, Harry M., (A.) Schmidt Bldg.
Grubb, W. L., (S.) Pittsburg Life Bldg.
Hansen, Edward N., (A.) 4514 Forbes St.
Heine, Frank, (A.) Nixon Bldg.
Husk, Noyes Gaylord, (At.) Arrott Bldg.
Marshall, F. J., (A.) 1026 Park Bldg.
Peck, Vernon W., (N.) 631 Penn Ave.
Stafford, Florence Brown, (A.) 625 Clyde St., East End.
Tebbetts, Geo. Woodman, (A.) 5605 Penn Ave.
White, Bertha O., (A.) 5115 Center Ave., East End.

Pottsville.
Lidy, I. Henry ,(Ph.) Raring Bldg.

Reading.
De Long, Laura, (A.) 511 Oley St.
Vastine, Herbert, (A.) 42 N. 9th St.

Sayre.
Mandeville, J. E., (At.) 106 Lockhart St.

Scranton.
Benedict, A. May, (At.) 2513 N. Main Ave.
Downing, J. T., (At.) 805 B. of T. Bldg.
Harvey, K. G., (At.) 15 Coal Exchange Bldg.

Sunbury.
Huston, Grace, (A.)
Miller, John W., (Ph.) 418 Market St.

Tarentum.
Kline, Lyman C., (S.C.) 532 Second Ave.

Union City.
Oneland, Sarah C., (A.) Spraul & Morrow Bldg.

Wellsboro.
Lyon, Louis A., (At.) 71 Main St.

Wilkes-Barre.
Hook, Virgil A., (A.) 406 Second National Bank Bldg.

Williamsport.
Hughes, Alice, (Bn.) 238 Pine St.
Wood, J. Fred, (A.) 20 W. 3rd St.

York.
Cormeny, Howard J., (A.) 42 W. Market St.
Downing, Edwin M., (Ph.) Rupp Bldg.

RHODE ISLAND.

Providence.
Flanagan, Chas. D., (3) 146 Westminster St.
Flanagan, Louisa C., (A.) 146 Westminster St.
Handy, Annie Prince Thompson, (A.) 21 Beacon Ave.
Rhoads, A. W., (At.) 385 Westminster St.
Roberts, Annie M., (A.) 146 Westminster St.
Strater, J. Edward, (Bn.) 268 Westminster St.
Sweet, Ralph A., (A.)
Wall, Clarence H., (Bn.) 163 Elmwood Ave.

Westerly.
Colby, Irving, (A.) 58 High 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.

Greenville.
Scott, W. E., (A.) 325 Main St.

Rock Hill.
Lucas, T. C., (S.C.) Supply Co. Bldg.

Spartanburg.
Butcher, Frances M., (A.) Hydrick Bldg.
Hale, Walter Keith, (Ph.) 107½ E. Main St.

Sumter.
Vickers, A. W., (S.) 18 S. Sumter St.

Union.
Sims, Mary Lyles, (A.) Main St.

SOUTH DAKOTA.

Britton.
Wisner, Tillie, (A.)

Canton.
Eneboe, Lena, (A.)

Huron.
Betts, C. Steele, (A.)

Watertown.
Jones, G. P., (N.)

TENNESSEE.

Bristol.
Dykes, A. L., (A.) Interstate Bldg.

Chattanooga.
Barnes, Mrs. Clarence, (S.S.) 31 Loveman Bldg.
Blocker, Bolling L., (A.) 625 Carlisle Place.
Downer, Lerond A., (A.) 710 James Bldg.
Evans, A. L., (A.) 710 James Bldg.

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.
Cupp, H. C., (A.) 5 Odd Fellows Bldg.
Norman, P. K., (A.) 110 Randolph Bldg.
Thomas, Maude B., (A.) 626 Goodman Institute Bldg.
Viehe, H., (So.) 516 Randolph Bldg.
Morristown.
Ashlock, Hugh Thomas, (A.)
Nashville.
Collier, J. Erle, (S. S.) Stahlman Bldg.
Duffield, Bessie A., (A.) Willcox Bldg.
Harrison, Ella Grainger, (S.S.) 314 Jackson Bldg
Mitchell, C. T., (So.) Willcox Bldg.
Ray, E. C. (A.) Willcox Bldg.
Ryan, Pearl M., (S.S.) Willcox Bldg.
Williams, W. Miles, (S.S.) Willcox Bldg.
Winchester.
Wheeler, Sarah E., (S.S.) Hotel Fuller.

TEXAS.

Austin.
Bathrick, Rose, 822½ Congress Ave.
Cleburne.
Ray, A. D., (A.)
Dallas.
Allison, Adele, (A.) 131 Annex Ave.
Harris, D. S., (S.C.) 326 Linz Bldg.
Holloway, Jas. L., (A.) 435 Wilson Bldg.
Dennison.
Wynne, Ionia Kate, (A.) 801 W. Main St.
Ft. Worth.
Harris, M. B., (A.) National Bank Bldg.
Larkins, Earl E., (A.) 203 Ft. Worth Nat'l Bank Bldg.
Ray T. L., (A.) 203 Ft. Worth Nat'l Bank Bldg.
Gainsville.
Bryan, A. L., (A.) 115 E. Pecan St.
Greenville.
Wells, Geo. A., (A.) Tippitt 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.
Hassell, Nellie, (A.) Riverside Bldg.
Hassell, Stonewall J., (A.) Riverside Bldg.
Peck, Mary E., (A.) Hicks Bldg.
Peck, Paul M., (A.) 64 Hicks Bldg.
Sherman.
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.

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.
Loudon, Harry M., (A.) 199 S. Union 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.
Tazewell.
Bowen, Margaret E., (A.)

VIRGINIA.

Danville.
Carter, Chas., (A.) Dudley Block.
Lynchburg.
Shumate, Chas R., (A.) Cor. Church and 6th Sts.
Norfolk.
Willard, Wm. D., (A.) Paul-Gale-Greenwood Bldg.
Richmond.
Fout, Geo. E., (A.) Virginia Bldg.
Shackleford, E. H., (A.) 102 E. Grace St.
Stewart, G. H., (Mc.) 40 Riverview.
Roanoke.
Bowen, Wm. D., (A.) 1 W. Grace St.
Walkup, Marie Buie, (A.) 105 Campbell Ave.
Staunton.
Kibler, James M., (A.) 126 E. Main St.

WASHINGTON.

Bellingham.
Knox, J. F., (A.)
Munn, Allen, (A.)
Bryn Mawe.
Ross, Hettie M., (C.)
Cheney.
Most, William, (A.) Bank of Cheney Bldg.
Everett.
Pugh, J. M., (A.) Am. Nat'l Bank Bldg.
Hoquiam.
Walsh, F. K., (A.) P. O. Bldg.
Kent.
Glenn, J. Orlin, (A.)
North Yakima.
Howick A. B., (A.)
Pomeroy.
Abegglen, C. E., (S.C.) Allen House.
Johnson, R. S., (N.)
McFadden, J. Clinton, (S.C.) Allen House.
Prosser.
Coon, A. S., (A.)
Coon, Mary E., (A.)
Ritzville.
Abegglen, C. E. (Sc.)
Seattle.
Boyles, Lewis G., (A.) Am. Bank Bldg.
Eck, Margaret C., (3) 305 Shafer Bldg.
Ford, Walter J., (A.)
Maxey, C. N., (A.) 503 Northern Bank & Trust Bldg.
Megrew, J. L., (A.) Peoples' Savings Bank Bldg.
Newman Celia Janette, (A.) 442 Arcade Bldg.
Peterson, E. Anton, (N.) Washington Bldg.
Potter, Wm. A., (A.) Washington Bldg.
Smith, M. Antoinette, (M.) 1703 Howard Ave.
Sedro Woolley.
Murphy, J. W., (A.)
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.
Baldy, Blanche L., (3) 312 Provident Bldg.
Baldy, James B. (3) 312 Provident Bldg.
Chase, Roger E., (N.) 205 Maritime Bldg.
Goff, A. L., (S.C.) 232 Provident Bldg.
Rust, Chauncey C., (A.) 307-8 Provident Bldg.
Slayden, R. H., (N.) 304 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.) The "Savoy."
De Vries, Emma O.,(A.) The Farragut, 17th and "I" Sts.
English, Morton A., (Bn.) Colorado Bldg.
Goodpasture, C. O., (A.) 2449 18th St.
Hodges, P. L., (A.) 817 14th St., N. W.
Kirkpatrick, Geo. D., (N.) Bond Bldg.
Malcolm, Robert C., (S.C.) The "Savoy."
Shibley, Mrs. Alice Patterson, (A.) The Ontario.
Stearns, C. H., (A.) Pope Bldg., 14th St., N. W.
Smith, Wilbur, L., (A.) W. Loan & Trust Bldg.
Trust Bldg.
Talmadge, Kathryn, (A.) 518 Colorado Bldg.
Tufts, Clarissa Brooks, (A.) Apartment 1, The Wyoming.
Westlake, Clara A., (S.C.) The Iroquois.
Winbigler, C. F., (Ph.) The Alabama, 11th and N. Sts.

WEST VIRGINIA.

Huntington.
Seaman, W. J., (A.)
Wheeling.
Doneghey, A. I., (A.) 1323 Chapline St.

WISCONSIN.

Appleton.
Culbertson, Eliza M., (A.)
Baraboo.
True, Minnie W., (A.)
Beloit.
Young, John R., (3) 326 Goodwin Bldg.
Eau Claire.
Matson, Jesse E., (A.) Ingram Block.
Fond du Lac.
Breitzman, Edward J., (A.) Galloway Block.
Wright, F. A., (S.C) Haber Block.
Grand Rapids.
McIntyre, Geo. M., (Ac.) McKinnon Bldg.
Green Bay.
Olds, E. M., (S.C.) 601 Wilner Bldg.
Janesville.
Lindstrom, F. C., (S.C.) 322 Hayes Block.
La Crosse.
Jorris, A. U., (N.) 312 McMillian 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.) 608 Merrill Bldg.
McNary Wm. D., (M.) Matthews Bldg.
Sanders, Maude M., (M.) 565 Bradford St.
Sanders, W. A., (M.) 565 Bradford St.
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.)
Noordhoff, L. H., (S.C.) 83 Main St.
Olum, F. N., (N.) Bent Block.
Racine.
Dalton, Leone, (A.)
Spencer, Platt Rogers, (3) 424 Main St.
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.
Pierce, Charles E. (S.C.)

MANITOBA.

Winnipeg.
Cornelius, Mary B., (A.) 485 Sherbrook St.

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.
Galt.
MacRae, John N., (A.) United Empire Bank Chambers.
Guelph.
Detwiler, Sara B., (At.) McLean Block.
Haileysbury.
Hilliard, Wm. F., (A.)
Hamilton.
Lewis, W. O., (At.) 67 James St. South.
Wenig Geo., (A.) 54 Federal Life Bldg.
Ottawa.
Bishop, J. Clifford, (Bn.) 397 Albert St.
Hardie, Jessie B., (Bn.) 224 Laurier Ave., West.
Toronto.
Bach, James S., (S.C.) 704 Temple Bldg.
Henderson, Robert B., (N.) 48 Canada Bank Bldg.
Jaquith, H. C., (A.) 111 Confederation Life Bldg.
Millard, F. P., (A.) 4 Richmond St., E.
Pigott, Adalyn K., (A.) 152 Blood St., East.

QUEBEC.

Montreal.
Burgess, A. S., (N.) 182 Peel St.

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.

Edinburgh.
Hudson Franklin, (A.) 100 Princes St.
Glasgow.
Ovens, J. Paterson, (Cc.) 260 Bath St.
Streeter, Jessie Fulton, (Bn.) 225 Bath St.
Streeter, Wilfrid A., (A.) 225 Bath St.
Walker, L. Willard, (Bn.) 255 Bath St.

MEXICO

CHIHUAHUA.

Terrazas.
Goodale Robert H., (P.) F. C. C. M.

GERMANY.

Dresden.
Moellering, Bertha W., (N.) Munchuerstrasse 8.
Moellering, Herman H., (N.) Munchuerstrasse 8.

AMERICAN OSTEOPATHIC ASSOCIATION
CASE REPORT.

By Dr..... *Office*.....
1. *Diagnosis. Name of infectious disease*.....
2. *Name*..... 3. *Residence*.....
4. *Married or single*..... 5. *Age*..... 6. *Sex*.....
7. *Children*..... 8. *Occupation*.....
9. *Previous treatment*.....
.....
10. *History of case*.....
(*a*) *Family history*.....
.....
.....
(*b*) *Previous attacks*.....
(*c*) *Mode of infection* .....
(*d*) *Prodromes* .....
.....
(*e*) *Date and manner of onset*.....
11. *Symptoms* .....
(*a*) *Symptoms and physical signs* .....
.....
.....
.....
.....
(*b*) *Other symptoms and physical signs*.....
.....
.....
12. *Osteopathic lesions*:
(*a*) *Bony* .....
Cranial .....
Vertebral .....
Thoracic .....
Pelvic .....
Upper limb .....
Lower limb .....
(*b*) *Muscular* .....
(*c*) *Ligamentous* .....
13. *Urinalysis* .....
14. *Other laboratory tests*.....
15. *Progress of disease and complications*.....
.....

.....

.....

16. *Temperature chart* .....

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.....

.....

17 *Treatment* .....

(*a*) *Was directed to what areas?*.....

.....

(*b*) *What manipulations were employed to correct lesions?*.....

.....

(*c*) *To excite or retard functional activity?*.....

.....

(*d*) *How much reliance was placed on general treatment for results?*

.....

(*e*) *Were there any changes in method as the case progressed?*

(*f*) *Frequency of treatment*.....

(*g*) *How long course of treatment?*.....

(*h*) *Directions about diet, baths, exercise, etc*.....

(*i*) *What sanitary precautions*.....

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.....

.....

18 *Resultss* (*a*) *Cure or failure*.....

(*b*) *Symptoms relieved in what order?*.....

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(*c*) *What, if any sequelae?*.....

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(*d*) *What lesions corrected?*.....

(*e*) *What lesions remained?*.....

(*f*) *Remarks* .....

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DIRECTIONS—Report carefully and in detail. Be accurate and scientific. Make a regular habit of reporting cases. Do not send testimonials.

Return this report to Dr. Edythe Ashmore, 42 Vapley Bldg., Detroit, Mich., and apply to her for more blanks gratis, or using this blank as an outline, write upon any stationery.

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THE PRINCIPLE OF OSTEOPATHY.

J. MARTIN LITTLEJOHN, M. D., D. O., LL. D.

I will take as the subject of my paper an important article, entitled "A Review and a Forecast," from the pen of Dr. C. M. T. Hulett that appeared in the April, 1905, issue of the A. O. A. Journal. It bears directly upon questions relating to osteopathy of the greatest significance and raises points that must be studied closely. It is exactly in line with our own convictions.

We must lay aside all prejudice and all feelings of jealousy in discussing these questions. Let us feel that each one is honest in his views of the possibilities and the necessities of osteopathy. Unanimity of sentiment is an ideal that may come in some far off millenium, but at present it is not possible, nor desirable. Government in connection with the opposition of parties, each loyal to the nation and the national flag, is not an unmixed evil, but a necessary outcome of the fallibility of human opinion on questions of political expediency and the interpretaton of rights and duties.

Science as well as philosophy has developed this wholesome antagonism of opinions regarding the unsolved problems of our age in these departments. Medicine, including osteopathy, cannot be exempt from this diversity of opinion. Much more osteopathy because of its newness and the phenomenal growth it has had during the last decade.

Osteopathy a Principle.

Osteopathy represents a principle, not a set of principles, many sided and capable of almost infinite applications in the field of practice. For this reason we have always contended that its applicability extends to the entire field of possible disease. The rapid development of the system has made it impossible to realize the full and far reaching extent of these principles. *Utility* has been very largely the guide, because we have been delving into a *field of possibilities* in the direction of *relieving suffering, aiding nature* and *preventing disease and its spread.*

No man has the authority of infallibility to place any limitations upon this principle or its application. And yet difference in experience is a necessity, diversity of opinion formulated in the field of experience is also a necessity. This diversity is the basis for discussion and honest discussion is the only avenue to the discovery of the truth. We have seen this in the past history of science and it must have its application to the Science of Osteopathy equally with the other sciences. Newton's first law of nature was simply the starting point in the evolution by inductive methods of the *Laws of Physics* in the field of nature. And we are yet only in the infancy of our knowledge of these laws and their application.

The discovery of osteopathy by Dr. A. T. Still was the opening of a new door in the field of science, the promulgation of a new principle in the development of therapeutic science and the starting point of investigations into the application of this principle in universal nature and life. The Doctor of Osteopathy is a teacher of the known principles and the methods of application of these principles. But he is also an investigator into the further and fuller applications of these principles in the department of therapeutics. The case reports edited for the A. O. A. by Dr. Edythe Ashmore illustrate the practical application of the osteopathic principle in fields of practice formerly undreamed of.

Some have made light of hypotheses, alleging that facts alone are the basis of science. With this we cannot agree. Where would science have been but for those bold and daring spirits that forged ahead into the field of the hypothetical, delving into and divining the possibilities of principle and its practical application. The Roentgen Rays, Radium, the spirit of gold discovery in hitherto unknown gold fields, are all examples of this hypothetical spirit and genius. The Christian religion in its sacred writings has laid down a principle applicable to Christianity that may well be universalized, "the testimony of Jesus is the spirit of prophecy"—universalized as "the testimony of science—that is the truth—is the spirit of prophecy." He who has this spirit and is clothed with the mantle of science becomes the prophet of the science, an oracle than whom no diviner representative can be found on earth. His heart pulsates in harmony with the rhythmic life of the ages and he can discern because he foresees the application of principle to practice.

Osteopathically we are now in the prophetic period of our history, because we are making history for the future, we are laying down principles that will stand the tests of the future and we are making the possibilities of the future osteopathic profession.

Senator Beveridge recently wrote, "the simple life is all right, and the strenuous life too, and the artistic life, no doubt; and all the other kinds of lives. They have their places, I suppose. I am not greatly interested in any of them. But I am interested in the natural life. That alone is truthful. And, after all, only the truthful is important." In the field of therapeutic science, this is equally true. Osteopathic science does not represent the written or spoken views of any one man or any body of men. The oracular has no place in science. Hence, while we reverence the work of the discoverer and his followers in the osteopathic field, the word of any one man or number of men does not make that word scientific. *The contribution of the founder was the unveiling of a principle in its practical application. The work of his contemporaries and successors is the work of more complete unveiling, and especially the flooding of that principle with light from every realm of thought and life, until it becomes so luminous that every eye must see it and every mind perceive it as the truthful.* This gives to every osteopathic worker a place in the economy of development.

Osteopathy a Positive Truth.

Osteopathy is not something *negative* but truly a *positive*. Skepticism regarding the value and utility of drugs and unnecessary operative surgery led to the *negation* of those hitherto acknowledged means of therapeutic science. But this laid the foundation for a *positive constructive philosophy* of healing. In other words, *method or means,* in the previous history of medicine has been dignified with the significance and even made synonymous with the *principle*. This is brought out in the recent use of *materia medica, theory and practice, therapeutics*. In a published statement from Dr. J. W. Holland, Dean of Jefferson Medical College, Philadelphia, we are told that anatomy, chemistry

and physiology are the minor branches in the medical curriculum. Pray, what are then the major branches. Materia Medica and therapeutics, of course. These are supposed to represent the sum total of the science of medicine. In the early part of this century in the medical schools there was a chair of the *Principles of Medicine*. In some of the older European schools *The Institutes of Medicine* represented and still represent the subject of *physiology*, the truest representative of the real fundamental principles of medicine.

Osteopathy not only a Method.

We must guard against this error in osteopathy. Dr. Hulett emphasizes this when he speaks of the fatal mistake of making osteopathy synonymous with "the manipulative removal of lesion." Here we dignify method and means by putting the method in the place of that principle which is a law of nature. This overzealous misapprehension of the osteopath has given scope to the false view of osteopathy so generally entertained by the medical fraternity, that it is simply rubbing, or correcting lesions or manipulating in some way or other. Correction or manipulation is all there is to the science, according to this view. We are here making the same mistake that we charge to the rest of the medical profession, viz.: putting effect in the place of cause, neglecting etiology while emphasizing incidental or accidental signs of an inherent condition, emphasizing the method and overlooking the principle which is of first importance.

The Fundamental Principle.

What then is the principle of osteopathy? Is there some fundamental maxim that can be said to be the pivot around which everything else revolves? Nine years ago we expressed our view as follows and nothing has arisen since to alter that expression: "Our concept of osteopathy is that of a system with one central general principle, viz.: *The diagnosis* of disease from the standpoint of interference with vital activity in the structure and environment of the body as an organism; *therapeutics* represents the correction of these abnormal conditions in the organism and its environment so that normal vital expression is possible."

Dr. Still was primarily a practician. His autobiography presents him as the philanthropist seeking for the ways and means of helping mankind to outlive the limitations of disease and get rid of the impediments to normal health. In this work of his he ran up against existing methods and he found them valueless. This placed him in antagonism to existing systems, simply because his method was not theirs. The older therapeutic maxim, as Dr. Hulett puts it, was, "the vital processes themselves were to be directly modified by an extraneous stimulus added to the organism to increase lagging functioning, repress excessive functioning or correct perverted functioning. The vital activities are the automatic expression of the inherent forces of life itself, made manifest through the physical structure. Disease relates to the structure and to its environment and not to the source or character of these forces."

Vital Force Back of all Physical Phenomena.

This means, as we view it, that vital force is the animating principle of life, life manifesting itself in the physical phenomena, because the physical is all that we know, see, perceive, or can influence physically. The vital force itself cannot be increased or decreased, except in so far as its distribution through organic structure may be altered. Hence the field of vital manifestation represents the entire structure of the organism. Vital health represents a condition in which this vital manifestation is uninterrupted or unobstructed in the organism or any of its parts, or unmodified by environing conditions, such as temperature, moisture, gases, climate, etc. Unhealth represents that condition in which the vital force is interrupted or obstructed in such a way by the structure of the

organism or by environment or by environmental changes so that normal vital manifestation is impossible. "Osteopathy rests on the proposition that the reparative and curative forces are in the protective functional activities of the body itself and that the end of therapeutics is the removal of conditions disturbing their free operation."

Stimulation and Inhibition.

Dr. Hulett claims that Dr. Still's teaching was emphatically and always adverse to the stimulation and inhibition idea. He admits that a part of the environment of the body structure represents "the number and kind of nerve impulses." And he also admits a change in "the stream of nerve impulses" beyond the limits of the needs of the organism producing disease. What does this signify? Inhibition is a vital phenomenon, not a vital process. It is one of the environing manifestations of the living structure of living tissue, viz.: reflex or automatic response or reaction to environmental stimuli. Cut off these stimuli that underlie the vital phenomena of the nerve apparati and the life of the structure is impossible. Inhibition and stimulation (acceleration) are, therefore, environing phenomena of structure. They represent, if normal, the normal stream of nerve impulses; if abnormal, a change in the stream of impulses that depends on lack or excess of environing stimuli. In normalizing the stream of impulses or the blood current by stimulation or inhibition, we are not directly modifying the vital processes, but making up for the lack or excess of environmental stimuli necessary to these vital phenomena.

In this sense inhibition or stimulation is osteopathically therapeutic because corrective of the obstructive or interrupted environing stimuli necessary to the normal functional responses or reactions of the organism. Inhibition or stimulation in such a case becomes *a means* of rectifying the vital manifestation and thus permitting the full and free expression of the inherent vital forces through structure responsive to environment. We have heard Dr. Still recommend and we have seen him demonstrate the application of inhibition and stimulation to the blood current in connection with the abdominal aorta. Why? Because it rectified an obstructed condition of the blood circulation. This, of course, is palliative or preparatory treatment.

Physical Structure Including Environment.

The environment of life is really a part of life's physical structure. It is in this sense that diet and hygiene, antiseptic and germicidal agents belong to the osteopathic therapy. It may not be generally known but the best remedial agent to check the action of the malarial parasite within the blood is corn meal and common salt in combination. We had occasion to recommend the use of this dietetic germicide in the case of a boy recently who had been filled up with calomel, quinine, colchicine, and other drugs without results. Osteopathic treatment controlled the temperature and regulated the liver action and this simple dietetic expedient purified the blood.

True Surgery—a Part of Osteopathy.

It is in the same sense that the surgery of the removal of parts of the organism that have become dangerous to the organic life is also an essential part of osteopathy. It is in this sense we have frequently spoken of food lesions, hygienic lesions and surgical lesions—these representing factors of obstruction or impediment to normal vital expression, the removal of these being necessary to the normal vital manifestation. Here there is no appeal to the vital forces, the vital processes or the origin of these and there is no attempt made to alter the character of the vital forces or processes. This is in line with the original idea of a lesion in the structure field, for structure includes environment.

Comparison of Therepeutic Principles.

It is in this way alone that we can carry out the universal application of the osteopathic principle. Only in this way are we entitled to claim that we have a perfect system. We endorse the position of Dr. C. M. T. Hulett that every means used therapeutically may be classified under one of two heads, (a) medicinally, as a means, through some drug substance or its potential equivalent, of modifying the vital processes or the underlying vital force; or (b) as a means of correcting or removing conditions that obstruct or interfere with the manifestation of the vital activity in the so-called vital processes. We differ from Dr. Hulett in the application of the alternative principle, for light, sunlight, hot air, may be of value in altering the physical structure or environment; vibration may be of service in the field of correction, particularly in the structural relations of the ribs, just the same as diet, habits of life and environment may also be serviceable in the field of correction.

An Independent School Because an Independent Principle.

It becomes us under such circumstances to hold fast to our principle and test its application in fields hitherto unexplored, with an open mind as to the acceptance of its validity in those fields, not because *as a method* it is osteopathic or otherwise, but because the *principle it subserves* is osteopathic or otherwise. We strongly emphasize the point that in such a way alone can we maintain our independence as a school of practice and make ourselves strong so that we shall be physicians in the true sense of the term.

(1) The osteopathic principle, therefore, lying at the foundation of our conception of disease or unhealth, is that of physical interference, obstruction or maladjustment. The therapeutic principle is that of correction or removal or adjustment, so that the physical medium of vital manifestation, including its environment, may be absolutely undisturbed. Structural relations and correlation within the organism must always remain the prominent factors in our therapy. This will make the corrective work based on manipulation of the greatest importance, but *only as a means*. This we must always remember, lest we put means in the place that is reserved for principle.

Prevention in Osteopathic Field.

(2) Next to this comes the field of prevention in connection with diet, hygiene and bacteriology. These must be sufficiently understood and attended to, so that the environing conditions of the structure may be so free that no obstruction to free vital action may prevent the life forces from keeping up the physical structure at its maximum of integrity. If there are germicides, these belong to osteopathic therapeutics as a *means* of removing disturbances to normal adjustment, whether the germ is a result of lowered vitality or a cause through infection or contagion of still further lowering vital activity, so that self-recuperation becomes impossible.

Poison Must be Eliminated—Chemical Physiology Field.

Antidotes for active poisonous conditions or passive poisons cumulated in the structure of the cells or tissues of the body, or collected in tumorous masses, or organized around foci of degenerating tissue structures in morbid growths, are also osteopathic, because these represent *the means* of removing obstructions to physical expression of life force. A cure of these conditions without such removal is impossible.

As long as these poisons are in the system, the structural integrity of the nerve cells is incapable of functioning normally, because the toxin acts as a continued irritant. Hence this disturbing element must be taken out of the life stream. In dealing with this disturbing factor, toxicology must take account

of two forms of intoxication, (a) an active poisoning in which the chemical substance lies on the superficial plane of the circulation or on the surface of the nerve tissue or mucous membrane or on the surface of the field of the metabolic cycle. (b) A passive intoxication in which the poison has become a part of, incorporated into, or modified the dynamic force of the organism, the tissues, organs or cells, the poison being stored up in some dynamic form that keeps it continually in the fluid and nerve stream that passes through the centers of nerve tissue. This seems to exert a continued check upon the cell or tissue structure so that normal function, particularly of the nervous system, is impossible.

The persistent use of patent medicines, and the continued use of bromides, iodides, mercury, etc., in the course of the medicinal treatment of diseases, points to the necessity for meeting cumulative poison action. Collier's Weekly of March 25, 1905, calls attention to harmful results from the use of a common fad remedy, *Liquozone*. The writer has been able to demonstrate by chemical tests applied to the secretions and excretions, and by the use of the substances extracted from these secretions and excretions by injection into animals like the dog, cat and rabbit, that such substances as arsenic, sulphonal, chloral, cocaine, morphine, the toxins of some of the infectious and contagious diseases, like diphtheria, scarlet fever, syphilis, remain in the system for many years, producing the symptoms of a cumulative deposit of poison or its dynamic equivalent, and when eliminated giving the reactions of the original drug substances.

In tumorous growths the accumulation of the auto-toxins and the foreign poisons, taken into the organism in medicine form, as well as the waste of metabolism, tissue degeneration and defective elimination can also be proved. Do we wonder that chronic neurotics, paralytics and imbeciles are found everywhere around us? No, because these are the wrecks of drug action, auto-intoxication and metabolic waste degeneration. The structure and environment of the physical frame becomes absolutely *toxic* or *intoxicated*, and no cure is possible until this intoxication is removed, so that the stream of life forces may pass unobstructed through the structural parts of the organism. And just as no one would attempt to treat a case of carbolic acid, prussic acid, illuminating gas poisoning by manipulation; so in these cases of poisoning by other substances, toxicological measures must be adopted to rid the structure of that poison that prevents it from being the normal medium of expression for the life forces before a cure can be expected.

Bacteriology and Osteopathy.

(3) The same principle applies to the so-called germ diseases. We have no evidence that germs are the first cause of disease, except where the germs convey toxins. The self-protective power of vital endurance in the cells and tissues is lowered or lessened before germs can find a lodgment. When the vital force is lowered below the point of protection, it is impossible to expect the organism to be capable of recuperative action. If bacteriology under these circumstances can furnish germicides sufficient to kill the germs or some of them or to render them either inactive or less active, as they are thrown upon the surface circulation, then the recuperative vitality of the organism will be reserved for the upbuilding processes. If antiseptics are available to meet and counteract sepsis, when the destruction of the germs and the liberation of the toxins takes place, then another osteopathic measure is at our command to aid in the process of removing all the hindrances to perfect structural adjustment. It is true that pure blood is the best germicide and antiseptic; but are there not conditions in which the body is unable to respond to the promotion and increase of the blood forming function so as to present a sufficient quality and quantity

of blood for those purposes? Life itself in many cases hangs in the balance and it takes but a very little to sway the pendulum in the direction of death.

It has been demonstrated that fresh air, exercise and sunlight in the open air treatment of tuberculosis are absolutely essential for *germicidal* and *antiseptic* purposes. No one can cure tuberculosis or even check it, if the patient remains in a stuffy and stifled and ill-ventilated atmosphere medium, or if the patient remains passively unresponsive by lack of physical exercise, or if the proper diet is not furnished to *force nutrition* and metabolism along such lines as shall compel the tissues to reconstruct their substance free from waste, degenerated matter and poisons. What are those gases that we meet with so often in gastric, intestinal and other diseases? Why, they are the products of degenerative changes, fermentive processes and the destruction of cumulative wastes..

Diet and Sanitation.

(4) We must remember that we cannot accept views in the field of diet, hygiene and sanitation, simply because they are fascinating, as recent medical and non-medical literature is exceedingly rich in these studies. We must have our central thought in the osteopathic principle and glean from these fields of life factors calculated to help us become thorough osteopathic physicians. Diet, hygiene, sanitation, etc., can only be made therapeutic in so far as they are subservient to and helpful to us in carrying out our etiological view of disease and its correction. If disease is caused by tissue derangement or maladjustment in the tissue itself, in alignment, position or relation, or in its environment, or in both or all of these, then the fundamental principles of diet, hygiene and sanitary science take on a new meaning and become as they ought to be the principles of osteopathic practice.

In this way we must round out our professional equipment by gathering about our central principle, those facts from the different fields of life necessary to make osteopathic practice, independent of every other system of practice. In doing so we make true progress, because we carry our principle with us into all the possible fields of disease and make ourselves the true physicians of the future.

Osteopathic Surgery.

(5) All along the line of the history of osteopathy has the surgical idea been prominent. Dr. Still declares that the osteopath "is a surgeon and his work is that of a surgeon in all diseases peculiar to the human family that he is called to relieve by his knowledge of normal anatomy. He knows the abnormal and by his adjustment he gives the relief sought and he gives it as a surgeon who understands the form and function of the body and all its organs."

His hand surgery, the original idea of a surgeon, cheir-ourgon, enables him to adjust structures, to coapt separated articulating surfaces or structures, and to unite parts severed by the solution of tissue structure continuity. Operative surgery enables him to remove parts that endanger the life or integrity of the organism. Here the principle is the same as that applied in the simpler osteopathic case, viz.: *the removal of an impediment to vital expression and to the integrity of vital action.* We protest against the idea of surgery as specialism outside of osteopathy and also the attempt to limit osteopathic practice to that misnomer, minor surgery. Surgery is an integral part of the osteopathic science and art. Its principle is *not similar* but *identical.*

In order to make our science independent, coextensive with the field of the science and art of healing, we must have complete equipment in the surgical field. The great danger in the modern specialism of surgery is that every condition of disease is looked on as a probable operative case. And the trouble in the surgical diagnosis is that it simply aims at relieving a local condition, without reference to the organic whole.

The osteopathic field of surgery is primarily the bloodless field. This is the field of greater dislocations and lesser displacements. Viewing these from the osteopathic standpoint, the disturbance is regarded as one of *maladjustment* rather than of *malposition*. The therapeutic side, therefore, is one of adjustment rather than that of corrected position of structure.

Technique of Hip Dislocation. Adjustment.

The so-called Lorenz operation will illustrate this. According to Lorenz the dislocated hip must be reset. He must ride rough-shod over the soft tissues, tearing, separating and even rupturing from their osseous attachments, these soft tissues, so that the bone structures may be placed in apposition, and if necessary, re-form or form anew the articulating facet. The osteopathic principle teaches us that structures must be adjusted by the mechanics of mobility, not by the mechanics of force, by physical adjustment, not by tearing or breaking loose till we can place in proper position. Preparatory relaxation of the soft tissues paves the way for the adjustment of the articulating structures.

To Illustrate the Technique.

In doing this, treatment is directed (a) to the overcoming of adductor muscle resistance in the thigh by extension, rotation and abduction accompanied by kneading of the muscles along the internal thigh from the knee upward to the pelvis; (b) by placing the thumb posterior to the head and neck of the femur and applying pressure forward the thigh is flexed on the abdomen, *first,* with flexion at the knee, *second,* gradually extending the knee and foreleg, at the same time rotating the whole limb on the hip joint, abducting and adducting, until the posterior muscles around the hips become relaxed and the extensors can be extended so that the foot can be carried up to the shoulder; (c) with the patient on the face, articulation of the spine is given especially in the lumbar and sacral regions. This is followed by working up posterior from the anterior superior spine of the ileum with downward pressure over the sacrum to relax all the articulations in the sacro-iliac-pelvic areas. Then the limb is flexed backward with pressure over the sacrum, *first,* the whole limb being in extension, *second,* with flexion at the knee, the hyper extension and flexion at the hip being kept up until the heel can rest on the sacro-pelvic area. (d) Patient is then placed on the back, one hand is placed over the ileum and symphysis just above the trochanter level, strong pressure being exerted downward to the table so as to hold the pelvis solid, (a) the limb is then flexed at the knee, while I place my free arm under the flexed knee and pull, at *first* straight up from the body, *then* with a swinging movement upward and downward and laterally, until the ligamentous structures are relaxed and the trochanter can be pulled away from the ileum; (b) I then take the limb in the flexed position, bend it under the other limb (flexed with foot resting on the table) until the foot, from knee to heel horziontal with table, can be pulled up so that the heel will rest on the soft tissues above the trochanter on the opposite side; (c) I then make downward traction on the limb, all the limb extended, catching the leg just above the knee, making extension, *first,* at an acute angle to the table with slight abduction and *second,* on a level with the table with greater abduction, and *third,* increasing extension to hyper extension while increasing still more the abduction and lowering foot, knee and thigh backward below the level of the hip, the hip being held solid during this manipulation.

I have described this technique of treatment as it was applied for some months, at first three times and later twice a week, in the case of congenital hip dislocation in a child between two and three years of age. The dislocation was set without the use of the plaster of paris cast. The child, in this case, had never walked.

In other cases where the limb or limbs have been used, it is necessary to reduce the dislocation and support in hyper extension by means of a cast. After the preparatory treatment given to stretch the shortened muscles, ligaments and soft tissues generally, an anaesthetic is given to induce the most perfect relaxation. Child is placed on back. The knee is flexed at a right angle, then the thigh is rotated, *first* outward to the level of the table, and *second* inward sufficiently to permit of the complete flexion of the hip on the trunk. Place the thumb or thumb and finger posterior to the trochanter for the purpose of support and to determine as well as aid in guiding the movement of the trochanter. Then the flexed limb is abducted to the right angle position relative to the trunk. Exaggerate this abducted flexion by pressure applied below the knee, maintaining the posterior thumb and finger support to the trochanter. In this position, grasp the leg just below the knee and gently but firmly twist the leg, held solid in the flexion of abduction, upward from posterior to anterior making the sweep greater at foot, slightly less at the knee and less at the hip, then give a slight jerking movement of the limb, still held solid in flexion and abduction away from the body. The head of the femur should slip, during this pr to its normal level. Then raise the trunk on some support, e. g., a pa box; hold the pelvis solid to this support, while the flexion and abductic are chang d to hyper extension and abduction, lowering the foot and ankle below the level of the hip joint. It is in this hyper extended and abducted position the cast is put on, the limb being held in this position, while the patient is made to walk freely to aid in the formation of a stable articulation of femur and acetabulum.

Principle of Osteopathic Surgery.

Much of the surger of fractures, dislocations and sprains must be leavened by the osteopathic p le. Numberless cases of stiffened joints and rigid articulations are pr as the result of the improper use of the splint, plaster cast, brace, etc. How could this be changed? By remembering that in all surgical work immobility applied to a fracture is simply *the means to the carrying out of a principle.* Immobility is designed to overcome the solution of continuity, excessive relaxation, rupture, or to reestablish articulatory conditions. But immobility means the suspension or the absence of the life conditions of *mobility of tissue, circulation of fluids, transmission of nerve impulses,* and above all it suspends, and if kept for a length of time, it destroys the adjustment of structures. The osteopathic principle in all cases is that of adjustment and if we must coapt structures, relax or contract soft tissues, force the formation and development of an articulating facet, the object must be that all the separate parts may be brought into harmonious coactivity, without one part dragging or lagging or hindering this adjusted life activity.

The medical treatment of curvatures by means of braces, springs, supports, etc., compared with the osteopathic treatment by adjusting all the contiguous tissues and thus gradually restoring normal activity, articulation and support to the ligamento-osseous, osseous and muscular structures, well illustrates the difference. The replacement of displaced organs by the use of tampons, ventro-fixation, abdominal trusses and belts, the cutting of tense ligaments or muscles in the field of gynecological surgery, muscular clipping in the surgery of the eye, muscle cutting in torticollis and such like, illustrate the old surgical idea of *simple local palliation.*

Osteopathic surgery deals with these from the standpoint of the disturbance causing excessive relaxation or excessive contraction, altered adjustment of the body from the spine so altering the central gravity line of the body and the relations of the organs within the cavity of the body trunk, that organs lose their pressure support in the cavity in which they are located. In these cases

the knife, the sound, the repositor, are unosteopathic. The osteopathic principle teaches us to correct inequality in trunk or spine posture, or maladjusted tissue, organ or spinal vertebrae *relations*. Replacement or corrected position will follow in the order of nature.

The surgical treatment of tumors by operation, especially the malignant tumors, has not yielded very gratifying results. Osteopathic surgery points to mechanical disturbances either on the nutritive or eliminative sides, as the cause of the overgrowth or the new growth. The lymph and venous blood are frequently obstructed, and as soon as these are liberated by the correction of the maladjustment, the tumor becomes floating, if tightly bound to some tissue structures, and softening takes place preparatory to disintegration and elimination. Operative surgery relieves a local growth by removing it, without taking account of the toxic condition of the blood, the impaired or neurotic condition of the nervous system, and the structural or environmental lesion producing the diseased condition. Malignant tumors, if removed from one particular location, will recur unless the primary cause of the growth is also removed. Here osteopathic surgery as a *dernier ressort*, (1) will remove the localized tumor if it is endangering life or health; but (2) it will not stop there, it will correct the primary condition causing the growth and thus prevent its recurrence.

This will show the position of osteopathic operative surgery. Instead of representing an end in itself, viz.: to remove the part affected, surgery is an *osteopathic means to an end*, viz.: a means of conserving the health, force and protective power of the organism, and an end to be aimed at for the entire recuperation of the patient's health. The dangerous factor is removed just as we correct or remove an ordinary lesion, because it stands in the way of that perfect adjustment necessary to health.

Are we ready to take the full responsibility of an osteopathic practitioner? Are we willing to meet all the possibilities and contingencies that arise, because we have accepted the osteopathic theory? Every time we send a case to another school of practice or call in a practitioner of medicine, because of timidity or our own failures, we confess our inadequacy to meet conditions and our inability to stand alone as a true physician. I do not plead for a departure from osteopathic principles, because we cannot mix the osteopathic theory with any other theory. I plead for the application of *the basic principle of osteopathy* to every field of the healing art. No other method can help us if we fail in our own because I believe that if we apply our principle as the guide to practice, in no field will we require to fall down. Failure lies in individual incompetency.

TO BE CONCLUDED IN NEXT ISSUE.

RESEARCH COMMITTEE APPOINTED.

The A. O. A. trustees have authorized the appointment of a Committee on Research which President Moore will at once fill. This committee is to work in connection with the Council of the Post Graduate College in finding out who is doing research work, who is capable of doing it, and encouraging the work. It is suggested that the first funds available be applied to this research work. It seems entirely right that this work be encouraged by paying something for the time expended on it. Every practitioner is interested in this work being done and should be willing to contribute to the end that research may be carried on. The moral is: Contribute to the Post Graduate College fund, and make it possible that those who can do this research work may prosecute it.

A FEW WORDS ON LABOR, WITH REPORT OF SOME ABNORMAL CONDITIONS.*

M. F. HULETT, D. O., COLUMBUS, O.

The field of the osteopath is as wide as we make it, or as narrow as the individual practitioner's choice or capacity. Dr. Andrew Taylor Still, in his pioneer researches, promulgated a philosophy broad enough to cover the whole realm of therapeutics. Sometimes, perhaps, in our limited conceptions, we may fail to grasp this broad view of the science. Yet this is no fault of the philosophy. Dr. Still first experimented with a few chronic ailments. He met with success. This stimulated him to greater zeal; and, as the light was given him, his conceptions enlarged, until now he sees his followers entering all fields in which the maintenance of life and health are concerned. But perhaps in none are they more thoroughly master of the situation than in that of the obstetrician; *provided* they have accepted the *good* from experiences of the past, are *wise* enough to *eliminate* that which is *contrary to nature,* and *are thoroughly familiar* with the newer methods as taught by the school which they represent.

We have been told that familiarity with the normal is a fundamental principle in osteopathy; that acquaintance with natural conditions makes diagnosis and treatment easy. The value of this principle, in general, is unquestioned. Yet in the practice of obstetrics, in so far as the mechanical technique of delivery is concerned, it is not so generally applicable. A normal labor needs little attention—that is, it is a *physiological process,* and, under natural conditions, would work itself out without detrimental sequelae. A good nurse at such times will do as much for the patient as the ordinary physician. But it is the rare and trying situations—not so very rare, either, in these days of artificial living—when the uterus is inert; pelvic dimensions small; fetal head large; or when the fetus, in his premature gymnastics, had landed breech or transverse, that taxes the skill of the amateur—and often of the experienced—accoucher.

My first experience in obstetrical practice was entirely too successful. The results were so pleasing that the problem appeared too easy; and, as a natural consequence, there was developed an over-abundance of self-confidence, which later has received some bumps of experience long to be remembered. This further experience has opened up to me a broader, and, I hope, a safer view. It is of this broader view, and lessons drawn from *personal,* although limited, *experience,* about which I wish to speak. And I must limit myself almost exclusively to a brief statement of those *fundamental principles* which are essentially osteopathic in their origin.

The first point worthy of especial mention in delivery is to secure as complete cervical relaxation as is possible. An aid to this end, which I believe is not mentioned in medical literature, is an *inhibition* (pressure) on the round ligaments where they cross the pubes. Just what is the physiological action, and how accomplished, are questions not yet satisfactorily answered. But a possible solution is that these round ligaments, or other structures in relation thereto, contain certain nerve fibres which transmit the force that maintains the muscular tone of the cervix. This inhibition hastens relaxation, and thereby much sooner terminates labor. It also necessarily aids in preventing laceration of the organ. Another effect is that the patient is enabled thereby to reserve the most of her latent strength for the final expulsive effort.

Another point of much importance to the patient is that of controlling the suffering accompanying contractions. This can be done to a large extent by digital pressure upon the clitoris; thereby permitting a steadier and more effective expulsive effort. As labor advances, during the spreading of the

*Read at 10th Annual Meeting Ohio Osteopathic Society, Grand Hotel, Cincinnati, O.

pelvis, much can be done to relieve the severe pains low down in the back by manipulation of the lower lumbar and sacral regions, and by pressure upon the posterior sacral nerves.

Second lumbar stimulation—a make-and-break pressure movement—a treatment which will bring motion between the segments—will aid in securing contractions, when needed.

To assist the head to pass through the brim of the pelvis, spread the thighs by heavy, steady pressure close up to the buttocks during contraction. Sometimes the head may lodge on the tuber ischi. A rotation of the limb—one or both—(leg flexed on thigh, thigh on trunk, adduct knee, abduct foot, and extend.) This movement (best during relaxation) broadens the distance between the tuberosities by moving the sacro-iliac articulation. Another aid in passing the brim is to bring pressure downward on the child through the abdominal wall during contractions; also by an occasional shifting of the whole abdominal weight. This can be accomplished, too, to some extent, by having the patient take different positions.

We have been told that vaginal interference during contractions is uncalled for, and may even retard the work. Believing in the general truth of the claim, yet I am not willing to entirely accept it. I have found that occasionally even at this period beneficial results may be secured, by inserting the fingers and passing them around the head while it is pressed downward. This tends to loosen it, and also often accelerates the expulsion when all the force possible is needed, and when there need be little fear of laceration.

After the lower strait of the pelvis is passed, the hard work of expulsion is over, but not the critical stage. Much care should now be exercised, and the accoucher's skill at this time may determine the future health and comfort of the patient. Mothers with perineal weaknesses, the result of improper protection or neglect at this critical period are entirely too common, and does not speak well for the science of midwifery. The fetus descends not on the axis of the outlet. It comes down behind, and must be turned forward. The natural contractions of the uterus upon the child forces it, sometimes including a fold of the rectum, against the perineal floor, and tends to push the whole mass straight ahead with it. The head, therefore, must be guided to the front. This can be done (best during relaxation) by digital pressure from behind the anus below the coccyx, through the rectum, and also from within the vagina. And as the uterus contracts, insert the fingers in the vagina, palm posterior, and press back the whole floor, being careful to smooth out any folds of the rectum or other parts. Keep it back both during contraction and occasionally at the rest period. As the outlet is forced open, be careful to protect from external laceraton. Prevent a too rapid expulsion by holding the head back, and by pressure upon the perineal floor. A slow dilatation will usually permit the head to pass without a tear. Occasionally, during relaxation, insert the fingers and slowly but firmly stretch the marginal tissues. (I intended to make this part of my paper very emphatic. But at the critical moment language has failed me. The *proper protection* of the *vaginal wall* and the *perineum* is an *important one.* If once lacerated, even though *repaired with exact surgical nicety,* the wound tissue then formed will be a *menace* at all *future births.*) Schroeder states that the perineum is torn in 34 per cent. of primipara and 9 per cent. of multipara. I believe here is an important advantage which the osteopaths possess, in securing better relaxation of the parts. (In my own experience there has never occurred a cervix laceration; and the only vaginal and perineal one in normal presentation occurred in a woman about 30, second child, the first having been a forced birth, in which even forceps failed to deliver, and version was performed, with laceration almost to the rectum.) Some physicians, when a

perineal laceration seems unavoidable, draw a knife across the outlet margin, claiming that a clean cut is more satisfactorily repaired than a tear.

The Afterbirth.

After waiting a sufficient time for completion of the third or placental stage —20 minutes, or longer, if the patient continues to do well—grasp the fundus of the uterus through the abdominal wall with one hand and press it back against the promèntory of the sacrum, and with gentle traction on the cord the placenta can usually be expelled. Use little force on the cord. Do not tear it loose. If it does not come easily, insert the hand and bring out the whole mass, being careful to separate from the uterine wall any possible adherent pieces. Continue to hold the uterus, giving it a circular movement, until it becomes round and hard. Watch carefully for at least an hour that it does not again relax, which it may do when least expected, especially in uterine inertia or when chloroform has been used. (In one case in my experience, in patient about 44, mother of eight, normal labor except that there was some uterine inertia, and in which pains, although fairly strong, continued at intervals of about 20 minutes throughout the whole of the first and second stages—five hours—about three-fourths of an hour after placental delivery a relaxation of the uterus occurred, with a severe hemorrhage, enough to cause temporary blindness and great prostration from anaemia. The hemorrhage was stopped by mons veneris irritation. More care and watchfulness on my part might have prevented this.)

A case was reported to me sometime ago in which hemorrhage occurred over a week after delivery, so severe that packing with gauze was required. I am suspicious that this was not a mere relaxation of the uterus, although so reported by the physician. A small piece of retained placenta may have been responsible.

We cannot be too careful in our efforts to prevent hemorrhage. Not only because results may be fatal, but every unnecessary drop of blood lost draws to that extent upon the vitality of the patient. Hemorrhage may be stopped by mons veneris irritation. Cold applications to the abdomen are good—or slapping with a wet towel. The old line physicians still depend to a large extent upon ergot; but I question whether this is either necessary or advisable.

It may not be out of place in connection with this paper to mention some points which have suggested themselves from actual experience.

In premature escape of the liquor amnii look for the much-dreaded "dry labor"—a hard and long continued expulsion, with possible abnormal presentation. In two instances recently there was rupture of the water bag one week before labor began. Both were breech presentations. (The breech, offering a less complete (and irregular) plug for the brim of the pelvis than the vertex, is conducive to such condition.) Both were primipara, 31 and 33 years of age. Both, too, had previously for some years been semi-invalids—one nervous, of particularly weak heart, and considerable pelvic disorder, tending toward prolapsus and retroflection, she having had a miscarriage at two months about a year previous. The other, an anemic, with indigestion, poor assimilation and general lack of nutrition. In the first case labor proceeded slowly for about 36 hours, with occasional intervals of some hours without contractions. Patient's strength was at last so nearly spent that forced delivery seemed advisable. Assistance was called, chloroform given and child delivered feet first, the head lodging so persistently in the vagina that forceps were used. Perineal laceration requiring three stitches. Child, seven pounds, much emaciated and lifeless; was revived with difficulty, but died in first convulsion about fourteen hours later.

In the other case, after waiting about 15 hours without progress, contractions being weak and ineffective, delivery was forced, under chloroform. In this one

the feet were so far beyond the reach—almost a sacrum presentation—not quite enough crosswise to call it transverse—that forceps were applied to the innominates and delivered after the second attempt, the instruments slipping the first time. The head came through with the aid of the hands only. Perineal and vaginal wall laceration requiring five stitches—two internal to the posterior vaginal wall. Child, seven and one-half pounds, lifeless, but was revived by artificial respiration without much difficulty in a few minutes, and is now a healthy six-months' old girl.

Both mothers made rapid and uneventful recoveries.

(A peculiar development in the mother in the last case might be of interest. On the third day she was attacked with hives, which subsided in a day or two. The breasts enlarged as usual, but there was no milk, save a few drops, and in a few days became flabby and dry.)

In all cases of breech delivery there is great danger—especially in primipara—of perineal laceration, as it is necessary to force a speedy termination of labor, because the compression of the cord by the head will soon asphyxiate the child—some authorities say nine minutes is the limit; I am inclined to think this too long; four sounds better to me.

Forceps.

I do not *condemn,* neither do I entirely *agree* with the methods of the *school* or the *teacher* who takes an extreme position against the use of forceps. We must admit that the *inexperienced practitioner,* and the hurried one, is entirely too prone to hasten delivery at the expense of the welfare of the patient. This, too, may be urged upon him by the patient, who is over anxious to terminate labor, not realizing that a slow delivery may be the only means of securing for her future health. It is a violation of natural laws—it is barbarous—to force delivery to save a little time to the physician. His time should have no influence in deciding a matter of so grave consequences, and he who has no better excuse to offer should suffer the penalties of malpractice, that his nefarious work might cease. But, granted that this may be true, the object of the obstetrician is to aid nature in bringing into the world a new being with as little as possible of injury and discomfort to mother and off-spring. If this can be done manually—and it usually can—well and good. But is it not possible for the child's head to become so lodged in the narrow pelvic strait, or when an inert uterus refuses to act, that the use of the instruments might aid in loosening it; and cannot this be done to mother or child without injury, if properly applied? Or, would not the injury, if any should occur, be less than that resulting from further prolongation of labor? It is my opinion that a judicious instrumental application may sometimes save the patient much and prolonged suffering, and occasionally the life of either mother or child, or both. Be it far from me to advocate indiscriminate instrumental delivery. I am satisfied that they are used far too often. But it is the abuse, not the proper use, of forceps, which I would most vigorously condemn. The instruments, like the proverbial Texan's revolver, are rarely needed; but when we do need them, we must have them quick, and must know how to use them. To some this may seem like treading upon dangerous ground—that we are striking at one of the sacred bulwarks and fundamental principles of osteopathy. But if this be treason, make the most of it.

In this paper it would be folly, in the limited time allowed, to attempt a general discussion of the subject of obstetrics. It has been my purpose more especially to mention briefly some of the important points in child delivery, and to bring out prominently a few purely osteopathic ideas. Your speaker does not mean to assume, however, that the theme from this standpoint has been exhausted. It is not improbable that he may have omitted some important details; that

he has fallen short of mentioning all the already known facts, or the most important ones; and it is possible that he may have mis-stated some of them. These statements are based first upon what we were generally taught, and second upon experience, which, in some cases, has verified, and in others modified, that instruction. But if your speaker shall have raised sufficient interest in your minds to cause you to go more deeply into the subject that this branch of osteopathy—which has undoubtedly been much neglected—may thereby be advanced, the object of this paper will not have been in vain.

Capital Trust Bldg.

AN IMITATION AND ITS LESSONS.

EDYTHE F. ASHMORE, D. O., DETROIT, MICHIGAN.

In our last article upon the chiropractic imitation of osteopathy, we spoke of the collection of bones owned by the Palmers of Davenport, Ia., as the one thing of value in their institution, indeed, it has been the magnet to attract all the osteopaths who have visited them. Of the pathology of these specimens the chiropractors know nothing. All manifestations of disease are explained by them to be the result of "excessive heat," impingment upon calorific nerves. Repeated questioning concerning the histology and pathology of bone tissues failed to elicit one known fact. Their contention was always that bones became "softened" by "excessive heat"; "excessive heat" was always manifest in an increased temperature of the cutaneous surface over the spine, the last a perverted theft from Dr. A. T. Still. In their library we found some of the best works upon the subject of pathological osteology we have seen, works that could make the subject easy even to the untutored student, but because they themselves lack preliminary education, there is no possibility of their making use of any store of information in books to aid in their teachings.

Of the value of this study of bone pathology to an osteopath, we cannot say too much. It is in no sense a part of chiropractic, being merely a coincidence in their history that they gathered pathological specimens bearing the proofs of the subluxation theory. To the trustees of the A. T. Still Post-Graduate College, we offer the suggestion that they urge all osteopaths to make collections of bones for research work and to bequeath these to the College, for in this way, with three thousand to five thousand osteopaths collecting vertebrae from all parts of the country, dissecting rooms and museums, we shall be laying the foundation for exhaustive research in the next generation. From our study of the above mentioned collection, the hopelessness of determining always the primary lesion was more and more revealed. Many specimens showed a primary subluxation among the upper cervicals which must have occurred in early youth and continued latent, so far as secondary lesion was concerned, until a time when there took place at some vertebral articulation four or five vertebrae below, a slight strain, whereupon a grave secondary lesion was produced. One specimen presented an atlas with the left arch absent, the right superior articular facet a smooth horizontal plane, looking slightly backward and inward, the occiput in all probability having been tilted to the left and forward, a subluxation that could easily have been produced at birth. The effect was shown in secondary lesion at the fifth and sixth cervicals, these vertebrae being ankylosed, bodies, laminae, and articular processes. Dr. Charles E. Still stated at the A. O. A. convention in 1902 that in his opinion every spinal curvature doubtless had its beginning in a subluxation of an upper cervical, possibly even an occiput, a statement that would be easily proved by many of these specimens seen.

To our students who are about to leave college, subluxations exist but to be corrected by an osteopath. With a thorough knowledge of pathological osteology, they would be less sanguine about the correction of certain primary subluxations. Specimen upon specimen showing a lower dorsal kyphosis, bore "nature's first aid to the injured," exostoses on interior surfaces of the laminae just above the inferior articular facets, which prevented the superior articular processes of the vertebra below from moving upward so that the formina would remain normal in size, nor without fracture and absorption of these exostoses could the kyphosis be reduced. Such a knowledge as would be gathered from a study of bones, would make our prognosis more definite and would in a measure clear up much of the cause of effects, whether through correction of subluxation or through palliation. We claim, not without substantiation that we are becoming better and better physicians, but often it seems after a perusal of our literature, that we are in great danger of forgetting that what cures is really correction of subluxation. Accessory treatment is no doubt helpful and if we know just how much of it to use, it is highly essential, but we doubt not that often the reason a patient gets well more speedily after the conclusion of treatment than during its course is because nature is not able to overcome the counter-irritation set up by the accessory relaxation and massage. For somewhat the same reason the chiropractors fail to cure their patients at times for they adjust each apparent subluxation regardless of whether or not nature has already partly adjusted it. So they also set up a counter-irritation. By far the greater number of their failures is due to ignorance for the reason that they are quite unlearned and lack the ability to diagnose the incurable.

From the above it is easily seen that in the hands of the present exponents, chiropractic will die a speedy death, for in any state having a good medical or osteopathic law, its practice is illegal. To escape the penalty of the law, they have adopted a clever subterfuge, "mental science" so it might be called with apologies to the other mental scientists. It was this chicanery and overconfidence on the part of the prosecuting attorney, that lost the case at La Crosse, Wis., last August. The star witness for the defense, an osteopath from California, outlined what he claimed was an osteopathic treatment for paralysis. The words subluxation or lesion were never heard in this outline and he cited the text of McConnell and Teall on anterior poliomyelitis and acute ascending paralysis as an authority for his description. To a jury unfamiliar with the exigencies of medical science, the palliative measures as opposed to the corrective measures of course would suffer, and the trial becomes a battle between expert witnesses, a condition in which usually the better side loses. Let us suppose a different situation, one that might be probable. Ambrose Paré of France in the Sixteenth century and Harrison of London in the last century each contended for the vertebral subluxation and its impingement upon spinal nerves. The medical school to which these men belonged gave little credence to the results they claimed. Their method was to place the patient on a table with his face downwards; he was then bound by passing towels tightly under the arms and around the thighs, the ends being left free, so that he might be held by two assistants, one placed at the head, the other at the feet, these pulling the body in opposite directions; the surgeon then forced the subluxated vertebrae into their position by the hands and the parts were secured by splints or plates of lead made on purpose, lest the vertebrae should be displaced again. Such was the part of the orthopaedic surgery practiced a century or two ago, the nearest process to which is the chiropractic method of today. If now, the oldest medical school should revive this theory and practice which originated with them, the cures effected by them might be quite as numerous as ours. Who shall say that even their crude method might not meet with equal favor with ours? Those of us who are urging broader and broader

measures, with adoptions more and more from hydrotherapy ,electrotherapy, and other kindred arts, would do well to consider this possibility which to our mind presents the second of the lessons taught by the imitation, perfection of technique. If the sudden breaking of an adhesion between vertebrae has any merit, it should be recognized. If the osteopath as an individual is weak in his understanding of the technique necessary to the correction of subluxation, in that direction should more of our forces be focused. The demand for demonstrations of technique at each of the last two conventions argues for this.

Valpey Bldg.

OUR ORGANIZATIONS.

DR. ALBERT H. ZEALY, GOLDSBORO, N. C.

Of all the schools of medicine from their evolvement to the position they occupy today, not one of them has encountered so much opposition as has osteopathy. And in the face of all, it has advanced steadily along the line of its fundamental principle. There are important factors when one comes to explain its phenomenal growth under such unfavorable conditions. The one most worthy of our attention just now is its *organization*. Through that source, mainly, we see ourselves what we are today, and what we are destined to accomplish in the future.

It is apparent to any one that the osteopathic profession is not thoroughly aroused to the importance of organization. Many evidently do not realize forcibly enough what it means to us as indviduals and as a profession. It is, indeed, one of the vital propositions before our profession today. One that deals with the amalgamation of our forces in the individual states, and of the whole into one powerful body for purposes of self-defense and advancement.

As an example of what has been accomplished along this line by other professions, let us consider what position would have been attained by the various well established religious beliefs had they failed to co-operate as a body. You will readily agree that instead of the great churches and educational institutions that abound the world over, the result of organization, there would have been almost a complete loss of identity of these various beliefs. Take the American Medical Association or any other great co-operative body, analyze it and you will find the secret of its success to be *organization*.

Therefore let us give this all important subject our earnest consideration in this, the beginning of a new year. Let us acquaint ourselves with the objects, benefits and details of associations, and get to work to make this the year of greatest membership and enthusiasm in the history of the profession. What could be more fitting as an evidence of our appreciation and love for the Old Doctor?

I am not saying that a goodly number of the profession are not interested and doing their full duty in this work, but I do say that a majority of our practitioners deserve such criticism. This assertion is well substantiated by actual figures as you will see from the following: It is generally estimated that there are almost five thousand osteopaths in the practice. Of this number only fifteen hundred are members of the National association; while the sum total of the various state associations will probably reach two thousand. So you see there is a decided preponderance on the side of the non-interested and non-members .

Of course our National association has accomplished a phenomenal amount of good; likewise, many of our state organizations have been very active in

promoting professional interests. But are we to be satisfied with the position we now occupy, and do nothing more? As has often been said, we can't stand still. If there is not progression in our ranks, there will certainly be retrogression. Instead of fifteen hundred members in the A. O. A., a conservative statement of what it should be would place the number at three thousand. With this greater membership our already excellent Journal could be made of still greater value, and funds could be set aside for other purposes of advancement. Furthermore, in a profession of five thousand practitioners, it is far from a creditable showing to have only three or four hundred present at a National meeting. The world feels our influence as it is, but how much greater would be this influence if we had a great active organization comprising at least fifty per cent. of the entire profession, and sending fifteen hundred or two thousand representatives to the annual gatherings. These figures seem large to us, I know, for we are accustomed to much smaller ones, but we must not remain in the old rut; so long as we don't expect better things and work to bring them about, we shall never see ourselves grow to the above dimensions.

The state organization, in one sense, should be a preparatory department—a feeder to the American Osteopathic Association. Every state should canvass its field thoroughly and frequently to get the practitioners into its own association, and then initiate them in the second degree, that of A. O. A. membership. When a new practitioner locates in your town or vicinity go right after him and keep after him until he becomes a member of your state society. It will make a better osteopath of him, and a better neighbor for you.

Some of the doubtful ones ask of what real benefit is the state association to the individual and the profession. First, the meeting of two osteopaths always results in both getting some new idea and a new supply of enthusiasm. Second, the results of research and the improvements over older methods are given to the profession through the various organizations and their publications. Third, a live association brings the profession before the public and lends dignity. Fourth, it is practically the only way that favorable legislation can be secured and maintained.

Investigate and you will find that these four points in favor of associations are absolutely correct. Be a conscientious member and you will not only realize the above mentioned benefits, but many others in addition. As a further proof that organization is the most direct road to favorable legislation, let us consult statistics: I find that forty-two of the forty-eight states in the Union have associations; thirty-three of these states have laws regulating and protecting the practice of osteopathy. The other six states have no associations, and five of them have no laws. Here is the deduction: approximately 80 per cent. of the states that are well organized, have legal protection; 84 per cent. of the states that have no organizations, have no legal standing nor protection.

In the face of these facts and figures, I think all will agree that *organization* is an essential to progress and development in the osteopathic profession. For those who still are skeptical, and have to be shown, an experiment of one year's membership in their state association and the A. O. A. will thoroughly and everlastingly convert them.

I repeat that the state is a feeder to the American Osteopathic Association, and in order to make the latter strong and of great influence, each individual state must maintain a thoroughly organized body. The following should be the motto of every state: "Every man and woman of us a member of state and National associations." Of course if you adopt this motto, it means work. It means that you will have to do a lot of earnest talking and writing to land some who are deep in the mire of skepticism. Some are afraid they will not get their money's worth out of the investment. But on the other hand there

are many, probably a majority, who with very little reasoning and persuasion will readily see the advantages of membership and cast their lot with us.

In this work of keeping the profession organized, the colleges could lend a helping hand, that in many instances would be of material assistance to the field workers. Yes, and it is probably well to make the statement more direct by saying that the schools are neglecting an important duty when they fail to impress upon their students the necessity of joining the association. Numbers of the students who graduate from our schools enter upon the practice of their profession without giving a thought to belonging to their professional organizations. As soon as they get their diplomas, all professional ties are immediately severed. The outcome of this is bound to be disastrous to that individual and detrimental to the profession.

Our schools should emphasize to the students when about to graduate, the necessity of keeping in touch with the profession throughout their career. Attention should be called to the many advantages of constant co-operation with their fellow practitioners. The young graduate usually has implicit confidence in his alma mater, and with a little of her advice and persuasion, many who are just entering the field of practice could be influenced to take up associational work with the same diligence and enthusiasm that they pursued college work.

Every college should arrange for at least one lecture on associations so that these students will, at least, know the great benefits to be derived therefrom.

Then let us be up and doing, schools and practitioners alike. When attended by a certain degree of success, there is always a danger of that deadly foe, apathy. Surely the osteopathic profession will not encounter this stumbling block. It will prove even more disastrous to us than all the opposing forces we have encountered in our progress thus far.

112 George St. North.

THE POISON-CURE SUPERSTITION. THE CURSE OF THE AGES.

GREENWOOD LIGON, A. B., D. O., NEW YORK CITY.

Superstition is defined as "The belief of what is absurd, or belief without evidence." (Webster).

Of all the errors that have found lodgment in the human brain none has been so difficult to eradicate as superstition. This is especially true of the more ignorant classes; those who are not given to much reasoning, or are incapable of reasoning from lack of education and information; those who are in the habit of accepting popular dictums without question, acting on the theory that the wiser and better informed have investigated and have come to the best conclusions; those who accept the *"they say"* as wisdom, law, and experience.

Superstition is not confined, however, to the ignorant and the uneducated. It numbers many of the best educated among its victims. Of all superstitions no stranger and more powerful faith has ever laid hold on the human mind than the *poison-cure* faith. The number of drug stores, the extensive patent medicine advertisements, and the cemeteries still emphasize the force and extent of this false belief in the supposed efficacy of poisons to relieve and rectify body ills. But the reformation has begun, and its progress is more pronounced each year. Homeopathy began it by the substitution of the infinitesimal for the larger and more destructive doses. In the last fifteen years, osteopathy has entered the field and is fast demonstrating the futility of drugs in any quantity by curing thousands that have been drugged by both schools and pronounced

incurable. The world is still largely under the dominion of drugs. There is no field where fraud has such unlimited sway, where quackery has reaped such handsome profits. Reference need only be made to the various patent nostrums claiming to be panaceas, from the sale of which millions have been harvested, and sky-scraping structures erected, monuments to ignorance and stupidity on the one hand, and to cupidity, and thievery on the other. In the spread of this curse, which has robbed the afflicted and superstitious poor more than all others combined, there are four active agents—the patentee, or originator of the patent nostrum, the newspaper that proclaims its wonders to the world, the druggist who sells it, and the medical doctor who prescribes it with the wrapper removed. With profits ranging from 300 to 1,000 per cent. it is an easy matter to subsidize editors, druggists, and even legislators when necessary as evidenced by the opposition to the recent "pure food legislation."

The greatest disgrace of enlightened journalism is the persistent publication for pay of patent cure-alls, thus becoming a particeps criminis to the perpetration of the grossest of frauds upon the ignorant sick and poor. Not only so, but in many instances quasi-editorial advertisements have been added as a foot note to remove any lingering doubt in the minds of the gullible afflicted as to the efficacy of the patent fraud. The newspapers having popularized the demand the druggists stock up and laud their endorsement. Then comes the M. D. and having failed with his own experimental doses, sends a prescription to the druggist for the patent compound with instructions for the wrapper to be removed. Generally the patent nostrum or a part of it is poured into a new bottle and an additional profit is added for division between the doctor and the druggist. Thus we have the patentee knowingly inventing a fraud, the newspaper knowingly publishing a fraud, the druggist knowingly selling a fraud, and the doctor knowingly practising a fraud by having the wrapper removed in order that he may fool his unsuspecting patient. And yet these are men who pose with pride as guides for public thought and as advisers in case of suffering and distress. Do not dream for a moment even that the evils of drugs or the frauds connected with their administration are limited to patent medicines. Patent medicines have robbed the sick of millions and wrecked the health of millions more, but they are not entitled to the credit for half of the tombstones and chronic invalids due to the administration of regular medicine. Patent medicines are generally resorted to after the regular M. D. has dosed his victim nearly to a finish, or left him in a state of chronic invalidism. It is said that over 5,000 different drugs have been put upon the market, every one of which has at some time been tried upon some sick man, woman, or child. Out of this vast number the "regulars" claim to have only four specifics. The leading allopathic light of today, Dr. William Osler, now professor of medicine at the University of Oxford, England, in an address before the Pathological Society at Philadelphia, on May 10, 1907, said there are only four drugs of any curative value in the whole list. In his famous address on medicine, "The Progress of the Century," he said: "We know the cause of the disease (pneumonia); we only know too well its symptoms, but the enormous fatality (from 20 to 25 per cent.) speaks only too plainly of the futility of our means of cure, and yet in no disease has there been so great a revolution in treatment. The patient is no longer drenched to death with drugs, or bled to the point where the resisting powers of nature are exhausted. The century has witnessed a revolution in the treatment of diseases. The old school, the regular and homeopathic, put their trust in drugs, to give which was the Alpha and Omega of their practice. For every symptom there were a score or more of medicines, vile nauseous compounds in the one case, bland harmless dilutions in the other. The new school has a firm faith in a few well tried drugs, little or none in the great mass of medicines still in general

use. Imperative drugging, the ordering of medicine in any and every malady, is no longer regarded as the chief function of the doctor. Naturally, when the entire conception of disease was changed, there came a corresponding change in our therapeutics.

"In no respect is this more strikingly shown than in our present treatment of fever—say the common typhoid fever. During the first quarter of the century the patients were bled, blistered, purged and vomited, and dosed with mercury, antimony and other compounds to meet special symptoms.

"During the second quarter, the same with variations in different countries. After 1850, bleeding became less frequent, and the experiments of the Paris and Vienna schools began to shake the belief in the control of fever by drugs. During the last quarter sensible doctors have reached the conclusion that typhoid fever is not a disease to be treated with medicines but that in a large proportion of the cases, dieting, nursing, and bathing meet the indications. There is active systematic, careful, watchful treatment but not with drugs. The public has not yet been fully educated to this point, and medicines have sometimes to be ordered for the sake of the friends, and it must be confessed that there are still in the ranks antiques who would insist upon a dose of some kind every few hours." Thus spoke the great William Osler. What conclusions does a logical analysis of this quotation from Dr. Osler force upon the mind of the reader? 1st. The drug habit and wholesale use of drugs. 2nd. The experimental character of drug giving. 3rd. The failure of drugs. 4th. The destructive effect of drugs. 5th. The power of the body to *recover without drugs even in such grave diseases* as *typhoid fever* and *pneumonia.* And yet a gentleman was arrested, convicted and imprisoned in Greater New York, not eight months ago for not having called an M. D. to the bedside of his daughter in a case of pneumonia. There was no proof of neglect of "dieting, nursing, or bathing." The crime consisted in simply not calling in the medical man, and have the girl go the "regular" route, as millions of pneumonia patients have gone before. That would have been legal and an assurance (?) that "all had been done that was possible to have been done." A few months since, a lad otherwise in good health, was operated upon in this great city for the removal of adenoids and died in the doctor's office from the effects of the usual dose of cocaine administered. What was done to the M. D.? Nothing. Why? The boy went the "regular" route. He had *a medical pass, a medical death certificate.* The girl had none. The fault of the law was that it assumed that physic was a sine-quanon in disease and denied the defendant the right to prove what a humbug it really is. Dr. Oliver Wendell Holmes is quoted as having said that "the disgrace of medicine has been that colossal system of self deception in obedience to which mines have been emptied of their cankering minerals, the entrails of animals taxed for their impurities, the poison bags of reptiles drained of their venom, and all the inconceivable abominations thus obtained, thrust down the throats of human beings suffering from some fault of organization, nourishment or vital stimulation." He might have added that the vegetable kingdom had been ransacked from shrub to oak and the abominations thus obtained likewise thrust down the throats of suffering humanity in the vain search for specifics. Yet after all this mighty research, the medical fraternity claims to have found only four specifics, to wit: mercury for syphilis, quinine for malaria, vaccina for small pox, and anti-toxin for diphtheria, and each of these has failed so many times that the claim of a *specific* is a much mooted one. The very number of drugs tried and the claim of only four out of five thousand, proves to a moral certainty the contention of the osteopathic school, that the use of drugs is unscientific, experimental and hence unreliable, to say nothing of the dangerous effects. Not only so, but the very frequent changing of the pre-

scription in any given malady furnishes proof absolute of this contention. If this were not true, the converse would argue a knowledge on the part of the medical doctor of the changing chemical conditions of the human body and a power to control, rectify and regulate these changes, as they arise, through the artificial laboratory, utterly at variance not only with the experience of mankind, but with the actual possibilities of the human intellect. The complexity of the organism, with its idiosyncratic moods, changes and susceptibilities, not only in different indivduals, but in the same individual from time to time, precludes the very idea of a knowledge sufficient to regulate it and restore it to the normal through the artificial laboratory, every product of which is a disturber and a devitalizer of the organism even in health.

The effort has been as vain and ridiculous as that of the alchemist after gold, and not only vain and ridiculous but very destructive of life. The noted English doctor and writer, John Mason Good, M. D., F. R. S., said: "The effects of medicine on the human system are in the highest degree uncertain, except indeed, that they have destroyed more lives than war, pestilence and famine combined." This is an awful fact and the destruction is done in the quiet sick room, not intentionally, it is true, but through ignorance of the *effects of the very agencies used to restore.* The medical doctor in attendance charges the death to the disease, the good man of the church says, "it was the Lord's will," the grave shuts the mouth of the victim and the world is left in ignorance. This thinning of the human ranks through this destructive system of internal poisoning, has been going on for hundreds of years. It is going on today, and should claim a *most thorough investigation at the hands* of the *national government.* A dose of medicine that will devitalize a well man will most assuredly devitalize a sick man. A drug that will make a well man sick will make a sick man sicker. It is true that in millions of instances the sick man has enough vitality to withstand the effects of both the disease and the drug, and the body recovers through its own inherent powers of resistance and recuperation, the doctor claiming the credit, but it is also true that in millions of instances the life and death forces are so nearly balanced that the former can not stand the effect of the drug, and death prevails. Then again there are millions of instances where the original malady, slight in the beginning, was so aggravated by the drugs administered, that other complications arose as the *direct effects of the remedies used,* and *the result ended in death or chronic invalidism.* These are facts; this is history and continuous history. For proof absolute, no better authority is needed than that furnished by materia medica and the various works on medical practice. There is not an honest M. D. in the land with an experience of even five years who will deny it. This is a grave subject in more sense than one and I hope the reader will indulge me further along this line.

There is no tissue builded from internal medication. The human body refuses to animalize the products of the artificial laboratory. When a drug is swallowed, it either passes out through the alimentary canal, or is absorbed into the blood and is eliminated through the lungs, the kidneys, or the sweat glands, or it is accumulated in the system, "resulting later in some severe and more or less sudden effect." The blood is the vehicle for the transmission of oxygen and the food elements to the various tissues of the body in its outward circuit from the heart, and for the elimination of the body waste in its return. Delay the outgoing or arterial blood, and starvation of tissue results. Delay the returning or venous blood and you have auto-intoxication. Thrust poisonous medicines into the stomach, and not only the blood stream, but all the tissues of the body, are poisoned, because the blood bathes all of the tissues. In depressing diseases body waste is always increased and often the eliminating organs are taxed to their utmost. In such cases is there any practice more

absurd than that which vitiates an already vitiated blood stream and lowers an already reduced vitality? In view of the gravity and uncertainty of drug administration, the insistence of *the more learned* of the M. D.'s for proof of higher qualifications is not to be wondered at, for they know but too well the dangers attending indiscriminate medication. This article is not intended as an arraignment of all medical doctors. It is an arraignment of internal drugging. There are among the medical practitioners some of the noblest and best men of any age, men who would scorn to practice any imposition. Some of the best men of all ages have at times been advocates of erroneous theories, and so it is today. In the absence of a better theory, false theories often find the most enthusiastic advocates, and when a simpler and a better one is offered, it is often rejected because the advocates of the false one regard it as humiliating to acknowledge that they are practising a false one, and did not have the intelligence to discover and work out the simpler one. This fact, and the light work required of the M. D. as compared to that required of the osteopath, is the secret in part for this rank opposition to osteopathy, an opposition that has at times amounted to fanaticism. To confess that the learned and exhaustive researches of two thousand years have been a failure, and that the personal efforts of the individual practitioner had been misdirected is rather humiliating, and hence the war private and legislative on the part of the poison givers against osteopathy. The charge of Alexander M. Ross, M. D., F. R. L. S. England, is most appropriate just here. He said, "I charge that they (the leaders of the profession) have bitterly opposed every real and scientific reform in the healing art. They have filled the world with incurable invalids, and given respectability to quackery by the outrageous quackery of the profession itself. I charge further that they have under the treacherous guise of protecting the people from quackery, secured the enactment of the most unjust monopolistic laws, which deprive the people of one of their dearest and most important rights, the right in the hour of sickness and in the presence of death to choose their own medicines." This is strong language *but it is true* as the quotations from Osler, Holmes and Good are true. *The deplorable fact is that they are true, and that the practice is sustained by the superstitious faith of the masses in the many agencies that are destroying them.* However, the handwriting is already on the wall, and the doom of the drug supremacy is even now a foregone conclusion. As medical superstitions disappear, as theories fail and are discarded, more rational methods are tried and adopted. It was the failure of medicine that led the mind of A. T. Still to desert it and seek a better system, a more rational system, and he discovered it in osteopathy. Its virtues have not been heralded by newspaper praise and advertisements thrust upon the attention of the people at every turn. There are no corner drug stores to proclaim its virtues and sell its decoctions for profit. Its battles have been won simply by its result. Quietly it went to work on the incurables under other systems. Success followed success. Those restored quietly told the unrestored, and thus it followed down the line from hamlet to city, from city to state, and from state to state until now it has a national reputation, a legal recognition, a history of cures, and an army of advocates. Not all the wisdom, nor hatred, nor ignorant denunciation of the combined medical fraternities of this broad land have been able to stay its progress or prevent its coming to the front. Its methods are rational, practical, certain, not empirical. Its results are wonderful in all classes of disease both acute and chronic. One organ is not treated at the expense of another. An effort to relieve one malady does not entail another. All conditions are met by the treatment as the case progresses, with no resulting maladies traceable to the original infection after recovery. No medical practice can claim this. The body is never poisoned by this system. In it there are no errors of

prescription, no mistakes of druggists. No poisonous drugs left on shelf or in cupboard for death through mistakes. Its pharmacopeia contains no poisons, no dope. There are no morphine, chloral or cocaine fiends stalking aimlessly over this broad land and eking out a miserable existence, to its discredit and shame. Nothing has so disgraced the practice of medicine as this pumping into the human body of dope to relieve aches for which its practice has no other alternative. Nothing has wrought such desolation and misery. Osteopathy needs no legislation requiring the publication of its methods that the ignorant and unsuspecting sick may avoid the dangerous composition of its remedies. It works under no cloak, and advertises no frauds.

The Cambridge, Fifth Ave.

A PLEA FOR HONESTY.*

FREDERICK W. SHERBURNE, D. O., BOSTON, MASS.

The medical profession, as a whole, has not a reputation for honesty. They are not honest with the public; they are not honest with their patients; they are not honest with themselves. The history of medicine is the history of one theory or fad following another in rapid succession, and the truths which have been evolved, as far as therapeutics are concerned, have been surprisingly few, though much real progress has been made in the etiology, pathology and the prevention of disease.

There was a time when mysticism was an important part of the armamentarium of the physician, but the public are catching on and are demanding to know. The public have been deceived so many times they have ceased to believe. Whenever a great personage is ill, the public do not place much confidence in the published bulletins; from experience they have learned better. In the courts the medical expert has become almost a joke, and his confusion under the questions of sharp lawyers enlivens an otherwise tedious case

The average doctor is not honest with his patient; he is constantly giving drugs which the latest edicts from the greatest authorities in medicine say will harm his patient; but as the said authority seldom tells him what to do, he gives the same old remedy in vogue twenty-five years ago, and "when in doubt gives a blue pill"; or else he gives the poor patient a placebo and trusts to the healing of time and nature, but he is always ready to receive laudations for his skill when his patient recovers.

There are notable exceptions to this arraignment, but I believe it is generally true. I recently heard a doctor of national fame, before an audience of physicians, lamenting this lack of honesty among his profession and ending by saying, "though I do not expect that any of you will agree with me, I have ceased to give placebos in my practice, and when I see no remedy indicated, I give nothing at all."

The reputation of the osteopathic branch of medicine is in the making. It has already received some pretty hard knocks.

As a new method it has attracted some incompetents who are more anxious for the dollar than for the reputation of the science they represent. I have no doubt but each of you have quotations from osteopaths brought to you each week that causes you to blush, unless you have become hardened, and makes you wonder how such things can be; and most likely, too, these impossible claims are from accredited and often prominent osteopaths. Absurd assertions are so common that it is no wonder that half of the medical profession consider us quacks. While this is bad it is not so very bad, for it but puts on a

*Delivered before the Mass. Academy of Osteopathic Physicians.

parity with the regulars, for I have heard more absurdities coming from them than I have from osteopaths. All branches of medicine are afflicted with irresponsibles who are, as the theosophists kindly put it, "still very young," and we cannot expect to wholly escape. If we are to exist as a permanently separate and honored profession, we must be absolutely honest and sincere, and make no claims that we cannot fulfill.

There have been published in our magazines, recently, several articles by prominent osteopaths entreating the profession to keep away from all adjuncts and adhere strictly to lesion osteopathy, also pleading for a revival of genuine osteopathy. Perhaps I have taken these writers too literally, but it has seemed to me that they were limiting the use of the osteopathic physician or else were, to say the least, very inconsistent.

One writer says "osteopathy is an independent system and can be applied to all conditions except purely surgical cases." He then commends the New York law as a "wholesome law" because it forbids "the administration of drugs, and surgery with the use of instruments," and then asks "have the New York osteopaths found themselves hampered with these restrictions?" Perhaps not as mere manipulators but as physicians; why the question is absurd. Think of it, a complete system for treating all forms of disease except purely surgical, and yet commending a law which forbids the giving of an anesthetic, an antiseptic, an antidote, opening a boil, and I am not sure that one could pass a catheter or give an enema without breaking the law. Again he says "there has been too great a tendency among osteopaths to turn, in time of trouble, to a medical practitioner rather than seek the advice of a fellow osteopath." I cannot see what a New York osteopath can do but turn his patients over to a medical doctor if they need anything beyond manipulative treatment, and when he gets in "trouble" it is usually something more than manipulation that the patient needs.

The New York, and all similar laws, must be considered only as an opening wedge for a broader law; such laws, if not amended will kill osteopathy in the quickest possible way, for it simply restricts the osteopath to the methods of the massuer.

Another writer advances the proposition that "the majority of osteopaths believe that osteopathy is good for every thing or it is good for nothing." Is it possible that this is so? How about the multitude of parasitic diseases from scabies to tape worm? Again in the same article he says "The reputation of osteopathy and its place in the world is not dependent on its treating every condition that arises, but on its treating conditions successfully that other systems can do nothing for." Very true, but if we maintain that it is a complete system we must be equipped to treat every condition, and in the best possible manner whether it be surgical, dietetical, physical or chemical, and there are diseases where one of these is the *only* rational treatment. If you would spend a few days at some large city hospital and study the cases admitted there, I am sure you would be puzzled to know how to treat some of them by purely osteopathic methods.

These writers contend that osteopathy is "a complete system," "good for every thing," and yet would limit practitioners so that of necessity they must turn quite a percentage of their cases over to M. D's.

Now we must be consistent; if we are to become general practitioners, family physicians, country doctors forty miles from any other doctor, we must be prepared to treat anything from ringworms to a rattlesnake bit. We need a different preparation than that which most of us have today who are conducting an office practice as a specialist. We who are so situated can send our patients when we fail to Dr. Dosem and Dr. Cutem.

If we are to become *The Physician* of the future, we cannot do so by tying ourselves down by red tape to any dogma so that we can use but half our powers. We need all of our own knowledge, all of the knowledge of the past and all of the knowledge of the future. It is absurd to claim that only our own theories are correct, that the other schools have no truths, that we can learn nothing from them.

If we wish to limit ourselves to the methods of any massuer, let us be honest and say so; but, if we are to treat all conditions from pre-natal to post-mortem, why, let us prepare ourselves like men for our task, adopting that which has been proven true, no matter by whom. Truth is truth whether discovered by our own Dr. Still, Darwin, Pasteur, Koch, Osler or even Mrs. Eddy. Whenever a fact has been proven beyond a doubt, a fact which is of value to us as physicians, we have no right to ignore it. Our duties as physicians are far above our allegiance to any dogma

I believe that osteopathic etiology, applied to organic and functional diseases, is the *greatest discovery in medicine,* but that it has any constant and material bearing in specific diseases I do not beiieve. Mark you I say etiology, for I do believe that osteopathic treatment is by far the best known for many of the specific diseases, but for others it is entirely unsatisfactory, and where a rational and satisfactory treatment has been discovered, it is our duty as physicians to know it and use it.

Thousands of well trained men, backed by governments and millions of money, are delving into the mystery of disease, mostly of the specific diseases; they have discovered some things and will undoubtedly discover many more. If we are to remain a permanent and active part of the medical profession, we cannot ignore the discoveries of these men, even if they may be at variance with some of our present theories. Wisdom is not all locked up in the osteopathic profession. I believe that the only way we can perpetuate our school, great as are its principles, is by being honest with our patients, honest with the public, honest with ourselves, not by hiding our heads in the sands of prejudice, but with open eyes, a receptive heart and a judicial mind, acknowledging truth wherever we may find it.

382 Commonwealth Ave.

MEETING OF THE EXAMINING BOARD.

The North Carolina State Board of Osteopathic Examination and Registration will meet at the Guilford-Benbow Hotel, Greensboro, North Carolina, Thursday, February 13, 1908, for the purpose of examining applicants for license to practice osteopathy within the state of North Carolina.

A. R. TUCKER, D. O., SEC'Y.

Loan and Trust Building, Durham, N. C.

The Bulletin and Journal of Health is the newest addition to the scientific field of journalism in the profession. It is published by the Alumni of the American College of Osteopathic Medicine and Surgery and edited by Dr. J. Martin Littlejohn with a full corps of assistants. One of the purposes of the organization is the establishing in Chicago of the Littlejohn Hospital and Training School for Nurses. The institution has been incorporated and it is expected that it will be open to reception of patients about March 1.

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THE LEGISLATIVE SITUATION.

It seems to me that our profession is now drifting in a very desultory way through a period of the very greatest and gravest dangers. Never during our existence has there been a time when our enemies were more active; nor a time when they presented a more plausible, easily presented argument against us—or one more readily believed—or one that looked more fair and just to the layman. Some among us may think that when the old schools want to give us a member on this board of examination and registration that they are for us. But the time will come when we shall realize fully that we have been duped—led astray under the guise of friendship and slaughtered—if we continue to listen to their arguments and accept what they represent to be their gracious bounty. There has never been a time during the life of our practice when we were stronger or in better shape to get what are our just dues—what belongs to us as our inalienable rights—than right now. Neither has there been a time when our people as a whole were more inclined to listen to the voice of the enchantress or waver as regards what is best to do. Oh! if the individual osteopaths of our entire profession could only know in detail the all of the history of our success in legislation and if they could but know the underhanded, unscrupulous, deceitful methods resorted to by our opponents—the older schools of medicine (and they are absolutely all the enemies we have ever had anywhere) to try to shut us out, to prevent our practice—there would be no wavering, there would be no acceptance of a member on this board anywhere. Shall the history written years hence of the osteopathic profession, after recording the magnificent, almost unheard of successes we achieved in law making during the first fifteen years of our existence, be compelled to

write also that after all the achievements and brilliant successes attendant upon our marvelous growth there came a time when by honeyed words and seeming fair propositions from our old enemies we were caught napping, led into their fold, that we fell asleep at the station, as it were, and the swift fleeting train loaded down with golden opportunities, passed on. Fellow osteopaths, I ask you shall this be this history of our profession? Or shall we arouse like men and fight for our rights until victory crowns our every effort. The proposition is now up to you; it rests upon your shoulders whether we stand united for the law adopted by the A. O. A. at Denver, or whether we vacillate, divide as to opinions upon this subject and allow these people to engulf us by their wiles.

St. Louis, Mo. A. G. HILDRETH, D. O.

The Legislative Committee held a meeting at the Knickerbocker Hotel, New York City, on January 18th.

In looking over conditions in states where osteopathy is now recognized it is plain that osteopathic interests are the better guarded and that things are more satisfactory generally where the examining and the licensing are in the hands of independent osteopathic boards.

It is the policy of this committee to strongly recommend, to states considering new legislation, a bill providing for an independent board of osteopathic examiners and containing a liberal reciprocal clause.

FRANK R. HEINE, Chairman.

The above notice from the committee on legislation is in full accord with the policy of the Association. Dr. Hildreth writes with great earnestness in these columns calling attention to the danger of the composite board. Why any legislative committee should prefer to have one osteopath on the board with a half dozen M. D.'s is hard to see. The medical societies want us to have this form of statute. That of itself is a very good reason why we should want the other. "Beware of the Greeks bearing gifts."

There may be peculiar circumstances by reason of which we are justified in accepting the composite board, as, for instance, in New York State last winter, but ofttimes it may be better policy to hold out for what we feel we should have, even if we get nothing at the time, and wait until we can secure a measure that will work to our satisfaction and guarantee us the distinctiveness of our practice. Trouble in one form or another is sure to arise sooner or later. The experience the Oregon board is having just now calls this up a-fresh, and recalls that had in joint boards in other states. Temporizing is usually poor policy. The Journal adds its word of warning to those inclined to dicker with the medical profession as to the form of legislation we should have. It urges our people to consider well the measure adopted as a model three years ago by the American Osteopathic Association.

THE DUTY OF AIDING IN THE CAMPAIGN OF EDUCATION.

Osteopathy is an educational movement. Being both revolutionary and reformatory in nature, its success, like any great reform, is dependent upon a favorable public sentiment concerning it. If it is true, as we believe, that

"Every man is a debtor to his profession" and that the highest success of our profession can only be achieved when the public is fully enlightened on the subject, then every one in the practice of osteopathy owes the duty of contributing toward that enlightenment.

It is not all expressed when we say that each owes a duty to the profession in this regard, for if osteopathy is what we believe and proclaim it to be, we each owe, also, a duty to the public. This duty is recognized by the American Osteopathic Association and is, in part, set forth in the following excerpt from its code of ethics. I quote from section 1, chapter 3, entitled, "The Duties of the Profession to the Public": "A full discharge of their professional duty would require that physicians should endeavor to enlighten and warn the public as to the great injury to health and destruction of life arising from the ignorance and pretensions of charlatans; from the effect of any system of treatment not based on a thorough knowledge of the human body in health and disease, and from the effects of all so-called curative drugs, the evils of their effects differing only in degree whether in the regular prescription or its logical, even though illegitimate outgrowth, the self-prescribed ethical proprietary preparation, or the vicious patent nostrum."

The duty is here but partially stated, for certainly it is even more obligatory upon us to point out the better way to health than it is to show the dangers of the older systems. Osteopathy is not merely a protest, it is a substitute. It is not only iconoclastic, it is constructive. To assist his profession and at the same time enlighten the public, constitutes for each of us a double duty.

How can the individual osteopath perform his duty? In a limited way by his work and by his conversation with his patients, but the voice even of the osteopath of the largest practice, is indeed limited in range. He touches comparatively few of the many that ought to be reached and influenced. It is a notable fact that very many of those who have been restored to health through the application of osteopathic principles know little of the basic theories of the science; they are unaware of its wide scope—the universality of its application. Possibly many years in the future, when our practitioners come into direct contact with most of the people his demonstrations and spoken words may answer the purpose, but not now. How, then, can these truths be brought home to the great body of people? Undoubtedly the best means is through the discriminating dissemination of carefully prepared osteopathic literature.

Some practitioners of osteopathy, when the question of circulating popular osteopathic literature is brought to their attention, reply that they have no need to do, that they have all the practice to which they can attend. This view of the matter does not take into account one of the duties the profession owes the public, and incidentally, a duty the individual owes to his profession. To contribute to the education of the public, the diffusion of knowledge concerning osteopathy is really a professional duty, and it is one that certainly rests no less heavily upon the prosperous than upon the less fortunate members of the profession.

If the osteopath who has no need to circulate literature should do so he will

help his less fortunate brother, his profession and the public. Surely he should not hesitate to do this.

Our professional advancement depends so largely upon the esteem in which our science is held by the great body of people that no method should be neglected that will in any way aid in presenting it in the proper light. Just now we are seeking aid from the public in our efforts to endow a Post Graduate College. We will succeed in this just in proportion as we have succeeded, with all of our instrumentalities, in educating the people to the worth of osteopathy.

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

SHOULD OUR PRACTICE INCLUDE DRUGS?

The *Journal* prints in this issue, at the request of the society before which it was delivered, an address by Dr. Frederick W. Sherburne of Boston. Readers of the *Journal* will see that the author of this address takes positions that the present administration of the *Journal* does not believe to be the best policy for the profession. These views he advances are held by some of the profession and while it is evident that the great majority do not so think, there is no disposition on our part to prevent the widest circulation of sincere expression of honest convictions.

Internal administration of drugs has no place in osteopathic practice. Why, then, should we claim that we are limiting ourselves when we accept statutes that eliminate it from our use. There are many remedies that an osteopath may use as palliative measures, but because the osteopath uses them they do not thereby become osteopathy or any part of it, and we lessen our distinctiveness as a school of practice and make more possible our assimilation by the older school when we give it out that these things constitute the practice of osteopathy. All of us in our practice do thousands of things that are not osteopathy—things that our grandmothers did, things that belong to any school wanting to use them—but we make a mistake, and we do our school of practice a great injustice if we leave the impression that osteopathy is any such hodge-podge. A great part of a physician's work is directing patients' manner of life and thought. An osteopath is certainly not barred from this. Those things are essential to peoples' well-being, and the physician of whatever school falls short of his duty if he fails to attend to them, but they are not allopathy because advised by one, or homeopathy, because directed by another, or osteopathy because suggested by a third, but common sense, dietetics, hygiene—the rightful property of all who wish to use them.

The address says that boils and tape worms and scabies and some parasites do not yield to osteopathic treatment. Then why should one worry because he is not allowed to treat them, and fret because statutes may deny him the privilege of bothering with these comparatively simple and rare conditions when the fields are white unto the harvest of real, serious, diseases and deformities that will yield wonderfully to his work, and are without much hope except he cure them.

Right here is a serious proposition. When an osteopath becomes so infatu-

ated with his hypodermic needle, and so intoxicated with the fumes of the anaesthetic, and so enthused with drugs that he is out seeking conditions that call for them, it is very doubtful if he can do the same genuine osteopathic work as without this line of thought and practice. He will be much more successful from the standpoint of himself, he will be a far greater good to a greater number, and he will add much more to the prestige and good name of the practice by working along the lines it has advanced by thus far, than giving his time and energies in seeking after boils and treating tapeworms and scabies. Why stickle for these trivialities and minor privileges, if they be such, when a world-ful of halt, and maim, and blind are waiting for us.

ON MIXING TREATMENTS.

In recent numbers of the A. O. A. Journal I note an increasing tendency to condemn the absurd and destructive mixing of methods which have been employed by some so-called osteopaths. I wish to add my mite of approval to this tendency.

Any one who wishes to climb to any great height above the earth must stay close to the earth. He must not waste time in climbing trees or buildings, no matter how lofty they seem. He must travel, with an intelligent sense of direction, upon the earth until he comes to the mountains. Then he may soon climb to heights far greater than any trees or buildings.

There is something of the same condition in any science. The trees and buildings may or may not fill a useful place, in any event they soon pass away. In order to reach permanent heights, in order to climb really high in the world, we must stay close to our foundation principles, travel farther and farther along a line of investigation which is intelligently planned, but never leave the solid earth of facts in order to climb the imposing edifices of other peoples' building.

The laws which govern the life of the cells of our bodies, these are the rocks of our earth. The application of these laws to the recognition and beliefe of abnormal conditions, this is the direction our investigations must take, if we are to reach a height which will enable us to look down frankly upon the artificial system built up with dogma and ingenious imaginings.

There are so many trees and buildings in the world; if any one should stop to climb them all, he never could climb any mountains. There are so many theories and systems in the world; if any one should stop to investigate them all, he never could reach any real superiority anywhere. We must stay close to our basic principles, to our solid facts, to our chosen direction of investigation, or be scattered and imprisoned in a tangle of empiricism and fallacy.

Therein is the real imprisonment, the true limitation. So long as we refuse to be caught with fallacies, or bound by emperical conclusions, so long as we accept only demonstrable facts and laws experimentally proved, so long we are free to grow both in knowledge and in power.

But we must constantly warn each other, I suppose, against being misled by the will o' the wisp, fox fire and mirage.

Pacific College of Osteopathy. LOUISA BURNS, D. O.

THE OSTEOPATHIC DIAGNOSIS.

There is one thing that the osteopathic profession should emphasize above all others, viz.: *osteopathic diagnosis*. I mean by this that an anatomical diagnosis should be given rather than some name. It is well to know the names of diseases, their symptoms, etc., but more emphasis should be placed on impressing the patient that the real cause of the disease has been discovered, in other words, the lesion. It is not necessary to tell the patient that there is a dislocation of a rib or of one of the vertebrae but at least make it so that the patient is impressed with the difference in the diagnosis between that of the old school and that of the osteopathic school. This is one of the real differences between the two. Go back to the old nomenclature and the distinctiveness of the osteopathic diagnosis, and even the treatment, is lost or lessened. For example: if a patient has a pain in the chest do not call it angina pectoris or pleurisy, but rather point out to the patient the cause, the lesion, at least make this primary and the giving of the name of the disease secondary. By doing this it will lessen the tendency to amalgamation of the schools in which the osteopathic school loses its identity. The point is this, stick to the "Old Doctor's" idea of the cause of disease, that is structural derangement, it then making little difference what name is applied to the symptoms and by so doing the osteopathic physician remains a specialist, an anatomical engineer and osteopathy will retain its individuality.

Indianapolis, Ind. M. E. CLARK, D. O.

P. G. COLLEGE NOTES.

Another city wants the Post-Graduate College. Kalamazoo, Mich., comes forward with inducements which it thinks should be attractive, in the form of a building which can be secured very cheaply. These applications are indicative of the interest with which the movement is regarded throughout the profession, and may properly be taken as auguring well for the ultimate success of the movement.

One point raised in the discussion may itself be discussed in passing. That is as to special, or general, contributions. A number of outsiders have subscribed simply a stated sum to the general endowment fund, with no restrictions as to its use or disposal. Others will contribute to special features. For instance one woman stipulates that her money shall be used in the obstetrical department. Another wants to help the department of children's diseases. Another is especially interested in the nurses' training school. To be sure we are not going to refuse anybody's money, unless for a cat hospital or flying machine plant, and any contributions which can be used in any way to advance the interests of the college will be thankfully received. But, other things being equal, general funds are to be preferred. This is readily seen when the two propositions are carried to their logical extreme, of all general funds, or all special funds. In the first instance the management would be able to maintain equilibrium between the various departments, and insure a uniform development of the institution as a whole. In the second instance the various funds would have to be expended according to the ledger showing rather than according to the needs of the work. It is not an unknown thing for an educational institution to be rendered top-heavy by to many special funds without sufficient foundation of general funds. While it is extremely improbable that we will suffer from any such an embarrassment of riches, this tale may be adorned by a moral to this effect: When you approach your patients with a view of permitting them to participate in the establishing of this institution, don't direct their minds to special funds. If some special feature appeals to them, well and good. Let them favor it to their heart's content. Otherwise let your conversation veer always toward the general endowment.

The question still comes up occasionally from some one who has not followed, or has forgotten, the trend of the discussions of the past two years on this point, as to just what the proposed institution is to be. These discussions have evolved these propositions as expressing the will of the profession in this movement.

First, the present colleges have reached the limit of extension of their work under present conditions of dependence on tuitions, in the establishing of the three year course, which was adopted only after several years of careful consideration, and with much fear and trembing as to disastrous financial results. Incidentally, they have a large field of work in giving a P. G. course consisting essentially of their third year, for the former two-year graduates, by which these may be brought up on a par with the present three year graduates.

Beyond this three year course lie lines of work, more or less unproductive, in a pecuniary sense, which can only be prosecuted when supported from outside sources. These must be endowed. The question of placing the endowment, whether in the present colleges, or in a separate institution, was settled at Put-in-Bay. The A. O. A. put that point beyond discussion in fully committing itself to the plan of a separate institution.

Second, there are two main lines of work lying before our profession for such an institution to take up. One is research work. This is the most important thing now before use. Scientific demonstration of osteopathic truth is necessary to the life of the science. This work may be begun in one or two rooms with very meagre material equipment if the right quality of brains is in charge, and it may develop into a great system of correlated laboratories, museums and libraries, equipped with everything known to modern science.

The other is post-graduate and special teaching, advanced work for three year graduates; general work, the presenting of the results in the field of research, specialties in various lines, surgery, and if the plans can be arranged and the legal points covered, a regular fourth year for those desiring it to practice in four year states. This, too, may begin in a small way, and develop into a great college, with all necessary means of illustration and training, in the way of hospitals, nurses' school, and so forth.

But these two, research and teaching, will not be separate and distinct, but will rather be the two halves of a complete whole. The research workers will be a part of the teaching force. The laboratories will serve for both. The hospitals will furnish material for investigation to the research workers and a means of study and training to the students. The preparing of textbooks and the building up of an osteopathic literature will be greatly stimulated by such an institution.

This is the institution we will have, sooner or later. It will complete our now incomplete educational system. It will establish the scientific basis of osteopathy. It will make our profession independent and self-dependent in the matter of higher education, and render unnecessary the resort by D. O.s to medical schools. It will raise our profession in the eyes of the world in the matter of attainment and resources. And finally it will infuse, and enthuse, the life of the profession with such a stimulus as will send it forward and upward at a rate and to a position that even our remarkable past has not fully foreshadowed.

C. M. TURNER HULETT.

THE ENDOWED POST-GRADUATE COLLEGE.

The subscription work for the Post-Graduate college endowment fund is now well under way. The Journal this month contains a complete list of the practitioners who have supervision of the work in each state and territory of the United States and also of Canada and foreign countries. The personnel of this body of men and women insures the efficiency of their part of the work which has involved much labor for a cause as much every D. O.'s as it is theirs, and they deserve every help from their fellows.

Doubtless by this time every osteopath who will read this number of the Journal has been supplied with pamphlet literature, explanatory of the endowment movement. It is now the duty and the privilege of each of us to do our share by contributing promptly as liberally as our savings, incomes and obligations will allow. Oft times tne beneficence of an economical or a political movement is not recognized and thoroughly appreciated until after it has been well started. So will it be with this endowment movement. I believe that we will all, ten years from today, say that while we were, when we contributed, in sympathy with the undertaking we did not realize how much it could do for the profession.

About three years ago a well known New York magazine conducted a popular voting contest to see who would be the most prominently mentined for the Noble prizes for that year. Dr. A. T. Still received many thousand more votes than any

one else. Suppose his name had been formally brought before the Swedish Academy of Science, which body has charge of the awarding of these prizes; in spite of the good works and hundreds of marvelous cures wrought by osteopathy, there would not at that time, have been much to have presented which would have weighed heavily with such a scientific tribunal. Our representative might have said, "osteopathy as discovered by Dr. Still has cured thousands where other systems have failed. We can substaniate this."

A Swedish scientist might say, "Haven't you a woman in your country called Mary Baker Glover Eddy, or Mother Eddy for short?" "Yes." "Well, we've heard that of her too, but—" "Oh, that is different, there is no mental healing at the basis of this method. It is based upon manual adjustments or the structural parts of the body. It contends that slight subluxations of structures, especially vertebrae, cause pressure on nerves and hence disease of the organs supplied by these nerves."

"What pathology have you to demonstrate this?"

Exit our representative.

We must have a demonstrable pathology. This has recently been started by some of our leading men and women, but it is work which is too expensive for the private practitioners to individually complete. It requires extensive laboratories and, at periods, time given almost exclusively to the work. This, the research work, is but one feature of the P. G. college. We can contribute our money to this feature alone, to some one chair in the college, or to the general endowment fund of the institution. Simply designate on your subscription blanks how your money is to be used. Doubtless most practitioners will find it more convenient and can make larger contribution to pay so much a year for a number of years. Let us each lift our hardest, whether our contribution be large or small. Do it for the honor of the Old Doctor and the betterment of our chosen profession.

ASA WILLARD, D. O.

First National Bank Building, Missoula, Mont.

A METHOD OF STIMULATING THE KEEPING OF CASE RECORDS.

There are two ways in which each member of the profession can aid in the development of the scientific side of osteopathy. The first is by making financial contributions to the fund for the support of those in our ranks who have the education, aptitude and liking, for original scientific research. The A. O. A., by taking the initiative in the organization of a Post Graduate College has opened the way whereby such contributions may be made.

The second way is by keeping an accurate record of all cases treated and reporting them to the department of case records The A. O. A., has for the past seven years, or more. been making heroic efforts to collect such reports. Its success in this endeavor has not been all that could have been desired and it is my purpose to second a suggestion made by the editor of the Journal, in the January number, as to one means whereby more of our members may be brought to aid in the important matter of case records.

We cannot speak with any degree of accuracy of "percentages of cures" until we have an honest record of many thousands of cases that have been under observation after treatment for months, possibly years. While every case treated cannot be reported and published in full, when we once have the cases fully recorded in the offices of our practitioners it will be easy to find some system of summarizing them. So while the full benefits of recording cases is yet some years off, the time to begin is now.

Undoubtedly the reason the editor of the case records has labored under such great disadvantages in collecting cases is because a vast majority of osteopaths have kept no records. It is a difficult matter to report a case from memory months after treatment, and indeed, such a report has little value, for the most tenacious memory will not retain for any length of time all of the essential details of a case.

I believe that the best method of inducing members of the profession to record their cases is for the A. O. A. to print books in proper form for recording cases and send one, without charge, to each member of the association, and all other osteopaths who may ask for one. The book should contain enough blanks for recording fifty, or preferably one hundred cases. I believe that most osteopaths would use such a book, and, that when they see the advantages to themselves, in stimulating a more careful examination and diagnosis as well as watchfulness of cases, they would cheerfully order other books, as needed, from the association, which could keep them on hand and sell them at a small profit.

The expense of this plan would not be great and, if a considerable number acquire the habit of recording cases, future sales of case books might eventually become a source of revenue to the association. This plan, too, would insure uniformity in the records—a very desirable thing. I should much like to see it tried.

A. L. EVANS.

Chattanooga, Tenn.

A LETTER FROM DOCTOR WHITING.

In the December issue of the Journal I read the article by Doctor Evans and the letter from Dr. C. W. Young with deep interest. It seems to me that both of the gentlemen call our attention to matters which are of the deepest import for the future development of our profession. If there is one subject above another which is chaotic at the present time it is that of therapeutics, and for us to voluntarily limit our development along that line seems to me to be a mistake for which we will have little excuse to offer in the future. I am heartily in sympathy with those who believe that the use of drugs is an error, and a most serious one, too. There are, however, a number of therapeutic measures which possess more or less value, and these are the heritage of the medical profession. They belong to the drug system of practice no more than to osteopathy, or to any rational system which may be developed in the future, because they are in harmony with the laws governing cell life. In this class belong all measures of public and personal hygiene, asepsis and antisepsis and the use of anesthetics under certain conditions.

In saying this I do not mean to encourage the idea of making osteopathy a hodge-podge. It seems to me that we should use whatever therapeutics we find necessary to give every cell in the body, as well as the body itself, a normal environment. This must include also the means necessary for the removal of foreign substances or abnormal tissues which interfere with the proper working of the body.

C. A. WHITING, D. O.

The Pacific College of Osteopathy.

STATE SOLICITORS FOR THE P. G. COLLEGE FUND.

Drs. Louden and Willard, the committee for soliciting the permanent endowment fund for the college, have secured the co-operation and assistance to date of the following who will act as solicitors for the fund in their respective states:

Alabama—Dr. Percy H. Woodall, First Nat. Bank Bldg., Birmingham.
Arizona, New Mexico, Nevada—Dr. George W. Martin, Tuscon, Ariz.
Arizona and New Mexico—Dr. G. W. Martin, Tucson, Ariz.
Arkansas and Louisiana—Dr. A. W. Barrow, Hot Springs, Ark.
Colorado—Dr. L. B. Overfelt, Boulder.
Georgia—Dr. J. W. Bennett, 3 Walker Bldg., Augusta.
Kansas—Dr. Gladdis Armor, Emporia.
Idaho—Dr. E. G. Houseman, Nampa.
Indiana—Dr. Marion E. Clark, 409 Board of Trade Bldg., Indianapolis.
Illinois—Dr. Alfred Wheelock Young, Auditorium Bldg., Chicago.
Iowa—Dr. U. S. Parrish, Storm Lake.
Michigan—Dr. Hugh W. Conklyn, 312 Ward Bldg., Battle Creek.
Minnesota—Dr. C. W. Young, Pittsburg Bldg., St. Paul.
Kentucky—Dr. Martha Petree, Paris.
Maine—Dr. Sophronia T. Rosebrook, 633 Congress St., Portland.
Maryland—Dr. Harrison McMains, 315 Dolphin St., Baltimore.
Massachusetts—Dr. R. K. Smith, 755 Boylston St., Boston.
Montana—Dr. Daisy D. Reiger, Billings.
Nebraska—Dr. C. B. Atzen, New York Life Bldg., Omaha.
North Carolina—Dr. A. H. Zealy, 111 Chestnut St., Goldsboro.
New Hampshire—Dr. Margaret Carleton, P. O. Block, Keene.
New Jersey—Dr. D. W. Granberry, 408 Main St., Orange.
New York—Dr. J. A. Detienne, 1196 Pacific St., Brooklyn.
Northern California—Dr. Effie E. York, 1481 Geary St., San Francisco.
Oklahoma—Dr. J. M. Rouse, Bassett Bldg., Oklahoma City.
Oregon—Dr. W. A. Rogers, Marguam Bldg, Portland.
Ohio—Dr. J. F. Bumpus 406 Market St., Steubenville.
Oregon—Dr. W. A. Rogers. Marguom Block. Portland.
Pennsylvania—Dr. Harry M. Vastine, 109 Locust St., Harrisburg.
Rhode Island—Dr. J. Edward Strater, 268 West Minster St., Providence.

Southern California—Dr. Robert D. Emery, Auditorium Bldg., Los Angeles.
South Carolina—Dr. Ralph V. Kennedy, Charleston.
South Dakota— Dr. Griffith P. Jones, Watertown.
Texas—Dr. J. S. Halloway, Wilson Bldg, Dallas.
Tennessee—Dr. J. Earle Collier, Nashville.
Vermont—Dr. Guy E. Loudon, 119 South Union St., Burlington.
Virginia—Dr. W. D. Willard, New Jewelry Bldg., Norfolk.
Wisconsin—Dr. W. D. McNary, Mathews Bldg., Milwaukee.
West Virginia—Dr. Clara E. Sullivan, 715 Schulmbach Bldg., Wheeling.
Washington, D. C.—Dr. Alice Shibley, The Ontario.
Washington—Dr. Roger E. Chase, Maratime Bldg., Tacoma.
Wyoming and Utah—Dr. Frank I. Furry, Cheyenne, Wyo.
Canada and Foreign Countries—Dr. Mary Lewis Heist, 28 King St., East Berlin, Ontario.

These members have charge of the work in the respective fields named. If you wish any information about the subscription work or literature relative to the Endowment Movement, write to the state committeeman of your state.

LOCAL AND STATE SOCIETIES.

DENVER.

The Denver Osteopathic Association held its regular meeting at the Brown Palace hotel, Saturday evening, January 4th. About half of the members were present to enjoy a paper on Obstetrics, which was followed by a discussion participated in by several. The paper, which was a most excellent one, was prepared and read by Dr. Julia V. Frey.

We are pleased to have our new members take an active interest in the meetings and feel that we are beginning the new year well by our first meeting being so full of enthusiasm.

FANNIE LAYBOURNE, D. O., Secretary.

NEW YORK.

The first mid-year programme meeting of the New York Osteopathic Society was held at the Hotel Knickerbocker, New York city, January 18. The attendance was large from the membership of the society and many were present also from adjoining states. The morning session consisted of papers read by H. L. Chiles, Auburn, Bright's Disease, with report of cases; W. A. Merkley, Brooklyn, Eczema; C. D. Berry, Rochester, Appendicitis. This session concluded with a demonstration of cervical lesions, by Dr. H. W. Forbes, Los Angeles.

The afternoon meeting opened with a short business session, at which a committee was appointed to send a proper note to the editor of the Ladies' Home Journal expressing the satisfaction of the profession for his asking for and printing the article from the pen of Dr. A. T. Still telling of how he came to originate osteopathy.

Attention of the profession was called to the fact that those in the state claiming to practice osteopathy who were not provided for in the measure passed by the Legislature of the state last May, and were shut out from practice under this law by reason of lack of educational requirement, had introduced a bill in the Legislature to admit them to practice by reason of their being in practice at the time the law took effect. The officers of the society were instructed to take due steps to oppose the bill.

The society also discussed the means of getting the profession to keep case records so that they can report accurately the work done. After considerable discussion the trustees of the society were instructed to arrange for the appointment of a committe to formulate and print such a form as seemed to meet the requirements of the average case and distribute these to the members of the society in the state.

Dr. D. S. B. Pennock of Philadelphia then gave a very instructive discussion of physical examination of heart lesions and outlined treatment. The questions and discussions following showed the keen interest taken in the matter presented. Dr. Forbes then concluded his demonstrations of cervical treatment and filled such time as remained with discussion of lumbar lesions and manner of adjustment. He promised to meet the members of the society again on Monday evening and continue the discussions.

Mr. Sydney Phillips, representative of the Medical Record, was present and distributed, gratis, copies of the Medical Record, and valuable volumes of State Board examination questions. The Record also noticed the meeting the following week.

The evening session was under the auspices of the Greater New York Society and consisted of a dinner, followed by speech making, music, dancing,etc. The dinner took the form of a jollification over the success of the legislative effort in the state terminating in the passage of the act in May. Besides the professional talent, there were present as speakers several of the friends of the cause from the business men, lawyers, newspaper men, etc., of the state. The speeches were very entertaining and the music was of the finest. The large dining hall was filled to its capacity.

Dr. G. W. Riley, president of the state organization, presided at the morning and afternoon sessions, and Dr. W. A. Merkley, president of the City Society, was toastmaster of the evening function.

NEW ENGLAND.

The New England Osteopathic Association will meet in Providence, R. I., February 22. In addition to local speakers Dr. Ellen L. B. Ligon and Dr. Charles Hazzard of New York are expected to make addresses.

OHIO.

The Ohio society held a very profitable annual meeting in Cincinnati December 27-28. The attendance was large. The following program was rendered:

Friday, December 27.

9:30 a. m.—Routine Business. Reports.
President's Address, Dr. H. E. Worstell, Canton.
"Miscellaneous Cases and Their Treatment," Dr. Orella Lock, Cincinnati.
General Discussion.

1:30 p. m.—Address, Dr. C. W. Proctor, Buffalo, N. Y., subject. "Study in Technique."
"Osteopathic Treatment of Fevers," Dr. D. C. Westfall, Findlay.
General Discussion.
"Osteopathic Treatment of Mental Abnormalities," Dr. L. A. Bumstead, Delaware.
General Discussion.
Clinic Work.

7:30 p. m.—Address and Clinics, Dr. C. W. Proctor, subject, "Personal Element in a Successful Practice."
Questions.

Saturday, December 28.

9:30 a. m.—"Obstetrical Experiences," Dr. M. F. Hulett, Columbus.
General Discussion.
"Atlas and Axis Lesions," Dr. J. F. Reid, Warren.
"Tumors," Dr. J. Martin Littlejohn, Chicago.
Questions.

2:00 p. m.—"Results in a Few Forms of Paralysis," Dr. J. F. Bumpus, Steubenville.
Address, "The Principle of Osteopathy," Dr. J. Martin Littlejohn, Chicago.

6:00 p. m.—Banquet, Grand Hotel.

Officers were elected as follows: President, Dr. M. F. Hulett, Columbus; Vice-President, Dr. Eliza Edwards, Cincinnati; Secretary, Dr. E. H. Cosner, Upper Sandusky; Treasurer, Dr. W. S. Pierce, Lima; Executive Committee, Drs. F. E. Corkwell, Newark; E. H. Bozes, Marietta; R. E. Tuttle, Hicksville; Clara A. Davis, Bowling Green; L. A. Bumstead, Delaware.

The society had a two-days' session for the first time and found it very satisfactory. There was plenty of time for discussions of each paper and many valuable points were brought out. The post-graduate college endowment was thoroughly explained and Dr. J. F. Bumpus received many subscriptions to the same. All voted to be in Kirksville next August, and elected Dr. H. E. Worstell and Dr. E. W. Sackett delegates to this meeting. E. H. COSNER, D. O.
Secretary.

OREGON.

At the sixth annual meeting of the Oregon Osteopathic Association, which convened January 11th at the Imperial Hotel, Portland, the following officers were elected to serve during the coming year: President, Dr. Otis F. Akin, Portland; first vice-president, Dr. C. T. Samuels, Baker City; second vice-president, Dr. Gertrude Gates, Portland; secretary, Dr. Mabel Akin, Portland; treasurer, H. F. Leonard, Portland. A board of trustees composed of the following members was also elected: Dr. B. P. Shepard, Dr. Clara MacFarlane, Dr. R. B. Northrup, Portland; Dr. H. C. P. Moore, LaGrande; Dr. H. L. Studley, Eugene.

The opening session of the association was called to order at 9:30 o'clock by President Hoisington, of Pendleton. Addresses were delivered by the president and Dr. Otis F. Akin. Reports were rendered by the secretary, treasurer, trustees and legislative committee. Dr. H. C. P. Moore read a report of the meeting of the American Osteopathic Association, held at Jamestown in August.

The afternoon session opened at 1:30 o'clock and was devoted to lectures on the theory and diagnosis of diseased conditions and methods of treatment.

At the concluding session held at 7:30 o'clock, in addition to the election of officers, papers were read on gynecology and obstetrics.

About 40 members of the association were present from all parts of the State.

Prior to the opening of the concluding session, the delegates were tendered a banquet at the Oregon Grill. Dr. R. B. Northrup acted as toastmaster. Responses were made by Drs. F. E. Moore, B. P. Shepard, C. T. Samuels and Otis F. Akin. Following is the complete programme of the meeting:

Morning session—Call to order, by president; president's address, Dr. G. S. Hoisington; prayer, Rev. J. Whitcomb Brougher; address of welcome, Dr. Otis F. Akin; reading of constitution and code of ethics, by secretary; report of secretary, Dr. Mabel Akin; report of treasurer, Dr. C. E. Walker; report of trustees, Dr. R. B. Northrup; report of legislative committee, Dr. W. A. Rogers; report on legislation, Dr. F. E. Moore; report of A. O. A. meeting, Dr. H. C. P. Moore.

Afternoon session—Demonstration of technic; "Atlas and Axis," Dr. K. Rueter; "Lumbar Region," Dr. H. F. Leonard; "The American Osteopathic Association," Dr. F. E. Moore; discussion and clinical demonstrations; "Asthma," Dr. C. T. Samuels; "Locomotor Ataxia," Dr. H. D. Bowers; "Cystitis," Dr. B. H. White; paper, "Specific Infectious Diseases," Dr. B. P. Shepard; open parliament; questions, conducted by Dr. W. N. Arnold.

Evening session—"Gynecology and Obstetrics," Dr. Clythie J. Ramsey, Dr. Clara Macfarlane, Dr. Mabel Akin and Dr. M. T. Schoettle.

MABEL AKIN, D. O., Sec'y.

KANSAS CITY.

The Woman's Osteopathic Association of Kansas City, Mo., held their regular monthly meeting on the evening of January 7, 1908, at No. 520 New Ridge Building. The programme consisted of two papers, "Neurasthenia," by Dr. Alma Kinney, and "Septic Diseases," by Dr. Sophia Hemstreet. A general discussion followed reading of papers.

The following officers were elected for the ensuing year: President, Dr. Bertha Whiteside; First Vice-President, Dr. Elinor Balfe; Second Vice-President, Dr. Alma Kinney; Secretary, Dr. Nellie Cramer; Treasurer, Dr. Katherine A. Loeffler.

MATILDA E. LOPER, D. O., Secretary.

PHILADELPHIA.

On Tuesday evening, January 7, 1907, the Philadelphia County Osteopathic Society met at 8 p. m., in the Grand Fraternity hall, 1414 Arch street. There were a great many osteopaths present and we held a very enthusiastic meeting.

Dr. O. J. Snyder, president of the Pennsylvania State Association, presented the project advanced by a local newspaper to devote their entire editorial page for one day to osteopathy, and a committee was appointed to interview the editor and learn further particulars concerning the matter.

Dr. C. T. Bryan spoke of the good work which was being done at the Philadelphia Free Osteopathic Dispensary and appealed for funds to carry on the good work. This dispensary is supported entirely by the profession and has about 17 visiting physicians.

Dr. D. S. B. Pennock gave an extremely interesting clinic and lecture upon Physical Diagnosis and was heartily applauded.

Dr. W. B. Keene read an excellent paper on "The Necessity of Association" which was well received.

Dr. George W. Riley, president of the New York State organization was then introduced and gave an interesting and very instructive talk, showing the necessity of organization and the great need of personal work along these lines.

The meeting broke up at midnight and was voted the best ever held in the city.

WALTER LEWIS BEITEL, D. O., Sec.

LETTER FROM NEW YORK SOCIETY.

The secretary of the New York Society has sent a letter to the schools giving a list of cities and towns in the state and the number of osteopaths located in each. There are many good locations in the state, and in no state has osteopathy a better home than in New York. Readers of the Journal who may have friends wishing a location would do well to have them write the secretary, J. P. Burlingham, D. O., Canandaigua, N. Y. Graduates under two year course are not admitted to the entrance examinations.

OSTEOPATH AS EXPERT WITNESS.

Dr. G. W. Bumpus, associated with his brother, Dr. J. F. Bumpus of East Liverpool, Ohio, recently was in court at Wheeling as expert witness in a case of traumatic injury to spine. Dr. Bumpus was the plaintiff's witness and had in court a manakin and spinal column and from the reports in the Wheeling papers seems to have made a decided impression, in fact his testimony appears to have been the most interesting feature of the trial. He won $2,600 damages for his patient.

SOUTHERN SCHOOL MERGED WITH O. S. A.

The Osteopathic Physician is authority for the statement that the Southern School at Franklin, Ky., will not exist as such after February 1, but that its students will graduate at the Kirksville School.

THE OSTEOPATH GETS IT.

Dr. J. E. P. Holland, the osteopathic member of the State Board of Medical Examiners of Indiana has, according to the Indiana papers, been elected president of the board. This is a satisfaction to the profession. The Huntington Herald says editorially:

The osteopathic physicians of Indiana are greatly elated over the fact that Dr. J. E. P. Holland, an osteopathic physician of Bloomington, Ind., has been elected president of the state board of medical examiners, which is a high compliment to the osteopathic profession and proves beyond a doubt that osteopathy is being recognized today as one of the successful and scientific methods for treating the many ills of the human body. The appointment of Doctor Holland is gratifying after the many unsuccessful attempts on the part of the medical profession not to recognize the osteopathic school.

GRADUATING EXERCISES AT PACIFIC COLLEGE.

At the Woman's Club House in Los Angeles, Thursday, January 23d, occurred the closing exercises of the January, '08, class. From the invitations sent out the exercises should have been very interesting and instructive.

DIED.

At the family home in Owego, New York, January 13, Mrs. George W. Weed, mother of Dr. Cora B. Weed of Syracuse, N. Y.

BORN.

January 19, to Dr. and Mrs. A. L. Evans, Chattanooga, Tenn., a daughter.

To Dr. and Mrs. J. W. Banning of Paterson, N. J., January 8, a daughter, Sara Maxine.

PERSONALS.

Dr. E. B. Veazie, recently of Kansas City, is now in Kirksville assisting the Old Doctor in some of his work.

Dr. J. W. Hofsess has associated with him his sister, Dr. Mary Hofsess. They will practice in his former offices, 528 Shukert Bldg..

Dr. Charles C. Teall, after traveling the fall months with a patient in the West Indies, is located for the winter practice at Eustis, Fla. His family has joined him there.

Dr. W. H. Forbes of Los Angeles has been East several weeks in January and appeared before the profession in Philadelphia, Boston and New York.

REMOVALS.

J. J. Schmidt, from Danville, Ill., to 619 Granville Bldg., Vancouver, B. C.
Nellie A. Allen, from Tacoma, Wash., to Chico, Cal.
Ralph H. Burdick, from Napa, Cal., to 365 Crockett Bldg., Seattle, Wash.
Wm. L. Grub, from 323 to 505 Pittsburg Life Bldg., Pittsburg, Pa.
Tillie Wisner, from Britton to Webster, S. D.
Minerva Baird, from 518 S. Lawrence St., to 105 Sayre St., Montgomery, Ala.
Genevieve V. Evans, from St. Louis to The Inez, 9th and Treest Sts., Kansas City, Mo.
Leslie Hyde, from Moweagua, Ill., to El Paso, Tex.
Catherine L. Oliver, from Santa Rosa, Cal., to American House, Mexico City, Mex.
Janet M. Kerr, from Grinnell, Ia., to L. A. College of Osteopathy, Los Angeles.
H. C. Camp, from 68 The Buckingham to 145 W. Fifth St., St. Paul, Minn.
W. J. Conner, from N. Y. Life Bldg. to 324 Altman Bldg., Kansas City Mo.
Dr. Walter J. Ford's office is 424 Alaska Bldg., Seattle, Wash.
W. H. Bowdoin, from Americus, to Albany, Ga.
C. W. Krohn, from 55 Louther St. to 209 N. Hanover St., Carlisle, Pa.
J. A. Barnett, from Martinsville to Attica, Ind.
Ella B. Veazie, from Kansas City to Kirksville, Mo.
Drs. Otis F. and Mabel Akin, from Macleay Bldg. to Corbett Bldg., Portland, Ore.
E. J. B. Marshall, from Russell, Pa., to 312 E. Third St., Jamestown, N. Y.
J. T. Penrose, from Dennison to McKinney, Tex.
Bertha B. Southworth, from Kirksville, Mo., to 521 Harrison Ave. Leadville, Col.
Alice E. Houghton, from Kendallville, Ind., to 37 E. North Temple St., Salt Lake City, Utah.
T. C. Morris is located at 412 Nichols Bldg., Spokane, Wash.
Robt. D. Cary's address should be 405 Trust Bldg., Easton, Pa.
Roy E. Tilden's address should be Cleveland instead of Columbus, Ohio.

APPLICATIONS FOR MEMBERSHIP.

J. S. Martin, Steele Bldg., Xenia, Ohio.
H. J. Sanford, 224 Empire Bldg., Denver, Col.
Benson E. Washburn, 102 S. Linn St., Iowa City, Ia.

ADDENDA TO LAST DIRECTORY.

The following have been reinstated or were inadvertently omitted from last directory:

Clay, Lizzie, (Sc.) King City, Mo.
Cole, W. A., (A.) Dubuque, Iowa.
Coons, W. N., (A.) Medina, O.
Dawson, Minnie, (A.) 415 Stevens Bldg., Detroit, Mich.
Deputy, Anna W., (A.) Victoria Bldg., Riverside, Cal.
Goehring, Harry M., (Ph.) 339 Fifth Ave., Pittsburg, Pa.
Linville, W. B., (A.) 407 S. Main St., Middletown, O.
Oliver, Catherine L., (Cc.) American House, Mexico City, Mex.
Purnell, Emma, (A.) 217 Woolworth Bldg., Pittsburg, Pa.
Sisson, Ada B., (A.) Seventh and B streets, Santa Rosa, Cal.
Smith, Frank Pierce, (A.) Caldwell Bank & Trust Bldg., Caldwell, Idaho.
Watson, Georgiana, (Bn.) 2 Harewood Pl., Hanover Square, London, Eng.
Winbigler, C. F., (Ph.) The Alabama, Washington, D. C.

The Journal

— OF —

The American Osteopathic Association

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*The Scope of the Osteopathic Philosophy

NETTIE OLDS HAIGHT, D. O., LOS ANGELES, CALIFORNIA.

The scope of the osteopathic philosophy can only be estimated from our present knowledge of the facts upon which it rests, together with such clinical evidence as has thus far accumulated. For the consideration of these facts, I shall take a text from the writings of the venerable founder of the science.

TEXT: "The fundamental principles of osteopathy are different from those of any other system and the cause of disease is considered from one standpoint, viz., disease is the result of anatomical abnormalities followed by physiological discord. Methods that are entirely different in principle have no place in the osteopathic system. Osteopathy is an independent system, a drugless science, and can be applied to all conditions except purely surgical cases."

Discussion: First, the fundamental principles are different from those of any other system. Is this true? Let us see. Let us turn, for a moment, to the history of the tree of therapeutics, of which osteopathy is the latest fruit. We must remember that it has taken every thought of all the ages past to make the present possible; that in therapeutics, as in every phase of human progress, we are today heirs of all the wisdom and all the truth resulting from the thought and labors of those who have gone before; that, out from the partially interpreted facts, wrong conceptions of existing relations, mistaken premises and consequent erroneous conclusions has come the possibility of this new system. We do not forget or despise our parentage.

Chronologically, our knowledge of disease is developed from three successive viewpoints. First, that of the symptom. The early writers dealt very little if any with the explanation of symptoms or the treatment of disease. The next viewpoint was that of pathology. It was made the basis of medicine, out of which grew the great allopathic system. Chemists endeavored to discover the exact nature of living tissue and the reaction between the protoplasmic molecule and drugs. Hahnemann and his followers, disagreeing somewhat with the radical methods of the allopaths, administered drugs to healthy individuals, noted results, and gave to the world the system of homeopathy.

Note that the fundamental principle underlying both systems is the same. The energies of mankind were concentrated upon the effort to interpret the symptom, or to learn the nature of the changes taking place in the tissue which were responsible for the symptom,—in other words, men were studying the processes of disease in the tissue.

In the philosophy of osteopathy we find a third, and radically different veiwpoint from which we are privileged to study diseases. Deep into the sacred precincts of life itself, at the right hand of Nature's God we take our stand, and

*Dr. Haight recently delivered an address on this subject before the Los Angeles Society and at its request was sent to the "Western Osteopath" for publication.—At the request of the editor she has revised the article and given it to the Journal for its deserved wider circulation.

as we view the effect of disorder in the body, we are not concerned with the question, "What is the disease doing to the tissue?" but rather, "What is wrong with the tissue that it tolerates the presence of the disease?" In other words, we are not asking "How is the man sick?" but "Why does not the sick man get well?"

Such a philosophy rests upon the conception of perfection in nature and the recognition of the infinite ability of normal, living protoplasm to regulate its own function. From this viewpoint we see the explanation, not only of the symptom, but of the pathological condition as well, of which the symptom is but an outward manifestation, and, for the first time in the history of therapeutics, we recognize the symptom as a *physiological expression,* perfectly normal to the condition of structure producing it. We are in possession of the fundamental facts underlying disease in its entirety. We see the physiology beneath the pathology. We come in touch, as nearly as finite beings can, with the infinite source of our being, the vital essence, through which and by which we exist. We recognize that disease is inharmony, and inharmony is but the outward sign of mal-adjustment between vital forces and their avenues of expression.

These facts form the basis of the second statement in our text, viz., that osteopathy is an independent system,—a drugless science.

In order that osteopathy shall show itself to be a complete *system,* in contradistinction to a mere *method,* it must show a different conception of diagnosis as well as of treatment. It is not enough that under the practice of osteopathy sick people recover. This can be said by the practitioners of every system and method of treatment from the days of incantations and the annointing with oil, to the latest surgical procedures. We must show a logical foundation in established biologic science if we would justify the statement that osteopathy is a new and independent school of practice, a statement the truth of which must be thoroughly established before we can estimate the scope of our philosophy.

This brings us to a consideration of the biological unit,—the cell, the vehicle of the life force, whatever that may be. We can accept the axiom of the biologists that the cell is intrinsically healthy, and that the law of life is the law of health, which is its own proof. Since we can consider nothing apart from its environment, the fact of environment enters into our study of organized life in the cell. Spencer's definition of life includes this thought, "The continuous adjustment of internal relations to external relations." The cell, then, is acted *upon* by its environment and the so-called "phenomena of life" are but the *responses* of the unknown and unknowable force within. Normal functioning, then, depends in large measure, if not wholly upon the character of cell environment. If these responses be unusual (symptoms of disease) the cause is not to be found in a change in the life essence within, but rather in the fact that the character of the environment rendered it absolutely essential that such unusual responses should be given.

The human body is but a community of cells, separated into groups, each group specialized to perform certain work. Each cell and each group of cells (organ) depends upon a normal environment for perfect functioning. Each cell and each group of cells responds to its environment by certain manifestations of life force,—the heart muscle by contracting, the gland by secreting, the brain cell by thinking, etc., each contributing, in the complex arrangement of the body to the perfect harmony of the whole.

This harmony may be broken, first, by violence, by which the initial substance of the cells is partially or wholly destroyed. Second, the environment may be so unusual, or abnormal, as to exhaust the store of vital energy in its effort to respond; or, third, what is the most common, there may be an obstruction in

the normal avenues of response. In the first class belong the purely surgical cases; in the second, those conditions resulting from excesses and abuses of every kind, of which over-eating, over-work, inhaling poisonous atmosphere, etc., are examples, where treatment indicated is logically the cessation of the abuse. The third class comprises those conditions which form the basis of the osteopathic system of treating disease.

The vital action of all cell life results from two factors, the protoplasmic structure with its inherent life force on the one hand, and environment on the other. With this *inherent force* we have nothing to do. We cannot even comprehend it, much less treat it. It being life itself, there is no possibility of its being intrinsically wrong, or in need of the assistance of a physician. As we cannot create life, we cannot add to nor take away from the life principle in the cell. We may only aid or hinder its manifestation. The body is not dependent for the action of this principle upon the skill of any human being. And this is well. Dr. Still has often reminded us that it is fortunate that God has not entrusted everything to the doctor; and all of us are very familiar with the glorious triumphs of this vital force in the face of much hindrance on the part of the would-be helpful physician.

Therapy, then, can have to do only with the question of environment. Its field of operation is that of an assistant to nature. It must maintain harmony (health) by preventing an adverse environment, and by preventing or overcoming any obstruction to the normal responses of this inherent vital force.

The biologic facts, then, that the cell is self-sufficient under normal conditions of environment, that its function is self-regulating, and that the scope and aim of therapy is to remove obstructions and maintain harmony between internal and external bodily relations, constitute the basis upon which osteopathy rests its case, a basis ever broadening as we delve deeper and deeper into the philosophy of life.

For the consideration of the third proposition of the text I wish to differentiate between the osteopathic *system of therapy* and the osteopathic *science*. The former comprises two factors, the negative, (prophylaxis) common to all systems of therapy, and the positive, that of actual release of obstructions, this latter factor, in its relation to the restoration of health, being the discovery of Dr. Still. Regarding the work of prophylaxis, the osteopath should contribute his part to increase the sum total of the general knowledge of physicians toward bringing about the best possible environment, not alone in the interest of his own patients, but for the people as a whole. We want purer air to breathe, purer water to drink and more wholesome food to eat. We want the best possible sanitation for cities and outlying districts. But while, in this negative sense, public as well as private health measures are comprised in the fullest definition of the "osteopathic system of therapy," yet we would not say that the garbage man and the street cleaner are, in the performance of their special duties, giving osteopathic treatments.

There is an unfortunate tendency on the part of critics of the osteopathic science, and also on the part of some members of the profession, to grant to the old schools of therapy the right of monopoly of the various sanitary measures. The right to be clean, to be sterile, etc., is universal and is not only the right, but the plain duty of every one filling the office of a physician, be he allopath, osteopath, or what not. But on the other hand, since some of these agents of sanitation have been *perverted* from their legitimate field to purposes of stimulants, narcotics, tissue destroyers, etc., changing them from sanitary measures to doubtful therapeutic agents, there has been a tendency on the part of some osteopaths to appropriate such agents to their own use, even going so far as to say that in using such agents they were "practicing osteopathy." This tendency, however, like pathologic products in disease, is a stimulant to

its own cure, and we trust it will not require many jolts at the hands of the administrators of the law to effect a complete cure. There is a vast difference between going without a meal or two, if the alimentary canal be overloaded, and fasting for two or three weeks as a means of cure; a vast difference between taking a bath for cleanliness' sake and plunging into a cold tub every morning for the stimulant effect; a vast difference between walking out into the sunlight if one has been too much in the shade and using concentrated sunlight in the form of electricity to stimulate bodily functioning; a vast difference between sterilizing water or milk before it is drunk, and the giving of a drug to destroy germs in the blood and mucous membranes of the body. It has been somewhat difficult for some of us to learn these truths and I account for it in no other way than that we have somehow failed to grasp, in its entirety, the definition of osteopathy, mistaking it to mean "Any measure which will assist our patient to recover" or, to put it otherwise, "anything we may administer and still have our patient live." I have in my possession a letter from a D. O., a graduate under the founder, who has been practicing several years, in which osteopathy is defined as "any method of treating disease without the use of drugs." If Dr. Still had bequeathed nothing more to the world than such a negative, nameless, nothing—mere fragments of other therapies, many of them today discarded as worthless, do you suppose we would tonight be gathered within the walls of this splendid college dedicated to the advancement of the science of osteopathy? I think not.

Passing, now from the field of environment, granting as we must reasonably do, that the patient is in an environment suitable for sustaining life, we make the statement that osteopathy can be successfully applied to all conditions except purely surgical cases. The biologic unit is the same in all parts of the body. The law governing healthy interchange between cell and environment does not differ, be it in the liver, in the wall of the artery or in the brain. Vital force is no less capable and accurate in *disposing* of the products of katabolism than in *carrying on* the processes of anabolism. Pathology always has a physiology normal to itself, and behind that physiology is the environmental condition responsible for its being. Re-establishment of harmony in the environment is the work of the osteopath; Nature effects the cure.

If we believe in the existence of an infinite force operating through all matter, if we believe in the constant, unerring precision of Nature's methods, if we believe, as we glibly assert, that "Nature is the only power that heals," then we *must* believe that there can be *no* condition, *no* pathology in living tissue, where the physical abnormalities are within the possibility of adjustment, to which this principle is not applicable.

A protoplasmic molecule is said to contain some 2,000 or more atoms. The possible combinations in living tissue and hence the possible combinations in pathological conditions are infinite.

For this reason every system of therapy based upon the treatment of the symptom is unscientific. Very different pathological conditions may give rise to very similar symptoms. In this respect each individual is a law unto himself. This is why the same medicine affects different persons differently, and may even affect the same person differently at different times. We cannot account for peculiarities in normal individuals. Who of us can explain why certain perfectly healthy people cannot digest such wholesome foods as eggs, strawberries, peaches, etc.? These are seeming inconsistencies yet nevertheless facts.

You are perhaps familiar with the story of the physician who was called to attend a sick German. The patient insisted upon eating some sauerkraut, and the physician prescribed it. The patient speedily recovered. An entry was then made in the physician's notebook "For such and such disease (enumerating the symptoms) give sauerkraut." The next patient happened to be an Irish-

man. He had the same symptoms. The physician proceeded to give him sauerkraut and the patient died. Another entry was then made in the physician's notebook: "In such and such disease, sauerkraut will cure a Dutchman and kill an Irishman."

This illustrates idiosyncrasy. How often we hear it said that "the correct medicine was given but the patient died,"— a very ungrateful patient. Then we read in the newspapers: "The very best specialists were employed and everything possible was done to save the patient's life." A few years later, and the very medicine used in this case is discarded by the M. D's. themselves as "unsatisfactory and unreliable." Oh, how much longer must innocent blood be sacrificed to satisfy hoary prejudice!

The scope of the osteopathic principle, on the other hand, covers this infinite number of idiosyncrasies for the reason that it deals in each individual case with the laws governing the health and restoration of *that particular case*. No matter how widely a man may differ from his fellowmen, the law of his being is true to his own particular structure. Hence there can be no guess work, no "cut and try" methods in osteopathy. True, the practitioner may not be able at all times to eliminate the "cut and try" methods in his treatments. Quite frequently our diagnosis is incorrect or incomplete, or we may be unable to detect the causes, but this does not prove that these causes are undetectable and that, if found and removed, the principle underlying restoration would be found wanting. We are not discussing shortcomings in osteopathic practice. We expect the future to overcome these difficulties. Our science is too young yet to expect perfection in its practitioners. This can only come through a broader education in osteopathic principles and technique. This clamor for a "broader osteopathy" is like asking for a larger universe. What we sorely need is a *broader understanding* of the *fundamentals* of our science. There is a tendency on the part of some practitioners to broaden osteopathy by hanging adjuvants upon the limbs of the original tree. In some instances these adjuvants, like English ivy, have so completely covered trunk and branch that the old tree is scarcely visible. But I feel conscientiously certain that, if left unencumbered, this tree will, if we use our best efforts, grow for us as it has for the stalwart leaders in our great cause, into a towering oak, beneath whose spreading branches we may find certain and sure protection from the scorching and devastating shafts of disease and premature death. The scope of osteopathy is co-extensive with anatomy, physiology and pathology. Speed the day when our *understanding* of it may be equal to the needs of a suffering world.

Mr. Eddie Bok—Softhead.

The Critic and Guide so heads an editorial commenting on the fact that Editor Bok of the Ladies' Home Journal stated to a gathering in Philadelphia that physicians used in from 40 to 47 per cent of their prescriptions nostrums of one form or another. When Mr. Bok was making the patent medicine fight *The Critic and Guide* and all the rest of them were patting him on the back and telling him what a fine fellow he was; but when he tells what most informed people believe to be true that many physicians give these same things through their prescripitions that the manufacturers of them are trying to sell to the individual over the counter, then he is a softhead. What a wonderful difference a little difference makes! But this is not the only evidence of *softheadedness* *The Critic and Guide* says further, "We learn from private sources that Mr. Bok is developing a decided leaning toward osteopathy and that he will probably support the osteopathic bill in the Pennsylvania legislature. W should not be a bit surprised. It looks that way. In the January issue of *The Ladies' Home Journal Dr. Still*, the 'founder' of osteopathy is given a whole page to tell the world of his 'discovery.'"

*Osteopathy Among the Specialties—The Eye

F. P. MILLARD, D. O., TORONTO, CANADA.

My subject deals with a phase of work that is receiving much mature thought, and is interesting a number of our best practitioners at the present time.

Time was when the visionary dreams of the most sanguine of practitioners gave but hazy outlines of a vista which has already changed from fancy into reality. Osteopathy had passed through the embryonic period before its illustrious founder gave it to the world—a science with basic principles so in accord with nature's laws that like truth, it will ever rise. Month by month, as the new disciples of Dr. A. T. Still became imbued with these basic truths, there developed in the minds of the new converts a hazy glimpse of what was a well outlined and defined mental picture, in the master mind of its discoverer,—the future of osteopathy and its scope.

Never has our science failed to support its basic principles and never will *true osteopathy* disappoint us in any particular as long as nature remains nature, and God rules in the Heavens. Science has crowned our efforts in such marvelous manifestations of restorations to normal of diseased conditions, that we no longer question its possibilities, but seek better methods of applying its principles and presenting them to a suffering humanity. It was with some hesitation that early practitioners claimed for our science what years of practical demonstration have now proved to be scientific, demonstrable facts shown in every day practice, and are held with no lack of confidence by the physician.

We have demonstrated time and again the value of osteopathic treatment in reducing fever, conducting cases from incipiency to lysis, and have proven to the world that osteopathic physicians with competent nurse assistance, can boast of a higher percentage of cures, with abbreviated courses, than can any other school of medicine. In infectious diseases, a field in which we formerly trod with solicitude and care, in it now we assume command at once, and prove ourselves masters of the situation. In these two fields, considered among the most difficult by people in general, we have proved to the world that osteopathic principles are scientific, and can be relied upon.

Without referring to other phases of general practice, let us turn at once to osteopathy's merits in the specialties: Ever since the first practical demonstrations regulating and correcting abnormalities, osteopathy has proved its great value in benefiting diseases of the organs of special sense. But only recently or since sufficient data has been collected from which to formulate statistics as to the variety of specific special diseases and to what extent these particular diseases and symptoms have been reached and corrected, have we fully appreciated osteopathy's scope in this field. Today we have practitioners devoting their entire time studying diseases of the eye, in order that they may apply treatment more skillfully from an osteopathic standpoint.

My interest in eye troubles dates back to my early days at Kirksville, in '97, when a student. My knowledge of osteopathy at that time was academic, but my faith was great. I was afflicted with eye trouble. One of the seniors suggested I go to Dr. Still's house and have the "Old Doctor" examine my eye which had been giving me constant annoyance. The Old Doctor was in, reclining on a lounge, thinking, I suppose, as he always seemed to be, studying out some new truth. A skeleton hung near by. He called for it, and a better

*Read before the Greater N. Y. Society, Dec. 21st, 1907.

lesson in Anatomy I never received. He looked at my eye and said, "Stoop over here." I could not explain then, what transpired the few seconds he had his skillful fingers on my cervical region, but I know now. The 4th cervical was corrected by a scientific manipulation, and my trouble has been better ever since. Naturally I took a deeper interest, if possible, in the new science—seeing is believing. My field of vision had broadened and I realized as never before, that osteopathy was Nature's piece of handiwork.

In considering the eye, let us as practitioners, point out what nerves, vessels, muscles, osseous tissues, and what areas in dealing with by manipulation, have given us our success in this class of cases. It is admitted by all that in a great majority of cases, ocular deficiencies may be traced to spinal lesions, but to be more specific, no spinal area is so closely connected with eye disturbances as the cervical and upper dorsal regions. These two regions contain such important centres as the spinal vaso-motor centre for the eyes, as well as the ear, nose and throat, and the cilio-spinal centre. To be still more specific, through careful compilations of the best osteopathic statistics obtainable, and from personal observation and case records, I have formulated the following ratios, endeavoring to determine the most commonly found lesions in this particular class of troubles.

The percentage of lesions in eye trouble existing in the various vertebrae:

Atlas, 60 per cent.; Axis, 33 1-2 per cent.; 3rd Cer., 42 per cent.; 4th Cer., 24 per cent.; 5th Cer., 13 per cent.; 6th Cer., 9 per cent.; 7th Cer., 3 per cent. First Thoracic, 13 per cent.; 2nd Thoracic, 40 per cent.; 3rd Thoracic, 33 1-3 per cent.; 4th Thoracic, 12 per cent.

From the above report it will be noticed that lesions of the atlas are the most common in the eye afflictions, and that the 2nd dorsal records a higher percentage than is found in axial lesions. If this be true, and we believe it is, what particular nerves and vessels at these points are most commonly and easily affected and what are the nature of the lesions.

The minute anatomy is familiar to almost every osteopath as he is a student by choice, often by nature, and must of necessity be familiar with the tissues he is constantly dealing with. Lesions of the atlas then are to be considered among the chief causes in ocular disturbances. In considering atlas subluxations, the occipito—atlantal and atlanto—axoid articulations, with attached and adjacent strucures must be included. An atlas lesion may disturb the circulation to the eye; first, through direct pressure on the vertebral arteries, lessening the blood supply to the tempero sphenoidal lobe which contains the vision centre; or second, the circulation may be affected through the vaso-motor nerves, connected with the carotid and cavernous plexuses through their branches in the walls of the carotid, or more directly, the opthalmic artery and its branches. This last interference may result from a lesion causing stimulation of the superior cervical ganglion, contracting the blood vessels of the iris and conjunctiva. Also, stimulation of this ganglion may cause "dilation of the pupil, or increase secretion of the lachrymal glands." (Langley).

Through the first and second cervical nerves and their communicating fibres to the superior cervical ganglion effects may be produced which are vaso-motor, secretory, motor, sensory or trophic. Other cervical lesions than the atlas or axis may produce almost as marked changes through their communicating fibres. In the iris we find constrictor fibres, traced "from the corpora quadrigemina by the third nerve, ciliary ganglion, and nerves to the circular muscles of the iris." "Dilatory from the bulb and cord by anterior roots of the first three thoracic nerves, especially the second, rami-communicantes, cervical sympathetics and ganglia, Gassenian ganglion, opthalmic branch of the fifth nerve, ciliary ganglion, and nerves radiating to muscles of iris." (Willis).

In this upper dorsal region is located also the spinal vaso-motor centre for the eye, as well as ear, nose and throat. "As a general rule, the upper dorsal nerves control the extrinsic cranial structures, while the cervical region, the brain itself and its off-shoots." (George Still).

The four ganglia found on the branches of the tri-facial nerve have sympathetic nerve connections. The ciliary ganglion, from which the short ciliary nerves are derived, receives a sympathetic branch direct from the cavernous

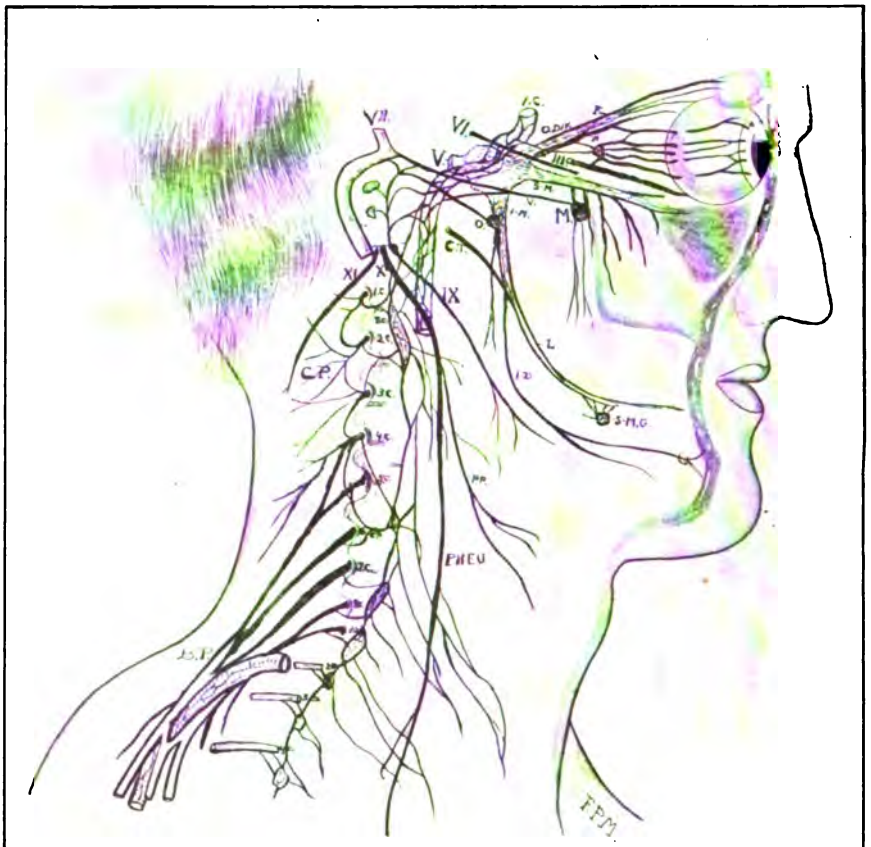

FIG. II.

SYMPATHETIC NERVE CONNECTIONS.

FIG. II. (F. P. Millard.) Illustrates the various connections of the ocular nerves with the sympathitic nerves. III. V. VI. VII. IX. X. XI. cranial nerves: I. C. internal carotid artery: O. DIV. opthalmic division of the trigeminus: F. frontal branch: N. nasal branch: S M.. sup. max. divison: I. M. inferior maxillary division of the 5th nerve: V. vidian nerve: M meckels ganglion: O. otic ganglion: C. T.. chorda tympani: L. lingual: I. D.. inferior dental: S. M. G.. submaxillary ganglion: 1 C to 8 C. cervical nerves: 1 D to 4 D. thoratic spinal nerves: C. P. cervical plexus: B. P.. brachial plexus: PNEU.. pneumogastric: P. P. pharyngeal plexus: S. C.. superior cervical ganglion.

plexus, and a motor branch from the motor oculi. The long ciliary from the nasal branch of the ophthalmic division of the fifth, connects with the short ciliary nerves which come from a ganglion containing motor sensory and sympathetic fibres.

Severing the opthalmic division of the trigeminus results in disorganization of the eye. Connected with this division by fibres are the third, fourth and sixth cranial nerves. All of these communicate with the sympathetic cord. Any lesion then, disturbing these cranial nerves through the cervical sympathetic gangliated cord may send abnormal impulses to the eye producing muscu-

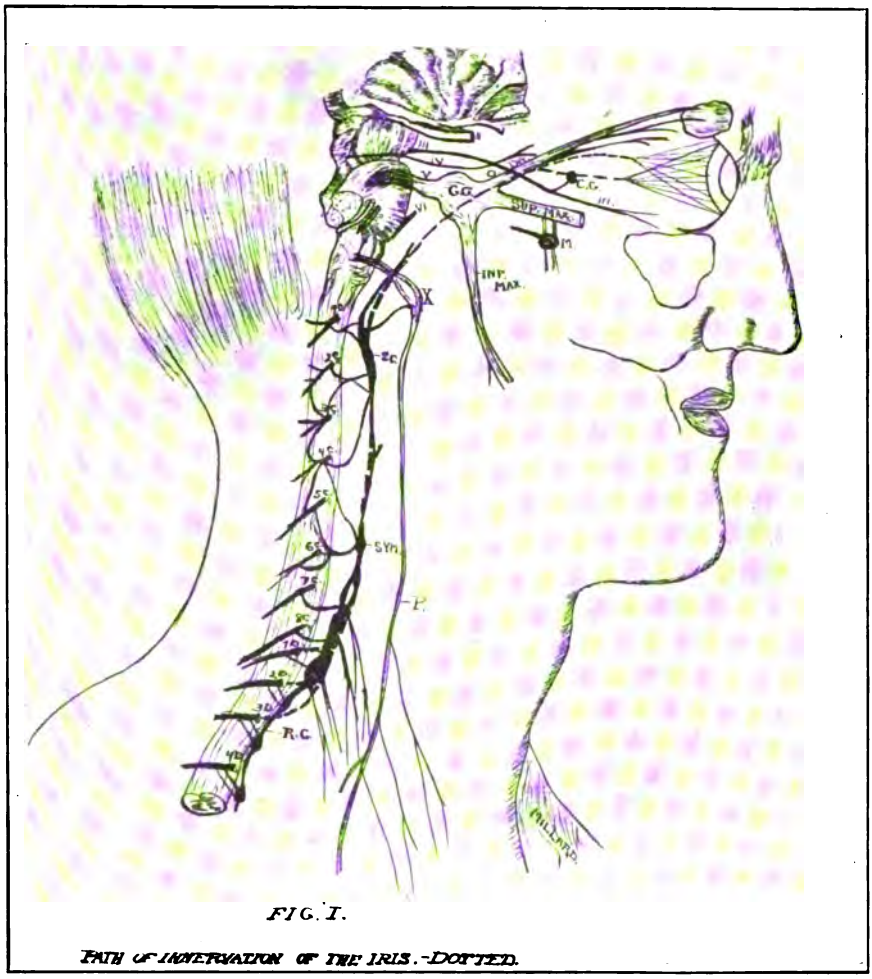

FIG. I.

PATH OF INNERVATION OF THE IRIS.-DOTTED.

FIG. I. (F. P. Millard) Illustrates the various nerves connected with the innervation of the iris. I. II. III. IV. V. VI. cranial nerves: 1 C to 8 C cervical nerves: 1 D to 4 D. thoracic nerves: G. G., gasserian ganglion: O. DIV., opthalmic division: SUP. MAX., superior maxillary division: INF. MAX. inferior maxillary division: C. G. ciliary ganglion; M. meckels ganglion: X. ganglion on the trunk of the pneumogastric. P: S C superior cervical ganglion: S Y M. sympathetic ganglion; R. C. rami communicantes.

lar eye strains, tissue atony, etc. The cilio-spinal nerve centre has some connection with the long ciliary nerves of the eye. Lesions at 1st, 2nd or 3rd dorsal will dilate the pupil. Pressure against interspinous tissues at 2nd and 3rd dorsal, causes peculiar painful sensations in eyes." (Tasker).

Here we have a reflex arc which will include either the communication existing between the sympathetic and the opthalmic division of the 5th, or a transmission of nerve impulse through the sympathetics to some other nerve connected with the tri-facial, and then by close relation through association

fibres with the opthalmic division. It is also possible that eye troubles may in turn through the reflexes produce cervical lesions by contraction in the deep muscles and tissues of that region as evidenced by suboccipital tension and vertebral torsion, drawing the head back. This in turn aggravates the eye condition, and a secondary as well as primary lesion now exists—the secondary a muscular lesion, the primary an osseous lesion. These various lesions having produced, through sensory, motor, trophic, and vaso-motor fibres, an abnormal condition of the eyeball or its adjacent coverings, we then have to contend with the fact that impaired resistance of the eye tissues has subjected it to ready infection. Pathogenic bacteria may gain entrance, and by complicating the condition already abnormal, produce symptoms characteristic of the class of eye diseases produced by bacterial invasion.

Is it not possible that the primary cause of refractive errors in many instances may be traced to abnormal vascular disturbances through impaired nervous tissue as influenced by vertebral lesions? If severing the opthalmic division of the fifth nerve will produce disorganization of the eye, to what extent then are refractive errors influenced by an impaired condition of this same nerve through vascular disturbances, resulting from vaso-motor impulses in the region of the superior cervical ganglion, induced by cervical lesions? Trophic fibres to the eyeball must be normal in their function or what other sequel can be noted than a condition that will readily allow a refractive error to take place? Now if refractive errors are so produced, in some instances at least, to what extent will restoration to, or towards the normal, of these disturbed nervous tissue branches, correct existing refractive errors? We have proof on every hand, in the way of opticians' statements, as well as personal experience and observation, that under osteopathic corrective treatment, milder glasses have been substituted and often removed entirely. We have proven that in a high percentage of the cases, that refractive errors are acquired and not congenital. Time will bring changes and an educated public will turn to the osteopathic eye specialist in the first place for corrective treatment. We will then have a class of patients that will appreciate the fact that in a *majority* of cases eye troubles are the result of pre-existing primary lesions, often osseous or muscular, or both, in nature, producing refractive errors through muscular strains, tissue atony, weaknesses, etc.

That we can modify refractive errors there is positive proof, but we must remember that in some cases we will only be able to modify them to a point where we face the existence of an altered, pathological condition over which we will have limited control.

Through the vaso-motor system we can expect most in the way of regulating and controlling vascular abnormalities in diseased eye conditions. Impulses arising from the blood vessels themselves may excite the vaso-motors reflexly, or the sensory nerves may be the exciting cause. The general centre of the vaso-motor system is located in the medulla, as proven by the general vaso-dilatation following section of the spinal cord in the upper cervical region. The bulbar centre may be affected by interference with the vessels supplying the medulla, affecting not only the cephalic vaso-motors, but those of the entire system. Other vaso-motor centres have been located in the cord and sympathetic ganglia, and through the sympathetic fibres existing in the cervical region, the centres in the medulla may be influenced. Vaso-motor centres are also found in some of the cranial nerves. The trifacial contains vaso-dilators for the eyes. From the Bulbar centre neuraxons pass to the neuclei centre of the trifacial, and from this centre its ganglia receive fibres which communicate with the sympathetic vaso-motor nerves in the walls of the ophthalmic vessels. It is through the trifacial's vaso-motor connections with the general centre, that the eyes are affected in many instances. The vaso-motor nerves control

the distribution of the blood by their action on the muscular coat, which is more highly developed in the smallest arteries, just before they break up into capillaries. In the terminal branches of the ophthalmic artery we would look for more disturbance by vaso-motor influence from cervical lesions through the superior cervical ganglion than in the carotid or the opthalmic artery itself, which histologically contains less muscular tissue than the small branches. This is evidenced by the vascular disturbances noticed in the tissues supplied by these terminal branches.

We have spoken already of cervical lesions, osseous and muscular affecting the medulla's vascular supply. The pressure may be mechanical, impending the normal vascular flow, affecting the bulbar and spinal centres, or the condition of the blood itself, as toxic, or deficiency in nutritive properties, may disturb the centre. A nerve centre must have a normal flow of blood, and of good blood, in order to respond normally to nervous impulses. Correcting cervical lesions relaxes the tissues, restores the circulation to the bulbar centre and allows the nerve impulses to become normal, producing general vaso-dilatation, equalizing the circulation over the entire body. If reflex vaso-motor trouble exists, the remote cause must be considered also, before normal impulses can be expected. In functional vaso-motor troubles, where the general centre, as well as the spinal centres are weakened, a toning up will be necessary. Whatever the cause may be, whether mechanical, reflex or functional, diligence must be exercised in tracing it out. Observation is the key note of advancement in the scientific world.

It was the power of observation that enabled Herophulus, the real founder of anatomy, three hundred years before the Christian Era, to discover the retina, which he regarded as the centre for visual perceptions; to trace the origin of the peripheral nerves to the brain and spinal cord; to distinguish arteries and veins by their structure and maintain that both contained blood; to recognize the pulmonary vessels; to observe the messentary vessels terminating in glands instead of flowing into the liver, laying the foundation for the re-discovery of lymphatics, such observations were made by this renowned scholar over twenty-two centuries ago. The possession of the power of keen observation makes as well the successful practitioner as the productive scientist.

111 Confederation Life Bldg.

The Principle of Osteopathy

(Continued from February number)

J. MARTIN LITTLEJOHN, M. D., D. O., LL. D.

Osteopathy the System of the Future.

We have no reason for discouragement. Things are coming our way. The medical world is beginning to realize that our system is the coming force in healing. In an editorial article in the *New York and Philadelphia Medical Journal* for May 20, 1905, we find such statements as these, "the method of treatment of many diseases is undergoing a change which is more or less revolutionary. The era of polypharmacy, with its multitude of drugs, the use of which is often in the highest degree empirical and unsatisfactory, is passing away." After reviewing the changes wrought by hydrotherapy, exercise, massage and the physical forces, the articles closes, "to physical forces or to animal extracts, we must look, in all probability, for the cure of malignant disease, which has thus far baffled all other means of treatment."

The *Fort Wayne Medical Journal* for May, 1905, positively declares "in all of the acute specific diseases, as pneumonia and typhoid, we have no drug

which will shorten the process, and it seems worse than useless to continue the administration of remedies for any other purpose than palliation and the promotion of the patient's comfort." That presents the negative side.

But there is a positive side. In the *New York and Philadelphia Medical Journal* for May 13, 1905, there is an article entitled, "Some of the Principles of Manual Therapy," by Dr. John P. Arnold of Philadelphia. This article deserves your perusal. There are many articles deserving of note. (1) He recognizes manual treatment as therapeutic. Its therapy is brought out principally in its application to cases considered incurable by any drug system. (2) The therapeutic value of drugs is empirical and uncertain. The effect of drugs used as medicines depends on their chemical reaction on living protoplasm, of the composition of which we know nothing. (3) The value of the spine as an objective diagnostic field, all internal conditions manifesting themselves by signs brought out by the proper examination of the back. (4) The mechanical aspect of the organism must be emphasized. "Every living organism is a mechanism which expresses its activity in response to changes in the conditions that surround it. * * * * * May we not so systematically change the environment of the body that we may in a measure modify not only the normal conditions of the body, but also be able to govern pathological conditions? That we may is borne out by clinical, embryological and physiological evidence." Here we have the osteopathic principle recognized without giving any credit to osteopathy, that has been demonstrating this principle for many years.

Many in the medical world are recognizing that osteopathy has a distinctive therapeutic principle, but they want to steal it and make it a part of their own medley system. Shall we allow them to do it? They want to claim the professional standing and degrade us to the level of a trade. In an article in the April number of the *Chicago Clinic,* Dr. C. Culbertson speaks of the least objectionable form of recognition of osteopathy as that which gives permission to practice osteopathy as a trade without encroaching on the field of medical practice. If we have a therapeutic principle we must have a profession and a professional standing as physicians.

Our best answer to those who thus seek to make our practice the tail end of their own professional practice, and who try to make our position one of inferiority to them by nicknaming our work a trade like the trade of the peddler, is to assert and maintain our independent professional status, and to make it impossible for us to need either counsel or help from them at all. The field is ours. The principle is there and it is an all conquering principle if we make it so.

Over sixty years ago Professor Skoda, professor of medicine in the University of Vienna, tested the treatment of thirty-one cases out of sixty-two by letting them alone without the use of drugs. The result was that a larger percentage of the let alone cases recovered than those treated medicinally. This was the starting point of a system of medicinal nihilism that has extended to many of the largest hospitals in Europe. Five years ago we visited one of the largest hospitals in England in which the only medicines used were cathartics when these were called for.

Osteopathic Structural Pathology.

The investigations of the past sixty years have been conducted largely in the fields of pathology, including the gross and microscopical anatomy, with a view to discovering in the microscopic field of bacteriology, vegetable and animal germs, and in the gross field the structural changes of diseased organs. Justly then pathologic anatomy has received prominent attention in delving into the causes of disease. This structural pathology osteopathy has carried a stage farther. Instead of staining and embalming dead cell and tissue structures to

find in these the causes of disease, we find that normal function is expressed through and in connection with adjusted structures. The perverted function of disease represents the pathological anatomy of maladjusted structures. Bioplasm or vitalized protoplasm is the structureless substance that represents the primal stimulus of life. This bioplasm manifests the vital phenomena through structural characteristics in the organism so that the organic life, as we know it, is the life of phenomena. This means the transmission of stimuli from structureless substance to structural form, the reactive expression of energy in the functions of the organism, the normal condition of which is represented by the integrity of the organic structures. Just as the expression of this reactive energy takes place *through the structure,* so also the repression or perversion of this energy must take place through the structure.

This represents the newer pathology of the osteopathic principle. Hence while the older pathology and associated etiology depends upon the modification of the structureless substance, the bioplasmic matter forming the substratum of organic life, the newer pathology and its associated etiology depends upon changes in the structural elements, because (1) these structural elements are the sole media of vital expression, and (2) stimulus of whatever kind, whether normal or abnormal, depends upon the integrity of the structural. The organism constantly stands on the defensive, the structural defending the structureless, all extrinsic agencies, physical, chemical, or vital that try to invade the living substance being resisted at every point by the integrity of structure. This resistance is self-protective. The attempt to protect the organism gives rise to reactive phenomena that we call symptoms of disease, the symptoms being a disturbance of equilibrium at some point showing itself as an apparent functional derangement. Hence whenever an attempt is made from any cause whatsoever to disturb the normal, there is a reactive manifestation of energy aimed at the expulsion of the toxin attempting to disturb the equilibrium.

The Etiology of Osteopathy.

This means that in the etiology of disease we must take account of (1) the conditions external to the living protoplasm or structureless substance, changing the stimulation in the vital processes; and (2) the resisting power of the structural parts of the organism; if the external condition succeeds in modifying the vital energy, then there is a resultant perversion of function that we call disease. But if the structural integrity is maintained, if the defensive armamentarium is strong enough to ward off all extraneous influences, then disease is impossible or if attempted perversion of function takes place, then it is aborted.

If this is true, the therapeutic field resolves itself into an attempt to aid the individual, represented by the fully constructed organism in the integrity of its structural parts, to ward off disturbances, and if the disturbance has taken place, to expel or remove or correct the disturbing element or elements. Perversion of function is not to be counteracted by altering the vital processes but by removing impediments to the perfect strength of the organism in its native capacity to combat disturbing elements that enter or attempt to enter through the doorway of structure.

In the bacteria, for example, we find a foreign organism attempting to gain an entrance into the body organism. Opposition is presented to such entrance (1) by the environing conditions of the organism. Here mechanical and chemical forces act the part of normal antiseptics and germicides. The mucous membrane of the nose and the throat secretes a fluid, the submucous structures are abundantly supplied with phagocytes and the cilia lining the passages to the air cells exert a mechanical expulsive action tending to drive foreign bodies out from the inner towards the outer air passages. The bronchial mucous lining secretes a very thick mucoid substance that tends to

entangle foreign bodies and prepare them for expectoration. Every portion of the lungs is freely motile, and with each respiration the lung is ventilated to its deepest recesses with air tending to carry the fresh oxygen and even the free ozone of the atmosphere, which is the deadliest foe of all germs, to the field of infection. The acid secretion of the mucous glands of the stomach, the antiseptic and germicidal properties of the bile and the *succus entericus,* the motility of the peristaltic action of the alimentary tract—these combine in the defense of the alimentary field. Digestion, in other words, if normal, has the power, by its secreting fluids, of destroying even the powerful toxin of the rabies saliva.

The environing conditions of the organism make it well nigh impossible for germs to find a lodgment. When are these conditions changed? When catarrh has so altered the normal secretions of the lining membranes, thickened and hardened the mucous substance in the stomach, intestinal walls or lung tissue, that motility is impossible and cilia action impaired.

The skin on the external surface of the body like the mucous lining on the internal surface acts on the defensive, the sebaceous and sweat secretion being both antiseptic and antibacterial or bactericidal.

(2) If through some perversion of the functioning of mucous membrane or skin or the weakening of tissue activity germs do succeed in gaining an entrance into the vital substance, not into the body, for it must be into vital tissue, there they are met by internal defensive forces.

The action of the leucocytes tends to bacterial destruction and toxin counteraction or antidote. Germs, when they gain an entrance, act, (1) locally by direct irritation, causing a mechanical disturbance; (2) by the production of certain products called toxins that are distributed by the blood and lymph streams. The leucocytes meet both these conditions, destroying those germs that tend to produce mechanical irritation in localized areas, and counteracting the toxin products of the germs by an anti-toxin. Thus the blood becomes the battle ground of a direct struggle between living cells and the field of antidotal processes, all tending to protect the tissues from invasion by the germs and prevent their intoxication by the poisons. In some cases, as in the nidus formation accompanying localized tubercle development, a new blood system is organized in the minute capillaries surrounding the site of the struggle to aid in the rich supply of fresh blood and to carry off rapidly the vitiated blood by a sewerage system.

If the defensive conditions of the organism are reduced below par then two possible results may follow, (1) the germs multiply rapidly and with this multiplication produce toxins so quickly that the entire system becomes intoxicated. Here we have a toxaemia. (2) In the majority of cases a secondary complication arises, the leucocytes, being unable to master their foes, the germs, die in the struggle for existence, and pass out into the circulation as pus corpuscles, intoxicated with the poison, inducing suppurative processes, that result in tissue destruction, manifest in emaciation, abscesses that cause blood poisoning, partially thrown off in expectoration, collected in the system and producing febrile temperature, chills and sweats, gradually wasting the system and destroying its life forces.

If this is the history of infection, then in the normally healthy individual, infection is impossible. Why? Because the resisting power of the organism is able to prevent such infection. This is not the case in the majority of individuals, because heredity, unwholesome environment, improper food, unhealthy occupation, the worry and stress of an arduous life, the accidents and strains befalling the body, twisting the spine, weakening the articulations of the framework, and destroying the tonicity of the softer tissues—all these combine to make man's body the prey of all sorts of disease conditions.

Osteopathic Therapeutics—Adjustive Measures.

What can be done to meet these disease conditions? (1) Elevate the standard of vital resistance to its maximum. What do we mean by vital resistance? The removal of all obstructing conditions in the physical structure, form and environment of the organism, so that vital forces may have the most uninterrupted play. (2) Do what we can to reduce to a minimum the possibilites, (a) of the invasion of the organism by foreign bodies, either in the form of bacteria or their bio-chemical products, or in the form of chemical substances themselves, that directly poison and reduce the vitality of the tissues; (b) of auto-intoxication. Here perverted digestive processes or metabolism produce poisons that are freely absorbed into the tissues and especially into the nervous tissue. When this takes place, the blood stream becomes poisoned and the vital processes are modified as a result of self intoxication.

These represent the field of disease proper and cover the ground that therapeutically we must cover if we claim to be physicians and our system a system of therapeutics. Can we aid nature, represented in the organism, to correct these conditions? Yes, because we can deal with the organism.

First, we can remove the cause or causes. This we have seen already refers to some *obstructive condition in the physical structure or environment* of the organism. This places etiology in the first rank and makes the search for causes the fundamental principle essential to therapeutics. This does not limit the therapeutics of correction.

Secondly, after the removal of the cause or causes, an effort must be made to adjust the vital functions so that normal conditions may be resumed as quickly as possible. Here symptoms and signs are valuable, because they indicate the extent to which functioning is perverted by means of the primary cause of the disorder, or by reflex conditions.

It is not sufficient, in the vast majority of cases, to correct a lesion or lesions. Reflex disturbances have affected a good part of the organism. Hence these functions must be gradually adjusted to one another. The quicker their adjustment takes place, the better, because it will conserve vital energy. In this line let us emphasize physical and physiological rest. For example, in the nervous diseases, in cases of perverted function of the alimentary tract resulting from some original cause, in cardiac functional derangements, in many of the febrile diseases, rest in bed and rest from food by fasting, either partial or complete, or the use of predigested food temporarily, to suspend or rest the digestive action, are absolutely essential.

Along the same lines we must apply graduated exercise of an active nature, following the period of rest, or systematic exercises in cases of locomotor ataxia, paralysis, to re-train the muscles, to re-educate the central nervous system, to exert normal control over activities, and to establish a continual motility that will gradually overbear the evil effects of the auto-intoxication or drive out the poisons of hetero-intoxication. We must not forget the active exercise that forces deep breathing, re-animating and replenishing the tissues with fresh life through the freely oxygenated blood. The active exercise here called for is not to be left to physical culture or a gymnasium master, but is to be prescribed by the osteopathic physician as suitable to the particular case and tending to help towards the cure of the patient. Let the aim be a regulated exercise that will most nearly establish the adjustment of motion and locomotion in the patient along normal lines.

Thirdly, it has been our experience that the best means of gaining control over the vital activities, accessory to the correction of the primary cause or the sustaining lesion condition, is through the vaso-motor nervous system. Practically all functions and functional activities are coordinated vaso-motorly. The

vaso-motor system, in other words, is the key to the circulation of the blood, the balance wheel in regulating the activities of the brain movements, the field of co-ordination between the pulmonary and systemic circulations, the avenue that leads to the correction of lymphatic disturbances, the normal regulator of the varied secretory processes, the means of correcting inequalities in the circulation through the spinal centres, determining muscular activities, nervous impulses, distribution of stimuli, etc. Vaso-motor tonicity, representing as it does, the means of controlling the co-ordination of blood pressure and arterial tension, is the most powerful palliative treatment that we have. It represents also the greatest reconstructive force in the correction of the altered structure of the nerve cells and in the modification of the multitude of influences constantly reacting upon the heart and brain, making these in most diseases the field of the struggle for existence in the closing hours of life. We have emphasized the crude structure of the skeleton of the body as a medium through which life forces and fluids manifest the body life and we have called obstructions in this skeletal field *lesions par excellence*. Seldom if ever have we stopped to think that the skeletal frame was developed by histogenesis from an original cell and that in repair processes reproductive plans and methods must be followed. The nerve cell is the ultimate archetype as well as the miniature of the primitive cell that existed prior to tissue and prior to organ in the protoplasmic mass. These nerve cells have a structure, equally definite though microscopic as the framework, in which by a perpetual reparative evolution formless or naked matter is constructed into formed matter, the vitality leading up to the molecular substance through definite stages to a vitalized form. Here we have a field of microscopic lesion in the structure of the cell not less definite than the cruder lesion and equally obstructive in its relation to life processes and the perfect adjustment of the cell organism. It is in this field that the death struggle takes place, when the vitality separates itself from the chemical and physical form and changes of the body.

Incurable Cases.

While it is our province to cure, it is not unworthy of our notice that many cases are incurable, and the best that we can do for some of our patients is to make them comfortable during the last hours of life. It deserves our notice that the potency of soporific, hypnotic and analgesic remedies depends upon the depressant action they exert through the vaso-motor field. Why? Because it reaches the terminal recesses of the blood system, thereby reacting on the minutest particles in the substance of the cell, and also reacting upon the terminal nerve apporati.

I consider, therefore, the application of proper vaso-motor treatment one of the most valued therapeutic measures at our command. In a recent case of heart trouble, in a patient over seventy years of age, with dropsical complication involving the entire trunk and extremities below the diaphragm, vaso-motor treatment kept the patient free from pain and the dropsical condition under control for nearly eight months after the medical doctors gave him up to die.

In a case of mitral regurgitation, vaso-motor treatment in the greater and lesser splanchnic areas, given once a week, overcame the aortic tension to such an extent as to produce the balancing of the heart movement and the systemic circulation, until the system itself seemed spontaneously to rectify the inequality in the circulation, at least establishing compensation.

You ask, what do I mean by vaso-motor treatment? I mean the articulation of the regional vaso-constrictor field, both for the cerebro-spinal and sympathetic sides of vaso-motion. This treatment cured a case of spinal meningitis with peripheral neuritis that had baffled the genius of medicine. Two treatments

a week were sufficient to control an intercostal pain so aggravated that for nine weeks prior to the beginning of treatment, the patient was kept constantly in bed on the flat of her back, making the spine so sensitive that it could not support its own weight without aggravated pain, locomotion being impossible.

Vaso-motor treatment, without reference to lesions, for none were found, corrected a severe case of amaurosis and acted in such a way as to remove the signs of a unilateral astigmatism, overcoming the effects of atropine injected into the eyes by a medical oculist in the attempt to control muscular action and to secure the co-ordination of movement.

In dealing with cancer from the same view point, we have demonstrated that its cause is toxaemia. Probably the origin is a gastro—or entero-toxaemia, absorption taking place of the toxalbumins from the alimentary tract into the blood, resulting in the intoxication of the nervous system. This intoxication exposes the entire body to the poison product development and accumulation, so that all poisons taken into the system as well as these formed in the system accumulate first in the nervous system, and later in other fields. The detoxinating gland centers normally are sufficient to neutralize or destroy these poisons and in doing so, they form a harmless nutritive secretion that controls vaso-motion, the thyroids controlling dilation and the adrenals constriction.

Traumatism at a local point, the over activity of an organ, the excessive abuse of a function, tend to form a weakened nutritive field that becomes the nidus of accumulation and later of a degenerated tissue growth. Saccharomycosis develops at this stage, the yeast fungi representing waste or degenerated substance fermentation. The result is acid formation, explaining the presence of excessive quantities of gas in cancer cases, also of fluid, causing bloating, pressure symptoms, and dropsy. The acid products of fermentation unite with the toxalbumins and this becomes the nutrient substance of the cells. The result is that nutrition is destroyed, the cell structure is degenerated, and in localized points a malignant reconstruction and growth takes place. The cancerous cachexia bears testimony to the general intoxication, the emaciation to the degenerated nutrition, dropsy to the reactive conditions that destroy vaso-motor control.

The main treatment of all cancerous conditions must be directed to the re-establishment of vaso-motion. This means that cancer is a blood disease. Anything that will help to destroy the saccharomycosis, to antidote and eliminate poisons, to counteract uric acid formation, to prevent or correct entero-toxaemia will be helpful in leading back to the vaso-motor correction.

In confirmation of this we find that the majority of cancer patients die of some form of toxemia, e. g., toxaemic peritonitis or pneumonia, uric acid poisoning, septicaemia, etc. In dealing with this condition, then, the surgery of the removal of the tumor is not osteopathic treatment, because that is not the cause. The palliation and cure of cancer lie along vaso-motor lines, with the necessary elimination of intoxication from the system.

If the view here presented is correct osteopathy represents a new principle in therapeutics. Its application can be made only by those who intelligently understand the etiology of disease. The field of its application is limited only by the possibilities of disease conditions. Its principle is that of adjustment, and its means as therapeutics represent adjustive measures such as the correction of structural adjustments so as to make articulation and motility normal, the correction of environing elements and their stimuli, removal of irritating chemical agents, products or compounds and elimination of all foreign substances from the system.

Some Acute Conditions

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It would seem to me that if there is one problem more than any other to which this association should address itself, it is the matter of determining, as far as possible, upon a uniform therapy for the treatment of all forms of acute conditions that are amenable to treatment. I present this proposition for the reason that I know and you all know that in the matter of treating acute affections there is a great variance as to ways and means employed by osteopathic physicians. As disciples of a specific school—we should be guided by specific principles and a definite art in the general conception of our therapeutic practice. Gatherings of this kind should afford occasion and opportunity for determining methods and perfecting the theory and practice of our school.

There is a well defined conception and unanimity of thought within the minds of the profession generally, as to the modus operandi, the osteopathic practice, in the treatment of chronic diseases. The correction of anatomical irrgularities, the restoration to the normal and harmonious relationship of perverted structure, the so-called "ten finger" osteopathy, seems loyally accepted by practically the entire osteopathic following. A few there may be who take recourse to electricity, vibrators, etc., but that number is comparatively insignificant as are also those who employ such agencies. Should we, however, try to formulate, or reduce to writing, the method employed by osteopaths in the treatment of various acute conditions, we would find quite a varied therapy, not such pronounced unanimity as we find in the treatment of chronic diseases. While there should always be accorded every physician considerable latitude in his manner and means of treatment,—at the same time it would seem that the time is nearly at hand when we should arrive at a more or less well defined conduct in the treatment of acute afflictions.

My assignment upon the program is to submit for your consideration the method of treating "Some Acute Conditions." It is the intention of this assignment, I take it, to provoke discussion relative to the treatment of some acute conditions, the method of procedure and which admits of a variety of agencies or in which a variety of agencies apparently effect favorable results and for which there is much supporting data proving their efficacy. In considering the method of treating acute conditions we would naturally consider the cause of the disease. I shall not confine myself to the presenting to you the routine and complete method I would follow in the treatment of any one acute disease, but wish to draw from you an expression of opinion as to the employment of certain agencies in the treatment of certain acute conditions that I know are employed by reputable osteopaths, and yet that might seem at variance with the basic teachings of osteopathy and possibly seem heterodoxical. I shall also offer to you an argument on the origin of disease relative to osseous spinal lesions advanced by speakers in the neurological section of the American Medical Association at its recent convention held at Atlantic City. I wish to present this argument on account of its possible relationship between acute conditions and possibly consequent vertebral lesions as was contended for at said Medical Convention.

The subjects for discussion I shall offer to you and their order are as follows:

1. Are spinal lesions the *result* of and but symptoms of organic diseases as claimed by the speakers at the Convention of the American Medical Association?

2. Can we as osteopathic physicians consistently employ anti-toxine in the treatment of diphtheria?

*This paper was prepared for the last meeting of the American Osteopathic Association and was on the program for the last day of the meeting, but Dr. Snyder being called home that day, the paper was not read but filed with the Publication Committee.

3. Shall we as a school recommend vaccination for the prevention of smallpox, especially at a time when there is an epidemic imminent?

As to the first proposition, viz.: Are spinal lesions the result of and but symptoms of organic diseases?

At the recent Convention of the American Medical Association held at Atlantic City it was argued that the medical profession has for many years recognized anatomical lesions but not as the cause of disease "as is claimed by the osteopaths," but rather as a result of organic disease, and let me say right here in parenthesis that since my arrival here at Jamestown at least one very well-known osteopath and one who stands high in the esteem of the profession has contended with me and advocated the same hypothesis. They point to the early discoveries of the Griffin Brothers, who, in their treatise published in 1834, raise questions as follows: "We should like to learn why pressure on a particular vertebra increases or excites the disease about which we are consulted." "Why, in some instances, any one of the complaints may be called up at will by touching a corresponding point of the spinal chain?" etc. It should be noted that at this time nothing was known about reflexes. Marshall Hall in 1841 published his work establishing the status of a reflex and thus opening the way, our medical friends contend, for an understanding of why diseased organs referred to by the Griffin Brothers refer themselves to the corresponding vertebra reflexly by a sensation of sensitiveness or pain in the corresponding spinal region or segment. Dana, Head, Hendrick, Killgrew, Ling, Oyriax, Lauder, Brunton and others have written in support of the philosophy that disease originates in the organs and reflex pain results in the corresponding vertebral region, resulting in changed muscular and ligamentous structures and osseous perversions. The anatomical relationship, they explain, accounting for such effects, is as follows: Ouneff, Collins and Bruce assert that the spinal centers of vaso-motor phenomina are in the cells of the columns of Clark and inter-medio-lateral column. Viscero-sensory afferent fibres enter the cord and ending about cells in the column of Clark. The cells in Clark's column send fibres lateralward and hence cephalward, forming the direct cerebellar tract of Flechsig. This, it is contended, suggests the possibility that the cerebellum is useful in the co-ordination of visceral function. In fishes and vertebrates as far up as the cat, the inter-medio-lateral tract sends fibres out of the cord in both the ventral and dorsal roots. These fibres enter the sympathetic system and form an efferent tract; they may be excito glandular, pilomotor or vasomotor. Between the column of Clark and the intermedio lateral tract we have collateral fibres. Hence, in a segment of the cord we have an afferent viscero-sensory ending and an efferent sympathetic nucleus with collaterals connecting them. In this same segment we also have sensory nerve endings from the skin. The conclusion of all their observations is that the combined vertebral tenderness would coincide with the position of the column of Clark and the inter-medio-lateral column and *that the spinal tenderness noted in pathological conditions of the organs would coincide with the location of the vaso-motor centers in the cord;* viz., the disease originates in the organ, arouses impulses that are transmitted via the afferent viscero-sensory nerves to the column of Clark, communicating said impulse to the inter-medio-lateral tract causing efferent sensory and vasomotor, both local and viscero, impulses resulting in local or spinal pathological conditions.

If this analysis is true to facts, then the treatment it would seem would have to be directed primarily to overcoming the originating cause in the organ, quite in opposition to our own philosophy. I submit their argument to you now for discussion.

My Second Proposition:

Can we consistently employ anti-toxin in the treatment of diphtheria?

I offer this question on account of the fact that to my definite knowledge some osteopaths for whom I have profound respect, graduates "under the founder of the science," employ anti-toxin in the treatment of this disease. I have been told by two of this class of practitioners that in the early stages of the disease they regarded anti-toxin a very desirable and efficacious agency. Said one, "It's all very well for some who have never treated a true case of diphtheria to condemn the use of anti-toxin, but in my experience I find when I stand in the presence of that dreadful disease, I am glad to use anti-toxin in connection with regular osteopathic ministrations." McConnell and Teall, on page 308 of their "Practice of Osteopathy," relative to the treatment of diphtheria, have to say as follows:

"In view of the fact that C. E. Still and several other osteopaths treated successfully numerous cases of diphtheria, and that the osteopathic treatment is peculiarly indicated and effective, the probable requirement of anti-toxin (the use of which we do not feel called upon to discuss) would be lessened." Reputable and responsible medical practitioners place great confidence in anti-toxin. Some of my best friends among the M. D.'s. have assured me of the great efficacy of anti-toxin. Are we as osteopathic physicians in a position to ignore or approve of its use? It would be desirable, I believe, if we, as a profession, could make a declaration relative thereto.

The Third Proposition:

Shall we as a school recommend vaccination for the prevention of smallpox, especially at a time when there is an epidemic imminent?

I realize the dangers attendant in the use of vaccine virus should the lymph from a cow-pox vesicle from which the vaccine virus is made be in any manner infected. I have had patients whose former good health was seriously and permanently impaired by having been vaccinated. I have also learned, from what I regard as trustworthy sources, that vaccination is a benefit and that it either aborts or else lessens the virulence of an attack of smallpox. McConnell and Teall, in their "Practice of Osteopathy," seem to advise vaccination. Many osteopaths whose opinions cannot be ignored, condemn vaccination. Can we take a positive stand relative to this proposition? During our last legislative campaign we were strongly pressed to take a stand in favor of an anti-compulsory vaccination bill that was pending in the legislature at the same time and to use our influence to secure its passage. It is very desirable that we, as a profession, arrive at a uniform conception as to the advisability of recommending vaccination. In our State, children who are not vaccinated can not enter the public schools. You will, therefore, observe that this is not only a theoretical but an intensely practical proposition. As long as that law is in force and is being enforced children must be vaccinated in order that they may attend the public schools. Will you send your children patients and your patients' children to an M. D. to be vaccinated or will you do it yourselves? We realize that the mechanism of immunity is not well understood and that there is much sustaining data pro and con anent vaccination. We appreciate the fact that it will be quite impossible to assume an unerring stand in relation to this practice, but it would seem advisable that we, as a profession, take some conservative and concerted position relative thereto. I also present this proposition to you for a dispassionate discussion.

Witherspoon Bldg.

*Tumors of the Pelvic Organs

GEORGE A. STILL, B. S., M. D., D. O.

In discussing this subject, the most essential point is to first arrive at a definite understanding as to what is meant by a tumor. There are many conditions which are constantly being confused with, and diagnosed as, tumors, which do not follow the same rules, do not have the same etiology, the same pathology, or the same treatment in any way, as tumors. No doubt hundreds of so-called tumors have been and are being, and will be cured, which, taking a definite pathological definition for tumors, could not be classified as such. The most common mistake is to diagnose a localized endometritis, or sub-involution as a tumor, similarly plastic exudates on the surface of the uterus are often so diagnosed. Cysts and pus tubes are another fruitful source of error. The fluid in a cyst may absorb, and the pus in a pus-tube may discharge, with apparently all the signs of a cured tumor, when indeed there was at no time any true tumor present. To be specific then, we must consider a tumor as a *non-inflammatory,* non-physiological new growth of tissue; and this will of course, exclude the so-called tumors such as occur in syphilis, and also those occurring from tuberculosis, both of which have an inflammatory origin. We know that inflammatory processes are comparatively easy to absorb.

A careful distinction must also be made between the benign tumor which in itself is absolutely not dangerous, and is only so, as it may be located in a dangerous situation, or as it may involve important organs and structures. A benign tumor, for instance, in the cranial cavity, would be a very serious condition. A similar benign tumor of the arm or abdominal cavity, or at some other comparatively free point would be a very minor condition. On the other hand, the malignant tumor, in either situation, is dangerous in itself, in that it produces toxins which are poisonous to the system, and in that it itself, destroys tissues in its neighborhood and sets up metastasis as distant points which do likewise.

The knowledge of tumors is today very limited, and at that, it is far in advance of what it was a few years ago. It is not the fault of the osteopath that he claims now and then to cure large numbers of tumors, because as a rule he bases this diagnosis on the statement of some medical man who is supposed to have a better knowledge of pathology and the allied subjects, and undoubtedly conditions diagnosed as tumors are suddenly cured, and conditions, which so far as the patient is concerned, might just as well be called tumors, but which have a definite diagnosis, and for the reason that we do not wish to deceive ourselves, we must ourselves understand, are not tumors. The mere fact that some medical doctor has diagnosed a condition, a cancer, or fibroid, or other tumor, in nowise changes its actual condition. We must remember that a study of the tissues of the body with the microscope as an essential to an education in medicine is comparatively recent, and that only the better class of the schools in the country today give a course which is at all adequate; and we also find that after taking such a course, a man must continue to follow up the study of microscopy in order that he may be at all proficient in his line.

We would not take the word of a man who studied chemistry twenty years ago for the analysis of some patent medicine, or of a mineral, or of any other complex compound, and especially if his course had been limited to a year in the common schools. Similarly why should we be so eager to accept the diagnosis of a man who has had very little training, if any, with the microscope, and in many cases does not know a microscope from a telescope, on the diagnosis of the finer pathological structures of the body, when the art and

*Address delivered at last annual meeting of A. O. A.

science necessary to distinguish such tissues is even greater than that of the chemist. As a matter of fact, the osteopathic committee on legislation in one of the states of our union, within the last four years, in order to show the legislature that they were as well prepared to diagnose and combat disease as the medical profession, showed by actual statistics that 80 per cent. of the men practicing medicine in that state, had not attended a medical school, much less had they finished a thorough course and made themselves thoroughly proficient. It is no criticism on the science of diagnosis that these men, or any other men with a minor knowledge of the science, even though they have the degree M. D. may make mistakes in diagnosis, and history has recorded several cases in which M. D.'s have made mistakes. We are always ready to criticise the M. D. for anything that he may say which does not entirely agree with our opinion and yet it is a common thing to claim a cure of a certain disease supposedly incurable, basing our diagnosis solely on the fact that some M. D. called it that. That is not just to ourselves nor to the scientific world in general.

Taking the definition that I have given for a tumor, I venture the statement that there is no person living today who knows either the cause or the treatment other than surgical, of any class of tumors.

For instance, as to the cause: We read that a uterus contains carcinoma at about the age of 45, because it is beginning to lose its function; and yet at this same age, the stomach is also the site of even a greater number of carcinoma, and yet it is not a general custom to stop using this organ, or for this organ to stop functioning at this age. Similarly we hear that cancers are produced by irritation, and the example of the smoker's cancer on the lip is usually cited. The commonest cancer in the body is that of the stomach and the commonest class of people who have cancer of the stomach is not the individual who sits up at night and abuses his stomach with strange and varied concoctions, nor is it necessarily the glutton; but it is the staid and sedate farmer who goes to bed with the chicken and lives on home cooking.

The fact is that no rule that can be formulated for any tumor, or at least no rule that has been formulated, will stand the test for similar tumors in other parts of the body. A most striking example of this is the very rapid fatality sarcomas appearing in the femur, and yet in the tibia with which it articulates sarcomas pursue a comparatively very slow course. Even more striking is the fact that sarcomas in one end of the fibula would follow a rapid course, and in the other end a slow course, which rule is simply reversed in the ulna. Why this is, I do not presume even to suggest. We merely have the clinical statistics in these cases. Unfortunately there is no treatment offered up to date in sarcomata which presents any very encouraging results. And I want to be understood as merely claiming that we are as yet in the dark on these subjects, and not that I claim to know a surgical or any other treatment that is specific. When the time comes, as it will sometime, that we know all about tumors, etiology, etc., I doubt not that the osteopathic treatment will be found to be sufficient in a great many cases, and that it will be the equal of even the earliest surgical treatment, and that in the other cases, it will be ahead of any other treatment.

Although an absolutely positive diagnosis of sarcoma, where the tissue cannot be examined by the microscope, is difficult, we have in those cases that come under the subject of this discussion, a much easier task. We know that sarcomata in the uterus are very rare, and that those in the pelvis, anywhere, are as a rule, of the inoperable class. On the other hand, the frequent carcinomata which occasionally offer a good chance for operation, are so located as to be rather easily determinable early in their course. They must, of course, form on the inner surface of the uterus. They cannot form on its peritoneal

surface, nor in its body, because there is no epithelium there for them to develop from, and the microscopic examination which is the final and only absolute diagnosis, can easily be made from a bit of the curetted tissue, from the surface of the interior of the uterus. The technique for securing this is not difficult nor dangerous to the patient, the danger of a hemorrhage is not great, because the carcinoma has no particular blood supply, it being the opposite in this respect of the sarcomata, in which, not only new blood vessels will form, but the tumor cells themselves will make tubular blood spaces connecting with the blood system. The surgical treatment for an old case of carcinoma in which all the clinic signs are present is of course, of no benefit, because the growth has already extended too far into other structures which cannot be reached by the operation. In these cases only a slight temporary relief may be offered. The only reason for a large per cent. of operations on well developed cancer is that the case, with our present knowledge, is practically hopeless anyhow. We, of course, have better results in surface cancers, or epitheliomata.

Reverting to the commonest, less dangerous benign tumors, we will take the fibroid as a typical example, and that our knowledge of fibroids is comparatively weak, is shown by the fact that the tumors we have called fibroids or fibromata, are as a rule, muscular growths or myomata. These tumors, as already mentioned, are only dangerous from their size and location, and not from any secretions or any toxins produced. The very large ones are dangerous, principally from pressure on other viscera, from their pressure on the nerves, such as the sciatic, and from the fact that if they form fairly rapidly, they so increase the intra-abdominal pressure that it causes an absorption of the intestinal toxins, and we have auto-intoxication often of so severe a grade as to simulate an invasion of a malignant growth. Similar tumors of the sub-mucous variety may act as an obstruction to the flow of the secretions from the uterus and may produce a dysmenorrhea of the most severe type, and in general interfere with the secretions. Fortunately, these tumors, which for their size, are the most troublesome, are the easiest to get rid of. Often a comparatively simple curettage will entirely remove them and relieve the patient from the symptoms. We cannot definitely give a rule as to the size or the location of the tumor which will produce the exact symptoms. We can merely say that an operation should be advised when the symptoms are such that they produce grave results, and where the risk of the operation does not exceed the danger of leaving them. Often times the neurosis, and to a certain extent, the effect on the secretions, can be controlled by simple osteopathic treatment, and as mentioned, the tumor in itself is not dangerous. A point of general belief in some localities that I wish to correct, is that all tumors are very likely to become malignant, the fact is that though benign tumors do become malignant, it is a very small fraction of one per cent. that follow this course, and that a tumor is never to be removed simply and solely for the fact that it may at some future day become malignant.

In the general discussion that followed, the question was asked as to whether the osteopathic treatment of fibroids or the manipulation of fibroids, was likely to make them malignant, or to produce metastasis, and in reply it was stated that it was impossible to produce a metastasis or to originate malignancy in a fibroid by either spinal or local treatment, and that such suggestions must have been the result of either ignorance or prejudice.

In answer to another question, it was again thoroughly emphasized that an operation was never to be advised in a fibroid simply because it was a fibroid, but only as the various symptoms demanded it, and that the symptoms in those peritoneal fibroids would have to be greater than in the sub-mucous varieties.

Over one-third of the cases that I have examined, as the abdominal and gynaecological surgeon at the A. S. O. Hospital for the past two years, which were brought to me already diagnosed as tumors, I have refused to operate on and have turned them over to strictly osteopathic treatment. Not because they were inoperable, not because the osteopathic treatment is a cure-all for tumors, but because the M. D. who diagnosed the case, and in many cases convinced the osteopath, was wrong; the cases were not tumors at all. Some were flexions, some hypertrophic metritis, some inflammatory exudates, some sub-involutions and some pregnancies. This merely shows the amazing number of incorrect diagnoses made about tumors. I find comparatively few of them among the osteopaths, not altogether because they are the best diagnosticians but because they cure the flexions, versions, subinvolutions, metritis cases, etc., and it is only those that really are tumors that they have to bring to the hospital, while the pill-doctor cures none and groups them as "tumors."

Remolding the Uterus.

ORELLA LOCK, D. O., CINCINNATI, O.

Since the early part of my study of gynecology I have been particularly interested in the osteopathic development of this branch of our work, knowing it to be quite a common statement of many in the profession that they attach little importance to local manipulation in the diseases of women, and because of my firm conviction that many of these cases fall unnecessarily into the hands of the surgeon, and many others continue to suffer, and still others whose term of treatment is much prolonged by this failure to apply proper and sufficient treatment to weakened local tissues, I wish to call your attention particularly to this class of cases, and incidentally illustrate the great advantage of local manipulation to successfully combat many pathological conditions of the uterus. A special feature of this work, on which I lay very great stress, I am pleased to style, "re-molding of the uterus." As you all know, in cases of spinal irritation in its nerve supply, displacements, and particularly where it has suffered curettage, there is usually much distortion of the uterus. Under such conditions as a means of making it normal in shape, that it may not topple in the direction of greatest weight, but may regain its normal position and maintain its equilibrium, I wish to impress upon you the advantage of remolding the organ.

Understand first that I have not lost sight of the well known fact that there are many, very many, gynecological cases that are wholly curable by correction alone of spinal lesions. Indeed, unless a recent case of direct injury to the pelvic organs, treatment without a correction of spinal lesions, would give little or no relief. A true osteopath will not overlook the necessity of correcting such lesions. My experience has taught me that many do overlook the necessity of replacing and remolding unnatural local tissues. For instance in cases of hypertrophy of the cervix or of the fundus, cases of constriction at the internal os, cases of spiral twist of the body of the uterus, of extreme flexion, of elongation of the organ; cases of extreme congestion, as also those of the infantile uterus, I am sure if any of you do not give special local treatment to such conditions, you will not fail to see the advantages of so doing.

By this method many cases have been cured, where spinal treatment alone had been administered for months, and even years, with little effect. To be sure a cure was much more readily effected on account of the improved conditions due to spinal adjustment; but the local disturbance was so great that total recovery was impossible until that also was remedied.

Where pelvic lesions have long existed, there has been such a nerve and blood disturbance to the part that the local tissues have become so relaxed or congested, as the case may be, as to destroy the shape and disturb the location and position of the organs. These we term local mal-formations, mal-locations, or mal-positions. These conditions may become so marked, due to the extreme weakness of the supports, great congestion or relaxation of the organs, or perhaps the weight of prolapsed abdominal viscera upon them, that correction of bony lesions alone would only increase the blood flow into the pelvis producing active as well as passive congestion. Under such conditions there being an obstructed venous outlet, the organs would necessarily grow heavier and be in condition to produce more exaggerated nervous reflexes.

Many operators consider that they have performed their entire duty in local manipulation when once in a week or ten days they have lifted the uterus as nearly into position as the abnormal and unyielding tissue will allow. Though the organ be ill-shapen, it apparently makes no difference in their treatment. If the uterus topple over immediately, they still consider their duty done, and that they must wait the allotted time before any further attempt is made to remedy it. They conscientiously believe that they would do their patient injury should they treat more often, or attempt any further manipulation than merely lifting the uterus. I consider this a mistaken idea. To be sure, judgment must be exercised. It would certainly be folly to treat all cases alike. It may be best to leave acute infected conditions and malignant forms of disease untouched. It is, however, a question in my mind if it would not be beneficial even in some of these cases to adjust the parts sufficiently to secure good drainage and a freer circulation in the surrounding tissues. Allowing this to await more mature experimentation, I will now cite some cases by way of explanation of my stand on the question of local manipulation, and the all too-free use of the knife.

Case I—Unmarried woman twenty-two years of age, case of amenorrhoea and severe stomach trouble, of three and one-half years' standing, dating from a fall followed by a continuous uterine hemorrhage of eight weeks' duration. On account of inactivity of the stomach, the patient was greatly emaciated, weighing about seventy pounds. She had taken nine months' continuous treatment among the clinical operators of the school, and her bony lesions had been treated very faithfully, but without the desired result. During all this period of apparently fruitless treatment, a local examination had never been made.

On examination, I found the cervix congested to more than five times the normal size. In the anterior cul-de-sac I found a protruding body, which at first I supposed to be a tumor, apparently pedunculated, and attached to the uterus. On rectal examination I failed to find anything except the greatly congested cervix. On bi-manual examination I failed to find any structure simulating the fundus of the uterus. Finally by pushing well upward on the supposed tumor, through the anterior cul-de-sac, and taking hold of the same through the thin abdominal wall, I discovered the tumor to be the fundus of the uterus, which was markedly antiflexed and atrophied until it was difficult of recognition. At the point of the sharp bend of the body of the organ, the uterus was very greatly constricted, being the part I had first taken for the peduncle of a tumor. Had the uterus been without flexion, the constriction here would apparently have been sufficient to have prevented the passage of the menstrual flow. I immediately began my work of manually straightening the uterine body. This I did by stretching and strengthening the body by bi-manual manipulation. Also by pressing upward on the sides of the cervix, and in this manner working to re-establish strength to the line of flexion, and stimulating the nerve and blood supply to the part. The greatly hypertrophied cervix greatly decreased in size and regained tone; the stomach symptoms

rapidly subsided, and within two months the patient menstruated very slightly, for the first time in almost four years. Treatment was continued until both the stomach functions and menstruation were fully restored. I heard occasionally from the patient for a number of months afterwards. She always stated that she was menstruating naturally, stomach in good condition, and gaining decidedly in flesh and strength. This illustrates the necessity in some cases of local treatment.

Be assured I am not assuming that the work previously done accomplished nothing; but simply that part of the work essential to the cure was overlooked.

I have been quite interested to note the positive statements of some of my fellow practitioners, as well as of those of other schools in regard to the adhesions of the uterus, it having been quite generally stated that it is impossible to remove adhesions when in an advanced stage without surgical means. Allow me to cite two such cases:

A woman, about thirty years of age, was injured by a heavy wagon running over the lower lumbar and pelvic regions causing bad lumbar and sacral lesions. Under medical care, she was kept under the influence of hypodermics the greater part of the time for two months, and practically nothing further was done until she came under my care after two years of very severe suffering. The spine and sacrum had been badly injured. The uterus was prolapsed, retro-flexed and very heavily bound down to the posterior tissues by strong adhesions. The right ovary was also prolapsed and congested. Pain at the menstrual period was extreme, and the heavy backache rarely subsided during the entire month. It took the greater part of two years to remove the heaviest of these adhesions and repair all obstructive conditions, requiring much local manipulation. But the cure was complete, as proved by the woman shortly afterward giving birth at full term.

In another case there was a history of a succession of abortions, always occurring at the third month, showing that the adhesions would not allow the uterus to rise, and it was therefore forced to expel its contents. It took over a year to entirely remove these adhesions, but the work was successful as is evidenced by the woman shortly afterward giving birth at full term.

These are examples of some of the more stubborn cases, many of the same nature I have cured by this method of persistent local manipulation.

Cumberland Bldg.

Occupations as Causes of Disease

E. E. TUCKER, D. O., JERSEY CITY, N. J.

The article in the September Journal of the A. O. A., on the Causes of Camp Diseases, presented an individual instance of great general principle. In this article, the abuse of walking as a cause of intestinal diseases was discussed, with reference particularly to army life. The anatomical connection was traced through the nerve centres, and the natural law of this relation was shown.

There are hundreds of other instances of the operation of this same law. The businesses of the country show them in great numbers. The organization of the different classes of labor into unions have given the opportunity to study the affections of these groups of men as a whole, and has revealed in each case the fact that the occupation produces a tendency to certain classes of diseases. There is, of course, a great advantage in this method of approach, and this advantage has resulted in a fairly thorough investigation of the causes of these respective tendencies. As a result, the unions have, in many cases, enforced measures to diminish the dangers of these occupations.

The science of osteopathy, with its more complete knowledge and understanding of the body, can add a great deal to the knowledge of the cause of these tendencies, and thus save thousands of lives, and a proportionate amount of suffering. Pending the time when osteopathy will have won sufficient general confidence to make its recommendations effective, it should endeavor to perfect a knowledge of the principles involved, and of their special application in the great industries.

For instances:

Among motormen there is a tendency to stomach troubles. This statement was made to me in New Orleans, and I myself verified it, to some little extent, in conversations with motormen. Osteopathically this tendency can be traced to the continued and measurably severe use of the right arm in applying the brakes to the car. The disproportionate exercise of the right arm over all the rest of the body produces a condition of hyper-stimulation, or irritability, or actual irritation, (in the part of the spinal cord connected with these muscles), and in the part of the spinal column to which they are attached. To these parts —the splanchnic area—the nerves of the stomach are tributary.

Of course, in the majority of cases, the functions of compensation bring strength to the muscles and stability to the nerves affected; but the law of averages never varies. Out of a certain number, subject to this continued strain, a certain per cent will suffer the evil effects that come from it.

If continued for a sufficient length of time, this disproportionate exercise is likely to produce actual bodily deformity. It tends to exaggerate the normal lateral curve of the spine at that part, even to the extent of producing spinal lesion. Compensation may even in this case remove the morbid tendency, as in a hunchback; but also it may not, and in a certain average the deformity is sure to cause disease.

The manner in which the morbid effect is produced in this particular instance is through actual irritation to, or disproportionate strain of the nerve centres involved. As in the case of the camp diseases, this irritation may overflow into the contiguous or adjacent centres, and cause in them the physiological result of hyper-stimulation. The economy of emergencies prevents this excess showing itself in the part where the strain arises. It overflows by mechanical laws into the nearby centres.

The principle is, of course, much broader than the particular instance, and merits being carefully expanded.

Another instance:

The typographical union, perhaps the most thoroughly organized union in America, has a special medical board. The diseases to which typographers, as a class, are subject are lead poisoning, from eating without first washing off the lead that rubs from the type on the fingers; eye troubles, from the hard use of the eyes; and tuberculosis.

The medical board of this union has advised, and the union has compelled the introduction of many reforms in the matter of washing facilities, lighting, etc. The problem of tuberculosis it has approached from the point of view of sanitation, frequent examination of all suspects, and removal—with pension—to sanitaria maintained by the union.

But, osteopathically, the study of tuberculosis might be approached from another point of view—that of the body itself—showing wherein the character of the typographer's work so effects his body, that it disposes him towards tuberculosis. Not alone the confinement, the overcrowding, the systematic poisoning by the lead, which Dr. Littlejohn,* describes as a cause of tuberculosis, but more especially the position of the worker at his desk, creates this disposition. The head is thrown forward, so that its weight is borne by the

*J. M. Littlejohn, A. O. A. Journal, September, 1907.

muscles that arise from the upper and middle spine. At the same time the chest is compressed, dropping the ribs. The weight of the shoulders, head, and stooped chest comes upon the lumbar spine.

The results of these various tensions are as follows: The lumbar spine is bent backwards, by the sitting position, and still farther backwards by the steady, unrelieved weight of the upper body—creating an artificial posterior curve, and a compensatory anterior curve above in the dorsal region. The dropping of ribs owing to the stooping position also allows the upper dorsal spine to sag forward; for the ribs act as a prop against the transverse processes of the vertebrae, but only *when they are held up.* Otherwise they drag down. Furthermore, if a flexible rod, such as the spine, be joined end to middle by a contractile band, such as the muscle, the result will be a drawing together of these parts, and a bending of the flexible rod with the concave side towards the elastic band, which means an anterior dorsal sagging. All these forces act together in the typographer to produce the condition which in osteopathic clinical practice is found to be typical of tuberculosis.

In tuberculosis, the "winged scapulae" are more or less characteristic. The winged scapulae are due to anterior dorsal curve and dropped ribs. It would be absurd to maintain and so far as I know it is not maintained, that this is due to the germ. But in osteopathic diagnosis this condition is shown to be a cause, or part cause, of the presence of the germ. Poisoning and auto-intoxication are given as causes of tuberculosis. One form of auto-intoxication follows continued irritation, and other abnormal conditions in relation with the vital centre of the nervous system, such as the irritation from the curvature just described. This could produce an auto-intoxication limited to certain areas, a form which must obtain in some cases of tuberculosis, and which could arise from the anatomical condition above described, as the result of the typographer's abuse of his body. It is in this particular portion of the spine that the important pulmonary and nutritional centres are located, hence it is the lung that suffers principally in localized auto-intoxication.

Another instance:

School teachers as a whole are especially liable to nervous dyspepsia. This statement was made to me by a supervisor of gymnastics in New York Public Schools, and I have seen many cases in private practice. The reason for this is quite easy to trace. It is the same mechanism as that which produces nausea in tumors, congestions, and other abnormal conditions of the head, that also acts to produce nervous dyspepsia through the mental strain in school teachers. There are few departments of human endeavor that are more dragging upon the faculties than school-teaching. The ordinary routine of teaching the lessons is an infinitesimal part of it. The great trial is the controlling of the scores of minds not born for control, and rejoicing with a fierce joy in escaping from it. Those who have not taught school cannot conceive of the diabolical ingenuity that will surely exist somewhere in every class, and be imitated and followed by the rest of it, in outwitting the teacher.

The continual alert strain of the faculties by the teacher in coping with this, and a thousand other emergencies, may be compared with eye-strain, which also affects the stomach. The pace is set in the schoolroom by the children, who are many, rather than by the teacher, who is only one, but whose mastery must never be permitted to lapse. The faculties must be kept constantly at high tension, for this purpose. It matters not what nerves or groups of nerves are strained, whether of eye muscles, or of intellectual faculties, the result is the same. In case of the teacher, there so frequently is a combination of strain of this kind with eye-strain, lack of suitable recreation; hastily eaten lunches, and other things.

The effect of these conditions is felt first upon the stomach, through the pneumogastric nerve. The effect does not always stop there, but may radiate through all connected mechanisms, picking out weak spots.

Recommendations might be made by an osteopathic study of the situation, that would enable the teachers to make compensation for, or to remove the danger of this abuse; recommendations, for instance, looking to the drawing of the excess blood down from the head during recesses and immediately after the close of school. The practice of drinking a glass of ice water for this purpose obtains among some of them.

Another subject that might be taken up and studied osteopathically with great benefit to a certain large body of men, is the tendency to tuberculosis among highly trained college athletes after they have finished their schooling, and suddenly drop the exercise. Very likely the intoxication from excessive fatigue and that from a rapidly degenerating muscular excess are one and the same thing; and the increased tendency to tuberculosis is probably due to the intoxication from that disintegration.

I have come into contact with other instances in which an occupation produced a general tendency towards certain forms of disease, showing itself with mathematical certainty in a certain per cent. of the workers; but not with sufficient definiteness to enable me to include them in even this meagre report. I would suggest that the editor of this magazine might ask for such reports from those who are so situated as to make them; or the society might more effectively and extensively take the matter up. The whole subject is peculiarly a work for the osteopthic profession.

337 Pacific avenue.

Notes on Labor

Apropos of my paper on "Labor" read at the meeting of the Ohio Society in December and published in the Journal of the A. O. A. for February, I have received some comments and suggestions that may be of general interest in this subject much neglected in our literature. That the profession may have the benefit of these comments, I quote from a recent letter from my old friend Dr. L. S. Brown of Denver, who, having had large experience both in ways medical and osteopathic, is competent to instruct most of us. For this reason his statements are doubly interesting:

"Let me suggest to you that in your next case of "slow labor" when there is not the proper dilatation of the cervix, just put your finger on the clitoris and hold it there rather strongly for say one minute, and then test the dilatation and see how it has developed. Of course you know you are holding the pudic nerve that goes to the cervix to keep it closed normally. And so also, instead of irritating the mons veneris to stop hemorrhage, go to the clitoris and irritate that to make the pudic nerve close up the uterus mouth. But first, in a hemorrhage during delivery, or at any other time, see that both ilia are in place. I have shut off a hemorrhage during menstruation by setting an ilium. Generally such occurs to a woman approaching climax. The result is instantaneous, but turn her on her side and make her lie still for an hour, even in her bloody condition. So also to prevent premature escape of the liquor amnii, look up the pudic nerve all along its course, when you are preparing for delivery. Take care of the pudic and you are safe from such trouble." M. F. HULETT, D. O.

An Imitation and its Lesson

EDYTHE F. ASHMORE, D. O., DETROIT, MICHIGAN.

We mentioned last month that the thrust as a means of correcting vertebral subluxations had been practiced in England by orthopaedic surgeons in the first half of the Nineteenth century. Of this fact the Palmers knew nothing. The thrust, as D. D. Palmer saw it, was administered by a renegade osteopath, whose profession had to him but one aspect and that a commercial one. This man, an early graduate of the parent school, saw an opportunity to dispose of a certain amount of his information for coin. D. D. Palmer was the bargain-seeker. The two men dickered for some time, so the story goes, and finally the "magnetic healer" hit upon a ruse to secure an insight into our methods without cost. He went to the osteopath's office accompanied by an assistant, a woman, who was an adept in the art of fainting. While they were there, she promptly carried out her part of the game, and the osteopath was asked to revive her. This he did by a series of stimulative thrusts administered along the spine. She recovered and D. D. Palmer had had his first lesson in osteopathy. Whether or not he gained more by paying for it, I do not know, but certain it is that he learned later that the thrust was not all there was of osteopathy. We should not have known the source of his technique had not his teacher upon his death-bed been seized with contrition and confessed his part in the nefarious transaction.

Having stolen a part of our technique, it was very easy to plagarize a portion of our theory. As soon as Dr. Hazzard's "Principles of Osteopathy" appeared, D. D. Palmer began to adjust subluxations upon a more scientific basis. About this time he took his son into his employ and set the younger Palmer at work upon our texts, which he devoured in volume without digesting a page. Two years ago he began to publish, but his books are vapid and inane. In the last one, soon to be put upon the market, his plagarism is so apparent as to convict him at every turn. If there be any original matter, it is in the description of the Palmer method of giving the thrust, as cited in the first article of this series. This book was not the first, however, to describe this method for the Cedar Rapids institution put out a similar book more than a year ago, voluminous in quantity, highly illustrated with pictures of gaudily bedecked hands in the position of the thrust, and in lesions and subluxations the grossest plagarism from our texts that has yet appeared. The originators of this school further prepared themselves as imitators of osteopathy by spending some time as patients in the infirmary of the American School of Osteopathy.

A fierce rivalry exists between these two camps of chiropractic which results in considerable mud-slinging, particularly on the part of the Davenport clique, who delight in advertising themselves as "the parent school," "the school of the Founder," "the fountain-head of chiro-practic," etc., etc. The Cedar Rapids institution advertises a two years' course, in the hope that this in time they may cope with us in legislative halls. We do not know whether or not this is to be an entering wedge in the battles they have undertaken in Washington and in Virginia this winter. In several states they have politicians active to secure for them the passage of a bill whenever our vigilance shall be lax. Last winter at Washington, D. C., the medical brethren in their plan to delay and defeat us, had ready a chiropractic amendment. If there had been any strength in such a noose, it would have been due to this two years' course at Cedar Rapids.

We have chosen to call chiropractic a menace to osteopathy. We believe that these imitators with their false claims are likely to do harm to the cause of the true science and that it is the duty of each state board of registration to hasten their removal. Due to the one favorable verdict in Wisconsin, they are flocking into that state in great numbers. It seems unfair to expect all decisions against them to be gained in one state, and more of the states should emulate the example of Montana and Idaho in stamping out this menace. We do not deny that they cure patients occasionally, but the means by which they cure is by the adjustment of subluxation, cardinal osteopathy. The very fact that they cure by the correction subluxation alone, without employing adjuncts, brought out the third lesson which should be emphasized in the study of the real science, closer attention to definite lesions.

One of our practitioners who now uses almost exclusively the thrust technique, was a careful student, a conscientious practitioner for eight years, but having left college with too strong a leaning toward the adjunctive measures, through all of his years of practice he was insecure as to his idea of etiology, in other words he was not strictly a "lesion osteopath." One month's study with the chiros opened his eyes to what he had been blind to in his college days, and to them he gave the credit of his awakening. The fault belonged not to osteopathy, nor to him, but to those who taught him. I may be misunderstood when I say that I am glad he went to Davenport to study. He had been the victim of the foolhardiness of a scattering process of thought in the training of the embryo osteopath, and so I am better pleased to have him today sailing under the colors of an alien than to think of his remaining where he was before, practicing small adjuncts and less osteopathy.

It is the lack of a definite and commanding idea in our practice on the part of many practitioners and teachers that is eating at the very vitals of our science. We need most emphatically the Post-Graduate College, but it must be dominated by students of the right etiology and of fixed osteopathic ideals as to practice else it were an idle project. I believe it will be our salvation, and I would urge upon each individual practitioner to assist this project, and for the uplift of himself individually to spend more time and thought upon the kernel within our grasp as taught by Andrew Taylor Still.

We started out to preach the simple life. We believe that those are greatest who delve deepest and no man can dig deep who starts with too large an area of excavation. Concentration is the need of the hour and it is all too early in our history to fritter away time in pursuit of that which does not deal with the point essential. Let us grace this Jubilee year of the Founder of Osteopathy by resolution and enduring works which shall read osteopathy through and through. Were I to suggest a slogan for our great meeting at our Pathfinder's feet, I should say "Osteopathy—Still to the front."

We have read three lessons in this consideration of an imitation and placed them before you. They are all for our advancement: First, to gather prima facie evidence of our theory in the collection of osseous specimens; second, investigation of technique with closer examination and elaboration of mechanical principles; and, last, attention to definite lesions, which means the compilation of results through case records, less palliation, more correction, all a part of a stronger fortification of our bulwarks of osteopathy, and incidentally exterminating the spawn of imitation by the perfection of the real.

213 Woodward Avenue.

Priminary Report upon the Function of Certain Basal Ganglia

LOUISA BURNS, D. O., LOS ANGELES, CAL.

During the course of certain experiments devised for another purpose, the following facts were noted with regard to the function of the red nucleus and adjacent gray matter. The animals employed were cats, dogs and white rats. Among these animals the reactions were fairly constant. The cats lived longest under anesthesia, and for that reason gave the most striking results. Ether was used for narcosis. The faintest perceptible current from a Du-Bois-Raymond induction coil was used for stimulation.

The skull was opened and the basal ganglia exposed. When the electrodes were first applied to the neighborhood of the red nucleus the animal displayed the phenomena characteristic of anger. The pupils were contracted, the back and tail arched, the hairs erected, the lips drawn from the teeth, the claws protruded, and often fighting and spitting movements were made with co-ordination and ferocity.

After this stimulation had continued for a time, or when these centers were stimulated after other parts of the brain had been subjected to exhausting experiments, or after the circulation through the brain had been for some time impeded, the movements produced were those characteristic rather of fear. The pupils were dilated, the back and tail drawn into line with the body or depressed, the hair became smooth, the mouth was closed firmly, the ears drawn close to the head, the claws were covered with fur, the limbs were bent at acute angles, and the whole body took on the slinking, skulking attitude of fear.

In a few animals which were sick, the fear reaction appeared upon the first stimulation. In a few animals of unusually vigorous physique and fighting reputation the fear reaction did not occur, though the stimulation was continued until complete exhaustion of the centers. But in nearly all of the animals subjected to experiment the phenomena appeared as described.

In pregnant animals, stimulation of the cerebral cortex did not cause any uterine contractions. Stimulation of the region of the red nucleus, however, did initiate uterine contractions which were very strong and regular, and which continued until sometime after the death of the animal. Incidentally, it may be remarked that no stimulation of the maternal nervous system caused any perceptible movements of the embryos. These were perfectly normal, and reacted to stimulation applied to them directly in a normal manner.

If we accept this physiological view of the nature of the functions of the basal ganglia, many of the methods of the so-called suggestive therapeutics are seen to be extremely harmful. To approach the problem offered by the "borderland" or functional psychoses from the physical aspect only can increase the brain fatigue and retard the recovery of the patient. I believe the best educational methods which can possibly be employed in dealing with the "phobias" is to teach the patient to disregard his fears, not to try to overcome them. "Resist not evil" is a very good motto for these patients.

The essential features of the treatment are found in measures devised to secure the best possible nutrition, circulation, and elimination for the nerve cells whose function is abnormal. Given good blood, flowing freely at normal pressure through the cells of the brain, and the function of these must be as nearly normal as their structure permits. In cases of inherited neuroses, the best function of which the cells are capable must follow good nutrition and good drainage of the brain. Nothing better can be given the normal brain or the abnormal brain than this one thing,—good blood under normal pressure, and the sensory impulses arising from an environment which is normal to the individual.

Pacific College.

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H. L. CHILES, Editor.

MARCH 1, 1908

Friction on the State Board

Under this caption the Medical Sentinel, published at Portland, Oregon, discusses the conditions existing on the Medical Examining Board in that State. The editorial is as follows:

Whenever the attempt is made to mix oil with water, failure is sure to follow. The wisdom of the Oregon Legislature a year ago provided for the admission to the Board of Medical Examiners of the State, of an osteopath. Considering the supreme contempt that scientific medical men have for the unscientific osteopath, one can well imagine the friction that would prevail on a board so composed. The medical men would feel that they were associating with a man who considered himself their equal, when he was a charlatan, bedecked by official authority with stolen plumes. The differences of the members of the board have been aired in the newspapers. Dr. Moore, of LeGrande, the osteopathic member of the board, has added to the comedy of the day by writing a letter to the press, in which he complains of the way the funds are distributed. The examining board charges certain fees of those who come before it for examination, and these fees are divided among the members of the board, to defray their expenses. That is, it would seem, a very proper way of doing, and heretofore we have not heard any complaint raised as to this method. Dr. Carll, the chairman of the board, answers Dr. Moore's complaint as to the division of these fees, by stating that Moore has had his share and that, in fact, he wanted more than was coming to him. Dr. Carll remarks, incidentally, that he proposes to get off the board—a step that will be regretted by a large number of physicians who recognize his capabilities, and, what is as important, they recognize that he is thoroughly competent to maintain the dignity of his position when assailed. Drs. Coffey and McDaniel, who have been appointed to succeed Drs. Carll and Gillis, are not chicken-hearted themselves, and they may be safely expected to add to the gayety of the occasion if any present or future osteopathic member becomes at all obstreperous.

Perhaps it was better that an osteopath should be allowed to crowd himself on the examining board than that there should have been a new board created whose

business it would be to examine osteopaths. It was felt that it would be undesirable to create a new state board, as there are enough now; besides, the osteopaths are not entitled to the honor of having a board all to themselves. But it was a sorry way to dispose of the matter, by giving the osteopaths a place on the medical board, as has been shown by the friction which has arisen. We confidently look for a demand next year that there shall be on the board a chiro-pratic, a naturopath, a Christian Scientist—enough alleged therapeutic isms to either make the board inordinately large or to drive medical men with scientific attainments from the board of medical examiners.

Did any one ever read any thing more impudent? And yet there is no evidence but that this is a fair sample of the thought and expression as regards our school of practice from the machinery of the Medical Society everywhere.

A brief statement of the facts regarding the mix-up in Oregon will be of interest to all and should be studied carefully by those seeking legislative enactment. These examiners get no remuneration from the state but the act creating the board provides for the payment of their expenses out of the treasury of the board which comes from fees charged those who come before it for license to practice. The members of the board had formed the habit of turning in no expense account but at the end of a meeting they would divide among them the amount paid into the board at that session. Dr. F. E. Moore was appointed by the governor osteopathic member of the board and he qualified in May and attended the first meeting of the board in July. At the conclusion of the session he was handed a check for $50 and asked to hand back $2. When he returned home he questioned the legality of this procedure and submitted the matter to the Attorney General for opinion. This officer decided that such action was not within the meaning of the statute and there has been a hot time in the board since this opinion was rendered in December. Dr. Moore retained his check uncashed and put in his bill for expense as required by law. This is the allusion to Dr. Moore wanting more than his share. As a result two or three members of the board have resigned and more or less of a scandal has been opened up. This was all given out by the Attorney General's office and Dr. Moore wrote nothing to the press until he was attacked by his fellows on the board.

The first line of the editorial above quoted is not perhaps more appropriate than the question asked by Prophet Amos, "Can two walk together except they be agreed?" Boards so composed are not going to be harmonious and are not dignified nor a model to the profession in comity and ethics. The ill feeling will of necessity crop out, and no good will come to our cause from such association.

It is a question worthy of careful consideration if it is not worse to accept a poor law than to wait until a just one can be secured. Dr. Hildreth, for a dozen years more familiar with legislation than any man among us, has always maintained that this is so. There is grave doubt as to whether the practice of osteopathy is safer or in better shape in a state where a bad law has been accepted than it would be without the law.

Then again, as no individual has a right to do that which injures others just because it is to his own advantage, so no body of men grouped as an organization has a right to do what is an injury to all others of their fellows.

The American Osteopathic Association does not propose to use its organization or to attempt to bring those of the other states to bear to coerce a state in legislative matters, but it is certainly proper that it advise with state organizations in legislative matters, and the effect that a certain kind of legislation attempted or obtained in one state will have upon other states should certainly enter into its consideration and decision. The question of legislation is as near the vitals of the practice as any question associated with it and on all other matters, education, ethics, therapeutics, etc., we are practically an unit; but in this matter of legislation it is a question of every one for himself, and it sometimes seems as if we were even Ishmael-like—each against every one's hand, and every one's hand against him.

This is not written in criticism of any thing that has been done,—that could accomplish no good; but it is written in the hope of bringing us to realize that it is a fatal error to the whole practice for individual organizations to seek and obtain measures that are not a credit to us as a distinct, independent, school of practice, and are prejudicial to the interests in all other states. But there are some who think the National organization has no right to form or express an opinion of state matters. There are those who hold that it is discourteous for the Journal to take any notice of position taken by state organizations. What, pray, can the association do then? What does it exist for, if not to consult, advise, and urge for or against measures regarding legislation in any state hurtful to the interest of the profession in other states or to the cause as a whole? Does any one take the position that there should be no general organization of the profession, no need for a conserving and conservative force which can see the welfare of all and not lose sight of the general good in a selfish aim to secure rights for a few? That it is preferable that in all things each individual and each organization be a law unto itself and that there be no uniformity or solidarity as to creed, therapeutics or regulation? Is a condition of anarchy and chaos to reign, because, to pursue our own selfish ends, we in some states are willing to accept legislative measures which put our school at a grave disadvantage and perhaps its ultimate absorption, for the enactment of this class of legislation in one state means impossibility to pass a more adequate measure in other states? Even if legislators are not on to these measures enacted in the several states the Legislative Committee of the American Medical Association is, and when we let the bars down, by accepting this class of legislation, we shall not be able to put them up again.

The JOURNAL believes it to be its duty and privilege to sound this word of warning. It is our duty to stand for uniformity in legislative enactments.

Under the heading "Dosage the Bane of Medicine," the *Critic and Guide* says: "We presume text books will always have to give some kind of average dose, otherwise some fool might go and administer a toxic drug in such quantities that the first dose would render all future doses unnecessary. But we are firmly convinced that the idea that the dosage as given in the text-books is something fixed and definite is responsible for thousands of deaths every year." Well, medical journals ought to be good authority on the number of deaths

drugs cause. Frequently of late medical papers have bemoaned the fact that the great mass of people are becoming distrustful of drugs and believe medical men insincere, and they attribute this attitude to the work of the non-drug giving practitioners With such admissions as this, one can't blame the public for becoming suspicious. And again, how came there "fools" in the practice of old school medicine? One who has listened to them before legislatures would infer that all of that class got into another school. But it must be serious business for "fools" to be administering "toxic drugs" anyway. We presume one would be classed as a "fool" until he becomes wise. If the text book does not tell him how much to give, he can only learn from experience, and he will not know the limit of a drug until he has tried it a few times. If one is giving "toxic drugs" it is well to be protected by law and not have his certificate of death questioned.

Under our constitution within three months of an annual meeting applications for membership may be accepted giving membership privileges for the following year. In recent years, practically our entire increase in membership has taken place in these three months when the applicants get fifteen months' membership for five dollars. It is right that our members tell their friends of this provision, and it is not too soon to begin to tell them. Get their applications and send them in to the secretary. Now a word about membership. Our members take very little interest in their profession, if they take no interest in securing new members from among their friends in practice. Not one who reads these lines but can secure for membership some practitioner who would be made a better osteopath for being in the Association; and if the invitation were made personal it would be appreciated and accepted. No thoughtful member of the association can fail to see the importance of bringing good people into the association. It matters not how capable a physician one may be, unless he be identified with the state or national organization he counts for little so far as the influence of osteopathy is concerned. You can't get at him—you can't command him. You can't get his support for legislation or anything else when you want him. He is not in touch with what is being done. In estimating what the profession can do in any given direction you can count those who are identified with the organizations. Work, then, to place these good people where they can be helped and become helpers.

Statement

At the annual meeting of the American Osteopathic Association held in Put-In-Bay, Ohio, August, 1906, the Inspector of Schools reported certain conditions regarding the management of the American College of Osteopathic Medicine and Surgery of Chicago.

These statements were objected to by the managers of the college, Drs. Jas. B. and J. Martin Littlejohn, before the Committee on Education and the Board of Trustees when the report of the inspector was discussed with them, and again before the association when the report of the inspector was read before the meeting.

In the official report of the proceedings of the meeting in the JOURNAL the report of the inspector with these criticisms was published but the discussions were not printed. This would leave to a reader of the proceedings of the meeting the impression that the report as a whole was acquiesced in, and not objected to, explained or denied by the managers of the school then present.

This seems to be an injustice to the school, and the matter having been called to the attention of the Board of Trustees at the recent annual meeting it ordered that the fact that the managers of the school challenged the report as read and published be formulated into a statement and printed in the JOURNAL, and a copy sent to the college in question. By Order of Board of Trustees,

H. L. CHILES, SECRETARY.

In view of the above official statement it would seem only proper to explain that in withholding from the published report of the proceedings of the Put-in-Bay meeting the remarks of school representatives concerning the report of the Inspector of Colleges, there was no intention on the part of the Asscciation, nor the management of the Journal, to do an injustice. These remarks were wholly of an informal nature, not being addressed to any motion. Had there been a motion to strike out or alter any portion of the inspector's report, or the report of any committee, then the debate on such motion would have constituted a part of the real record of the proceedings and would have been published. To keep the published report within reasonable bounds the management decided to print only such matters as were brought before the association by motion. In publishing, in the Journal for December following the meeting, a statement from the president of the A. C. of O. M. S. in regard to this matter, the management gave evidence of a willingness to correct an error, if such it was, and that there was no desire to do an injustice.

A. L. EVANS, D. O.

LaGrande, Ore., Feb. 10, 1908.

Editor A. O. A. Journal, Auburn, N. Y.:

Dear Doctor: Permit me to use the columns of the A. O. A. Journal to rectify a wrong impression, which probably resulted from an article in the November Still College Journal of Osteopathy, entitled, "The Best School" and to all appearances signed by myself as president of the A. O. A. I wish you to print the accompanying letter, which I sent to W. E. D. Rummel, Editor, to be printed in the Still College Journal, explaining the misuse of my contribution in this composite article which was unfortunate in its misleading effect. As Editor Rummel refused to print the letter saying that I was asking too much, and as he has not done so, following a later request that he explain the situation, I regret the necessity of taking this means of setting myself right in the matter.

F. E. MOORE, President of A. O. A.

La Grande, Oregon, Dec. 16, 1907.

W. E. D Rummel, Editor,
Still College Osteopathy,
Des Moines, Iowa.

Dear Sir—By your request, as president of the American Osteopathic Association, I sent you a letter to the profession for publication in your Journal, trusting it would be printed as such. Today on receiving the November issue I am disappointed in finding it used in a composite article, without my permission or knowledge, especially as I see no connection of thought between what I wrote and that which precedes it, including the heading under which it is presented.

I cannot think you would wish to misconstrue my little contribution, but due to the fact that the article, so placed, is misleading, in justice to my official capacity and myself personally, I ask you to print this letter in your December Journal.

Fraternally,

F. E. MOORE.

THE POST-GRADUATE MOVEMENT.

The Post-Graduate movement is not a movement to duplicate work now being done by the present Osteopathic College. It is something more than a college, and we are not compelled to wait for buildings before demonstrating to the profession the splendid work that can be accomplished. For example, it is well organized and prepared to take up at the present time research work in its various forms.

This movement needs and should have the support of the entire profession. The income at present is very small as only the interest on invested funds can be used. The amount turned over to the treasurer is $8,354.42, and more coming in every day. This has been given by only 120 out of 4,100 members. Of this 120 16 agree to pay $100 yearly for five years; 20 agree to pay $50 yearly for five years; 1 agrees to pay $30 yearly for five years; 49 agree to pay $25 yearly for five years; 3 agree to pay $20 yearly for five years; 3 agree to pay $15 yearly for five years; 19 agree to pay $10 yearly for five years; 9 agree to pay $5 yearly for five years.

Certainly more than 120 members of the profession should become interested and we should be able to secure 50 willing to pay $100 yearly for five years; 100 willing to pay $50 yearly for five years; 200 willing to pay $25 yearly for five years; 350 willing to pay $15 yearly for five years; 500 willing to pay $10 yearly for five years; 1,000 willing to pay $5 yearly for five years; making 2,200 contributors which would not be over one half of the profession at the present date, and the balance should give something. This plan would give an annual subscription of at least 30,000 per year for five years—from half of the profession who are able and willing to do their share. This would give $150,000 endowment from the profession, and a million dollars will come meanwhile from our friends. Our friends are willing and anxious to help. They have fought our battles in thirty-four States and are always ready to help us and fight for us, if we ask them to do so, or if the opportunity is presented to them in the proper way. People like to go where the crowd goes; they like the progressive prosperous air to a thing; they like a popular thing.

We want people to do research work; we want money to pay for these investigations; we shall want money to eventually build a Post-Graduate College; we shall want money to equip the buildings; we shall want money to equip hospitals and laboratories, and training school for osteopathic nurses; we want money to establish osteopathy where it properly belongs—the most complete and perfect system of healing the world has ever known.

Let us ask for what we want, and need, and must have. When the profession is working hard for the Post-Graduate College, it will be the popular thing and success will be assured.

It is time for the profession to wake up. Almost every State has one person able and willing to subscribe $100 yearly for five years, three for $50, six to ten for $25, and a very large number for $15, $10 and $5. Let us find the $100 and the $50 people, then the $25 people, and so on. It should not be necessary to explain the movement in all its details, the profession should be so anxious to help that simply the opportunity to subscribe should be sufficient.

I feel that it will be some time before we can or should offer any post graduate work to the profession in the form of regular courses of study. In the meantime there is much to do that is both necessary and advisable. The very few hundred dollars we shall have to use at present will not go far, but if we make the effort we can secure any reasonable amount to investigate and scientifically establish the principles and practice of osteopathic philosophy.

Valuable suggestions for future work can be offered by every practitioner who has been actively engaged in practice or school work, and there is much that can be done at once. For example:

1. Dr. McConnell and our other investigators, should be encouraged to continue with their work.

2. The entire profession should be systematically canvassed for new ideas or valuable data and information.

3. Some practitioners can be found competent and willing to do all the special work necessary to be undertaken, and others can be found who are willing to raise the money to pay the bills.

4. Let every one suggest what they would like to have taken up, and then let those interested push their ideas, through the Post-Graduate organization.

Investigations that would be perfectly feasible to be taken up immediately are:

a. Effect of osteopathic treatment on phagocytic and other protective actions of the human blood.

b. Effect of osteopathic treatment on secretions of the stomach and other organs.

c. Examinations of spines by spinographs or other exact apparatus to establish reliable data on hereditary tendencies.

d. Examination of a great number of spines to establish, if possible, a uniformity of lesions in chronic cases.

e. Out-door treatment of tuberculosis with and without osteopathic treatment.

The only really expensive undertaking would be this last; and in this it would be more difficult to secure a competent osteopath to take charge of such a camp than it would be to raise the money.

Another thing we should do is to encourage every member of the profession to send books, magazines, papers, personal experiences, etc., to some competent person selected by the trustees; such material to be edited and published at the expense of the Post-Graduate College.

This plan of procedure would certainly produce much suggestive and valuable information for the profession and would make all willing to help along the movement. We must not expect to interest the friends of osteopathy if we are not interested ourselves. Let us all get to work right now. Make yourself an active committee of one to see what you can contribute to this movement. Then correspond with your State representative or Dr. Guy E. Louden, Burlington, Vt. Osteopathy has done much for you—how much will you do for osteopathy? If you are unable to do much now, how much do you think you will be able to do next year? Do the best you can and you will never regret it.

The following list is taken from my books to date of February 12 and the number of contributors in each State is given and the total amount pledged from each State: California, 2 have pledged $250; Colorado, 4, $875; Georgia, 1, $125; Illinois, 9, $1,525; Indiana, 6, $1,175; Iowa, 2, $375; Kansas, 1, $125; Maine, 3, $800; Massachusetts, 13, $6,070; Michigan, 8, $1,025; Minnesota, 2, $175; Mississippi, 1, $125; Missouri, 6 $1,475; Nebraska, one, $250; New Jersey, 2, $175; New York, 12, $2,125; North Carolina 1, $125; Ohio, 23, $2,425; Oklahoma, 2, $50; Oregon, 1 $125; Pennsylvania, 9 $1,350; Tennessee, 5, $1,800; Texas, 3, $350; Vermont, 8, $1,667; West Virginia, one, $125; Wisconsin, one, $125; the following states, Alaama, Arkansas, Alaska, Arizona, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Idaho, Kentucky, Louisiana, Maryland, Montana, Nevada, New Hampshire, New Mexico, North Dakota, Rhode Island, South Carolina, South Dakota, Utah, Virginia, Washington, Wyoming, Canada and foreign countries, representing 1,475 of the profession having made no contribution at all to this fund.

In several of the States friends of the practice have made contributions: Massachusetts, $2,500; New York, $25; Vermont, $882.

Boston, Mass. CLINTON E. ACHORN, D. O.

RESEARCH AND VIVISECTION.

In the February issue of our Journal I find a paragraph stating that a "Research Committee" has been appointed, and calling on all osteopaths to contribute to that work.

Now there is "Research Work" that is noble and good, which I should be proud to see our profession do and encourage; but there is another kind (of which too much has already been done by some of us) which I consider wrong, and degrading to the man that does it and to the profession that encourages it. If our post graduate college and this new committee are to encourage vivisection and the artificial productions of lesions on helpless animals, I want nothing to do with either. I do not believe that anything has ever been found out in that way that compares with the cost in suffering necessitated by the process; but, if there had been, it could not justify the cruelty and the invasion of the right of the animals to life.

It is cowardly for men to attempt to escape suffering by inflicting it on helpless animals.

You may publish this protest, if you wish, as I would gladly be able to say it to the whole profession in a way, if I only could, to command attention and induce our noble profession to take firm ground against the cruel practice.

Yours for mercy and justice,

Philadelphia, Pa. E. D. BURLEIGH, D. O.

TESTING THE NEW YORK LAW.

The coroner in Brooklyn, N. Y., has refused to recognize the death certificate of an osteopath and the Society has employed counsel to test the ruling of the Health Department of the city, which according to the papers takes the ground that the law passed last winter does not give to the osteopaths the right to grant certificates of death.

SHOT BY FORMER PATIENT.

The press dispatches tell of the shooting in Columbus, Ga., recently, of an alleged osteopath, Dr. L. F. Meyers, of that city, by a man whom he had formerly treated for the whiskey habit. It is supposed that this is the work of an insane man as he maintains that the doctor worried him with telepathic messages, and to rid himself of this he committed the deed.

ORGANIZATION OF GULF STATES SOCIETY.

The osteopaths of the extreme Southern States held a meeting in Montgomery, Ala., February 15, to organize an association, known as the Gulf States Osteopathic Society. Osteopaths were present from Georgia, Florida, Alabama, Mississippi and Louisiana. Officers were elected as follows: Dr. Percy H. Woodall, Ala., President; Dr. A. D. Berry, Fla., Vice President; Dr. Frank F. Jones, Ga., Secretary; Dr. Grace E. Bullas, Miss., Treasurer. There are approximately one hundred practicing osteopaths in this territory and it is hoped by the spirits inspiring this move that this organization may be similar in interest and scope to the Mississippi Valley Association and the New England Association. The press dispatches give this meeting very good notices and there was evidently much enthusiasm manifested by those present, organizations of this kind having no special executive jurisdiction and function can give their entire time to programme meetings and prove very helpful to those affiliating with them and they deserve encouragement.

State and Local Societies

IOWA.

The Seventh District Iowa held its annual meeting at Des Moines February 14.

According to reports in the Des Moines paper there was a good attendance and much interest. Dr. C. M. Proctor was chairman, and Dr. Ella Caldwell made the address of welcome which was responded to by Dr. J. R. Bullard.

Papers on Pediatrics by Drs. J. A. Still and Stewart.

Tonsilitis, Dr. Nellie Sleight, and Surgical Clinic by Dr. F. P. Young.

Practical Osteopathy, Dr. U. M. Hibbets and Tuberculosis by Dr. Jessie L. Catlow.

"Successes and Failures in Osteopathy" was the subject of paper by Dr. C. F. Spring.

A Round Table was conducted by Dr. T. P. Weir.

The Des. Moines Capital has this to say of the meeting:

Dr. J. A. Still of Des. Moines, one of the instructors in the Still College of Osteopathy this morning was the target of a verbal volley of grape and canister fired on the floor of the Seventh district osteopathic convention at Still college by Dr. C. M. Proctor of Ames. The volley was aimed straight at the head of Dr. Still.

"One of the most important things that threatens the advance of osteopathy is this tendency of our weak-kneed members to temporize with other schools of practice."

Dr. Proctor's remarks were occasioned by Dr. Still's paper on infectious diseases in children, in which he expressed his opinion that there were cases in which it might be advisable to administer drugs. Dr. Still believed that the time will come when medical practice as well as that of osteopathy will be taught in osteopathic schools.

"There will be schools," he said, "in which we will be taught not only the scope of osteopathy, but its limitations, and not only the limitations of medicine but its scope as well."

Dr. Proctor, who is an M. D. as well as a Doctor of Osteopathy, would not admit that there are any cases in which drugs really would be of value. He believed the osteopaths should maintain that osteopathy is all that is required to effect a cure in any case. Applause greeted his remarks in defense of his school of practice.

This convention of osteopaths is held for the purpose of forming an organization which is to be one of seven formed in Iowa. It is desired that members of these district associations also be members of the State and national osteopathic associations. It is the belief that only by strong organization can the osteopaths secure legislation favorable to them and prevent unfavorable legislation.

Dr. U. G Parrish of Storm Lake said that unless osteopaths protect themselves against unfavorable legislation there is no use in discussing it at all, as ultimately the law will prohibit the practice. He cited two rules regarding infectious cases, issued by the State Board of Health, which he said do not injure practicing oste-

opaths but have a tendency to frighten away many young persons who have contemplated studying and practising osteopathy.

Dr. D. E. McAlpin of Boone was elected president. Associated with him as officers are Dr. Floyd St. Clair of Toledo and Dr. Jessie L. Catlow of Boone, as secretary and treasurer. Dr. C. W. Johnson was appointed as district trustee for the State association board.

The association was reorganized yesterday afternoon from the Seventh congressional district to the State Board of Health district. Two meetings will be held each year. To protect the osteopaths of the State from any future unfair legislation the district associations are organizing a closer relationship to each other to watch their interests.

WISCONSIN.

Wisconsin Osteopaths turned out in full force from all points of the State on the occasion of their tenth annual meeting at Milwaukee on February 21 and 22.

The Programme Committee were fortunate in having secured as the principal speakers of the convention, Dr. H. H. Fryette and Dr. J. Martin Littlejohn, both on the Factulty of the A. C. O. M. & S. at Chicago. The presence of these gentlemen contributed much to the success of the convention.

After transaction of business on Friday a. m., Dr. W. L. Thompson read a splendid paper on Professional Ethics and Professional Demeanor. Dr. J. F. McNary conducted the general discussion which proved profitable indeed.

On Friday p. m., besides conducting Clinics, Dr. H. H. Fryette delivered an address on "The Physiological Relation Between Body and Mind, and Its Practical Application." Our president, Dr. S. J. Fryette, swelled up with pride and grew an inch and a half as he listened to his son delivering this address; and well he might, for it was a masterly presentation of the subject.

On Saturday a. m. the report of the Legislative Committee provoked considerable discussion, and some announcement from the committee may soon be expected in the various journals. Our delegate to Norfolk, Dr. W. D. McNary, rendered a very interesting report.

Dr. Crow spoke on the subject of Endometritis, and in the general discussion there was a lively debate on the use of antiseptic douches in addition to and following correction of lesion.

A movement was started with a view to securing the Post-Graduate College for Milwaukee.

We are considering an invitation from the Minnesota State Osteopath Association to accompany them by boat to Kirksville next summer.

Dr. J. Martin Littlejohn addressed us Saturday p. m. on "The Standard of Normalty and Nature's Effort to Maintain It." The doctor handled his subject in his usual thorough way and was frequently interrupted by demonstrations of applause and approval.

Eau Clair was selected as our next meeting place.

Five new members were added to our roll which now numbers 42, 35 of whom are members of A. O. A.

Election of officers resulted as follows: President, Dr. F. N. Oiun, Oshkosh; vice president, Dr. H. R. Bell, Fort Atkinson; secretary, Dr. L. H. Noordhoff, Oshkosh; treasurer, Dr. E. M. Culbertson, Appleton; member Exec. Board, Dr. Chas. S. Fisher, Milwaukee; member Legis. Com., Dr. A. N. Jorris, La Crosse; delegate A O. A. meeting, Dr. L. H. Noordhoff,Oshkosh; alternate, Dr. Abbie S. Davis, Milwaukee.

L. H. NOORDHOFF, Sec'y.

PENNSYLVANIA.

The regular monthly meeting of the Northeastern Pennsylvania Osteopathic Association was held at the office of Dr. J. T. Downing Saturday night. Papers on the following subjects were read and discussed: "Hysteria," Dr. Gertrude Evans, Scranton. "Some Failures," Dr. Matthew C. O'Brien, Pittston; "Hydrotherapxy As An Adjunct," Dr. Effie M. Pace, Luzerne. Refreshments were served.

The following resolution was passed: "That, inasmuch as we learn there have been irregular practitioners of osteopathy in this district, we hereby recommend that any one who doubts the standing of practitioners correspond in reference to the same, with the secretary of the American Osteopathic Association, Dr. H. L. Chiles, 118 Metcalf building, Auburn, N. Y."

ILLINOIS.

The third district Ill. Osteo. Asso. was organized January 29, at the office of Dr. R. S. Hallady, Galesburg. The meeting was called by Councillor Dr. M. P. Browning, Macomb, who was made temporary chairman. It was voted to be a permanent association. Permanent officers: R. S. Halliday, president; Ette O. Chambers, vice president; M. P. O. Browning, secretary-treasurer. A telegram was sent to A. T. Still extending greeting and stating we will be in Kirksville August 16, going in a body; also voted to pool our R. R. fare in future meetings, etc., etc., after which the programme was rendered, consisting of papers on Goiter by Dr. F. B. De Groot of Rock Island, Shoulder Joint eases Peculiar to Women by Dr. Lurena Rezner of Biggsville. We had a fine paper on Legislation by Dr. J. D. Cunningham of Bloomington; also a fine address by State President Dr. E. M. Browne of Dixon. There was much enthusiasm throughout the meeting and it was pronounced a great success in every way.

Our next meeting will be in Galesburg in two months.

M. P. BROWNING, D. O., Secretary.

NEW YORK.

The annual meeting of Central New York Osteopathic Society was held at the office of Dr. D. F. Cady, No. 414 S. Warren St., Syracuse, N. Y., Feb. 14, 1908, 8 o'clock p. m.

The following officers were elected for the ensuing year: President, Dr. C. D. Clapp of Utica; vice president, Dr. R. M. Farley of Syracuse; secretary and treasurer, Dr. E. W. Tiffany of Syracuse, N. Y.; directors, Drs. M. E. Lawrence and D. F. Cady and H. L. Chiles.

The programme consisted of (1st) Demonstrations on Lesions of Dorsel Spine, Their Cause, Effect and Reduction, by Dr. H. L. Chiles of Auburn. (2d) Demonstrations on Lesions of the Pelvic Articulations, Causes, Effects and Reduction, by Dr. R. M. Farley of Syracuse.

The meeting was well attended and interesting.

E. W. TIFFANY, D. O., Secretary.

DETROIT.

The annual election of officers of the Detroit Osteopathy society was held Wednesday evening, February 12, in the office of Dr. A. B. Hobson. The newly elected officers are: President, Dr. A. B. Hobson; vice president, Dr. E. E. Millay; secretary and treasurer, Dr. Carrie Taylor-Stewart; directors, Dr. Charles Severy, Dr. J. N. Church and Dr. Helen D. Valense.

STATE EXAMINING BOARDS.

The North Carolina State Board of Osteopathic Examination and Registration met at Charlotte February 15 for examination of several applicants for license to practice osteopathy.

The members of the board are: Dr. W. B. Meacham of Asheville, president; Dr. A. R. Tucker of Greensboro, secretary; Dr. H. W. Glascock of Raleigh; Dr. H. F. Ray of Charlotte, and Dr. A. H. Zealy of Greenboro.

The Missouri State Board of Osteopathy held a meeting in Jefferson City February 10, with fifteen applicants for license before it. The board elected the following officers: V. H. Greenwood of Wishart, president; J. H. Crenshaw of St. Louis, secretary; A. L. McKenzie of Kansas City, treasurer.

The Wisconsin Board of Medical Examiners will meet again on May 26th to 28th for the purpose of granting licenses to those who may be entitled to them. This is a special meeting, another being held in Milwaukee at the Plankington Hotel. Our regular board meeting will be held in July at Madson on the second Tuesday of the month. To those who may apply by reciprocity it is stated that the board has again adopted the rule requiring six months' practice in the State from which applicant applies.

The State Board of Osteopathic Examiners, of South Dakota, consisting of Dr. Mary N. Farr of Pierre, Dr. Goodfellow of Groton and Dr. Redfield of Parker, held a session in Pierre February 7, with five applicants appearing before them for certificates.

NEW MEMBER OF THE BOARD IN TENNESSE.

Dr. J. R. Shockleford, president of the Osteopathic Board of Examiners, having removed from the State, Governor Patterson has appointed to the Board to fill the vacancy, Dr. Edwin C. Roy of Nashville.

PERSONALS.

Dr. R. Emmett Hamilton of the A. S. O. faculty is in Chicago doing post-graduate work in chemistry preparing himself for a specialist in that line.

Dr. and Mrs. Ambrose B. Floyd of Buffalo, N. Y., are traveling in the West Indies. The doctor expects to return to his practice about the first of April.

Dr. S. E. Warner who has been associated with Dr. M. E. Clark in the practice in the Board of Trade Bldg., Indianapolis, has retired from the partnership and each now has his individual practice.

DIED.

Mrs. M. Jeannette Hubbard, mother of Dr. Nettie H. Bolles, at Olathe, Kansas, December 30, on the fiftieth anniversary of her marriage.

MARRIED.

Dr. George William Krohn and Miss Wilhelmine Elizabeth Karch at Erie, Pa.. Wednesday, January 29.

Dr. C. E. Abegglen, of Ritzville, and Miss Sarah Violetta Smith of Albion, Wash., on February 12, 1908, at home of bride.

BORN.

To Dr. and Mrs. Edward Everett Beeman, in New York city, Feb. 11th, a son.

February 18, to Drs. Glenn B. and Jennie Y. Wheeler, Wahpeton, N. Dakota, a son, Glenn Allen Wheeler.

APPLICATIONS FOR MEMBERSHIP IN A. O. A.

U. S. G. Bowersox, 438 Main St., Longmont, Colo.
W. W. Vanderburgh, 2,069 Sutter St., San Francisco, Cal.
G. B. Wolf, Ottawa, Kas.
Leslie S. Keyes, Hulett Block, Minneapolis, Minn.
Anna L. James, 417 Cedar St., Wallace, Idaho.

REMOVALS.

W. D. Dobson from Kirksville, Mo., to 803 N. Garrison Ave., St. Louis, Mo.
G. H. Stewart from 810 40th St., Riverview, to 208 Taylor Bldg., Norfolk, Va.
Roy T. Quick from Zanesville, O., to Kirksville, Mo.
C. L. Logan from Auditorium Bldg. to Hotel Warner, 33rd St. and Cottage Grove Ave., Chicago, Ill.
John A. McCabe from Alexandria, Minn., to San Diego, Cal.
Flora Brown from 3,222 Mt. Vernon St., Philadelphia, Pa., to 307 Stevens St., Camden, N. J.
H. W. Maltby from Mankato, Minn., to Kirksville, Mo.
Chas. N. Miller from 129 Haight St., San Francisco, to 1454 High St., Fruitvale, Cal.
Cora B. Weed from 22 E. Onondaga St. to The Lynn, 529 S. Salina St., Syracuse, N. Y.
Nannie B. Riley from 309 2nd Ave. to West Bldg., Rome, Ga.
Jesse L. Hull from Avoca to Callaway, Neb.
S. R. Love from Erie, Pa. to 50 New York Ave., De Land, Fla.
Ella G. Harrison from Jackson Bldg. to Willcox Bldg., Nashville, Tenn.
J. R. Gilmour from Mt. Ayr, Ia., to Hobart, Okla.
Nellie Hassell from Riverside Bldg. to Moore Bldg., San Antonio, Tex.
Stonewall J. Hassell from Riverside Bldg. to Moore Bldg., San Antonio, Tex.
Nellie A. Allen from Tacoma, Wash., to Chico, Cal.
Clyde L. Thompson from Oakland to Citizens' Bank Bldg., Alameda, Cal.
P. R. Spencer from 424 Main St. to Baker Blk., Racine, Wis.
Wm. F. Harlan from Kirksville, Mo., to Union National Bank Bld., Grand Forks, N. D.
Nettie O. Haight from 204 to 505-507 Mason Bld., Los Angeles, Cal.
Susan Balfe from 204 to 505-507 Mason Bld., Los Angles, Cal.
R. L. Ferrand from Los Angles Cal. to Keller Bld., Montrose, Colo.
Clementine L. Worrall is located at 24 Academy St. instead of 2 S. Clinton St., Poughkeepsie, N. Y., as given in the Year Book.
Emma Purnell is located in Woolworth Bldg., Lancaster, Pa., and Witherspoon Bldg., Philadelphia, Pa., instead of Pittsburg, Pa., as printed in last Journal.

ADDENDA TO LAST DIRECTORY.

The following have been reinstated since last directory:
Coke, Richard H., (A) Kirksville, Mo.
Fitzwater, W. D., (S.C.) 178 Prospect Park, W. Brooklyn, N. Y.
Heilbron, Louise (C. c.) 849 22nd St., San Diego, Cal.
Sullivan, Clara E. (S.S.) Wheeling, W. Va.

AMERICAN OSTEOPATIC ASSOCIATION

CASE REPORT.

By Dr..... *Office*.....

1 *Diagnosis. Name of gynecological condition*.....

2. *Name*..... 3. *Residence*.....

4. *Married or single*..... 5. *Age*..... 6. *Sex*.....

7. *Children*..... 8. *Occupation*.....

9. *Previous treatment*.....

.....

10. *History of case*.....

(*a*) *Family history*.....

.....

(*b*) *Accident or injury, miscarriages*.....

.....

(*c*) *Puberty* .....

(*d*) *Mode of living* .....

.....

(*e*) *Date of onset*.....

11. *Symptoms* .....

.....

.....

.....

Secretions .....

.....

Physical signs .....

.....

.....

12. *Osteopathic lesions*:

(*a*) *Bony* .....

Cranial .....

Vertebral .....

Thoracic .....

Pelvic .....

Upper limb .....

Lower limb .....

(*b*) *Muscular* .....

(*c*) *Ligamentous* .....

13. *Urinalysis* .....

14. *Local examination* .....

(*a*) *Cervix* .....

(*b*) *Fundus* .....

(*c*) *Ovaries* .....

.....

15. *Treatment* .....

.....

.....

.....

(*a*) *Was directed to what areas?*.....

.....

(*b*) *What manipulations were employed to correct lesions?*.....

.....

(*c*) *To excite or retard functional activity?*.....

.....

(*d*) *How much reliance was placed on general treatment for results?*

.....

(*e*) *Were there any changes in method as the case progressed?*

.....

(*f*) *Frequency of treatment*.....

(*g*) *How long course of treatment?*.....

(*h*) *Directions about diet, baths, exercise, etc*.....

.....

16. *Progress of the case*.....

.....

.....

.....

17 *Results* (*a*) *Cure or failure*.....

(*b*) *Symptoms relieved in what order?*.....

.....

.....

(*c*) *What symptoms remained* .....

.....

(*d*) *What lesions corrected?*.....

(*e*) *What lesions remained?*.....

(*f*) *Remarks* .....

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.....

Directions—Report carefully and in detail. Be accurate and scientific. Make a regular habit of reporting cases. Do not send testimonials.

Return this report to Dr. Edythe Ashmore, 42 Valpey Bldg., Detroit, Mich., and apply to her for more blanks gratis, or use this blank as an outline of data desired, writing upon any stationery.

The Journal
— OF —
The American Osteopathic Association

VOL. 7. AUBURN, N. Y., APRIL 1, 1908. No. 8.

Reflexes

J. IVAN DUFUR, D. O., PHILADELPHIA, PA.

If there is one phase connected with the various phenomena of the human organism which is more important than any other, osteopathically considered, I am convinced that it is the phenomenon of reflex activity in health and disease. Upon this basis of the free and unimpeded conductivity of nerve impulses from periphery to centre and vice versa, we base the explanation of the major portion of the results obtained by osteopathic methods. However we may view the subject, the importance of reflex activity is not lessened.

We are accustomed to make the statement that the nervous system is the intelligent principle of the body, that it directs all activity in the organism. Undoubtedly it does this through the mechanism provided for reflex activity. That we may understand this principle, we must remember that the organism is so arranged that the activity of the cell is not limited to the performance of normal functions, but is constructed to provide for emergencies, and under abnormal conditions directs the activities to meet new requirements. It is certain that the mechanism concerned in the operation is the medium by which all activity is normally accomplished, and from which it is normally controlled. It is an equally logical proposition that any disturbance of or interference with this mechanism will produce disorder of function. If we accept this proposition as true we have, then, a basis for the explanation of disease, osteopathically considered, which it seems to me is more susceptible of proof than any other.

All activities of the body are the result of impulses emanating from the nervous centers. The voluntary activities are controlled by direct connection with the brain or cord, the involuntary largely by connection with the sypmathetic system. Thus, we have concerned in reflex activity the brain, spinal cord and the sympathetic system. A thorough understanding of the relation which each of these structures bears to the other and the method of connection is necessary when we attempt to analyze any pathological condition.

Mechanism of Reflex Action—The Reflex Arc

Before any nerve cell can send out an impulse it must first receive a stimulus of some kind. This stimulus consists of an impulse received from periphery. It may not be a sufficient impulse to obtain any response or the response may be delayed for a long time, and may involve complicated nervous activity or even psychological processes. If the response be immediate we speak of it as a reflex. Concerning any reflex activity we have, then, practically a circuit called a reflex arc, which reduced to its simplest terms is composed of, first, a sensory surface, second, an afferent neurone, third, a nerve center, fourth, an efferent neurone, and fifth, a muscle or gland. The reflex arc is seldom as

simple as described here where only two neurones are concerned, not infrequently three or more neurones take part. The neurone connecting the afferent neurone with the efferent neurone, belongs to the class which we call intracentral or connecting neurones, and because all parts of the cord, in fact of the entire cerebro-spinal axis, are indirectly connected with one another by intracentral neurones, the possibility of increasing the number of efferent limbs of the reflex arc can be readily understood. We speak of this then as a reflex arc. and of the response upon tissue produced by efferent nerve impulses which have been discharged from a nerve center under the stimulus of a sensory or afferent nerve impulse as a reflex act. If the reflex act involved is through a simple arc, we speak of it as a simple reflex. Most of the reflexes are more complex in character, as a matter of fact the afferent nerve impulse passes through more than one single channel in the cord, so that a series of co-ordinated acts occurs in what we may call a complex reflex.

The gap between the termination of the afferent neurone and the dendron of the afferent neurone is called a sysapsis. The transmission of impulses within the cord occurs over the pathways of least resistance, therefore, if we increase the number of sysapses or the number of neurone links in the chain of conduction, we increase the resistance, so that reflexes will occur most readily, other conditions being equal, in that region which involves the least number of neurones, in other words, in the same segment of the cord in which the sensory impulse enters, or in immediately adjacent segments. We must also take into consideration in determining reflex action other factors such as the intensity of the exciting stimulus; the quality and the duration of its application. For example, a strong stimulus will produce a reflex reaction sooner than a weak stimulus of the same kind. A single weak stimulus which will cause no reflex may do so if often and rapidly enough repeated, a phenomenon which we call summation of stimuli.

Usually, a cell receives impulses only over its dendrons, yet it must also be remembered that a conveyance of impulses may take place over the collaterals of its axone near the cell body, or the cell body may be stimulated directly by the afferent neurone; also the peripheral fibre of the ganglion on the posterior spinal nerve root although it has the structure of an axone may be looked upon physiologically as a dendron, since it receives and transmits impulses to the ganglion from the periphery.

Structures Involved in Reflexes

The brain, the spinal cord and the sympathetic nerves and ganglia are the structures involved in reflex activity. The brain is the higher controlling center and all physiological activities either voluntary or involuntary are more or less under its control, and directed by it. The spinal cord serves two purposes. (a) It is the conduction path by which all impulses arising in the extremities or in the trunk must reach the brain, and vice versa. (b) The segments serve as relay stations or nerve centres through which less important reflex actions may be promulgated without the cognizance of the higher centres. Impulses of peripheral origin produce reflexes through these segments, primarily on account of the law of least resistance, but they do not arouse sensations and are not perceived unless they have been conducted to the cerebral cortex. Again a motor impulse originating in the cortex cannot reach the periphery of the trunk or extremities except through the conduction paths of the cord. We are to understand then that the continuity of the cord is not necessary for the production of reflexes, but that it *is* necessary for the higher co-ordination of the reflexes and for the excitation and controlling influence of the brain.

The spinal nerves given off from the sides of the length of the cord serve as

conduction paths to and from the cord. Each nerve is derived from two radices or roots, an anterior which arises by several bundles from the anterior cornu of the cord, a posterior from several parallel bundles in the posterior cornu. The anterior root is efferent chiefly, the posterior wholly afferent. Thus peripherally to the intervertebral foramen where these two unite we find a mixed spinal nerve, which serves to convey to the cord through its poserior root sensory impulses, and from the cord through its anterior motor impulses.

In view of what will later be said regarding the effect of lesions it is well to note at this point the course of the posterior spinal nerve root fibres, (See Kirke). The fibres of the posterior roots enter the spinal cord to the median side of the posterior cornu. Immediately upon reaching the cord they divide into fork-like branches, one branch passing downward a short distance, the other branch passing up. The upper branch sometimes reaches the whole length of the cord, but generally it extends over only one or two segments. Each of these branches gives off in their course numerous collateral branches. Besides this they are connected through collateral branches with the intrinsic cells of the gray matter of different levels of the cord. Thus each nerve root is directly connected with several segments.

A horizontal section of the spinal cord shows the manner of distribution in the segment to which the nerve root is directed. Note that the root consists of two sets of bundles, a mesial and a lateral. The *latteral* fibres pass in part to the column of Lissauer where they ascend and descend; in part, they penetrate the posterior horn and arborize round the intrinsic cells. From the *median* set, fibres pass to Clarke's column; others by the way of the posterior commissure to the median cells of the opposite side; still others pass through the gray matter to arborize around the anterior horn cells of the same side. Two facts are to be noted in this connection:

(1) That the afferent nerve root is in closest relation with motor cells which control its own region of distribution.

(2) That it is in closer communication with the cells (both motor and sensory) of its own segment than of any other segment. A reasonable inference has thus been drawn and largely confirmed by experiment. This is called the irradiation of impulses. The first response to a stimulus is found in muscles of the same side. The next to homologous muscles of the opposite side, etc. The increasing complexity of the reflexes is due to increased stimulation, either in strength, kind or rapidity or long continuance. In other words, an orderly system of reflexes can be inaugurated in the body by continued stimulation, the reflex response being first noticeable and strongest in the segment serving as its center, but if continued, involving other segments.

It should be noted in this connection, that the whole mechanism is so arranged that in health the activity is one of segmental control, for while the afferent impulses are carried to the cortex they are recognized there as normal stimuli and there occurs no response except the normal tonic excitation or motor response. In other words, the reflex mechanism is only another illustration of the arrangement of the body for its self-regulation. Motor impulses being sent out which inaugurate activities as a result of sensory impulses received and which are being interpreted as demands for these activities.

The Sympathic System—Function

It is essentially a system for the reception and distribution of impulses, since its ganglia are not nerve centers in the usual sense. They do not possess the power of reflex action, merely receiving efferent impulses due to reflexes of central origin and distributing them over relatively large areas. By their *location and distribution* of afferent and efferent branches, the sympathetic system becomes a conducting path to and from the cerebro-spinal centers

serving the purpose by this arrangement of automatic governance of the smooth muscles, the gland cells, and the cordiac muscle, which is practically all of the vital processes.

Histology

The connecting path between the sympathetic system and the cerebro-spinal system is through the rami-communicantes, which join it to the common trunk of the spinal nerve. In these rami, of which there are two for each spinal nerve, we find fibres passing from the ganglion to the cord, and from the cord to the ganglion. A detailed description of this connection will assist us in determining later the effect of structural derangement.

The white ramus has three types of fibres, two are efferent, and one afferent in function. The fibres of the *first* type arise in the cells of the gray matter of the spinal cord passing out with the anterior root of the spinal nerve, thence into the common trunk and through the white ramus, ending in arborization around the cells in the ganglion of the gangliated cord. The fibres of the *second* type also arise in the gray matter of the cord, taking the same course to the sympahetic ganglion but instead of arborizing around the cells of the ganglion pass through it unchanged and enter the efferent fibres of the ganglion passing to the prevertebral plexus, arborizing around cells in this plexus whence impulses are carried onward to the end organ by a new neurone, or they may pass directly through the plexus to reach the viscus or intrinsic cells. These two sets of fibres are motor in function. Fibres of the *third* type have their origin in the cell bodies (cell of Dogeil) located in the ganglion on the posterior spinal nerve root, and passing out of the ganglion divide, one process extending centrally to arborize around other cells in the cord in the same manner as all other afferent fibres to the cord, the other passing out via the posterior nerve root passes into the common trunk and thence over the same course as the second set to end in connection with the viscus to which it is distributed. This type is the visceral sensory or afferent system of the sympathetics.

In the gray ramus are found fibres which pursue various courses. The gray fibres all arise from the cell bodies composing the spinal ganglion and are of six types. *Four* of these pass into the ramus-communicans as we shall see. Fibres of the first type pass into the gray ramus but leave it before the junction with the spinal nerve proper is made, to enter the recurrent branch of the spinal nerve, which arises from the common trunk and pass with it through the intervertebral foramen supplying the ligaments, muscles, vertebrae, and various structures in the circumferential part of the spinal canal and the coverings of the cord. The *second* type of fibres passes through the gray ramus to the anterior primary division with which it is distributed peripherally. Fibres of the *third* type after passing into the common trunk are carried into the posterior division of the spinal nerve to be distributed with its branches. The *fourth* type of fibres passes to the common trunk and there into the posterior nerve root, supplying the intervertebral structures in the spinal canal as far as and including the dura mater. The *fifth* type does not enter the ramus but passes by a connecting cord between the ganglion and the one above and below, becoming branches of communication. The *sixth* type of gray fibres becomes the rami efferentes and terminates either in the formation of prevertebral plexuses or passing through the plexus without arborization forms direct communication with the viscus supplied.

The Relation of the Medulla to Reflexes

The Medulla Oblongata in its relation to the mechanism of reflex action may be considered practically a segment of the spinal cord acting in two capacities.

One of its functions is that of segmental control by virtue of which it produces automatic activity. As the second function it acts as a pathway for all ascending and descending nerve impulses between the brain and spinal cord and vice versa and through the spinal cord to the periphery. In addition to these two functions it carries with it the function of carrying on activities distinctly reflex in character and which automatically control at times reflexes usually carried on or manifested through the lower segments. It also acts as the segmental reflex center for many of the cranial nerves, as we know many of them take their origination from the medulla and pons. Some of these centres are reflex centres simply and stimulated by afferent impulses, others are automatic centers and are capable of sending out efferent impulses by the stimulation of the sensory impulses received in the cell itself without the intervention of the axone or dendrite. The majority of the automatic centres however are normally influenced by voluntary impulses.

Cerebral Control of Reflex Action

The reflex mechanism which we have been speaking of thus far is related to a large extent to the segmental control of reflexes and it must be understood that under normal conditions all centres are controlled from the nerve ganglia or nerve segment, but in any case in which stimulation is long continued or in which the character of the stimulation is of such degree that its intensity is increased, the law of the radiation of impulses intervenes and higher centres of reflex activity become involved. Thus in all cases of the sensory impressions of touch, pain, heat and cold and of the muscular sense which reach the segments of the cord through its posterior nerve root, if this sensory impulse be long continued or of proper character under normal conditions they are carried directly into the postero-median column on the same side and thence up to the nucleus of this column in the medulla. Visceral sensations of the same kind are carried by the posterior root fibres to the cells of the column of Clarke and from there pass direct to the cerebellar tract on the same side and thus up through the medulla to the cerebellum. The impressions of pain and heat and cold are conveyed to the nerve cells in the posterior cornu and the median gray matter of the opposite side. From this point they are conveyed by the intermediary neurones through the anterior and lateral columns of the cord to the brain in the ascending tract of Gowers. Having reached the cerebral cortex, the motor impulses are instituted at this point and are conveyed downward along the pyramidal tracts either the crossed or the direct, chiefly the former. In the crossed tract impulses pass down chiefly on the side opposite to which they originated, having crossed over in the medulla, but some do not cross in the medulla, descending in the direct pyramidal tract to the lower levels of the cord where they cross in the anterior commissure. The motor fibres for the leg partially pass down in the lateral column of the same side. This is practically true in the case of all bilateral muscles also. This arrangement of the mechanism provides for communication of sensory impulses to the cortex and motor impulses which in case of emergency is capable of taking and actually does take part in the control of any or all of the lower segments. Through this arrangement also we shall find an explanation of the wide diversity of the area of reflex activity which is manifest in certain pathological conditions.

The Mechanism of Vaso-motiom

We have described the two paths called rami-communicantes by which fibres pass to and from the cord and the sympathic system. When we come to consider the mechanism by which vaso-motion is controlled in the body we note distinctly that these paths are the media by which control is obtained segmentally. Two classes of vaso-motor nerves are represented in the body,

those of vaso-constriction, which increase the tonic condition of the blood vessels, and those of dilation which decrease that condition corresponding to the influence of the vagus over the heart. In general the constrictor nerves are limited to the white rami, which are given off by the spinal nerve from the second thoracic to the second lumbar, inclusive, while dilators are contained in several of the cranial and spinal nerves. The mechanism of vaso-motion is essentially a reflex arrangement in which the efferent pathway only contains the vaso motor nerves, sensory nerve coming into relation with the cell body of the efferent nerve acting as an afferent pathway.

Under physiological conditions when, because of increased labor, an organ requires an additional amount of blood, a sensory impulse acting upon the lining of the organ or its end organs is transmitted along the afferent fibres of the sympathetic to the ganglion or segment of the spinal cord which represents the local vaso-motor centre. The centre receiving the impulse in response sends out impulses over the vaso dilator fibres that pass back by the way of the sympathetic system to the arteries associated with the organ. Through this influence the tone of the muscle tissue in the walls of the arterioles lessens, permitting dilation, a local area of low blood pressure is produced and an excess of blood is forced into the vessels.

Pathological Reflexes

The mechanism we have been describing acts as we have stated under normal physiological conditions, that is, in health. A review of the mechanism working under disadvantages or disease brings to our attention some rather difficult problems. It is common experiences to find in examination certain manifestations which cannot be accounted for by any other explanation than that of disturbance through the reflex mechanism. A disease of one eye will ultimately affect the other. Numerous cases have been cited wherein the inquiry of an extremity produced pain manifested in the opposite corresponding extremity. Cardiac pains are frequently accompanied by pain under the left scapula. Disease of the liver by pain under the right scapula. Gastric disease by girdling neuralgic pains. Diseases of the pelvis are frequently accompanied by disturbances of abdominal, or thoracic viscera. Congestive headaches are commonly noted in uterine, ovarian, or digestive disturbances. None of these conditions can be explained except upon fundamental basis of reflex reference. The illustrations could be multiplied infinitely in the body.

Two principles are involved in these reflex manifestations:

(1) When a part of low sensibility in close central connection with a part of much greater sensibility is stimulated, the pain produced is felt in the part of higher sensibility rather than in the part of low sensibility to which the stimulus was actually applied.

(2) The law of the radiation of impulses has been before enumerated. In line with this law is a corrollary law which every osteopath is familiar with: That *the same nerve trunk* which supplies a joint, also supplies the skin which overlies it and the muscles which move it—further, *that the bowel wall, the peritoneal structures associated with it, and the skin overlying these* are all supplied from the same segmental source.

While we speak of these symptoms as referred pain or transferred pain, we must understand that they occur as the result of the transmission of impulses along the lines of least resistance.

A further fact is to be noted in this connection. The term pathological or abnormal reflexes, so called, is a misnomer. It must be remembered as we have stated before that the function of the cell does not cease with performance of normal physiological activities but that mechanism is arranged to provide for emergencies, and under abnormal stimulation (afferent) emits or emanates

abnormal motor impulses (efferent) to correspond with the increased demand. Further, that if the afferent impulses become so imperative in this demands that the nerve centre called upon cannot fulfill them they are transferred to other centres and an orderly system of reflex responses called into play. Keeping this in mind then we understand that any unusual symptom or complication of symptoms is not strictly speaking a pathological condition, but is the self regulative response of the several centres involved—to unusual afferent impulses.

Relation of the Mechanism to Structure

Throughout the organism the mechanism of reflexes is so arranged that there is a very close relation between it and the body frame work. The whole was possibly planned with a view to the protection of the structures most easily affected. Whether this be true or not it is noticeable that whenever possible nature has placed the controlling nerve structures as far away from encounter with the surface of the body as is possible or consistent. Thus the brain is encased in bone, the segmental portion of the mechanism, in the spinal canal; the spinal nerves between gross muscle masses; the sympathetic cords and ganglia in front of the ribs and transverse processes of the vertebrae; the sympathetic plexuses, deeply in the visceral cavities. Undoubtedly part of this arrangement was for distribution and control with the least possible complexity but from its nature it is reasonable to suppose that it is at least partly for the purpose of safety and protection.

Effect of Structural Derangement upon the Reflex Mechanism

Whatever may be the object in this relational arrangement, whether for protection or distributional facility, it is one by virtue of which any structural change which is abnormal may influence reflex activity. It was this undoubted fact which led one of our writers to describe a lesion as "any structural perversion which by pressure produces or maintains functional disorder." It is not to be contradicted that structural derangement may seriously interfere with the reflex mechanism. The manner in which the nervous structures are encased in the brain and spinal canal, the intimate relationship between the spinal nerves and the ribs and transverse processes, the binding down to the necks of the ribs of the sympathetic ganglia makes it impossible to produce abnormal structural relations in these regions without affecting them in some way. A change from the normal position of any of the ribs may produce serious strain upon the gangliated cord of the sympathetics, a torsion of a vertebra may interfere not only with the spinal branches of the cord but with the communicating branches of the sympathetic.

It may be taken as a rule that a structural derangement will produce sensory impulses of pain in any afferent nerve upon which it brings pressure, and will be recognized in the nerve centre as a stimulus of the area to which the irritated fibres are distributed. If corresponding voluntary muscles are distributed to that area a corresponding muscle reflex may be a symptom. In addition, motor vaso-dilator impulses are efferently directed to the region and a condition of hyperaemia ensues. In other words, the derangement affects not only the structures controlled by volition but the involuntary structures as well.

This view of the effect of a structural derangement has come to be accepted as the explanation of the etiology of disease. We do not question its truth in many instances, nor do we wish to be understood as in any way attempting to found a basis for a systematic study of the osteopathic lesion, with other than the effect of structural derangement as the concept. It does seem to us, however, that the pathological factor to be ultimately dealt with in our investigations involves more than a consideration of the structural derangement and

the abnormal pressure thereby produced. The nerve cell has functions beyond the mere reception and direction of impulses. The cell body exercises a trophic control over the protoplasm of its branches, just as its neurone exercises a trophic control over the nutritive processes taking place in the tissue to which its branches are distributed. In other words, the nucleus of the cell body controls its metabolic processes. These processes are regulated with physiologic regularity so long as blood and nerve control over them is maintained at normal standards. The moment, however, that abnormal environment for its metabolism is produced, it is irritated or excited into functional activity (increased metabolism) in its attempt to respond to the stimulus, and over function of the areas in which its axones are distributed ensues. This excitation continues so long as the irritation continues or until the cell body is fatigued when a condition of lessened function ensues.

Viewing it in this light, it would seem that the chief result of structural derangement is an interference with nutrition, and I am convinced that the future pathology, for which we are all clamoring will be based upon this principle. Let us take as an example a luxation of one of the dorsal vertebrae. The parts involved are:

(1) All afferent paths through the posterior root of the spinal nerve. (2) All efferent paths through the anterior root. (3) The ganglion on the post root. (4) The spinal nerve trunk, its anterior, posterior and recurrent spinal branch. (5) The rami-communicantes. (6) The gray fibres from the sympathetics and their distributions through all the other named fibres. (7) The posterior branch of the intercostal artery. (8) The spinal artery supplying the cord and its membranes and vertebral column. (9) The dorsal spinal veins, the veins of the vertebral body and the intra spinal veins, and the lateral branches of the anterior and posterior longitudinal spinal veins.

In a word, all structures controlling normal nutrition (and as a result controlling normal function) of the nerve cells in the segment of the cord are placed in a position whereby they cannot co-ordinate. Viewing the spinal cord as a segmental or metameric structure, and believing as we do that each segment of the cord is capable of automatic control over its area of distribution, it is no stretching of facts to assert that the segment or segments, so long as this luxation is maintained, must functionate under conditions of disturbed nutrition which always means an excitable condition. It is manifestly neither capable of properly interpreting afferent impulses received, nor of normally directing efferent impulses. Therefore all structures normally automatically controlled from this segment become disordered in their activities, and we find what we consider pathological reflexes.

How Pathological Reflexes are Produced

The power of conduction through the pathways of the cord is also affected.

The relation of the pathological reflex to the osteopathic lesion, then, is one of disturbed nutrition. The measure of the pathological sign is the degree of mal-nutrition manifested in the symptom. The pathology of the condition is the degree of interference with nutrition through the various vascular or nervous channels which we have enumerated. I make this statement unreservedly believing that the ultimate solution of the problem of osteopathic pathology, and therefore of etiology, lies in this direction.

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Malnutrition and Tuberculosis.

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I do not remember of ever hearing these twin subjects discussed as having any relationship, and yet I consider them as being so close together, so nearly related that one is born of the other, one is *mother* of the other, for one comes out of the other. Malnutrition *always precedes* tuberculosis among my patients. The *latter comes from the former.* Tuberculosis is a nutritional disease—comes from a lack of nutrition long continued. I have watched the intimate relationship of these two conditions ever since I learned osteopathy, and have also traced the one into the other in all cases I have handled. Let students make a note of this. The treatment of both conditions therefore is largely the same, at the same stage of the disease; yet, remember this, they are not the same disease, any more than a child is the same person as its mother. "Malnutrition is an imperfect nutrition resulting in anemia or wasting," Lippincott's Medical Dictionary. This definition is far short of all the truth about malnutrition. A description will probably suit better:

A patient with malnutrition in ordinary life has the combined results of malassimilation of food (and generally too much food, not speaking of famine) with paralyzed nerves to the digestive tract of the body, resulting in *hunger,* the most prominent symptom, never satisfied hunger, and if no other symptom were given this would describe it. This is not the only result. This hunger causes the patient to continually overload the stomach, duodenum, small and large intestines with food that does him no good, not being absorbed by reason of the paralyzed nerves to those parts, this undigested food decays and putridity is its condition now, and this lying on mucous membranes must be more or less absorbed into the blood as poison to the whole system. Self poison is the result. Now the whole body is affected. The body not receiving nutrition from the food begins to take up the stored nutrition in fats and soft tissues to keep up vitality, when the patient loses flesh, roundness and plumpness of muscles which become first flabby, then they permit internal organs to fall out of place, resting on others and interfering with the natural operations of the body. The ribs fall, compressing the lungs, heart, spleen, liver, and all internal organs, besides paralyzing other nerves not before affected. Of couse, if you examine this patient you will find causes for all these results. You will find the upper and lower dorsal vertebrae anterior, showing paralysis of the digestive tract, other vertebrae and ribs out of place, probably a double lateral curvature of the whole spine, and the spine nearly straight anteroposteriorly, with some other troubles too numerous to mention. The cervical vertebrae also have deviated from normal so the diaphragm falls down resting on the transverse colon causing constipation, malaise, melancholy, and when the whole abdominal contents prolapse also for sometime, you have almost a host of other bad conditions, and all these from what I have described as malnutrition. The patient "hungry as a bear" through it all, and so bony and gaunt, with eyes that dare not look you in the face, sunken back into his head. The patient seldom smiles; it is an effort to do so, he is so melancholy. This depressed condition can be seen, yes, and easily remedied. This is the *second* stage of malnutrition toward tuberculosis. Many do not advance to later stages in years, and, if remedied just now, may never proceed farther. I have had many patients at this stage and sent them home well.

Then follows the *third* stage of malnutrition—it cannot be called tuberculosis yet for reason given later—that of hardening of muscles and tissues in general till blood and lymph are driven out, not only of the lungs, but other

soft tissues of the body, and starvation is manifest to any trained hand and eye. With little blood, or none in some parts, and poor quality at best, to nourish and disinfect the soft tissues in parts of the lungs, since poor as it is it cannot pass freely through such compressed sections of the lungs, decay and decomposition set in as the *fourth* stage. But still I know from experience that there is yet hope of recovery if the patient will use intelligent osteopathy instead of drugs.

Thus far you have simply and only malnutrition, but only because "the books" *begin* tuberculosis with my *fifth* stage which soon follows, if the compressed parts are not soon relieved, in which there is first the spitting of cottony phlegm, then cough and spitting of hard nodules, then slight streaks of blood and pus, and finally hemorrhage. It is during this stage in which Nature's benificent scavengers, bacilli, find a home and workshop, and you have tuberculosis of the lungs as recognized by the medical profession, that is, seen with the eye through a microscope. You could not believe it sooner, it would not be ethical, for there were no bacilli present. The bacilli were not present for their assistance was not needed before this stage, for there was no pus. And the idea that these necessary and innocent helpers *cause* tuberculosis is such an outrage on Nature's endeavor to clean out the human cesspool that I know not how to properly characterize it, hence will not try.

Now for a definition: "Tuberculosis, a specific *infectious* disease *due* to the *presence* of the tubercle bacillus and characterized by the *deposit* of tubercle in various parts of the body." Lippincott's Medical Dictionary. Now let me try to give a definition: A corn, from cornu, a horn. A specific infectious disease *due* to the *presence* of a tubercle, or little knob, in the form of an *inverted* pyramid (tuberculum pyramidatum), and characterized by the *deposit* of the tubercle in various parts of the skin, especially on or in the toes or other parts of the foot. Brown's Med. Dict. Now if you will investigate you will find that these two diseases have the same cause, the presence of a tubercle, and also one is just about as infectious as the other.*

This condition named tuberculosis from the tubercle or little knob found in the lung, might just as well have been named from any other broken down part of the diseased lung, as the hemorrhage, or better from the prime cause, malnutrition, since I have traced it step by step up to the bacillus and hemorrhage through malnutrition, and that trouble did not lose its character till in the third stage relaxation changed to contraction and hardening of all tissue, and hunger to loss of appetite by reason of the discharges. But this last is a natural result in malnutrition, since nature is clogged and the reverse of hunger is produced. With the breaking down of tissue and ulceration comes the rise in temperature above normal to 101 degrees.

From this fifth stage I need only to add two stages more to have the usual three stages of tuberculosis or the seven stages of malnutrition as herein described. But one says: It was not tuberculosis of the lungs till bacilli were found there—seen. Nonsense! Then smallpox is not smallpox till its effects are seen on the skin, nor is intoxication drunkenness till the drinker is seen in the ditch.

Through four stages I have traced hunger as a manifest symptom, always hungry never satisfied, they get up from the table hungry; but the fifth stage is especially manifest in a breaking down from former conditions, and there is, among other things spoken of, a lack of appetite, nausea at sight of food. Is it therefore any the less the result of malnutrition? Yet such symptoms belong to tuberculosis. Now you may properly ask, are there not thousands of people slowly starving in whom tuberculosis is not yet manifest,

*For the discussion of infection or contagion, address with stamp, M. J. Rodermund, M. D., 22nd and Walnut Sts., Milwaukee, Wis. A doctor who has spent a fortune and a long life in experiments on these subjects.

not yet properly developed? Certainly, if you name only the symptoms as found in the books generally on tuberculosis. But those thousands that I have described are yet only in the hungry stage that may properly be called *consumption,* for while they are consuming great quantities of food, yet losing weight, tonicity, elasticity, vigor; their flesh being first flabby and soft and toneless; then contracted, hard, full of cords, getting bloodless in appearance, you have not yet found the popular medical diagnostic symptom of tuberculosis, which really only shows a *later* stage, namely, the presence of bacilli at work in the lungs. I have had patients with this disease in all stages except one, that of the funeral, and I find there is a gradual development downward progressively, if not checked by building up nutrition. This is the particular phase of the trouble that needs our special attention. If you cannot get the digestive organs to take up nutrition and deposit it in the lungs to build them up into health, there is no hope of arresting the disease, for that is the beginning and end of tuberculosis—lack of proper nutrition, or what is properly named malnutrition.

Now, I need not attempt to teach you how to arouse nutrition in such cases; you know already, and you know also that there is a point beyond which the recuperating power of the body ceases to act for permanent results; that is usually found in the last stage; in some cases it may be before that period. But that is another subject in which we are not now concerned.

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Osteopathic Treatment of Fevers.*

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The evolution of the osteopath from treating almost exclusively chronic diseases, into the family physician, compelled to grapple with all the ills of life, the majority of them fevers in some form, demands that we take our bearings and ascertain where we are and what we can do. It is impossible, however, in the short time allotted for this paper to go very much into detail in the treatment of fevers and I will, therefore, look more to method than to detail.

A prospective patient inquiring into the merits of osteopathy, may ask many questions, but he is certain to ask one: "How would you treat fevers without drugs?" And when we declare that we have a rational, successful treatment of fevers, we may recognize the first look of distrust on his face. But remember his ancestors all came down over the drug route and he himself was rocked in the cradle of drug therapeutics. He never thought of interrogating his physician concerning the actual principles of drug medication in fevers—that is taken for granted and has been down through the centuries. But we cannot blame him when he demands our modus operandi, and we must be able to explain to him intelligently and clearly the principles of both systems. We must also be patient in our endeavor to convince him, for it is hard for many of our good friends to have a higher conception of osteopathy than where do you "rub" for this? or, where do you "rub" for that?

In the consideration of the subject of fevers, let us first take a very brief general view. When we find a condition in which there is more than the transient rise in temperature, we know that there is a disturbance to the normal balance of heat production and heat dissipation from causes acting upon the thermogenic centers, thereby deranging the heat regulating mechanism. This elevated temperature is the most significant and practical indica-

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tion of that complex process or condition known as fever. It is generally held that the production of heat in fever is largely increased on account of the greater destructive process going on in the body and this theory is supported by the increase of urea and carbon dioxide execreted, and the consumption of an increased amount of oxygen. But Butler and many others contend that this theory alone is not sufficient to account for the rise in temperature, as a corresponding increase in the heat loss will dispose of a large excess. Then hear Butler's exact words: "It is therefore necessary to assume a disturbance of the thermotaxic mechanism and this perturbation of heat regulation is perhaps the most characteristic element in the production of fever heat." I wonder if this great exponent of the drug theory would have used this language if he had known that he was so perilously near to osteopathic bedrock principles? For that *disturbance* of the thermotaxic mechanism might be anatomical.

It is useless I think to discuss beyond the mere mention, other symptoms of fever, such as ill feeling, malaise, sleeplessness, increased pulse-rate, lessened amount of urine, etc., as osteopathy deals very little with symptoms as compared with the *causes of the diseases which produce the symptoms.* As to etiology, we find that there are numerous causes of fever, such as: First, All inflammations, acute or sub-acute, due to pathogenic micro organisms, producing toxic materials which are circulated by the blood. Second, All infectious diseases due to specific micro organisms and their products. Third, Certain toxaemias resulting from ingestion of poisonous material, absorption of same from alimentary canal or formation of same in the glands or tissues of the body. Fourth, Some non-toxic disease or condition of the nervous system in which the normal working of the heat regulating mechanism is interfered with by direct or reflex causes. This summary of causes I have taken almost entirely from Butler's Diagnosis of Internal Medicine, as no osteopathic book has ever given them more satisfactorily from the osteopathic viewpoint, all of them, however, from our standpoint could be classed under the last mentioned cause, excepting poisons from the alimentary canal and inflammation from traumatic injury. Spinal lesions increasing the heart action through the cervical sympathetic and vagi, thus producing a rise in temperature, are very common. Lower dorsal and upper lumbar lesions affecting the innervation and circulation through the mesenteric plexus and vessels, weakening the tone of the small intestine, accord a hearty welcome to and provide a fallow field for the operation of the bacillus of Eberth with the introduction of typhoid. Upper cervical lesions affecting the vagi, lesions at the second to seventh dorsal and corresponding ribs, impinging the motor, vaso-motor and trophic fibres, produce a lowered vitality of the bronchial and lung tissue, thus furnishing excellent pasture for the micrococcus lanceolatus and favoring the development of the dread pneumonia. Spinal lesions affecting the vasomotor, sweat or thermogenic centers in the upper spine may affect the predominating centers in the medulla thereby deranging the entire heat regulating mechanism and rendering variations in temperature easy. Thus we see that the causes of fever are so numerous and the fevers so different in character that the oft-repeated question: "How would you treat fever?" would seem as ridiculous as "How would you cook food?" would to a culinary artist. The cook would immediately ask: "What kind of food?" and the osteopath would ask: "What kind of fever?" There is of course, a cervical treatment, with which we are all acquainted, that we always use to lower body temperature in any kind of fever, but it is only a temporary effect that we seek, while we are righting the causes and applying the major part of the treatment.

Let us now consider in the abstract, two of the most dreaded fevers. *First, typhoid.* It is a notable fact that the laity is more skepical of our ability to

treat successfully this disease than any other. Their concept of the medical treatment of typhoid is erroneous because they lack the information necessary to form a correct judgment. They argue that, typhoid being a germ disease, requires internal drug medication of such a character as will poison and kill the bacteria. But no medical doctor, unless he be dishonest and wishes to take advantage of the ignorance of his patient, will ever claim that such is a principle of the medical treatment of typhoid. All but the very ignorant would know, if they would but think, that if an antiseptic poison sufficient to kill bacteria in the small intestine, were administered internally, that the patient would be the victim before it had time to reach the bacteria. The wise and honest physician will acknowledge that there is little gained in drug medication in typhoid. He gives medicine only to partially control the temperature and to affect the circulation to the diseased bowel with a view to directing a stronger blood flow to the same, thereby overcoming the bacteria with the best of all antiseptics—the blood. And he always admits that the most important part of the treatment is hygiene, sanitation, diet and nursing. And we will agree with him in these views, but what he does indirectly, chemically, by poisoning the blood to affect the center, *we will do mechanically and affect the center directly,* by the regulation and adjustment of the ever present spinal derangement in typhoid which affects the heat regulating apparatus of the body and the vaso-motor centers governing the inflamed area of the small intestine, thereby obtaining the desired result, and without the deleterious effects of drug poisoning. In addition we would relax the tenseness of the abdominal tissues which greatly contributes to the comfort of the patient, also relax the entire spinal region from the occipital to the sacrum, affording normal circulation to the spinal chord and brain, thereby preventing the terrible deformities that result from the diseased spinal chord in typhoid, and relieving to a great extent the constant headache and frequent delirium. We would afford plenty of fresh air, give a sponge bath morning and evening and oftener if needed, and look to all hygienic and sanitary conditions. We would put the patient on a liquid diet with such gruels as are smooth and leave but little residue, keep the bowels open if necessary by the enema and give constant attention to the liver, spleen and kidneys, through the centers controlling their functions. Frequency of treatment would depend wholly on the demands of the case. This method I have employed in the few cases I have treated without the loss of a case.

Second, Pneumonia. Our inquiring friend would not expect his medical doctor to treat a case of pneumonia as he would typhoid. Well, neither would an osteopath treat the two alike. He has now to contend with different causes and widely different conditions. From injury to chest or upper spine or from the effects of a severe cold, we find our patient's respiration markedly abnormal with little or no expansive motion of the chest over the affected area. The intercostal, pectoral, and all the muscles of the back are contracted, compressing the chest. Various derangements of the vertebrae and ribs are always found in pneumonia, corresponding to the regions of vaso-motor, trophic, and motor fibres of the lungs from the second to the seventh dorsal and the upper cervical affecting the vagi, hence the congestion and weakened tissue, and the invasion of the micrococcus lanceotatus, due to disturbed circulation through derangement of the nervous mechanism.

As to treatment, it must first be directed to the innervation controlling the capillaries and vaso-motor nerves of the pulmonary circulation, and the middle and inferior cervical ganglia for the lymphatics of the lungs. The ribs should be raised and the chest muscles relaxed to aid in chest expansion and to relieve the heart. Cold compresses over the chest should be used, all of which will be potent in restoring and equalizing the circulation. It is essential also, to

relax and keep relaxed all the muscles of the neck and back and to carefully adjust all spinal and rib lesions. The usual cervical treatment must be faithfully given in order to maintain temporary control of the temperature, until nature can assert herself. This outline of treatment together with all hygienic and sanitary precautions and faithful and capable nursing, will, we may be confident, bring the desired results. In presenting these methods of treatment of these two menacing terrors of all humanity, it has only been my purpose to outline, but the outline shows that while in some respects the treatment is similar in the two cases, as a whole, it is vastly different.

And so it is in the great variety of fevers with which we all come in contact, there are points of similarity in their treatment, but in all there are demands for such specific treatments as render them as a whole, very different. Again, different cases of the same variety of fever often present very different conditions, so that it is essential that we be resourceful and watchful that we may grasp the situation, noting the various changes, and specific treatment needed, constantly guarding against complications.

In seven years of practice in the field, I have tested osteopathic treatment in pneumonia, typhoid, scarlet fever, remittent bilious fever, spinal meningitis, intermittent fever and others of less severity without the loss of a case. I take no credit to myself but it has rooted and grounded me in the osteopathic faith. And I believe that we have *the only rational treatment of fever of every form* and that if we depend wholly on the bedrock principles of osteopathy, never swerving from them, that we will, ere long, prove it conclusively to the world.

24 "The Miles."

Prolapsus Uteri.*

ELIZA EDWARDS, D. O., CINCINNATI, O.

The subject of Prolapsus Uteri, its cause, complications and treatment has been most exhaustively treated in either of our osteopathic gynecologies—Clark in particular has devoted 30 pages to the discussion and if any of you feel the need of definite instruction upon the subject I refer you to his or Dr. Woodall's helpful text book, either of which will give you much clearer and more comprehensive information than I could offer.

My intention in the few moments which I shall address you is to briefly sum up my personal experiences with the condition, hoping that there are some of my hearers who will have something to say when I have finished, of more value to the profession than anything I have contributed. I shall not occupy my allotted time on the program as I have purposely left time for the discussion which always proves instructive.

Every practitioner is familiar with the recognized stages of prolapsus but these merge so gradually into each other that for practical purposes they may be ignored and the prognosis will depend upon the length of time the case has been running and upon the recuperative power of the patient rather than upon the degree of prolapsus. Since complete prolapse is usually of much longer duration and complicated with greater changes in the adnexa, it is the one most difficult to cure. Of this condition my experience has been confined to three cases. One was in a nullipara, past the menopause, had existed for 15 years and had received various treatments otherwise than surgical. Prior to the time I saw the case, the patient had had three months osteopathic treatment without improvement. Operation was advised but was refused on

*Address before A. O. A., Norfolk meeting, August 1907.

the plea that the general health was fairly good, and that there was little pain of any kind, the greatest being the discomfort of the protruding tumor. The other two cases were in elderly women who had borne children and were the direct result of frequent labors, and unrepaired perineal lacerations. In both there was marked hypertrophy of the organ, especially of the cervix, with excoriations. Various kinds of artificial supports have been tried without effect, and owing to the advanced age of the patients operation is not advised, so that all that is left for them to do is to "worry along" as they have been doing for the past thirty years.

My experience with acute prolapsus is limited to five cases all occurring in patients who were under treatment at the time or who had had treatment recently. All except one were the result of a strain, and that one was doubtful. The patient was unmarried, had had no form of uterine trouble for twelve years, when there was a history of retroversion which had responded to use of medicated tampons and douches. The night before I was called she did close mental work for several hours, and at the termination of that time ran for a street car as she had done many times before. She also remembered that she had slipped in the bath tub a few days previous but had experienced no symptoms at the time. I found the uterus prolapsed in the lateral position, the cervix pressed against the mouth of the vagina and would probably have protruded had it not been held back by the marked contraction of the perineus muscle. This rigidity of the pelvic floor I also found in another similar case, —an unmarried woman, who had experienced an early menopause, and aside from the fact that the pelvic organs were small had never been subject to uterine disease. The prolapse came as the result of a strain in the stooping posture, and like the first case promptly responded to treatment which consisted in relaxation of sacral tissues with manual reposition of organ. In the first case the tampon was used—in the second it was not indicated. Two other cases were much alike, both in young married women who had never borne children. Both gave a history of strain. One case was caused by sweeping a heavy carpet, and the other followed a long ride in an automobile driven at a high speed. After reposition the tampon was used in both cases followed by a hot douche upon removal of tampon, and recovery was prompt. The fifth case belongs to the sub-acute class, since it has lasted for eight months. There is marked contraction of the pelvic floor and also of the abdominal muscles, the uterus in anteflexed, retroverted and prolapsed. When the patient came for treatment six weeks ago there was pronounced tenesmus, marked vesical irritability, (so much so that the case had been diagnosed by two physicians as "kidney trouble") dragging pains in and retraction of the abdomen, and severe pain in the lumbar region. Owing to the congested condition of the cervix and the hypersensitiveness of the vaginal tissues, two attempts at replacement have been unsuccessful, and the treatment since then has been external, the work over the abdomen being given with the patient in the Trendlenberg position, which in this case gives greater relief than the knee-chest. The case has made good improvement and the chances for ultimate recovery are excellent.

Far more common than either class of cases already discussed is the condition of chronic prolapsus of varying degrees, from a retroversion accompanied by pain in the lumbar and inter-scapular region to a dropping of the cervix to the vaginal outlet with cystocele, rectocile, constant tenesums, incomplete evacuation of the bladder, edema of the feet and ankles, pain along the course of the sciatic and obturator nerves, coccydynia, menorrhagia, dysmenorrhea, headache and the thousand and one psychic symptoms to which these victims of "falling of the womb" are subject. Of this class of patients I have the records of nineteen cases, and in every case the prolapsus was secondary to

some other condition. Eleven of them were multipara who at some time had suffered perineal lacerations. Eight of these had undergone perineorrhaphy but the relief afforded had been of brief duration, and two which suffered most inconvenience had also been subjected to an Alexander operation. One had also been operated upon for floating kidney. Three cases have so far refused operation, one of these having depended for many years upon an artificial support, another case is expecting operation before long, and the remaining one has shown such improvement that it is not indicated at present.

This class of cases has been more or less benefited by treatment, some a great deal, some a very little. One patient became discouraged, and acting upon the advice of a physician had a hysterectomy done. She is relieved of many symptoms but the irritability of bladder continues. The one who has depended upon the brace has made but little progress. In three cases an abdominal support was tried but it seemed to accomplish nothing. Five of these when they began treatment were wearing pessaries which were eventually removed. Two other cases were married women who had never borne children,—in both of these the marked symptoms were the menorrhagia and the dismenorrhea. The same line of treatment was followed in both cases, one improved, the other did not. The marked symptom of this case was the menorrhagia. The remaining five cases are all unmarried and each gives an individual history. In one the prolapsus is due to a fibroid on the posterior wall of the uterus,—two months' treatment shows great improvement in general health, but the fibroid and the prolapse are unchanged. Operation had been advised and refused. In another case the prolapsus was apparently due to a polypus which was removed about six years ago. No trouble was experienced for five years when the prolapsus and not the polypus returned. The case responded quickly to general treatment, reposition and temporary retention of the uterus in place by means of the tampon.

Two others are cases of general enteroptosis to which the prolapsus is secondary. One of these has undergone an Alexander's operation without benefit. In this case there is most marked relaxation of the perineum, more than I have ever seen in any other nullipara. Both of these are still under treatment and making fair progress.

The last two cases belong to the list of failures. One was treated for seven months with no results—local treatment followed by reposition and retention by a tampon gave temporary relief but no permanent benefit. This may have been due to the fact that the patient was a bread winner and compelled to be on her feet constantly. The last case belonged to the hysterical class, did not respond to external treatment, and was thrown into a slight spasm by any attempt at internal manipulation. There was intense vesical irritability, a relaxed condition of the perineum, and an advanced stage of prolapsus. The only relief from pain was attained by an upward pressure upon the perineal body. The lesion was a left lumbar scoliosis with marked muscular atrophy of the right limb and was progressive.

Of the twenty-four cases reported, all, even the acute ones, showed cystocele and the chronic ones rectocele in addition, which raises the question of whether the cystocele precedes or follows the prolapsus uteri. Constipation was a common symptom, and may possibly have been a cause of the prolapsus, though I am inclined to regard it as either an effect or an associated condition due to the impairment of the sacral nerves which are involved in prolapsus also. Six gave a history of cystitis at some time, and three had noticeable edema of the feet and ankles; a marked feature of most of the cases was the wide public arch which leads me to the conclusion that it is one of the predisposing causes. Interscapular pains, with tightness between the vertebrae, either with or without faulty alignment of the latter was another common condition. Sub-occipital

pain was common. It goes without saying that spinal lesions were also a constant factor and were as would be expected, lumbar, sacral, and innominate. For fear of being misunderstood let me state that I always pay attention to the lesion, supplementing the strictly osteopathic treatment by such hygenic measures as seem advisable.

In acute cases the results of treatment was satisfactory, but in chronic varieties only partially so. Immediate reposition seems futile, as there is nothing to hold the organ in place and the treatment has rather to be directed to restoring tone to the ligaments, especially the round ligament. The importance of giving the abdominal treatment in the knee-chest position cannot be too strongly emphasized, nor can too much stress be laid upon the necessity of teaching the patient to assume this position whenever it is indicated.

In cases where the relaxation of the ligaments is complete and of long standing little will be accomplished by any form of manipulation. Since the most of the cases follow child birth with faulty delivery or a slight puerperium, the prevention of the condition resolves itself into a problem for the obstetrician and the patient herself. By far the larger majority of patients suffering from prolapsus are working women who do not present themselves for treatment until their condition has become intolerable, and just as certainly incurable. In nullipara the trouble seems to be due to a general lack of nutrition and the prognosis is more hopeful.

Complete prolapsus which is always chronic and of long duration responds if at all only to surgical treatment. Osteopathic treatment is of avail as a preliminary and after measure.

The technique of tretment I have not discussed for the reason that any one can learn it from a text book, and because it is ably taught in our colleges. After all has been said and done, the fact remains that it is the patient and not the disease which must be treated. What will prove helpful in one case is liable to be hurtful in a similar one. It is the adaptation of the treatment to the particular case which requires nicety of judgment. Further if we would attain the maximum result we must teach our patients how to care for themselves. Women must learn that too frequent pregnancies are productive of harm, that a brief puerperium means subinvolution and its sequalae, that straining and lifting a weight may mean prolapsus, that tight clothing can cause congested pelvic organs, that health is a duty to be attained by effort on the part of the individual, and not a gift conferred upon certain of the elect.

Our Professional Needs

As suggested by recent Medical Literature on Tuberculosis

W. BANKS MEACHAM, A. B., D. O., ASHEVILLE, N. C.

Twenty-five years ago every doctor thought that consumption was an inherited disease, that there was no hope for the victim, and that at least all direct offspring of such parentage must more or less necessarily die with the same malady.

But Koch found that the pathogenic organism of tuberculosis is a bacillus, readily observed under stains and the microscope. Following this discovery came a medical age of belief in infection regardless of heredity, and a period of attempt to kill the germ within the body by means of antitoxines formed from the products of germ culture. One might say that this age is still the age of the present average so-called specialist in treating this disease.

In every resort for the cure of consumption are many medical doctors nearly all of whom hold themselves out to the public as specialists in the treatment of this disease. Many of these men, in fact the majority of them, through

insufficient education or natural inclination are neither investigators on their own account nor accurate observers of the results of their own procedures. It is this rank and file of our pseudo-medical specialist on tuberculosis who has today, for the sake of appearing up-to-date, copy-catted the anti-toxins or tuberculine methods of dealing with consumption. Their reports of results are, in the main, untrustworthy and their observations not worth any serious consideration. Such reports are usually made up for some paper to be read before a gathering of medical men for the sake of enhancing the reputation of the writer among those members of the profession who send their own patients for professional care to this reputed wonder-worker.

There are, however, in the ranks of the medical profession men who ably and conscientiously seek the truth, regardless of where that truth may lead, in their observations and experiments on this disease. Among such men the opinion seems generally held that as yet no specific treatment for tuberculosis has been found. In fact it seems that already belief in the potency of all forms of antitoxines is on the wane.

The medical profession is hardly to be blamed for having followed this will-o'-the-wisp of antitoxines as far as they have. Certainly the gravity of the disease with which they dealt justifies a thorough test of any and all promised relief of the human race from so great a scourge as consumption. But we are on the crest of the tubercular germicide wave. Soon the reaction of the popular mind will force the faddist and specialist-from-necessity to follow some other clue.

That clue appears to be in sight now. A real scientist in London by the name of Wright* learned how to separate the liquid elements of the blood from the white cells in the blood. After this feat was accomplished without destroying the life of the phagocytic (devouring) white blood cells, it occurred to this man of true science to try to find out under what conditions the white cells performed their devouring act. It is a well known fact that while in their native blood fluids these white cells free the blood stream of foreign or impure substances which if allowed full range would act hostile toward the living tissues of the body. In other words, to make facts fit our discussion, these white blood cells attack, devour or in some way render innoxius the germ of consumption discovered by Koch, when acting in the fluid elements of the blood. When acting out of the blood fluid these white cells refuse to make a meal out of the bacillus of Koch. By a simple little process of reasoning, our scientist drew the conclusion that there is within the fluid elements of the blood some peculiar chemical substance that prepared the meal of bacillus for consumption by the white blood cells. This substance, as yet unisolated and unidentified, our scientist Wright has called "opsonin," from the Greek word that means "to prepare a meal".

There is yet much speculation as to what this new substance, opsonin, may be, and what is its origin within the body. One end of the chemical side of digestion we are able to trace out fairly accurately. We know what happens chemically to food as it passes through the stomach and also as it passes along the length of the intestines. We are at a loss more or less to know what happened to a food compound after its passage through the absorbing glands into the blood stream where it comes into contact with living cells. It is acknowledged by all physiological chemists that the possible reaction of chemical substances within the blood stream may be radically different from what we find after such compounds are taken out of the presence of living bodies for the purposes of analysis. So it would seem a fairly justifiable conclusion to say that this new opsonin compound is the product of some at yet unestablished

*Sir Ahurosh Edward Wright in lecture. University of Toronto, October 3, 1907.

reaction taking place between food substances and the living cells with which it comes in contact within the blood stream. In other words opsonin is a bio-chemical compound which we can never hope to manufacture without the presence of living cells acting on food compounds. Under such circumstances, then, to isolate and collect this meal-preparing opsonin outside of the living body where it could be made available for those lacking this substance within their own system is evidently practically impossible.

If opsonin cannot be manufactured for use outside of the bodies of those victims of tuberculosis who so sorely need its meal-preparing functions in order to enable their own white blood cells to destroy the inimicable bacillus of tuberculosis, to use a slang expression, it is up to the professional world to find out some means of enabling these afflicted bodies to manufacture their own opsonins.

What is the first proposition laid down by Dr. A. T. Still as the basis of his new system of therapeutics? That the human body, if perfectly adjusted in its mechanical arrangements, will manufacture its own needed chemical compounds.

Evidently, then, we are already far in advance of the regular medical world in our preparedness to so regulate bio-chemical actions as to render a signal service to the world in general through research into conduct, constituency and source of this meal-preparing opsonin. But this is true only theoretically. Practically we have no laboratories for the conduct of such a series of tests and observations whereby we might discover the specific or general disarrangements of the body mechanism through which the bio-chemical product of opsonin is manufactured within the living body of the victim of tuberculosis. To the satisfaction of my own mind at least, I have proved by the examination of over two hundred cases of tuberculosis and the care of perhaps forty cases for a period ranging from three months to four years, that this deficiency of opsonin is due to mechanical interference somewhere along the course of the origin of the splanchnic nerves.

To that small majority of our profession who live above the daily grind for the dollar, what a crying professional need is it that have men and equipment whereby such problems could be worked out on sure scientific principles!

My life and your life would be but a small sacrifice if spent in solving a problem of such grave import as that of studying a disease and a remedy that would offer health and strength to one human being in every ten who lives today in civilization.

If the world will not come to us and give us the financial aid we need can we not sacrifice something of our own for the sake of an indifferent world?

We need laboratories and equipment. We need trained observers. We need men trained to establish the scientific facts behind our theories. *We need the Post-Graduate College.* Ultimately the professional life of every osteopath in the world hangs on this present *need.*

American National Bank Bldg.

It is determined that no one who comes to the Kirksville meeting wanting clinics, wanting to see how things are done by others, shall go away disappointed. To that end that material may be abundant, President Moore has secured the consent of the following to be responsible for subjects—real cases—to be presented: Dr. C. E. Still, George A. Still, Franklin Fiske. There will be no lack of the practical and demonstrations at this meeting.

"Meet Me at Kirksville"

Another year in the history of the A. O. A. is slipping by, and we find ourselves within four months of our great Kirksville convention. Adjectives of greatness are being constantly applied to this year's meeting, doubtless for the one reason that its object is a noble one, and that, in honoring our illustrious founder we will in turn be satisfied. It seems to me that it should not constantly be necessary to urge attendance at the Kirksville convention next August, but, as one of my committee workers stated in a recent letter, "frequently people seem unable to plan for themselves and if some one person will take charge of things, and look after the details and solicit attendance, great numbers can be added to the crowd at Kirksville." It is to impress upon each member of the Association a responsibility in this matter, that I appeal to you at this time. It is none too early to be shaping definite plans for the summer vacation. I cannot resist saying, "Shame on the osteopath who will, without most excellent cause, take his summer vacation elsewhere than at Kirksville, or at least make it a part of the rest from practice." The fact that the end of the year's work may find many of us fatigued should be no argument for our absence from Kirksville; again, the fact that many of us living in extreme parts of the country will necessarily go to considerable expense to be with Dr. Still on his eightieth birthday, should keep no one away who can possibly accumulate the where-with-all.

Because the osteopathic profession of today has been enabled, in its pure merits, to rise to success upon comparatively "Flowery beds of Ease" can we forget the years of earnestness, self-sacrifice and deprivation which dear old Doctor Still was happy to live that the world might enjoy the great blessing of our healing science. I feel that we are forgetting those early trials unless we make these sacrifices to be present at Kirksville, and there extend our mite of love, honor and respect to the Old Doctor.

Of the welcome, I am authorized to say, there will be no limit; everything possible will be done to make this meeting a success. Without consideration of what school you graduated from, or where you practice, there will be but one thought, *that you are an osteopath;* and are most welcome to all the benefits of such an occasion. This is going to be a harmonious, profitable meeting because we are all united in the one purpose of honoring the Old Doctor, and the fact that it is to be a love feast will, at the same time, enthuse us in the osteopathic program, and enable us to put it through in a snappy, effective manner. Another thing, it will be osteopathic, with a big *O*. Make your plans now. Be at Kirksville; you will never regret it. Fraternally,

La Grande, Oregon. F. E. Moore, President A. O. A.

P. G. C. Notes

The latest bidder for the Post-Graduate College is Indianapolis, with a preliminary notice of a good proposition that they have to present. If we show one-half the interest in equipping the college that others do in locating it, it will be a huge success.

Have we faith in ourselves? Others have faith in us, as is evidenced by correspondence with Dr. Willard of Norfolk, Va., who has a well-to-do patient who desired to draw his will in favor of the college, and wanted the detailed information necessory to enable him to do so. There may be others who would like to do the same thing and so assure the more remote future of the college. We need to keep busy and assure it immediate future.

C. M. T. Hulett, D. O.

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H. L. CHILES, Editor.

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"The Hand as a Therapeutic Agent"

The leading article in a recent issue of the New York Medical Journal is from the pen of J. Madison Taylor, A. B., M. D., of Philadelphia. It bears the above caption, which is supplemented by the sub-title: "Calling the Attention of Physicians to Useful Auxiliary Measure Which They May Themselves Employ with Great Advantage by Adaptations of Manual Therapy, Nerve Pressures, Massage, Passive Movements, 'Cheirotaxis', Etc."

This article, regardless of its authorship, should be intensely interesting to osteopaths. And it is pecularily significant to those who know how persistently Dr. Taylor has fought against the recognition of osteopathy. It is true that his opposition has been ostensibly based on educational grounds, but he has taken pains again and again to wilfully misrepresent osteopaths and osteopathic colleges.

I would say that in all the quotations given the emphasis is mine except where otherwise indicated. Some passages seemed so especially worth emphasizing that I take this method of calling attention to them.

Dr. Taylor begins his paper as follows:

The hand is an ever present agent of skill for the physician. It is capable of infinite adaptation. * * * While the subject is still in its infancy, the stage of conjecture, of early experiment, is past. IF HALF AS MUCH SCIENTIFIC RESEARCH HAD BEEN EXPENDED ON THE PRINCIPLES GOVERNING MANUAL TREATMENT AS UPON PHARMACOLOGY, THE HAND WOULD BE ESTEEMED TODAY ON A PAR WITH DRUGS IN ACCEPTABILITY AND POWER.

No single therapeutic agent can be compared in efficiency with this familiar but perfect tool. * * * It is pre-eminently the instrument of the artist in all departments. * * * As was inevitable, such an easily imitated measure fell early into the possession of independent handicraftsmen. * * *

Few educated physicians themselves employ the hand in everyday treatments. Those who do are viewed askance. At least they are denominated "cranks." * * * So great is the potency of this measure that in recent years A VIGOROUS CULT IS WORKING, IN MOST COMMUNITIES, CURES, OR SATISFACTORY AMELIORATIONS OF CONDITIONS, WHICH THE "REGULAR PROFESSION" HAVE BEEN UNABLE TO RELIEVE. Yet all this potentiality is entirely within the reach of these learned gentlemen if they will open their eyes and put forth their own hands. OF COURSE, THEY WILL COME TO MAKE USE OF IT IN DUE TIME.

It is noteworthy that Dr. Taylor carefully avoids the use of the word osteopathy, though it is obvious that he refers to none other than osteopaths in the use of the terms "cult" and "irregular practitioners." It is not apparent why he eschews the mention of our school by name, unless it be to avoid arousing the antagonism of his brethren, when he seeks to lead them *by the hand.*

Dr. Taylor convicts himself of at least insincerity in his attacks on osteopathy by his admissions in the opening remarks. If the hand is more efficient than any other therapeutic agent; if half the study bestowed on drugs would place it on a par with drugs; if the "cult" is working cures in most places in cases the learned gentlemen of Dr. Taylor's school had failed to relieve, then by what educational standards would he condemn us?

The good doctor takes occasion to fling a little bouquet at himself in the following modest language:

It is both amusing and pathetic to observe how ludicrously reluctant many physicians, on whom or their families I have worked "unbelieveable miracles," were to accept the facts. The common demurrer is to the effect that the whole thing is "mere suggestion." But why did not earlier suggestions compass similar results? What about the salutary effects wrought thus upon infants? Why does the alleged suggestion work against the avowed skepticism of these physicians themselves?

Among numerous statements as to the peculiar and superior efficacy of manual treatment, perhaps the following is the strongest. It is well worth quoting, since it illustrates the value of case records, concerning which many osteopaths are sadly remiss.

Facts, based upon the clearest physiological principles, are however, abundantly in evidence. A respectable array of clinical findings are on record to substantiate all reasonable statements. Many of these are not yet marshalled in such shape as to corroborate the postulate that by touch of hand, alternating or continued, or by distributed pressures, certain curative results are wrought, though obtainable in no other way. Yet, rightly interpreted, they contribute unerringly to prove our assertions. Many of the effects produced by heat, cold, faradism, galvanism, poultices, counter irritants, section, constriction hyperemia, deep injections of salt solutions, alcohol, drugs and the like, ARE EQUALLED OR SURPASSED BY THE CUNNINGLY APPLIED HAND and through exactly the same fundamental physiological principles.

Dr. Taylor deplores the drug nihilism that is so prevalent among physicians today, because of its bad effect upon the laity. Some extracts on this line follow:

The reaction among clinicians against the use of multitudinous drugs is reflected with exaggeration upon the laity. * * * There is a deplorable lack of consistency in medical teaching, especially in therapeutics. * * * Our litera-

ture would, unfortunately, lead a casual or over-critical reader to infer that in methods of treatment we are swayed by whims, fashions, waves of opinion, stupid imitation, or even by emotion. Hence the public, aware of our candid self-questionings, interprets all this to signify doubts as to our capabilities. * * * Scientific medicine has repeatedly been compelled to recognize hints from irregulars which, if useful enough for adoption, may, when candidly scrutinized, be accepted without prejudice, OFTEN WITH GREAT ADVANTAGE TO OUR PATIENTS.

Our author greatly regrets the ignorance of physicians on the subject of manual treatments. He says that while the physician "unclearly knows" that certain effects may be induced, "he would be puzzled to distinguish good work from bad, even if accurately displayed." He urges with all the eloquence he can command that physicians acquaint themselves with the facts, and incidentally deals what he doubtless considers a solar plexus blow to osteopaths, in these words:

So important is intelligent, judiciously applied massage, passive movements, stretching, torsions, etc., that the laity recognize its utility more clearly than the profession. Furthermore, irregular practitioners have sprung up, forming a bold, aggressive body, adopting the best methods taught in Europe, shrewdly recognizing and utilizing the CRUDER POINTS of vasomotor action and reaction whereby vasotonus is influenced, and the public is quick to see and endorse the excellent results obtained. * * * If these or other agencies are powerfully influential for good, they are equally powerful for harm if injudiciously applied; precisely as in the misuse of drugs. * * * It is well to emphasize the fact that all measures which influence so powerfully the functions of the human body SHOULD BE KEPT WITHIN THE JURISDICTION OF THE EDUCATED PHYSICIAN.

After speaking of the benefits of the passive movements of routine massage, the effect of which Weir Mitchell has spoken of as "the equivalent of a five mile walk without strain upon the heart," Dr. Taylor, in a burst of enthusiasm that is almost truly osteopathic, continues:

But all these things are as child's play to the powerful effects capable of being wrought on the vasomotor and the visceromotor mechanisms if the centers of the cord, the subsidiary centers, the exposed points in nerves and ganglia are intelligently operated upon by an educated physician. Here a knowledge of these governing mechanisms is required, along with familiarity with the natural history and phenomena of disease, such as is assumed to be in the possession of the expert clinician. * * * If space permitted it would be useful to set forth the significance of those variants in tissue resistance, local infiltrations, tensions, minor alterations in shape and density, in sensitiveness, tenderness, etc., especially in the erector spinae muscles, which offer useful corroborative keys to the visceral conditions. We can thereby valuably supplement both our customary diagnostic as well as therapeutic measures.

Further, he reiterates that physicians, by habitually handling tissues, can supplement other diagnostic measures to a most surprising degree, while in treatment the "educated hand can become an exceedingly important instrument in therapeutics." He even asserts that "the accomplishment of complete cures in certain conditions can *only thus* be made certain." Again citing the fact that "skillful craftsmen" effect cures after other therapeutic measures have failed, to the chagrin and discomfiture of the "educated physician" and the credit of the "craftsman," he declares that "the remedy is for all physicians to themselves acquire much knowledge, and at least some skill, in manual therapy."

With the hope of inducing "educated physicians" to accept his views, he goes quite into detail in discussing massage, alluding to the fact that for sixteen years he lectured on the principles of massage at the Orthopedic Hospital in Philadelphia, as proof of his ability to speak authoritatively on the subject. He compares the slipshod method of the average physician in prescribing massage to one who would prescribe powerful drugs without specifying dosage, etc. He strongly advocates that physicians learn how to apply specific treatment, such as localized pressures, passive movements of limbs, stretchings and overstretchings, rotations, torsions, etc. He indicates the value of this treatment in these terms:

As a part of special forms of treatment, which an educated physician is best fitted to apply, e. g., for occupation neuroses, "writer's cramp," or the painful states in joints variously caused and diversely labeled, or to overcome by-effects of traumata, the milder forms of neuritis, sciatica, deep-seated back aches, etc., these pressures, or passive, adjusting, elasticizing movements are of the utmost value.

Realizing that specific instruction is essential, this "educated physician" gives a number of hints as to how passive movements should be performed. His attempt to cover the ground briefly reminds one of the "Complete Osteopathy by Mail" of the correspondence diploma mills that flourished a few years ago, though there is no doubt that "educated physicians" who thoroughly know their physiology may greatly profit from it if they will.

While he makes no allusion to vertebral, costal or other osseous lesions, one paragraph is so distinctly osteopathic in principle that I cannot refrain from quoting it:

Working some years in the physiological laboratory trained me to LOOK TO THE BASIC SOURCES OF BOTH NORMAL AND MORBID HUMAN ACTIVITIES in interpreting the natural history and phenomena of disease. By this means I acquired the habit of ASSOCIATING EFFECTS WITH FUNDAMENTAL CAUSES, and of looking as deeply as possible for primary principles of therapeutics. It was early found that a variety of painful states were amenable to treatment by simple, yet purposeful, manipulations. Vasoconstriction and vasodilation can be readily thereby influenced, waste products hurried into the eliminating channels, not so much by direct squeezing (massage) as by reflex stimulation through the central vasomotor substations in the cord. [The capitals in this paragraph are Dr. Taylor's].

Dr. Taylor is fully in accord with osteopathic thought and belief when he says: "The sphere of applicability of manual treatment grows larger all the time." He qualifies this by adding: "nevertheless, I hope I am equally cognizant of the limitations." Among conservative osteopaths there is no dispute as to the limitations of manual treatment, but recognition of that does not by any means force us to admit the need of drugs, for other and more rational measures may supplement manual therapy when indicated. Dr. Taylor, as might be expected, holds that drugs are indispensable, though he does not say why he thus regards them while claiming that manual treatment is so much more efficacious.

There is a great deal of meaning in this sentence: *"For a long time my colleagues and personal friends adjured me to hold my peace about my convictions."* Comment on this remarkable statement is unnecessary.

The closing sentence of the paper reads as follows:

By a five or ten minutes' use of my hands I am often able to so supplement other remedial agents as to relieve, often permanently and in vastly shorter space of time than formerly, a large variety of ailments, sufferings and diseased states, so that I feel impelled to urge attention to these valuable measures upon all practicing physicians.

Dr. Taylor's conclusions as to the necessity for drugs are certainly illogical as stated, though natural enough for an "educated physician," to use the term he so lovingly dwells upon. To read his paper carefully and see how fully in his estimation manual treatment meets the indications in a wide variety of diseases, effecting cures ofttimes after all other measures fail, the only way we can explain his clinging to the drug delusion is that "Ephraim is joined to his idols" so firmly that even the truths he has learned, even the basic physiological principles he follows in his manual therapy, even his knowledge of the inefficiency, inaccuracy, and insufficiency of drug treatment—all these fail to win him away from his blind idolatry.

What does one glean from a calm perusal of this excellent paper of Dr. Taylor's? What is there in it for the osteopath who reads between the lines?

First, taken in connection with the recent writings of Dr. Joel E. Goldthwaite of Boston, Dr. Simon Baruch of New York, and others, we read that the end of the drug dynasty is approaching, and the era of manual and other rational treatment is at hand.

Second, the adroit manner in which Dr. Taylor studiously and cunningly avoids direct mention of osteopathy while he seeks audience with his fellow practitioners to urge them to acquaint themselves with the wonderful possibilities of manual treatment, is suggestive of the plan of action likely to be used hereafter to prevent osteopathic legislation, *as well as to annul that already secured.* "These upstarts," our friends the "educated physicians" will say to the legislators, "come before you with a so-called system of crude treatment which is only a part of the great system of medical practice. We teach and administer refined manual treatment which is much better than these irregulars can give, and we prescribe massage when needed. But all this only forms a small part of the science and art of medicine, etc."

Third, the situation calls for closer, more effective organization on the part of osteopaths. We have seen the almost complete assimilation of homeopathy by the dominant school of medicine. Now, learning that sneers, ridicule, vituperation and all kinds of misrepresentation have failed to down osteopathy, realizing at last that we have hold on the most important principle known to medical science, they are making ready to down us in another way—to swallow us bodily, assimilate the vital principles of our system, and then by a swift, reverse peristalsis vomit us forth.

Osteopaths, are we ready to be swallowed?

EDWIN M. DOWNING, D. O.

York, Pa.

Every member of the profession who takes any interest in it must feel a sense of pride at the contributions now being made to its literature. There have been published in the JOURNAL the past year articles from the profession that any of the older schools might be proud of, in fact there are infinitely more useful than the theories the learning and researches of their well endowed and well equipped institutions are bringing forth. If the investigations of these schools could only be turned away from bacteriology as offering the one cause of disease—away from the idea that disease or even its primary cause is some entity and something to be fought—rather than that it is a *body condition* that has to be dealt with and turn their study to the body itself, its structure, its workings in health, what hinders these natural processes, what it needs to keep these going, what it is that interferes with them, how much nearer to health the world would be!

But let our good work go on as the result obtain has proved the opening wedge, for the public is coming to our view of disease and our method of removing it, and they will lead their leaders and teachers, the physicians.

Our own research work goes constantly on. The trustees have authorized and the president has appointed a Committee on Research who will look after and encourage those who have the ability and willingness to do this exacting and painstaking work. This committee is announced in this issue of the JOURNAL. Some means must be devised to, in some measure, compensate these who give up their time that means money to them, simply to add something to our knowledge which will be useful to humanity and profitable to us. It is right that funds be raised to compensate them in part for the time consumed and results secured. This will be done. The profession is waked up to the importance of this work, and the results thus far secured and published have proven of intense interest and value.

But apart from research recent writings show that we have among us many thinkers and philosophers. The article by Dr. Brown in this issue making a point of the prevalence of mal-nutrition and its bearing on other diseases is in striking accord with the statement made by Dr. Dufur as the result of his experiences and study of the nervous system, that malnutrition is the real result that follows spinal lesions and disturbances of the nervous system. At this time, perhaps, Dr. Brown will not find the profession agreeing with him that the germ found in tuberculosis is a harmless or helpful agency of nature, but as Dr. Meacham points out the medical profession is turning from the germ theory as it was once believed in, and pathology is again being rewritten.

One of the most practical points we have seen emphasized, that made in the excellent article by Dr. Haight in the last issue of the JOURNAL and discussed by Dr. Dufur in his article above referred to that the response is normal to the condition of the mechanism involved and the character of the stimulus. To take this into the field of clinics— the manifestations, the symptoms are normal to the conditions within responsible for them. How many lives have been lost in this trying to overcome a symptom, as rapid heart, or rise of temperature when it was a perfectly natural and proper manifestation of nature working out its processes. Better be very conservative when dealing with Nature if her ways are not well understood.

Eleven years ago students and graduates met in Kirksville to organize a national movement for the advancement of osteopathic science and practice; four years later it again met in Kirksville, reorganized, dropped a part of its name and took on a working constitution since which time it has been a really national and representative body with a general support of the profession.

In August next the association meets again in Kirksville. This time it comes as a mighty, triumphal procession with just pride in its record of accomplishment and in its growth, to the birthplace of the practice and the feet of its founder. It comes, though, for no dress parade or to boast, but to emphasize in the place of its founding and presence of its founder the purposes for which it was founded and the principles for which it has stood. It comes to hold a meeting brim full of osteopathy. In no other way can it so honor him as in showing what has been accomplished in holding to the principles he gave them.

There are hundreds of the profession who want to see Kirksville and want to show their loyalty to the man who is responsible for its being on the map. Kirksville is well located geographically, for more of the profession live within two hundred miles of it than of almost any other city that might be selected, and, as a meeting has not been held in that section for four years, an immense gathering is anticipated and is being provided for. The papers through the states nearby are taking great interest in the coming meeting, a paper of Trenton, Mo., predicting an attendance of three thousand.

The *Osteopathic Physician* prints in its current issue a letter from Dr. Charles C. Teall in which the writer makes the point that it is not always what we ask for in legislative matters that signifies what we shall get, as many of us seem to think, but it is what the legislatures as worked upon by a number of influences he enumerates, feel inclined to give us. This may be entirely true but the point that has been presented in these columns is the desirability of the independent board for in many of the states there is a considerable body of our practice who prefer the composite board. They would rather have one osteopath on the board with four or six medical men than to have three or five osteopaths administering the affairs of the profession, for the one reason that it makes them feel like real physicians to be associated with them on a state board. It was to give us an insight into the feeling these same physicians have towards us that the editorial from the Oregon medical journal was reproduced in these columns last issue. Any informed member of the profession knows that because we ask for a certain measure is no assurance that we shall get it, and upon the status of the practice in the state and local conditions depends the decision as to whether it is best to accept a compromise of a joint board or hold out until we have gotten strength enough to secure what we want.

THE JOURNAL presents in this issue the proposed program for the meeting. The committee will fill this in and provide the most instructive features a body of osteopaths ever witnessed.

The Council of Delegates, now a constitutional body, will hear most of the discussions, which will be a great saving to the association of time that can be more profitably spent with the program. In this way, business can be attended to with the least degree of friction and time consuming discussion, so that those who contemplate attending the meeting to whom the discussions of business matters are not interesting, can rest assured they will not be thus bored. No osteopath who wishes to improve himself can afford to be away from Kirksville the week of August 3.

We give editorial space to a review by Dr. Downing of an article on the "Hand as a Therapeutic Agent" from Dr. Taylor, a well known fighter of osteopathy in Philadelphia.

We take it that Dr. Taylor knows little more than the average physician does of what osteopathy really is or of our modus operandi and his praise for the good accomplished by manipulation does not add anything, with one who knows the subject, to the effectiveness of osteopathy, more than it would discourage us had Dr. Taylor said that therapeutic effect could not be secured by manipulation. In other words, Dr. Taylor is not a competent witness on osteopathy and it is not as expert testimony that his article is printed here but for the purpose, brought out in the closing paragraphs of Dr. Downing's review, of showing that the advanced men among the medical profession are coming to a system of manual therapeutics and that the main purpose in coming to that position is to meet the demand of the public for this treatment and then through legislation attempt to repeal measures that give the practice of osteopathy recognition.

The troubles of osteopathy are not over and well they are not. When we are fighting we are alert, we are advancing, we are not stagnating. That is the state to be feared and dreaded, stagnation. Osteopathy has come up through conflict on every hand, and it is prepared to maintain the rights it has secured by the same means, if need be.

The point is, we *must* keep up and strengthen our organizations. We *must* build up and support our educational institutions so that we shall be able within our own profession to prepare our practitioners for the educational requirements put upon us in the several states. As a matter of fact, our course of study need not be as long-drawn-out as is the medical course which is so largely to discourage those who would take up the study; but if the legislatures and public sentiment demand that we have as extended a course, we must prepare and be prepared to give it. We can not afford to "lay down" here and admit that we can not educate our profession to the required point or that we do not believe in education to the extent that the general public does. The salvation of the practice in the stress in which it is placed is in unity. If its practitioners will support its institutions and contribute to the advancement of the cause, no power can stay its progress. But we can depend on it that many powers or power in many forms will attempt to stay it.

The Committee on Revision of the Constitution appointed at the last meeting is now at its work. It welcomes the suggestions of any member who has definite ideas of the changes that should be made in the Constitution under which we are now operating. When the present constitution was adopted the association had a mere handful of members, less than a hundred, and before it is revised, we shall have many more than two thousand. This committee is composed of Drs. C. M. T. Hulett, Cleveland; Jos. H. Sullivan, Chicago; Kendall L. Achorn, Boston; Julia M. Sarratt, Waco, Texas; E. W. Sackett, Springfield, Ohio. They will be glad to report a constitution embodying the views of as many as they can secure. Write to one of them and tell them of the objections you have to the present order of things and how it should be changed.

The following very capable school people have consented to act as the committee to aid research work: Dr. George M. Laughlin, Chairman, Kirksville; Louisa Burns, Los Angeles; D. S. B. Pennock, Philadelphia; H. H. Fryette, Chicago; T. J. Ruddy, Los Angeles; B. S. Adsitt, Franklin; and C. W. Johnson, Des Moines. These will co-operate with the council of the Post Graduate College and will be a great help in systematizing and pushing this important feature of our work. This committee wants to get into touch with all who are doing research and experimental work, and any member who knows of one doing this work should notify the chairman of this committee.

The osteopathic directory of the profession, commonly known as the "Year book," was mailed several weeks ago and should have been received by all members of the association in good standing. If any member has not received a copy he should notify the publisher, Dr. Franklin Fiske, Kirksville, Mo.

The letter printed below from the president of the Louisiana Association sets forth a need that should be responded to. The profession can ill-afford to have the history of Alabama repeat itself. The time to act is before it occurs rather than afterwards. With possibly one exception all the regular graduates in the state are in the A. O. A. Here is the letter from the president of the Association:

Editor A. O. A. Journal:

We are expecting a hard legislative fight against us in May. The American Medical Association is behind the movement and as there are only eleven osteopaths here in Louisiana, we will need help financially, and morally, too. Will you please ask for donations from members of the A. O. A. Practically all of us here are members of the A. O. A. Please ask all donations to be made to C. G. Hewes, treasurer, 406 Godchaux Block, New Orleans. Trusting you will help us all you can and assuring you that we will appreciate any donation, however small. The M. D.'s have 12 men on their legislative committee and the American Medical Association behind them. We are yours fraternally,

MURRAY GRAVES, D. O.,
President.

March 19, 1908.

"A PLEA FOR HONESTY."

From Another View Point.

Editor A. O. A. Journal:

In your February issue appeared an article entitled "A Plea for Honesty," written by Frederic W. Sherburne of Boston, a good personal friend of mine and a man whose opinion I value highly.

This paper was read before the Massachusetts Academy of Osteopathic Physicians, and while an able production, and from his point of view he has certainly handled his subject well, it occured to me that there is another side to this question of being honest with our patients and with ourselves. I was in hope that some one more able than I would take issue with the doctor, and discuss this question thoroughly through the columns of the Journal, for there is certainly much that can be said of vital importance to the profession along lines mentioned in his address. It seems to me that the doctor is inconsistent in much that he says, for in the beginning he launches forth by saying: "They (meaning the old school physicians) are not honest with the public; they are not honest with their patients; they are not honest with themselves. The history of medicine is the history of one theory, or fad, following another in rapid succession, and the truths that have been evolved, as far as therapeutics are concerned, have been surprisingly few, though much real progress has been made in the etiology, pathology and the prevention of disease." And further on he says: "Now we must be consistent; if we are to become general practitioners, family physicians, country doctors, forty miles from any other doctor, we must be prepared to treat everything from ring-worm to rattlesnake bite; we need a different preparation than that which most of us have today who are conducting an office practice as a specialist; we who are so situated can send our patients when we fail to Dr. Dosem and Dr. Cutem." Where would be the consistency, where the honesty with our patients should we follow out the plan as above indicated? Could we, who have made such a record for our profession, send our patients to the dishonest men above described and be honest to the patient, to ourselves, or our profession? Could we send them to the profession of changing theories and fads whose truths discovered in ages are so surprisingly few, could we, and be honest? I wonder if the good doctor is not aware that all over this great western country where are now scattered hundreds of osteopaths who are doing a general practice of all descriptions, and who are winning enviable reputations for themselves and their profession as well. As to sending cases to Dr. Dosem, there is absolutely no ground for any such argument. Shall we send our patients to those fellows who acknowledge that they give placebos, or "whose history is of one theory or fad following another in rapid succession?" I answer, No! Even to be confined to manipulation alone without even a poultice, plaster, or hot water bag would be more honest than to send them where we know they would receive much less than we were able to give; it would surely be anything else but honest to our system to turn our patients to a school of such acknowledged weaknesses.

Your humble servant has now been in practice almost fifteen years, and never yet have I found the place where Dr. Dosem could even equal Dr. Manipulatem, let alone do more, and only a very, very few cases where actual necessity required Dr. Cutem.

I am well aware that I have made my mistakes and have had my failures, but I see no honesty, either in purpose or action, in sending our patients to men who make worse mistakes than we do. The tight place that you speak of, the necessity of sending for Dr. Dosem, I have never found; osteopathy has reached the stage in her career where she is able to bear her own responsibility and should shirk nothing for other shoulders to bear. We should face the situation like men, with a full realization of the fact that even if a patient dies under

our care, we have given him even greater opportunities to live than the other fellow could have given. Many, many times have I been called when Doctor Dosem failed, but very few times has he been called when I have failed.

As to the question of the family physician, or our man or our woman being able to treat anything from a ring-worm to a rattlesnake bite; the experience of our genuine osteopaths along these lines, where it has been tested, has been very satisfactory, even beyond our own fondest expectations. If that be true now, what should we expect in a few years hence when the graduates of our schools with their present splendid facilities for qualifying osteopaths, shall have had experience in the field of practice. I do not believe that my good friend, Dr. Sherburne, or any other osteopath on earth, has had enough experience in osteopathic practice to dare say how far we can go, not even running the scale from "scabies to tapeworm," or from ring-worm to rattlesnake bite, do I believe there is one competent osteopath to decide what osteopathy can do, or what its limitations are.

To my certain knowledge there is one osteopath on earth who has handled tapeworms with pure and simple osteopathic manipulation in a way that would make Dr. Dosem turn green with envy. Yes, today, two of my osteopathic friends have reported good success with tapeworms. My position is that no one on earth has yet reached that degree of osteopathic knowledge or proficiency whereby they have become competent to set the limitations of the osteopathic practice. Such papers as the one read by Dr. Sherburne does much more, in my judgment, to weaken our cause and endanger our future than any law that has yet been passed in any state, for the reason that it has a tendency to make our weak-kneed brothers feel that the old schools have a knowledge superior to ours, when the facts are that our existence was only made possible through their failures. I am well aware "that the osteopathic branch of medicine is in the making." Also that it has received some pretty hard knocks from irresponsibles who knew not what they were doing, and I am also aware that we have received some of our very hardest knocks from men and women who went to the other extreme and began to hold up their hands and cry, "Limitation, limitation." Dr. Sherburne says: "The New York, and all similar laws, must be considered only as an opening wedge for a broader law; such laws, if not amended, will kill osteopathy in the quickest possible way, for it simply restricts the osteopath to the methods of the masseur." Here, again, I take issue with my good friend. The greatest danger, as I see it, with the New York law lies in the fact that it has created restrictions so great for entrance into the state, that they will lack the numbers of osteopaths to carry on the education necessary for the best good of the profession and the public. As to its limitation to mere manipulation being dangerous, I fail to see the danger. When manipulation has been the one agency more than all others that has given osteopathy its power, its standing and its therapeutic value, as acknowledged by the world today. As to restricting the osteopath to the methods of the masseur, that lies purely with the individual osteopath, for the two, osteopathy and massage, are no more in common or alike when analyzed and each understood as they are, than the methods of Dr. Dosem and Dr. Cutem are alike.

There is a much greater and a more grave danger confronting us in legislation than the mere restriction to manipulation, and that is the tendency among many of our people in various states to accept membership on the existing medical boards where they neither restrict us nor give to our profession any courtesies, rights or privileges that we so much need, other than those they are forced to give. As an example, note the sentiment toward osteopathy, and Dr. Moore, as expressed in an article taken from an Oregon medical journal and published in our last A. O. A. Journal. I'll tell you our danger lies not in restriction, or confinement to too narrow limitations, but rather it lies in the tendency of many of our

people to try to curry favors with the old schools and pattern after their methods. As to adjuncts, I feel that Dr. Sherburne and many others do take the writings of some of our osteopaths too literally. Diatetics, hygiene, the enema, and many other simple things constantly used everywhere as means of relief, belong to no school and are common to all people all the time, everywhere. They are not allopathic, homeopathic, electic nor osteopathic. As to the anesthetic, anticeptic, antidote or the opening of a boil, neither one is internal medication, unless it be the antidote, and every individual, whether physician or layman, has a right to give antidotes whenever and wherever required. No law that grants the osteopath the right to handle sick people can prevent their use. The remedy, however, along these lines lies in the right kind of laws. In Missouri we have every right and privilege except internal medication or major surgery. Ours is a law that can be had in every state in the Union by persistent effort on the part of the osteopaths, if they will only stand together and demand their rights like men instead of vacillating and accepting membership on boards that have amsolutely nothing in common with us, not even respect enough to treat us with common courtesy. Here in this city we sign death and birth certificates and are perfectly free with no questions asked, on all lines pertaining to our practice. Again my friend says: "If we are to become the physician of the future, we cannot do so by tying ourselves down by red tape to any dogma so that we can use but half our powers. We need all of our own knowledge, all of the knowledge of the past and all the knowledge of the future. It is absurd to claim that only our own theories are correct; that the other schools have no truths; that we can learn nothing from them." I, like him, believe we need more knowledge, but feel that the expanse that stretches out before the osteopathic profession, based upon the principles and theories offered to the world by Dr. Andrew Taylor Still, offers the greatest opportunities, the broadest and most diversified field for more and better knowledge ever opened up before any people anywhere on earth. Osteopathy is not a dogma. No better proof of that fact can be given than the exalted position it occupies today with the people as a whole, notwithstanding the mistakes of its incompetents, the bad effects of its extremists, ultra either way, and we have both as to broadening, and as to the Simon pure brand, and not even the confirmed prejudice and bitter warfare of the old schools have stayed our onward progress. Neither are those of us who practice nothing but absolute, simple, pure manipulative osteopathy tied down by any red tape that in anyway hampers our growth, or retards the progress of osteopathy, but rather we stand closer to that life principle within the human body each year as we go deeper into our work and little by little learn and know more of its wonderful power of recuperation under the work of our fingers, as each case responds to our efforts and as we get more and better acquainted with the physiological law regulating the human organism, the more hungry we become for greater powers of vision and a more accurate, delicate sense of touch to understand the God-giving structure with which we are dealing.

I agree with Dr. Sherburne that osteopathic etiology, applied to organic and functional diseases is the greatest discovery in medicine. And I go him one better, and want to add that it does have a constant and material bearing in specific diseases. Further, he says: "Mark you, I say etiology, (meaning the causes of disease), for I believe that osteopathic treatment is by far the best known for many of the specific diseases, but for others it is entirely unsatisfactory." Here is where I feel we should be honest with ourselves, the people whom we treat and with our profession, and our honesty lies in our acknowledging the fact that we do not as yet know ourselves how far we can go in specific diseases; if, as he acknowledges, it be good for some of them we have gone far enough in actual practical experience to know ourselves our limitations. Has the history of our practice dated over years enough to let us know whether

they are all curable by osteopathic treatment, or not, or is there no more hope of achieving better results by delving deeper into our own field of treatment than turning to the very unsatisfactory methods or therapeutics of the old schools? When the thousands of men, governments and millions of money of which he speaks of being used for scientific investigation along medical lines, are turned into the channel of scientific osteopathic research work, as it will be in time, ah! then will the theory and practice of medicine be revolutionized; then will there be an awakening. I do not believe that all of the wisdom is locked up in the osteopathic profession more than does Dr. Sherburne, but I do believe that the osteopathic treatment is based upon a truth so deep and far-reaching that the avenues which it offers for growth, discovery and research are so much broader and guarantee so much more for the energy expended than it behooves us to labor in our own vineyard. No man can master all the knowledge of all the schools, but each individual can master his own line of work, if he but applies himself as he should. Each and every one should strive for the highest possible perfection in his work, but a smattering of all weakens, never strengthens. When I hear people talking of broader osteopathy or the narrow limits of simple manipulation, it always reminds me of the boy who found the confines of the farm on which he was born too small, and seeking broader and greater fields of usefulness, leaves home and goes to the city, and finally through thrift and energy and the traits of character formed in the quiet life of his good mother's and father's humble home is enabled to amass great wealth and power and influence, surrounding himself and family with every convenience and luxury of our modern civilization; after a time the father and mother come to visit the son; they, who have given him life blood, cared for him, nurtured him, they who moulded the foundation for his success; plain, humble, still unused to the ways of the world, yet so proud of their boy, and he, while glad to see them and so anxious to make them feel comfortable and at home with him, yet manifests in little ways the feeling that he was almost ashamed of his origin, that they were not quite good enough to be his parents; they did not know enough to dress well enough to be quite up to the standard that his father and mother should have been. Ah! think of it! He owed it all to them; they were the source from whence he came, and yet they did not, it seemed to him, cover the whole ground; he longed for something more, something different. Osteopathy had its humble origin, we owe all to the purity of the source from which we sprung—we should not be ashamed of our parentage. And however much we may feel that it does not cover ground enough, or that these colossal brains of ours need more territory in which to expand their energy, the fact remains that the science is bigger and greater than any man, or set of men, or aggregation of brains within it. Already have we planted tablets along the highway that will ever lead to greater achievements, and even though we may differ in opinions and have seemingly unsurmountable obstacles placed in our way, both from within and without our ranks, destiny points the way and in the end we will carry on our great work in such manner that it will glorify the name of Him who made our existence possible, and redound to the lasting good of the countless millions yet unknown.

St. Louis, Mo. A. G. HILDRETH, D. O.

SOME ADDITIONAL NOTES ON "LABOR."

After reading Dr. L. S. Brown's comment on Dr. M. F. Hulett's paper regarding labor, I am prompted to add a note or two more.

I have found that in cases in which there was delayed dilation of the os., inhibition of the clitoris did little or no good. In normal cases, inhibition of the clitoris did some appreciable good. In short, the cases that really needed assistance, the treatment did not help so far as I could determine, while in cases in

which nature did not need much, if any assistance, there were some changes, but these were not marked. This is not theory but observations on hundreds of cases.

Another point that Dr. Brown mentions is in speaking of the effect or rather the explanation of the treatment. "Of course you know you are holding the pudic nerve that goes to the cervix to keep it closed normally." Anatomically this seems to be a mistake for no anatomist states that the pudic nerve supplies the cervix. I think that the explanation of the effect lies in the fact that the pudic nerve comes from the same segment of the cord that the motor nerves that supply the cervix do, consequently the treatment of the one will more or less affect the other. I can readily see why stimulation of the one would affect the other, but I never could understand why inhibition of one branch would have an inhibitory effect on another from the same segment.

Physiologically, stimulation of the clitoris, that is short of a painful stimulation, has a dilatory effect on the os. During coitus the os uteri dilates. During an attack of spasmodic dysmenorrhea titillation of the clitoris will often give relief. It will in every case in which the reflex is undisturbed. If the reflex is disturbed or broken or if the tissues of the cervix are disease, the treatment will not relieve. This is explained through the segmental innervation, that is, the innervation of both the cervix and clitoris being from the same segment, rather than direct innervation such as the pudic supplying the cervix. Excessive venery will cause a permanent dilation of the os. In practice I have had many proofs of this. A patulous os in a nulliparous patient is at least suggestive of excessive venery.

Another point in Dr. Brown's letter with which I do not exactly agree is: "And so also, instead of irritating the mons veneris to stop hemorrhage, go to the clitoris and irritate that to make the pudic nerve close up the uterus mouth."

Hemorrhage is best stopped by causing contraction of the entire organ, not a closing up of the os uteri. The muscle fibers of the uterus must contract in order to ligate the blood vessels in the walls of the uterus. This is best accomplished by grasping the uterus and squeezing it strongly and intermittently. Mechanical stimulation of this sort will stop the hemorrhage before ergot can possibly have any effect.

Another new statement: "So also to prevent premature escape of the liquor amnii look up the pudic nerve all along its course when you are preparing for delivery."

I have always had the idea that premature rupture of the sac was due to a thin, fragile condition of the walls of the sac and as soon as the pains came on it couldn't stand the pressure, and that there was no treatment to remedy this.

Indianapolis, Ind. M. E. CLARK, D. O.

Editor Journal of the A. O. A.:

With reference to a paper by Dr. O. J. Snyder in the March number of the Journal, I would like to offer my mite to the discussion, for I think too, that if some definite stand on the matter of the use of antitoxin and vaccine could be taken by the profession, it would be great benefit to all of us, not that we wish to use antitoxin and neglect osteopathic methods, but let us be decided in the matter, as to how much we can use it.

It is said by some that it is not osteopathic in principle; but should we thus limit ourselves in the face of a multitude of incontestable reports showing that antitoxin has saved many most serious cases, and prevented, by the immunity dose, we don't know how many more. And how can we say that it is not osteopathic in principle when we advocate the use of antidotes for counteracting the action of poisons in the stomach, then why not use an antidote, made by nature, to counteract the poison in the blood?

We fear the use of antitoxin partly because of the serious and sometimes fatal results following its use, but when these bad effects are compared with the decrease in the death rate because of its use, then that fear is greatly lessened.

It is claimed that faulty technique in procuring the antitoxin is responsible for these accidents; then, if that is so, we may reasonably hope the men who do this work, will learn by these sad experiences, and will make the preparation reliable. I am told that such is the case, and that these accidents are becoming less common.

Yours fraternally,

Pasadena, Cal. J. STROTHARD WHITE, D. O.

PROGRAM.

Annual Meeting of the American Osteopathic Association, Kirksville, Mo. August 3-8, 1908.

Monday, August 3d.

10:00—10:30—Opening Exercises.
Invocation.
Address of Welcome—A. T. Still.
Response.
10:30—President's Address—Dr. F. E. Moore.
11:30—Paper and Demonstration—Corea—Dr. A. H. Zealy.
12:15—Demonstration and Discussion—Appendicitis—Dr. W. J. Conner.
RECESS.
2:00—Open Parliament—Osteopathy in Acute Practice—By Dr. Horace Ivie.

TUESDAY, AUGUST 4.

9:30—Address—Dr. A. G. Hildreth, Pres. M. V. O. A.
10:15—Paper and Demonstration—Dr. Carl P. McConnell.
Section I.
11:30—1:00—Practice.
Diagnosis and Treatment of Thoracic Conditions—Dr. D. S. Pennock.
The Fifth Cranial Nerve—Dr. W. R. Laughlin.
Section II.
Gynecology and Obstetrics:
Paper and Demonstration—Dr. Ellen B. Ligon.
Paper and Demonstration—Dr. Alice P. Shibley.
RECESS.
2:00—Paper—Plans and Methods for Research Work—Dr. H. F. Goetz.
3:00—Paper—The Relationship of the Osteopathic Physician to Public Health, Dr. C. A. Whiting.
Discussion.

WEDNESDAY, AUGUST 5.

9:30—11:00—Business Meeting.
11:00—Demonstration—Technique to Spinal Lesions—Dr. H. W. Forbes.
12:30—Pulmonary Tuberculosis and Its Control—Dr. Wm. R. Pike.
RECESS.
2:00—Open Parliament—Conducted by Dr. George Laughlin.
3:30—Demonstrations and Clinics at Hospital.
EVENING.
Alumni and Class Reunions, etc.

THURSDAY, AUGUST 6—OSTEOPATHY DAY.

9:30—Paper—Photography in Diagnosis—Dr. C. E. Fleck.
10:15—Demonstration of Technique—Dr. Ernest Sisson.
11:00—Exercises to Commemorate the Birthday of Dr. A. T. Still.
Address by Mayor of Kirksville, Mr. H. Selby.
Paper—Dr. Still as a Benefactor—Dr. S. T. Lyne.
(The afternoon and evening will be devoted to celebration as planned by the Local Committee).

FRIDAY, AUGUST 7.

9:30—Paper and Demonstration—Dr. George Still.
Section I.
11:00—Practice:
Demonstration—Dr. G. S. Hoisington.
Demonstration—Dr. F. F. Jones.
Nose and Throat—Osteopathic Technic—C. C. Reid.
Section II.
Gynecology and Obstetrics:
Demonstration—Dr. M. E. Clark.
Demonstration—Dr. Ella D. Still.
RECESS.
2:00—Election of Officers.
2:30—Paper—Osteopathic Methods in Inflammations and Post-Operative Conditions—Dr. F. P. Young.
4:00—Demonstration and Clinics at Hospital.

SATURDAY, AUGUST 8.

9:00—Special M. V. O. A. Program.

LIBRARIES APPRECIATE THE JOURNAL.

The Journal goes to a number of public libraries in the several states and foreign countries. The University Library, Glasgow, writes: "We gratefully acknowledge the receipt of the Journal of the American Osteopathic Association during the year 1907 which has been placed in the library and entered in the Catalogue of Donations."

The Keeper of the British Museum writes: "I beg to acknowledge with thanks the receipt of the Journal of the American Osteopathic Association which you have been so good as to present to the Trustees of the British Museum."

In submitting her report, the librarian of the Gainesville, Texas Library reports as follows, printed in the papers of that city: "Through the kindness of Dr. Bryan, the Journal of the American Osteopathic Association is received at the library each month. Those who are interested in this comparatively new science are urged to read the very interesting articles contained in this magazine."

Conditions of Examination in Wisconson

The legislative committee by instruction from the Wisconsin State Osteopathic Association submits herewith for publication, a digest of those parts of the Wisconsin Medical Statute which directly interest those who wish to be licensed to practice in this state. When an osteopathic physician is so licensed he has all the rights and privileges, and is subject to the same laws and regulations as practiontioners of other schools of medicine, but he shall not have the right to give or prescribe drugs or to perform surgical operations.

To be admitted to the examination, every person must present to the board evidence of good moral character and other qualifications as provided in the application blank and a diploma from a reputable college of osteopathy. Having done this he will be admitted to the examination, where he will be required to make a general average of 75 per cent. in the usual subjects. Should he fall below 60 per cent. in any one branch, he may be conditioned in that branch; should he fall below 60 in more than one subject, he will have failed and must take the examination over again within six months. The conditioned applicant must make good his condition at the next regular meeting of the board.

Now, as a diploma from a reputable college of osteopathy is practically the only requirement for admission to the examination, the question naturally arises. "What is a reputable college of osteopathy—according to the Wisconsin Medical Statute? A reputable college of osteopathy must first meet the premilinary requirements of the law which are:

(a) Admission qualifications equivalent to entrance in the junior class of an accredited high school.

(b) Since January 1, 1907, these requirements have been advanced to that equivalent to graduation from an accredited high school.

2nd—Courses of Study.

(a) Prior to January 1, 1905, must have given a course of not less than twenty months.

(b) After that, or the following year, 1904,—three years of eight months each is required to January 1, 1910.

(c) After that, or following the year, 1909,—four years of seven months each will be required.

Any person presenting a diploma from an osteopathic college, which when he graduated complied with the above requirements, will be admitted to the examination by the Wisconsin Board of Medical Examiners. No part of this law is retroactive. A diploma issued prior to the year 1905 from a college having had a twenty months' course is reputable, and such person will be admitted to the examination and if he pass, will be given a license to practice, or if he be entitled to reciprocity, will be given a license without an examination.

Any person presenting a diploma from a college giving a twenty months' course after the year 1904, will not be deemed eligible to examination, as such college would not be reputable according to the Wisconsin Statute. Such person must present a diploma from a college giving not less than three years of eight months each.

All persons who have graduated prior to January 1, 1905, and having so-called twenty months' diplomas, and all persons who have graduated since January 1, 1905, or may graduate before January 1, 1910, having completed the three years'

course, will be eligible to the examination at any time, now or in the future, unless the present law is repealed. All persons who graduate after 1909 will be required to present a diploma from a college complying with the four year provision of the law. We trust that we have made this part of the law clear and that hereafter no misrepresentation or misunderstanding will occur. The Wisconsin Board is favorably inclined to reciprocity and is ready to meet any other board in arranging for exchange of state licenses without examination on the basis of reciprocity.

DR. A. U. JORRIS,
DR. L. P. CROWE,
DR. E. J. BREITZMAN,
Committee on Legislation.

Local and State Societies.

NEW ENGLAND.

This convention was well attended and was full of the practical knowledge needed every day by osteopaths. The open parliament afforded an opportunity for exchange of experience which was very profitable.

The after-dinner address by Dr. Ellen Barrett Ligon was rendered in her usual gracious manner and never have words been more inspiring. Dr. Margaret M. Poole presided at the banquet and called upon Dr. Charles Hazzard who responded with a pleasing impromptu.

The following are the newly elected officers: President, Dr. Francis A. Cave, Boston, Mass.; Secretary, Dr. Florence A. Covey, Portland, Maine; Treasurer, Dr. J. Edward Strater, Providence, R. I.; First Vice President, Dr. J. K. Dozier, New Haven, Conn.; Second Vice President, Dr. Margaret M. Poole, Fall River, Mass.; Third Vice President, Dr. J. M. Gove, Concord, N. H.

This association is a power for the right sort of osteopathy in New England, and deserves the support of every D. O. within her territory.

There were plenty of good clinics presented.

FLORENCE A. COVEY, D. O., Sec'y. N. E. O. A.

MORNING SESSION, 9:30 A. M.

President's Address—Dr. R. A. Sweet.
Gynaecological Clinic—Dr. Margaret M. Poole, Dr. Lallah Morgan.
A. T. Still, P. G. C.—Dr. C. E. Achorn.
Technique of Cervical and Dorsal Regions—Demonstrated by Dr. Charles Hazzard.
Open Parliament.

AFTERNOON SESSION, 2:00 P. M.

Spinal Clinic—Anterior Lumbar, Dr. R. K. Smith; Straight Spine, Dr. George D. Wheeler; Spinal Torsion.
Osteopathic Treatment in Acute Diseases—Dr. Mark Shrum, Dr. Norman B. Atty, Dr. Alfred W. Rogers.
Technique of Lumbar and Sacral Regions—Demonstrated by Dr. Charles Hazzard.

COLORADO.

The Colorado Osteopathic Association opened its tenth annual meeting Thursday forenoon, March 19, at the Albany Hotel, Denver. About fifty were in attendance.

The sessions Thursday were taken up with reports of officers and committees. An interesting paper by Dr. F. I. Furry of Cheyenne, Wyoming, on "Some Results of Osteopathic Treatment in Ametropia," clinics by Dr. Young, after which Dr. Young presented the subject, "Osteopathic Methods in Certain Surgical Affections," which was intensely interesting to all present.

Thursday evening the banquet was held—Fifty-one were present to enjoy the feast for mind and body.

The Friday morning session opened with discussions on "The A. T. Still Post-Graduate College of Osteopathy," opened by Dr. L. B. Overfelt of Boulder. Communications were read, one from Dr. F. E. Moore, president of the A. O. A., was especially appreciated.

Some interesting cases were presented in clinics by Dr. Young, which were followed by a paper by Dr. D. L. Clark of Fort Collins, on "Field Education."

The afternoon was taken up by "A Study of the Various Spinal Segments," by Dr. Young, and the election of officers, which was as follows:

President, Dr. L. B. Overfelt, Boulder.
First Vice President, Dr. Nettie H. Bolles, Denver.
Second Vice President, Dr. J. D. Glover, Colorado Springs.
Secretary, Dr. G. W. Perrin, Denver.
Treasurer, Dr. B. D. Mason, Denver.

The Association voted to hold an evening session for unfinished business, and to discuss legislative matters. At this session the secretary was instructed to draw up resolutions recommending Dr. Young's lecture on Spinal Segments to all State Osteopathic Associations. Motion carried that the officers of the Colorado Osteopathic Association be instructed to direct work in legislative matters toward securing a separate board.

Whereas, The Colorado Osteopathic Association has experienced great profit listening to a lecture by Dr. F. P. Young upon the subject of "A Study of the Various Spinal Segments," aided by charts arranged by the author,

Resolved, That we heartily recommend this lecture to all State Osteopathic Associations, believing that it fills the want of our profession by showing how certain parts are affected by certain lesions, in a purely osteopathic manner, giving valuable points not found in any text book or chart published.

FANNIE LAYBOURN, D. O,

LOUISIANA.

The osteopaths of Louisiana met in the offices of Dr. R. W. Connor in New Orleans on February 28 and organized an effective association. A large proportion of those in the state were in attendance and assurances of support were had from others.

Dr. Murray Graves was elected president, Dr. W. A. McKeehan, vice president, and Dr. C. G. Hewes, secretary-treasurer.

The president appointed as legislative committee to oppose the efforts of the Medical Society, Drs. Connor, McKeehan and Tete, veterans of the last legislative fight.

The president-elect made an address on the legislative situation, as a fight is looked for in May when the legislature meets.

Dr. McCracken, an enthusiastic member of the A. O. A., has secured the membership for the association of practically every osteopath in the state.

The meeting was the most successful ever held in the state, for which credit is largely due Drs. Graves and McCracken.

C. G. HEWES, D. O.,
Secretary.

PHILADELPHIA.

The regular monthly meeting of the Philadelphia County Osteopathic Society was held March third at Grand Fraternity Hall.

After a short business session the meeting was turned over to Dr. J. Ivan Dufur, Registrar at the Philadelphia Osteopathic College. Dr. Dufur delivered one of the most instructive lectures the Philadelphia Society ever listened to. His subject was "The Reflex Nervous Mechanism," and his able handling of this complex matter showed that he thoroughly understood his subject. Dr. Dufur enlisted the aid of a stereopticon to show the course of the various nerve paths, thus making the lecture more practical.

The meeting was largely attended and a vote of thanks was extended to Dr. Dufur for his efforts.

The Society adjourned at 10:30 p. m. feeling that the evening had been most profitable spent.

WALTER LEWIS BEITEL, D. O.
Secretary Pro Tem.

DENVER.

The Denver Osteopathic Association held its regular meeting at the Brown Palace hotel Saturday evening, March 7. Dr. J. A. Stewart presented a paper on "Appendicitis," which was interesting and instructive and was followed by a number of discussions.

Legislative matters were also discussed and motion was made that this Association go on record as in favor of working for separate board. Motion was carried after being duly seconded.

It seems worth while to mention that this meeting was attended by a larger number than any meeting of the Association since its organization. This fact is encouraging and we feel that it is proof of more interest on the part of more of our members than ever before.

FANNIE LAYBOURNE, D. O.,
Secretary.

OREGON.

Editor A. O. A. Journal:

In my report of the proceedings of the Oregon meeting in January, I neglected to report that twenty members pledged five dollars each for this year toward the Post-Graduate College fund which I anticipate will be considerably augmented next year; also, that it was voted to contribute ten dollars toward the Dr. A. T. Still Portrait fund.

A number signified their intention of attending the A. O. A meeting next August.

The following message was wired the Old Doctor: "The Oregon Osteopathic Association in session sends love, admiration and greetings. Many of us hope to meet you next summer." MABEL AKIN, D. O., Secretary.

PENNSYLVANIA.

The Northern Pennsylvania Association met at the offices of Dr. J. T. Downing in Scranton Saturday evening, March 14, when the following subjects were discussed: "Spinal Curvatures," Dr. Katherine G. Harvey; "Causes of Colds," Dr. Margaret Evans; "Post-Graduate College of A. O. A," Dr. J. T. Downing.

KENTUCKY.

The State Association in Kentucky is arranging for its annual meeting to be held in Lexington May 30th. It is expected that among other prominent visitors Drs. Hildreth of St. Louis and Woodhull of Birmingham will be present.

MONTANA EXAMINING BOARD.

Dr. L. K. Cramb, Butte, Mont., has been re-appointed by Gov. Edwin L. Norris, member of the Board of Osteopathic Examiners of Montana for a term of four years. The officers of the Board now are: Dr. C. W. Mahffey, Helena, president; Dr. L. K. Cramb, 15 Owsley Blk., Butte, secretary; and Dr. O. B. Prickett, Billings, treasurer. The next meeting will be at Helena, September 8, 9 and 10, 1908.

PERSONALS.

Dr. Chas. C. Teall, who with his wife, son and mother, has been spending the winter at Eustis, Fla., will return to New York State about April first and his mail may be sent to Weedsport.

Dr. Clarence Vincent Kerr, who wrote the much complimented play put on by the "Hermit's Club" of Cleveland last year, has been commissioned by the "Hermits" to write the play again this year which is advertised for the Opera House, Cleveland, May 25-30. This year's play is "The Hermits in Dixie."

Dr. Carl P. McConnell recently addressed a meeting of the osteopaths of the fourth district of Illinois at Bloomington on "Osteopathic Technique."

Dr. Percy H. Woodall was accorded space in a recent issue of the Birmingham Age-Herald, one of the leading newspapers of the South, to an article of considerable length to a discussion of the scientific side of osteopathy.

Dr. William Smith of Kirksville is to give a popular lecture on "Osteopathy and Its History" in Cherokee, Iowa, under the auspices of the Drs. Hoard, who are practicing in that city.

Dr. F. P. Young, who recently delivered an address and held clinics before the Colorado osteopaths at their annual meeting in Denver, seems to have been accorded a warm receiption by the press of Denver, as well as by the osteopathic profession, for several of the city papers have a long write-up of the doctor, with photograph. It is no doubt a revelation to the medical profession of the city that an "educated physician" and trained surgeon should be teaching osteopathy.

Dr. Isabel Karney of Spokane, Wash., was haled before a justice of the peace in that city March 12th and tried before a jury on the charge of violating state medical laws. The press dispatches do not give the specific charges, but the jury rendered a verdict of not guilty. It is known that the irregulars in Washington are being prosecuted, but it is not supposed that it would be carried to graduates of recognized schools. Dr. Kearney is given in the Directory as a graduate of A. S. O., 1902.

Dr. R. M. Echols of Winston-Salem, N. C., sends the Journal a copy of the Winston-Salem Journal in which is produced in full the article by A. T. Still, recently printed in the Ladies' Home Journal. Another sign of the spread of interest in osteopathy that the article is so widely copied.

REMOVALS.

Louis A. Eiffring, from "The Nasby" to 642 "The Nicholas," Toledo, Ohio.
Edward A. Eiffring, from "The Nasby" to 642 "The Nicholas," Toledo, Ohio.
Edward W. S. Howard, from 509 Fifth Ave., to 235 W. 102d St., New York, N. Y.
M. C. Eck, from 305 Shafer Bldg., to 2323 Eighth Ave., Seattle, Wash.
Annie P. T. Handy, from Providence, R. I., to Sakonnet, R. I.
M. Antoinette Smith, from Stander Hotel to 304 Denney Bldg., Seattle, Wash.
Gertrude L. Gates, from MacCleay Bldg., 922 Corbett Bldg., Portland, Oregon.
J. Ivan Dufur, from 35 S. 19th St., to 411-412 Flanders Bldg., Philadelphia, Pa.
L. V. Andrews, from Muskogee, Okla., to Easton Bldg., Lake City, Ia.
H. F. Morse, from Corry, Pa., to Waterville, Wash.
A. A. Allison, from 131 Annex Ave., Dallas, Texas, to Colorado Springs, Colo.
J. Russell Biddle, from Chicago, Ill., to 315 "The Temple," Danville, Ill.
Wilbur L. Smith, from Washington Loan & Trust Bldg., to 1510 H St., N. E., Washington, D. C.
W. J. Noringer, from 1 W. 34th St., to Hotel Woodward, Broadway and 55th St., New York, N. Y.
John H. Murray, from 147 E. State St., to 228 E. Hanover St., Trenton, N. J.

APPLICATIONS FOR MEMBERSHIP IN THE A. O. A.

Eliza Mantel, Greisheim Bldg., Bloomington, Ill.
Amanda N. Hamilton, 222 Corondo Bldg., Greeley, Colo.
F. A. Piper, 209 Seventh Ave., San Antonio, Texas.
W. B. Van de Sand, Bonner Springs, Kas.
John M. Treble, 254 Hoyt St., Buffalo, N. Y.
Carlysle W. Hamilton, Frank Bldg., Lake Charles, Ia.
Elmer J. Merrill, 4-5 N. Main St., Logan, Utah.
Harry Phillips, 445 S. W Temple St., Salt Lake City, Utah.
W. A. McKeehan, 409 Hibernia Bank Bldg., New Orleans, La.
R. W. Conner, 616 Hernen Bldg., New Orleans, La.
H. Wesley Mackie, 606 Godchaux Bldg., New Orleans, La.
Murray Graves, 501 Breard St., Monroe, La.
Paul W. Geddes, 3½ First National Bank Bldg., Shreveport, La.
J. David Glover, 122 E. Kiowa St., Colorado Springs, Colo.
James Tilton Young, Superior, Neb.
E. M. Sasville, Huntsville, Ala.
Charles E. Lorenz, 308 Masonic Temple, Columbus, Ga.

STATE SOLICITORS FOR THE P. G. COLLEGE FUND.

Drs. Louden and Willard, the committee for soliciting the permanent endowment fund for the college, have secured the co-operation and assistance to date of the following who will act as solicitors for the fund in their respective states:

Alabama—Dr. Percy W. Woodall, First Nat. Bank Bldg., Birmingham.
Arizona, New Mexico, Nevada—Dr. George W. Martin, Tucson, Ariz.
Arizona and New Mexico—Dr. G. W. Martin, Tucson, Ariz.
Arkansas and Louisiana—Dr. A. W. Barrow, Hot Springs, Ark.
Colorado—Dr. L. B. Overfelt, Boulder.
Georgia—Dr. J. W. Bennett, 3 Walker Bldg., Augusta.
Kansas—Dr. Gladdis Armor, Emporia.
Idaho—Dr. E. G. Houseman, Nampa.
Indiana—Dr. Marion E. Clark, 409 Board of Trade Bldg., Indianapolis.
Illinois—Dr. Alfred Wheelock Young, Auditorium Bldg., Chicago.
Iowa—Dr. U. S. Parrish, Storm Lake.
Kentucky—Dr. Martha Petree, Paris.
Michigan—Dr. Hugh W. Conklyn, 312 Ward Bldg., Battle Creek.
Minnesota—Dr. C. W. Young, Pittsburg Bldg., St. Paul.
Maine—Dr. Sophronia T. Rosebrook, 633 Congress St., Portland.
Maryland—Dr. Harrison McMains, 315 Dolphin St., Baltimore.
Massachusetts—Dr. R. K. Smith, 755 Boylston St., Boston.
Nebraska—Dr. C. B. Atzen, New York Life Bldg., Omaha.
Montana—Dr. Daisy D. Reiger, Billings.
Missouri—Drs. Holme and Hurst, 43 Ballinger Blk., St. Joseph.
North Carolina—Dr. A. H. Zealy, 111 Chestnut St., Goldsboro.
New Hampshire—Dr. Margaret Carleton, P. O. Block, Keene.
New Jersey—Dr. W. D. Granberry, 408 Main St., Orange.
New York—Dr. J. A. Detienne, 1196 Pacific St., Brooklyn.
Northern California—Dr. Effie E. York, 1481 Geary St., San Francisco.
Oklahoma—Dr. J. M. Rouse, Bassett Bldg., Oklahoma City.

Oregon—Dr. W. A. Rogers, Marguam Bldg., Portland.
Ohio—Dr. J. F. Bumps, 406 Market St., Steubenville.
Oregon—Dr. W. A. Rogers, Marguom Block, Portland.
Pennsylvania—Dr. Harry M. Vastine, 109 Locust St., Harrisburg.
Rhode Island—Dr. J. Edward Strater, 268 West Minster St., Providence.
Southern California—Dr. Robert D. Emery, Auditorium Bldg., Los Angeles.
South Carolina—Dr. Ralph V. Kennedy, Charleston.
South Dakota—Dr. Griffith P. Jones, Watertown.
Texas—Dr. J. S. Halloway, Wilson Bldg., Dallas.
Tennessee—Dr. J. Earle Collier, Nashville.
Vermont—Dr. Guy E. Loudon, 119 South Union St., Burlington.
Virginia—Dr. W. D. Willard, New Jewelry Bldg., Norfolk.
Wisconsin—Dr. W. D. McNary, Mathews Bldg., Milwaukee.
West Virginia—Dr. Clara E. Sullivan, 715 Schulmbach Bldg., Wheeling.
Washington, D. C.—Dr. Ailce Shibley, The Ontario.
Washington—Dr. Roger E. Chase, Maratime Bldg., Tacoma.
Wyoming and Utah—Dr. Frank I. Furry, Cheyenne, Wyo.
Canada and Foreign Countries—Dr. Mary Lewis Heist, 28 King St., East Berlin, Ontario.

These members have charge of the work in the respective fields named. If you wish any information about the subscription work or literature relative to the Endowment Movement, write to the state committeeman of your state.

APPLICATION FOR MEMBERSHIP IN THE A. O. A.

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

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

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

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

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

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

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

.....

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

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

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

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

I began the practice of Osteopathy at.....

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

.....

.....

....

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

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

(state).....I have complied with the law regulating the practice of Osteopathy in this state. (If not give reasons.).....

....

....

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

....

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

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

The above applicant is recommended by

1 ....

2 .....

Approved by the Trustees.....

Date.....

The Journal

— OF —

The American Osteopathic Association

VOL. 7. AUBURN, N. Y., MAY 1, 1908. NO. 9.

Osteopathy a New School of Therapeutics

C. B. ATZEN, D. O., OMAHA, NEB.

[Read before the Philosopical Society of Omaha. April 26. 1908.]

I am fully convinced of the soundness of the position that the osteopathic school has taken in relation to disease, and as a means of directing you to my line of argument let me ask you two questions.

First: Do you believe the universe to be controlled by chance, or by laws? Or if you are uncertain as to what answer you would give to this question, reflect on the following for a moment: How is it possible for the astronomer to foretell, and to the minute, eclipse of the sun or moon, years in advance? Or how can the chemist, even before the changes take place in the test tube, foretell what the result of such chemical change will be? If there was any chance about the movement of atoms and planets, this would be impossible and there could be no science of chemistry, nor of astronomy. Science, then, is the mere making known of certain previously existant laws.

The second question I wish to ask you is this: Do you believe man's physical body to be included in the laws which control the material universe, or is his body outside and above law? If his body is not controlled, then the universe must be chaos. That it is not a chaos is proven by known sciences. Kindly bear this in mind during the next hour, it will help you to understand the thought contained in this paper.

In order to demonstrate clearly that a practice is truly scientific, we must show that the practice is a scientific application of a law in nature. If osteopathy is a new discovery, as the adherents of this school claim, then we must prove these claims by showing that the principle on which the practice depends has never been utilized by any other school of the healing art. To be able to clearly see the differences between two theories we must be somewhat familiar with the fundamentals of both theories under discussion. I have been asked to define osteopathy—not to give a definition for the word, which any modern dictionary will do for you, but to show in where osteopathy differs from other schools of healing art. In order to show you wherein osteopathy differs from the practice of medicine, it is necessary first to define the principle on which the practice of medicine depends. I realize that the prescribing of drugs is but a small part of the practice of medicine and I have no desire to limit the practice of the medical practitioner, but the whole emphasis nevertheless is constantly put upon this factor, that an osteopath is an enemy of medicine because he refused to acknowledge the necessity of internal medication. In all other respects the osteopathic and medical school curriculum is similar. Before attempting to differentiate between the two principles on which osteopathic and medical schools base their practice, let us first get a clear mental conception between principal and practice.

We all recognize that the law of gravitation is a principle in nature, and that the falling apple is a practical demonstration of the existence of this law. The waterfall in a river is likewise a practical demonstration of the existence of the law of gravitation; the waterwheel is a practical application of the law of gravitation for the purpose of generating power. If you have a wheel of a known size, and a known volume of water, one familiar with hydraulics could compute the amount of horse power such a device will generate. Here we see a differentiation between principle and practice. The law of gravitation is the principle in nature, the waterwheel a device that makes it possible for us to make a practical application of this law, knowing the amount of horse power a given wheel ought to generate, and the wheel failing to furnish the requisite amount, would you look for the fault in the power developed by the wheel or the law of gravitation, or would you look for an explanation in the structure of the wheel and the volume of water? Self-evidently in the latter. If you will bear this simile in mind, it will help you to understand the difference between principle and practice in the healing art, and also help to make clear the difference between the practice of medicine and osteopathy from the standpoint of principle, and the practical application thereof.

The principle on which the practice of internal medication depends at the present time is that organic bodies are complex chemical compounds modifiable by chemical means or the principle of chemical causation. The practical application of this principle is to introduce from without by various means certain chemicals into the organism with the object of modifying the glands of the body and in this manner modifying the functions of tissues and organs of which the body is composed. The principle at the basis of this practice, namely, the law of chemical causation, is inviolable, and can, therefore, be relied on to cause definite changes The difficulty comes in applying the principle. When we remember that man's physical body is an integral part of the universe, it is constantly acted on and reacting constantly to complex environmental conditions, that not only environmental changes caused by chemical agents will cause the organism to respond in alteration of function, but thermal changes, electrical changes, mechanical agents, mental activities, an increase or decrease of nerve impulses passing in over the afferent nerves will affect the organism, the organs and tissues of the body will respond with a suitable reaction. If the reaction falls within the physiological limit, as we call it, health; when outside of this limit, disease. This constant action and reaction on the part of the organism is the reason why certain drugs will affect us differently at different times, and as no two individuals are identically similar in structure and environment, you can see the difficult proposition that the medical doctor is "up against" when he depends upon chemical agents for the purpose of changing disagreeable functions of the organism, the direct result of natural law and the only function possible under present conditions of structure and environment into agreeable functions by chemical means, *when he must be* absolutely ignorant of the intricate chemical changes constantly taking place in the organs and tissues of the body. It further suggests great danger to the organism, this take and try method of internal medication, when the whole process is one of experimentation. Kindly remember that the only branch of the practice of medicine that I am criticising is the administration of chemicals into the organism for the purpose of curing diseased conditions of the body, emergency measures excepted.

We will now take up the analysis of the practice of osteopathy to show wherein the science of osteopathy differs from all other schools, and why we claim that the osteopathic school is entitled to the distinction of being called a new school of therapeutics. A school that bases its practice on a law in nature that has never been applied to therapeutics, that can show a uniform etiology

or cause for disease, a distinct diagnosis and treatment must of necessity be a new school. It will be my earnest endeavor to point out these four features, in order to aid your minds to grasp the principle on which the practice of osteopathy depends. Let us take, for means of illustration, the human ovule and the ovule of the dog, either of which after becoming impregnated by the male sperm cell starts a process of cell division, the blood stream of the mother furnishing all the necessary elements for cell division and growth. This is a chemical process. Chemistry is here shown to be a means to an end. But the law is it that causes the tissues formed by the chemical compounds contained in the blood stream of the mother to arrange themselves into the form of a dog in the one case and a human form in the other? Is this mere chance, or is there a law in nature which compels each species to give birth of its own kind? This law in nature which compels the chemical compounds formed in the digestive tract and the lungs of the mother, and distributed to the tissues through the medium of the blood stream to arrange themselves into certain specific forms, this is the law or principle in nature on which the osteopathic school bases its practice. If the tissue arrangement of the body is the result of this organic law in nature, then the structure of the body must be in harmony with this law, just as long as the architectural perfectness of structure is maintained, and the functions of the body which are dependent upon tissues and organs must likewise be natural, and in accordance with this law in nature. But derange the structure ever so little in its mechanical perfectness and the functions must show forth alteration to correspond with the mechanical disturbances. The correcting of these mechanical derangements constitutes the application of this organic law, or the practice of osteopathy.

The basic principle upon which the practice of osteopathy depends might, therefore, be stated in these words: Man's physical body is the material manifestation of the law of organic growth or development. It is a verification of the existence of this law, being the visible expression, it must be in harmony with this law. The physical functions, therefore, which are dependent upon structure must of necessity be normal to the existing condition of structure and environment. To define the above, let us again resort to the simile employed earlier in this paper. For a matter of comparison let the waterwheel represent man's physical body, the river, man's environment, the power developed by the wheel the functions of man's physical body and the law of gravitation the law of organic growth and development. The wheel is of known size, the volume of water a known quantity, the power developed by this device a certain number of horsepower, and registered by an appropriate device. Now remove one of the paddles of the waterwheel; at once your horsepower or function will be lessened; or reduce the volume of water, the result will be the same; but will not the reduced power be the natural power for the existing condition of your wheel and water? Now replace your absent paddle in the wheel or increase your volume of water to the normal, will not your power be increased again to the initial amount? And is not this amount the natural power to the existing condition of wheel and water? Let one of the paddles of the wheel be removed again, the machinist in charge noticing the alteration in power or function, failing to examine the wheel and volume of water for the cause of the alteration in power, tries to modify this power or function by tinkering with the registering device. Would he be able to permanently correct the reduced power or function by such a process of repair?

Now when you stop and reflect that man's physical functions, which we likened to the power developed by the waterwheel, must also be natural functions for the existing condition of structure and environment, is not the method of the internal medicator, who is forever trying to change the functions and disregarding the mechanical structure responsible for the function, in some-

what the same predicament as the mechanic who, failing to find the cause for his defective power, is trying to overcome the natural expression of the wheel by tinkering with the registering device? But let us enlarge upon this illustration still a little farther. Now let us take the waterwheel without any gross alterations; let us take the wheel with is chemical structure intact, by that I mean the iron and the wood of which the wheel is constructed in a good, sound state of preservation as far as the molecular and cellular structure of the wood and iron is concerned. In other words, the microscopical structure of the wood and iron are intact, but bend the axle slightly, so that some friction is produced, would not this friction reduce the development of power to the extent that it would require more force to turn the wheel? Or allow a little grit to accumulate in the boxings or warp one of the paddles slightly or bend one of the spokes, would not any one of these defects reduce the serviceability of the wheel to some extent commensurate with the defect, and would not this altered power developed be natural to the existing condition of structure and environment of the wheel? I have named only a few of possible defects that would reduce the serviceability of the device; many others might be mentioned.

Apply this process of reasoning to the human skeleton composed of two hundred bones fastened together by strong bands of connective tissue or ligaments. The skeleton is what gives the human form its stability. Now observe the various motions the joints are compelled to undergo in the ordinary activities of life; imagine, if you please, a machine constructed on the plan of a human body by some mechanic, and compelled to perform only a few of the functions constantly performed by man; how long do you imagine such a machine would run before some defect would arise interfering with the normal function.

Fasten to these two hundred bones of the human skeleton more than six hundred guy ropes in the form of individual muscles which by contracting are to act as lifts and pullies to put this skeleton into motion. Do you begin to see the complexity of the strucure? Now add to this structure a pipe line of thousands of feet of soft, compressable muscular tubing, namely, arteries, veins and lymphatics, whose duty it is to bring nourishment and oxygen to every individual cell in the entire body, and to remove the effete matter cast off from every cell. Now warp the skeleton just a little, or cause an unequal muscular tension in some part, does it strain your imagination to conceive of some of these compressable tubes being interfered with so that certain parts of the body will be deprived of their share of food? Or that from some parts the waste might not be taken away? Would not either of these conditions reduce the strength and vitality of the cells of the tissues and organs so situated? And would not this condition express itself in alteration of function?

But we have still a more complex condition to consider. Imagine such a structure as I have been describing supplied with an automatic telephone system, whose wires cross and recross in every conceivable manner for the purpose of keeping the entire structure harmoniously adjusted, one part with all other parts, do you think there is any probability of these wires becoming shunted, pressed upon or irritated if parts of the gross structure become slightly strained or twisted? Would not this show itself in alteration of function? What would be the result? Discord where there ought to be unity of action. What do we call this discord? Disease. But is it not the natural function for the existing condition of structure and environment? Certainly. Yet the nervous system is infinitely more complex than any automatic telephone system ever constructed by man. Much more might be said of possible gross mechanical derangement of the vital organs, but enough has been said for my present purposes, to point out the architectural complexity of the human machine. These mechanical disturbances of the architectural perfectness of the human machine,

cause interference with the blood stream to and from various regions of the body, inhibition and irritation to nerve filaments, criss-crossing in every conceivable manner in the human body. This interference with the blood stream and the nerve processes causes physiological inharmony in the tissues and organs of the body as a unit causing not only organic disturbances, but devitalizing the cells of tissues and organs, reducing their resisting power, and we have now a suitable condition for bacterial infections.

Here, then, we see the real distinctive difference, held to be the first cause for diseased conditions between osteopathic and medical schools. The osteopath finds the first cause for disease to be mechanically disturbed architectural perfectness of the human machine, poisons excepted. The medical practitioner finds the first cause for disease to be of chemical origin. The medical practitioner in his process of internal medication treats the case from a symptomatic standpoint. I have shown you in the illustration of the water wheel that defective functions exist, due to warps and twists without chemical alteration of structure, and if this is possible in such a simple mechanicl device as a water-wheel, why not in such a complex and delicately constructed machine as the human body?

We further hold that when objectionable symptoms do appear, and persist, that they are effects of previously disturbed physical conditions and the natural result of existing conditions of structure and environment. The osteopath deals primarily with the mechanically disturbed structure, responsible for the altered functions; the medical practitioner with the symptoms the result of such mechanically disturbed structure—poisons excepted. The osteopathic school holds that because the physical body is the expression of an organic law in nature, that the primary cause for diseased conditions of the body must be due to disturbance of this architectural perfectness of structure, causing a lack of harmonious reaction on the part of all of the tissues and organs of the body as a unit. This disturbance will manifest itself in objectionable symptoms accompanied with chemical alteration of the secretions and excretions and may pass into cellular changes. Here is where the medical schools find the first cause for disease.

What are the environmental causes that are responsible for these mechanical faults in the human body that the osteopath recognizes as first causes for body disturbances? It will be impossible to name them all in this paper, but we will name some of them, viz: Improper dress, injuries, strains, slips, falls, ditetic errors, faulty mental attitudes, such as worries, bad tempers, jealousy, hatreds, etc. Many others may be found in the economic and social evils of human life, for the more difficult it is for the individual to sustain himself and family in pleasant and desirable conditions, the more will the body and mind be strained to meet such conditions with the necessary result of taxing the individual organism beyond its power of endurance and physiological harmony grades into pathological physiology which later may pass into pathological anatomy. Here we enter the field of surgery.

Now let us take up individual organic disturbances and see where the previous argument will lead to. For illustration, take a case of chronic dyspepsia with excessive formation of hydrochloric acid and mucus. The mucus medical treatment of such a condition consists in dietetic directions and a medicine to neutralize the excessive acid. Does this form of treatment give you any explanation for the dyspeptic condition, and is not the excessive formation of the acid and mucus the symptom of some deeper physical disturbance which must be removed in order to restore the stomach secretions to its former quantity? Is this not treating symptoms and is not the *cause* for the symptom ignored? Now let us see how the osteopath would approach such a case: He starts out in his search for the cause of this excessive secretion, with this

fundamental premise, the excessive secretion of acid and mucus of the stomach is normal to the existing condition of structure and environment of this organ. Let us recall to our minds our former illustration of the alteration of power generated by the waterwheel due to mechanical faults. I emphasized in that illustration that the alteration of power was the natural expression of the structure and environment of the wheel. Now apply that process of reasoning to the function of the stomach, and we will see that the function of this organ is the natural expression of the structure and environment of this viscus. The structure and environment of the organ must then furnish the key to the situation. The osteopath therefore minutely examines the structures in either contact or nerve relation with the stomach, for some mechanical fault that is irritating the nerves of the stomach, which would explain the hyperactivdity; his treatment would consist in the removal of this irritant, and in the degree that he succeeds will the excessive secretion disappear, and at the same time remove the necessity for chemical treatment. He would likewise give dietetic directions. This process of reasoning gives you a real physical explanation for the cause of the excessive formation of acid and mucus in the stomach, and also how a permanent cure can be effected.

Now take the opposite condition of the stomach, namely, a deficiency of stomach ferments, and let us scrutinize the treatment for such a condition, both medically and osteopathically. The usual medical treatment for such a condition would consist in dietetic directions and a medicine having in solution artificially prepared stomach ferments in conjunction with some simple or bitter tonic. Here again his effort is directed to the symptoms, ignoring the physical cause for the symptom. The osteopath in his endeavor to correct this condition starts out as he did in the case of excessive formation of acid and mucus, with the premise that the deficient secretion is the natural secretion for the existing condition of the somach and environments. In this instance he reasons that the deficient secretion is either due to nerve inhibition, or to excessive irritation, causing exhaustion of the stomach glands. His treatment consists in the removal of these physical conditions and in the degree that he succeeds will the functions be restored to their former basis, and medical interference becomes unnecessary. He also gives dietetic directions. This process of reasoning, with slight modifications, is applicable in the case of any other organ or tissue of the body.

What are the chief guides employed by the osteopath in his search for those physical irregularities that he recognizes as the first cause for disease? Irregularities of bony structure, pain and tender areas, muscular contractions, heat, cold, defective contour, color, etc. I have shown earlier in this paper the distinction between the osteopathic and medical schools from the standpoint of principles. I will now point out the three remaining differences to conclusively prove that the school of osteopathy is a distinct school, and in no manner dependent upon truths at the foundation of the medical school.

First. The etiology or first cause of disease advanced by the osteopathic school is a mechanical disturbance of the architectural perfectness of the physical structures—poisons excepted. The etiology, or first cause advanced by the medical school is one of chemical causation.

Second. The osteopathic diagnosis rests primarily upon finding those mechanical disturbances mentioned in the first cause for disease, but all other modern methods of known scientific value are used as aids. The medical diagnosis rests primarily on symptoms, reinforced by other known scientific means. But mechanical disturbances recognized by the osteopath as first causes are tabooed as delusions of a weak mind, gross mechanical alterations excepted.

Third. The osteopathic treatment is primarily to correct those mechanical faults recognized as first causes for disease, but all other methods in harmony

with our principle are employed, which embraces practically all that is known excepting the introduction of chemicals in the organism—poisons excepted. The medical treatment is primarily to correct the chemical faults recognized as first cause. The keystone of osteopathic practice is architectural perfectness of the human body. The keystone of medical practice is chemical perfectness. I trust this will make the distinction clear. The osteopathic profession is fully aware that a process of reasoning, be it ever so clear, is not sufficient to prove the correctness of their theories; both clinical and experimental data must be furnished to prove their claims. Clinical evidence is here in abundance, and to prove our position from an experimental standpoint, the American Osteopathic Association at their meeting in 1906, started a movement to incorporate a Post Graduate College of Osteopathy. One of the functions of this institution will be to make practical demonstrations on living animals under anesthesia for the purpose of scientifically proving the truth of our theories.

Some Results in Osteopathic Treatment of Ametropia

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[Read before the Colorado Osteopathic Association meeting at Denver, March 19, 1908.]

Ametropia is that condition of the eye, when at rest, in which parallel rays of light are not brought to a true focus upon the retina.

The three main forms of ametropia which we shall consider are hypermetropia or hyperopia, the far-sighted eye; myopia, the near-sighted eye; and astigmatism, a condition in which the different diameters of the eye are unequal. Astigmatism may be corneal or lenticular, or both.

The authorities whom I have consulted are unanimous in the statement that hyperopia, excepting a small percentage of cases termed pathological hyperopia due to disease or injury of the eye, is congenital; myopia is almost always acquired; and astigmatism is usually congenital.

Within the past year articles have appeared in different publications, written by prominent members of our profession, in which statements were boldly made that I have been unable to substantiate. I do not refer to these articles separately because I have no desire to enter into controversy with the authors, whom I respect highly; but shall consider some of the statements made and offer some facts in refutation.

In the first place, the assertion that most cases (99 per cent. stated by one) of errors of refraction are acquired, is contrary to all information which I have been able to gather regarding the matter and in reply to letters of inquiry to the writers of the articles in question, have come references to myopia and pathological hyperopia, which classes of cases constitute only about 5 per cent. of all refractive errors, as nearly as I can learn.

In answer to my request for information upon the subject, in the light of the most recent knowledge, Dr. Edw. Jackson of this city, one of the authors of the American Text Book of Diseases of the Eye, Ear, Nose and Throat and who is probably the highest authority in this country upon the eye, states that "hyperopia is nearly always congenital; myopia, nearly always acquired; the larger proportion of cases of astigmia are congenital."

Secondly, the articles have all laid claim to osteopathic cures of refractive errors. Let us see how far this may be true. In myopia and other acquired conditions I grant that it is quite probable, where the pathological change is not beyond repair. But in the large number of cases of hyperopia and astigmatism which are of congenital origin, my limited experiments contraindicate any probability of marked improvement of structural defect through treatment.

Congenital ametropia is not a pathological condition; there is no disease process involved but the eye-ball is not mathematically true just as no other

organ in the body, perhaps, is absolutely correct in form. Until recent generations very few people could read or write and there was little use for accurate near vision by most persons and as nature probably only supplies things as there is a demand for them, the absolutely perfect eye, optically considered, has not been evolved.

Now let us consider the function of accommodation. Rays of light coming from a distance of twenty feet or beyond are, for all practical purposes, considered to be parallel and in the emmetropic or normal eye will focus exactly upon the retina; but rays coming from nearer points are divergent and the lens must be made more convex in order that they may be brought to a proper focus. This increased convexity of the lens is produced by contraction of the ciliary muscle. The modus operandi is not fully understood. The ciliary muscle contains three groups of fibers: longitudinal, running anteroposteriorly; radiating; and circular. In myopia, where little or no accommodation is required (depending upon the degree of the defect) the circular fibers are more or less atrophied; in hyperopia, where accommodation is constantly required, not only for near vision but for distance, the circular fibers are greatly hypertrophied. In corneal astigmatism, the defect may be compensated for by contraction of certain segments of the radiating portion of the ciliary muscle, thus increasing the convexity of those meridians of the lens corresponding to the lesser convexity of the cornea. This would seem to be indicated by the fact that the ciliary muscle is not supplied by a single nerve but by several branches of the ciliary ganglion distributed at intervals around its circumference. We may also have lenticular astigmatism produced by contracture of some of these segments.

As valvular cardiac lesions may persist for years without the knowledge of the victim but through some excess compensation is broken and heart failure threatens, so ametropia may obtain unnoticed until over-use of the eyes, with its accompanying strain, produces relaxation of the ciliary muscle and consequent failure of vision. And just as in heart failure compensation may be re-established by rest and properly graduated exercise, so the vision may be improved by treatment directed to strengthening the ciliary muscle, thus enabling it to resume its burden. We do not remove the cause of the eye-strain but simply restore the power of the ciliary muscle to endure the strain for awhile. That a given cause will always produce a given effect is axiomatic and it is only a question of time when the accommodation will again relax with reoccurrence of the weakened vision.

In a gynecological case, for instance, where there is a retroflexed uterus with adhesions, we may cure the patient symptomatically by giving appropriate spinal treatment but the cause, or more properly a cause, of the symptoms is not removed and they may return unless those adhesions are broken up and the organ replaced.

If these contentions are true we should not allow prejudice to interfere with fitting the eyes with glasses which will relieve the strain; then with proper treatment recovery will be more rapid and more permanent. I do not contend that glasses effect cures in these cases but that they compensate for the defect as an extension shoe equalizes the length of the limbs where one is shortened. Or. the lens is to the eye what a crutch is to a cripple; he could walk better before he needed the crutch but now in his crippled condition he can walk better with it than without.

I shall not enter into a discussion of the effect upon the general health produced by this constant consumption of nerve energy, to the detriment of other organs.

In these magazine articles many cures were announced as resulting from osteopathic treatment and in reply to queries as to the basis of such claims,

some instanced the disappearance of subjective symptoms, others spoke of refraction with the trial case, and some with the Geneva machine. Atropin was mentioned but in how many and in what variety of cases it was used was not stated.

In hyperopia, and in the greater percentage of refractive errors hyperopia is present, and in astigmatism, especially that form involving the lens, the ciliary muscle is hypertrophied and cannot be entirely relaxed voluntarily, so that in refracting such an eye only a part of the error is detected. But by paralyzing the accommodation by use of a cycloplegic (I use atropin for children and homatropin for adults) the full correction may be determined. An eye with visual acuity equalling 20-50 may by treatment have its ciliary muscle so strengthened and consequently its compensatory power, as to make the vision equal 20-20 or normal. In testing an eye without drops the strength of the lens required for correction would equal the difference between an emmetropic eye and the one under examination with its ciliary muscle only partially relaxed and as treatment tends to increase the strength of this muscle so that it relaxes less completely, thereby requiring a weaker lens to correct the refraction, it is quite natural for one to assume a change due to treatment. But that the change is functional rather than structural, I think can be proven.

When patients come to the oculist suffering from eye-strain they wish to be fitted at once and do not care to spare the time nor go to the expense necessary to carry out experiments. But I have succeeded in securing four clinic patients during the past year whose cases I have tabulated. While I realize that this small number of cases is not sufficient upon which to base any definite conclusions, yet it indicates rather strongly that no change is probable in the actual structure of the eye. Indeed, a longer course of treatment would be supposed necessary to effect a complete cure but surely some change might be expected even in the short period each was under treatment.

Treatment was given to the spine from the mid-dorsal region to the occiput, to the neck muscles all around and to the nerve terminals surrounding the orbits, together with a rotary massage of the eye itself. The vision, without drops, was improved in all cases noted and the symptoms of eye-strain disappeared from all of them; but that the improvement was due to the strengthening of the ciliary muscle, thereby enabling the patient to overcome, ostensibly, the refractive error by increased tension of that muscle and not due to an actual change in the ocular structure, is evidenced by the fact that after paralysis of the accommodative power by the instillation of atropin, the visual acuity following treatment did not materially differ from that preceding treatment; and practically the same lenses were required to correct the vision before and after treatment.

The eyes of children do not surrender easily to a cycloplegic and the almost immaterial differences in the strength of the lenses selected by some of the cases, before and after treatment, may be accounted for by the cycloplegia being more complete at one time than at the other.

None of these cases wore glasses during the period of treatment. Unfortunately, in case I., vision was not tested before the drops were used. Visual acuity in case II., before treatment and without drops was unequal in the two eyes. After treatment it was much improved and equalized; but though the refraction was slightly changed, the same lenses gave best vision after as before treatment, only it was not quite so acute. Note the similarity in cases III. and IV. They were brothers. In these cases the vision, without drops, was considerably improved by treatment but that there was little or no change in the actual refraction is shown by the slight difference in lenses selected before and after.

The interrogation points mean that so many letters in the indicated line on the test card were miscalled.

VISUAL TESTS.

Case	Age	Diagnosis	Period under Treatment	Vision in		WITHOUT GLASSES: Without drops	WITHOUT GLASSES: With drops	Refraction under Atropin.	Vision with Glasses
I Miss E. B.	12	Compound Hyperopic Astigmatism	Three times per wk. for eight weeks.	Right eye	Before treatment	—	20? — 80	+ 1.00 S. ⊃ + .12 C. Axis 90	20 — 20
					After treatment	—	20 — 120	+ 1.12 S. ⊃ + .12 C. Axis 90	20 — 20
				Left eye	Before treatment	—	20? — 80	+ 1.00 S. ⊃ + .12 C. Axis 90	20 — 20
					After treatment		20 — 120	+ 1.12 S. ⊃ + .12 C. Axis 90	20 — 20
II Miss E. F.	12	Mixed Astigmatism	Three times per wk. for nine weeks.	Right eye	Before treatment	20? — 50	20? — 50	— .87 C. Axis 180 ⊃ + .37 C. A x 90	20 — 20
					After treatment	20 — 30	20? — 50	— .87 C. Axis 180 ⊃ + .37 C. A x 90	20? — 20
				Left eye	Before treatment	20? — 80	20? — 80	— 1.25 C. Ax. 15 ⊃ + .62 C. A x 105	20 — 20
					After treatment	20 — 30	20 — 80	— 1.25 C. Ax. 15 ⊃ + .62 C. A x 105	20? — 20
III Master W. Y.	10	Compound Hyperopic Astigmatism	Three times per wk. for ten weeks.	Right eye	Before treatment	20 — 30	20 — 80	+ .75 S. ⊃ + .25 C. Ax. 90	20???? — 15
					After treatment	20 — 15	20 — 40	+ .62 S. ⊃ + .25 C. Ax. 90	20 — 15
				Left eye	Before treatment	20? — 20	20 — 80	+ .75 S. ⊃ + .25 C. Ax. 90	20???? — 15
					After treatment	20 — 15	20 — 30	+ .62 S. ⊃ + .25 C. Ax. 90	20 — 15
IV Master L. Y.	9	Compound Hyperopic Astigmatism	Three times per wk. for ten weeks.	Right eye	Before treatment	20 — 20	20 — 40	+ .50 S. ⊃ + .25 C. Ax. 90	20??? — 15
					After treatment	20 — 15	20 — 40	+ .37 S. ⊃ + .37 C. Ax. 90	20?? — 15
				Left eye	Before treatment	20 — 20	20??? — 40	+ .50 S. ⊃ + .25 C. Ax. 90	20??? — 15
					After treatment	20 — 15	20? — 40	+ .37 S. ⊃ + .37 C. Ax. 90	20?? — 15

Pardon me for giving the history of two cases in my own family.

When my wife was about sixteen years of age, she had an acute attack of opthalmia due to eye-strain and was fitted with glasses by an oculist. She was unable to go without them even for a short time without suffering until, when about twenty-two years old, after two months of osteopathic treatment for other conditions the doctor told her she would need her glasses no more. She took them off and had no trouble with her eyes for a year or two but eventually had to return to the use of glasses. The same lenses still fitted her. The other case was that of my little girl. At about the age of three I noticed a divergent squint of the right eye, which I began treating osteopathically. As she grew older there was no apparent improvement so I took her to an oculist who found the right eye amblyopic. He treated her with the high frequency current but with no results. A year ago last Christmas, when she was past five years old, I tested her eyes under atropin and found the vision in the left eye to be fairly good but that in the right eye was only 20-120 and not much better with the correcting lens. With constant wearing of glasses, osteopathic treatment and development of the fusion sense with the amblyoscope, the vision at present in each eye with glasses equals 20-20 although with the right eye it is somewhat blurred. Now the interesting point is, that with all of the improvement in vision the result of the test has been the same each of the three times I have refracted her: right eye +.25 S. ⌒+ 2.25 C. axis 135%; left eye +.75 S ⌒+ .50 C. axis 45%.

For personal as well as for professional reasons I shall be pleased if my conclusions as to the result of the osteopathic treatment in refractive errors are proven to be fallacious. But if I am right then the profession should know it so that its members may act intelligently in handling this class of cases.

Enemata

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[Delivered before the third annual February district meeting of the San Francisco Osteopathic Association from the amplified notes of a clinic lecture delivered before the June 1907 Post Graduate Class of the A. S. O.]

It is not my purpose to enter into a discussion of the ethical standing of enemata in osteopathic practice but rather to discuss them under the assumption that as they are a very necessary adjunct to all other systems of practice it is advisable for the osteopath to be familiar with their uses even if he does not care to employ them. So far as is possible I shall, in this discussion, draw from the actual observation and experience of myself and my associates in the A. S. O. Hospital.

The simple cleansing enema may be of service in affording temporary relief in those new cases in which your treatment has not had time to secure results, and in which you desire to break off immediately the use of cathartics, especially those cases of constipation arising from sluggishness of the lower segment of the rectum; in those cases of constipation attended with bleeding hemorrhoids or anal fissure; in the milder acute conditions where the suddenly enforced quiet and recumbent position causes sluggishness of the bowels; and in those cases where for examination or direct treatment an immediate evacuation is necessary or advisable.

The technique of the simple enema is so well understood as not to need an extended consideration. The bulb or fountain syringe is generally used but for the administration of less than six ounces, a hard rubber piston syringe, or if that is not handy a funnel attached to a short piece of rubber tubing or a catheter, is best. One of the most convenient forms of the fountain syringe is a long rubber tube with an enema nozzle at one end and an attachment at the other that can be screwed into the top of any hot water bottle, which

is used as the reservoir. The bulb is preferred by some because of the ease of controlling the flow. I have secured the best results from the gentle, steady stream of a fountain syringe, the bag held moderately low (four feet from the floor) so as not to cause too sudden or too violent distention of the rectum with its incident pain and strong desire to eject, and with the patient in the knee-chest position. Then as the colon is below the rectum gravity assists the flow of the fluid and if the patient drops over on the right side after all the fluid has been taken, it will still further assist the fluid along the transverse colon. Despite the fact that a simple distention of the rectum sufficient to cause reflex contractions is usually all that is necessary, enemata taken sitting on the toilet and all those that are hurried are rarely effective.

The simple enema may be given in bed under cover, the patient lying on the back or left side (the first rectal curve is to the left) with the knees bent, the bed properly protected by a towel and if the patient is very ill by a rubber sheet as well, and with the bed pan in easy reach in order to avoid accidents. The enema nozzle should be well oiled or vaselined and the fluid should be allowed to flow until all air (air causes griping) and such of the fluid as has time to cool has been expelled; then the nozzle should be passed gently, slowly and never with force, and with a twisting motion through the anus in the direction of the umbilicus for one inch and then backward and slightly to the left. This applies also to the hard rubber syringe and to the colon tube.

A fairly heavily colored soap suds enema of castile or ivory soap (not ordinary soap) in water makes the best simple cleansing enema. Do not pour the froth of the suds into the enema bag as it contains enough air to set up griping. Where this proves too irritating (children &) for continuous use the less irritating normal salt solution should be substituted with only an occasional soap enema for thorough cleansing. It should be given at 100 to 105 degrees (cools quickly) and from one to six pints should be used for an adult and a half to one pint for a child. Infants should be laid across the protected lap and not more than one ounce used (the bowel wall is weak and may be permanently injured by too great distention) unless, as is usual, the fluid returns around the nozzle when a larger quantity can be advantageously used. A well vaselined cone of twisted toilet paper or a pyramidly cut piece of castile soap tapering from the diameter of a slate pencil to that of the little finger partly inserted and rotated in the anus of infants at the hours that you desire to train them to observe will be quite as effective as enemata in overcoming their constipation.

The patient should retain the fluid from ten to fifteen minutes and can be helped to do so by administering the enema slowly, by causing him to avoid straining, by pressing a folded towel against the anus or by allowing the retention of the nozzle within the anus, the stop clip being closed to prevent regurgitation. This last measure can be made more effective, especially in children and the unconscious, by wrapping a narrow roll or bandage tightly around the base of the nozzle and then passing the nozzle until the bandage presses firmly against the anus.

Consecutive enemata are very weakening to some people so if an insufficient action follows the first enema give the patient a sufficient length of time (1 to 3 hours) before following it with another larger or stronger enema, and observe even greater care in having the nozzle well vaselined and properly inserted. The first passage removes most of the mucus from the anal mucous membrane and great damage can be done by forcing the entrance of an improperly lubricated nozzle. I have seen one case where the mucous membrane was punctured and dissected up and several where piles had been injured. Another precaution that should always be observed in the very ill is to have

a small rubber cushion to place on the bed pan when it is used. Many bed sores are traced to the non-observance of this.

If the simple enema or the soap, gluten or glycerine suppositories (suppositories are less sure in their action than are enemata) have failed to give the desired result laxative enemata of either olive oil or glycerine may be used. Olive oil, given warm (100 to 105 degrees), is used to soften hardened faeces and as soon as the faeces have become softened (not earlier than half an hour) it should be followed by a cleansing enema for unless taken in large quantities it does not produce an immediate evacuation. One to six ounces are given with a hard rubber syringe, connected with a No. 20 to 25 (French scale) male catheter if given high, in bad cases of hemorrhoids, rectocele with weakened pelvic musculature, in lying-in patients, especially those presenting constipation, and in surgical cases with stitches in the rectal walls or perineum (pass nozzle against posterior margin of spincter), in all of whom straining at stool is very painful and to be carefully avoided. An injection of olive oil may be taken in the evening for constitpation, the evacuation following the next morning. When used in this way in those fairly common cases of inflamed, irritated and unduly distended rectal walls following the prolonged use or abuse of too large or too irritating enemata, it has a healing effect. A little witch hazel or diluted 1 to 4 tincture of Calendula (homeopathic brand) will also help reduce the inflammation.

Glycerine acts by increasing peristalsis and is usually sufficient in itself. Where it proves too irritating to the skin or mucous membrane dilute one half with olive oil. It is usually given low and the amount varies from 1-2 drachm to 1 drachm in 1-2 ounce of water, in mild cases to 1-2 ounce in 1-2 ounce of water or a greater amount in a similar proportion in stubborn cases. One ounce or more may be added separately or combined with other drugs to a high enema. The contents of a medicine dropper is sufficient for a child.

Purgative enemata are used in cases of particularly obstinate constipation, in beginning appendicitis in overcoming foecal impaction (start with hot oil and alternate and purgative enemata until impaction is overcome) and other forms of intestinal obstruction, in beginning peritonitis with or without intestinal obstruction in many cases following operations where it is essential that the bowels do not become clogged and in cases of excessive gas formation. Enemata cause comparatively much less peristalsis than do cathartics. Rochelle or epsom salts (preferably the saturated solution if given low), turpentine and castor oil are used either separately or in various combinations. When given low a relatively small amount is used. One highly recommended formula is 1-2 ounce of turpentine, added, to prevent burning of patient, drop by drop to the stiffly beaten white of one egg, plus 1-2 ounce of castor oil, all added to one pint of water. In most cases they should be given high when the drugs are added, according to the reaction to previous efforts and the urgency of the patient's condition, to the ordinary soap enema. About a pint is given unless you are attempting to overcome an obstruction when as much fluid (hold bag low and introduce fluid slowly) is given as possible (the tension of the abdomen is a guide to the amount to be given). A gallon, for an adult, should require from one-half to one hour. Do not wait until all the fluid has passed from the bag before refilling or air will be forced into the intestines. Nicholas Senn recommends as much as four ounces of sulphate of magnesia, four ounces of castor oil and two ounces of turpentine to be used to the gallon of suds in attempting to overcome obstruction with beginning peritonitis. Castor oil when used alone with water must be made into an emulsion by the yolk of egg. One ounce of milk of asafetida to a quart of water or a pint of milk to a pint of molasses make good purgative enemata.

The tympanites, which is a symptom of great importance in hysterical women, in colic in infants, in bowel trouble following dietetic errors, in cases where the bowels have been confined as in rectal surgery, in typhoid and other infectious diseases, in laparotomies where the insized abdominal walls do not lend sufficient aid to properly expel the flatus, in tuberculous and other forms of peritonitis and in all cases where we have an interference with the function of the peritoneum through excessive gas pressure, such as in the intestinal paresis of appendicitis or following celiotomies where the bowels have been much handled, is combatted by our medical brothers, so far as the purposes of this article is concerned, by the passage of a colon tube beyond the sigmoid (in rectal cases only beyond the anus), by turpentine stupes and by the use of enemata, or preferably irrigations as the gas passes with the returning fluid, containing from a few drops to one-half ounce of turpentine, or one drachm of alum to the quart of water, or, what is especially good for children, the milk of asafetida enema before mentioned.

Dr. Louisa Burns recently published some valuable observations regarding the efficiency of our treatment in combatting this distressing symptom. Previous to that time I had demonstrated to my own satisfaction on my private patients and on the surgical cases in the hospital that tympanites in many of these conditions could be combatted successfully both by manipulation of the lower dorsal and the lumbar segments and by carefully applied steady pressure on the abdomen with the flat of the fingers or hand. Should treatment not prove satisfactory and turpentine be used be careful not to use much of it in cases having or liable to have renal complications. Boiling the enema fluid containing the turpentine is said to prevent it burning the patient. In all cases following the evacuation of an enema the anus and neighboring parts of the buttocks should be washed with warm water and thoroughly dried (not wiped with toilet paper). Be particularly careful regarding this after turpentine has been used, for unless precautions have been taken, your patient may be burned. Should this accident happen or the patient become chafed between the buttocks from improper drying, the parts will need regular cleansing with sweet oil and absorbent cotton and then the application of some good drying powder like a mixture of two parts of starch and one part of boracic acid (some skins do not stand pure boracic acid well) or a most excellent preparation for chafing that can be procured any place—browned flour. A dry dressing is best.

Because of its peculiar field of usefulness fewer ethical objections can be urged against the saline enema. It consists of a normal salt solution (one teapsoonful of table salt to the pint of water, which gives relatively about the same proportion of required salts as do the specially prepared tablets) and is given as are other enemata, as rectal irrigations, or delivered in the rectum drop by drop through a clamped off tube. Being non-irritating it takes the place of the soap enema as has been suggested. As it is rapidly absorbed it is used to supply body fluids where, as in typhoid, other infectious diseases, just before and after chloroform anaesthesia, and in certain surgical conditions of the upper digestive tract, sufficient fluid cannot be taken by mouth; and to combat circulatory failure and shock following hemorrhage from operation or accident (even from the bowels in typhoid). The amount of urine secreted acts as a control on the amount of fluid needed. Given hot it supplies body heat in heat exhaustion. By stimulating the circulation it stimulates and flushes the kidneys, promotes elimination of poisons, reduces temperature and is used for these purposes in toxemia of pregnancy, uremia, acute nephritis, sunstroke, typhoid, diphtheria, scarlet fever and other infectious disesases. In nearly all the above conditions excepting where given particularly to reduce temperature (sunstroke, 60 to 90 degrees,) one to two pints may be given high to

be retained or one or more quarts given as an enema two to four times in 24 hours at 110 to 120 degrees, depending on the case.

As rectal irrigations allow of the temperature as well as the amount being easier kept under control they are to be preferred to enemata in most of these cases as well as being of peculiar service in peritonitis and in many inflammatory rectal and pelvic conditions in both sexes. They should be as hot as the patient will take them, for in general hot ones dissipate congestion, while warm ones tend to make it worse. To be successful they usually require prolonged administration—of from one-half to one hour, a large quantity of water is necessary, and from a pint to a quart should be in the rectum at one time (regulated by attention to the in and out flow). The fluid can be kept at the desired temperature during the time by wrapping the enema bag and a hot water bottle of the right temperature up in a towel or passing the tubing between two such bottles. For an irrigation a rectal irrigator replaces the enema nozzle but if you are unable to procure one, one can be improvised by tying two different sized catheters together in such a way that the smaller or inlet tube projects an inch or more beyond the larger or outlet tube and arranging around them, about five inches from the end that is to be inserted, some kind of a perineal pad. Have a stop clip on each catheter to control the in and out flow. The drop by drop method is highly recommended in acute nephritis and where a maximum amount of absorption is desired. In less critical cases the kidneys can be flushed by the retention of a pint of saline solution injected into the rectum after the evacuation of the cleansing enema.

My only experience in combatting diarrhoea by enemata has been in cases of infants and children, in typhoids and in a bad case of dysentery where saline (boiled water) rectal irrigations (98 to 100 per cent.) for the children and saline enemata (110 to 120 per cent.) for the typhoids and (60 to 90 per cent.) for the other case, administered after each discharge reduced the number of discharges and the tenesmus, where it was present, materially. In the dystentery case two to six ounce enemata of starch (make starch as for laundry purposes and thin down) followed the salines. Opium, usually recommended to be added to the starch enema by our medical brothers, was not needed or used.

As has been mentioned enemata are used in hemorrhage from the small bowel to supply body fluids and to clear the bowel of decomposing clots but in hemorrhage from the large bowel hot enemata, and if they fail ice cold enemata are used to stop the hemorrhage.

From one to two pints of strong coffee makes a good stimulating enema.

With a limited experience of but few cases needing nutritive enemata you are referred to your texts on diet for information regarding them.

Now a few words regarding the care of the colon tube and the technique of the high enema, which when well given are stood much better for continuous use than are low ones. One very satisfactory method of giving a high enema is after filling the enema bag, attaching the warm colon tube, seeing that as much more fluid has been prepared as will be needed, placing the patient on his left side his hips raised high on protected pillows, placing the warmed bed pan directly behind his buttocks, to stand behind him and taking vaseline in left hand only, lubricate end of colon tube and under precautions given above introduce it within anus starting the flow soon after the eyelets have passed it. The flowing fluid will prevent the mucous membrane catching the eyelet and will usually clear a passage for the tube which is further lubricated by the left hand as it is gently and slowly introduced, being rotated first one way and then the other, by the right hand. Do not hurry or force tube but

withdraw slightly and try again if interruption is met and should flow stop, strip tube. As much of the tube as is desired may be introduced but usually 10 or 12 inches is sufficient. After the desired amount of fluid has been taken shut off the tube to stop regurgitation, withdraw tube not too slowly so as not to excite peristalsis and assist patient to hold fluid as before directed. Should the tube kick on being withdrawn it has bent on itself. When the passage seems eminent withdraw pillows with clean right hand and after tilting bed pan under and toward patient with left hand pull patient over into position by pulling upward and toward you on the well flexed knees with the right hand. See that the patient is properly washed and dried after the completion of the evacuation.

The walls of the colon tube should not be so thick as to be hard and rigid and cause too much pain or so thin or soft as to curl up readily. Usually large sized tubes are best but in many selected cases a large sized catheter with openings, made "velvet eyed" by being heated over a flame and quickly wiped with a wet finger, cut in the sides can be used to better advantage and with less pain. The catheter should always be used where the high enema is to be retained as its removal or being left in position clamped with a stop clip or by passing a safety pin through several folds of it cause less peristalsis. If a catheter, stomach tube or colon tube cannot be secured a high enema can be given by removing the enema nozzle from the rubber tubing and, after making the end "velvet eyed," introducing 6 or 8 inches of it with great care. So long as the pain caused by the introduction of the colon tube is confined to the mucous membrane it is colicky in nature. Its use is contra-indicated in extensive peritonitis or extensive ulceration of the large bowel. Avoid high enemata during the third week of typhoid fever when the ulceration is at its height.

As to the care of the colon tube. So long as it is used for one patient it is sufficient to scrub it off well in hot soap suds and run some of the suds through it, then doing the same with plain hot water, but before it is used for another patient, besides being scrubbed off in hot suds it should be thoroughly boiled in water or in a two per cent. solution. When boiling it (or any other rubber goods) be careful to have the water boiling before the tube is immersed in it, have tube completely covered and boil hard for 10 minutes, removing the tube at the expiration of that time as it softens rubber goods to be heated or cooled slowly. As oil softens rubber greater care should be used in cleaning the tube after it had been used. Putting it away wet will also soften it, so it should be wiped dry on the outside and hung up lengthwise to drain.

I have attempted to as nearly as possible give detailed instruction regarding the proper technique of giving enemata, to in a general way discuss the method of their use, to point out the dangers attending their improper administration and the means to combat them, and to call attention to the conditions in which enemata are of service, in many of which they have, when properly used, a field of their own, and in others are at best a temporary expedient—to be used only until treatment can become effective or to bridge over gaps in results—and not as a curative agent in themselves. In general they should be advised only after careful consideration of the individual case and then the patient or nurse should receive careful and detailed instruction how and when they were to be used in order that complete control of the case may be retained so that the patient may not form the questionable enema habit. The drug enemata have been discussed more fully than they otherwise would have been in order that there might be a better understanding of the medical procedure in those cases where an M. D. has been or is also on the case.

First Nat. Bank Bldg.

Menopause

MARIE NEELEY ADSIT, D. O., FRANKLIN, KY.

The menopause is that period in the life of a woman in which there is cessation of the function and activity of the once highly organized and dominating organs of the pelvis accompanied by varied phenomena, vaso-motor, visceral and other disturbances. It is the epoch that marks the end of the fruitful life of woman. It is a time when the general economy of the body demands a reserve for the declining years. It is the autumn of life and has characteristic changes. The body is often marked by an accumulation of fat that rounds the figure, and this is due to a low grade of nutrition. Later, this roundness gives way to a wrinkled and withered appearance caused by senile atrophy. Some retain their average weight, others lose greatly and suffer from malnutrition and anaemia. The menstrual history that shows a stormy puberty is followed by a stormy menopause, the same anatomical defect or lesion being accountable for all disturbances. The age at which this change occurs is most usually from forty-five to fifty. Heredity has something to do with the time. In some families the menopause occurs as early as the thirtieth year. Climate, race and occupation also have a bearing. High civilization, where the mind is developed at the expense of the sympathetic system, produces irritable women who have not the vitality to withstand the nervous storms of menopause. Wasting diseases that tax and drain the system, as disesases of the kidney and heart, and some conditions of the pelvic viscera tend to a premature menopause.

The progress of menopause is slow, requiring about two and one-half years for its completion, yet, the time can be prolonged for ten years due to some complications.

The symptoms and complaints are many, and sometimes it almost exhausts the physician's tact and skill to amiably adjust the whims and fancies of the patient. Care should be taken not to ascribe all abnormal conditions to nervousness or a *reflex* condition for it would be a grievous mistake to diagnose an organic heart trouble as a functional disturbance due to reflex from uterus. Thorough examinations should be made as often as necessary to prevent an error in diagnosis.

The genital system lies within the pelvis, not connected by contiguity or continuation of structure to any viscera of the pelvis. It becomes a part of, and completes the female anatomy, and by its nerve supply is united to all the viscera of the body which work in harmony when the reflexes are balanced. These organs are not essential to life—without them one can live. They are, however, essential to one continuation of species, therefore, they have a function. That function is reproduction of its kind, menstruation and gestation.

The uterus is the main source of menstruation, which is temporary. Menopause is the cessation of menstruation. This function manifests itself throughout the most active period of life. It is heralded throughout the pelvis by growth and development of pelvic viscera. Changes occur in the body and mind. Death of a function that is so profoundly related to the whole system is not unattended by nervous reflexes. Its death is due to atrophy. Many and varied are the reflexes; near and distant organs are disturbed in their rhythm, secretion, excretion and nutrition.

The endometrium is the direct source of menstruation. By some authorities it is considered a temporary gland, as is the thymus gland.

The cause of menopause is atrophy. This atrophy, which under normal conditions is physiological, attacks the viscera, blood vessels and nerves, which are the source, and produce the phenomenon of menstruation.

Some fibers form the hypogastric plexus, the double cervico uterine plexus, and the automatic menstrual ganglia undergo atrophy.

These great centers that reorganize and generate the forces that control nutrition, rhythm, secretion, menstruation, gestation and expulsion of the uterus cease to transmit impulses. The uterus itself gradually atrophies and the muscular fibers, which have been called the "living ligatures of the arteries" lose their contractility and control of the blood vessels. The muscular walls are the distributing apparatus for the motor nerves and the sensory nerves are found in the mucous structure.

Atrophy of the Nerves of the Uterus

"In the climacterium, the blood supply is diminished, increasing the inter-ganglionic cellular elements, which forces the ganglion asunder and the parenchyma (the ganglion cells) begins its final long night of atrophy and disappearance.

The inter-ganglionic connective and nerve tissue increases and multiplies while the parenchyma becomes atrophied, and compressed to death by cicatrization and lack of blood. By progressive inter-ganglionic nerve connective tissue and multiplication, the ganglion cells are separated and compressed, gradually losing their nucleolus and later their nucleus, and finally granulation of the ganglion cells disappears, and the ganglion cells become reduced to a homogeneous mass—atrophic death." Some of the direct fibers from the hypogastric also disappear. The automatic menstrual ganglia share in this degeneration. The hypogastric cervico-uterine and automatic ganglion all lose their power to transmit impulses—the normal rhythm of the uterus is destroyed. The conducting and receiving apparatus are wanting and the center is thrown into confusion. Irritation of the center produces vaso-motor disturbances.

The impulses that have been accustomed for so many years to passing over the great plexuses, as their conducting cords no longer find avenues for their transmission, are carried to other organs of less resistance.

Atrophy of Arteries of Uterus

The arteries undergo arterio-sclerosis, the muscular fibers which are so efficient in controlling the blood in the rami laterales degenerate and lose the power of elasticity and contraction. Finally through a progressive atrophy the vessels are wholly or partially obliterated. Menstruation during the climacterium is due to the same cause as normal menstruation. Menorrhagia or metroraghia is possible and probable. The uterus is congested, the normal contractions are diminished, the arteries and capillaries degenerated and the blood continues to ooze. The discharge is no longer menstrual but hemorrhagic. This loss of blood when prolonged produces pallor, anaemia, malnutrition and neurosis.

Endometritis increases menstrual flow by central or peripheral irritation, and this only adds fuel to the climacteric changes. Subinvolution is a condition that aggravates the climacterium.

Hemorrhage from myoma is reflex. The vessels of the endometrium have lost their tone. The endometrium furnishes distribution for the sensory nerves. The constant and unrelenting irritation to the mucous membrane passes through the great prevertebral plexuses to vaso-motor centers. Vaso-motor control is lost by continual irritation and the vessels lose their tone.

In treating for hemorrhage during menopause, ascertain the cause of the trouble and determine whether or not the treatment should be surgical or osteopathic. If the loss of blood is excessive and demands immediate relief strong pressure in the lumbar region between the second and third vertebrae

will stimulate the vaso-constrictors, thereby lessening the loss of blood. Direct manipulation of the uterus promotes uterine contractions which retard the flow of blood. If further treatment is required pack the uterine canal with gauze, which promotes contractions by mechanical irritation. Cold applications or ice may be used. When treating a patient to give permanent relief, remove all lesions, equalize the circulation to pelvis, stimulate and give tone to the uterus, build up the general health and give directions as to diet and exercise. Rest is always good. Douches and tampons may be used when advisable. They are helpful and not curative. I give these few remarks on this subject hoping they will interest someone. In studying a disease or condition nothing can be established unless the pathology is fully known and understood. I have examined different authors and have tried to gather from them the pathology of menopause and from this the symptoms may be adducted. I hope some day to do some research work and give you something entirely original.

Southern College of Osteopathy.

A Colorado Definition of Osteopathy

LEGAL.

The practice of osteopathy is the use of osteopathic theories, principles or methods in the examination, diagnosis or treatment of persons or their ailments by any person having reached that standard of education and skill required for graduation from the colleges recognized by the Colorado Osteopathic Association, or that required for admission to membership in the Colorado Osteopathic Association. (Minutes C. O. A., May, 1905).

——— ——— Atty.

Dear Sir: The following attempt to define osteopathy is in response to your request for the satisfaction of the State Board of Medical Examiners, who thought our society's legal definition of the practice of osteopathy was not definite enough.

Naturally the standards of our profession would be in the keeping of our State Association, which has legal control of the name, and the reference to the Colorado Osteopathic Association in that legal definition correspond to this organization's place as our professional standard-bearer.

It is my belief that the following statement agrees very accurately with the present professional conceptions of osteopathy held by all progressive advocates of this school.

Having seen many evidences that other schools of medicine endeavor to have us appear on the same plane with bath-rubbers and masseurs, we have to say we have never consented to such limited ideals, and that our mission as a school of health has been to secure professional recognition of intelligent work in mechanical adjustment of the body. That mission has expanded till for several years it has included other lines of work not satisfactorily performed by other sects in healing, and will only end when healing becomes an exact science.

TECHNICAL.

Osteopathy is a school of health. It has a theory, a science, an art, a past history, a future and a faith.

Its theory maintains that life's forces unencumbered are equal to all requirements for the preservation of health. Incumbrances, interferences, obstructions and oppressive or destructive influences may be of any kind that can affect health, and they arise rather from human ignorance, error and perversion than from natural circumstances. They may be mechanical, chemical, hygienic, dietary, mental, spiritual, psychic, habital, hereditary, any kind

or many kinds of departure from the rightness provided by nature for perfect health. "Vitality free from all inimical influences" is the theoretical basis of osteopathy.

Its science participates in all sciences so far as they can reveal nature's original health-thought and injurious departures therefrom. Its researches invade all fields of knowledge related to health preservation and restoration. This research endeavors to promptly recognize and evaluate newly appearing facts, irrespective of source, as early as their bearings upon health become apparent or even probable. It protests against, but tolerates restrictions, and is alert, earnest and progressive, seeking more perfect knowledge on which to base the art. It notably includes anatomy, physiology, biology, psychology, chemistry and physics among its correlated sciences. Pathology, symptomology, medication and surgery, concerning themselves as sciences with study of disease, are accounted secondary to the sciences of normal life.

Its art is the growing repertory of measures practically adapted to the recognition of inimical conditions, and to the restoration of conditions normal to health and well being. It avails itself of all suitable corrective measures, methods and means, either instinctive or derived from any field of research. Confessing present imperfections, it admits under protest the use of palliations, substitutions and surgical and medicinal interferences not known to be rationally adapted to such corrections. Artificial, extraneous aids and extra-vital forces are always deprecated; natural vital conditions and resources are sought, cultivated and restored to their place whenever possible.

Its past history is that of development from primitive conceptions of mechanical disease-causes, toward those of any causes whatever constituting departures from nature's perfect sum of conditions for true enjoyment of life. This growing recognition involves progressive changes in practice corresponding to the state of the science and the art.

Its future contemplates increasing perfection in its science and art, and the progressive elimination of life-destroyng factors, with intent to promote the benefits and possibilities of life, to the fullest profitable extent.

Its faith is in the supreme good, and the increasing realizaton of that good by the human race.

This attempted formulation of osteopathy is deemed fully justified by the teachings of Dr. A. T. Still, emphasized by his declaration at the Denver meeting of the American Osteopathic Association in 1905, that osteopathy is as broad as the universe, contemplating everything essentially concerned with perfect health and injury thereto.

N. A. BOLLES, D. O., M. D.

Railroad Rates for Kirksville Meeting

Transportation matters relative to annual meeting are progressing nicely with a two-cent flat rate assured in large part of country including the East, South and Central West and a *special* rate of $60 round trip from California and North Pacific coast points to Missouri river points and a rate of $72.50 from same points to Chicago and return. California sales are July 28, 29 or July 6, 7 and 8. North Pacific, July 23. Going transit limit of these tickets is ten days from date of sale, return final limit, 90 days from date of sale, but not beyond October 31. This liberal rate was made for our meeting. Special accommodations in service will also be provided from some points and a record breaking attendance is indicated. Further details will be announced in June Journal.

ALFRED WHEELOCK YOUNG, Chairman Transportation Com.

Chicago, Ill.

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The Council of Delegates

Attention is directed to the Council of Delegates, now a constitutional part of the association. Though its part under the constitution is small, it may easily be made an important committee.

It is clearly in the minds of the officers of the association to make the coming meeting one for scientific investigation and discussion, rather than that the time be comsumed with business matters however important these may be. Windy discussion was an unfortunate feature of one or two of our meetings and it has hurt the attendance, so that some means must be devised by which the literary program shall not be sidetracked for business discussions, and at the same time these important business matters be given the attention they deserve.

The great majority of the profession who attends these meetings come for their improvement and to them the discussions and wranglings over outside matters are a waste of time. These meetings must be made to furnish just what our members find to be of greatest value to them.

To that end it has been suggested that the Council of Delegates may be used as a committee, sitting to hear discussions on such important matters as will come up and need consideration at the approaching meeting. It might be ruled that there will be no discussions of motions at the time they are made on the floor of the meeting but that when duly seconded they will be referred to this Council who will hear discussion and make recommendation to the association, when the matter can be disposed of according to the judgment of the association as heretofore, the committee having taken the testimony and heard the arguments. This arrangement would in no wise interfere with free speech and discussion and at the same time would relieve the association of discussions that are time consuming and sometimes unprofitable.

The President and Board of Trustees of the association could certainly rule, if they saw fit, that motions were not debatable until referred to the Council of Delegates, and this could be carried out, permitting of the freest discussion and saving the time of the association for important features of the program. This has been made as a suggestion but it seems entirely feasible and may be considered by the Board.

The attention of state organizations is directed to the importance of selecting proper delegates to this Council. In states where the annual meetings have been held and the appointment of state delegates was not made, the president of the state organization should make the appointment; and where the annual meeting has not yet been held a delegate should be selected for the Kirksville meeting.

The constitution provides that every state organization is entitled to one delegate and one additional delegate for every fifty members after the first fifty, who are members also of the A. O. A. Every delegate so sent must be a member of the A. O. A. A brief letter from Dr. Hildreth on this subject is printed in this issue of the JOURNAL.

Research Work of the A. T. Still P. G. College

Dr. C. P. McConnell and Dr. Louisa Burns will conduct classes in research work this summer by way of confirmation and extension of the work they have already done. The session will be held at Kirksville immediately after the meeting of the A. O. A., and will continue two or three weeks. All graduates in osteopathy are eligible. The classes will have to be limited to ten or twelve students (surely not more than twenty) in order to do the best work. The conductors want those who are in earnest. One says "they must be hard workers and really mean business." Time might be gained if each one could, meantime, refresh his memory on microscopic technique, and the analysis of urine, blood, and stomach contents. Applications for membership should be sent as soon as possible to Dr. E. R. Booth, Chairman of the Council, 603 Traction Bldg., Cincinnati, Ohio.

Two other committees have been organized for further research work. One on "Diet and Metabolism" in charge of Drs. N. A. Bolles and C. W. Proctor; the other on "Neoplama" with Drs. C. A. Whiting and J. M. Littlejohn in charge. Let those interested in these or kindred subjects communicate with any of the above named persons and render all the assistance possible. Other committees will be announced later. The members of the Council will be glad to receive information as to research work already done and suggestions as to future work along any lines of interest to osteopathy.

In the December issue of the JOURNAL there appeared several editorials, the last of which, entitled "Pure Osteopathy," was signed by Dr. A. L. Evans. This seems to have caused confusion in the minds of some as to the authorship of the several articles. In justice to Dr. Evans it should be stated that the two articles, "A State Paper Reviewed" and "What Is Osteopathy?" were not written by him.

New Members

In this issue of the JOURNAL will be found a goodly list of applicants for membership in the association. At no time in several years have so many of our members been active in interesting members in the association.

In several states, Louisiana for example, practically every practitioner is a member of the association. In this particular state, Dr. Earle McCracken has done most effective work. In Utah, Dr. Harry Phillips has been notably successful, as has Dr. Thomas L. Ray likewise been active in Texas. In the South Dr. F. F. Jones is a power and in the East and Central States Dr. Walter J. Novinger, always a most successful solicitor, has again taken up the work with his old time vigor, President Moore, in the West, has a well organized corps that is getting results. There are many other active members, all of whom cannot be mentioned, but with all of these at work we shall not accomplish what we should do to bring good men and women in where they will come to be better osteopaths and where they will be a help to the profession, until *every member* of the association is an active worker for new members. The JOURNAL urges the reader of these lines to secure now and send to the secretary *one application*. The present is the time of all others to secure new members when they get the most for their money. Those who unite with the association now get the JOURNAL for fifteen months and the rights and privileges of two annual meetings for the dues of one year—five dollars.

Twelfth Annual Meeting

Arrangements are being rapidly completed which will make the Kirksville meeting not alone the greatest in our history, but ideal for meeting our professional needs and the convenience of those who attend. A skeleton of the proposed program has been printed. The sessions will cover five days, a part of one of which will be given over to the local committee for exercises appropriate to the eightieth birthday of Dr. A. T. Still. This latter will be an occasion worth a trip across the continent to witness. Those who have been in Kirksville and have known Dr. Still will certainly warm up and want to return, and the hundreds of others to whom these scenes are not living realities should by all means come to this meeting.

Kirksville is going to have open house on that occasion and extend to every practitioner of osteopathy, member of the association or not, a cordial welcome to be present; and the association is going to give a program that will meet the needs of all thirsty for knowledge. Let the attendance be three thousand.

The profession in Louisiana has every reason to fear the worst. At the last session of the legislature of the state they were able to kill a measure intended to banish their practice from the state, but this year they feel more fearful, and rightly so, for the medical society of the state has had Dr. McCormack, their organizer, there the past few months and he has visited every district of the state giving popular lectures along the lines of needed medical legislation. The purpose in this, of course, is to get the people in sympathy with medical legislation so as to minimize the opposition to the

drastic class legislation which they will propose as they did in Alabama.

Now, the question is, shall we allow ourselves to be forced from these states? The Alabama law is their model law. Are we ready for it to be extended over other states? And when it is extended over them and we have no practitioners there moulding sentiment for us, how are we going to redeem these losses? Small financial help will save the day in Louisiana before it is lost. Shall we help save it?

The secretary of the New Jersey society sends the JOURNAL a report of the attempt at legislation in that state. From the standpoint of the position taken by the A. O. A. the New Jersey society has acted the wise part. The measure that was proposed to them would have been a constant source of annoyance to administer and withheld from the profession that recognition that we are everywhere entitled to. It would have been a great mistake to have accepted such a measure as was substituted for the bill our people proposed. To accept a measure of that character is to admit that we are not competent, that osteopathy is good for nothing but chronic diseases and that we are not sufficiently intelligent or honest to make us trustworthy with a death certificate. It's queer how jealous the old line physicians are of their exclusive right to the death certificate! A favorable court decision such as the New Jersey profession practices under is vastly preferable to accepting any such measure.

Last Call

Some time ago President Moore asked for suggestions from members of the A. O. A. to be sent in to the committee on revision of the by-laws. The committee has heard from just one person. It should have heard from one hundred. Send them in right away, by next mail.

Are the rules for membership satisfactory?

Is the section on officers and duties satisfactory?

Does the provision for standing committees cover that part of the work of the Association properly?

Just how may the A. O. A. and the state societies be brought closer together, as contemplated in the resolution adopted at Jamestown?

Can that be done by some change in the provisions for the council of delegates?

What about this council of delegates as at present constituted? Is it an anomaly, an excrescence, performing no useful function, but constituting a source of possible danger, in dividing our forces?

A few years ago the idea of making the A. O. A. a delegate body so far as its business meetings were concerned, was not regarded with favor. Do you still think it should be democratic, every member having equal voice with every other member in all its deliberations?

Or shall the council of delegates be constituted the business body of the Association to have charge of all business matters, leaving the general body full time for the scientific and professional program?

These are important questions, and the committee would like to know the feeling of the membership so that it may meet the demands of the hour in its report. If you have anything to say, say it now, (by next mail) or forever after hold your peace.

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

The Spirit of Research Work

Research work is a "diligent inquiry or examination in seeking facts or principles." It consists in the actual study of a special subject from original sources, and the conclusions reached must be established beyond all reasonable doubt, by a sufficient number of experiments or observations, under diverse conditions, by unprejudiced investigators. It can be done only by careful, patient, painstaking effort. Every fact bearing upon the subject must be recorded, weighed, and considered in formulating a conclusion. There must be nothing spectacular about such work. Mere opinion is worth nothing. A majority vote would have no effect whatever. Only cold facts (the truth) without regard to preconceived opinions count for anything. One osteopath writes me as follows: "We must remember best work is done in quiet, without noise, 'splurge,' or spectacular display. Even a half dozen in earnest will accomplish solid chunks in results where more would produce valueless injury to truth."

Another says: "To any one who is accustomed to lecture methods and to theoretical or, rather, deductive methods of reasoning, laboratory research must seem extremely slow and tedious. For this reason, it is not likely that such work as I have suggested would be very popular. If anything of a popular nature is needed, a few simple and striking reactions might be perfected, and performed in the view of a large audience, which would probably be enthusiastically received. Any person of ordinary intelligence could make a very successful 'gallery play' by repeating tests already made."

A number of subjects for research work have been proposed. Most of them will require not simply weeks, but months and even years of work in the spirit suggested by the above quotations.

E. R. BOOTH, D. O.

The Louisana Situation

Feeling much interest in the osteopathic contest about to be fought in Louisiana I deem it timely for me to emphasize the appeal which appeared in the April Journal over the signature of President Graves of the Louisiana Association. It falls upon the shoulders of the eleven resident osteopaths of that state to bear the brunt of that fight for the cause of osteopathy. It is only by personal appeal to A. O. A. members that we can help this small band of workers in a financial way. We are informed that they will be grateful for all donations to the cause no matter how small. Surely each can do a little. Send remittance to Dr. C. G. Hewes, treasurer, 406 Godchauk Building, New Orleans, La. Yours for another good osteopathic law.

F. E. MOORE, President A. O. A.

Mississippi Valley Association Meeting

As announced by all the Osteopathic Journals, the trustees of the M. V. O. A. decided, owing to the fact of the American Osteopathic Association holding its annual meeting at Kirksville this year, they would give way to the A. O. A.; in fact, act as hosts for the occasion, and only hold a business meeting during the week of the A. O. A. meeting. This action by the trustees of the M. V. O. A. in no sense means a lessening of the energy or efforts on the behalf of the M. V. O. A. in their work, nor in any sense does it interfere with the ultimate outcome and valuable work of the M. V. O. A.

This association was organized for the sole purpose of visiting Dr. A. T. Still each year, at the birthplace of osteopathy and to have a free and unlimited feast of osteopathic knowledge, without the responsibilities attached to the A. O. A.

This organization requires no annual dues, and only a fifty cent membership fee. The territory as originally organized was composed of Iowa, Illinois, Missouri, Kansas and Nebraska, and no osteopath in any one of the five states can afford to stay outside of this organization. Upon reading this article, send at once to Dr. Mary E. Noyes, Ottawa, Illinois fifty cents and join the greatest and only organization of its kind on earth. Purely scientific and social, an organization for exchange of experiences, and a general home-coming each year, this means for graduates of all schools, for Doctor Still is professionally Father of us all. We can have a grand jubilee each year and all grow together.

This organization has made arrangements whereby the osteopaths of all states in the Mississippi Valley may join us if they so desire. It should be handled by the State Association taking the matter up. All will be welcome.

There is no question but what the meeting of the A. O. A. at Kirksville will be a record breaker, an historic event to last throughout all time, and all osteopaths everywhere should be there, for in union there is strength. If you are not a member of the A. O. A. you should be, and I feel sure if you attend this meeting you will be one of the members the rest of your life.

The program, as printed in the last A. O. A. Journal, is certainly a good one and guarantees good returns for the trip; besides, you cannot afford to miss participating in the celebration of the Old Doctor's eightieth birthday. Come and help us to have the greatest gathering and the very best time of our lives.

The time of holding the business session of the Mississippi Valley Association will be announced later. Don't put it off but send your name at once to Doctor Noyes; then meet with us at Kirksville, in August. Respectfully,

A. G. HILDRETH, President,
MARY E. NOYES, Secretary M. V. O. A.

A Proposed National Legislative Body

Believing the need of a co-operative legislative body to be great, the Committee on Legislation has planned an organization on the following lines:

1. There shall be selected by each state association, from its membership, a legislative committee of five—two to serve for one year, two for two years and one for three years.

2. The State Legislative Committee shall, each year, select one of its members, who is also a member of the A. O. A., to represent it in the National Legislative Body.

3. The National Legislative Body shall be composed of the Legislative Committee of the A. O. A. and one representative of each State Legislative Committee, the chairman of the A. O. A. Committee to be the chairman of the Body.

The Body will meet during the session of the A. O. A. for the consideration of legislative matters, forming plans and making recommendations—these plans and recommendations to be carried out by the A. O. A. Committee as the operative or Executive Committee of the Body. The executive work of the Body during the year, after the annual convention, is to be left entirely in the hands of its Executive Committee.

4. This Executive Committee to be selected, as at present, by the A. O. A. trustees or they (the trustees) to ratify as their Legislative Committee the election of the Executive Committee by the Body.

We are very anxious to organize this body at the Kirksville meeting. It is urged that the state associations, whose meetings fall between now and August, select a legislative committee (should be geographically distributed and preference given to those with previous legislative experience) and arrange for a representative to the National Body. Where the annual meeting has already been held the presidents of the associations are asked to appoint a representative to this first meeting of the body.

Any suggesions which will tend to perfect this organization will be greatly appreciated.

FRANK R. HEINE, D. O.,
Chairman of Committee on Legislation.

The Necrology Committee is composed of Drs. R. W. Bowling, (chairman), Los Angeles, L. O. Thompson, Red Oak, Iowa, Florence Covey, Portland, Me.

IS IT DELIBERATE?

That is, the misrepresentation of the genesis of the Post-Graduate College in the editorial in the Journal of Osteopathy for March. It is to be hoped not. It is charitable to assume that it is just a mistake, that Dr. Fiske was so self-hypnotized by the idea he entertained as to the disposition of the endowment funds, that he not only was entirely oblivious of what was going on around him at Put-in-Bay, but actually did not wake up until long afterward, having after the meeting "written different publications" advocating that old idea that was discarded by the A. O. A. at Put-in-Bay as impracticable. "Now, behold the idea has suddenly changed." He sits up and is rubbing his eyes and staring around, Rip Van Winkle-like, in bewildered wonder as to "where he is at," and doesn't realize that he is two years behind the osteopathic world. Listen, doctor:

"That the Board of Regents take steps at once toward establishing a foundation for a post-graduate school to cover special work, including the practice of surgery, and any other subjects not thoroughly presented in osteopathic colleges that 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 post-graduate school shall have begun."

That is one of the recommendations contained in the report of the Committee on Education which was adopted at Put-in-Bay, was published in the proceedings

of that meeting, and has been published extensively since, and after a year's deliberation and discussion, was readopted by the A. O. A. in the by-laws of the Post-Graduate College, at Jamestown.

The papers which were signed, each in his own hand writing, by the subscribers to the endowment fund at Put-in-Bay, read as follows:

"Whereas, The American Osteopathic Association has voted to start a movement to raise funds for the endowment of a post-graduate school of osteopathy in the United States.

"Now, therefore, we, the undersigned, in consideration of our mutual interest in, and desire to promote and further the teaching and practice of osteopathy in the United States, and in further consideration of the mutual subscriptions hereto, and expenditures to be made in pursuance of this subscription, by the Board of Regents appointed by the American Osteopathic Association, severally agree, each with the others, and with all others hereto subscribing, and with the Board of Regents as aforesaid, to pay on demand, in each year for five successive years, to said Board of Regents, or to their legal successors or assigns, to apply to the purposes aforesaid, the sums written opposite our respective names, by us severally hereto subscribed."

Does all this sound like endowing one or more peripatetic "researchers" to travel about from one college to another, or even to endow a chair in each, or some, of the present colleges, to play at research? Such an arrangement would have been farcical and would have made the osteopathic profession a laughing stock for intelligent people. Then, too, some of the present schools, of which the A. S. O. is one, are organized on the capital stock, profit-sharing plan, and hence are not situated to receive endowments, aside from the fact that men who might give largely would not for a minute put their money into such an organization, where their endowment gift would serve to increase private stock profits; so that such a fund would never amount to much in the way of really contributing to the actual advancement of osteopathy, but would be useful principally as a bluff, to enable us to say without actual prevarication that we had an "endowment fund."

The A. O. A. at Put-in-Bay realized this, and rose splendidly to the real needs of the profession in declaring for plans which mean an institution to do for osteopathy what such institutions as the Rockefeller Institute is doing for medicine, where the highest skill and the best equipment may be available for the osteopathic solution of the problems of disease, and the giving of these results to the profession, by teaching and publications. Nothing less than this will meet our needs, and nothing less would satisfy us. This is not a work of days or of months. We are building to last as long as osteopathy lasts.

Now, where in all this is any justification for the alarm that this is going to "cripple the colleges which have made osteopathy what it is." Not only is it not going to do that, but it will add to, supplement, the work they are already doing. At St. Louis we heard a great deal about the danger of crowding the schools to the wall by insisting too strongly on the three-year course. The A. O. A. learned that lesson and realized that three years was the limit for the present schools, according to their own showing, and that we would either have to go without work beyond that, or secure it under some arrangement whereby it woud not depend on tuitions. Hence the post-graduate college.

Seriously, this phase of the matter has been so much discussed and is so fully understood, and was so definitely settled two years ago, that the sincerity of any one may be called in question who arraigns the A. O. A. with betrayal of trust as does that editorial in the Journal. It is directly contrary to the facts, and can serve only to foment discord and division in the profession. It is sincerely to be hoped that this was not its intent.

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

Correspondence

ANTI-VACCINATION.

Editor Journal A. O. A.:

I must take a different view from Dr. J. S. White, April Journal, in regard to Antitoxin and Vaccine.

"The disgrace of medicine has been that colossal system of self-deception in obedience to which mines have been emptied of their cankering minerals, the entrals of animals taxed for their impurities, the poison bags of reptiles drained for their venom, and all the inconceivable abominations thus contained thrust down the throats of human beings suffering from some want of organization, nourishment, vital stimulation."—Dr. Oliver Wendell Holmes.

I cannot hesitate therefore to speak out against what I believe to be a great fraud. I must say I am surprised to note that the majority of the medical doctors and a small number of osteopaths, in many respects so alert and intelligent, still persist in defending vaccination and antitoxin, and of meddling with the natural and inalienable right of healthy and peaceable people to their own blood and bodies.

Many scientific sanitarians and eminent physicians have frankly avowed the belief that vaccine virus and antitoxin are the most dangerous and mischievous nostrums in the hands of the medical profession today. I will relate a few cases that have come under my observation within the last six years.

Mrs. A. and three children were taken sick with sore throat. Mr. A. called the family physician who, after treating the cases three days, decided the disease was diphtheria. He gave the mother 3,000 units of anti-toxin and twelve hours later she died. He gave the oldest child, a boy aged six years, 3,000 units. He lived six hours and died. The other boy, aged four, was given 2,000 units. Total paralysis resulted from it. In the same city two other children, one aged five and the other three, were paralyzed by similar doses.

Mr. A, when he realized what had happened, went to a hardware store and bought a gun. I believe if I had not pleaded with him not to commit the crime he would have shot the physician to death.

Another: Little May ran in to see a neighbor child and was sent home with the message to her mother that she had been exposed to diphtheria. The mother called the family physician. The physician prescribed antitoxine as the only sure preventive. The mother held the child in her arms while the doctor (fiend shall I call him?) inocculated the child with three thousand units of the stuff. Nine minutes later the little girl died from the effects of the "dope." She was a lovely little thing, an only child, nine years old, who had never been sick a day in her life.

Think of this, Brother Physician!

I can enter the house you call home and with a gun shoot down one of your loved ones, and you, in turn, can turn to the law to handle me for my crime. But let a physician do the same deed, using anti-toxin for his weapon, and what can you do about it? Will someone wiser than I answer this?

I have never had osteopathy fail me in diphtheria. I may, but if I do I will have the satisfaction of knowing that antitoxin did not do the fatal work, and that an honest effort was made in behalf of the case. By writing the Liberator Publishing Co., 1322 Henepin Ave., Minneapolis, Minn., you will be able to get all the literature on vaccine and antitoxin that you need. It will be a Godsend to most of you physicians. Fraternally,

Fremont, Nebr. WILLIAM HOUSTON COBBLE, D. O.

Editor A. O. A. Journal:

The reading of Doctor Snyder's paper on "Some Acute Conditions" in the March Journal has revived a very live subject and one that surely should appear on the next program of the A. O. A. for discussion. I cannot conceive of a thoroughly well posted osteopath attempting to advocate or practice vaccination in the midst of such strong argument against the vile practice backed up by statistics as we have today. Minnesota is proud of an anti-compulsory vaccination law.

LESLIE S. KEYES, D. O.

FIFTY PER CENT. OF C. O. A. COMING TO KIRKSVILLE.

Editor of A. O. A. Journal:

In sending the report of the meeting of the C. O. A. believe I failed to mention that at the banquet out of forty-eight Colorado osteopaths present, twenty-four expressed themselves as planning to attend the national convention at Kirksville this summer.

Donver, Colo. FANNIE LAYBOURN, D. O., Secretary.

STATE DELEGATES TO NATIONAL MEETING.

Editor A. O. A. Journal:

It seems to me that the action taken by the American Osteopathic Association at Jamestown, making of our state delegates a nominating body, should be emphasized in our journals and that the several state associations should take hold of the matter in a way to guarantee the best material for the place. This delegate body now has not only this duty made permanent by the constitution of the A. O. A. but there are other and very important matters that are sure to be a part of their regular work, while the recent meeting was the first time the delegate body was really organized and ready for or did any business, yet it was very apparent to all present that there was a field of usefulness for their labor. All State association should without fail elect their delegate to the next A. O. A. meeting, and select able, representative men and women to help carry on their share of the work. Respectfully submitted.

A. G. HILDRETH, D. O.
Chairman Council of Delegates.

Legislation

Editor A. O. A. Journal:

For the sixth time the New Jersey Osteopathic Society has simply to report "progress" in the matter of legislation. Every year sees us in a stronger position than the year before and we believe this year is no exception to the rule. On March 4th we had introduced into the Assembly a bill which was practically the A. O. A. model bill, calling for an independent examining board of three to be appointed by the governor.

This board would have the power to license the osteopaths now practicing in the state who had the twenty months' course, and those who should enter the state in the future, who had taken the twenty-seven months' course, with or without examination at the option of the board. The bill carried a penalty for anyone practicing osteopathy without a license.

Unfortunately the Committee on Public Health to which the bill was referred (against our strongest opposition) was made up of one M. D., one member from a district in which there was only one active D. O. (to many M. D.'s), one member who was against us last year, and two others who were willing to report the bill favorably. So the committee stood 3 to 2 against us.

We had two hearings on the bill. At the first hearing the opposition was represented by four prominent conservative M. D.'s whose only objection advanced against the bill was on the point of a separate board. Our speakers for the bill were our attorney and Drs. C. E. Achorn of Massachusetts, F. P. Young of Des Moines, George W. Riley of New York and our president, D. Webb Granberry, all of whom made able and concise speeches. We believe that one member of the committee, and the M. D.'s in general, stayed away from the hearing in order that they might be able to demand another one and so play for delay. The unfavorable position of the committee forced us to accede to another hearing.

At the second hearing the M. D.'s were out in force and conducted the usual more or less mud-slinging opposition. Doctor Achorn assisted us again and the arguments advanced for our side were gentlemanly, strong, clean-cut and to the point; one of the very best representations that I have heard at a hearing.

But anyone with legislative experience knows how much weight a hearing carries. The point is here: the M. D.'s had politically the stronger influence where it was most needed. In this case it was with the committee. If the bill had been reported out, we had a good fighting chance on the floor, with considerable influence in high places.

The outcome of the whole matter was that the M. D.'s proposed a substitute to the committee, the same bill that passed the Senate last year. This bill purported to be fair, but was full of "jokers." It gave us one man on the present board, which board would have the say as to what osteopathic colleges were up to the standard (you can see the beautiful possibilities of this provision) required a four years' course, made us take all examinations in branches common to all schools with the medical applicants, and then, to cap the climax, provided a prohibition against our giving drugs, practicing major or minor surgery, treating infectious or contagious diseases, or signing birth or death certificates. We had our bill withdrawn Monday, March 30, to prevent the majority of the committee reporting this as a substitute measure.

Had the substitute been reported there is no doubt that it would have passed the Assembly "with bells on" that same evening, as a committee substitute generally goes through, and many of our friends would have thought that they were voting for us in voting for it. We believe that our withdrawing the bill was a surprise party to our friends, the enemy, as they thought they had matters their own way. At this time the session was too near an end for the substitute measure to be introduced as a new bill and take the usual course.

The New Jersey Society will have a meeting on the 25th inst., and start on our work to secure favorable legislation next year. We are bound to get what we want; it is only a question of time. Our forces are united and from past experience we are driven to adopt the motto: "No compromise."

East Orange, N. J. MILBOURNE MUNROE, D. O., Secretary.

TESTING THE LAW IN NEW YORK.

Dr. C. F. Bandel whose certificate of death of a patient was refused by the Board of Health on the advice of Corporation Counsel for Borough of Brooklyn, has brought suit to test the law. An order has been issued calling on the Board of Health to show cause why a mandamus should not be issued compelling it to accept the death certificates of osteopaths. In the meantime the profession in the state are wondering if there is a "Joker" in the bill they accepted a year ago. This decision of the corporation counsel is being printed in the papers very generally over the country.

AN ITEM ON LEGISLATION.

The House of Representatives on April 9th defeated a bill, 31 to 53, which was designed to "regulate the practice of non-medical healing in the state of Ohio." The bill provided for a board of examiners of "non-medical healers" to examine applicants in anatomy, physiology and physical diagnosis. It seemed hard to find just what interests were behind the measure. The author claimed that the "neuro-magnetic healers" were sponsors for it. On the floor of the House however, it was amended so as to apply to "mecano-therapy." The osteopathic interests in the measure were looked after by an amendment to exempt from its provision all osteopaths, and to prevent those who complied with the provisions from advertising themselves as osteopaths. These and several other amendments made the measure burdensome, so that it was easily killed. The measure had the endorsement of no committee. It was first sent to the Medical Committee. They held it back with the intention of killing it, until the author of the bill finally succeeded in having the House relieve the committee of further consideration of the bill, which placed it on the calendar for final action.

Columbus, O. M. F. HULETT, D. O.

FINED IN COLORADO.

Dr. Ralph M. Jones, the osteopath in Denver who was indicted at the instance of the Medical society of the state for using the title "doctor," has been fined $50 and costs. Notice was given of appeal and the case will be taken to the Supreme Court to test the standing of the osteopathic practice in the state.

State and Local Societies.

CANADA.

The seventh semi-annual convention of the Ontario Osteopathic Association was held in the parlors of the St. Charles Hotel, 66 Youge St., Toronto, Ont., on Monday, April 20, when the following excellent program was listened to by those present:

Demonstration of Technique: (1) Cervical Region, Dr. J. N. McRae, Galt, Ont.; (2) Lumbar Region, Dr. Asa G. Walmsley, Peterborough, Ont.

Practice—Clinical Demonstration: (1) Bright's Disease, Dr. J. S. Bach, Toronto; (2) Liver Disorders, Dr. W. A. Gossman, Stratford, Ont.

Papers: (1) "How to Advance Osteopathy in Ontario," Dr. G. A. Wenig, Hamilton; (2) Scope of Osteopathy, Dr. E. D. Heist, Berlin, Ont.

Clinical Demonstration of Technique, Dr. W. W. Steele, Buffalo, N. Y.

Dr. W. W. Steele of Buffalo, N. Y., was the guest of honor and his presence greatly enhanced the excellence of the program rendered. The doctor presented a number of claims and discussed treatment and demonstrated technique in each case. His remarks were directed more particularly to rib lesion, their effects and technique of correcting same. The association voted Dr. Steele a hearty and unanimous vote of thanks.

The following greeting was unanimously voted:

Dr. Andrew Taylor Still, Kirksville, Mo.:

Dear Doctor: The Ontario Osteopathic Association in convention at Toronto, Ont., sends greeting and congratulations on the approach of the 80th anniversary of your birth. A goodly number of the Ontario Osteopaths hope to be with you in August and participate in the Great Homecoming of Osteopaths.

R. B. HENDERSON, D. O., President.
E. D. HEIST, D. O., Secretary-Treasurer.

It was a matter of great satisfaction to the program committee that all who were to take part in the program were present. There was a good attendance of members and all felt that the convention was a profitable one.

E. D. HEIST, D. O., Secretary.

RHODE ISLAND.

The Rhode Island State Society holds its meetings regularly each month with a very good attendance. Nearly all of the osteopaths of the state are members together with a few associate members from a neighboring state. Several meetings of interest have been held recently.

Dr. Francis Cave of Boston presented a lecture which none could afford to miss. His subject, "Some Mechanical Considerations of Scolioses," was ably presented and proved to be very instructive.

On another evening the New England Association was invited by the R. I. Society when a lecture on "Obstetrics" by Dr. Ellen Barret Ligon of New York was given. All found this hour a very profitable one and not a few were impressed with the positive assurance of Doctor Ligon. Such assurance founded upon experience can but inspire enthusiasm in every osteopath.

At the March meeting a lecture was given by Dr. A. W. Rhoads upon "Arterio-Sclerosis." This was followed by a discussion by the other members.

ANNIE M. ROBERTS, D. O., Secretary.

TENNESSEE.

The tenth annual of the Tennessee Society was held in Chattanooga April 20. The program was carried out in full as follows:

Reading constitution and code of ethics, Secretary; Secretary-Treasurer's Report, B. A. Duffield; Report of Trustees, P. K. Norman; Report of A. O. A. Meeting at Norfolk, A. L. Evans; "The Post-Graduate College," J. Earle Collier; "Diseases of the Spinal Cord," B. S. Adsit, Franklin, Ky.; "Demonstration of Appliance for Diagnosis, H. A. Greene; "Flexions and Versions of the Uterus," P. H. Woodall, Birmingham, Ala.; "Facial Paralysis," P. K. Norman; Demonstration of Technique: "Straight Spine," E. C. Ray; "Occipital Lesions," W. F. Link; "Lumbar Region," O. Y. Yowell; "Prostatis," W. Miles Williams; "Asthma," Lora K. Barnes; "Diphtheria," H. R. Bynum; "Septic Fever," Bolling L. Blocker; "Osteopathy in Diseases of Children," Bessie A. Duffield. Of especial interest to the profession was the address by Dr. B. S. Adsit of Franklin, Kentucky, on "Diseases of the Spinal Cord."—(Chattanooga News).

ILLINOIS.

The bi-monthly meeting of the third district Osteopathic Association was held at the office of Dr. Cora Hemstreet in Galesburg recently. An interesting program was prepared and the attendance was large. The program follows:

Diet in special diseases, i. e.: Typhoid Fever and Bright's Disease, Dr. Lola L. Hays, Moline. Diabetes and Lithemia, Dr. C. M. Sperry, Kewanee.

Menstrual Headaches, Dr. M. P. Browning, Macomb. Discussion, Dr. Elvina Mekemson, Monmouth, Dr. Minnie Baymiller, Abingdon.

Osteopathy in Acute Appendicitis, Dr. H. P. Ellis, Canton. Discussion, Dr. W. J. Giltner, Monmouth; Dr. Etta O. Chambers, Geneseo.

Metritis, Prolapsus and Adhesions, Dr. Daisy Walker, Quincy. Discussion, Dr. Cora Hemstreet, Galesburg; Dr. C. E. Stewart, Moline.

Differential Diagnosis and Treatment of Gall Stones—Dr. J. S. Barker, LaHarpe. Discussion, Dr. Effie Messick, Monmouth; Dr. H. J. Elsea, Carthage.

COLORADO.

The osteopaths of Colorado Springs and Colorado City met recently in the Y. M. C. A. and formed an organization. The following officers were elected: President, Dr. J. D. Glover; vice president, Dr. C. S. Klein; secretary-treasurer, Dr. M. Jeanette Stockton. Among those present were Drs. J. W. McNeil, J. D. Glover, E. E. Conway, C. S. Klein, E. L. Mumma, A. Pauley, G. L. Summers, Adel A. Allison, Jonnah Campbell and M. Jeanette Stockton. Meetings of the society will be held the first Thursday in each month, the next to be held in the offices of J. D. Glover on East Kiowa street.

MISSOURI.

The osteopaths in southwest Missouri and southeast Kansas organized a district society recently, meeting in Joplin. Dr. Truman Wolf, of Carthage, Mo., is president, Dr. Josephine Trabue, of Pittsburg, Kansas, vice president and Dr. Florence Gustin, of Lamar, secretary. Meetings will be held monthly.

ALLEGHENY COUNTY, PENNSYLVANIA.

The Allegheny County Osteopathic Association held its regular meeting in the offices of Dr. Helen Baldwin, East Liberty National Building, March 28. The following officers were elected for the coming year: President, Dr. William L. Grubb; vice-president, Dr. Bertha O. White; secretary, Dr. Noyes G. Husk; treasurer, Dr. Harry M. Goehring.

NOYES G. HUSK, D. O., Secretary.

Personal

Dr. M. E. Clark of Indianapolis is to visit central New York in May. He will address the profession in Rochester, May 15, and in Syracuse, May 16. A large attendance is expected at each of these meetings.

Dr. George A. Still seems to be making quite a reputation for himself in the surgical world. The Kirksville papers report many operations and even the cosmopolitan papers East and the surgical journals are noticing his work.

Dr. H. L. Spangler who has practiced in Canada for a number of years was recently arrested at the instance of the New Brunswick Council of Physicians and Surgeons charging him with practice in violation of the medical act. After hearing the case the trial judge ordered the discharge of the defendant.

Dr. Harry W. Emeny of Eldora, Iowa, was shot in that city at 2 o'clock on the morning of April 10 at the home of Edward Nuckalls of that city. He was in a dangerous condition at the hospital when last heard from.

Dr. C. B. Atzen on April 25 delivered an address on osteopathy before the Omaha Philosophical Society. There are a number of physicians in the society and Dr. Atzen had a lively time.

REMOVALS.

Edward D. Burleigh from 800 Perry Bldg. to 904 The Flanders, Philadelphia, Pa.

Silas Dinsmoor from Louisville, Ky., to 625 Clyde St., Pittsburg, Pa.

Drs. Frame and Frame from 1118 Penn. Bldg. to 1619 Race St., Philadelphia, Pa.

Jennie L. Evans from Akron, O., to 514 East Normal Ave., Kirksville, Mo.

D. C. Farnham from O'Farrell St. to 1525 Sutter St., San Francisco, Calif.

Mary E. Harwood from N. Y. Life Bldg. to The Naomi, 1423 E. 8th St., Kansas City, Mo.

K. G. Harvey from Coal Exchange to residence, 409 Madison Ave., Scranton, Pa.

J. C. Herman from Daytona, Fla., to Magnetic Springs, O.

R. D. Kilvary from 45 Auditorium Bldg. to 6359 Monroe Ave., Chicago, Ill.

A. B. King from Mermod and Jaccard Bldg. to 1008 Third Nat. Bank Bldg., St. Louis, Mo.

J. Porter McCormick from 79 E. North St., Newcastle, to 52 Shenango St., Greenville, Pa.

John W. Miller from 418 Market St., to 226 Market St., Sunbury, Pa.

J. H. Murray is located at 212 instead of 228 East Hanover St., Trenton, N. J., as printed in last Journal.

O. C. Mutschler from McKeesport to 6 West South St., Somerset, Pa.

Arthur Patterson from 628 West St. to 923 Jefferson St., Wilmington, Del.

Adalyn K. Pigott from 152 Blood St. E. to Dominion Bank Bldg., Toronto, Ont., Canada.

Wilden P. Snare from Alliance, Neb., to Golden, Colo.
Daniel D. Towner from 1198 Bushwick Ave., to 207 St. James Pl., Brooklyn, N. Y.
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Sumner E. Warner from 410 to 215 Board of Trade Bldg., Indianapolis, Ind.
I. K. Wynne from Dennison, Tex., to McKinney, Tex.
Olive C. Waller from Alliance, Neb., to over Merchants Bank Bldg., Eugene, Ore.
Lillie E. Wagoner from Maple St. to York Ave., Creston, Ia.

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(3) Graduates of unrecognized schools (now defunct) who have qualified under the amendment to the Constitution adopted at Put-in-Bay.
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(1) Active schools are set in small caps; inactive schools in smaller type.

(2) These two schools, not having yet 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 Ass'n.

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Byars, W. R., (A.) Kuhn Bldg.
Creswell ,Lena, (A.) 30 Sefton Block.
Heilbron, Louisa, (Cc.) 849 22d St.
McCabe, John A., (A.)
Pierce, Nellie M., (A.) 15 Fletcher and Salmon's Bldg.
Wood, Ida S., (M.) 915 Fifth St.

San Francisco.
Burke, Isaac (Cc.) 1540 Broderick St.
Cooper, Helen, Victoria, (Cc.) 1259 O'Farrell St.
Cooper, Sarshel De Pew, (Cc.) 1259 O'Farrell St.
Ford, Chas. F., (P.) 1350 Franklin St.
Harris Susan Orpha, (Cc.) 1459 Franklin St.
Lawrence, J. Lovell, (Cc.) 2124 Bush St.
Martin, Frank L., (Cc.) 992 Page St.
Moore, Audrey C., (A.) 2018 Broderick St.
Sheldon T. W., (A.) 1844 Sutter St.
Slaughter, Kate C., (Cc.) 887 Fulton St.
Spencer, Elizabeth A., (S.C.) 887 Fulton St.
Usher, Jennie M., (Cc.) 71 Haight St.
Vanderburgh, W. W., (A.) 2069, Sutter St.
York, Effie E., (S.C.) 1481 Geary St.

San Jose.
Long, Nellie G., (Cc.) 215 So. Second St.
Nims, Herbert J., (Cc.) Ryland Block.
Stephenson, Jennie, (P.) 109 Theater Bldg.
Werkheiser, Amos E., (A.) 17 Ryland Bldg.
Wright, Anna A., (P.) Theatre Bldg.
Wright, A. A., (P.) Theatre Bldg.

Santa Anna.
Littell, U. G., (P.) 14 New Hervey Block.

Santa Barbara.
Sperry, Myra Ellen, (P.) 19 W. Victoria St.
Huntington, J. L., (A.) P. O. Box 83.

Santa Cruz.
Hale, Chas. K., (Cc.)

Santa Rosa.
Sisson, Ada B., (A.) 7th and B Sts.

South Pasadena.
Whiting, Lillian M., (P.)

Stockton.
Hain, Grace Estella, (S.C.) 62 Alliance Bldg.
Rule, J. C., (S.C.) 62 Alliance Bldg.

Ukiah.
Peirce, Chas. E. (S. C.)

Vacaville.
Foree, Lynn R., (P.)

Vallejo.
Hitchcock, A. W., (P.) 814 Florida St.

COLORADO.

Boulder.
Burrus, Loula M., (A.) cor. 16th and Pearl Sts.
Overfelt, L. B., (A.)

Brush.
Maddux, Walter S., (S. C.) Box 168.

Colorado City.
Allison, Adele A., (A.)

Colorado Springs.
Pauly, G. W., (A.) DeGraff Bldg., 118 N. Tejon St.
Stockton, M. Jeanette, (A.) Chamber of Commerce Bldg.

Denver.
Bailey, Marcellus W., (A.) 338 Temple Court.
Bartlett, Laura F., (A.) 428 Empire Bldg.
Bass, Elizabeth C., (C.) 624 Empire Bldg.
Bass, John T., (C.) 624 Empire Bldg.
Bolles, N. A., (A.) 1457 Ogden St.
Bolles, Nettie H., (A.) 1457 Ogden St.
Brown, L. S., (A.) 33 Masonic Temple.
Burton, Hasseltine A., (C.) 667 S. Tremont St.
Cornett, Jessie Willard, (A.) 522 Barclay Blk.
Cramb, Jno. L., (A.) 31 Masonic Temple.
Frey, Miss Julia V., (A.) 1560 Downing Ave.
Gooch, Lucy Owen, (S.S.) 16 Evans Block.

Hilton, Bertha, (C.) 46 W. First Ave.
Laybourn, Fannie B., (A.) 401 E. Frost Ave.
Perrin, Geo. W., (A.) 524 Empire Bldg.
Reid, Chas. C., (A.) 308 Temple Court.
Sandford, H. J., (Sc.) 224 Empire Bldg.
Westendorf, Katharine, (C.) 516 Kittredge Bldg.

Durango.
De Shazer, J. Dalton, (A.)

Fort Collins.
Clark, D. L., (A.)

Fort Morgan.
Warner, W. S., (S.C.)

Grand Junction.
Moore, Riley D., (A.)

Greeley.
Morrison, Martha A., (A.)

Lamar.
Hardy, J. H., (A.)

Longmont.
Morse, Sarah E., (A.) 459 Main St.

Leadville.
Southworth, Bertha B., (A.) 521 Harrison Ave.

Loveland.
Keeler, Mary N., (S.C.)

Montrose.
Ferrand, R. L., (P.) Kelley Bldg.

Pueblo.
De Tienne, Harry G., (A.) 312 Central Block.
Young, A. Howard, (A.) 52 Mechanics Bldg.

Trinidad.
Barnes, N. B., (A.)

CONNECTICUT.

Bridgeport.
Griffis, Nellie B., (Bn.) Sanford Block.
Paul, Arthur H., (A.) 311 Court Exchange Bldg.

Fairfield.
Banks, Carrie M., (Mc.)

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.

DELAWARE.

Wilmington.
Cockrell, Marthena, (A.) The Marion.
Patterson, Arthur, (A.) 923 Jefferson St.

FLORIDA.

De Land.
Love, S. R., (A.) 50 New York Ave.

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.)

Sutherland.
Foutz, Cordelia, (A.)

Tampa.
Berry, A. E., (A.) 506 Florida Ave.

GEORGIA.

Atlanta.
Aspley, R. Wm., (So.) 605-6 The Grand.
Blackman, W. Wilbur, (Sc.) Robertson Sanitarium.
Broach, Elizabeth, (S.S.) 343 Capital Ave.
Hale, John, (S.) 66 Inman Bldg.
Dozier, W. R., (A.) 400 Grand Opera Bldg.
Hall, Elmer T., (A.) 304 Lowndes Bldg.
Hardin, M. C., (A.) 704 Lowndes Bldg.

Albany.
Bowdoin, W. H., (So.)

Augusta.
Bennett, James W., (A.) Miller-Walker Bldg.

Columbus.
Lorenz, Chas. E. (A.) 308 Masonic Temple.

Cordele.
Elliott, J. W., (A.)

Dawson.
Clagett, R. L., (So.) Dean Bldg.

Fitzgerald.
Townsend, G. A. (A.) Buie Bldg.

Gainesville.
Vickers, A. W., (S.)

Griffin.
Layne, A. C., (So.) 23 S. Hill St.
Layne, Mary E., (So.) 23 S. Hill St.

Macon.
Jones, Frank F., (S.C.) 354 Second St.

Newnan.
Bradshaw, Sam, (S.S.)

Rome.
Riley, Nannie B., (S.S.) West Bldg.

Savannah.
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.
Lucas, Mita M., (S.) 203 Madison St.

Valdosta.
Ulmer, Ida, (S.S.)

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.
Rightenoue, S. R., (A.) Sonna Blk.

Caldwell.
Smith, Frank Pierce (A.) C. Bank and Trust Bldg.

Moscow.
Hatfield, W. M., (A.) Creighton Bldg.
Price, Addie Fish, (N.) 122 N. Washington St.

Nampa.
Houseman, Evan G., (A.) Acme Bldg.

Wallace.
Edwards, J. C., (A.)

ILLINOIS.

Alton.
Wyckoff, A. B., (A.) 119 West Third St.

Aurora.
McGinnis, J. C., (A.) 450 Mercantile Block.

Barry.
Johnson, H. C., (A.)

Belleville.
Eales, I. J., (Ac.) Ohms & Jung Bldg.

Biggsville.
Mekemson, Elvina, (S.C.)

Bloomington.
Burner, Ethel Louise, (A.) 208 Unity Bldg.
Cunningham, J. D., (A.) 501 Livingston Bldg.
Mantle, Eliza, (A.) Greisheim Bldg.
Pitts, Eugene, (A.) 317 Eddy Bldg.

Cairo.
Freeman, A. E. (A)

Carbondale.
Swartz, Laura E., (A.)

Champaign.
Parker, F. A., 204 W. Park St.

Charlestown.
Francis, J. E., (A.) Odd Fellows Bldg.

Centralia.
Jennings, Louise F., (A.) 308 N. Locust St.

Chicago.
Allen, W. Burr, (Ac.) Trude Block.
Bartholomew, E. J., (A.) 134 Mentor Bldg.
Bernard, Roy, (A.) 201 Trude Bldg.
Bunting, H. S., (A.) 171 Washington St.
Carpenter, Geo. H., (S.C.) 405 Trude Bldg.
Dana, Frances, (S.C.) 304 Trude Bldg.

Dayton, Frank E., (Ac.) 204 Trude Bldg.
Darrow, C. R., (A.) 1173 N .Clark St.
Darrow, Anna A., (A.) 1173 N. Clark St.
Fryette, H. H., (Ac.) Auditorium Tower, Chicago, Ill.
Gage, Fred W., (A.) 901 Champlain Bldg.
Goodspeed, Almeda J., (A.) 901 Champlain Bldg.
Holcombe, Dayton B., (Ac.) 501 Steinway Hall.
Kilvary, R. D., (Ac.) 45 Auditorium Bldg.
Kretschmar, H., (A.) Trude Bldg.
Landes, Agnes, (A.) 2030 Clarendon Ave.
Lucas, John H., (Ac.) 203 Trude Bldg.
Littlejohn, J. B., (Ac.) 1906 Lexington St.
Littlejohn, Mrs. J. B., (Ac.) 1906 Lexington St.
Littlejohn, J. Martin, (A.) 928 Adams St.
Logan, Chas. L., (Ac.) Hotel Warner, 33d St. and Cottage Grove Ave.
Lychenheim, Morris, (Ac.) 507 Burton Bldg., 39 State St.
Mitchell, C. Elizabeth, (A.) 400, 57 Washington St.
McConnell, Carl P., (A.) 500 57 Washington St.
McDougall, J. R., (A.) 702 Champlain Bldg.
Myers, Elizabeth V., (A.C.) 1888 Diversey Boulevard.
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.
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.
VanHorne, Helen, (A.) 908, 57 Washington St.
Young, Alfred Wheelock, (A.) 702-704 Champlain Bldg.

Clinton.
Atkins, W. A., (A.)

Danville.
Biddle, J. Russell, (At.) 315 Temple Bldg.
Swartz, W. C., (A.) 311 Odd Fellows Bldg.

Decatur.
Martin, Elmer, (A.) 405 Powers Bldg.

Dixon.
Browne, E. M., (A.) Countryman Bldg.

Elgin.
McCall, T. Simpson, (A.) 20 The Spurling.
Todson, Clara L., (Bn.) 23 The Spurling

Galesburg.
Halladay, R. S., (A.) Triole Bldg.
Hemstreet, Cora E., (A.) Holmes Bldg.

Havana.
Fager, Emma C., (A.)

Hillsboro.
Pleak, J. J., (A.)

Ivesdale.
Gallivan, Kathryn L., (S.C.)

Jacksonville.
Loving, A. S., (A.) 12 Morrison Block.

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.

Ottawa.
Moriarity, J. J., (A.) Maloney Bldg.
Noyes, Mary E., (A.) 403 Maloney Bldg.

Paris.
Noyes, Mary E., (A.) 403 Maloney Bldg.
Curl, Lewis F., (A.) 209 W. Court St.
Davis, W. E., (A.) 242 W. Court St.

Peoria.
Boyer, G. R. ,(A.) 334 Woolner Bldg.
Magill, Edward G., (A.) 228 Woolner Bldg.
Thawley, Edgar Q., (A.) 334 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.
Robie, Ella L., (S.C.) 230 N. Church St.

Rock Island.
Bergland, V. A., (A.) 1721½ Second Ave.

Springfield.
Carter, Mrs. Georgia, (A.) 413 E. Capital Ave.
Carter, Walter C., (A.) 413 E. Capital Ave.
Mantle, Pauline R., (A.) 405 Pierik Bldg.
Penrose, J. T., (A.) Pierik Bldg.

Sullivan.
Bushart, E. E., (A.)

Taylorville.
Roberts, Arthur, (A.) 6 Anderson Block.

Tuscola.
Overton, J. A., (A.)

Washburn.
West, Bertha M., (A.)

Watseka.
Herrick, W. Edwin, (A.)

Waukegan.
Bischoff, Fred, (A.)

INDIANA.

Attica.
Barnett, John Ambrose, (S.)

Auburn.
Oswalt, Adam M., (A.) 116 N. Main St.

Bedford.
Schrock, Lorena M., (A.) 1540 "I" St.

Marshall.
Baker, Chas. F., (A.)

Bloomington.
Holland, J. Edwin P., (A.) 312 N. Walnut St.

Connersville.
Baughman, J. H., (A.) 512 Central Ave.
McKone, Ida M., (A.) D. F. Roots Bldg.

Elkhart.
Crow, E. C., (A.) 2nd and Franklin Sts.

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.
Geyer, Mary Elizabeth, 112 S. 5th St.

Indianapolis.
Clark, M. E., (A.) 409 Board of Trade Bldg.
Maltby, John W., (A.) 618 E. 22nd St.
McNicoll, D. Ella, (A.) Pythian Bldg.
Rector, Chas. A., (3) 220 East North St.
Smith, Orren E., (A.) 516 Traction Terminal Bldg.
Spaunhurst, J. F., (A.) 529 State Life Bldg.
Tull, George, (A.) 727 Pythian Bldg.
Warner, Sumner E., (A.) 215 Board of Trade Bldg.
Williams, Kate, (S.C.) 435 State Life Bldg.

Kokomo.
Smith, Frank H., (A.)

LaFayette.
Vyverberg, Kryn T., (A.) 1 Taylor Bldg.

La Grange.
Chapman, J. A., (Sc.)

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.
Richmond.
Gardner, Emma Griffin, (A.) 23 N. 10th St.
Rensselaer.
Turfler, 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.

IOWA.

Ames.
Stewart, Frances G., (S.C.)
Anita.
Larrabee, T. B., (S. C.) Anita Bank Bldg.
Atlantic.
Bradbury, Chas. C., (S.C.) 12 Fifth St.
Finley, Chas. D., (S.C.) 610 Chestnut St.
Bedford.
Roberts, Kathryn, (S.C.)
Boone.
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.
Charitan.
Wyland, Samuel I., (S.C.)
Charles City.
Wright, Ruth M., (S.C.) Ellis Bldg.
Cherokee.
Hoard, B. O., (A.)
Clinton.
Olmsted, S. Louisa, (S.C.) 220 Fifth Ave.
Council Bluffs.
Brown, Clifford, (S.C.) 220 Merriam Blk
Creston.
Wagoner, Lillie E., (A.) York Ave.
Davenport.
Sharon, Thos. L., (A.) 126 Main St.
DesMoines.
Fike, Emily M., (S.C.) 7 Florentine Bldg.
Johnson, Chas. W., (S.C.) Still College.
Kerr, George Asbury, (S.C.) 1023 Twenty-Fifth St.
Pickett, W. E., (Sc.)
Still, Ella D, (A.) 1716 9th St.
Still, S. S., (A.) 316 Century Bldg.
Stoel, Harry M., (A.) 1511 Locust St.
Thompson, C. E., (S.C.) 1104 Nineteenth St.
Young, F. P. (A.) Still College.
Dubuque.
Cole, W. A., (A.)
Earlham.
Shike, J. R., (S.C.)
Eldora.
Emeny, Harry W., (A.)
Grinnell.
Hibbetts, U. M., (A.) 721 Broad St.
Humboldt.
Christiansen, C. P., (S.C.) Main St.
Indianola.
Owen, Jas. E., (A.)
Iowa City.
Washburn, Benson E., (Sc.)
Lake City.
Andrews, L. V., (Sc.)
Leon.
Gates, Mary A., (A.)
Malvern.
Corbin, Milton E., (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. A. M. E., (S.C.) 514 Walnut St.
Oelwein.
Eller, Frances M., (A.) 111 N. Frederick St.
Oskaloosa.
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.)
Sidney.
Chappell, George G., (A.)
Sioux City.
Brown, Marcus E., (S.C.) 505-6 Metropolitan Bldg.
Cluett, F. G., (A.) 309 Security Bldg.
Storm Lake.
Parrish, U. S., (S.C.)
Vinton.
Hitchcock, C. C., (S.C.) Parsons Bldg.
What Cheer.
Barker, F. M., (A.)
Winterset.
Weir, T. P., (S.C.)

KANSAS.

Beloit.
Kissinger, L. A., (A.)
Caney.
McKinney, Lula Ireland, (A.)
Clay Center.
Benneson, H. K., (A.) 434½ Lincoln Ave.
Downs.
Frederick, Harriet, (A.)
Emporia.
Armor, Gladdis, (A.)
Eudora.
Carr, S. V., (S.C.)
Hiawatha.
Hardy, Linda, (A.)
Holton.
Godfrey, Nancy J., (S.C.)
Hutchinson.
Hook, M., (A.) 16 1st Ave., E.
Minneapolis.
Howes, Luther Alan, (A.)
Ottawa.
Wolf, G. B., (A.)
Paola.
McClanahan, J. L., (A.)
Parsons.
Williamson, J. A., (A.)
Pittsburg.
Trabue, Josephine A., (A.) Syndicate Bldg.
Willis, C. E., (A.)
Salina.
Hearst, Ethel L., (A.) 122 N. Santa Fe St.
Bower, J. H., (A.)
Wichita.
Stanley, Annie (A.) 329 E. Dong 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.)
South, J. F., (S.S.)
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.C.) 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.
Bush, Evelyn R., (A.) 400 W. Breckenridgs St.
Carter, G. R., (A.) 507 Paul Jones Bldg.
Collyer, Frank A., (S.S.) 635 Second St.
Dinsmoor, S., (A.) Weissinger-Gaulbert Apartments.
Mayfield.
Day, J. O., (So.)
Owensboro.
Coffman, J. M., (A.) Fourth St.
Coffman, Kent W., (A.) 219 Fourth St.
Harris, Edwin L., (A.)
Paducah.
Gilbert, J. T., (S.S.) Brook Hill Bldg.
Neville, J. L., (A.) 331 Broadway .
Paris.
Petree, Martha, (A.) Agricultural Bank Bldg.
Shelbyville.
Carter, H. H., (A.)

LOUISIANA.

New Orleans.
Mayronne, Mme. Delphine, (A.) Cusach's. 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.
Portland.
Coburn, D. Wendell, (Bn.) 760 Congress St.
Covey, Florence A., (A) The Somerset, 633 Congress St.
Howe, Alice E., (Ac.) 190 State St.
Howe, Viola D., (Ac.) 190 State 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.
McMains, Henry A., (A.) 837 N. Freemont Ave.
Quinn, Ella X., (Sc.) 518 E. North Ave.
Frederick.
Schmid, Edward L., (A.) E. Patrick St.
Hagerstown.
Smith, A. M., (N.) 121 W. Washington St.
Stevenson, Richard Givens, (Ac.)

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 Cumberland St.
Bearse, Ada M., (Mc.) 39 Huntington Ave.
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.
Dennette, F. A., (Bn.) 155 Huntington Ave.
Dunsmoor ,H. V., (Bn.) 176 Huntington Ave.
Ellis, S. A., (N.) 687 Boylston St.
Ellis, Irene Harwood, (A.) 687 Boylston St.
Ericson, Erica, (Bn.) 183 Huntington Ave.
Finneran, Margaret T., (Mc.) 164 Huntington Ave.
Lane, Arthur M., (Mc.) 266 W. Newton St.
Lown, Anna B., (A.) 144 Huntington Ave.
MacDonald, John A., (A.) 39 Huntington Ave.
McWilliams, Alexander F., (A.) 421 Huntington Chambers.
Nott, Ellen Bird ,(Mc.) 164 Huntington Ave.
Olmsted, Harry J., (Bn.) 715 Colonial Bldg.
Purdy, Frank Leroy, (Mc.) 416 Marlborough St.
Rogers, Alfred W., (A.) 121 Hemenway St.
Sherburne, F. W., (A.) 382 Commonwealth Ave.
Small, Mary A., (Mc.) 108 Huntington Ave.
Smith, George E., (Mc.) 30 Huntington Ave.
Smith, R. K., (Bn.) 755 Boylston St.
Smith, W. Arthur, (Mc.) 313 Huntington Ave.
Taplin, George C., (Mc.) 1069 Boylston St.
Turner, L. C., (Mc.) 176 Huntington Ave.
Vaughan ,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.
Lake, F. Bourne, (A.) 1648 Mass. Ave.
Fall River.
Poole, I. Chester, (A.) 292 Pine St.
Greenfield.
Bryant, Ward C., (S.) Davenport Bldg.
Haverhill.
Horn, George F., (A.) Simonds & Adams Bldg.
Jamaica Plains.
Moses, Lucy J., (A.) 10 Seaverns 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.
Marlboro.
Jones, William Henry, (Mc.) 200 Main St.
Medford.
Durham, A. Duke, (S.S.) 86 High St.
Melrose.
Wheeler, G. D., (A.) 120 N. Emerson St.
Newtonville.
McLaughlin, S. C., (Mc.) 3 Harvard St.

New Bedford.
Walker, Mary Wheeler, (A.) 288 Union St.
Newburyport.
Coburn, D. W., (Bn.) 100 High 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.
Springfield.
Allen, L. W., (A.) The Kenson, 10 Chestnut St.
Atty, Norman B., (N.) Court Sq. Theater Bldg.
Mayes, M. T., (A.) 211 Meekins, Packard & Wheat Bldg.
Robison, Alice A., (Bn.) 42 Dartmouth St.
Taunton.
Mager, Edwin J., (3) 58 Broadway.
Waltham.
Roark, H. A., (S.S.) 2 Lawrence Bldg.
Wellesley Hills.
Rodman, Warren A., (Mc.) Washington St.
Worcester.
Fletcher, Mary M., (S.C.) Central Exchange Bldg.
Gleason, Alson H., (S.C.) 765 Main St.
Reid, Geo. W., (A.) 1 Chathem St.
Spaulding, Wm. R., (Bn.) 738 Main St.

MICHIGAN.

Albion.
Arnold, G. E., (S.C.) P. O. Bldg.
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.) 206 Ward Bldg.
Bay City.
Gates, O. B., (A.) 299 Crapo Block.
Benton Harbor.
Rector, Emma, (A.) E. Main St.
Detroit.
Aplin, Anna K., (A.) 405 Stevens Bldg.
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, Emilie L., (A.) 402 Breitmeyer Bldg.
Hobson, Ancil B., (S.C.) Stevens Bldg.
McGavock, James E., (A.) 65 Washington Ave.
Millay, E. O., (A.) Henry Bldg., corner Woodward Ave. and Grand Boulevard.
Renshaw, Della, (A.) 56 Winder St.
Sellards, Dorothy D., (S. C.) 678 Woodward Ave.
Severy, Chas. L., (A.) 232 Woodward Ave.
Flint.
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.
Jackson.
Greene, Wilmer D., (A.) 506 Carter Bros. Bldg.
Kalamazoo.
Glezen, R. A., (A.) Kalamazoo Nat. Bank Bldg.
Peebles R. B., (A.) Kalamazoo Nat. Bank Bldg.
Snow, G. H., (N.) 32 Chase 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.
Pontiac.
Charles, Elmer (S.C.)
South Haven.
Classen, Wm. G., (S.C.)
Ypsilanti.
Garrett, J. C., (S.C.) 103 W. Congress St.

MINNESOTA.

Luverne.
Hawkinson, J. W., (Sc.) Arcade Bldg.
Minneapolis.
Fellows, Helen H., (N.) 211 Hulet Bldg.
Flory, Wm. C., (N.) 520 Syndicate Arcade
Gerrish, Clara Thomas, (N.) 17 Syndicate Bldg.
Herron, John A., (A.) Century Bldg.
Kenney, Dwight J., (N.) 47 Syndicate Bldg.
Manuel, K. Janie, (N.) 712 Masonic Temple.
Pickler, E. C., (A.) 17 S. 6th St.
Rydell, John S., (C.C.) 1700 3rd Ave.
Willetts, A. G., (N.) 17 S. 6th St.
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.
Camp, Henry Clay, (C.) 145 W. 5th St.
Hall, A. H., (N.) 240 Arundel St.
Huntington, G. L., (N.) 801 Pittsburg Bldg.
Parker, F. D., (A.) 909 N. Y. Life Bldg.
Stern, G. M., (N.) 307 Baltimore Block.
Upton, Chas. A., (N.) 708 N. Y. Life Bldg.
Young, C. W., (N,) 801 Pittsburg Bldg.
Winona.
Middleditch, Sarah H., (A.) Exchange Bldg.

MISSISSIPPI.

Biloxi.
Bullas, Grace, (A.)
Corinth.
Skidmore, J. Walter, (A.)
Jackson.
Price, R. L., (A.) Merchant's Bank Bldg.
Randel, Della B., (Sc.) 715 N. Congress St.
Laurel.
Feather, Effie B., (A.)
Vicksburg.
Oden, L. E., (A.)

MISSOURI.

Balckow.
Holme, T. L., (A.)
Booneville.
Spicer, D. F., (A.)
Calnesville.
Baker, H. N. (A.)
Cameron.
Talbott, Mrs. Emma E., (A.)
Carthage.
Wolf, Truman (A.)
Caruthersville.
Hunter, V. D., (So.)
Donephan.
Holsclaw, J. F., (A.)
Edina.
Brownlee, Annie McC., (A.)
Fulton.
Wenger, H. U., (A.) 814 Court St.
Wood, R. B., (A.)
Hannibal.
Bell, John A., (A.) 119½ S. Main St.
Cain, Emma E., (A.) Masonic Temple.
Cain, Philip R., (A.)
Kansas City.
Bergin, P. J., (A.) 304 Owen Bldg.
Breden, Willannie, (A.) Densmore Hotel.
Cooper, Emma S., (S.C) 309 Deardorff Bldg.
Conner, W. J., (A.) 327 Altman Bldg.
Edling, Ada L. Phelps, (A.) 316 Shukert Bldg.
Evans, Genevieve V., (A.) The Inez, 9th and Troost.

Harwood, Mary E., (A.) The Naomi, 1423 E. 8th St
Hofsess, J .W., (A.) 527 Shukert Bldg.
Loper, Matilda E., (A.) Deardorff Bldg.
Lyne, Sandford T., (A.) 612 Shukert Bldg.
Purdom, Mrs. T. E., (A.) 1017 E. 29th St.

King City.
Clay, Lizzie, (Sc.)

Kirksville.
Coke, Richard H., (A.)
Bammert, Rena, (A.) A. S .O. Hospital.
Evans, Jennie L., (A.) 514 E. Normal Ave.
Fiske, Franklin, (A.)
Hamilton, Warren, (A.)
Laughlin, Geo. M., (A.)
Link, Eugene C., (A.)
Maltby, H. W., (Sc.)
Parmelee, Cora G., (C.) 602 S. 6th St.
Pratt, Frank P., (A.) A. S. O. Infirmary.
Quick, Roy T., (A.)
STILL, ANDREW TAYLOR, (Honorary)
Still, Harry M., (A.)
Still, Chas. E., (A.)
Still, Geo. E., (A.)
Veazle, Ella B., (A.)
Walters, Mary A., (A.)

La Belle.
Johnson, Nannie A., (A.)

Lebanon.
Taber, Mary E., (A.)

Liberty.
Hemstreet, Sophie E., (A.)

Marshall.
Nuckles, R. H., (A.)

Maryville.
Craig, Arthur Still, (A.)

Memphis.
Benson, O. N., (3.)
Grow, James A., (A.)

New Franklin.
Burrus, Madison Cooper, (A.)

Queen City.
Starbuck, D .W. ,(A.)

Shelbina.
Mills, Ernest M., (A.)

Springfield.
King, T. M., (A.) National Ex. Bank Bldg.
Noland, Lou T., (A.) 212 Baker Bldg.

St. Joseph.
Hurst, Anna Holme, (A.) 43 Ballenger Block.
Smith, Millicent, (A.) 2522 Lafayette St.

St. Louis.
Bailey, Homer Edward, (A.) 229 Frisco Bldg.
Buddecke, Bertha A., (A.) 3230 S. Ninth St.
Bridges, Jas. P., (A.) Carleton Bldg.
Chappell, Nannie J., (A.) 310 Mo. Trust Bldg.
De France, Josephine, (A.) 404 Commercial Bldg.
Dobson, W. D., (A.) 803 N. Garrison Ave.
Goetz, H. F., (A.) 202 Odd Fellows 'Bldg.
Hatten, J. O., (A.) 402 Mermod and Jaccard Bldg.
Hildreth, A. G., (A.) 706 Century Bldg.
Ingraham, Elizabeth M., (A.) 506 Vandeventer St.
King, A. B., (S.C.) 1008 3d Nat. Bank Bldg.
Lewis, Louise (A.) 212 Mo. Trust Bldg.
Notestine, Flora A., (A.) 706 Century Bldg.
Schaub, Minnie, (A.) 601 Carleton Bldg.
Shackleford, J. R., (A.) Century Bldg.

Tarkio.
Holme, E. D., (A.)
Paul, Theodore, (A.)

MONTANA.

Billings.
Lee, John H. (A.) Losebank Bldg.

Butte.
Cramb, L. K., (A.) 16 Owsley Block.

Fridley.
Corwin, F. E., (S.S.) Checo Hot Springs.

Great Falls.
Armond, Richard H., (A.) Vaughn Blk.

Helena.
Mahaffay, Chas. W., (A.) Pittsburg Bldg.

Laurel.
Carey, Eliza M. (A.)

Livingston.
Hunter, Eva M., (A.) P. O. Bldg.

Missoula.
Willard, Asa, (A.) First National Bank Bldg.

Pony.
Bell, Allie Eleanor, (A.)

NEBRASKA.

Alliance.
Coppernoll, Orieannie, (A.)
Snare, Wilden P. (A.)

Ashland.
Moss, Joseph M., (A.)

Beatrice.
Hardy, Clara, (A) 609 Ella St.

Callaway.
Hull, Jesse L., Sc.)

Chadron.
Mossman, H. A., (A.)

Fairbury.
Cramb, Lulu L., (A.)

Fremont.
Cobble, William Houston, (A.) Fremont National Bank Bldg.

Grand Island
Milliken, F. M., (A.) 221 E. 10th St.

Kearney.
Ireland, Harry M., (S.C.) 2100 Central Ave.

Lincoln.
Graham, Mary E. Gordon, (S.C.) 1526 O St.

Minden.
Hamilton, Martha A., (S.S.)

Norfolk.
Meredith, Ortiz R., (S.C.) Cotton Block.

Omaha.
Atzen, C. B., (S.C.) N. Y. Life Bldg.
Musick, Mrs. John R., (A.) 224 Neville Blk.

Schuyler.
Johnson, C. H., (S.C.)

Tekamah.
Merritt, J. P., (S.C.)

University Place.
Hoye, Emma, (A.) 124 W. St. Paul.

NEW HAMPSHIRE.

Berlin.
Cutler, L. Lynn, (Ph.) Berlin Savings Bank Bldg.

Claremont.
McPherson, Geo. W., (Bn.)

Dover.
Hills, Charles Whitman, (Ac.) 356 Central Ave.

Keene.
Carleton, Margaret B., (A.) 6 P. O. Blk.

NEW JERSEY.

Atlantic City.
Butcher, O. L., (A.) 1013 Boardwalk.
Jones, Laila Schaeffer, (A.) 517 Oriental Ave.
McCall, F. H., (S. C.) Penn Ave. and Board Walk.

Asbury Park.
Johnson, Julia A., (A.) 620 Cookman Bldg.

Bridgton.
Monks, James C., (S. C.) 112 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.
Whitesell, Nettie J., (At.) 345 Union Ave.

Hackensack.
Ayres, Elizabeth, (S.C.) 152 Main St.
Evers, E. D., (At.) Hamilton Bldg.
Goodrich, L. M., (A.) 13 Passaic St.
Whitney, Isabella T., (A.) 13 Passaic St.

Jersey City.
Beeman, Roy Herbert, (A.) 462 Jersey Ave.
Coffer, G. T., (At.) 18 Britton St.
Morristown.
Rogers, William Leonard, (A.) 138 South St.
Newark.
Colborn, R. M., (At.) 1007 S. Broad St.
Mitchell, Warren B., (A.) 738 Broad St.
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.
Cottrell, Mead K., (A.) 316 Broadway.
Plainfield.
Willcox, Frank F., (A.) 108 Crescent Ave
Red Bank.
Wolfert, William Jules, (Ph.)
Ridgewood.
O'Neill, Addison, (Ph.) 99 W. Ridgewood Ave.
Summit.
Mawson, Gertrude B., (A.) 4 DeForest Ave.
Trenton.
Murray, John H., (A.) 212 E. Hanover St.
Westfield.
Corbin, J. Houser, (S.C.) 32 Summit Ave.

NEW MEXICO.

Alamogordo.
Hulett, M. Ione, (A.)
Santa Fe.
Wheelon, Chas. A., (N.) 103 Palace Ave.

NEW YORK.

Albany.
Hart, May V., (A.) 140 State St.
Smiley, Wm. M., (A.) 213 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.
Noble, Frances A., (At.) 132 Genesee St.
Batavia.
Graham, R. F., (A.)
Binghamton.
Casey, E. M., (A.) 420 Security Bldg.
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.) 70 Seventh Ave.
Bandel, C. F., (A.) Hancock St. and Nostrand Ave.
De Tienne, Jno. A., (A.) 1198 Pacific St.
De Tienne, Maud Waterman, (A.) 1198 Pacific St.
Ferguson, Joseph ,(S.C.) 118 Quincy St.
Fitzwater, Wm. D., (S.C.) 178 Prospect Park West.
Hadley, Anna, (A.) "The Touraine," 31 Clinton St.
Henry, Percy R., (A.) 3 Essex St.
Hollister, M. Cebella, (A.) 944 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.) 34 Jefferson Ave.
Smallwood, Geo. S., (A.) Jefferson Arms Bldg., Jefferson and Franklin Aves.
Strong, Leonard V., (At.) 143 Seventh Ave.
Towner, D. D., (Mc.) 207 St. James Pl.
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, Irene, (Nw.) 1169 Main St.
Crawford, W. A., (N.) 928 Main St.
Dieckmann, Louisa, (A.) 415 Vermont St.
Foss, Martha M., (A.) 5 W. Oakwood Place.
Floyd, Ambrose B., (A.) 748 Ellicott Sq.
Harris, Harry M., (A.) 356 Ellicott Sq.
Howe, Frances A., (A.) 5 W. Oakwood Place.
Kugel, Arthur C. L., (Bn.) 469 Delaware Ave.
Lockwood, Jane E., (A.) 93 Prospect Ave.
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.
Treble, John M. (A.) 254 Hoyt St.
Whittemore, A. C., (At.) 615 Elmwood Ave.
Canandaigua.
Burlingham, James P., (S.C.)
Corning.
Breed, Arthur M., (S.C.) 126 Pine St.
Guthridge, Walter, B. Di., M. Di., (S. C.) 126 Pine St.
Dunkirk.
Sigler, Chas. M., (A.) 609 Central Ave.
Elmira.
Diehl, J. M., (S.C.) Robinson Bldg.
Hillabrant, Cora L., (S.C.) 652 Park Place.
Flushing.
Henry, Aurelia S., (A.) 201 Sanford Ave.
Merkley, George Harvey, (At.) 273 Sanford Ave.
Fredonia.
Johnson, N. A., (A.) 332 Main St.
Geneva.
Wanless, Richard, (A.)
Glens Falls.
Sweet, H. D., (S.C.) 267 Glen St.
Gloversville.
Kennedy, Seth Y., (A.) 37 Second Ave.
Hamburg.
Whittemore, F. G., (At.)
Herkimer.
Leffler, Wm. H., (At.) New Earl Bldg.
Jamaica.
Long, G. Percy, (A.) 309 Shelton Ave.
Jamestown.
Marshall, Elizabeth J. B., (A.)
Marshall, J. S. B., (A.)
Kingston.
Warren, Geo. S., (A.) 18 Pearl St.
Lockport.
Pontinus, Geo. A., (A.) 89 Main St.
Lyons.
Crofoot, Frank Adelbert, (A.) 73 William St.
Malone.
Lyman, Alice Parker, (Bn.) 159 Main St.
Middleport.
Walker, J. J., (A.)
Middletown.
Griffis, Frederick H., (Bn.)
Morriston.
Rogers, Wm. Leonard, (A.) 38 South St.
Mt. Vernon.
Buster, Will L., (At.) 110 Park Ave.
Newark.
Chittenden, W. C., (At.) 1 E. Miller St.
New Rochelle.
Bensen, Lester R., (At.) 311 Hugenot St,

New York.
Albright, Edward, (N.) 379 West End Ave.
Banker, J. Birdsall, (A.) 115 W. 71st St.
Beeman, E. E., (A.) 500 Fifth Ave.
Brill, Morris M., (Ph.) 18 West 34th St.
Buehler, John Benjamin, (Ph.) 18 W. 34th St.
Burns, Guy Wendell, (N.) 55 W. 33d St.
Burt, James E. (Ph.) The Forres, Broadway and 81st St.
Chagnon, Edward Everett, (Mc.) 37 Madison Ave.
Clark, A. B., (A.) 1085 Metropolitan Bldg.
Crane, Ralph M., (S.C.) 36 W. 35th St.
Dillabough, Anna, (N.) 209 W. 56th St.
Dillabough, W. J. E., (N.) 209 W. 56th St.
Dillabough, A. H., (A.) 209 W. 56th St.
Fechtig, St. George, (Ac.) 37 Madison Ave.
Firth, A. P., (At.) 156 Fifth Ave.
Fletcher, Clarke F., (A.) 143 W. 69th St.
Graham, G. E., (A.) 1851 7th 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.) 128 E. 34th St.
Herring, Ernest M., (Ph.) 18 W. 34th St.
Holm, Gudrun, (A.) 616 Madison Ave.
Howard, Edward W. S., (A.) 235 W. 102d St.
Knapp, Lester I., (A.) 63 W. 36th St.
Ligon, Ellen L. B., (A.) "The Cambridge" 5th Ave. and 33d St.
Lockwood, Travis D., (Ph.) 390 Central Park, W
Mattison, N. D., (A.) 16 Central Park West.
Matthews, S. C., (A.) 500 5th Ave
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, Rebecca, (A.) The Strathmore, 1672 Broadway and 52d St.
Novinger, Walter J., (A.) Hotel Woodward, Broadway and 55th St.
O'Neill, Thomas H., (A.) 25 W. 42nd St.
Patten, G. Winfield, (N.) Browning Bldg., 1268 Broadway.
Rice, Theodosia M. Spring, (A.) 46 W. 96th St.
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.
Stryker, Anna K., (A.) 56 W. 33d St.
Underwood, Edward B., (A.) 156 5th Ave.
Underwood, Evelyn K., (A.) 24 W. 59th St.
Underwood, M. Rosalie, (Bn.) 156 5th Ave.
Walker, Mrs. Cornelia A., (A.) The Martinique, 56 W. 33d St.
Wardell, Sarah Corlies, (A.) 156 Fifth Ave.
Wardell, Eva R., (Ph.) "The Ansonia," 73rd St. and Broadway.
Watson, T. J., (A.) Hotel Woodward, Broadway and 55th St.
Webster, Frederick A., (Bn.) 245 W. 104th St.
Wendelstadt, Edward F. M., (A.) 81st St. and Columbus Ave.
West, John Allen, (A.) 40 E. 25th St.
Wetche, F. C., Fredrik, (Cc.) 122 W. 80th St.
Whitcom, Vernon O., (A.) Broadway and 72d St. and Amsterdam Ave.

Niagara Falls.
Davis, A. H., (At.) Elderfield & Hartshorn Bldg.
Larter, E. R., (A.) Sta. "A"

Ogdensburg.
Craig, William, (A.) Ford St.
Oneonta.
Apthorpe, William, (A.) Ford Bldg.
Peekskill.
Lichter, S., (A.) 1028 Brown St.
Poughkeepsie.
Worrall, Clementine L., (At.) 24 Academy St.
Port Richmond.
Bliss, Chas. W., (M.) 30 Vreeland 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.) 124 William St.
Camp, Chas. D., (Mc.) 222 Powers Bldg.
Daily, Lillian B., (Ph.) 425 Granite Bldg.
Thayer, H. A., (A.) Granite Bldg.
Rau, Marie Kettner, (A.) 247 Main St. E.
Williams, Ralph H., (N.) Chamber of Commerce Bldg.
Saranac Lake.
Lyman, Geo. P., (A.)
Schenectady.
Phillips, Grant E., (N.) 617 State St.
Silver Springs.
Monroe, Geo. T. (A.)
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.) New Rosenbloom Bldg.
Weed, Cora Belle, (Mc.) The Lynn, 529 S. Salina St.
Troy.
Frink, Elizabeth, (S.C.) 92 4th St.
Greene, W. E., (A.) 1813 5th Ave.
McDowell, J. H., (S.C.) 102 Third St.
Utica.
Bossert, Jacob H., (At.) 30 Gardner Bldg.
Clapp, Carl D., (A.) 22 Evans Bldg.
Van Dyne, Oliver, (Ac.) 52 Gardner Bldg.
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.
Leeds, George T., (A.) 87 N. Broadway.
Nielsen, Hans, (At.) 237 S. Broadway.

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.
Glascock, A. D., (A.)
Durham.
Tucker, A. R., (A.) Loan & Trust Bldg.
Goldsboro.
Zealy, A. H., (S.S.) 111 Chestnut St., East.
Greensboro.
Tucker, S. W., (S.S.) 402 McAdoo Bldg.
Raleigh.
Glascock, H. W., (A.) 504 Tucker Bldg.
Rocky Mount.
Carson, Merl J., (S.C.) 231 Sunset Ave.
Salisbury.
Armstrong, Roy M., (S.S.)

Smithfield.
Stevens, Della K., (S. S.)
Statesville.
Basye, A. A., (Nw.)
Winston-Salem.
Echols, R. M., (A.)

NORTH DAKOTA.

Fargo.
Basye, E. E., (Nw.)
De Lendrecie, Helen, (Nw.)
Grand Forks.
Harlan, W. F., (A.) U. N. B. Bldg.
Wahpeton.
Wheeler, Glen B., (A.) Ponath Bldg.

OHIO.

Akron.
Conger, Mrs. A. L., (A.) Irving Lawn.
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.
Maxwel, 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.
Shepherd, L. K., (A.) Groton Bldg.
Thompson, Margaret S., (S.S.) San Marco Bldg.
Wernicke, Clara, (A.) 55 Haddon Hall.
Circleville.
Wilderson, W. H., (A.)
Cleveland.
Aldrich, Wm. H., (A.) 589 The Arcade.
Forquer, J. W., (A.) 603 Osborn 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.
Kerr, Clarence V., (A.) Lennox Bldg.
Miller, A. L., 410 New England Bldg.
Singleton, R. H., (S.C.) 435 The Arcade.
Sheridan, Margaret, (A.) 20 Lucerne Ave.
Tilden, Roy E., (Sc.) 355 The Arcade.
Columbus.
Coffland, Florence, (A.) 1284 Oak St.
Dill, Emma B., (A.) 1454 Highland St.
Dyer, Mary Maitland, (A.) 613 Columbus Savings & Trust Bldg.
Hulett, M. F., (A.) 702 Capital Trust Bldg., 8 E. Broad St.
McCartney, L. H., (A.) 715 Harrison Bldg.
Nichols, Ada M., (Ac.) 702 Capitol Bldg.
Scott, J. H. B., (A.) 502 New First National Bank Bldg.
Dayton.
Gravett, W. A., (A.) 103 Conover Bldg.
Stout, Oliver G., (A.) 505 Conover Bldg.
Delaware.
Bumstead, Lucius A., (A.) 104 W. Central St.
East Liverpool
Wilson, Elizabeth V., (A.) 118 Sixth St.
Findlay.
Peel, Lucy Kirk, (A.) 215½ So. M St.
Galion.
Mansfield, B. R., (A.) 340 Boston St.
Greenville.
Seitz, Anna E., (A.) 333 W. 4th St.
Hamilton.
Urbain, Victor P., (A.) 111 Dayton St.
Hickesville.
Tuttle, R. E., (S.C.)
Kent.
Hall, W. W., (S.C.) Water St.
Kenton.
Gaylord, W. A., (S.C.)
Lancaster.
Long, J. H., 202 S. Broad St.
Lima.
Peirce, Josephine Liffring, (S.C.) The Elektron.
Lisbon.
Johnson, Jessie B., (A.) Brewster Block.
London.
Koontz, Effie, (A.)
Magnetic Springs.
Herman, J. C., (A.)
Marietta.
Boyes, E. H., (A.) 185 Front St.
Marion.
Dugan,R. C., (A.) 126 Vine St.
Medina.
Coons, W. 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.
Piqua.
. Gravett, H. H., (A.)
Port Clinton.
Washburn, Daisy Eva, (A.) Masonic Temple.
Sandusky.
Dann, H. J., (A.) I. O. O. F. Bldg.
Arand, Chas., (A.) 1017 Osborne St.
Springfield.
Sackett, E. W., (A.) 32 Bushnell Bldg.
Steubenville.
Bumpus, J. F., (A.) 406 Market St.
Toledo.
Kerr, Franklin E., (A.) 1115 Adams St.
Liffring, L. A., (N.) 642 the Nichols.
Liffring, W. J., (N.) 642 The Nichols.
Pratt, Mary E., (A.) 402 National Union Bldg.
Reese D. H., (A.) 442 The Nichols.
Reese, W. E., (A.) 442 The Nichols.
Sorensen, Louis C., (S.C.) 334½ Superior St.
Upper Sandusky.
Cosner, E. H., (A.)
Warren.
Reid, J. F., (A.) 10 Trumbull Block.
Wooster.
Kerr, J. A., (A.) Wayne Bldg. & Loan Block.
Xenia.
Martin, J. S., (A.) Steele Bldg.
Youngstown.
Fisher, Nellie M., (A.) Dollar Savings Bank Bldg.
Marstellar, Chas. L., (A.) Dollar Savings Bank Bldg.

OKLAHOMA.

Ardmore.
Shackleford, J. W., (A.)
Atoka.
Garring, Chas. K., (A.)
Hobart.
Gilmour, J. R., (A.)
Oklahoma City.
Dailey, C. E., (Sc.) 207½ W. Main St.
Mahaffay, Mrs. Clara A., (A.)
Rouse, J. M., (S.C.) 125½ Main St.
Vinita.
Schmidt, J. J., (A.) Box 577.

OREGON.

Albany.
Marshall, Mary M., (S.C.) 224-6 Broadalbin St.
Ashland.
Sawyer, Bertha E., (S.C.) Williams Block.

Astoria.
Hicks, Rhoda Celeste, (A.) 573 Commercial St.
Baker City.
Samuels, C. T., (A.)
Eugene.
Studley, H. L., (C.)
Waller, Olive C., (A.) over Merchants' Bank Bldg.
Grants Pass.
Campbell, C. A., (A.)
La Grande.
Moore, F. E., (A.)
Moore, Hezzie Carter Purdom, (A.)
McMinnville.
Wilkens, J. H., (A.)
Newberg.
Bowers, Homer D., (A.)
Pendleton.
Hoisington, G. S., (A.)
Portland.
Akin, Mabel, (S.C.) Corbett Bldg.
Akin, Otis F., (S.C.) Corbett Bldg.
Gates, Gertrude Lord, (N.) Corbett Bldg.
Graffis, R. S., (S.C) 319 Mohawk Bldg.
Macfarlane Clara, (P.) 308 Swetland Bldg.
Ramsey, Cylthie J., (P.) 403 Macleay Bldg.
Rogers, W. A., (A.) Marquam Bldg.
Schoettle, M. Teresa, (A.) 512½ Williams Ave.
Shepherd, B. P., (N.) 314 Swetland Bldg.
Smith, L. B., (A.) 409 Oregonian Bldg.
Salem.
Mercer, Wm. L., (A.)
White, Bert H., (A.) Bregnon Bldg.

PENNSYLVANIA.

Allentown.
Allen, Wm. H., (At.) 42 S. 7th St.
Beaver Falls.
Irvine. S. W., (S.C.) 1116 Seventh Ave.
Berwick.
Freas, M. J., (At.) Dickson Bldg.
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.) 209 N. Hanover St.
Chambersburg.
Gunsaul, Irmine Z., (N.) 21 S. Main St.
Charleroi.
Wright, Clarence C., (S.C.)
Chester.
Mack, Raesley, S., (Bn.) 114 Broad St.
Clearfield.
Gray, C. W., (A.)
Du Bois.
Heyer, Frank, (A.) 42 N. Brady St.
Easton.
Beam, Wilson, (S.C.) 12 N. 3rd St.
Cary, Robert Drake, (A.) 405 Trust Bldg.
Eden.
Randall, Helen Morton, (A.) care F. & L. Institute.
Ellwood City.
Bradley, Oscar Evans, (A.)
Erie.
Earhart, Emogene M., (S.C.) 222 W. 8th 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.) 461 Wayne Ave.
Greensburg.
Rohacek, Wm., (A.) 208 N. Main St.
Greenville
McCormick, J. P., (A.) 52 Shenango St.
Harrisburg.
Kann, Frank B., (Ph.) 315 N. Second St.
Vastine, Harry M., (A.) 109 Locust St.
Lancaster.
Jones, E. Clair, (At.) 20 W. Orange St.
Kellogg, H. R., (A.) 33 W. Orange St.
Purnell Emma A., (A.) Woolworth Bldg.
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.) 68 E. North St.
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.
Barrett, Onie A., (Ph.) 1423 Locust St.
Bentley, Lillian L., (Ph.) 1533 Chestnut St.
Beitel, Walter Lewis, (Ph.) Keith's Theatre Bldg.
Bigsby, Myron H., (A.) 321 Weightman Bldg.
Brown, Flora, (A.) 3,222 Mt. Vernon St.
Bryan, Charles Tyson, (Ph) 1524 Chestnut St.
Burleigh, Edward D., (Ph.) 904 The Flanders, Walnut and 15th Sts.
Campbell, A. D., (A.) 1524 Chestnut St.
Cohalen, John A., (Ph.) 882 N. 25th St.
Curran, Cecelia G., (Ph.) 402 Mint Arcade Bldg.
Dufur, J. Ivan, (A.) 411-12 Flanders Bldg.
Dunnington, Margaret B., (Ph.) 620 Real Estate 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.
Graves, W. Armstrong, (Ph.) 3033 Germantown Ave.
Howell, Jose C., (Ph.) 348 Mint Arcade Bldg.
Johnson, Burdsall F., (Ph.) 1624 Lehigh Ave.
Keene, W. B., (Ph.) 1524 Chestnut St.
Kelly, Loxley, (Ph.) 3218 Powellton Bldg.
Leonard, H. E., (Ph.) 1524 Chestnut St.
Leonard, H. Alfred, (Ph.) 1611 Diamond St.
McCurdy, Chas. Wm., (Ph.) 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.) Mint Arcade.
Pressly, Mason W., (N.) 401 Hale Bldg.
Romig, Kathryn, (A.) 341 Mint Arcade Bldg.
Ross, Simon P., (Ph.) 1000 Land Title Bldg.
Scott, Jane, (Ph.) 326 Mint Arcade.
Snyder, J. C., (Ph.) 414 Pennsylvania Bldg.
Snyder, O. J., (N.) Witherspoon Bldg.
Turner, Nettie Campbell, (A.) 925 Land Title 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., 405, Liberty National Bank Bldg.
Compton, Emma M., (S.S.) 323 Pittsburg Life Bldg.
Compton, Mary, (S.S.) 323 Pittsburg Life Bldg.
Craven, Jane Wells, (A.) Methodist Bldg., 268 Shady Ave., E. E.
Gano, Chas. H. (A.) 1007 Arrott Bldg.
Goehring, Harry M., (Ph.) 339 5th Ave.
Grubb, W. L., (S.)505 Pittsburg Life Bld.
Hansen, Edward N., (A.) 4514 Forbes St.
Heine, Frank, (A.) Nixon Bldg.
Husk, Noyes Gaylord, (At.) Arrott Bldg.
Marshall, F. J., (A.) 1026 Park Bldg.
Peck, Vernon W., (N.) 631 Penn Ave.
Stafford, Florence Brown, (A.) 625 Clyde St., East End.
Tebbetts, Geo. Woodman, (A.) 5605 Penn Ave.
White, Bertha O., (A.) 5115 Center Ave., East End.

Pottsville.
Lidy, I. Henry ,(Ph.) Raring Bldg.

Reading.
De Long, Laura, (A.) 511 Oley St.
Vastine, Herbert, (A.) 42 N. 9th St.

Sayre.
Mandeville, J. E., (At.) 106 Lockhart Bld.

Scranton.
Benedict, A. May, (At.) 2513 N. Main Ave.
Downing, J. T., (At.) 305 B. of T. Bldg.
Harvey, K. G., (At.) 409 Madison Ave.

Somerset.
Mutschler, O. C., (Ph.) 6 W. South St.

Sunbury.
Huston, Grace, (A.)
Miller, John W., (Ph.) 226 Market Sq.

Tarentum.
Kline, Lyman C., (S.C.) 532 Second Ave.

Union City.
Oneland, Sarah C., (A.) Spraul & Morrow Bldg.

Wellsboro.
Lyon, Louis A., (At.) 71 Main St.

Wilkes-Barre.
Hook, Virgil A., (A.) 406 Second National Bank Bldg.

Williamsport.
Hughes, Alice, (Bn.) 238 Pine St.
Wood, J. Fred, (A.) 20 W. 3rd St.

York.
Cormeny, Howard J., (A.) 42 W. Market St.
Downing, Edwin M., (Ph.) Rupp Bldg.

RHODE ISLAND.

Providence.
Flanagan, Chas. D., (3) 146 Westminster St.
Flanagan, Louisa C., (A.) 146 Westminster St.
Rhoads, A. W., (At.) 385 Westminster St.
Roberts, Annie M., (A.) 146 Westminster St.
Strater, J. Edward, (Bn.) 268 Westminster St.
Sweet, Ralph A., (A.) 146 Westminster St.
Wall, Clarence H., (Bn.) 163 Elmwood Ave.

Sakonnet.
Handy, Annie P. T., (A.)

Westerly.
Colby, Irving, (A.) 58 High 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.) 1206 Main St.

Greensville.
Scott, W. E., (A.) 325 Main St.

Rock Hill.
Lucas, T. C., (S.C.) Supply Co. Bldg.

Spartanburg.
Butcher, Frances M., (A.) Hydrick Bldg.
Hale, Walter Keith, (Ph.) 107½ E. Main St.

Sumter.
Vickers, A. W., (S.) 18 S. Sumter St.

Union.
Sims, Mary Lyles, (A.) Main St.

SOUTH DAKOTA.

Canton.
Eneboe, Lena, (A.)

Huron.
Betts, C. Steele, (A.)

Watertown.
Jones, G. P., (N.)

Webster.
Wisner, Tillie, (A.)

TENNESSEE.

Bristol.
Dykes, A. L., (A.) Interstate Bldg.

Chattanooga.
Barnes, Mrs. Clarence, (S.S.) 31 Loveman Bldg.
Blocker, Bolling L., (A.) 625 Carlisle Place.
Downer, Lerond A., (A.) 710 James Bldg.
Evans, A. L., (A.) 710 James Bldg.

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.
Cupp, H. C., (A.) 5 Odd Fellows Bldg.
Norman, P. K., (A.) 110 Randolph Bldg.
Thomas, Maude B., (A.) 626 Goodwyn Institute Bldg.
Viehe, H., (So.) 516 Randolph Bldg.

Morristown.
Ashlock, Hugh Thomas, (A.)
Carson, Earl J., (S.S.)

Nashville.
Collier, J. Erle, (S. S.) Stahlman Bldg.
Duffield, Bessie A., (A.) Willcox Bldg.
Harrison, Ella Grainger, (S.S.) Willcox Bldg.
Mitchell, C. T., (So.) Willcox Bldg.
Ray, E. C. (A.) Willcox Bldg.
Ryan, Pearl M., (S.S.) Willcox Bldg.
Williams, W. Miles, (S.S.) Willcox Bldg.

Winchester.
Wheeler, Sarah E., (S.S.) Hotel Fuller.

TEXAS.

Austin.
Bathrick, Rose, 822½ Congress Ave.

Cleburne.
Ray, A. D., (A.)

Dallas.
Harris, D. S., (S.C.) 326 Linz Bldg.
Holloway, Jas. L., (A.) 435 Wilson Bldg.

El Paso.
Hyde, Leslie (A.)

Ft. Worth.
Harris, M. B., (A.) National Bank Bldg.
Larkins, Earl E., (A.) 203 Ft. Worth Nat'l Bank Bldg.
Ray T. L., (A.) 203 Ft. Worth Nat'l Bank Bldg.

Gainsville.
Bryan, A. L., (A.) 115 E. Pecan St.

Greenville.
Wells, Geo. A., (A.) Tippitt Bldg.

McKinney.
Wynne, Ionia Kate, (A.)

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.
Hassell, Nellie, (A.) Riverside Bldg.
Hassell, Stonewall J., (A.) Riverside Bldg.
Peck, Mary E., (A.) Hicks Bldg.
Peck, Paul M., (A.) 64 Hicks Bldg.
Strum, Charlotte, (A.) 331 Moore Bldg.
Sherman.
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.

UTAH.

Salt Lake City.
Phillips, Harry, (A.) 445 S. W. Temple St.

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.
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, Wm. D., (A.) Paul-Gale-Greenwood Bldg.
Stewart, G. H., (Mc.) 208 Taylor Bldg.
Richmond.
Bowen, Wm. D., (A.) 1 W. Grace St.
Fout, Geo. E., (A.) Virginia Bldg.
Shackleford, E. H., (A.) 102 E. Grace St.
Tazewell.
Bowen, Margaret E., (A.)
Roanoke.
Walkup, Marie Buie, (A.) 105 Campbell Ave.
Staunton.
Kibler, James M., (A.) 126 E. Main St.

WASHINGTON.

Bellingham.
Knox, J. F., (A.)
Munn, Allen, (A.)
Bryn Mawe.
Ross, Hettie M., (C.)
Cheney.
Most, William, (A.) Bank of Cheney Bldg.
Everett.
Pugh, J. M., (A.) Am. Nat'l Bank Bldg.
Hoquiam.
Walsh, F. K., (A.) P. O. Bldg.
Kent.
Glenn, J. Orlin, (A.)
North Yakima.
Howick A. B., (A.)
Pomeroy.
Johnson, R. S., (N.)
McFadden, J. Clinton, (S.C.) Allen House.
Prosser.
Coon, A. S., (A.)
Coon, Mary E., (A.)
Ritzville.
Abegglen, C. E. (Sc.)
Seattle.
Boyles, Lewis G., (A.) Am. Bank Bldg.
Burdick, Ralph H., (A.) 365 Crockett St.
Eck, Margaret C., (3) 2323 8th Ave.
Ford, Walter J., (A.) 424 Alaska Bldg.
Maxey, C. N., (A.) 503 Northern Bank & Trust Bldg.
Megrew, J. L., (A.) Peoples' Savings Bank Bldg.
McFaddon, J. Clinton, (Sc.) 4144 14th Ave., N. E., University Pl.
Newman Celia Janette, (A.) 442 Arcade Bldg.
Peterson, E. Anton, (N.) Washington Bldg.
Potter, Wm. A., (A.) Washington Bldg.
Smith, M. Antoinette, (M.) 304 Denney Bldg.
Sedro Woolley.
Murphy, J. W., (A.)
Spokane.
Benefiel, Carrie A., (Sc.) 605 Hyde Bldg.
Hodgson, J. E., (N.) 615 Hyde Block.
Morris, T. C., (A.) 412 Nichols Bldg.
Nichols, Grace M., (N.) 301 Nichols Bldg.
Tacoma.
Baldy, Blanche L., (3) 312 Provident Bldg.
Baldy, James B. (3) 312 Provident Bldg.
Chase, Roger E., (N.) 205 Maritime Bldg.
Goff, A. L., (S.C.) 232 Provident Bldg.
Rust, Chauncey C., (A.) 307-8 Provident Bldg.
Slayden, R. H., (N.) 304 Fidelity Bldg.
Snell Wm., (N.) 304 Fidelity Bldg.
Vancouver.
Arnold, W. H., (S.C.) Marquam Bldg.
Walla Walla.
Thompson, H. B., (A.)
Heisley, O. F., (A.)
Waterville.
Morse, Herbert F., (Sc.)

WASHINGTON. D. C.

Benning, Lillie M., (A.) 817 14th St.
Bush, Ernest W., (S.C.) The "Savoy."
De Vries, Emma O.,(A.) The Farragut, 17th and "I" Sts.
English, Morton A., (Bn.) Colorado Bldg.
Goodpasture, C. O., (A.) 2449 18th St.
Hodges, P. L., (A.) 817 14th St., N. W.
Kirkpatrick, Geo. D., (N.) Bond Bldg.
Malcolm, Robert C., (S.C.) The "Savoy."
Shibley, Mrs. Alice Patterson, (A.) The Ontario.
Nichols, Augusta, (A.) W. Loan and Trust Bldg.
Stearns, C. H., (A.) Pope Bldg., 14th St., N. W.
Smith, Wilbur L., (A.) 1510 1st St. N. E.
Talmadge, Kathryn, (A.) 518 Colorado Bldg.
Tufts, Clarissa Brooks, (A.) Apartment 1, The Wyoming.
Westlake, Clara, A., (S.C.) The Iroquois.
Winbigler, C. F., (Ph.) The Alabama, 11th and N. Sts.

WEST VIRGINIA.

Huntington.
Seaman, W. J., (A.)
Wheeling.
Doneghey, A. I., (A.) 1323 Chapline St.
Sullivan, Clara E., (S.S.)

WISCONSIN.

Appleton.
Culbertson, Eliza M., (A.)
Baraboo.
True, Minnie W., (A.)
Beloit.
Young, John R., (3) 326 Goodwin Bldg
Eau Claire.
Matson, Jesse E., (A.) Ingram Block.
Fond du Lac.
Breitzman, Edward J., (A.) Galloway Block.
Wright, F. A., (S.C) Haber Block.
Grand Rapids.
McIntyre, Geo. M., (Ac.) McKinnon Bldg.
Green Bay.
Olds, E. M., (S.C.) 601 Wilner Bldg.
Janesville.
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.) 608 Merrill Bldg.
McNary, J. F., (M.) Matthews Bldg.
Sanders, Maude M., (M.) 565 Bradford St.
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American School of Osteopathy.
Kirksville, Missouri.

March 1st. 1908.

My Sunday Sermon.

Well, Bunting,
My old Friend-
Fool or Philosopher?

Allow me to give vent to what I am thinking about and intend to say whether you like it or not.

I have just read your article in March, "Osteopathic Health," and without any flattery, I want to tell you that from start to finish it is the most literary and scientific production that I have ever read from the pen of any writer, on the principle and philosophy of Osteopathy.

I am proud of the production. I am proud of the Man who is not afraid to peruse and acquaint himself with all the branches pertaining to the subject of human life, the form of the body with all its parts and functionings, when in normal or abnormal condition.

Go on with the good work, I am glad to have one man who compromises with nothing, not even Truth itself; a man who is ready to offer and stand to the truth without apology.

Please send me a dozen copies, and bill for same.

With kindest regards to you and Mrs. Bunting.

I am yours truly.

A. T. Stiee

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Tumors

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I will take for granted what I have written in the Journal of the Osteopathic Association under the caption Cancer. I have taken Cancer there as the title. (1) Because its popular acceptance includes every maligant tumor form; (scientifically cancer represents the ultimate and most complex malignant growth known to pathology) and (2) because I believe that the malignant is the typical tumor form. By this I mean that every malignant tumor was primarily a benign tumor or passed through the stage of benign pathogenesis, whether in tumor form or not.

Hence while pathological differentiations may be of value for educative and diagnostic purposes, I do not believe they are of any special value in connection with treatment. The original causes are similar, whether the tumor is benign or malignant, and if the malignant stage represents a curable condition, certainly the benign does also.

As a prelude to our discussion of this subject and a preparation for our answer to the question whether such conditions can be dealt with by osteopathy, I wish to give a brief summary of my views of the osteopathic system. Several medical doctors and many osteopaths have said to me that osteopathy can't possibly cure tumors of any type, much less the malignant type. I am so strongly convinced of the truth and the efficiency of osteopathy that if I believed or could be convinced that any form of disease was not amenable to osteopathic treatment as I understand it, I should at once abandon the osteopathic profession. If I believed that the osteopath could be anything else than a full fledged physician in the fullest sense of the term I would at once write osteopathy with a small *o* and announce my renunciation of its truthfulness. The law may limit our field in some states and it may restrain us in our active operations by reason of our undeveloped state but our principle as I understand it is a universal law. I ask, can there be any limitation to such a universal principle?

The answer to this question hinges on the fact that the theory of treatment we advocate and apply is different from that advocated and used by other practitioners. Our method is differentiated from that of other systems in this that *they* deal with disease from the side of stimulation, using something, generally a noxious substance or its equivalent, to modify, control or aid the side of stimulus in connection with the cell, tissue and organ activities. Our method, on the other hand, depends on the fact that we assist the resisting power of the cells, tissues and organs of the body on the principle of adjustment. Perfect health depends on the adjustment of the organism in all its parts to itself and to its environment. All systems aim ultimately at using the native vitality—*Nature*—as the curative means.

The Osteopathic School of Medicine uses the method that is based on the

self-sufficiency of the organism in vitality, materials and active processes, provided there is perfect structural and environmental adjustment.

Our fundamental propositions are, (*a*) the organism as the instrument of the vitality is built on a definite structural foundation and constructed on a definite plan of anatomic architecture. Hence the adjustment of the body to itself as a whole and to its parts is the foundation of perfect life which is health.

(*b*) Within the organism is found all the necessary apparati for the activities of life and for their regulation and repair. The basis of vital activities in the physical sense is vibratility. Hence this physical principle may be used as a means of appealing to the vital activities for the purpose of *correcting* their distribution by physical means.

(*c*) Within the organism are found all the necessary proximate principles that are required for life, for its regeneration and recuperation, provided the raw materials of food, water and oxygen are supplied to the organism. These are supplied in the dietetic field and in the field of respiration, open air exercise and changed climatic conditions.

(*d*) Pathological conditions always originate in connection with disturbances in the *vital distribution* of the forces and fluids by the maladjustment of the structures or the functional activity of the tissues or organs. For example, inflammation represents a sign of disturbed circulation or nerve force, the disturbance depending on or being caused by some primary alteration of adjustment that we call a *lesion.* Here there is disturbed adjustment, symptomatic of a dying or death condition of some particular tissue or organ of the body and caused by the *obstruction* to the vital distribution. This disturbance prevents the general vitality from controlling the particular part that is affected ; and if the part affected continues in this isolated or irritated condition the reaction will produce disorders in the organism that mean unhealth and ultimately result in organic death.

(*e*) From this standpoint restoration to normal by treatment of any kind must take place in connection with the adjustment of the parts affected to each other and to the body as a whole, as well as to the environment.

Therapeutics, therefore, as a science, is based on the uninterrupted, unobstructed and unirritated *distribution* of the life forces and fluids. Any mechanical maladjustment of structure, including malposition and malrelation of any tissue, organ or cellular structure may give rise to or maintain this obstruction of the fluids and forces and establish a disease condition. This represents the etiology.

Resulting from this, we find a disturbance of some vital process or processes, cellular, tissue or organic, and this disturbance reacts upon the activities or functions producing symptoms or signs of perverted physiological action. This perverted physiological action is expressed by symptomatology and also marks the first stage in pathology.

Following this and as a result of perverted activity, nutritive and trophic disturbances arise; and here we have the degenerative changes marked by physical and chemical processes taking place under weakened physiological action, or the entire withdrawal of life force from the degenerative field. These changes produce the morbid anatomy side of pathology.

What concerns us more is the therapeutic side and its etiological factor, because it is the first cause that leads to and makes possible the other changes.

For this reason maladjustment is the key to diagnosis and adjustment is the key to therapeutics. The essential principles, therefore, of our method of treatment are, (*a*) normal structural adjustment is associated with and conserves normal functioning ; (*b*) normal nerve and blood supply to any

part of the body is the basis of health in that part, and the normal distribution of the nerve and blood supplies to the different parts of the body is the basis of body health.

Most, if not all diseases, are associated with structural alterations in the adjustment of the cells, tissues and organs. The results of these abnormal relations are; *disturbed nutrition*, in which case the part disturbed falls below par and ceases to co-operate with and to be co-ordinated to the rest of the body. This disturbance may also produce a *lessened resistance* in tissues or organs, with the result that they (tissues and organs) become susceptible to other disease producing agencies, such as germs, toxins, improper food, foreign substances, etc.

The changes taking place, therefore, in the structure of the body, whether microscopic or crude, represent alterations in the vital mechanism resulting in disturbed functioning.

Instead therefore of attempting to *modify symptoms* by stimuli, applied to the functional activity field, as medical doctors do, we claim that mechanical stimulation (in the wide sense, corrective or otherwise) applied directly to the part involved or indirectly through the modification towards normal of its nerve and blood supply, acts efficaciously in restoring the adjustment of the structures through which body vitality operates in connection with the co-ordinated and co-operating vital activities.

The body, as the organ of the mind and the medium of vital expression, is a self-regulated mechanism composed of the same substances and is subject to the same laws as the rest of the universe. Hence, if this mechanism, operating in connection with the vitality, *is adjusted*, (1) to itself and its own operations in connection with the articulated mobility of its structures, and (2) to its environment that is germane to its harmonious development within and without, it will remain in a state of health.

That the body is not perfect in this twofold adjustment is the foundation of disease and of the profession of healing. There are certain limitations to adjustment, these limits arising from the mechanism itself or from its environment. Hence the duty of the physician is to adjust the organism to itself and to make the environment as favorable as possible, so as to remove all the limitations to perfect organic life.

In this field we have the widest possible scope for *adjustive measures* to accomplish this purpose, including; (1) Manipulation to correct structural adjustment, to establish perfect circulation and the normal distribution of nerve energy; (2) diet, climate, water, heat, sunlight and open air exercise are to be used as adjustive measures or means to maintain and restore normal nutrition, normal respiratory action, the rhythmic activities and articular mobility of tissues and organs; (3) operative surgery is an adjustive measure when it is necessary to remove any part of the body that becomes hazardous to the organic life or detrimental to the perfect expression of perfect vitality in the organism. In connection with this anti- and aseptic measures become necessary in order to preserve the body or its parts from the destructive influences of sepsis, either in the body or its environment; (4) in the case of the presence of toxic substances, either the result of autointoxication or of the cumulative action of poisons taken into the system, when the antidotal function of the glandular organs is suspended or deficient, it may be necessary to use antidotes for such poisons in connection with elimination, in order to remove the poisons from the system, so as to preserve the body life from destruction.

(5) Hygiene measures in the field of preventive medicine are necessary to prevent the spread of germs and the action of their toxins upon the body organism. Hence if there are germicides these belong to the field of ad-

justive measures that are valuable in attempting to maintain the normal adjustment of the organism.

These five fields represent the lines of adjustment at the command of and belonging to the osteopathic physician and his system. While we do not claim to have revolutionized the healing art and while giving respectful homage to the workers in other fields of therapeutics for what they have done for the welfare of humanity, we believe that we have a method of treatment, based upon the principle of adjustment as the universal law of healing, which is better able to cope with disease than the other methods. Believing that when we apply this law as an all round principle in the field of disease, patients are better cared for when the whole personelle of the patient, including his body, his diet, his exercise and his manner of living in every particular is under direct and continuous supervision, we have applied the principles of this method to the treatment of tumors representing neoplasms implanted within and growing upon the nutritive substance of the cells of the body.

Origin of Tumors

Much discussion has taken place as to the origin and cause of tumors and regarding their pathology. The tumor, in our view, is *an excretion*, an excrescent growth appended to or implanted in some tissue or organ of the body; and when such appendage or implantation exists the excrescence becomes the dumping ground for the waste of the organism. The tumor, then, we regard as an effort of nature to get rid of something, organic life attempting to eliminate.

Tumors, divested of all hypothetical and mystical conceptions, represent simply "an unlimited excessive proliferation of the cells of fixed tissues." In regard to causation some, like Herzfeld claim "no tumor without trauma." (Zeitschrift fur Krebsforschung, 1905, III p. 72; zur statistik der Hautcarcinome des Kopfes, und Halses Anton Miller, Zeit. f. Krebsforschung, 1907 (6) 64). Councilman ridicules the idea of a traumatic etiology of tumors. (Boston Med. & Surg. Journal, Sept. 5, 1907, p. 313).

However, from the side of histology the proliferation that takes place in the reparative process in connection with injuries, lacerations, tears, etc., may pass over the normal histological bounds and represent the starting point of a pathological growth (tumor). In the malignant tumors patients seldom give a history of traumatic proliferation at the point of the trauma. In some cases there is undoubtedly evidence of trauma as an *exciting cause*. The statistical records seem to point out two facts worthy of note, whether they are absolutely credible or not, (1) that chronic irritations frequently give rise to carcinoma, the chronic irritation affecting the superficial epithelial covered surfaces, in which case originates the carcinoma; and (2) that single traumatic conditions give rise to sarcoma, the trauma affecting bone, periosteum and the fascia.

In both these cases the proliferation resulting from the trauma does not stop when the injury is repaired! Why? I believe because, (1) anatomical structural lesions prevent the normal control of the new reparative proliferating process; (2) physiological limitations are not maintained in the repair processes, because these are exaggerated in the organism in which the neoplasmic growth takes place, probably by toxic conditions causing over stimulation, by wastes due to lack of elimination and the presence of by products in the circulation; and (3) that the element of lack of control figures largely in such cases is evidenced by the profound disturbance produced by worry, anxiety and psychic disturbances.

Within the past year it has been suggested that tumors originate from

spiral organisms analogous to the *spirochoeta pallida* found in syphilis. Dr. Ewing's experiments seem to negative this idea, only one instance being found in which these organisms were present and then they were found in the *necrotic* substance.

Dr. S. P. Beebe (A. M. A. J. Nov. 2, 1907, pp. 1492–3) claims that a percentage of tumor animals spontaneously recover and are then immune from further implantation by a tumor substance of similar virulence. Another point of greater importance is that an immune animal may become susceptible by anything which will "diminish his general resistance;" for example, following several hemorrhages, after the domestication of the free animals. Does this not indicate that the underlying condition that makes localized tumor formation possible is a systemic or constitutional condition?

Dr. Beebe, in giving his conclusions, says: "We are inclined to believe that the blood may contain some expression of the immune condition of an animal." If so, the blood also contains the elements of susceptibility. Immune blood is not a favorable medium for the preservation or cultivation of the tumor cells. Serum extracted from an immunized animal has a destructive influence on the tumor cells. Hence, we may conclude that the blood contains certain destructive factors, that makes the blood if normal an active destroyer of the cancer conditions.

Dr. G. W. Crile transferred the entire blood of an immune animal to animals with the growing implanted tumors, with the result that the growing tumors retrograded. (Blood examination in the diagnosis of Malignant Diseases, Ira S. Wile, N. Y. American Journal of Surgery, Nov., 1907, pp. 339–41).

In the history of these implanted tumors we find some interesting data, (1) The tumor at first is benign, with little if any infiltration and with no bad effects upon the general constitutional condition of the animal. (2) After the tumor assumes its malignant form, metastases take place and with these processes cachexia develops. The development of the cachexia is late, "when there is a comparatively large amount of autolyzed tumor products, capable of absorption." This means that elimination of these products takes place until they become so abundaut that they can neither be destroyed in or eliminated from the system with resultant absorption by the tissues. (3) The cachexia condition of the animal is associated with the presence of toxic substances in the necrotic tumors, these toxic substances being especially active in connection with the erythrocytes with a hemalytic effect, but also being toxic to all the body cells. (4) These facts indicate that such tumors are not infectious, but their products are toxic. The fact that tumors can be implanted does not indicate an origin from the action of a micro-organism, but the active cell of the tumor itself becomes implanted in the tissue soil and grows if the soil is suitable. (5) The tumor cells have the special function of growth developed to an enormous degree, while the tissue cells have lost their protective and defensive functions to a large extent by lessened resistance. This enormous growth and rapid growth gives to the tumor cells a characteristic of unstable equilibrium as compared with the normal tissue cells. Hence irritants of all kinds excite this unstable cell growth.

The Lesion and Tumor Growth.

This *lessening of resistance* gives us the foundation for our lesion theory in the lesions of a life-time, with all the disease effects of the same life-time, lowering resistance to such an extent that when localization takes place, the growth develops rapidly at the expense of the tissue cells.

The meaning of all this, as we interpret it, is, (*a*) the *lesion* as the *basis* of lessened resistance, the *origin* of localized conditions in connection with traumatism, over activity, inactivity, etc., and the *maintaining* lesion keeping up the unbalance between the new growth and the normal cell status and development; (*b*) toxicity as the environment in which the normal cells, including the blood cells, are kept, until the poisoned effects upon the cells and tissues result in necrotic processes or more simple degenerative processes that weaken the cell vitality and give full scope to neoplasm growth.

(6) This function of growth in connection with the tumor development extends down to the deepest parts of the organism. Recent researches in the autopsy field, *e. g.* have demonstrated that metastases are found in the bones much more frequently than was at one time supposed. Frankel declares that in 20% of the cases of carcinoma in autopsy there was bone metastasis (Munch. Med. Wochschrift, p. 383. 1902). Fisher–Defay found the bones involved in 25.7% (Zeitschrift fur Krebsforschung, III 195, 1905). The insidious character of these metastases is shown by the fact that there is no bone swelling or deformity, but that the change is found in the marrow field, cancer tissue taking the place of the marrow substance. When the development extends further, we find, either (*a*) an infiltration of the bone tissue. [This infiltration process is found most extensively, in some cases taking in the entire skeletal structure;] or (*b*) osteoplasia, resulting in proliferation with thickening and hardening of the bone. The marrow of the bones seems to be a favorite field for the lodgment and growth of the cancer cells. Von Recklinghausen in 1891 pointed out that cancer of the prostate, even in its earliest stages, is associated with a general infiltration of the skeleton by the cancer cells. Mammary cancer is also associated very frequently and extensively with the bone metastasis. Similarly pancreatic and thyroid gland cancers show this tendency to osseous infiltration. Less frequently do we find this bone metastasis in uterine, rectal, cutaneous intestinal and stomach cancers.

This seems to be at least one reason why operation in many of the so called inoperable cases tends to hasten a fatal termination, producing an extension into the field of operation of the cancerous development (Anton Miller, Zeitschrift fur Krebsforschung, 1907 (6), 64).

Dr. Engel notes the retrogression to embryonal conditions in connection with blood production and development in the malignant diseases. This retrogression is noticed chiefly (*a*) in the blood forming organs, and (*b*) in those organs which in the embryonal stage are blood forming but in later life cease to have the blood forming function. This latter applies chiefly to the liver. In post-embryonic life the liver has nothing to do with blood construction, but it returns or reverts to this blood forming function in the anemias, syphilis, cancer, etc. The same thing is true of other organs and tissues. For example, if epithelial cells return to the embryonal characteristics, then rapid proliferation takes place, without check or control from the nervous system and surrounding tissue. This is what we find in epithelioma.

Under normal physiological conditions, according to Engel, embryonal cells are kept in check; but when such check is not preserved then the physiological condition is changed into a pathological with resultant moles, warts, birthmarks, etc.

Ehrlich has demonstrated that embryonal tissue has a decidedly disturbing effect upon a growing cancer. Pregnancy, in other words, tends to immunize the organism to cancer development. Hence Engel concludes with the suggestion that "the application of young human embryos may have an immunizing and possibly a curative effect in case of malignant tumors in man." (Rueckschlag in die embryonale Blutbildung und Entstehung boe-

sartiger Geschwuelste, C. S. Engel, Berliner klinische Wochenschrift, Oct. 7, 1907, Vol. 44, No. 40.)

(7) Attempts to find a cure for tumors, outside of the field of surgery, have been limited largely to the use of toxins. The special value of these experiments has been (*a*) to demonstrate the instability of the tumor cell as compared with the normal cell stability. The toxins disturb this unstable equilibrium, demonstrating, (*b*) that the tumor cell is especially characterized, physiologically, by an enormously developed function of growth, with a lessened control of this growth, diminished means of defense on the part of the organism and lessened resistance in the tissues. Attacks of erysipelas have been noticed to exert a checking and even curative influence upon malignant tumor growth. This led to the inoculation with the streptococcic cultures, to produce artificially this restraining and curative influence. Dr. W. B. Coley, of New York, directed attention to the value of a mixed toxin produced by mixing the bacillus prodigiosus with the streptococcic culture. (Amer. J. of Med. Sc. March, 1900). *How is this explained?*

The result of these experiments indicate, (*a*) that the bacterial toxins exert a destructive influence on the tumor cells, greater at the point of local growth, lessened when systemic influences operate upon the toxins; (*b*) the tumor cells have become capable of almost unlimited multiplication at the expense of their capacity of self defense. Hence the tumor cells are less resistant to the toxin action; (*c*) as the substance of the broken down tumor cells become absorbed certain antidotal substances are developed in the fluids tending to increase the general resisting power of the organism.

(8) Experimental attempts artificially to produce conditions at least simulating malignant growths have brought out some important facts. Virchow claims that the origin of tumors was to be traced to irritation. A long line of experiments has been presented since then to demonstrate such an artificial reproduction. The results of these experiments may be summarized; (*a*) mechanical irritation alone could not produce the proliferation typical of a malignant growth; (*b*) the proliferation is due to the lessening of the control of the localized tissue, resulting in lessened resistance *plus* a chemotactic influence.

The process of artificial production seems to consist of, so far as our experiments indicate, (1) the lessening of tissue tonicity; (2) the absorption of some foreign element; (3) the proliferation of the cells with lessened resistance, and (4) the degeneration of the cells with lessened resistance. Hence we find that in order to give origin to such malignant tumor proliferation there must be, (1) the withdrawal of vital force influence and nervous force control, resulting in (2) purely physico-chemical relations in the localizes tissues; and (3) resultant proliferation of certain cells; (4) probably the production of a substance within the localized area that has the power of attracting the cells with lessened resistance, drawing them into the field of its influence and keeping them there until they form a compacted mass. (See also Fischer's experiments, Muenchener Med. Wochenschrift 1906, 53, 2042.)

This substance represents degenerated nutritive substance degraded "tigroid substance," particularly the bioplasm or biogen substance of the nervous system and cerebro-spinal fluid. This degenerated material, toxic in character, whether produced in the system by auto-intoxication or the poisoned product of cerebro-spinal metabolism, poisoning taking place by foreign poisons, (a) would tend to separate certain cells; (b) these separated cells, partially cut off from central control, would under chemotactic influence tend to proliferate rapidly, compared with the normal cells, nature meantime walling in the process and the resultant products, so as to pre-

serve the organism as in abscess and tubercle formation; (*c*) the different varities of tumors would be explained by the varying form of this degenerated substance, determined by the life long toxemias and the field of ultimate development, determined by the localized solution of continuity, separation of cells, loss of trophic influence as a result of lesions, etc. (*d*) another result of these experiments seems to point, as Dr. Adams of Montreal suggests, that "having used the toxins of one order to bring the tumor down to a certain point, they should experiment with other toxins to see whether for instance, alternating the prodigiosus with the coli, etc., using different toxins one could not get rid of this remnant and so bring about complete cure."

This suggests the principle that if we can utilize the various secretions formed in the body and furnished by all the different fields of secretion, the same results may be obtained. This is in line with the fact stated by Beard and others, that when such toxins are used, the result is not so much due to the action of the toxic principles, as to the action of certain enzymes produced by the bacterial action, liberating certain proteolytic and other ferments and allowing them to operate upon the tumors to disintegrate them. This is demonstrated, by the fact that in the tumor disappearance, there is, (1) an increased leucocytosis, both localized and systemic; (2) a necrobiotic process in the tumor tissue; and (3) an absorption of the coagulation necrosis substance.

Another important point emphasized by these experiments is that the retrogression marking the tumor cells may take place, (1) from the weakening of body influences. Here we have the idea of lesions found in connection with a life history of defective or abnormal conditions or disease; (2) from some external agency such as poisons. Here we have toxicity which the body detoxinating organs and antidotal materials cannot overcome or eliminate. The organism has the power of destroying poisons, of anticloting them and of eliminating them. But these capacities may be overborne by the excess in quantity or the slowly cumulative action and effects of the poison. In this case the systemic poisoning results in a localized condition of malignancy.

We find certain poisons of the nature of toxins with the chemical composition of lipoids. Kyes has demonstrated that certain toxin substances in the colio-poison combine with lecithin in the formation of lecithids. These act as antibodies and antidotes in the animal body. Similar hemolytic substances may be extracted from the mammalian organs and the blood serum by heat and alcohol. Friedemann recently extracted a toxin from the pancreatic juice obtained per fistula which when combined with lecithin became markedly hemolytic. These complex substances have the power of destroying the red blood corpuscles resulting in toxic anemias.

The Osteopathic Theory.

The sum and substance of the osteopathic theory is that the body consists of a mass of cells, differentiated in groups histologically according to the functional process which the group of cells must serve. Each of these cells if normal reacts to its environment so long as the environment is normal. Given then a normal cell and its normal environment in the structural and environmental fields and every cell in the body will live a normal life.

Recently we have reports of the death of a scientist in Chicago (Fuchs) and a noted physician in Rochester, N. Y., from cancer, produced by the excessive exposure to the X-Ray. Why? (1)The X-Ray acts very powerfully on cell growth. (2) It also acts upon the cells to the extent of producing cell dissociation, dissolving the bonds that unite cell to cell. These bonds blend the cells normally in a commonwealth of activity, each one

operating in its own field and yet co-operating with every other cell. Hence (3) the result of the X-Ray action is to produce an uncontrollably rapid growth of the cells, each cell living its own life, rather than all the cells living a common life, with the result that this rapidly growing life becomes a degenerate existence, toxic in itself and assimilating all the toxic, waste and uneliminated elements found in the system. (4) The dissociation and separateness of the cell life is clearly demonstrated in certain cases in which fibroma, sarcoma and carcinoma have been found in the locus field of tumor development.

Dr. C. A. Whiting of the Pacific College recently exhibited slides made from pathological specimens of a uterus growth in which fibroma, adenoma, sarcoma and carcinoma were found. Dr. Whiting claims that this demonstrates that one form of neoplasm itself nonmalignant may originate the growth of intensely malignant growths. It also demonstrates the fact that tumors pass through a historical process of development and that even when the tissue cells of localization are the same, differentiation of types may exist in the developmental process.

Sometime ago I treated a case diagnosed by the doctors as a case of uterine cancer. He told the patient that she had a bunch of tumors. On examination I found that the uterus was much distended, about the size of a six months pregnancy. On deep palpation the uterus felt like a sac of large pebbles. Medicine had done nothing for the case. Some typical lesions were found, (1) Enlargement of soft tissues around the sacrum and lower lumbar; (2) displacement of the last lumbar which made patient feel as if on bending back, the back were broken; (3) Twisted pelvis with marked left innominate displacement; (4) Enlarged and tender left mammary gland, with displaced 4th rib (left), also very sensitive; (5) displaced left clavicle so much so that left arm dropped and acted much as if dislocated, because not free use of arm; (6) Several twisted vertebrae marked by irregularities, especially 4th and 5th dorsal, 12th dorsal and 1st and 2nd lumbar; (7) an atlas lesion very anterior with history of chronic crazing headache. After prolonged treatment in correction of the maladjustments, with careful attention to diet, menstruation began in the beginning of the month of June and kept up without cessation for over six weeks. No attempt was made to check it, because I anticipated an elimination process in connection with menstruation. During the six weeks, twenty-six tumor masses were discharged all well compacted some of them organized blood masses, with implanted tumor cells; and on examination pathologically they were found to consist of six varieties of pathological tumors from the most innocent to the most malignant type. The patient is well at the present time except for the recurrence of headaches which are always relieved by correction of the atlas and relaxation of the rigid muscular conditions in the neck and interscapular areas.

Some interesting points have been developed by experiments made upon the lower animals. (1) We find that in the earlier stages of sarcoma and carcinoma the tumor cells invade the blood vessel walls, more markedly in the veins than in the arteries. These tumor cells pass beneath the intima in the veins and only into the outer coat in the arteries setting up periarteritis. (2) The tumor cells of the benign variety do not seem to invade the walls of the blood vessels but the tumor cells of the malignant variety do invade the vessel walls producing vascular degeneration. This vascular degeneration tends to promote absorption and dissemination of the cancer cells. (3) When a growth becomes malignant in the focal field of its development the normal regularity of blood vessel distribution peculiar to the organ or tissue gives place to irregularity of blood vessels, with the forma-

tion of new vessels in the area of rapid proliferation. As the growth develops the central part breaks down and the vessels cease to exist. Newly formed vessels developed around and in the envelope. In sarcoma the blood vessels are regularly distributed through the new mass. (4) This indicates that the structural framework of the tumor growth is derived form the tissue or organ in which the tumor cell location takes place; but that there is a change from the structural characteristics of the tissue or organ of focus, the new structural part assuming the characteristics of the tumor cell.

This gives the tumor its specific pathology and sustains the point we have made before that the difference in qualities does not matter much from the standpoint of treatment, because it is not pathological treatment we are prescribing but physiological treatment, to increase the resisting power of the organism.

(5) The new blood vessel formation in connection with the tumefaction determines the nature and extent of the resisting power of the organism. This is of great significance in treatment, because as soon as the circulation of the blood is corrected and freed from obstruction the circulation through the tumor field aids in breaking down the tumor and carrying off the broken up substance. The newly formed blood vessels serve, therefore, not only the purpose of nutrition but also have some relation to the protective and defensive function of the organism.

The tumorous conditions therefore, test the anatomical integrity of the body and the reaction of physiological activities to the anatomical integrity. Hence, the differentiation of the histological structure of the tumors must be interpreted, not as an isolated pathological fact, but the type of tumor must be interpreted through its physiological reaction upon the organism in connection with the stroma or structure formation. This enforces the idea that the stroma formation depends on the deficiency in some and the excess in other secretions of the body; and that therapeutically the correction of the adjustment in the secretion field will determine the cessation of tumor formation and actively stir up the forces within the organism that tend to tumor destruction. (Compare E. Goldmann, Growth of Malignant disease in man and the lower animals with special reference to the vascular system, Lancet, London, Nov. 2, '07).

That such a process is possible is demonstrated in many cases. C. Ritter cites a case of inoperable sarcoma in the neck and shoulder. Part of the tumor was excised and then by suction hyperemia, using a large cupping glass, the entire tumor disappeared in one month. Ritter points out that during the disappearance there was no tendency to softening, necrosis or the expulsion of detritus. He refers to another case in which necrosis of the sarcoma tissue was found on incision, indicating necrosis in tumors as a process entirely independent of treatment. If external suction hyperemia in conjunction with spontaneous necrosis is sufficient to cure these tumors may we not reasonably expect that the adjustment of the body so as to perfect the circulatory field and cut off the field of waste or poisoned nutritive supplies will be as effective in the removal of such tumor growths. (Behandlung inoperabler Tumoren Mit Kuenstlicher Hyperaemie, Muenchener Medizinische Wochenschrift, Oct. 22, 1907 L IV, No. 43, C. Ritter).

The question arises here, will osteopathic treatment cure cancer? I put the question in this form because if it can cure the severe and malignant type of tumor, then it certainly can cure any tumor of benign or lesser malignancy type. The cases I have published are before the profession and the world. They bear the authoritative seal of at least three of us who were actively interested in taking records and watching the progress of the cases. On these and experimental tests made upon animals our conclusions are based.

[CONTINUED ON PAGE 438]

Osteopathic Nomenclature

MELVILLE COXE HARDIN, PH. B., B. D., D. O., CHAIRMAN OF COMMITTEE.
ATLANTA, GA.

Some erroneous ideas seem to have gotten abroad concerning the purpose and work of the Committee on Osteopathic Nomenclature. Some seem to think that we are expected to wipe out all the terms we have been accustomed to use and go to the classics of Rome or Greece, or both, and draw lots on their treasures to see what we might be able to find. Others seem jealous over the fear that some man will not get the proper credit for the suggestions he may have made as to some term, or that it will be overlooked that he was the first one to mention the need for a scientific nomenclature. Others say we have enough terms now and too many, while others say we should have a great many more.

I have been familiar with osteopathy for twelve years, and more. One of the first things I ever heard discussed in connection with it, was an expression in depreciation of the fact that it lacked in a thorough scientific, technical language. From that day to this I have seen in print, have written about it myself on several occasions, and have read from many other pens, the need of an improved nomenclature. What, then, has been the trouble and what is the work this committee is expected to accomplish?

There has been no trouble about the number of osteopathic terms to express our ideas. Indeed, they have been more numerous than was absolutely necessary, for in some instances we have used synonyms. Again, there has been more or less conformity in the use of such terms, so that generally speaking we have understood each other fairly well in speaking and writing.

Who originated these osteopathic terms? No one man has originated all the terms in use. Most of them were originated by Dr. Still himself, such terms as best expressed his ideas in the beginning. We all learned them from him. As the science grew some of these terms were modified by other writers and teachers, according to their ideas, sometimes making them more exact and at other times only complicating matters. Sometimes the terms used were not scientific in any sense, being merely a kind of slang phrase, as the expression, a "break" in the spine.

In other words the same thing was beginning to take place in a mild way that had already taken place in the nomenclature of other developing sciences. It was to prevent this tendency by directing our nomenclature into scientific forms at the very beginning of the history of our terms that this committee was appointed. I do not know better how to illustrate my meaning than by referring to the science of anatomy.

Anatomical terms had been christened in a most haphazard way. From the beginning of the science of anatomy each investigator gave such names as he saw fit to the parts he studied. As these investigators lived in different countries, using a different language, working entirely independent of each other, not knowing of the existence of the other, perhaps, in many cases, the same parts were given very different names. The authors of anatomic text-books, who read widely and learned what was being done, or had been done in other countries, later collected these terms gradually and at the same time each author selected or rejected names from the lists of his predecessors as suited his tastes. In this way it has come about that we have inherited from the centuries past a mass of anatomic terms, excessive in the extreme, many single structures carrying double and even multiple names. Examples: The pneumogastric nerve is likewise the vagus, the tenth cere-

bral nerve, etc.; the valvula colli is variously known as valvula ileocecalis, the valvula Bauhini, the valvula Tulpii, and the valvula Falloppii. You readily recall many others. These illustrate a veritable anarchy in anatomic terminology. These terms have been passed on from lecture to lecture, from text to text, until they have become a great burden to all concerned. Teachers and pupils were both at their mercy: anatomic research was handicapped by it. All around this ballast had grown till something had to be done. A writer on this subject says: "As this naming went on by the authors of individual text books or monograms, a great many terms were proposed which never became current; others were gradually employed in a sense other than that originally intended; some attained to general anatomical parlance. The names arising, as it were, by chance, and at totally different periods in the various anatomical systems, it was scarcely possible that anatomical terminology as a whole, could manifest any general plan or have much uniformity of character, it was necessarily chaotic and incoherent — full of inequalities, contradictions, and obscurities."

It is said that in such text-books as Gray's or Morris' Anatomy there are more than ten thousand terms used therein, and that fully half and even more than half are synonyms; and also, if all the terms used in all the standare texts were collected in one book, there would be all told more than 30,000 terms. For many years this condition of the terminology of anatomy was depricated by all the leading anatomists. The anatomical societics of America, Great Britain, and Germany especially interested themselves very much in this problem. The enlarged anatomical society of Germany, which held its first meeting in Leipsic in 1887, was where the movement for revision of the terminology of anatomy first took place. The commission for work was appointed in 1889. From this time they were at work for six years. In 1895 at Basle, Switzerland, at the meeting of the society, the report of the work of the commission was made and its work announced as complete and adopted. Hence, this nomenclature is known as the BNA, the Basle *Nomina Anatomica*, the BNA being a short-hand title for a list of some 4,500 anatomical terms accepted by this society as the most suitable designations for the various parts of the human body visible to the human eye. The terms are all in correct Latin, except a few in Greek, which few have been Latinized. The majority of the terms were already in use in various text-books, but some of them were selected from monograms on anatomy not considered in text-books and a few of them are bran new, introduced into the lists where an examination of the literature showed that none of the terms hitherto coined were satisfactory.

Only one term is given to each structure. In this way the mass of synonyms which encumbered the texts can be swept away. It is no small achievement to cut the 30,000 anatomical terms down to less than 4,500 necessary terms at one fell stroke. Even more important is the exclusion of all obscure or ambiguous terms, each term employed having a definite and easily ascertainable meaning. This work has also led to the establishment of certain general principles regarding the future formation and use of anatomical terms and gives promise of a simplified and uniform terminology in anatomy henceforth.

This terminology, known as the BNA, is now adopted, we might say, almost all over the world. Gray's last edition has the BNA terms in parenthesis after the old terminology ; Morris' last edition has the BNA terms in the text with the old terms in parenthesis after them. Stohr's Histology, Johnson's "Nervous System of Vertebrates" use the BNA, and the next edition of Gould's Dictionary, now in preparation, is to consider the BNA. The leading medical schools over the country are introducing the BNA in

the classes and I might add that one of our schools, the Los Angeles College of Osteopathy, is this year using the BNA.

It is interesting to note the more important general rules adopted by the BNA commission as it progressed in its work. It gives us an insight into their methods and by this we may profit. The more important of their general rules have been stated as follows:

"1. Each part shall have only one name.

2. Each term shall be in Latin and be philologically correct.

3. Each term shall be as short and simple as possible.

4. The terms shall be merely memory signs and need lay no claim to description or to speculative interpretation.

5. Related terms shall, as far as possible, be similar.—e. g., Femur, Arteria femoralis, Vena femoralis, Nervus femoralis.

6. Adjectives, in general, shall be arranged as opposites—e. g., dexter and sinister, major and minor, anterior and posterior, etc."

The birth of every science brings into existence a greater or less number of new terms. Osteopathy is no exception. Many of our terms are quite definite, while many more are otherwise; in many instances we use synonyms, while in other cases our terminology is quite barren. It is desirable to formulate our terminology in the best possible way, to have only as many terms as we need, with each a definite meaning of its own; to make them as short as possible, with permanent and scientific accuracy.

As we progress the necessity for some other terms may arise, but we may begin our work now and coordinate and formulate the terms we have need of today and lay the foundation for the present and future uniformity of our nomenclature.

Such work as we propose is necessary on account of the following considerations:

1. While we have generally understood each other in the past, a great many of our controversies among ourselves have grown out of different conceptions of our terms. With fixed terms and a definite meaning to each, our understanding of each other is improved.

2. Many without our ranks have held erroneous notions about us on account of some of our terms. A scientific vocabulary will dispel all such erroneous ideas which the public may have held concerning us besides it will give us a standing in the scientific world that we could not otherwise have.

3. We will avoid the difficulties into which an anatomy and other sciences have fallen as illustrated above.

4. Any scientific literature is lacking in accuracy which is devoid of technical terms.

5. Hence, a technical terminology will aid us in our scientific progress, for this ensures clear ideas. Such terms are, in a measure, land-marks showing what we have accomplished and pointing out definitely the problems before us.

I have written this article to call the attention of the profession to our work and our needs in this way and, at the same time, to answer the queries which have arisen in some minds. In all this work let me say that I am sure that I express the feelings of the committee when I say that we would gladly receive any suggestions from any one in the profession who may be interested and give serious consideration of the same. We desire all the help we can get in order to do the very best. The work is of no small consequence and it will require a vast amount of tedious and painstaking effort to accomplish the desired end.

LOWNDES BLDG.

Preparatory and Corrective Treatments

ORREN E. SMITH, D. O., INDIANAPOLIS, IND.

[Paper read before the Annual Meeting of the Indiana Osteopathic Society.]

Preparatory treatments consist largely of manipilation applied directly to local tissues, and have as their object the influence and control of local functions of the tissues to which they are applied. They are intended to influence function immediately, and temporarily,— to influence cells individually, instead of en masse.

By applying manipulation to a local area of pathological tissues a quicker response can be had in many cases, than if we had waited to make changes of structure which, as obstructions, are primarily the lesions which have caused the diseased area. This local application of manipulation is of advantage because *all cells* are vital, and can be stimulated mechanically. The protoplasm of a muscle cell is responsive to mechanical stimulus just as truly as the protoplasm of a nerve cell, although to a less degree. Hence local application of the mechanical stimulus calls forth a latent local energy within the diseased tissue which would not be aroused by a stimulus applied indirectly through a reflex arc of the nervous system. This latent energy in these pathological areas can be used to great advantage in hastening chemical reaction, creating heat, influencing cellular respiration, excretion, and all vital processes of the cells. This latent energy so released is a local product created for home consumption in the local area. To be able to influence a local area of pathological tissue definitely, as can be done by mechanical stimulation, is to have at one's command a valuable therapeutic agent. To be able to influence matabolism favorably in diseased tissue is no mean power when we come to deal with conditions which lie outside the self regulating power with which the organism is endowed, Many of the vital processes of cellular tissues are maintained by laws which regulate physical bodies, as elasticity, hydrostatics, pneumatics, capillary attractions, motion, etc., hence mechanical manipulation has a therapentic value from the physical standpoint as well as a vital influence upon cells to which it is applied. All this preparatory treatment is of course temporary in effect, but neverless immediate and direct. Here we seek to influence function directly. In accute diseases it is sometimes necessary to increase dormant functions at once. The amount of local vitality of each cell responds to a local stimulus long before the local area could be influenced automatically by adjusting the primary lesion.

Theory of Preparatory Treatments.

Preparatory treatments produce their effects mainly through local influence. They are artificial, as much as drugs, in that they do not make the organism self regulating, the fundamental difference between osteopathy and drugs. A drug will have to be repeated to insure a continuance of results. So will a preparatory treatment. The preparatory treatment is a means of stimulating already free and working reflex arcs. It does not open up old nerve pathways which have become functionless through obstruction. It is not corrective ; it aids function only temporarily. Any treatment which has to be taken continously to insure proper functioning is essentially artificial and therefore to be condemmed as an ultimate treatment. But that preparatory treatments are just as essential as corrective treatments is proven by the service they render in making corrective treatment possible. Many cases come to us where the lesions have been of so long standing, where the pathology of those lesions is such that no other

than preparatory treatment would then be of service to the case. The bony lesions cannot be connected at first, and it is fortunate for the case that we are not compelled to use radical treatment in the beginning.

Through the reflex arc of nerves the circulation can be directed to local areas by stimulating the sensory nerves in those areas. The impulses which are thus aroused at the peripheral end of the sensory nerve are carried back to the spinal cord and here through the spinal nerve cell transferred on to a motor pathway which conveys a motor impulse back to the periphery there to be used in muscular contraction, glandular secretion, or increase of blood mass etc.. etc. We know that this is true because it can be demonstrated to any ones satisfaction. What osteopathist is there who has not seen the tissues redden under manipulation—a crimson which defies even prejudice. If vaso motion can be so influenced, why not those other functions, secretion, contraction, etc., and all function depending on connecting fibres with the special cells of the cord.

By local manipulation then we can secure local results — motor, vasomotor, secretory, etc., and by virtue of this fact old lesions may be influenced directly and powerfully thus hastening recovery and shortening the course of treatment. No more effective agent can be used in breaking up old adhesions, in relaxing old contractures, and in rebuilding new tissues, than the blood stream. And with this power of directing the blood stream to local areas of pathological tissues we have a most potent means at our command of directing the reparative processes of the body. It is not only the structural tissues which may be influenced by local manipulations but functional life of organic parts. These can actually be made to increase their service to the organism both in quantity and quality.

By the word "preparatory" it may be inferred that such treatment refers to the first few treatments given a new patient. But that is erroneous. Preparatory treatments should be used throughout the course of treatment given a patient. Never lose sight of the fact that there must be corrective treatments that can only be successfully administered after getting ready for it by the use of preparatory treatment. If you ignore this planning of your work it may cost you the loss of the case — the loss will come if you make the correction without proper preparation of the lesions by a preparatory treatment; and second, it will come if you give preparatory treatment to the exclusion of corrective treatment, because the patient will not stay well after treatment is discontinued, and he will not return — neither will he send his friends to you, which is of more consequence to you. Apply preparatory treatment to all old adhesions as you go along and the older and tougher the adhesion, the oftener you should leave your compliments with it. I do not mean treat oftener, but at each treatment given do not fail to see that the oldest and worst places are given proper attention. Then at some future day when other less formidable lesions have been conquered and begin to give away, the worst lesions will not be far behind them in yielding.

Corrective Treatment.

Corrective treatments consist primarily of adjustment of structural tissues — bony tissue especially — and have as their objects the restoration of self-regulation to the organism.

The codfiguration of the chest walls, spinal arches, and pelvic cavity, is often changed materially through corrective treatments. In seeking to change contour of the bodily organism, treatment is directed to the more durable and unyielding tissues which make and maintain structural form. A pelvis tilted to one side does not make a satisfactory base upon which to rear a normal spinal column. If one side of the pelvis is higher than the

other a lateral curve in the spine will be created because the line of direction must fall within the base to maintain bodily equilibrium against the force of gravity.

Deflections of the spinal column from the normal position, whether from fault of the pelvis or from other causes, must be corrected if the organism is to retain its power of self-regulation. The contractures of muscular and ligamentous tissues, which nature is forced to maintain in order to throw the line of direction within the base in spinal deflections are a constant source of mechanical stimulation to terminal nerves distributed within them and are the causes creating a large number of reflex disorders. These contractured tissues obstruct circulation to their own cells and predisposing to a diseased condition, thereby deranging metabolism. In order to do away with the whole line of symptoms which arise out of such structural deflection, a corrective treatment administered faithfully to the resisting bony tissue will, in time, restore normal articulations between each bony part. Then the organism again becomes self-regulating because structural tissue is not encroaching on the more highly differentiated tissues which have to do with regulating organic functions.

In successfully using corrective treatment on long standing conditions, recourse must be had to a long distance vision of the case. In applying corrective treatment in such cases it is not expected to see favorable results at once. Many cases get worse for a time and unless the practitioner understands the cause of such adverse symtomatology and can explain it to the patient intelligently, the chances are that the patient will discontinue treatment. The purpose of corrective treatment is to ultimately secure self-regulation of the organism by adjusting the structure. The adjusting process is sometimes anything but pleasant. Patients ought to be made to understand this and the cause of it. Help your patient to get a long distance vision of his case just as you see it and this will simplify matters wonderfully, because you will thus secure his intelligent cooperation in carrying out that which you have in mind for him, i. e., the ultimate restoration of self-regulation of his bodily functions.

Theory of Corrective Treatment.

Bony tissue is the important supporting tissue which gives form and position to the body structure. It maintains position against gravity, thereby furnishing a possible pathway for fluid and pneumatic channels. Were it not for this resisting tissue the body would be a soft flexible mass of tissue incapable of combatting gravity, and unable to maintain a definite configuration. Different physical departments of the body would become merged into each other, and no fixed organic positions would be possible. Bony tissue determines position and outline of the physical being. But what significance has this physical contour of the body? What difference does it make whether one's chest is flat or round; whether one's spinal column is straight or curved; whether one's pelvis is tilted or level?

The significance is this, "That structure influences function." And structure has this influence over function by virtue of the fact that the protoplasm of every cell in the body is responsive to mechanical stimulus. Therefore, deviation of structure from its normal position perverts function by the encroaching of one tissue upon another. As bone is the hard tissue of the body, its displacement from position is of greatest effect in disturbing other tissues. Pressure of bony tissue on blood channels and nerve fibres always results in disturbance of their functioning.

Bony lesions disturb other tissues also because they lie in close relation to the origin of large nerve trunks and important sympathetic ganglia.

All spinal nerves emerge from the spinal canal between bony tissues, hence rotations and approximations of vertebrae effect these nerve trunks extensively. The sympathetic ganglia lie just internal to the heads of the ribs, hence costal lesions disturb directly the sympathetics.

Bony tissue, from its very nature, disturbs other more highly differentiated tissues than itself, by creating a mechanical stimulus. The fact that it lies adjacent to these highly sensitive tissues which are so closely related to the functioning of organic parts of the body is ample reason for special demand for its correct position. Blood vesels and nerve fibres are soft and are easily compressed by the hard bony tissue. . Because nerve tissue is a highly differentiated tissue, and is especially susceptible to pressure stimulus, it is easily perverted in function itself, and because its own function is that of an executive tissue to other tissues of the body, any perverted functioning of this tissue is equivalent to a complete derangement of organic functions of the whole body.

While the law of differentiation of tissue in the body produces a keener appreciation of enviroment, hence a more highly developed being, this same law deprives the specialized tissue of its self protection and in so doing exposes it to greater danger. Nature has therefore made a special covering of bone for a large part of the nervous system in skull and spinal canal, and just as long as this special covering is protecting instead of injuring these masses of nerve fibres and cells it will be fulfilling the purpose nature designed it for. This protection is insured to the spinal cord and its nerve roots when the vertebrae are articulated properly and the spinal curves are maintained normally. The resistance which bony tissue of the spinal column offers to gravity is a resistance of as much service to softed tissues maintaining foramina for pathways of blood vessels and nerve tracts, as it is to the maintenance of physical contour as a whole. But the parts must be kept in position as nature has designed them, else they will obstruct, instead of maintain, channels and pathways for fluids and gases. Bony tissue is preeminently a structural tissue. Therefore if structure makes function, by all means should bony tissue — the most important of all supporting tissues — be adjusted to normal position.

Corrective treatments are more beneficial than preparatory treatments for two reasons. First, they remove obstructions or lesions more thoroughly, hence the results are more permanent. Second, they are less artificial, in that they restore to the organism its power of self regulation. To remove a lesion which is robbing the organism of its self-control is necessarily a permanent treatment. So long as the lesion does not recur the organism will maintain normal functions and processes. Often old lesions cannot be broken up by any other than good vigorous adjustment of structural tissues. These corrective treatments may, with advantage to the patient, be made vigorous enough to set up a mild inflammatory process in the seat of lesion. In these old lesions the pathological processes are such that new cells must largely take the place of old diseased cells, and we know of no agent as servicable as the blood stream for tearing down old and building in new tissue cells. Excess of blood to any tissue in the body hastens metabolism in that it increases heat, hastens chemical reaction, and provides matter from which to construct tissue cells. This warm increased blood stream applied for a brief period to old adhesions is most advantageous. This vigorous treatment, though, is a dangerous agent in the hands of those who are careless and thoughtless in its use. Like any sharp tool, it may be used to abuse. Do not use it without discrimination. It may cost you the loss of your reputation. On the other hand, do not fail to use it when indicated as it will be the means in your hands of curing cases that others have failed to

cure. A little thought at the right time will pay you. Vigorous corrective treatment often affects the organism profoundly. Sometimes the reaction does not come for two, three or even four days after the treatment. These effects may be in the way of soreness in the structural tissues of the body or organic disturbances may be pronounced. When they occur, time should be given for these adverse symptoms to abate before another such treatment is given. Here, preparatory treatment comes into service. The milder relaxing, stimulating treatment at these times is borne very gratefully by the patient, and the old soreness still lingering in the tissues from the former vigorous treatment will yield readily to the milder form of treatment.

Do not become panic stricken yourself at these adverse results. Remember the correction of structural defects is, by the very nature of vital tissues, likely to cause disturbance in function where changes in structnre are produced. If structure makes function, it ought to be less strange that structure will modify function when structure is being changed. So fortify your patient also against this result by telling him that such a result may happen.

Sometimes corrective treatment will for a time produce results contrary to those expected, viz: in cases of constipation the treatment may make the constipation worse, or if palpitation of the heart, the heart may be very irregular and distressing. These results are only temporary and will in time give way to normal functioning. They are of service, however, to us, warning us to desist in the more vigorous corrective treatments for a time. Lesions corrected too rapidly cause a disturbance in function because the vital properties of the tissues are unable to adjust themselves to their new environment as fast as it has been created for them by change in structure. At such times all that is needed is a sufficient amount of time to elapse for the vital processes of cellular life to become adjusted to the new environment. Many of our patients are anything put patient, and it requires real diplomacy to pilot them through these rapids of discontent out into the broader, deeper, slower channels of safety and contentment.

In conclusion it may be said that neither preparatory nor corrective treatments can be used, the one to the exclusion of the other, but that the ideal treatment is the combined use of the two, in which one is made to blend into the other. Each has its special value as a therapeutic agent, and should be given a corresponding consideration. Corrective treatments are perhaps more difficult to administer successfully and require more thought and good judgment in their use. But just in proportion to their difficulty of administration over preparatory treatments, is their value to the profession in elevating the science of osteopathy over and above the work of a masseur. Anybody can rub a patient, put it is not every one who can give a good corrective osteopathic treatment.

TRACTION TERMINAL BLDG.

More Osteopaths Wanted in Oregon

The semi-annual examinations given by the Board of Medical Examiners of the State of Oregon will be held July 7, 8 and 9 in Portland. Examination will be required in the following subjects: Anatomy, physiology, chemistry, histology, pathology, gynecology, obstetrics, theory of osteopathy and practice of osteopathy. For further information address F. E. Moore, D. O., La Grande, Oregon, Osteopathic Member of the Board of Medical Examiners of the State of Oregon.

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H. L. CHILES, Editor.

The Endowment Fund and Existing Colleges

The communication from C. M. T. Hulett in last month's JOURNAL is a convincing document and should stop all opposition to the endowment fund from the standpoint of ignorance as to its object. That point settled, it would seem to the interested observer that this movement has even a broader significance than the founding of an institution of research or one for advanced study. It means the establishing of a science on a foundation of permanency by its adherents, irrespective of Alma Mater, if it does not, indeed, mean *the establishing of the contention that we have a science to perpetuate.* It means also that osteopathy is to live as a separate and not as a collateral branch of therapeutics. All this is so plain, so patent, that there is no chance for argument, and selfish motives have no place in this movement to build for posterity.

It seems that some of the colleges look askance at the movement, fearing an attempt to usurp their prerogative or in plain words to compete in teaching. The folly of this fear has already been pointed out and surely any one who

knows the meaning of the words Post-Graduate need not go astray. On the other hand the research feature is still in such shape that it would seem that the colleges could be used; their interest enlisted; progress shown and subscribers feel that their money was being wisely and promptly used.

Everyone knows that the torch of research ignited by McConnell is the cause of the blaze which lights this movement and illuminates the way. The enthusiasm at Put-in-Bay was but the reflection of this fire kindled at Denver. This being true the cry is for more work of the kind, hence the starting of the endowment fund. And how is this demand to be satisfied? Scientists come high, laboratories are expensive and the combination of an osteopathic scientist with an exclusive laboratory is far out of the reach of the fund at present. On the other hand there are men and women now in college work who are equipped to carry on such work under direction of the research committee of the A. O. A. or the Council of the fund. Let these bodies find out what colleges have the equipment of laboratory and of men for such work and let them outline experiments which are to be undertaken by the colleges extending over months or even years' reports being made from time to time, the property of the association or fund for all of which they are to receive a fixed sum for labor and laboratory. Let this test the true scientific spirit which should pervade our institution and also show them that this movement has but one end in view—mutual advancement.

Men must be developed for this work and only those in whom the Osteopathic Idea is deeply rooted can be selected. The world is full of investigators but they will not do without this requisite developed in its fullness. He must not be a doubter trying to be convinced, *he must know*. The time has passed when we can ask or allow our delvers after truth to give of their time and money for the benefit of all. What can only be done by the few must be paid for by the many. While there seems to be serious doubts in the minds of some as to the wisdom of attempting to teach at this early period there can be none at starting the research work and a plan as outlined can be put into action at once even with the limited income available from the fund while any other undertaking requiring much outlay will make it remote. It is safe to say that not a college which has the necessary equipment will fail to meet the proposal half way and in a spirit of liberality. Let's fill the War Chest. The uses to which its contents could be put are many. Uncertainty rules the age and when some upheaval beyond prophecy comes we will be prepared and mayhap in the wisdom of the powers this fund may save from the rocks the newly launched ship, osteopathy.

CHARLES C. TEALL, D. O.

The Prize Essay Contest

The contest should arouse considerable interest. It is no small thing to win in a contest on contributing something to the scientific side of the system, and the prize—fifty dollars—is worth the effort. The essays should be sent to the Chairman of the Committee on Education, Dr. S. A. Ellis, 687 Boylston St., Boston, Mass.

A National Legislative Body

The outline as given by Dr. Frank R. Heine in the last A. O. A. JOURNAL for the creation and organization of a National Legislative Body is certainly a movement in the right direction, and is one that should receive the enthusiastic support of every osteopath of all states, whether members of the A. O. A. or not. The right kind of an organization of this character will prove a power for lasting good to osteopathy, and if conducted as it should be will wield an influence upon all medical legislation that will redound to our glory, and the lasting good of humanity. Every state in the Union should be represented at Kirksville. While the time is too short to create the active elective bodies in each state, yet the presidents of the several state associations can appoint some good live man or woman to represent them at that meeting, and in this way get the good work started. It is very essential that this movement should be inaugurated at once, as this is an active legislative year, for more than three-fourths of all the states hold sessions some time during the next twelve months. These committees should be chosen in all states, no matter whether you have a good law, a poor one or none at all. We have reached the time and the place where our greatest vigilance is of the most vital importance, and in no way can we do such effective work as by a united, conscientious, energetic effort along uniform legislative lines in all the states.

These committees should be composed of our most active, live, wide-awake men and women in all states, and they should keep in close touch with every bill to regulate the practice of medicine in all its branches, whether in our favor or not, and they should ever be ready to lend their influence to pass all bills that mean the public good, and to kill all unnecessary legislation or laws that tend to strengthen the present medical monopoly. This kind of an organization can and will wield a wonderful influence for good if but carried out as planned by Dr. Heine. Of course, his is but a brief outline of the original plan, but it is certainly a good one, and the details and plans can be worked out year by year, or as needs point the way. A united effort along uniform lines are the needs of the hour, and nothing should be left undone that is possible to accomplish to carry out this plan, and give to our profession a compact harmonious, well organized body that will work as a unit for uniform good laws for osteopathy. I sincerely hope that every state in the union will be represented at Kirksville. This movement is, in my judgment, one of the most important if not *the* most important ever inaugurated. Let us all give Dr. Heine our united support.

A. G. HILDRETH, D. O.

On Intolerance

The following editorial appears in the *Metaphysical Magazine* of New York City for May 14:

ANOTHER ART OF HEALING.

While osteopathy is forging its way to a place in the favored circle, despite the united efforts of the three united competitors to keep it under legislative ban, its rival, the "Chiropractic," is also demanding the recognition of its rights. At a meeting of the Commissioners of the District of Columbia, some

weeks ago, the friends of this method were present in full force. Doctor Arnold, a lady practitioner, was introduced by ex-Commissioner T. V. Powderly, of the Knights of Labor, and made an eloquent defense, and appeal against the Medical Trust. Congressman Livingstone also advocated the right to practice. The room was thronged with patients, all testifying to the benefit of the new procedures, and the Champions of Medical Monopoly for once could not move a tongue.

A writer in Lacon remarks that individuals who entertain similar general belief, but who disagree on some point, are often more bitterly hostile to one another than they are to others who are alike opposed to them both. These little schools, the Chiropractors and Osteopaths, are illustrations.

Osteopathy has no rival. It concerns itself alone with suffering and disease. If osteopaths allow themselves to be placed in the position of fighting chiropractic or any other system so long as it makes no claims to be ours they make a vital mistake. It is the opinion of THE JOURNAL we are at all times justified in seeing that none claims to be an osteopath if he is not, or claims to practice osteopathy if he is not qualified to do it, we are justified, in other words, in guarding jealously the good name of our own profession, but there our concern ceases, and our interest and activities should cease likewise. It's no affair of ours who practices or what he practices provided he does not hold it out to be our practice. If the public wants him they have a right to him. We have won practically every battle on that principle of the right of the public to choose its own physician and school of practice, and it ill-becomes us to so soon forget that good rule, and go out building little Chinese walls for ourselves. We shall do ourselves infinite harm besides showing the narrowness and the bigotry that has been shown towards us, and inconsistency to boot. The honorable, consistent thing for our profession to do is to attend strictly to its own business and attend to that well.

In full harmony with the above, is a plea for tolerance and consideration from L. S. Oppenheimer, M. D., in the *New York Medical Journal* May 16. He says in part: "Now there must be a germ of truth in every *ism*. Those extraordinary fads are based on some sound physiological or pathological principle. We are not defeating them by derision, we will not destroy them by persecution. How few of us really know any more about them than the most ignorant devotees that worship at their shrines.

Would it not be more effective for our colleges to devote a few hours each semester to an intelligent, dispassionate study of each of them, free from ridicule or levity? Indeed, our illiberalism in medicine smacks strongly of religious bigotry and intolerance."

Gamaliel, the teacher among the Hebrews, delivered himself of a principle as applicable to therapeutics as to the new religion he was besought to oppose: Let it alone; if there is nothing in it, it will come to naught without opposition. If it contains Truth, we do not want to be found fighting against Truth. The old Scotchman said: Orthodoxy is my "doxy;" Heterodoxy is your "doxy." So in systems of therapeutics—We are fakes to the schools existing when we appeared; all who come after us, are fakes to us. There

is no consistency or charity in this. If we demand the right to exist ourselves, we must grant the right to other schools. We are not the judges of their fitness to exist. Leave that to the public and themselves. Let us see to it that each of us is worthy of existing. The end of the appearing of new schools of therapeutics is not yet.

The Necessity of Development

Several points touched upon in the editorial from Dr. Teall printed in this issue may be developed more fully with profit.

The bald interrogation arises to every thoughtful practitioner—Is this movement of ours to add anything to science, is it going to discover new principles and establish new truths, or are we proposing, sucker-like, with open mouths to await any good thing that other investigators may let fall? To the mind of the scientific world we may not yet have established the scientific side of osteopathy, whatever it may think of the results the practice has obtained. Furthermore, we shall not establish this scientific fact in the field of practice only, nor by haphazard methods of the general practitioner, but only by years of patient investigation and experimentation on the part of those familiar with the principles involved and having time and turn for this exacting work. But grant that our claim to scientific recognition is established or will be, what further will we do?

A well known physician recently said: "Homeopathy failed because it never made a contribution to science. It took existing text books and methods, deviating only in materia medica." Are we proposing to substitute manipulation for drugs as our only contribution, and in a generation or two follow homeopathy to the scrap-heap? Survival is a matter of aggression. If as soon as we secure enactments in the several states securing us that are in and leaving it impossible for those who are not in to come in, we sit and say: "Soul, thou hast about what thou hast been looking for, thou hast a sure thing for many years, take thine ease," the feet of the agencies that are returning from the burial of homeopathy will be heard at the door ready to bear osteopathy away also. History has a way of repeating its punishments on those who do not learn its lessons.

A little thought on the nature of Post-graduate schools ought to clear up the views. These are not operated by the colleges, but by the profession for the practitioners and conducted by a few pre-eminently fitted for the several lines undertaken. A college is supposed to give those who are its students all the advantages it has to offer. How queer it would seem for a college to say "Come to us for three or four years and we will equip you for your life-work, we will give you a diploma of graduation" and then have it tell you, "we have much information yet we have not given you, pay another fee, come another year and take a post-graduate."

Understand, so far as this refers to our schools, it is distinctly for the future. When we are just a year or two away from the two year course, and when all schools recognize that practicioners should have three years' training,

there is nothing incongruous about the schools bringing those who want it up to the present acknowledged standard; but five or ten years hence when the same conditions no longer exist, what excuse can the schools have for accepting tuition for a course to fit one for a professional career, and then say, "we have much more yet that we have not given you, put up another fee and get that, a post-graduate." The osteopath will need, and will be entitled to receive the best course that can be given him and the regular course in the schools should do this. If later he wants to specialize along some line or do any practical original work for himself he will need a post-graduate school to direct him and furnish the equipment. This need the profession, the practitioners and their friends, must supply. Almost $10,000 has been paid into the fund. This amount should be added to, but even if the income from this can be set to work filling real needs and competing with none, as is never intended it shall do, it will increase the interest with those who have given and with those who will give when they see that the plan is feasible.

The suggestion made by Dr. Teall that the schools, if they wish it and are prepared with the necessary equipment, at first be given an opportunity to do this work and their investigators receive compensation under the fund, appeals to one as a proper one. This would make it possible for all of the present meager returns from the fund to go for compensation and not be forced to be used for apparatus. The investigators should have the compensation. The profession intends that they shall be paid, and as soon as the work is fairly started the funds will not be wanting.

The arrangement whereby the American School gives the use of its equipment for the work to be undertaken by Drs. McConnell and Burns at Kirksville after the A. O. A. assembly, is meeting the situation fairly. These two are entirely competent to start this original work. While only small classes can be accommodated it is hoped that there are those among the profession who will grasp this first opportunity to learn the technique of this work and will, with this start, become interested in this experimental work and thereafter be prepared to do it for their own satisfaction and for the purpose of adding to our knowledge of body processes. Of course in so short a time, this developing of workers is about all that can be accmplished, but this is the first thing to be accomplished—to enlist workers in this field and help them prepare for their work. Those interested should write at once to Dr. E. R. Booth, Traction Bldg., Cincinnati, Ohio.

The attention of every reader of THE JOURNAL is directed to the article printed in this issue on Tumors by Dr. Littlejohn. This note is made because the article is long—longer indeed than most of us would like to read at one time but the article is so brim full of osteopathy that any practitioner who reads a few pages of it will read it to the end.

It matters not what may be the reader's attitude towards the treatment of malignant growths, in this article he will see the pathology of neoplasms, and the relation of the lesion to lowered vitality of the system has never been stated more clearly.

THE JOURNAL is glad to present to its readers this valuable paper which deserves to be read largely and be preserved.

PROGRAM.

Annual Meeting of the American Osteopathic Association, Kirksville, Mo. August 3-8, 1908.

Monday, August 3

10:00—10:30—Opening Exercises.
Invocation.
Address of Welcome—A. T. Still.
Response.
10:30—President's Address—Dr. F. E. Moore.
11:30—Paper and Demonstration—Corea—Dr. A. H. Zealy.
12:15—Demonstration and Discussion—Appendicitis—Dr. W. J. Conner.

RECESS.

2:00—Open Parliament—Osteopathy in Acute Practice—Dr. Wm. Horace Ivie.
8:00—Preliminary Meeting of M. V. O. A., the Reunion of Fraternal Societies,

TUESDAY, AUGUST 4.

9:30—Paper and Demonstration—Dr. Carl P. McConnell. Some Disabilities of the Foot: (a) Flat Foot; (b) Contracted Foot; (c) Anterior Metatarsalgia.

Section I.

11:30—1:00—Practice.
Diagnosis and Treatment of Thoracic Conditions—Dr. D. S. Pennock.
The Fifth Cranial Nerve—Dr. W. R. Laughlin.

Section II.

Presided over by Dr. Ada A. Achorn.
Gynecology and Obstetrics:
Paper and Demonstration—Dr. Ellen B. Ligon.
Paper and Demonstration—Dr. Alice P. Shibley.

RECESS.

2:00—Paper—The Relationship of the Osteopathic Physician to Public Health, Dr. C. A. Whiting.
Discussion.
2:30—Open Parliament.
8:00—Regular Meeting of the M. V. O. A.

WEDNESDAY, AUGUST 5.

9:30—11:00—Business Meeting.
11:00—Demonstration—Technique to Spinal Lesions—Dr. H. W. Forbes.
12:30—Pulmonary Tuberculosis and Its Control—Dr. Wm. R. Pike.

RECESS.

2:00—Open Parliament—Conducted by Dr. George Laughlin.
3:30—Demonstrations and Clinics at Hospital.

EVENING.

Alumni and Class Reunions, etc.

THURSDAY, AUGUST 6—OSTEOPATHY DAY.

9:30—Paper—Photography in Diagnosis—Dr. C. E. Fleck.
10:15—Demonstration of Technique—Dr. Ernest Sisson.
11:00—Exercises to Commemorate the Birthday of Dr. A. T. Still.
Address by Mayor of Kirksville, Mr. H. Selby.
Paper—Dr. Still as a Benefactor—Dr. S. T. Lyne.
Address—Dr. A. G. Hildreth, Pres. M. V. O. A.
(The afternoon and evening will be devoted to celebration as planned by the Local Committee).

FRIDAY, AUGUST 7.

9:30—Paper and Demonstration—Dr. George Still.

Section I.

11:00—Practice:
Demonstration—Dr. G. S. Hoisington.
Demonstration—Dr. F. F. Jones.
Nose and Throat—Osteopathic Technic—C. C. Reid.

Section II.

Gynecology and Obstetrics:
Address—Specific Infection; Its Effect and Treatment, Dr. M. E. Clark.
Demonstration—Dr. Ella D. Still.

RECESS.

2:00—Election of Officers.
2:30—Paper—Osteopathic Methods in Inflammations and Post-Operative Conditions—Dr. F. P. Young.
4:00—Demonstration and Clinics at Hospital.

STRAIGHT VERSUS MEDICO-OSTEOPATHS.

Regarding the extended, and at times, acriminous discussion of this perplexing problem a word may, perhaps, be opportunely said along the lines of general principles rather than of partisan treatment. The individual point of view is largely determined by past thought-habits. In the formation of new-thought habits there is, too rarely, an intelligent stock-taking of one's mental assets and liabilities with the object of drawing up a plain, clear, honest balance sheet of one's intellectual views and beliefs. Such a periodical balancing of mental accounts would give definiteness and accuracy to one's later thinking as well as effectiveness and consistency to the expression of his thought-consistency, I mean, in fundamentals rather than in minute details.

The differences of opinion that exist among ostepoaths are not peculiar to them. Sectarians of all schools whether of philosophy, religion, ethics, art, healing, education or any other activity of large and profound significance, have always varied quite as widely in the minor elements, the less essential features of their beliefs, while being closely united on the fundamentals. It is the undue emphasis placed on the need of absolute unanimity in non-essentials that is almost invariably the basis of friction. To quote Prof. William James: "The differences that exist among men are largely matters of definition." While these differences of opinion lead to a good deal of discomfort, especially if too dogmatically held and too arbitrarily expressed, yet they seem to be essential to any real progress. No man (and the same is true of organizations) grows without changing his mind. If the change is a uniformly progressive one so much the better, although this is too much to hope or expect. "Tendency to revert to original types" is a law of evolution. It is the conservative force in man as it is elsewhere in nature.

It is also to be kept clearly in mind that the constant discussion of these minor issues gives them an apparent importance of which they are in no wise worthy. Such discussion tends to befog, to subordinate, the larger and really more important phases of the movement. They are destructive rather than constructive in their nature. In the long run, the worst foe of any movement is narrowness, not breadth. The ability to see a subject in all its bearings is the only way to form a just estimate of its character and its worth. The affirmative attitude is the wise one. The attempt to get the other person's point of view and the reasons why it appeals to him is the only way of forming a true judgment of him or his acts.

All the truth is not wrapped up in one package. Emerson says, "We find it difficult to state one truth with emphasis without contradicting some other truth." It is well to keep these facts in mind in our consideration of the inner relations of osteopathy as well as its relations to other systems of healing and to the general field of science. The larger the truth the more difficult it is to define it, and the more danger there is of shutting out something of importance when we undertake to build impervious walls around it. Delimitations in science are more often matters of convenience than of fact. A science, if it is vital, must have room to grow in; if it is worthy to survive it will constantly infringe and draw upon and overgrow and spread beyond its fences.

If two persons disagree it does not necessarily follow that one is wholly right and the other wholly wrong. Indeed, such is almost never the case. But, ordinarily, the mind if each one is so firmly focussed on his own idea as to preclude the possibility of his catching so much as a glimpse of the view-point of the other. We ought to lift ourselves above that level, not by pulling futilly on our own boot straps, but by firmly grasping the extended hand of the other even though he may seem to us to be as "deep in the mud as we are in the mire." Each may serve to help the other out of his difficulty. There is little or no convincing power in argument. Demonstration carries conviction.

It is related of Rev. Robert Collyer that, when he went to Chicago to settle, the Trinitarian clergymen greeted him very cordially. One of them met him one day and after a hearty greeting said: "Mr. Collyer, I want you to come over some evening and sit with me by the open fire for a good, comfortable chat so that we can find out wherein we differ." "I will come with pleasure," replied Mr. Collyer, "but let us devote our evening to finding out wherein we agree." Points of similarity are now used by scientists as a basis for classification instead of points of difference. "What we seek we find." Every osteopath, if he cherishes illusions as the result of his past training and experience will inevitably be "hoist by his own petard," in time, or to put it even more strongly, "be hanged by his own rope if you give him enough of it." Equally true will this be of him who develops new illusions which prove not to be demonstrable in practice. We can afford to wait a little, patiently and hopefully, before confining ourselves irre-

vocably within too narrow borders. If the walls press too closely they may rob us of a large measure of our freedom; they may form a prison instead of a protection.

No two disciples of any great teacher ever interpret his teachings in exactly the same way, especially if those teachings are couched in language which is often figurative and at all times somewhat vague. But, as time goes on, the general concensus of opinion of those who practice the art or teach the science becomes so wrought into the fabric of a structure as to make it fairly represent the name by which it is known. So it will be with osteopathy as it has been with every other science and every other art.

Osteopathy has been forced to prove its validity in the crucible of doubt and crass opposition and well for it that it has been subjected to this crucial ordeal. It has been purified by fire. The only dross remaining is that which clings to the garments of some of those who stood by and saw the proving process in operation. Seeing the dross they never overlook the fact that it adheres to them rather than inheres in the system. Many osteopaths find their confidence in their chosen system incomplete because of their superficial knowledge of the full contents of that system. Others learn, sooner or later, that confidence in a system is a poor substitute for adequate equipment.

The best corrective for both these classes is contact with the masters in the profession. To one class such association will prove that the system includes both methods and means of which the members of that class were in total ignorance, to the other class of it will show how immense is the knowledge, both of the science and the art, which they have not yet acquired. Of all the foes of our system the very worst are the self-confident incompetents. Next to them come the self-appointed conservators of the truth. The future of osteopathy rests not in the hands of these but of the masters, through the influence which they will be able to exert on the rank and file of the profession. The clinical and didactic work of some of these masters is a revelation even to many experienced and successful practitioners.

The danger to osteopathy, if such there be, is in the limitations of many of its practitioners, rather than in any inherent weakness in its philosophy. It lies within the ranks rather than outside of them. No one person, however skilled he may be, has yet sounded the depths of the science, nor will he for years to come. There is some evidence of the presence of a topic of discussion, but the best antitoxin is found in the discussion of the large and really important principles of the science, together with a conscientious and intelligent application of these principles in behalf of humanity.

The great hope of our profession lies partly in the more complete and practical education of present practitioners and future graduates; partly in the hands and minds of those whose genius in developing and whose skill in imparting knowledge is placed at the disposal of the less gifted in order that the great average may be forced to higher and higher levels, but mostly will it be found in cordial cooperation and sympathy, in mutual helpfulness, in subordinating personality to the good of the profession, in big-hearted and optimistic tolerance and the realization that each and every member of the fraternity has the same right to his opinion and should have the same freedom in its expression that we demand for ourselves.

Wellesley Hills, Mass. WARREN A. RODMAN, D. O.

Correspondence.

DR. J. M. TAYLOR AGAIN.

The Most Useful Specialty in Medicine.—J. M. Taylor says that every person, young and old, is capable of a notable increase in vital status by a revision of modes of life. This is particularly demonstrable as middle age approaches and tissue elasticity subsides. On this basis there would seem to be, he says, ample work in any community for specialization in systematic amplification of efficiency. One difficulty is distrust and jealousy which discourage frank consultation and co-operation and another is the supineness of the profession in omitting to compel recognition of the high pecuniary value of expert advice in the conduct of life. In the process of enhancing vital powers there are diverse, well known, excellent resources, often wisely employed. These embrace such familiar measures as regulation of life on a hygienic basis, including all those factors which contribute to physical economies, to normal activities, as by open air life, dietic care, correction of functional or constitutional errors by well chosen drugs and the like. These are efficacious in proportion to, (1), the

judgment and care exercised by the adviser in searching out causes, and, (2), to the degree of co-operation supplied by the individual. Success depends upon a thorough estimation of the specific needs of each person. The main principle is the importance of securing greater elasticity of the tissues and promptitude in the reactive times between controlling centers and outlying motor parts. Full organic competence is not sustainable unless the supporting structures are maintained in normal degrees of mobility. By securing greater elasticity in the less used structures we can accomplish improvements in many unexpected directions, among the chief of which is the securing of harmonious interactions through systematic motor stimulations. The author lays special stress on the necessity of in creasing the activities of the paravertebral tissues. By encouraging activities in these paravertebral muscles, and securing elasticity in the ligaments in the back, there follows a corresponding and correlated enhancement of all organic activities. This can readily be accomplished by systematic posturings, torsions, bending, etc., alone or along with extensions of the limbs and systematic forces respiratory acts, whereby the junctures of the ribs and backbone are made more mobile. The key, erectness, hence of skeletal efficiency and visceral interrelationship with the maintenance of organic competency lies in keeping of the thorax in a normal posture.

To secure this thoracic normality requires intelligent motor education. By the simple device of training a patient to clasp the hands behind, pulling apart strongly and pushing the arms forcefully down, at the same time thrusting up the chin vertically, these contractured tissues are forcefully stretched, perhaps for the first time in years. This act repeated, and with steady increments of force, widens the front of the thorax educates the down-pull of the erector spinae muscles, and overcomes the common and damaging habit of stooping. Stooping always induces undue compression of the larger viscera.

Philadelphia, Pa. J. CORWIN HOWELL, D. O.

(Medical Record of May 2, 1908, by William Wood & Co., New York).

On April 15 the Court of Appeals of Georgia handed down a decision that Osteopathy is not the practice of medicine. The case came up from Fitzgerald, Ga., where a divine healer had been arrested on complaint of a medical doctor. The divine healer was acquitted by the Justice as not practicing medicine, but he did not show the spirit of his profession in that he sought vengeance on the M. D. by suing him for damages. The M. D., through his lawyer, demurred to the case and this brought the question to the Court of Appeals to decide the question as to what the practice of medicine is in Georgia.

I chanced to have the Chief Justice of the court as a patient at the time. He told me promptly that he had a case that involved our standing legally in the State. He talked freely with me and asked questions concerning our cause. I did not fail under the circumstances to avail myself of the opportunity afforder to plead our cause before this high tribunal. I referred him to decisions in the States of Mississippi, North Carolina, Ohio and Kentucky. We discussed the situation from day to day for about two weeks during the hours of his treatment. I will not deny that his treatment was largely enforced by an "adjunct" suggestion. This is my first case before the Supreme court. I do not know whether the legal fraternity will have me up for practicing without a license or not. At any rate, the Judge wrote the decision and declared that osteopathy and divine healing and Christian Science, not using drugs, were not the practice of medicine. Having placed us with divine healing and Christian Science, he then lifted us out of such associations by suggesting that, inasmuch as osteopathy is a learned profession, based upon scientific principles and praised by men of prominence everywhere, a wise legislature would give it suitable recognition before the law along with other learned professions.

So much for the treatment by suggestion. Will the stoutest lesion osteopath object to the use of the "adjunct" in this instance?

Atlanta, Ga. M. C. HARDIN, D. O.

TESTING THE LAW IN NEW YORK.

Judge Dickey of the Supreme Court of Kings county, New York, on May 11 handed down a decision confirming the contention of the osteopaths that under the statute passed by the legislature one year ago they are physicians in every sense of the word except that they are not allowed to use internal medicines or operative surgery. The case came up through the Department of Health of Brooklyn, N. Y., refusing to accept the death certificate from Dr. C. F. Bandel, who then applied for a mandamus compelling the department to accept such

certificate. The Justice in rendering the opinion gave a very broad decision, using these words: "It is clear to my mind that the osteopaths are physicians and practice medicine, except for the restriction put upon them by statute prohibiting them from administering drugs and performing surgery with instruments they are entitled to rights and subject to all the penalties of other physicians and medical practitioners." Martin Littleton, who represented the State Society of New York for two years, appeared for the osteopaths and the Corporation Counsel was assisted by the attorney of the Medical Society!

Justice Dickey granted the mandamus with $50 costs. On May 23 the same Justice granted the Health Department right to appeal and this acts as a stay to the mandamus. It will perhaps be two or three months before the Court of Appeals can settle the point.

The press dispatches tell of "Edward T. Curran being retained by the osteopaths of the State to test the constitutionality of the medical act." Curran, who has a medical degree himself, is thus quoted: "There are 700 osteopaths in this State and 90 per cent. of them will not be allowed to practice. The 10 per cent. that can practice without legal interference got degrees from certain colleges. Why the 90 per cent. can't practice I cannot understand. A test case will be made at once, and we shall win. The whole medical act, some of the provisions of which keep 90 per cent. of the osteopaths of this State from practicing, is unconstitutional."

About one-half the number Curran speaks of as being in the State are registered under the law he proposed to break. This move, of course, comes from the irregular practitioners who have not been able to qualify with the Board of Regents. The profession in the State will watch this with more interest than concern.

SOUTH CAROLINA.

The recent session of the legislature in South Carolina passed a revision of the existing medical statute in which the following provision is made: "The State Board of Medical Examiners shall issue license to osteopaths and homeopaths specifically for the purpose of practicing osteopathy or homeopathy, respectively, when the applicant presents a diploma from a duly authorized school of osteopathy or homeopathy and satisfactorily passes examination before the State Board of Medical Examiners on all regular branches upon which applicants for medicine are examined, except materia medica and therapeutics, major surgery and the practice of medicine; provided further, that osteopaths and homeopaths now holding licenses from the State Board of Medical Examiners shall be exempt from the provisions of this act."

Union, S. C. MARY LYLES-SIMS, D. O.

State and Local Societies

TEXAS.

The eighth annual meeting of the Texas Osteopathic Association was held at Galveston, Texas, Cathedral Hall, May 22 and 23.

Morning Session, May 22.

Address of Welcome by Mayor H. A. Landes.
Response, Dr. N. R. Lynd.
Annual Address of the President, Dr. A. P. Terrell.
Dr. A. A. Speegle, paper, Hysteria.
Discussion, led by Dr. H. B. Mason.

Afternoon Session.

Dr. George A. Wells, paper, Mental Abnormalities.
Discussion, led by Dr. A. D. Ray.
Dr. D. S. Harris, paper, Septicemia.
Discussion, led by Dr. Julia May Sarratt.
Clinic.

Morning Session, May 23.

Dr. Robert P. Coulter, paper, Successes and Failures in Osteopathy.
Discussion, led by Dr. T. L. Ray.
Dr. W. E. Noonan, Demonstration on Lesions of Dorsal Spine; Cause, Effect and Reduction.
Clinic.

Afternoon Session.

Dr. Paul M. Peck, Demonstration of Lesions of Pelvic Articulations; Cause, Effect and Reduction.

Report of Board of Trustees.

Report on Medical Examining Board by Dr. J. F. Bailey.

R. R. NORWOOD, D. O., Secretary.

KANSAS.

The osteopaths of southern Kansas held a meeting in Wichata May 6, at the offices of Doctor Stanley. The meeting was given over to Dr. Ella D. Still of Des Moines, who lectured, quizzed and conducted clinics along gynecological lines. The meeting was well attended. Dr. W. M. Coons of Haddington, president, and Dr. J. W. Shearer of Abilene, secretary, were the officers in charge of the meeting.

The election of officers at the close of the session resulted as follows: President, Dr. D. B. Fordyce, Ellsworth; vice-president, Dr. Florence Barrows; secretary-treasurer, Dr. George Shoemaker, Wichata.

MISSOURI-KANSAS SOCIETY.

The members of this organization met at the office of Dr. L. D. Gass, Joplin, April 27. The constitution was presented by Dr. M. S. Slaughter and adopted, and signed by the charter members, all of whom were present, as follows: Drs. O. M. Strickland, J. L. Boswell, Martha Cox, Minerva Kenega and L. D. Gass, Joplin; Truman and Frances Wolf and Frances Harris, Carthage; Drs. C. E. Willis and Josephine Trabue, Pittsburg, Kansas; Drs. Adele Doane, Parsons; H. M. Reed and Bosa Thomas, Columbus, and Drs. F. M. and Florence Geeslin, Lamar. Short papers were presented by Drs. Florence Geeslin and Josephine Trabue, which were fully discussed. The society will meet monthly.

INDIANA.

The Indiana Osteopathic Society held its semi-annual meeting in Indianapolis May 6. Dr. George A. Still of Kirksville was the guest of honor and spoke on "Pathology and Symptomatology from the Osteopathic Viewpoint." Dr. M. E. Clark spoke on "Dysmenorrhea" and Dr. Orrin E. Smith read a paper, "Preparatory and Corrective Treatment."

The officers of the association are: President, Dr. E. C. Crow, Elkhart; vice-president, Dr. J. H. Baughman, Connorsville; secretary, Dr. K. T. Vyberburg, Lafayette; treasurer, Dr. Kate Williams, Indianapolis.

THIRD DISTRICT—IOWA.

The osteopaths of this district met at Fairfield, Iowa, May 15, in the library hall. Dr. W. O. Pool, Fairfield, presided. Officers for the ensuing year were elected: President, Dr. J. S. Baughman, Burlington; vice-president, Dr. J. A. Dillon, Centerville; secretary, Dr. E. M. Thompson, Ottumwa. Dr. G. G. Graham read a paper on Typhoid and Dr. J. A. Dillon on Colon. The next meeting will be held in Burlington in November.

CALIFORNIA.

The Sacramento Valley Association held its quarterly meeting with Drs. Slater of Marysville, May 4. The program consisted of clinic Anterior Polio Myelitis, Dr. W. D. Slater; Innominate Lesions, Dr. L. R. Daniel, Sacramento; Demonstration of Technique, Dr. A. R. Waters, Chico. The program was followed by a dinner tendered the guests by Drs. Slater.

IOWA.

The tenth annual meeting of the Iowa Osteopathic Association was held at Still college, Des Moines, May 21-22. Dr. J. R. Bullard of Marshalltown presided Addresses were made by Drs. C. E. Thompson, F. P. Young, Des Moines; Jessie L. Catlow of Boone, A. C. Brown, F. P. St. Clair and others.

RHODE ISLAND.

The measure recently introduced in the legislature of the State to exclude all practitioners of every school except those recognized by the Health Board has been killed for the present session at least.

PHILADELPHIA.

The regular monthly meeting of the Philadelphia Ostopathic society was held at the Grand Fraternity hall, in the society's rooms, May 5. Dr. D. Webb Granberry spoke on the subject, "How the Practiioner Can Advance the Science of Osteopathy." He made a plea for more methodical, more intelligent and more authentic case reports, and outlined a system for examination, recording and reference.

The society as a whole entered into a discussion which became spirited and animated so that the time for adjournment arrived before those present were aware. All left feeling convinced of the necessity of keeping more accurate case reports, and determined to advance the science of osteopathy more through their case records. WALTER LEWIS BEITEL, D. O., Sec'y Pro Tem.

DENVER.

The Denver Osteopathic Association met May 2, at the Brown Palace Hotel. Dr. C. C. Reid presented an interesting paper on, "Osteopathic Diagonisis," which was followed by free discussion.

Legislative matters were presented by Dr. N. A. Bolles.

The association voted to arrange to have Dr. William Smith lecture in Denver about the middle of June. FANNIE LAYBOURNE, D. O., Secretary.

A BIG DAMAGE SUIT.

The Seattle, Wash., papers tell of one, C. F. Lathrop, an osteopath, with offices in the Eitel Bldg., in that city, who has brought suit for $75,000 against the physicians, oculists, etc., other tenants of the building who petitioned to have him excluded from the building. The cause of complaint is that these physicians, etc., circulated a petition and caused same to be publish, asking for "osteopaths, neuropaths, chiropractors, advertising specialists, quacks and charletans" to be expelled from the building. Lathrop, whose name does not appear in the osteopathic directory, claims that this action has caused his business to fall off $300 per month, so he asks this large sum as damages.

DR. M. E. CLARK IN NEW YORK.

By concerted effort of the societies meeting in Rochester and Syracuse, N. Y., Doctor Clark visited these two cities May 15 and 16, respectively. There was a full attendance of the profession out to meet him in both cities and fine meetings are reported.

PERSONAL.

Dr. Ella L. Myers, practicing at St. James Court, Broadway and Ninety-second street, New York, was operated on at Memorial hospital, that city, May 12. At last reports she was recovering nicely.

Dr. C. L. Fagan of Stutgart, Ark., has written another song, "God Bless His Eighty Years," and suggests in an advertisement found in this issue that all get a copy and sing it at Kirksville. A good idea. Doctor Fagan has published several pieces of music.

Dr. Charles C. Teall, who practiced for the winter season at Eustis, Fla., has returned with his family to Weedsport, N. Y., which is his temporary address.

Dr. Florence B. Stafford has sold her practice in Pittsburg to Drs. Densmore and will take a needed rest at Windsor, Mo.

MARRIED.

At Alameda, Cal., May 13, Dr. Hester L. Beck to Mr. George B. Abbott. Their future home will be San Francisco.

BORN.

To Mr. and Mrs. E. H. Haslam of Pittsburg, Pa., Sunday, April 19, a son, John Edwin. Mrs. Haslam before marriage was Dr. Isabel Mahaffey.

To Dr. and Mrs. V. P. Urbain, Hamilton, Ohio,, May, 17, a son.

To Drs. Charles C. and Grace H. Teall at Weedspore, N. Y., May 23, a daughter, Mary Grace.

DIED.

At Middletown, N. Y., Thrall hospital, May 4, Dr. Fred R. Griffis, aged 50 years, as result of injuries received in a runaway accident two days previous. Doctor Griffis was a graduate of the Boston Institute of Osteopathy in the class of 1901 and was a successful practitioner. He was a member of the A. O. A., and the State and local societies. He is survived by a wife and one son.

(CONTINUED FROM PAGE 416.)

Of Surgery, X-Radiance, radium as cures of cancer it can at least be said that these may remove or destroy the granulations and in case of recurrence by metastasis the continued use of these means may keep new granulations checked or destroyed. In several cases, however, we have seen a dispersal of a local condition, resulting in general tumor cell invasion.

Osteopathic treatment must claim more. It must claim, (1) to eradicate the localized tumor growth; (2) to check and stop the exaggerated proliferation processes that go on in the localized field; (3) to remove from the constitution the irritation that produces this rapid proliferation; and (4) to reestablish the normal vital relations of the disturbed cells, malajusted tissues and irritated vitality.

In regard to these points both from the theoretical and the experience sides I claim that we are justified in stating that the osteopathic principle of adjustment properly and persistently applied can remove all of the disturbing factors mentioned under the above four heads and consequently cure the patient.

Malignant tumors may be developed from pre-existing benign tumors, *e. g.* melanosarcoma may develop from a pigmented mole, and epithelioma from a naevus, sarcoma from fibromyoma or chondroma, carcinoma from adenoma. In the process of breaking up the malignant tumor, however, there is not the return to the benign form; but the repair process seems to consist of the gradual displacement of the tumor cells and their replacement of fibrous material. In some cases this fibrous material becomes scar tissue; in others the scar tissue encapsulates some of the tumor cells.

The transplantation experiments in connection with mice have indicated some types of reversion of carcinoma to adenoma. In the spontaneous mice-growths there are found many varieties of the single growths in the same tumor mass. In the transplantation of these varieties of growth the resulting tumors are more uniform in structural form. This is explained by the following facts: (*a*) That the simple tumors cannot be transplanted; and (*b*) that the transplanted growths all tend to develop in the direction of the carcinoma. This would mean that carcinomatous reticular substance represents the ultimate pathologic form of the malignant tumors.

Another important point bearing out our views of the pathology is brought out by the observations of Apolant (Muench. Med. Wochenschrift, 1907, LIV, 1720). He states that carcinomatous growths which had developed as such for several generations suddenly changed to the simple adenomatous structure, in the case of animals which had been immunized against carcinoma. This means that the character of the tumor mass depends, not on the localized field alone, but upon the *resisting powers* of the organism. Hence we may conclude, (1) that the starting of a neoplasm is dependent on the lessening of the resistance of the organism; and (2) that the cure of the neoplasm depends on the increase of the resisting power of the organism.

In line with this view, Ehrlich, who has experimented in his own laboratory extensively in connection with the transplantation of carcinomatous cells into the mouse tissue, has come to the conclusion, (1) that *the starting point* of *the impulse* to *tumor formation* and *the stimulous to tumor development depend on a constitutional* weakness involving the entire organic system. (2) We add to this, as a result of our experiments, the further point that *this constitutional weakness consists* of a *lessening* or *inhibition of the control over the cell proliferation*, with the result that the embryonal state of rapid cell proliferation is established. In the *lessening of the power* of control lies the functional secret of benign tumors and in *the inhibition of this power of control lies the physiological secret* of the malignant tumors. In the latter case there *is no hindrance to the cell growth*, with the result that a series of alien processes in the cells concerned develop a new kind of histological tissue with the characteristic of malignancy. (3) From the therapeutic side we add another point of significance, viz., that with the increase of the resisting powers of the entire organism there is a return of the condition of the organism in which there is the power of controlling cell growth and limiting this cell growth to the benign form of adenoma, and with the still further increase of this organic resisting power the tumor growth may entirely disappear.

In this view, if we can get control of the organic resistance, there is no reason why the process of tumor growth reversion may not take place as naturally as any other physiological process that aims at depuration, regeneration and reorganization of the organism. This means that the secret of cure lies in removing all obstructions, toxic, structural, cellular, environmental and building up the nutritive and trophic functions of the organism to their maximum.

The malignant tumors become more important from these facts, (1) that the malignant growths are found more frequently than the benign; (2) that malignancy tends to supervene in connection with the presence of a benign growth; and (3) the cancerous growth seems to originate from epithelial cells. This is of importance because connective tissue cells cannot be transformed into epithelial cells. This emphasizes the fact that in the secondary malignant growths the growth originates really from detached cells. Hence here we have a type of transplantation and implantation. These cells become embedded and the regular or

connective tissue cells atrophy. This makes it apparent that cancer cannot be accounted for by parasitic origin. The causes of the localized development being mechanical irritation or a diathesis that produces the tendency to uncontrolled proliferation of epithelium peculiar to the carcinoma, which is the ultimate malignant tumor form.

In line with this we find malignancy in direct proportion to the extent and degree of irritation. This explains also why the fibro-adenomata tend towards malignancy, the fibrous substance acting as an irritant in connection with the glandular epithelium. This explains also why in some cases we get the mixed conditions of adeno-fibroma and carcinomatous substance. This does not dispute Cohnheim's theory that there must be a congenital matrix of immature or embryonic cells as the base of the tumor. This congenital matrix will remain innocent unless stimulated to active and rapid development by some irritating cause. Hence a benign growth may often remain dormant for many years and become the base of malignant proliferation.

The curability of such conditions is *prima facie* dependent on Cohnheim's supposition, that such embryonic conditions exist in every human body. If so, then in the 3 to 6 per cent that die of cancer, there must be some added causes or conditions that tend to develop this cancerous condition. This is in line with our proposition that the degenerated bioplasm is the *vital basis* of every *nidus* or *germ form*. The peculiar pathologic-histologic form assumed depending on *irritating or disturbing causes, environmental conditions, the degree and character of the lessening or loss of nerve control.* Hence in the cure of these the essential points to be attended to are, the *removal of the irritating or disturbing causes;* the *correction of the environmental conditions and the establishment of normal nerve energy in proper distribution and especially the establishment of nerve control* over the peripheral tissue processes and organ activities. To correct the distribution of nerve force and build up the vital control and nutritive support of the affected parts will work wonders in cancer, as well as in tuberculosis and other kindred diseases.

Let us summarize here our points, (1) the fundamental characteristic of the cancer cell is its apparently unlimited power of proliferation. Hence in relation to contiguous cells it is a powerful embryonic cell. (2) As the nucleus determines cell division and is most active in the histogenetic process, we must center our attention upon the nuclear processes. The question arises here can we modify the nuclear processes so as to check the power of rapid proliferation? In other words can we place this abnormal cell on a basis of equality with contiguous cells?

This raises several questions, (*a*) What stimulates this rapid nuclear process? It is irritation or disturbance of some kind, mechanical or chemical, or it represents the lack of control from the nervous side. (*b*) Chemically the nucleus contains largely nuclein, the chromatin of histology. The cancer cell must thrive at the expense of other cells. In the reparative process of tissues there are two active agents, the *white cells of the blood* and *the local tissue cells.* The leucocytes collect in masses in the disturbed area and furnish food for the development of the fixed tissue cells. The supply acts as a stimulus to growth. In this supply field the chief substance is nuclein. This seems to indicate (*c*) that while the chemical substance of nuclein supplies the material for growth the actual stimulus to growth comes from the leucocytes which by breaking down furnish the *pabulum nuclein.*

(*d*) Is there any evidence of this? Yes, around the cancerous mass we find a mass of indurated infiltrated leucocytes. The blood plasma does not contain the nucleo-proteid elements, but acquires them in connection with leucocytic disintegration. Hence there would seem to be in the rapid proliferation of the cancer cells a demand for leucocytosis and leucocytic disintegration. (*e*) This explains why erysipelas and the serum treatment in connection with the erysipelas toxin has tended to check cancer growth. Because this erysipelatous condition developing in the lymphatic field stimulates the multiplication of leucocytes for reparative processes. This we believe is the basis of corrective and stimulative treatment from the blood side, tending to determine leucocytes to the area of rapid proliferation it tends *to deprive* the cancer cells of pabulum, because living rather than dead leucocytes are thrown in. Increased circulation with the correction of the disturbances and lesions tends to establish nerve control and this means the *establishment of repair processes in place of mere growth processes.*

(3) It is a significant fact brought out by the carcinomata in mice that the growths become stationary at a certain stage in development when the pabulum becomes limited in supply. This means that in the tumor development the process is one not of pathological development but of hyperphysiological growth. This is explained largely by the fact that it depends upon hyperlymphatic conditions and this in turn explains the frequent cancer nidus in lymphatic glands. Wherever then a lymphatic process is active there we find the basis of a corrective medium tending to check the cancerous growth. In other words lymphatic predominance tends to exaggerate the importance of repair and to limit the process of growth. The entire cell activity of the cancer cell seems to be expended in preliferation. Hence this can be checked only by exhausting the nutrient supplies that keep up the growth.

(4) As an aid to this corrective process a diet free from nuclein and nucleo-proteid is to be suggested. Nuclein is chemically rich in phosphorus. The purin free diet used in gout would be an excellent diet in cancer. A vegetarian diet largely limited in nitrogenous sup-

plies is to be recommended. This explains the observations of Dr. Adams, in Chicago, in which he asserts the greatest frequency of cancer among the foreigu born, because they have been accustomed to a limited meat or entirely meat free diet, whereas in coming to this country they become excessive meat users. In diet also a modified phosphorus diet should be used. To eliminate phosphorus entirely would react upon the nervous system. But the use of a minimum of phosphoric elements would leave no excess after the nutrition of the nervous system.

(5) The thorough stimulation of the blood circulation to keep the blood from becoming static in the cancer field tends to keep away the leucocytes from this field and prevent their disinregration, thus cutting off the supplies of nutriment. In addition this would raise the standard of leucocytic activity with full control over the blood processes. The leucocyte is the active cell in the blood changes and to get control of the leucocytes gives us control over the cycle of corpuscular changes that lies at the the foundation of blood regeneration.

Another result of my experiments is that I have been led to believe the conditions which favor tumor growth are not so much local as is generally supposed; but they are constitutional and extraneous (chemical).

Flexner and Jobling have found that by injecting the heated extracts of a transplantable tumor into an animal makes the animal more susceptible to inoculation with living tissue form the same tumor types. Why? Because of aggravated hypersensitization.

Dr. Leo Loeb (Journ. Med. Research Dec. 1907, XVII, p. 299) found that when he took parts from a mammary adenoma in a rat and transplanted them in another rat, the implanted tissue became necrotic either partially or completely; but when implanted in the same rat in which they developed no necrosis developed. Similar experiments have been made on the guinea pig and dog with similar results. What does this signify? (1) That in the bodies of those animals that developed the tumor there are certain substances which maintain the vital condition of the tumor substance and that these are not found in the bodies of other animals. (2) These substances, whether the original cause of tumor formation or not are at least a favorable constitutional medium for development of the tumor. (3) In the case of supervening pregnacy in the animal in which implantation takes place pregnancy seems to increase the tumor development. (4) The stimulus to tumor growth arises in connection with the presence of certain substances circulating in the fluids of the body and an inhibitive influence is exerted upon tumor growth by certain substances in the body.

According to this tumors may be classified into types that depend for development upon the environment of the *body* into which transplanted or the environment of the chemical constituents of the body. Hence we find tumors (*a*) that grow only in the same type of body in which they originate; *e. g.*, there is a carcinoma that can be transplanted only in the same type of species; (*b*) that grow only in the particular individual organism in which they develop and can not be transplanted into other bodies of the same species. Here we have a tumor that can be resisted by the normal tissues of the same species; (*c*) that grow only in the same species of origin; (*d*) that grow in other species from those of origin, *e. g.* the lympho-sarcoma of the dog has been transplanted into other species.

Dr. P. W. Philip (Zeitschrift fur Krebsforschung, V. No. 3, p. 326), presents a monograph on cancer in children. 390 cases are collected and they are classified according to location. Among the noticable points are, (1) the extremely rare presence of epithelioma; (2) an almost entire absence of cancer involving the breast or uteras in the female sex; (3) the majority of the cases developed at and around puberty, between 9 and 15 years of age; (4) the principal fields of development are, (*a*) the digestive tract 29 % being in the intestines; (*b*) the ovaries; and (*c*) the skin. (5) These cases of observed cancer in children seem to support the theory of *irritation* as the field of cancerous etiology, at least in connection with the localization of the tumor. Back of the localization lies the field of constitutional conditions.

The curability of tumors then depends on the answer to the question, is the cause of the tumor removable? If so, then it is curable. In addition to the removal of the cause or causes, sufficient vitality and resisting power on the part of the organism for the removal of the causes and the reconstruction of the vitiated system. The general nutritive conditions must be reached, (1) to purify and cleanse, (2) to establish thorough trophic conditions, and (3) to replenish the system so as to make the system repair the local conditions.

We have been asked, are drugs used at all? One of the chief points in this method is the elimination from the system of *all drugs* formerly used by the patient. To rid the system of every vestige of poison, both active and passive, is one of the essential conditions. Even noxious and irritating food elements must be eliminated so as to get the body nutrition on an absolutely simple proximate principle basis.

In summarizing our points we note, (1) structural lesions involving the nerves, blood vessels and lymph supply to the localized site of the tumor are marked. Rib lesions in breast conditions, dorsal and lumbo-sacral lesions in pelvic conditions, produce stasis of blood, obstructed drainage, irritation of the nerve supply, in co-ordination of activities and these result in atrophic and non-trophic effects. (2) The localization of the site of disturbance makes this localized area the center of toxic accumulation, toxic nutrition, perverted tissue

growth, with a reaction against the systemic life, the local proliferation becoming more important than systemic repair. (3) The cause or causes of localization may be summarized, (*a*) lesions that weaken a local part so as to make it a dumping ground for the refuse of the body and the wastes of a life history of indiscretions in diet, manner of life, modes of dress, previous disease, etc.; (*b*) traumatism associated with injuries, X-Ray dissociation by radiant exhaustion, proliferation of new tissue in case of surgical operations, abscesses, lacerations, etc., the result of these being the dissociation of the structural units, the cells, with resultant perversion of nutrition and deposit of waste; (*c*) the abuse of certain organs or functional activities reacts upon the nervous system, weakening the nerve force, disturbing the trophic relations of the cells and tissues, cutting off nerve control and trophic influence, resulting in dissociation of the cell units.

(4) Each case presents different types of lesions, some of which are primary and others secondary, the reaction e. g. from the changes caused by traumatism, laceration, etc. producing malignant proliferation. Here we can trace primary lesions back into the life history of the patient and secondary lesions as maintaining lesions in connection with the localized tumor. Compensatory lesions are frequently the basis for this type, being the effort of the stronger parts of the organism to resist the weaker, the stronger being unable to sustain the load and consequently weakening itself.

(5) Toxic conditions are associated with the localized conditions. Here we have a perverted metabolism with accumulation of subkatabolic by-products. If the blood stream, the nerve centers and organs concerned in blood replenishing become poisoned, the nutritive and trophic supplies become vitiated and this subkatabolism is at its maximum in the nervous system, the poisonous accumulation taking place either in the crude and chemical form or in the dynamic form. This condition must be dealt with when present by antidotal treatment, to break up the combinations formed on the toxic basis and to remove these from the cells and tissues so as to eliminate them from the body.

The vitiated growth is outside the nervous system and it represents an attempted excretion from the centers of vitality. When this excretion reaches a certain stage or is of a certain type, the new growth is vitiated and representing a new toxic life condition it becomes separately organized. It is this separate organization that represents the malignant tumor in which we have an independent life and a life process that operates by destroying the body, drawing away from the body its nutriment and vitiating the nutrition of the rest of the body.

When such conditions exist the only method of removal that we have found satisfactory and successful is by the use of the dynamic equivalent of the drug or toxic substance. We have been criticised for presumably discovering homeopathy. Not by any means. This is not the homeopathic principle. The homeopathic principle is *sinidimum* based on symptoms. Our principle is that of the *same substance in its dynamic* or *vibratile force equivalent.* Why? (1) Because the crude substance is not present in the organism, whereas we can get the reactions of the poisonous substance, indicating that the poison lies in the system in a dynamic or force (molecular) form. (2) To add still more of the crude substance to the system would still further complicate the poisonous condition of the system without getting rid of the actual present poison. (3) Our study of the detoxinating glands and organs in the body indicated to us the fact that these glands took the crude materials that are toxic, subjected them to refined metabolic and secretory processes and converted them into a refined secretion that operates primarily upon and secondarily through the different portions of the nervous system, upon the different tissues of the body for repair and functional action.

This meant and means, as I interpret it, that the method of the human laboratory in dealing with poisons in the system is to take the poisons or poisoned materials and subject them to such processes as will convert them into nerve energy or force, this nerve energy or force being used by the nervous system for the modification of the constrictor and dilator activities, and by the muscles and organs from the rhythmic side for the liberation of energy, work, etc. This explains the exhaustion typical of poisoning and the overworked condition that results in death. It was this principle that led us to adopt a method of dynamizing the crude substance in order to get it in force form so that it might operate for destructive and eliminative purposes. We first tested it on the blood.

This method, it is to be noted, is to be used solely for the removal of something foreign or alien from the cells, tissues or organs and therefore represents an exclusively adjustive measure from the corrective standpoint. It applies to the foreign poison, whether taken into the system or made in the system in auto-intoxication, or as the toxin of disease when the systemic toxin destroying agencies fail to be equal to the task of elimination. We found poisoning a special characteristic of the tumor pathology and set to work to seek its explanation and a method to eliminate it. This intoxication represents the active poisoning of the system by the use of crude poisons or the passive poisoning in which perverted subkatabolism intoxicates the tissues and cells. This may result in the vitiation of the structure of the nerve cells. It is not a case of simple malnutrition. The tissues themselves if put to the test will give chemical or organic reactions to poisons, indicating cumulative action. The anatomical changes in this case are found in the structural integrity of the cells and tissues.

In this field lie such conditions as chronic gonorrheization, syphilization, alcoholism and intoxication by any other diseases or systemic toxin. The tumor or growth in such cases is an outlet for the intoxicated waste and really represents an effort of nature to throw out into the less vital tissue-structures elements which if they accumulated in the vital centers would cause rapid death. From this side a tumor represents an effort of nature to prolong the life of the patient. To get rid of it, then, we must *remove the cause* that lies back of this excretory process. In doing so we will make the tumor development unnecessary, cut off the vitiated nutrition and we may rest assured that such a perverted growth will not live upon the normal nutrition of the organism.

When such poisons are present in the system I have not found that manipulation without antidotal measures can successfully cope with the conditions. Why? Because nature has exhausted her own resources already in attempted antidotal and detoxination treatment. The result is the weakening of that side of the system which has been taxed beyond its capacity.

Hence, (1) in those cases in which poisonous substances have not entered the system, the poisons are those of auto-toxemia and in this case the body prepares and by proper treatment can be stimulated to prepare antidotes for all auto-toxaemic materials. Here no extraneous antidotes are needed except when the detoxinating organs are defunctionalized. (2) In those cases in which poisons have been introduced into the body and have accumulated therein my experience has been that these must be antidoted in order to secure their removal. Circulation will not eliminate these because the substance becomes dynamically bound up in the bioplasm and every reconstructed molecule is rebuilt on this vitiated base, gives reaction to the poison test and behaves as if actually poisoned.

In such cases our method may be summarized in these propositions, (1) the high potential equivalent or vibratile force of the substance itself antidotes and throws down into the circulation for elimination; (2) the high potential equivalent of the combination of crude substances, exactly in the same proportional basis of the combination, antidotes the effects produced upon the minute structural elements; (3) the high potential equivalent of the noside in connection with auto-intoxication products and disease toxins antidotes the substances, destroys the effects and overcomes the accumulation, preparing for the elimination of such intoxication products.

These points we have demonstrated by the application to animals and to human subjects of the principles in cases of mercurialization, syphilization, bromidism, morphinism, cocainism, vaccination.

This applies, as we stated, only where a case is complicated by toxicity, the toxicity representing an obstuctive lesion which must be corrected as well as the lesions of bone, muscle, ligament. So long as the toxic condition remains, it obstructs the vitality of the patient, preventing nerve energy and blood circulation from being normal, this reacting upon viscero and vaso-activity in such a way as to prevent normal functioning. This weakens the system and prepares for organic dissolution accompanying the rapid tumor development. As tumors grow toxicity destroys the organism.

Cure in such cases depends upon the possibility of the vitality of the patient standing out during the reconstructive process required in the tissues and organs involved, as well as the power of the organism to eliminate all toxic products, and the general resisting power of the organism raised to such a standard as to stand the strain of the correction of structural adjustment, the construction and reconstruction of the tissues on a basis that is free from vitiated nutrition and toxic trophicity.

We claim (1) that we can adjust structures and thus control the physiological processes of the organism. (2) If so then by adapting the environment to the organism, in the hygienic and chemical physiological field; we can deal with any tumorous conditions that may overtake the human body. In both of these types of treatment we are distinctly within the limits of the osteopathic principle of adjustment.

The field of chemical physiology is the newer field of osteopathic adjustment and to this field I wish to direct special attention because without this adjustment the structural adjustment is insufficient as a therapeutic means.

Professor Sir A. E. Wright, of London, in the Herter lectures at Johns Hopkins University last fall, stated as the result of experiments that a moderate dose results in considerable reaction and a slight elevation of the opsonic index, whereas still smaller doses diminished up to the infinitesimal point increased the reaction and also the opsonic index. This is the idea that led us to infinitesimal vibration equivalent as the dynamic basis of dynamic anti dotes, viz.: the fact that the use of certain substances in the dynamized form raises the standard of active vital energy to the point where it reacts upon the diseased part or condition, elevating it to the standard of the vital energy. This is true only, however, in the toxic field.

Our first experiment was in connection with a case that had been fed upon arsenic for years. The patient displayed all the symptoms of arsenical poisoning. The discharging fluid from a pelvic tumor was found to be lethal to animals with arsenical death symptoms, and yet no actual arsenic could be analyzed from the compound material by the use of the most accurate chemical tests. The patient's blood behaved in a similar manner to the

fluid discharge. The thousandth dynamic equivalent of the blood and fluid produced the complete picture symptomatology of arsenicum alba with disturbing aggravations or reactions. These aggravations reacted upon the patient's nervous system giving an aggravated type of paralysis agitans. That it was a toxic reaction operating through the nervous system upon the muscle field was evident from the fact that during sleep the patient was entirely free from the paralysis agitans symptoms.

The question arises here, does medication in the form of a serum, as presented in modern medicine, offer any solution of the problem of cure? The tumor process is an excretion, a nature elimination, and in reality it is an effort of nature to rid the system of certain obnoxious substances. Can we aid this effort of nature by elimination and by increased resistance of the organism? How can this be done?

Many years ago when studying the natural history of plants, minerals and other substances I conceived the idea that these were foreign to the human body. In biology I came across the factor of *life* and came to the conclusion that only in the realm of biological science could we reach the evolution of *medicinal* healing. I concluded that the therapeutics of pharmacology so-called was ancient history, just like charms, snails, entrails and such like.

My study of the human body led me to the conclusion that it represented a mechanism wonderfully constructed and beautifully fitted; but that to complete the conception of the living human body we must view it as an organism, the central factor of which is *life*. No definition of life extant has ever satisfied me and yet we cannot get away from the fact that vitality is the secret of organic existence and that for the organic life there is a self-sufficiency in the organism, a capacity to limit and define the field of operations of everything within the organism and a power to extract from the raw materials of food and air sufficient material substance to replenish the organic bioplasm and to make this bioplasm suitable food for the cells and tissues of the body. This limits the material supplies to the proximate principles of the body and gives to the bioplasmic processes the power of vitalizing those proximate principles in order to make them suitable for the nutritive functions.

I concluded, therefore, that the fundamental sciences of life are *chemistry* of the proximate principles of the body; *anatomy* of the adjusted and articulated structures, the applied anatomy of the relations of parts of the body to one another; and *physiology* representing vitality, the vital processes and the functional activities of the cells, tissues, organs, and the organism; *pathology* being a subordinate division of physiology representing variations from normal in the vital activities, viz: perversion and changes in the structures that give expression to these activities.

This fundamental knowledge led me to the conclusion that no system of healing can be a truly living system that does not conform to the conditions implied in these basic sciences.

A historical survey of the science and art of healing disclosed to me the fact that we have stuck too close to the medicine of tradition. The fact that *substances* of various kinds were used by patriarchs of a thousand years ago seemed to make it imperative that they or similar substances be used in modern therapeutics. The difference in the schools or systems narrows itself down to the regular versus the homeopathic system, the former using the crude substance and the latter a potency or diminished dosage of the same and kindred substances.

While science has progressed from a chemical and physical view to a biological conception, medicine has remained pharmacal. The only exceptions to this rule are the so-called biologic products of the regulars in the form of serums, antitoxins and the tissue remedies and the nosodes of the homeopathic school.

The real view of healing as I take it that has evolved from the mysticism of medication of all schools must be based upon certain simple facts, (1) the absolute supremacy of the biological view of the organism; (2) the definite declaration that no foreign substance can have any permanent therapeutic effect, such foreign substance operating purely by its overbearing action upon the vital processes and consequently resulting in the exhaustion rather than the conservation of energy; (3) the only therapeutic action that lies within the biologic possibilities of the organism depends upon increasing the defensive power of the organism; (4) all medication must be physiological and to be physiological must be compounded in the organism laboratories.

What then do we want to get? (a) A perfect adjustment of the structure of the organism so as to co-ordinate the distribution of the life forces in connection with the articulatory conditions of the separate structures in their relations to each other. The basis of organic life is the mobility of organ and tissue and the articulation of structure in relation to structure. Viscero-motor and vaso-moter rhythmic activity is essential to life and when such is suspended there is an inert condition of the structure that means either the dying or the death condition of the structure. (b) The vibratile force of the organism distributed to the different fields of the organism represents the life energy and without this life energy there can be no life phenomena; that is, the organism is either dead or dying. What we want and need then if anything is needed in the medication field is the vibratile force as a physiological equivalent.

Under ordinary circumstances the body itself can furnish this vibratility because of its

self-sufficiency. But if a foreign vibratility exists within the organism representing an organizing life force foreign to the life force of the organism this must be removed because it is an obstructive force. This foreign force we find operating in case of tumors. As the blood is the life we find the foreign force represented in the blood just as the nature force is represented there. Hence I begin with the human blood, because I believe it is under all circumstances the medicine of nature. Why? Because I lay down the maxim, (1) of the self-sufficiency of the organism in apparatic organic processes and materials, and (2) no materials or their equivalent should be added to the organism but those that correspond with the proximate principles. Therefore I use (1) the blood in connection with the adjustment and articulation of the body structures, because these articulations represent the distribution of the blood with all the organic life force it has to all parts of the organism.

Secondary to this I use the blood extracted from the individual body of the patient, because it is an index of and represents the physiological condition of the entire body. All nosodes in that body are modified by and receive characteristic qualities from that particular vitality. The blood thus extracted is used, therefore, (a) for diagnostic purposes, to bring out the physiological conditions of the blood elements, viz: the cells, corpuscles and plasma; and (b) in the symptomatic field, to bring out aggravations or reactions by means of the potential or dynamic force of the blood to the patient himself or herself. (c) It is also used for curative purposes. It may be entirely curative by the properly corrected distribution in its crude form by manipulative correction of the structures: but when it is laden with foreign elements or the cumulative force of foreign elements, the dynamized blood energy may be used for curative purposes. This may be sufficient if no foreign element has been entered into the medication or diet or reconstruction and repair of the body in the past life history of the patient. If, however, any substance has entered into those fields foreign to the organic substance then there is a cell for other dynamic forces to follow up and complete the processes of freedom from alien influence. For example, digitalis cumulates in the organism by forming a loose combination with the cardiac muscle. Hence (2) I use the dynamic equivalent of the toxic or other foreign substance to displace it and secure its elimination. The dynamic is used because it is a mechanical force like manipulation. The place of the potentials of the metals, non-metal, vegetables, etc., is to get control of the conditions developed by the use of these in the toxic sense. For example the quininized patient must get quinine dynamized before the quinine condition can be cleared up, because the quinine combination in the system must be broken loose, in order that the vatality may have complete control of its field of operation. (3) There are certain substances which are organic, representing the tissue elements, viz: sulphur, phosphorus, calcium, hydrochloride acid, sodium chloride, potassium, etc. These in potential equivalent represent the secreted substances and salts of the body and must always be used from the force side to get the vibratile action upon the tissue involved. Potentization means the preparation of the dynamized equivalent to convert into a nerve energy equivalent in the organism which represents a certain grade of vibratility. (4) The nosode preparations are individually prepared from the disease toxin condition of the patient, because in the particular patient the disease toxin assumes a certain characteristic dependent on individual vitality.

Recently I treated a case of vaccination in which after several months a vaccinosis ulcer almost the size of the hand developed at the point of the vaccination. *Vaccininum* had been administered by a brother physician. This did not clear up, in fact did not benefit the case. I diagnosed the case as one of vaccine toxicity. I took a specimen of the blood and potentized to the 1000th and then gave the potential antidote. This developed aggravating reactions that did not disappear. As these persisted I took the toxic discharge from the vaccine abscess and potentized it to the 1000th and gave the potential as an antidote to the patient. The result was that aggravations disappeared, the wound healed up, leaving but a slightly perceptible scar on the site of the vaccine ulcer.

(5) The most recent research in the biological field of opsonins is really along these lines. The bacterins are supposed to increase the opsonic index in the blood, thus making soluble the masses that contain the toxins and throwing them into the line of elimination from the tissues.

Immunity may be developed, either (1) passively by devoloping the antitoxin in the animal field of the horse, this animalized antitoxin then being given to the human subject, so as to increase the resisting power of the organism by the use of the animally developed antitoxic protective substance. This is a process of infinitesimal dilution in the blood of the horse as the menstrum; (2) actively, the animal cell is compelled to produce its own antitoxic protective substance by destroying the bacillus, and preparing from its substance the opsonin equivalent. This it is doing all the time to keep up native immunity.

In both of these cases it is to be noted that the development of the protective substance depends upon and must be produced in the field of the vital laboratory. Professor Goldscheider says, "the most natural therapeutics consist in the use of specific remedies in the sense that these correspond to the substances produced by the healing processes, or that they cause the production or heightened action of these defensive substances or anti-bodies."

This means that curative action depends on arousing the latent defensive powers of the body or else represents "the power to force upon the organism curative reactions of which

it is not of itself capable, reactions identical with, or intimately related to the natural curative reactions." The so called germs represent invaders of the field of the vital tissues and such invasion is possible only when the vital nutrition of these tissues is lowered so as to make the invasion possible. To prevent the invasion we must increase the resisting power to such a degree that invasion will be impossible. Bacteriology has demonstrated that germs in generating toxins also generate antitoxins, so that each infection process represents some stimulus to increased native resistance to the germ action in the particular case. This resistive power according to the opsonic theory means the development of opsonins in the blood as a form of immunity reaction. These antibodies then are present and are being persistantly developed as the bacteriologic process goes on in the body. Hence the opsonic theory uses the killed bacteria or the living attentuated bacillus as a means of exciting resistive reaction in the organism, with the object of destroying the primary germ action and thus increasing the opsonic index.

What more natural than that the blood should be used in the vibratile dynamic form with this same purpose? If the living attenuated bacillus is efficient, is not the vibratile attenuated reaction also sufficient? More so, because it is in the force or mechanical form?

We carry this theory a step further. Every drug substance, as well as every germ has the power of creating a vital reaction directly antagonistic to its own primary action. In the case of the morphine fiend a gradually increasing dose is demanded by the craving appetite and yet the organism is artificially immune from the toxic action of the increased dose. Why? Because the toxic substance excites a resistive reaction to the primary drug action. Hence in toxicity from the use or accumulation of drugs, the opsonic theory points to the conclusion, that we can remove or reduce the primary drug action and at the same time arouse the resistive force of nature. This is done by the attenuated substance in the same way as the germ reaction is produced by the attenuated bacillus. Hence the highly dynamized arsenic, morphine, opium will produce immunity from and actually cure the poisoning taking place in the organism from these toxic substances.

(6) This is the principle that we have applied toxicologically in the cure of poisoned conditions in the malignant diseases, using either the potential attenuation of the blood or of the poison itself and in some cases both of these.

Prof. Von Behring ascribes the value of vaccination and antitoxins to "the immunizing action of antitoxin in infinitesimal dilution." "the influence previously exerted by a virus similar in character to the fatal anthrax virus."

Prof. A. E. Wright of London uses the bacterial vaccines in the case of the infectious diseases. These vaccines are attenuated in infinitesimal quantities through the live blood of the horse. Trudeau in connection with the treatment of tuberculosis starts every non-febrile case with the ten thousandth of a mg. and the febrile cases with the one hundred thousandth of a mg. Why? Because he measures the potential of attenuation by the degree of vibratility in the patient, non-febrile and febrile.

In other words, the serum theory of biological medicine reduces itself to the use of the actually existent primary germ and primary toxin, by the use of the attenuated germ and the attenuated toxin, for the purpose of securing resistive reaction on the part of nature, by the production of protective substances in the form of antibodies. What about the serum?

Our objection to this is two-fold, (1) there is the use of a foreign substance; and (2) there is also the use of a foreign medium like the blood of the horse as the medium of attenuation. Recently it has been demonstrated that certain individuals are susceptible to the horse serum and this is said to explain deaths from the use of antitoxin. This at least demonstrates the latent danger of such a foreign menstruum. This makes the antibodies or antitoxin foreign to the organism into which it is injected; and as such foreign bodies require to be assimilated to the organism, the principle is unbiologic and the method unphysiologic.

The blood of the individual is his own in the most peculiar sense. Similarly the germs and toxins are peculiar, because associated with the vital characteristics of the individual organism in which produced and closely associated in production with degradation and degeneration of the bioplasm of the individual body. If a condition of toxicity, then, is to be antidoted, if a germ infection or germ action is to be counteracted by an antitoxin, the natural process is to produce substances whose reactions are identical with or closely related to the toxic substances or the germs in the particular case.

As the foreign medium, viz: the blood or lymph of a horse or other animal may be contaminated or impure, and even if pure is foreign to the human blood or lymph, attenuation can be better accomplished in a pure and inert medium like distilled water and alcohol. In addition, the attenuation in the latter case divests the substance used of all its crude poison characteristics and invests it with a force and energy-equivalent that at once appeals to the resistive reaction of the vitality, calling forth the native defensive energy of the organism. This enables us to use the *defensive force* as a toxicologic agent without hazarding the body by exposing it to actively dangerous and virulent poisons or the cultures of germs and their toxins.

Cumulative evidence of the points in our theory are coming to the light. (1) Dr. Victor Bonney in the Hunterian Lectures at the Royal College of Surgeons in London recently

demonstrated that cancer never attacks perfectly healthy tissues but always is preceded by marked tissue changes. (2) Dr. Simpson Handley in the laboratory of Middlesex Hospital, London, has shown that the local spread of cancer takes place largely through the lymphatics (3) Drs. Gaylord & Clowes in the recently published reports of the Cancer Laboratory of the New York State Department of Health for 1904-5, 1905 6, reports 14 cases of well authenticated cases of carcinomatous tumors that have been cured and 8 other cases in which there is strong evidence of cure. According to these experimenters malignant growth can be resisted by the organism under proper conditions of the organism. They claim that immunity is developed by the development in the body of an immunizing substance. They claim that the cure takes place by means of restoring to normal the functional action of the aberrant cells, and not by cytolysis. It seems to be a matter of tumor growth, because the nucleo-proteids extracted from malignant tumors have no effect upon the growth. This indicates that the problem is one of *relation to vital growth* and *resisting power in the organism.*

(4) The opsonic theory of Wright was based on the fact that having separated the white blood cells from the plasma, he found that those cells which in the blood stream act the part of scavenger phagocytes refused to *devour* the foreign and waste elements of the blood. From this he concluded that in the blood stream there must be some special chemical substance, that *either* appetized the white blood cells, or *else* flavored the foreign substance in such a way as to whet the appetite of these cells. It is this substance that he called opsonin.

Certain facts must here be recognized, (a) the chemistry of substances in the blood stream and their chemical reactions are different when the blood is alive from what they become when it is dead; (b) this living chemistry has some definite relation to the living cells of the blood, the absorbed materials taken into the blood stream assuring certain specific chemical reactions when brought under the vital influence of the leucocytes; (c) this means that the opsonic substance must be bio-chemical and can be produced only within the living blood stream when acted upon by the living cells of the blood. Hence (d) it is physiologically impossible to prepare this substance in any medium outside of the blood. Therefore (e) it becomes necessary to devise means to compel the blood in the diseased organism to produced its own opsonin. Biogen or bioplasm manufacture in the field of the nervous system by which the body is supplied from the nervous system with the most refined nutritive supplies, and the fact that trophic supplies and trophic influence pass to the tissues and organs from the nerve cells along the nerve paths indicates that the *ultimate source* of *this opsonic substance* is to be traced *to the laboratory of the nervous system.*

By dissections of tubercular cadavers and subjects who have died of localized cancerous conditions I have satisfied myself that back of the tubercular and cancerous focus lie *nerve degradation, nerve degeneration, nerve cell exhaustion and depletion.* The result of this nervous depreciation is the practical isolation and separation of the focal field from nervous influence control and restraint, with the resultant *unchecked proliferation, low grade nutritive processes, absence of a coordinated development in line with the organic life.*

To liberate these nerves, freeing them from obstructive irritation, and thus make the chain of neurones thoroughly physiological in activity, in order that they may perform their normal functions (a) of *energy and force generation,* (b) *of constructive metabolism in the prepartion and elaboration of secretory materials sufficient to build up nutrition in all the body, and* (c) *of the balanced distribution of these forces and substances throughthe trophic cells in the anterior horns* of the *spinal cord and their corresponding axones—this is the purpose of osteopathic corrective treatment.*

Sajous in his compendious work on "*Internal Secretions*" demonstrates that these secretions represent the medicines of the system. All our experiments, clinical observations and results demonstrate the truth of this principle. Nutrition, repair and regeneration are ultimately based upon the elaboration and distribution of the internal secretions. The quality of the blood, the character of the tissue structures, the cooperation and correlation among the functional processes, the adjustment of activities and the possibilities of cure, all depend upon these secretions. What regulates these? *Adjusted structural relations, corrected distribution of fluids and forces, balance of elaboration and elimination, proper action and reaction between the organism and environment*—the adjustive conditions are absolutely essential.

School Inspection

As the Still College at Des Moines and the Los Angeles College of California are now completing their third year and wish to make application for entrance into the Associated Colleges and to have their graduates eligible to membership in the A. O. A., after consultation with the Associated Colleges the Board of Trustees of the A. O. A. appointed Dr. N. Alden Bolles of Denver to visit these schools, thoroughly inspect them as to their condition and work, and the report will be considered by the Board and Association at the time of the Kirksville meeting.

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REMOVALS.

Augusta Nichols from W. Loan & Trust Bldg., to 1510 H St., N. E., Washington, D. C.
John A. McCabe from San Diego, Cal., to Alexandria, Minn.
V. P. Urbain from 111 Dayton St., to 621 Reutchler Bldg., Hamilton, O.
Delia B. Randall from Jackson to Box 147, Canton, Miss.
W. H. Bowdoin, from Albany to 401 Capitol Ave., Atlanta, Ga.
E. L. Harris, from Owensboro, Ky., to 602 Nat. Bank Bldg., Savannah, Ga.
M. K. Rau, from 247 Main St., E., to The Colonial, 8 Park Ave., Rochester, N. Y.
Charles S. Fisher, from 608 Merrill Bldg., to 1208 Majestic Bldg., Milwaukee, Wis.
Adele A. Allison, from Colorado City, Colo., to Anaconda, Mont.
Ella B. Veazie, from Kirksville, Mo., to Kansas City, Mo.
Walter Guthridge, from Corning, N. Y., to 1122 Providence Ave., Spokane, Wash.
H. M. Stoel, from Des Moines, Ia., to Houghton, Mich.
Ella Lake Myers, from 109 W. Eighty-Fourth St., to St. James Court, Ninety-second St. and Broadway, N. Y.
Walter Lewis Beitel, from Keith's Theater Bldg., to 221-222 Land Title Bldg., Philadelphia, Pa.
E. J. Carson, from Wilson, N. C., to Minerel Wells, Texas.
C. G. Parmelee, from Kirksville, Mo., to P. O. Box 53, Denver, Colo.
Millie Rhodes, from 34 Jefferson Ave., to 22 Stuyvesant Ave., Brooklyn, N. Y.
Leslie S. Keyes, from Hulet Blk., to 22 Syndicate Blk., Minneapolis, Minn.
Annette H. Beckwith, from Eureka Springs, Ark., to 121 S. Fourth St., Raton, N. M.
Ira Spencer and Elizabeth Bundy Frame, from Pennsylvania Bldg., to 1619 Race St., Philadelphia, Pa.
L. J. Goodrich, from Corning to 5 Aiken Blk., Santa Barbara, Cal.
A. A. Basye, from Statesville to Wilson, N. C.
F. B. Stafford, from Pittsburg, Pa., to Windsor, Mo.
Dr. Ella X. Quinn has left office in St. Augustine, Fla., for her home in Baltimore, Md. Dr. Mary Steele Ewing will be in charge of the Florida office during the summer.
Jane E. Lockwood, from Buffalo to South Dennis, Mass, for the summer months; also in Hyannis, Mass., twice each week, Monday and Friday.

STATE SOLICITORS FOR THE P. G. COLLEGE FUND.

Drs. Louden and Willard, the committee for soliciting the permanent endowment fund for the college, have secured the co-operation and assistance to date of the following who will act as solicitors for the fund in their respective states:
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These members have charge of the work in the respective fields named. If you wish any information about the subscription work or literature relative to the Endowment Movement, write to the state committeeman of your state.

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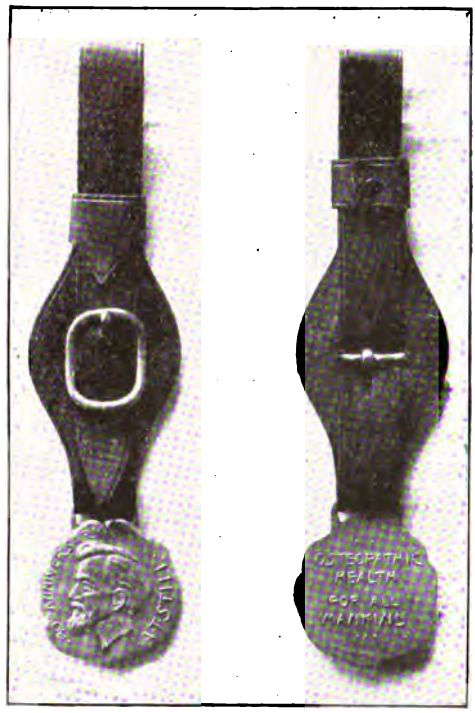

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The Invisible Basis for Osteopathic Pathology.

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In the A. O. A. JOURNAL for April, 1908, Dr. J. Ivan Dufur gives as a basis for osteopathic pathology, interference with nutrition in the nerve cell and the parts controlled by the nerve.

"The cell body exercises a trophic control over the protoplasm of its branches, just as the neurone exercises a trophic control over the nutritive processes taking place in the tissue to which its branches are distributed. In other words, the nucleus of the cell body controls its metabolic process. These processes are regulated with physiologic regularity so long as blood and nerve control over them is maintained at normal standards. The moment, however, that abnormal environment for its metabolism is produced, it is irritated or excited into functional activity (increased metabolism) in its attempt to respond to the stimulus, and over-function of the areas in which its axones are distributed ensues. This excitation continues so long as the irritation continues or until the cell body is fatigued, when a condition of lessened function ensues.

"Viewing it in this light, it would seem that the chief result of the structural derangement is an interference with nutrition, and I am convinced that the future pathology, for which we are all clamoring, will be based on this principle.

"In a word, all structures controlling normal nutrition (and a as result controlling normal function) of the nerve cells in the segment of the chord are placed in a position whereby they cannot co-ordinate.

"The relation of the pathological reflex to the osteopathic lesion, then, is one of disturbed nutrition."

I have presented in a series of articles in the Osteopathic Physician an idea differing slightly with that of Doctor Dufur, and yet I wholly and entirely agree with him. It is necessary to show wherein this variance is only apparent, in order that, starting if possible with an agreed definition, the osteopathic pathology may start right.

Doctor Dufur's definition is undoubtedly correct, in this way—that *any* change in the body, whether motor or sensory, whether physiological or pathological, *may* be defined as a nutritional change. Ultimately, every physiological, vital or mechanical process in the body is a nutritional, a metabolic change. But there are other terms in which it may be defined, which for various reasons appear to me to be preferable. Chief among them is this reason; that the metabolic activities of health are often not distinguishable from those of disease, except in degree; the metabolic definition is not distinctive; and there are metabolic errors which are so gross and so specific as to demand for themselves the exclusive use of the term metabolic error. The term should therefore be reserved for these classes of affections.

However, there is a term which *distinguishes* the pathological state—which is true of it and not true of other states, namely *irritation*. Doctor Dufur practically uses irritation as the basis of nutritive error in the paragraph quoted. The difference between physiology and pathology is in most cases purely one

of degree—the moment a given stimulus approaches a condition of irritation, the action approaches the pathologic. The word irritation should then be used to denote the dividing line.

This is not a matter of no importance—it is not even a matter of little importance. Its importance is great. A correct and careful definition of the very basis of osteopathic pathology will make easy every step that is to follow. The word irritation covers all dynamic changes above the normal; and as force itself is more fundamental than any of the transformed states of force, so irritation itself, the invisible dynamic basis of pathology, is more fundamental than any of its secondary changes. The limits of irritation from simple stimulation are determined by the metabolic resistance in the nerve fibres—but the irritation is primary.

All causes of disease are such agents as act here—either in decreasing the metabolic resistance or in increasing the irritation. But the irritation is the true agent of disease; the former, the metabolic resistance, is merely the mechanism upon which this irritation acts.

With this as a basis it is possible to classify the causes of diseases. In the figure below the square represents the nerve ganglion; the transverse line represents the metabolic equilibrium—the dividing line between physiological stimulation and irritation. It is raised by the various internal factors that make for strength; as constitution, exercise. (The word constitution I have adopted to signify strength of inheritance, as opposed to hereditary weakness; the distinction is a necessary one, and this word is already polarized with that meaning.) It is lowered by opposite influence, heredity (similarly polarized to signify inherited *weakness*) depleting influences, other diseases.

Into the nerve ganglion from without flow influences which depress or elevate this line. It is depressed by irritation from osteopathic lesions, abuse of functions, or other evil influence; it is supported by drafts upon the strength of the rest of the body, by osteopathic treatment, and by other stimulating or strengthening agents.

If by the combination of these influences the line of equilibrium is held above a certain point, then the physiological activity and responses are maintained. If it is lowered beyond this point, then the co-ordination for irritation and injury is set up—a definite function, the *emergency function* of the body (explained and discussed in Chapter III. of Anatomical and Physiological Pictures of Diseases, Osteopathic Physician, February, 1908). In both of these, physiological action and emergency action, there are various sub-levels characterized by different co-ordinations and responses. If the line is further depressed beyond a certain point, then there ensues injury to the nerve protoplasm, resulting in nutritional changes in the neurons and in the tissue subject to them, to which, in my opinion, the description given by Doctor Dufur will more closely apply.

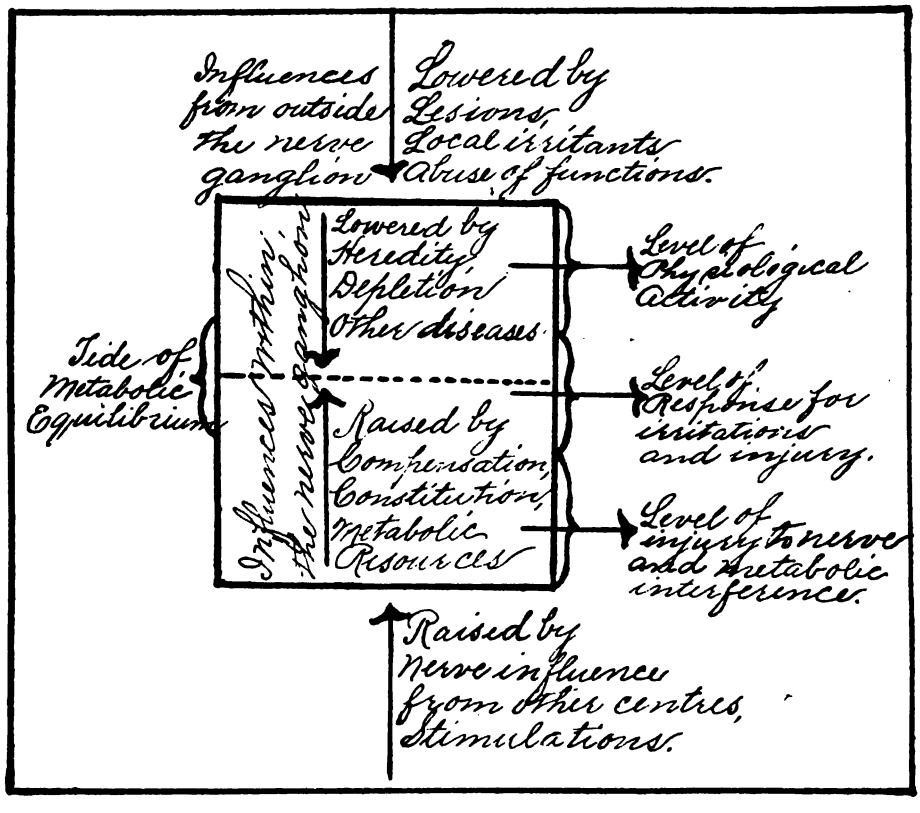
A third factor enters into the matter—the length of time that a given level of irritation, with is results, is maintained. From this arises the distinction of acute from chronic diseases, and the nutritional changes in *tissue* (nutritional diseases and neoplasms).

With this diagram it is also easy to picture how the same lesion will in different persons produce such different results—one of the great osteopathic puzzles. The nerve ganglion contains many different nerve centers, with many different functions and connections. The tide of irritation may be regarded as reaching and affecting these equally. Which one will yield, and be bowled over by the irritation is then determined by how each one is affected by the other influences —heredity, other sources of irritation, abuses, etc., in other words, to be determined by its own metabolic equilibrium.

Once bowled over, the single nerve or group of nerves then seems to draw to itself the whole of the morbid influence, making itself the scape-goat and saving the rest. These things could not be true if the basis of pathology were strictly *structural,* instead of *dynamic.*

Some of the laws under which morbid influence radiates are also known; as for instance many quoted by Doctor Dufur. (See also Osteopathic Physician, "The Uniform Morbid Process," "Diathesis," etc.) The real pathological element is thus seen to be a thing invisible to the eye, or the microscope, not revealed by the scapel. The changes which are visible are the effects of this element; and the whole subject is one better investigated by the dissection of logic rather than that of the knife. Osteopathy studies pathology not in the dead, but in the living and moving state.

Whatever theories one may entertain as to the basis of osteopathic pathology, the theories must yield to arrays of fact. These conclusions have been drawn by me not as theories but as a result of five years of research and analysis. The basis of this research and analysis was, perforce, the symptomatologies of medical practice, with recourse to biology, pathology, etc. The osteopathic profession has as yet no material for such analysis; and if every osteopathic physician had made records of all his cases covering these points, its life has been too short to enable them to serve as a basis for such broad analysis. On the other hand, the symtomatologies of medical practice represent the observations of the best trained minds in the world covering many generations. These, studied with the osteopathic illumination, have yielded the following results:



1—In all acute diseases, and the acute attacks of chronic diseases the actual changes in tissue, in secretion, in general reactions, are those of a natural and uniform reaction to irritation and injury (the emergency function).

2—The symptoms of such diseases are the anatomical and physiological effects of this process in the different organs.

3—The causes of all of these diseases, tabulated and compared, show that they may all be included under the following simple heads:

(A) Local and general irritants. (B) Abuse of function. (C) Hereditary weakness, diathesis. (D) Other diseases. (E) Germs and zymotic, chemical. (F) Unknown. To these must be added (G) Deformities and mechanical interferences.

The osteopathic profession adds to them anatomical lesions and errors in nerve-co-ordinations, which once established may sometimes hold sway. The anatomical lesions act by (a) irritation, or (b) mechanical interference. This summary of the basis of osteopathic pathology is simple, exhaustive, and, I believe, true. All of these points are more carefully explained in the series of articles above referred to.*

The osteopathic practice includes two chief measures: correction of lesions, and stimulation of nerve centres. In other words, it gives, as it were, the same medicines for all diseases. To justify the claim that it is a general and a complete practice, it must be able to show that the etiology of disease is as simple and uniform as its remedial measures. We are not special pleaders and have no concern with the osteopathic theories except insofar as they prove true, efficient and sufficient.

Osteopathic pathology properly conceived, will undoubtedly show this, and so far as our present reasoning can go, will satisfy all needs. The uniform etiological principle is a fact, and not a theory; though it has to fight the idiopathic idea and the "differential tendency" in the very works from which it was proven. No force of any kind can set up alien processes in the body. The transformation of force means the transformation of energy from one mechanism into another; its character in the transformed state being due to the mechanism in which it acts. All forces entering the body are transformed in accordance with its mechanisms, and produce results in accord therewith. There is nothing else. Disease is merely the name to cover the reaction between the body and the irritant. Forces great enough to *destroy* the tissue of the body have results according to the destruction they cause. All other forces act through the body's own mechanism. They are *dynamic* variations and are to be studied with reference to anatomy, physiology, and biology. If any other sense than this, pathology should disappear.

The basis for osteopathic pathology should be the broad dynamic definition of causes. Even when the irritant is a chemical or bio-chemical one, with specific relation to the protoplasm which it affects, the ultimate definition of this relation also is a dynamic one, since chemistry is molecular dynamics—and aside from the individual cells affected, its influence on the body as a whole is through the irritation or dynamic effect on nerve equilibrium, except where its effect is purely anatomical, through destruction or obstruction, or purely physiological through interference with function.

Dr. William Smith says (O. P. May, 1908) that there can be no such thing as a forecast of osteopathic pathology—that pathology is always pathology, the same for all systems. Pathology is, of course, like anatomy, a matter of fact, not of fashion or theory or schools. But even anatomy must progress, and a new point of view requires a new consideration of the subject—osteopathy makes necessary a new study of anatomy. So upon acquiring deeper knowledge

*Anatomical and Physiological pictures of Diseases.—*Osteopathic Physician*, January to October, 1908.

of any subject, the various departments in it merge into each other and lines of distinction between them are swept away. Just as upon a wider study of the symptoms of disease the idiopathic lines are swept away, by the demonstration of a single process throughout, so in the study of etiology and pathology, the demonstration of a natural law covering both subjects makes them merge into one. Etiology underlies pathology, as gravitation underlies architecture. No change of gravitation but must affect architecture. No discovery in etiology but must influence our understanding of pathology, and must influence indirectly even our very observation of the facts. Pathology is the name that covers the facts, etiology is the name that covers the laws, the principles, the bases. When the laws and principles become known the facts can no longer be considered apart from them. Osteopathy, whose keynote is *causes,* emphasizes etiology, as against pathology which is a description of conditions, symptoms, effects. So that the basis of the osteopathic etiology and of the pathology are one. This one basic principle must be the common denominator of a great many things—of anatomical lesions, of abuse, of local irritants, of chemical influences, of changes in tissue through dynamic variations in the body's activities and environment, in short, of all possible causes of disease. It must go almost to the very foundation principle of life itself—of course! What else could be the basis for ultimate pathology (or etiology)! And thus must we go almost to, or quite to, the original dynamic variation in vibratory velocity of certain molecules in basic chemical compounds, produced by solar energy—the dynamic origin of life, for the basis of our pathology. Certainly force itself is primary to all transformed states. And as this same dynamic variation happens to be a very practical one for osteopathic etiology or pathology, its use should be sanctioned by the scientific censors of the profession.

In no other way in the world could the science of osteopathy perpetuate itself, maintain its integrity, and finally inherit the world, so surely as by reconstructing the great bodies of knowledge of the human body upon the lines of its own principles of the osteopathic revelations. By constructing an osteopathic pathology—not for the sake of being different—but for the sake of being truer, and deeper; of embodying the osteopathic diagnosis:—by constructing an osteopathic symtomatology, not for the sake of contrast, but for the sake of the great laws of the morbid process which osteopathy has enabled us to discover—by reconstructing in short the whole group of sciences embraced under the heading "medical," not for the sake of newness, not on the basis of protest, but for the sake of simplicity, natural law and the great osteopathic discovery of the "lesion." For no man putteth new wine into an old bottle, or a new piece into an old garment. 142 Summit Ave.

Faulty Metabolism the Basis of Pathology.

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Through the courtesy of Dr. Ernest E. Tucker I have had the privilege of reviewing a monograph of his entitled "The Invisible Basis for Osteopathic Pathology." This article is seemingly written as a critique upon the lecture "Reflexes" delivered by myself before the Philadelphia County Osteopathic Society and afterward printed in the A. O. A. JOURNAL for April, 1908.

Frankly speaking, I cannot see in the two articles any difference of ideas regarding the conception of the basis of Osteopathic Pathology, other than, perhaps, a choice of words. Doctor Tucker himself states that the two definitions are frequently interchangeable. He further agrees that any change occuring in the body is a nutritive change, and so far we, in common with all osteopaths, are agreed. It was this very fact that led me to make the statement that pathology must be based upon the principle of faulty metabolism. *The meta-*

bolic function is physiological. Therefore the disturbance of that function, which constitutes faulty metabolism or mal-nutrition must be pathological.

In the use of this word to describe the pathology it seems to me we are adopting a more fundamental basis than if the word "irritation" were used. Doctor Tucker has given a reason, that "irritation is the agent" in the production of mal-nutrition. In other words it is only *one* of the links in the chain of factors to be etiologically considered, and by its use we arrive practically at a summation of causes, of which faulty metabolism is the ultimate derivative. This is so far true that so long as the metabolism of any cell, or organ or organism may proceed normally it functionates normally. Disease is not present and cannot be manifested so long as the cell is self regulative to the extent that its anabolic processes are in excess of its katabolic activities.

This is true notwithstanding structural derangement, hereditary deficiency, functional abuse, environment, traumatism or any other influence. None of these can produce disease until they have first destroyed or weakened the self regulative power of the cell in its metabolism.

While I agree with Doctor Tucker that pathology must be written from the standpoint of etiology yet we must not confuse the two terms. They can never approach the position of synonyms. Irritation is purely an etiological factor, while mal-nutrition or faulty metabolism is both a result and a cause. All the various influences which act as either predisposing or exciting causes of disease must first disturb metabolism. To that extent mal-nutrition is a result. But the moment it is established it unfits the cell, or organ for normal function, and thereby becomes the ultimate etiological factor to be considered.

The use of this term as the basis would in no way affect the classification, or outline laid down by Doctor Tucker and would in many ways be more appropriate, in my opinion. The various conditions he mentions as affecting cell activity must all accomplish this purpose by their influence upon its metabolic processes.

Local and general irritants increase katabolism at the expense of anabolism.

Abuse of function, produces practically the same result.

Hereditary weakness, confers upon the cell the inability to functionate normally and therefore to grow, or reach that position of development whereby its regulative powers are established. The result is a weak response in time of strain,—a predisposition.

Other diseases produce an unfavorable environment, for the metabolism of the cell, or bring into contact with it toxic products which act as irritants, and in either case produce abuse of function.

The same way may be said of *germs, zymotic, chemical, and unknown causes.*

Mechanical Interferences, Deformities, Anatomical Lesions, etc., produce their results by *pressure* causing irritation, which results in faulty metabolism, or by *obstruction,* affecting the nutritive supply borne to the cell or the removal of the waste created in its activity—in either case finally disturbing its nutritive processes.

This analysis it would seem is sufficient to show us that while irritation is a factor it is not the fundamental element. Nor is it present in all cases. Many predisposing causes produce faulty metabolism, and thus impair the self regulative power of the cell, yet the factor of irritation is not always evident. Hereditary weakness may be particularly cited as an example.

I do not feel that Doctor Tucker and myself are at variance in our ideas of pathology. The presence of irritation is undoubted in many cases, but, withal, the definition "mal-nutrition, disturbed metabolism, or faulty metabolism" still seems to me to convey a more comprehensive idea of the actual condition and therefore more desirable as a basic definition. 411-412 The Flanders.

Osteopathy vs. Surgery in Gyneology

ELLA D. STILL, D. O., DES MOINES, IOWA.

After making a specialty of gynecology for several years, I have come to the conclusion that surgery is advised many more times than is necessary, in fact patients come to me for treatment for conditions that are the direct result of operations. I have several times written and spoken on this subject, but it is of such vital importance that I feel like sounding the cry of alarm until the members of our own profession at least, will think a long time before they suggest surgery for the ordinary pelvic diseases.

It is a good thing to be able to tell just when surgery is necessary and when not. It will take some experience and a great deal of study, and sometimes we will lose patients, for there is an occasional one who is determined to be operated on, but by far the greater number will be glad to be relieved without the knife, and it devolves upon us to investigate the *why* and *wherefore* of every diseased part that we may be able to understand where the fault lies, and then wise enough to apply treatment that will be effective. The pathological condition must be bad indeed when it will not yield to well directed efforts. As I have said repeatedly, no other disorders yield so readily to our method of treatment as do gynecological, and it looks very reasonable to me that it should do so. The osteopath in the majority of cases is able to correct the things that are abnormal and by so doing allow nature to effect a cure. I would never attempt to treat a case of pelvic trouble without first examining the bony structure both of pelvis and spine, but I would not stop there. I would examine the uterus, its appendages and all parts that go to make up pelvic organs including the rectum.

Remember that the thing that is of incalculable value is to know the *normal,* then you will be better able to understand how much pathology exists and to form an opinion as to the results that may be obtained.

Let us take into account some of the cases that are considered surgical by the medical practitioners, namely, retroversion, endometritis, ovaritis, cervicitis, etc. For retroversion we find either suspension, fixation, or the Alexander operation being done, the least harmful of these I consider suspension. Fixation should never be performed, first, because it is unnatural, the uterus being anatomically a mobile organ; second, if performed in cases where pregnancy may occur there is great danger of premature labor with possible rupture of the uterus, the muscle fibers becoming weakened at the point of fixation.

In the Alexander operation we find ligaments being shortened which are *not* uterine supports, naturally no results are obtained. Some practitioners after treating a badly retroverted uterus for some time and getting no results, imagine that the proper thing for the patient is to undergo the Alexander operation, little realizing how worse than useless such a procedure is. I am delighted, indeed, by the bold stand recently taken by Dr. Byron Robinson on this subject. He says: "To suspend the uterus by the round ligaments is like undertaking to keep a man's hair a proper length by clipping it very four or five months. The operation should be repeated likewise as the ligaments will very soon become lax again." The only good results obtained if the patient is not infected would be, according to the celebrated doctor, "to obtain therapeutic suggestions and rest in bed a few weeks."

The reasons for discouraging such an operation are many. First, as I have stated, the round ligaments are *not* uterine supports and therefore the position of the organ cannot be influenced by them. One has only to study their structure and position to determine this for himself. The round ligaments are

prolongations of uterine tissue and from their position can be nothing more than guy ropes for the organ. The best of authorities seem agreed that the *essential* supports of the uterus are those that are attached at, or very near the internal os uteri, namely, sacro-uterine, vesico-uterine, and lower border of broad ligaments. These, in addition to tonic vaginal walls and a perfect pelvic floor, tend to keep the organ in place.

The loss of integrity of the pelvic floor is by far the most potent factor in the causation of downward and backward misplacements. The lacerated perineum is most commonly the condition found and should be repaired.

Curettage for endometritis is another common operation. Of all the foolish things to do for such a condition! It would be just as sensible to curette the nose or throat every time there was a slight inflammation. Introducing an instrument into the organ and scraping off inflamed tissue seems to me the height of folly. How many cases of dysmenorrhea, sterility, and even the menopause have been brought on by the curette, and how many cases of infection have followed such a procedure. If physicians would spend as much time *studying* their cases as they do getting ready for an operation there would be fewer of them performed.

In cases of ovaritis, ovariotomy is often performed, when an osteopathic treatment to relieve a venous stasis is all that is necessary. The left ovary with what might be termed its indirect drainage is often affected by impaction of the sigmoid and results may be speedily obtained by removing the cause; fortunately for the women of this day ovariotomy has nearly gone out of style. It has not been many years since it was not safe for a patient to have a pain below the waist line, or she was immediately taken to the hospital and either one or both ovaries removed. A change indeed from an occurrence which is said to have happened recently in one of our large hospitals where the surgeon, after performing a myomectomy, actually put back two large cystic ovaries without even emptying the cyst. He said that some of his most difficult laparotomies had been in women whose ovaries had been tinkered with. Just at present appendicitis is the popular operation and men and women alike are liable.

Cervicitis with hypertrophy, erosions, etc., has by some been treated by amputation. Many authors insist that an hypertrophied or elongated cervix calls for amputation. It seems to me it is time that we as a profession should begin in earnest to wage war on such practices. I venture to assert that in the majority of cases of hypertrophy of the cervix, the uterus will be found misplaced or there is venous stasis from some other interference with pelvic drainage and it should not take an osteopath long to discover the cause and remove it. Occasionally we find the condition depending upon a severe laceration of the cervix and in such cases a repair is necessary, followed by post operative treatment.

I think I hear some one ask, What is your treatment for a retroverted uterus, endometritis, etc.?, and I answer: I would first determine the cause of these troubles. Let us realize that we have passed the kindergarten stage when any thinking osteopath would ask, What is your treatment for a headache or any other of the ills to which we are heir? We at one time had certain treatments for certain things, but we have long since passed that stage and we now know that a dozen or more different things will cause headache and we treat accordingly. It is also true of other conditions. In the case of retroversion if due to a lacerated perineum, then first a repair of the pelvic floor followed by osteopathic treatment as soon as the parts are in condition. This should be directed to toning the ligaments and other structures that have to do with holding the organ in place, replacing the organ, etc. If due to shorten-

ing of the vesico-uterine ligaments which hold the cervix anteriorly and will not allow the organ to be put in condition, then treatment must be applied to these tissues, gently stretching and manipulating them until they regain a normal condition, allowing the uterus to assume its position, and so it is with all these troubles; first, locate the cause and then remove by the most common sense method, which is osteopathy. If our diagnosis is right and treatment properly applied, then only rarely will we have to refer our patients to a surgeon.

302 Century Bldg.

An Unusual Obstetric Case

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I wish to report to the profession a case of unusual interest from many points of view, but especially demonstrating the superiority of osteopathic methods in the care of the pregnant woman.

The patient was a primipara age about 25. I was called in consultation for the first time, during the sixth month of the pregnancy. At that time, there had suddenly developed a "blurred" vision, the patient being almost blind at times. At one interval she was practically blind for three hours. Constant headache with tendency to retraction of the head and congestion of the face and head. Urinalysis showed a very large per cent of albumen; in fact a teaspoonful of urine heated, coagulated almost solid. Amount of urine very scant. This continued for two days, a slight eclampsic convulsion following. I was called soon after the convulsion. The pulse was bounding and very rapid, running up to 130, some elevation in temperature; abdomen tight; patient complaining of dull headache and some aching in other parts of the body; especially in renal area; some disturbance of vision. Patient appeared well, eyes bright and cheeks flushed. On account of the lessening in amount of the albumen and the slight change for the better in every respect, advised a milk and water diet coupled with careful abdominal treatment to lessen pressure on kidneys, and spinal treatment in renal area. The abdominal treatment consisted of shifting the gravid uterus from side to side and the carrying of it forward as far as possible, this being best accomplished with the patient either on the side or in the knee-elbow posture. By the combination of the abdominal and spinal with the dietetic treatment, the albumen lessened in amount and the quantity of urine increased so that within a few days, the urine was practically normal.

Two months later was called again. Patient had had a number of distinct rigors with rise of temperature and sweats immediately after, the temperature reaching 104. I saw the patient on the fourth day, (would have been called sooner but patient thought that the chills would stop) and found rapid pulse; flushed face; vertigo; temperature 103. The chills had occurred four consecutive mornings. At intervals of 10 to 12 minutes there would be a decided flush of the face, it coming like a wave and extending over the neck, face and head. The patient complained of dizziness during these attacks. After careful examination I finally eliminated malaria, eclampsia, in fact everything, and diagnosed the condition as one of toxemia due to the pressure of the gravid uterus and the tightness of the abdomen. I do not remember a case in which the abdomen was as tight as in this case. Acting on this explanation of the trouble, treatment was directed to stretching the abdominal wall, changing the position of the gravid uterus and the keeping of the patient on her side and face, the giving of a large amount of water and dieting and the trouble passed away within a few days.

I did not hear further from the case until end of term. At that time I was informed that patient had been in labor approximately 22 hours, it being a dry labor, and nothing was accomplished. The pains were very hard and regular and the patient was well nigh exhausted when I reached the case. On examination I found secretions normal, cervix pretty well thinned but there was little dilatation, the os being about the size of a silver dollar. Considering the fact that the patient had had pains for many consecutive hours at intervals of every minute or so, it seemed that nature had about exhausted her resources. On introducing the index finger into the uterus the familiar landmarks of a breech presentation were discovered, this accounting for the delay along with the rupture of the amniotic sac. Considering the fact that the patient had been in labor so long; the pains being so strong; the loss of the amniotic fluid; the tightness of the abdominal walls; the size of the pelvic cavity; a primiparous case; the fact that natural delivery would be entirely impossible under the circumstances, it was decided to anesthetise the patient and deliver manually.

As soon as the patient was partly under the influence of the anesthetic I began the dilatation of the parturient tract. I at first used two fingers but after about twenty minutes' work I was able to pass the closed fist into the uterine cavity. Dilatation is supposed to be complete when this can be done but I continued to stretch the vaginal walls and rim out the cervix until the passageway seemed large enough to accommodate the fetus. I think that many have made a mistake at this point, that is, bringing down the fetus before dilatation is entirely complete. Extensive tears necessarily occur. If dilatation is made as complete as nature would have made it, laceration need not necessarily result in this method of delivery. In this case, I made sure that dilatation was as complete as it is possible to make it before bringing down the feet. Version was considered out of the question on account of the size of the fetus, loss of amniotic fluid, and smallness of pelvis. I succeeded without any trouble in getting down one of the legs but had some trouble with the other. After getting the legs down, engagement of the breech was secured by traction exerted on the limbs. In the meantime the nurse had been instructed to have ready hot towels with which to protect the fetus in order to prevent the stimulation of the cold air from starting respiration prematurely.

As soon as the breech was drawn into the true cavity, the hands and arms were drawn down. This is a great deal easier said than done. I had quite a bit of trouble getting both of the hands. It is not advisable to use much traction after the birth of the trunk lest extension of the head occurs. In this case my assistant exerted pressure downward and backward with the hands open, the patient being in the dorsal posture. This was done intermittently in conjunction with some traction on the lower limbs. At times this pressure amounted to at least a hundred pounds. There was some delay on account of the head being larger than the inlet but by combining traction with external pressure, this was soon overcome. The delay thus produced resulted in the death of the fetus, the cord being compressed between the fetal head and the brim of the pelvis for too long an interval.

There was a threatened extension of the head but by introducing the hand and inserting the fingers in the mouth, flexion was restored without much delay. Delivery was then comparatively easy and quick, care being used to deliver slowly and by so doing there was practically no injury to the perineum. This seemed to me to be a remarkable feature of the case, a forced, artificial delivery of a breech presentation in a primiparous case without perineal laceration but careful inspection of the parts failed to reveal any tear whatever.

The third stage was completed without any particular trouble although there was a tendency to hemorrhage, due, I suppose, to the anesthetic. The placenta

was delivered by compression; that is, the uterus was compressed between the promontory of the sacrum and the palm of the hand.

The patient came out from under the influence of the anesthetic without any unusual complication; in fact there was almost complete absence of nausea that so often is so distressing.

The unusual features in the case were (1) Albumunuria of such a marked degree; (2) eclampsic convulsions which were controlled; (3) chills and fever of several days' duration which yielded to treatment and left no apparent bad effect; (4) dry labor complicated by undescended breech presentation; (5) length of period in which there were hard labor pains without advancement; (6) artificial delivery without laceration and (7) the rapidity of the operation, it lasting not quite an hour from the time the first examination was made until the patient had come out from under the influence of the chloroform. The patient had regular osteopathic care during the entire time and I attribute the rather fortunate termination of the case to that.

Board of Trade Bldg.

Occipital Lesions

By WILLIAM F. LINK, D. O., KNOXVILLE, TENN.

What is an occipital lesion? If we search those osteopathic text books in which one might expect to find an answer to this question we shall not get any very satisfactory information.

Hazzard's Principles, and Hulett's Principles devote a good deal of space to the consideration of cervical lesions, but neither mentions occipital lesions.

Tasker's Principles, briefly discusses the occipito-atlantal articulation, but in considering the lesions affecting this joint speaks of them as sub-luxations of the atlas.

Clark's applied anatomy in the chapter on the Atlas says that "the position of the head is sometimes indicative if not diagnostic of a lesion of the occipito-atlantal join. If the chin is drawn in abnormally, the chances are that the head sets back too far on the spinal column, that is, on the atlas. If the chin protrudes unusually far the opposite condition exists. The sterno mastoid muscles are put on a tension in the first and relaxed in the second condition."

This, I believe, is the first distinct recognition of the existence of occipital lesions, to be found in any osteopathic text. There may be others, but if so they have escaped my notice.

Now if we turn to the earlier series of case reports published by the A. O. A. we find a similar absence of reference to occipital lesions. Not until Series IV., published in 1905, do we come across any mention of our subject.

It is in no wise a disparagement of the valuable texts referred to that they shed little or no light on the question under consideration. The writer of a text can only embody in his book matters that are of common knowledge among the most advanced of his profession plus the results of his own observation and investigation. So if we find that occipital lesions do not figure in osteopathic literature prior to 1905 we do not conclude that they did not exist before that time, but that they had not been recognized as such and clearly differentiated. Evidently they had all been grouped under the head of atlas lesions.

I do not know to whom belongs the honor of first describing an occipital lesion; but the first description of the kind I have seen occurs in the first of a series of articles published by Doctor Forbes in the *Cosmopolitan Osteopath,* beginning in January, 1906.

*Remarks preceding a demonstration of Technic at the meeting of the Tennesee Osteopathic Association at Chattanooga, April 20.

In these articles Doctor Forbes has described with characteristic thoroughness and clearness what he calls the six regular lesions of the occiput; namely: (1). Occipital Bilaterally Posterior. (2). Occipital Unilaterally Posterior, Right or Left. (3). Occipital Bilaterally Anterior. (4). Occipital Unilaterally Anterior, Right or Left. (5). Occipital Rotated to Right or Left. (6). Occipital Lateral, to Right or left. These terms are in a measure descriptive of the lesions they name, and obviously suggest the different movements of which the occipito-atlantal joint is capable.

The question may be asked, Why should we say "Occipital Bilaterally Posterior," rather than "Anterior Atlas"? I should say first, because it is anatomically more accurate and in the line of a clearer and more scientific nomenclature. The cranium is for all technical purposes merely the uppermost bone of the spinal column. It presents the upper and more movable half of the occipito-atlantal joint. It moves not only with the atlas but on the atlas; and it has muscular attachments quite independent of and unconnected with the atlas. Hence when we set out to describe and name the various spinal lesions, as a Committee of the A. O. A. is now trying to do, we properly begin at the topmost movable articulated bone of the spinal column, occiput. Furthermore the atlas has troubles enough of its own without making it bear those of the occiput.

In this connection it seems to me that the osteopathic theory of bony lesions or subluxations and the osteopathic practice of reducing them are somewhat simplified if we consider: (1). That the true function of a joint is motion. (2). That in joints in which a lesion exists motion is restricted or lost. (3). That in the case of the spinal joints we properly hold that a lesion exists when the upper bone of a joint has been moved on the lower and remains fixed in a position in which the articular surfaces only partially coincide, and in which pressure is brought to bear on the softer structure, e. g., vessels and nerves.

Now regarding the occipito-atlantal joint from this point of view and remembering the anatomy of the joint—how the condyles of the occiput fit into and move on the superior articular facets of the atlas, it is easy to determine the kind of lesions to which the joint will ordinarily be subject. Thus, if the head is tipped forward the joint is flexed, the anterior extremities of the occipital condyles have moved backward on to the posterior extremities of the superior articular facets of the atlas, and if this normal relation of the bones becomes fixed by adhesion or muscular contracture, we have the lesion called Bilaterally Posterior Occiput. In which case motion will be lost or restricted, the flexors shortened, the extensors stretched and atonic; the anterior borders of the transverse processes of the atlas nearer than normally to the ramus of the inferior maxillary; and a compensatory forward curve of the cervical spine will be present—the latter being necessary to restore the head to a horizontal plane. Sensitiveness to pressure is usually present but may be absent.

If we have a bilaterally anterior occiput the objective signs indicated above are all reversed.

To describe in detail each of the six regular lesions of the occiput is not my present purpose. Indeed it is neither necessary nor desirable here; but I wish to emphasize this point: that each of the occipital lesions with which we have to deal daily has its prototype in a normal excursion of the occiput upon the atlas, whether the lesion arises from traumatism, inflammation, muscular contracture on the one hand, or muscular atony on the other. Furthermore, if we have a clear mental picture of the anatomy of the joint and of its related structures and a knowledge of the normal movements of the joint, the diagnosis is in most cases not difficult, and the technic of reduction, which follows almost as a matter of course, is easy for the operator and involves neither pain nor danger to the patient.

In view of the vital importance of the structures that lie in relation to the occipito-atlantal joint, and of the numerous, serious and far reaching effects that may follow a subluxation at this point, I think we can hardly give too much consideration to occipital lesions.

703 Empire Bldg.

Report of Committee on Revision.

This committee was authorized, and the scope of its work indicated by the following recommendation of the Board of Trustees in its annual report at the last meeting of the Association: "The organization seems to have outgrown the existing constitution, and the Board recommends that a Committee on Revision be appointed to go over the whole ground and suggest to the Association such changes as seem desirable." Nothing in this indicates the lines among which the committee is to work in developing the constitution. The committee has given careful consideration to a multitude of suggestions from many members of the Association, gleaned from an extensive correspondence conducted by Dr. Kendall Achorn. This showed a great diversity of ideas on a number of minor points, with but little or no reference to the chief element of the "overgrowth" referred to by the Trustees, the question of the extent to which the delegate system should be used in the work of the Association.

Therefore, without instructions, and thrown upon its own resources, the committee, in constructing a revised form for the Constitution herewith submitted, has executed its commission on the basis of the following propositions:

First: The direct method of expressing and exercising the will of the profession, as opposed to the indirect method, by delegates, is to be preserved. Second: A closer relation with other organizations, especially State Societies and Colleges, is desirable. Third: A more expeditious system for handling the routine business at the annual meetings is needed. Fourth: A more flexible provision for future growth and enlargement of the activities of the Association is necessary.

The first proposition is in accord with the history of the development of the Association. The A. O. A. did not come into being as a federation of State Societies. It is an "Association" of individuals who agree to certain regulations governing their union of forces for the common good, with just enough machinery of organization to make their united efforts most effective. Growth in the Association should be along the lines of this fundamental principle.

The Committee recommends further that the need expressed in the second proposition is a real one, but confusion has arisen on this point from the fact that this is true only in a limited sense, and refers to the organizations officially and not to their individual members. Taking the problems of the Association one by one will help to clarify the subject.

First are the problems relating to the science and practice of osteopathy. The solution of these lies between old Dame Nature and the individual investigator. Second, the problems of ethics lie between the individual practitioner and the entire aggregate of practitioners. Third, the problems of education lie between the educators and the rest of the profession as a whole.

Co-operation between the various organizations may, to some extent, stimulate individual effort, but it is only through individual effort or agreement of the individual with the entire profession as a unit that the solution of these first three sets of problems can be reached. Organic union by delegates or otherwise between the A. O. A. as a unit and the State Societies as units, will not materially contribute to the solution of these matters.

The fourth set of problems concerns legislation. Here we strike state

lines. Here the State Society is a unit. On these problems the unit of the State Society can confer with profit with the unit of the profession in the A. O. A. While each state is a final arbiter in matters of legislation and must settle them according to its own conditions, and neither the A. O. A nor the other State Societies can compel it to do what it does not want to do. Yet much can be done for the common good, if the State Societies confer together, unify their work as much as possible both with regard to getting new laws and co-operation in administering the existing laws.

The Council of Delegates grew up without definite plan or aim in response to the undefined feeling of this need, but its present basis is not satisfactory. It is a result of growth in the Association but the growth is not symmetrical. It is foreign to the fundamental principle of the Association and it has not "found itself." Nor will it do so in its present form. Its one actual duty thus far, turned over to it by the A. O.A., that of nominating committee, is unconstitutional. If the present condition were one only of misapplied effort it should be improved, but it is more than that. It is a danger point. The two organizations, Council and A. O. A., independent in origin, membership, work, and officers, in quasi union, will sooner or later disagree, and then there will be the machinery ready to hand for fostering two hostile camps in the profession. It would seem to be infinitely better to change this condition before the rupture, than to try to patch it up afterward. The A. O. A. should be a straight democratic body or a straight delegate body. It cannot be both successfully on the present plan. These theoretical difficulties, however, could be easily passed over if the practical working of the plan were satisfactory. But unfortunately the practical difficulties bear in the same direction as the theoretical difficulties. The Association is so large, and its work so important that inevitably it moves by a process of continuing development, which is not confined to any one year. Precedents are established. Policies are tried out. Systematic methods of procedure are perfected from experience by which the routine business of the Association is transacted with the greatest economy and effectiveness. An enlarged Board of Trustees, two-thirds of which is always experienced, can meet these responsibilities much better than the Council of Delegates, most of which will be, and all of whom may be, entirely unfamiliar with the work. The Committee would recommend that the A. O. A. preserve its democratic form of organization, and that the A. O. A. and Council of Delegates be completely separate. A federation of the State Societies to succeed the Council might be a good thing.

The solution of the problem presented by the second proposition, as contained in this proposed constitution, does not do violence to the fundamental principle of the Association, and it accomplished the result.

The legislative conference covers the ground as fully as is necessary under the circumstances. On all matters on which the Committee and delegates agree, the latter will achieve their desires. If the Committee and delegates disagree they may appeal to the higher Court of the Board of Trustees. In case of essential disagreement here, appeal may be taken to the highest Court of the Profession, the Association itself. This will doubtless be exceptional.

The same considerations apply and the same privileges prevail in the educational field through the Educational Conference. Everybody, private or public, State Society official, or College Delegate, is not merely given permission as heretofore, but has a right, to a voice and a vote, to present his suggestion or his grievance.

The uniformed Sections at last meeting of the Association suggested a solution of the one phase of the problem included in the fourth proposition: the making of these Sections conformable to a system will stimulate activity

along definite lines. A group of members especially interested in a given subject may be united in a section for more definite work. The Board in supervising the creation of sections will prevent duplicating or conflict and secure a systematic development of the Association as a whole.

On more than any other one point, the Committee has received complaints on the matter of fees and dues. Does the profession begrudge the small expense of maintaining an organization such as the A. O. A? It would seem so. And yet much of the criticism shows a partial view of the matter

The benefits of membership in an organization like the A. .O A. do not regularly accrue like rates of interest. The first payment is properly a membership fee and has reference to the investigation and election, which is not a matter of calendar. Many similar organizations require a membership fee, with the dues, beginning immediately on election. Subsequent benefits of membership do not accrue regularly one-twelfth each month. Most of the benefits, say 90 per cent., accrue in the annual meeting and only 10 per cent. through the rest of the year. So, from this point of view, the suggestion of proportional payments from the time of election of a new member to the next annual meeting, is illogical. The only exception to this rule is in the matter of the JOURNAL, and the back numbers of this are always given for the full time paid for. In the matter of reinstatement, objection is made to the fee. Suppose the fee were abolished, this would be possible. Dr. X. joins at the annual meeting and pays one year's dues. That takes him three months from the next annual meeting; then he drops out. At the third meeting he joins again, making him good until after the fourth meeting. By continuing this indefinitely he could have all the benefits of membership except during nine months' interim in alternate years, for $2.50 per year. The Committee has compromised on these points as far as is possible without infringing on the self-respect of those applying for membership in the Association, in seeming to assume in them a mean, picayunish disposition toward the profession.

The Association is a selfish organization in the better sense. Its object is to benefit osteopathy and its practitioners, both in the present and in the future. We as individuals owe something to the profession which has made us. The aggregate self, equally with the individual self, is entitled to our consideration.

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

Cleveland, O.

Accomodation for the A. O. A. Convention.

It gives me great pleasure to announce to the profession, as President of the M. V. O. A. that after visiting Kirksville and spending a day, I find the matter of taking care of our coming A. O. A. Convention well in hand. Remember the accommodations may not be such as we could get in our big cities, but there is no question but that all can and will be cared for comfortably.

The Convention Secretary, as arranged for by the committee, will answer all correspondence, make reservations and keep open a regular information bureau located at the Pool Hotel for the benefit of all who come who are not properly cared for. Reservations and arrangements should be made as early as possible in order to lighten the work of this bureau at the opening of the convention. Remember to address all communications to the Convention Secretary, care of Dr. H. M. Still.

A great many have feared that Kirksville would be unable to care for the numbers who will attend this Convention. After spending the day here and hearing the expressions of open-door hospitality by so many of the best citizens

of the town I feel free to say that you need have no fear but that all will be done that can be done for your comfort, and your convenience. This Convention marks an historical event in the progress of our profession, and no osteopath can afford to miss it. A glance at the program is enough to guarantee a continual feast of knowledge osteopathic. The celebration of the Old Doctor's 80th birthday should be an incentive to all osteopaths to be present on that occasion. Come and join with us in the greatest meeting of our existence. You will never regret it. You owe it to yourselves; you owe it to your profession; you owe it to the Old Doctor to meet with us in Kirksville the week of August 3rd. A. G. HILDRETH, President M. V. O. A.

Report of Transportation Committee.

The Transportation Committee of the A. O. A. announces the following for Kirksville meeting, August 3-8:

Lines represented direct Central Passenger Association to announce concession of two cents per mile flat rate in each direction to Western Association gateways (Chicago and St. Louis) good going and returning same route only, to be sold July 29th to August 3d. This covers Central Association territory only, including South Illinois, Indiana, Ohio, Western Pennsylvania and lower peninsula of Michigan, but will be used as basing purposes to other Associations in the east and south who ticket through Central Association. Local fares will average slightly higher than this.

Special Train.

Special osteopathic train between Chicago and Kirksville for the benefit of eastern and northern practitioners using Chicago as a gateway will leave over the *Burlington* Sunday night, August 2d, at 10:15 arriving at Kirksville at 8 a. m. following day. This train will consist of high class Standard Pullman and Drawing Room Sleepers and will afford *special through* service avoiding change of cars and delay. Literature will be sent all practitioners to whom this train would be available and it is urgently requested that return postal securing reservations be promptly mailed in order that adequate service may be provided for all. Regular train service is limited and unless this is attended to no estimate of equipment needed can be made.

Pacific Coast Rates.

California special rate of $60 round trip from all points in state to Kansas City, St. Joseph, Omaha. $72.50 to Chicago and return. $67.50 to St. Louis, $73.50 to St. Paul. Tickets on sale July 28th-29th only, ten days going transit limit, return limit 90 days from date of sale. Good over any line. Communicate with Doctor Emery of Los Angeles or Doctor Ivie of Berkeley, Cal.

Washington, Oregon and Idaho special rate of $60 round trip to Kansas City, St. Joseph or Omaha and St. Paul. $72.50 to Chicago, $67.50 to St. Louis. Sale dates, July 22-23, ten days going transit limit, return limit 90 days from date of sale. Tickets must be absolutely purchased and paid for on dates of sale as shown above, but according to Northern Pacific announcement, may be used on date of sale for which purchased or any date thereafter provided going destination is reached within 10 days, going limit. This will enable practitioners to join those from California at Ogden. Northwest practitioners expecting to make trip please notify Dr. C. S. Samuels, Baker City, Oregon.

ALFRED WHEELOCK YOUNG, Chairman

702 Champlain Bldg., Chicago, Ill.

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H. L. CHILES, Editor.

Our Development

The two fundamentals our present development absolutely demands is immediate unified action along the lines of national legislative organization and definite scientific exploitation. The co-operation of every osteopath is required. Everyone is equally concerned. It means our future existence, nothing more nor less.

The former has been specifically touched upon in recent issues of the JOURNAL by Doctors Hildreth and Heine. Unified legislative work and understanding is more imperative than ever. It requires no genius to grasp the spirit of the times in things medical. The other day I attended the American Medical Association Convention, and unified activity and aggressive development, especially of things political and social, is the key note of the profession's imme-

diate future work. Scientifically, they are as usual shifting their moorings, but this is not said in a derogatory spirit. But the point with us is this: we must present an absolutely solid phalanx if we expect to even hold out present position within the next few years. Without question we have arrived at the point where we will clinch what we have gained or practically lose it all. In my opinion there is no alternative. A real fight is ahead and the best that is in us is demanded now.

The second fundamental, scientific exploitation, is also an absolute essential. It is so closely interwoven with the other that the two complement, for without true scientific development the other would be farcical.

Doctor Goetz gave us a well deserved jolt in an editorial upon "firing into his own ranks." As the doctor states there has been too much of this out-of-gear and lack-of-harmony dispersion of forces. Judicious criticism is always in vogue, but splenic cramps never. Occasionally we see an individual practitioner who is sore because everyone does not patronize him, and possibly the same streak of human weakness may crop out in other individuals. But the essential point to be emphasized is the profession as a whole needs conscientious boosting, not on account of any special shortcomings but simply on account of meritorious practical work on the part of every member.

No one can gainsay the fact that the fraternity is badly in need, theoretically and practically, of research and experimental work. All of us constantly feel the need of it. There is a place, an opportunity, for innumerable workers. Our editors, clinicians, research workers, and experimentalists, all, have a definite and essential work to do. The time is now. No one is capable of being an expert without first qualifying. And the way to qualify is to start, grow and develop. Then we will arrive if we started fundamentally with the osteopathic concept.

Every practitioner is just as vitally interested as the college professor in this organization and exploitation. His personal support is necessary to the success of solid national organization. He can add invaluable data to the scientific side. Careful diagnosis and recording of same is the requirement. In addition to the usual osteopathic characteristics, let there be due attention paid to urine, stomach, fecal and sputum analysis, thorough blood examination, and blood pressure recording. We will then have data that is rounded out and worth while. It is the co-ordination of all possible clinical findings that gives scientific value to our records.

Thus our development for the present depends upon definite unified legislative action, not by a few but by all, and definite scientific work. The osteopathic lesion is still a decidedly live issue (it has placed you and me where we are this past decade). Our cue is to develop osteopathic characteristics, osteopathic etiology, osteopathic diagnosis, osteopathic pathology, and osteopathic technique, at the same time, of course, utilizing common medical knowledge.

Chicago, Ill. CARL P. MCCONNELL, D. O.

Will We Meet the Situation

The several editorial writers in these columns within the last few months have brought to the attention of the profession its needs and have pointed out means for our advancement and development. There is, however, a pressing need as seen by many observing ones, and of this the JOURNAL should speak.

This need is that the profession be in closer touch. There are too many practitioners who know little or nothing of what is going on in the profession. They know whether or not they have a lucrative practice and here their interest ceases. They do not know, and seemingly do not care, what the trend of public opinion is regarding us, or what course legislative action is taking. They do not look with alarm, they do not see at all that the enemies of our school of practice are uniting and under the guise of protecting the public, sanitation, public health, etc., they are creating sentiment in their favor that is coming to affect legislation and results very unfavorable to osteopathy are sure to follow.

A great part of the profession is segregated—not affiliated with either state or national organization, hence has no weight whatever in shaping our policies from within nor does it add weight as defensive, against impending dangers from without.

This condition has got to be changed! Fifteen hundred practitioners, matters not how earnest they may be, cannot meet the situation as it now confronts us. It requires at least half of our profession. It should command two thirds. With this number reading our magazines, knowing what is happening, affiliating in our organizations, acquainted with our opportunities, and alive to our dangers we can place osteopathy on a safe and sure footing. The A. M. A. secured 6,172 new members the past year. The situation is precarious, not for the association—no one considers it, except as a means to an end—but the practice, the school, the principle of osteopathy is in great danger.

This is not the wailing of an alarmist. It is the solemn warning of those who are alive to the conditions around us, sounded while there is yet opportunity to ward off impending dangers.

Our most imminent danger is involved in this matter of legislation. Several states are already practically lost to our practice—lost entirely, except to those who may have been in the state when legislation was enacted. How, pray, is osteopathy to gain in favor when two or three only are in a great state to represent it, and no more can enter it? And some of our own laws are most discouraging to osteopathic growth. What encouragement is there to young men or women to take up the study, when the conditions for registration in their state are such that they cannot be complied with. No wonder many young men in the best families, where the osteopath as a practitioner is highly valued, when they come to make a choice of a profession, take up regular medicine. This fact deserves our serious consideration.

We need uniform legislation. We need liberal reciprocity between the states. We need to fight legislation that makes it impossible for those now

studying osteopathy or who may study it in the future to practice, if they properly qualify themselves.

What view do we take of our profession anyway? Is it satisfactory to us that we make a competency out of it for the few years of our activity? Do we care whether it becomes a recognized and permanent school of practice, or are we willing that it should die with us? Are we willing that we should be the first and last representatives of these principles that we claim to hold dear and are we willing that the unlearned and the unskilled of whatever sort appear even in our time as our successors as the sole representatives of the non-drugging school? The reputation for honesty and intelligence of each one of us is at stake to see that this practice and these principles are handed down in their purity and effectiveness to generations yet to come. This must be the attitude of pioneers of a healing art.

Why these questionings? Why this condition confronting us after the most successful record of *practice* ever dreamed of? Simply because of the indifference of a large part of our practitioners. The cause of this is largely ignorance of the conditions surrounding us. Is there a remedy? It lies in acquainting our practitioners with the real dangers of the situation and warming them up to co-operation. Can it be done? Up to this time, one means of arousing the profession—a practical, though inexpensive way—has not been tried. The JOURNAL proposes that the Association devise means and put an organizer in the field this fall.

An Organizer vs. the Directory

Why should the A. O. A. publish a general directory? To go further, why should it publish two directories, in matter of fact one of them four times each year, making in all five per annum? Probably there is some good reason for this but there are some most excellent reasons why it should not do so. To begin with, the present directory of the whole profession has completely outgrown its original purposes. Its first issue cost the Association something like 15c per copy while the present editions cost the enormous sum of 50c per copy or one-tenth the entire amount paid by each member into the treasury, which makes it prohibitory. Why should this Association laboriously and expensively look up and keep track of a lot of practitioners who have not enough interest to answer a prepaid communication, let alone contributing to the fund to the extent of joining the A. O. A.? To prove that those outside the membership have no interest in the directory is the fact that only on members' tables is it found. Will a man who balks at $5.00 membership pay $1.00 for directory even with the joy of seeing his name in type (lower case)—? Not much. Quarterly the JOURNAL publishes a correct directory of all members at a cost of not less than 10c each per year and why should it do more? Without doubt this feature of the membership has appealed to many who are at least worldly wise, but as a drawing card it is largely nullified by the yearly publication which assures them that once per year their names will be writ on the roll of the saints and saved from oblivion. The income per member to the

Association is $5.00 for which he receives in return 12 copies of JOURNAL, $2.00; copy of Year Book, 50c; quarterly directory 10c; certificate of membership, 15c; case reports, 40c; not to mention cost of maintaining the Association and the proud consciousness of helping the cause along. It will be seen that a very large proportion of the $5.00 paid in as dues is returned to the member in a substantial form, to be exact, $3.15. This leads up to the question in hand. Is the sole object of this Association to record the resting place of "dead ones," furnish reading matter for the live ones with a few incidental frills on the side?

While we are taught to believe that our friends, the medical profession, are mostly wrong, yet it might be well for us to cast an observing eye on the allopathic branch thereof and note well why it dominates the world of therapeutics, professionally, socially and politically, and why in a few years, unless the watchful eye of the opposition is not closed, they will dominate the entire situation either by Congressional enactment or by the establishing of a portfolio in the Cabinet. We now have the spectacle of an allopath in line for commander in chief of the army and of another in command of one of the ships of the navy, and at its recent meeting the American Medical Association elected a colonel in the army its president. With this an actuality is it too much to expect that one should become conservitor and guardian of the weal and woe of the dear public as as Secretary of Public Health in the President's Cabinet? And how have they arrived at this position in spite of the many knockout blows given them by certain pygmies like homeopathy, osteopathy, et al.? It is by "keeping everlastingly at it" and never for one moment losing sight of the ultimate object in view. Why should we not copy methods which have been so successful? It needs no experimenting to know that organization is the key to the situation. It is no secret that the A. M. A. pays its organizer $7,500 per annum to work tirelessly for the "education" of the public to the joys of allopathic tyranny and they find it pays. They have the same trouble in their Association as we do, in getting allopaths to wake up to the situation; but theirs is from a different standpoint. With us it is self-preservation, yet how few realize that they have a duty outside of paying rent and for daily bread. *They must be reached,* and how? Is not the example of the A. M. A. enough? Put into the field an organizer and pay him what he is worth for he must be a versatile man able to do well many things. He must first, last and all the time get members, he must aid local societies, he must heal wounds which keep factions alive, he must aid legislation, he must create public sentiment by public lectures and counteract the work of the A. M. A. Would he earn his money? For this the Association could afford to vote all first year fees and allow the balance from the treasury, provided the terrible drain of publication is cut off. The high standard of the JOURNAL must not be impaired but there can be a saving made as pointed out and that money applied to organization and the results be made to show. If the P. G. fund is to take care of the scientific end of the work it is up to the Association to make best use of its organization to gather in the good men and true who from some reason or other have not

been made to see the object of the work. It seems strange to those who are active that a man should have to be urged to save himself but that is just the situation except in the case of those who prefer to be saved without any effort on their part. Anyway it is looked at, the directories of this Association are too great a drain on its slender resources for benefits received and it is time we spared not the knife and pruned without mercy.

The Recent A. M. A. Meeting

The general secretary reported a membership of 31,342. New members for the year, 6,172. The report of the Committee on Medical Legislation is of especial interest. They have their eye on legislation. The report names the various measures it had advocated before Congress, and those it had opposed. It speaks of the state legislatures in session the past winter, and enumerates the various measures before them, and says "With the exception of the Optometry Bill in New York, not one objectionable measure has been passed." Objectionable to whom? The public evidently wanted this measure and got it. The medical profession did not want it, because it was a recognition of some other order than their own, and they always stand ready to oppose any such measure; they want exclusive rights in the field of optics also. The bill referred to simply gave the optician the right to insist on some standard of proficiency for those licensed to fit glasses. The A. M. A. practically takes the position that all of this work should be done by themselves.

The year had been one of "increasing and unprecedented activity on the part of Dr. J. N. McCormack in organizing state and local societies" and $7,500 was voted him for salary and expense.

This watchful committee recommends that several matters they had not been able to control before state legislatures be placed under "the scope and power of the United States Public Health and Marine Hospital Service." A National Council of Legislation composed of the Chairman of each state Legislative Committee is being formed, and each state is being urged to form an Auxiliary Legislative Committee composed of a delegate from each county society. One sentence is suggestive, "The Committee co-operated in every possible way with the Medical Department of the United State Army." This shows most clearly the trend and the objective; if this does not, how about the fact that Colonel Gorgas of the United States army formerly of Alabama—where model medical measures are molded—was elected president of the American Medical Association, and the medical press acclaim the choice as a wise one! Doubtless it is.

Now, a great part of the work contemplated and accomplished by this organization is noble and effective; it is just what a learned profession should do; but its jealousy, its narrowness, its bigotry, and bitterness towards all holding opinions different from its own, its determination to dominate all relations, legislative and social, to its own glory and profit, is not to be commended or copied.

It is to be hoped that the A. O. A. may never come to be such an organization

in many particulars as this organization shows itself to be, yet our organization can learn many useful lessons from it—human nature is the same in whatever school it practices.

There is no occasion that our organization ever attempt or become the dominating machine that the medical association is. We have no such fights as they have undertaken. We exist as an organization solely for protection and development of the practice of osteopathy. If the practice cannot make its way with the public except by choking off all opposition, then let it die! All we ask, and all we organize to secure, is the right to develop, and the opportunity to practice. It is not our province—and grant that we may never assume it—to interfere by legislation or otherwise with the rights and privileges of other schools of practice than our own, nor with the right of the public to have the practice of its choice. May ~~the features that have made~~ the Medical Association objectionable never appeal to us, but may we exist as a union of those who love the same principles and are devoted to the same cause, and thus united may be drawn in kindly and fraternal relations with all holding and practicing the same, and thus may scism and strife be avoided and harmony always prevail. We have no need of machinery or organization further than to carry out this policy.

A Last Message from President Moore.

A few weeks will find us gathering in a great convention at Kirksville, and I cannot let this last opportunity pass without an appeal for a large and prompt attendance, as all sessions will begin on the minute.

We want all A. O. A. members to be present at the big meeting. We want non-members in abundance believing they will reap much benefit and wish to become members. The American Association constantly needs new accessions to its membership, new material to draw on for its added enthusiasm, the cream of its ideas in organization effort. We must keep out of ruts, always progress, win new conquests and place our National Association where its influence for the good of the cause will be most effective. To do this we must have new osteopathic workers, hence our need of having in the A. O. A. membership, all the earnest men and women in the profession.

I have no hesitancy in declaring the need of change of representation in the various offices of the A. O. A. Not that all those now honored with office are in any way negligent in their duties for I have been impressed with their faithfulness but rather that some of the same ones are serving year after year. We have just as good material in the ranks as we have among the office holders and unless that unused energy is exercised, it will serve to retard our future usefulness as an organization. This is no argument against the greatest care in selecting the directing minds of the A. O. A., but it is an argument for the constant use of new material. For to be interested and work one must have a part to do and not be merely an on looker.

Pardon a personality, I will say as President of the A. O. A. I am completing five years' service in office, being four years in the trusteeship and one year President. I frankly state I have been happy in the work and only hope that

my service has been commensurate with the honors, but I realize that I have enjoyed all the laurels that could be expected and now I gladly step aside for others, for in my judgment, five years' work on various boards and committees constitutes sufficient honor and service to be bestowed on and demanded of any member, especially as our numbers are such that many will go without recognition if any member or set of members is continued indefinitely in office.

I have faith in new workers and the only demand that should be made on them is that they be grounded in the pure unadulterated osteopathy as taught and practiced by our founder, Doctor Andrew Taylor Still and that when they are advanced to office responsibilities, the Association will continue to progress.

In conclusion I will say that this year the Council of Delegates will have many responsibilities, among other things they must act as the nominating committee, therefore let every state then send its delegates and see that they are empowered to qualify and in so doing aid in the advancement of osteopathy and the American Osteopathic Association. Fraternally,

F. E. MOORE, D. O., President A. O. A.

A Great Program for Kirkville Meeting.

President Moore authorizes the JOURNAL to state that he proposes that the program shall not be interferred with by business discussions or consideration. He proposes to use the Council of Delegates to save the time of those attending the meetings, so that all can come feeling that the scientific program will be the feature of the meeting. Come and bring a fellow practitioner who is not a member.

The O. P. and the Next President.

Editor Bunting, with his accustomed foresight and "nose for news," takes up the question of the election of president at the coming meeting. It seems entirely proper that this matter be given thought before the meeting. It is an important place and the occupant should be equipped for the work. The O. P. suggests Dr. C. B. Atzen, Dr. P. H. Woodall, Dr. D. L. Tasker or Dr. H. F. Goetz.

If the selection falls within this list, the affairs of the Association should be safe. Think the question over, and whether the selection is made from this list or not, consideration of it in advance will be for the good of the cause.

Indentification Pins

The trustees have arranged for this meeting to have as official pin an excellent likeness of Doctor Still, profile on a bronze medallion. If those members who propose attending will notify the Secretary, he will endeavor to send this to the member in time to be used on the trip to Kirksville. In this way many pleasant acquaintances may be formed for a long journey.

The Board has also approved of a permanent emblem, a gold pin, which members can purchase. It is hoped that samples of this can be had at the meeting.

Announcement from Entertainment Committee.

To the Osteopathic Profession:

Representatives of the A. O. A., M. V. O. A., the citizens of Kirksville and the A. S. O. have formed a joint committee for management of the convention and have selected a permanent secretary, who assumed charge June 20th and will serve until after the convention. A canvass of the town has been made and all rooms have been listed with regard to their conveniences and location. Permanent headquarters have been opened and during the convention and immediately preceding it, will be kept open day and night. All correspondence in regard to rooms and other convention matter should be addressed to The Convention Secretary.

If you send in your request ahead, reservation will be made and your rooms will be ready for you on you arrival. We are ready to make those reservations for you now, and first come, first served. We will care for everybody who comes, whether he has reserved a room or not, but the late-comer will not get the pick of the rooms.

A bureau of information will be maintained day and night at the Pool Hotel, one-half block east of Wabash depot, and all should report and register here immediately on arrival, whether they have made arrangements privately, through the committee, or have neglected them altogether.

Remember to address your correspondence to The Convention Secretary, care of Dr. H. T. Still, Kirksville, Mo.

The Kirksville Meeting

As will be seen from the reports in this issue, the arrangements are complete and adequate for our entertainment at the meeting. Every one who intends going should lose no time in notifying the committee on entertainment as early as possible. It is not right that it all be done the last minute. Besides those who write first get the best rooms. The meeting is going to be a great success. Let every member who possibly can attend this as a mark of respect to Doctor Still, if for no other reason and bring some one who is not a member, Doctor Still will appreciate it when we give him a great attendance. Every one can afford to make a sacrifice that this signal honor may be his, that thousands of those who have been under him and those who know him only through his work shall then gather around him. Let it be a great pouring forth of the profession!

To the Trustees and Standing Committees

I earnestly urge every Trustee and all members of the Standing Committees to reach Kirksville Saturday, August 1st, so reports and matters pending may be completed before the Cenvention will be in session. First meeting will be held Saturday afternoon, two o'clock. Please be present.

F. E. Moore, President.

Correspondence

DR. WHITING ON THE POST-GRADUATE COLLEGE.

Editor Journal:

I have been most deeply interested in the proposed Post-Graduate College ever since the inception of the idea. I have earnestly tried to look at it not only from the narrow and selfish standpoint of one who is deeply interested in osteopathic college work, but also from the broader standpoint of the practitioner and friend of osteopathy. From both of these standpoints the outlook is very much the same. The future of the profession is largely dependent upon the contributions which we are able to make to the sum total of the knowledge of the human body. Up to the present time we have done comparatively nothing in the broad field of medical research. It is now time for us to seriously begin research work. Part of this work can be well done, and possibly better done, in existing colleges than elsewhere, but with the whole ocean of truth lying before us, practically unexplored, no existing college need be jealous of what may be attempted in the Post-Graduate College.

I am not fully in sympathy with the editorial in the June number of the Journal, in which the writer thinks it would be "queer" for a college not to give everything it has to offer to its under-graduate students. It really seems to me it would be "queer" for any educational institution to be so limited that students could avail themselves of all its advantages in an under-graduate course. But I think it is frequently best for the student, unless he wishes to get some line of work which may be particularly strong in his college, to take his post-graduate work in some other school than that in which he did his under-graduate work.

My idea of the Post-Graduate College would be: First, to have an institution so thoroughly equipped with both teachers and apparatus that the student of any reputable college might go there and carry on such research work as might appeal to him. Second, to have an institution where the qualified student might go to get the best possible instruction along specialized lines of professional work.

Several of the recognized colleges are now beginning the development of what will soon grow into good courses in major surgery, but this branch is one of such growing importance that it is only in the post-graduate school that one can make himself proficient. Properly conducted the Post-Graduate College would not, in the slightest degree, interfere with any of the work which is done in our existing colleges. On the contrary, it would be a help and stimulus to every one of them.

Interested as I am in all which pertains to the future of osteopathy, I can only look with the utmost favor upon the development of this institution, which is to belong to the profession at large.

The only demands which the existing colleges have any right to make is that the work offered shall be at all times strictly post-graduate work. If this is to be done it means that the grade of work offered by the Post-Graduate College shall advance as graduation requirements advance in the colleges now in the field. It may not be improper to remind those in charge of the post-graduate college work that the grade of work which entitled the student to graduation five years ago would not much more than carry him half way through the courses of study which are offered at the present time.

The Pacific College of Osteopathy,
Los Angeles, Cal.

C. A. WHITING, D. O.,
Chairman of the Faculty.

FEELING AFTER THE OSTEOPATHIC PRINCIPLE.

The following from the Medical Record is suggestive:

Certain Common Disorders Frequently Misinterpreted.—G. L. Walton presents an interesting paper along the line suggestd by his title. He notes, among other things, that the term facial neuralgia gives as a rule very little clue to the real nature of the malady. Cases of supra-orbital pain with a certain periodicity are called malarial, and quinine is given, but without avail, as the trouble is due to an infection of some accessory nasal sinus. In fact, the diagnosis of facial neuralgia has come to mean very little to the author except in case of elderly people, whose nerves have become degenerated by atheroma, in which case a true nerve pain, tic douloureux, does exist, paroxysmal, severe, and as a rule, only to be relived by operation. He is forced to the conclusion that by far the

greater number of facial neuralgias in young and middle-aged persons come from the eye, the ear, the nasal cavity, and accessory tissues, from the teeth, or skeletal disorders, such as necrosis or pressure from periositis or tumor growth upon the trifacial nerve in its long course through bony orifices and around bony prominences. Another class of disorders is that included under the general name of tic, abnormal facial movements, etc. Dental and ocular irregularities are often at the bottom of such cases. Pain in the shoulder and upper arm with atrophy of the deltoid is often called neuritis. The fact is that the joint is probably at fault. Occupation neuroses, such as a writer's cramp, are often regarded only in their local aspect, but the pain complained of may be only the expression of rebellion on the part of exhausted nerve centers. Similarly, sciatica is frequently due to disease of the spinal column at the point of emergence of the nerve-roots, an osteo-arthritus, or a sprain of the scaro-iliac synchondrosis. Flat foot is another illustration of the author's main proposition, for symptoms are often referred to and confined to other parts, as the knee. The author makes a plea for the independent investigation of each case in place of blind reliance on time-honored diagnosis.

Legislation

FIGHTING IT OUT IN LOUISIANA.

The handful of osteopaths in Louisiana have been doing some wonderful work before their legislature. The medical people had prepared their way for success by having Dr. McCormack, their organizer, camp there for a number of weeks, but our profession there has shown itself master of the situation and will defeat the medical act if they do not pass their own. The medical men have offered the practitioners in the State to register them without examinaion to practice anything, including surgery, but they intend to see to it that no others come into the State. The profession there, with great sacrifices of personal security, have refused this bribe and are fighting for their own measure with good prospects of success. It has passed the Assembly and has a chance in the Senate. It is a good measure, providing for separate board, licensing those who are now practicing in the State, and providing for three-year course after 1909, with a liberal reciprocity clause. The medical society had introduced into the Senate the bill amending the present law so as to take in the osteopaths now in the State, but providing for no others, in spite of the fact that the osteopathic society did not accept it.

Below is a list of contributions to the cause to date of June 15:

Dr. P. H. Woodall, $3.70; Dr. Mary B. Walkup, $1.00; Dr. R. G. Stevenson, $1.00; Dr. Alfred Marshall Smith, $1.00; Dr. R. P. Norman, $1.00; Tennessee Osteopathic Association, $25.00; New England Osteopathic Association, $6.00; Dr. F. E. Moore, $2.50; Dr. Frank F. Jones, $5.00; Dr. H. L. Chiles, $5.00; District of Columbia Osteopathic Association, $15.00; Kansas Osteopathic Association, $10.00; Dr. Evellyn R. Bush, $1.00; Dr. W. C. Barnes, $1.00; Dr. W. C. McManama, $1.00; Dr. H. H. Carter, $1.00; Dr. Frank A. Collyer, $1.00; Dr. Lillie M. Collyer, $1.00; Indiana Osteopathic Association, $5.00; Dr. Mary B. Taber, $2.00; Rhode Island Osteopathic Association, $10.00; Gulf States Osteopathic Association, $5.00; Dr. Frank F. Furry, $5.00; Dr. J. T. South, $1.00; Dr. F. J. Hill, $2.00; Georgia Osteopathic Association, $25.00; Dr. W. A. Merkley, $10.00; San Francisco Bay Osteopathic Association, $10.05; total, $151.75.

In behalf of the struggling osteopaths of Louisiana permit me, through your columns, to thank the profession for its generous response to our call. With best wishes for the success of each and every one, I am, most gratefully and fraternally yours,

C. G. HEWES, D. O.,
Secretary and Treasurer.

OSTEOPATHS SUSTAINED IN NEW YORK.

The Appellate Division of the Supreme Court of Brooklyn recently heard the appeal from the decision of Justice Dickey granting the mandamus compelling the Health Department of the city to recognize the certificates of osteopaths and sustained the decision of the lower court. It is understood that the Department of Health of the Borough of Brooklyn that is fighting the case will take it to the Final Court of Appeals.

TESTING THE LAW IN INDIANA.

The Supreme Court of Indiana June 9 heard argument by counsel of Dr. J. A. Barnett of Attica, who seeks to compel the State Board of Medical Examiners to admit him to examination. Dr. Barnett, who is a graduate of the S. S. Still College, maintains that as the medical course is six months, that three years of nine months is equal in time to four years of six months, and the requirement of four calendar years is unreasonable and hence illegal. The Court reserved decision.

State and Local

WEST VIRGINIA.

The West Virginia Osteopathic Society held its annual meeting with Dr. W. A. Fletcher of Clarksburg, Saturday, June 13. A full attendance of the profession in the State and several from nearby States. Dr. J. W. Seaman is president of the society.

TENNESSEE BOARD.

The Tennessee Board of Osteopathic Examiners will meet at Nashville, Friday and Saturday, July 17 and 18, 1908.

713 Stahlman Building,
Nashville, Tenn.

J. ERLE COLLIER, D. O.,
Secretary.

KENTUCKY.

The eighth annual meeting of the Kentucky Osteopathic Association was held in Curry Hall, Lexington, May 30, with a good attendance. Dr. E. O. Vance presided and Dr. Martha Petree was made secretary pro tem. The program was as follows: "Some Intra-Pelvic Conditions; Their Diagnosis and Treatment," Dr. P. H. Woodall, Birmingham, Ala.; "Osteopathy vs. Drugs in Acute Diseases," Dr. K. W. Coffman; "Manipulation Correctly Applied," Dr. A. G. Hildreth, St. Louis; "The Spine," Dr. B. S. Adsit; "Elimination," Dr. S. W. Longon. Officers were elected as follows: President, Dr. B. S. Adsit; vice president, Dr. O. C. Robertson; secretary-treasurer, Dr. Martha Petree; trustees, Drs. G. R. Carter and S. W. Longon.

The mayor of the city addressed the gathering and a pleasant and profitable meeting was held.

IOWA.

The tenth annual meeting of the Iowa Osteopathic Society was held at Still College, Des Moines, May 21, and continued through two days. The mayor of the city gave the address of welcome, which was responded to by Dr. J. S. Baughman. Papers and talks were given as follows:

President's address, Dr. J. R. Bullard; "Some Cases Involving the Digestive Tract, With Diet and Treatment," by Dr. A. Clifford Brown; "Some of Our Liabilities," by Dr. Della B. Caldwell; "Success and Failures," short talks by Drs. Still, Johnson, Parrish and Baugham; "Our Eehical Standing and How to Improve Upon It," by Dr. S. B. Miller; "The Treatment of Tuberculosis," by B. E. Washburn; open parliament on Acute and Infectious Diseases conducted by Dr. Elizabeth M. Thompson. Chemical demonstrations were conducted by Drs. George W. Weddle, Carl M. Post and C. E. Thompson. Dr. William Smith gave an illustrated lecture on "The Common Sense Method of Handling a Case of Normal Labor."

Officers were elected as follows: President, Dr. J. R. Bullard; first vice president, Dr. S. B. Miller; second vice president, Dr. A. C. Brown; secretary, Dr. T. B. Larrabee; treasurer, Dr. L. O. Thompson; delegate to A. O. A., Dr. U. S. Parrish; alternate, Dr. U. M. Hibbitts.

T. B. LARRABEE, D. O., Secretary.

PENNSYLVANIA.

The Northeastern Osteopathic Association met with Dr. J. T. Downing in Scranton, June 13. The program consisted of a paper on "Ear Troubles," by Dr. Marion Williams of Parsons, and "Neuralgia and Neuritis," by Dr. Margaret Evans of Wilkes-Barre.

The Allegheny County Association met recently in Pittsburg at which Dr. W. L. Grubb spoke on "The Law of the Movements of the Spinal Column," Dr. E. N. Hansen on "The State Meeting," and Dr. Harry M. Goehring spoke on "Dietetics." Delegates were appointed to the State meeting in Harrisburg, June 26, 27.

ILLINOIS.

The bi-monthly meeting of the third district osteopathic association was held at Galesburg, June 3, at the home of Drs. Chapman. About 25 members from out of town were in attendance. The principal address was given by Dr. Fred W. Gage of Chicago on "Legislation." Other speakers were Dr. R. W. E. Newton of Cambridge, Dr. Cora Hemstreet, Dr. Rezzner of Biggsville, Dr. E. J. Mozier of Kewanee, Dr. C. F. Stewart of Moline, Dr. B. J. Albright of Kewanee, Dr. Etta A. Chambers of Geneseo, Dr. W. J. Giltner of Monmouth, and Dr. H. J. Elser of Carthage.

GEORGIA.

The fifth annual meeting of the Georgia Osteopathic Association was held at the Kimball House, Atlanta, Georgia, May 27th to the 28th, 1908. About 30 were present.

After the address of welcome by Dr. M. C. Hardin, President L. N. Turner delivered his annual address, which was very much enjoyed for its practical common sense.

Dr. M. C. Hardin was appointed delegate from Georgia to the A. O. A. convention to be held in Kirksville, Mo., August 3d to 8th.

Dr. Frank F. Jones of Macon, presented a very interesting paper on "Appendicitis;" Dr. Thomas L. Davis spoke interestingly of his experience with Cervical Lesions and Fractures, citing a case of national import.

Dr. Hardin gave an instructive and scientific outline of the work of the great anatomists of the world, who met at Barol, Switzerland in 1895, to formulate a nomenclature, styled "The B. N. A. System," and along those lines, the proposed "Osteopathic Nomenclature and Terminology."

Dr. H. W. S. Hayes was appointed secretary of information, whose duties shall be to the securing and furnishing information at the request of any member of the association, regarding Etiology, Pathology, Symptomatology and Treatment, in any case and with case reports.

Delegates from the Georgia Osteopathic Association to the A. O. A. convention were instructed to invite the A. O. A. to hold its next meeting in Atlanta, the city offering unexcelled facilities in railroad transportation, hotel accommodations and a new Auditorium, which will be completed by then, at a cost of $100,000.

The election of officers resulted as follows: President, Dr. Frank F. Jones; vice president, Dr. Elmer T. Hall; secretary and treasurer, Dr. John W. Phelps; executive board, Dr. Charles E. Lorenz, for one year; Dr. Thomas L. Davis, for two years, and Dr. Elizabeth Broach, for three years.

Wednesday evening the Atlanta Osteopathic Society complimented the visiting osteopaths with a delightful banquet. Dr. Frank F. Jones acted as toast master. Bright responses were made by many present. All agreed that there is nothing equal to the "Atlanta Spirit."

The convention adjourned to meet in Atlanta again next year to celebrate the tenth anniversary of the advent of osteopathy in Georgia. Taken all in all, it has been the most successful meeting in the history of the association.

JOHN W. PHELPS, D O.,
Secretary and Treasurer.

TEXAS.

The eighth annual meeting of the Texas Osteopathic Association convened at the Cathedral Hall, Galveston, Texas, May 29, 30, 1908. Meeting of May 29 was not called to order until time of afternoon session, due to the late arrival of all morning trains into Galveston. Many of the osteopaths could not attend on account of the destruction to the railroad bridges by water during the last ten days. Our president, Dr. A. P. Terrell, was not able to attend on account of high water, though the meeting was called to order promptly on the evening of the 29th by the secretary. Dr. T. L. Ray was elected president pro tem, and proceeded to dispense with the newly arranged program.

Dr. J. F. Bailey, member of the State Medical Board, made a report of the business passed upon by the State board, stating that reciprocity had been established with Maine, Minnesota, Missouri, (partially), Michigan, Maryland, Indiana, Iowa, District of Columbia, West Virginia, and that they were endeavoring to secure reciprocity with many other States.

Announcements were made by Dr. Larkins for a trip over the city, banquet and sail upon the Gulf, to make our sojourn a continual pleasure. Dr. Larkin was ably assisted by the public press, by the representative of the Business Men's League.

Morning Session, May 30—A very interesting clinic was presented by Dr. W. Davis. Dr. A. A. Speegle's paper was read by Dr. J. T. Elder, discussion led by Dr. H. B. Mason and others. "Success and Failures in the Practice of Osteopathy" discussed by Drs. T. L. Ray and R. R. Norwood.

Afternoon—Paper by Dr. W. E. Noonan, "Demonstration of Lesions of Dorsal Spine, Cause, Effect, and Reduction." Address of president read by Dr. Paul Shoemaker. Officers elected: President, Dr. W. E. Noonan, Houston; first vice president, Dr. D. L. Davis, Hico; second vice president, Dr. E. E. Larkin, Galveston; secretary and treasurer, Dr. R. R. Norwood, Mineral Wells; trustees elected for three years, Dr. D. W. Davis, Beaumont; Dr. J. T. Elder, San Angelo. By vote of the association the trustees were instructed to publish time and place of next meeting four months prior to date of meeting. The meeting, though small in attendance, was full of enthusiasm.

R. R. NORWOOD, D. O.,
Secretary and Treasurer.

MISSOURI.

The trustees of the M. O. A., agree to join hands with the M. V. O. A. and act as host to the A. O. A. convention at Kirksville, August 3-8. Believing that the large majority of osteopaths would prefer meeting at this time and that they would not want to make two trips this year it was decided not to hold a regular session this year, but instead have a business session and all enjoy a good time with the assurance of the best convention next year that the M. O. A. has ever witnessed, with the largest membership and attendance.

The business session will be held probably on Tuesday afternoon of the week of the convention and every member of the M. O. A. is urged to be present and have an active part in the work of the State. There are something like 250 D. O.'s in the State and only about 100 in the association. What's the matter with the other 150? It is high time that every osteopath who believes in progress and has the interest of their welfare as well as that of the profession at heart, will get in line. There is plenty of work for the association which means work for each individual physician and surgeon.

We should strive hard to raise our standard in every respect and it is up to each one to do his part.

The following committees have been appointed to be active this summer and during the convention:

Reception committee during the A. O. A. convention has been appointed and are expected to be in Kirksville by August 2: Dr. Frank P. Walker, St. Joseph; Mrs. Anna Hurst, St. Joseph; William F. Englehart, St. Louis; Franklin Fiske, Kirksville; Minnie Potter, Memphis.

The following have been appointed to assist in the decorations of Kirksville: Drs. Minnie Potter, Memphis; Franklin Fiske, Kirksville; Charley Still, Kirksville.

It seems wise to many that the time has arrived for a revision of the constitution and by-laws of the M. O. A. The following have been appointed to report on same to the State Association for its action at our business session: Drs. E. D. Holmes, St. Joseph; W. J. Conner, Kansas City; Maude Bosworth Ferris, Maysville; C. Still Craig, Maryville; Fannie Springmire Parks, Macon.

FRANK P. WALKER, D. O.,
President M. O. A.

CALIFORNIA.

The session of the Osteopathic Association of the State of California was held at Fresno, May 28, 29, 30, and was one of the most harmonious and profitable ones ever held in the State.

Meeting this year near the center of California at a distance from the large cities, where most of the practitioners are located, those who attended showed their zeal and earnestness for the profession.

The banquet on Saturday night was enjoyed by all. The following program speaks for itself. One thing that materially added to the interest was the number of good clinics, with practical demonstrations in diagnosis and technique:

Thursday Afternoon—Address of president, "The Needs of the State Association," Dr. W. W. Vanderburgh, followed by Clinic, Dr. Minerva Key Chappell; Discussion, Dr. Louise C. Heilbron.

Thursday Evening—"Practical Urinalysis for the Osteopath," Dr. C. A. Whiting; address, "The Old Doctor," Dr. J. S. Allison, followed by personal reminiscences of Dr. Still by others. Music and general reception.

Friday Morning—"Care and Treatment of Wounds and Sprains," Dr. J. C. Rule; discussion by Dr. J. S. Allison; "Digestion and Indigestion," Dr. N. A. Bolles; discussion by Dr. N. B. Rundall; "Osteopathic Obstetrics," Dr. Lillian Whiting.

Friday Afternoon—Paper, "Relation of Profession to State Board of Examiners," Dr. Dain L. Tasker, followed by perfection of plans to attend A. O. A. meeting at Kirksville.

Friday Evening—"Osteopathic Technique in Scoliosis," Dr. J. O. Hunt; "Posterior Innominate," by Dr. J. R. Daniels; discussion by Drs. Tasker and Forbes.

Saturday Morning—"Diagnosis and Treatment of Tuberculosis of Hip Joint," Dr. H. W. Forbes. Clinics conducted by Drs. Emery, Vanderburgh, Dwiggins and Creswell.

Saturday Afternoon—Demonstration, application of plaster cast to case of hip joint disease, by Dr. Forbes. Address, "The Business Side of Osteopathy," Dr. Ernest Sisson. Address, "Points on the Treatment of Diseases of Women," Dr. Nettie Olds Haight. Followed by election of officers.

Saturday Evening—Banquet, Dr. Wm. Horace Ivie, toastmaster.

The officers for the coming year are: Drs. H. F. Miles, president; Nettie Olds Haight, first vice president; J. Leroy Near, second vice president; Effie E. York, secretary; Lester R. Daniels, treasurer; trustees, Drs. Dian L. Tasker, Elwood J. Thorne, Sophie L. Gault, William R. Laughlin, W. W. Vanderburgh.

The one regret expressed was that there was not time enough, even when three days were devoted to the work of the convention.

EFFIE E. YORK, D. O., Secretary.

PHILADELPHIA ALUMNI.

The eleventh annual banquet of the alumni of the Philadlphia College was held at the Hotel Walton, Philadelphia, June 5. Dr. Walter Lewis Beitel was toastmaster and the responses were as follows: "The Alumni," Dr. E. M. Coffee; "Our Alma Mater," Dr. C. J. Muttart; "Fraternity," Dr. C. W. McCurdy; "The County Organization," Dr. A. M. Flack; "The State Association," Dr. O. J. Snyder; "The American Osteopathic Association," Dr. E. S. Willard; "The Dispensary," Dr. Charles T. Bryan; "The Clinic," Dr. J. Ivan Dufur; "The Class of '08," Dr. Fred A. Beale.

KANSAS CITY.

The Woman's Osteopathic Association held its regular monthly meeting June 2, 1908, in the office of Dr. Harriet Crawford, New Ridge building.

Papers were read as follows: "Erysipelas," Dr. Matilda Loper, and "When Is a Surgical Operation Necessary?" by Dr. Theodosia Purdom. Both papers were followed by interesting discussion.

The association recently presented to the Kansas City public library one copy of Booth's History of Osteopathy. The meeting adjourned for the summer to meet in September.

NELLIE M. CRAMER, D. O.,
Secretary.

PHILADELPHIA.

The regular monthly meeting of the Philadelphia Osteopathic Society was held in conjunction with the Alumni Association of the Philadelphia College of Osteopathy at Grand Fraternity Hall, June 2, at 8 p. m.

There was a large number of practitioners and members of the graduating class present. After a short business session, at which a letter from the mayor was read, asking for co-operation and funds for Founders' Week, a committee was appointed to confer with the authorities to see if official recognition would be granted osteopaths in the program of events.

Dr. C. W. McCurdy, president of the Philadelphia Osteopathic Society read a lengthy research article entitled, "Strength and Economy of the Human Body," in which he went into full description of a rather complex subject.

Dr. E. D. Burleigh read a humorous poem and afterwards the society sang the Battle Hymn of Osteopathy and adjourned.

WALTER LEWIS BEITEL, D. O.,
Secretary Pro Tem.

Notes of the Convention

MEETING OF THE GULF STATES SOCIETY AT KIRKSVILLE.

There will be a meeting of the members of the Gulf States Osteopathic Society at Kirksville during the A. O. A. convention. The officers not only desire that the members of this body be present but invite all osteopaths living in the States of Florida, Georgia, Alabama, Mississippi and Louisiana to come to Kirksville and help the good cause.

FRANK F. JONES, Secretary.

THE OPEN PARLIAMENT ON ACUTE PRACTICE AT KIRKSVILLE.

It is desired to make the open parliament on acute practice, which will be held on the afternoon of the first day of the A. O. A. meeting at Kirksville, of the greatest possible advantage to the individual practitioners and to the profession at large. In order to do this all who will be in attendance who have had a large, general or special, acute practice are requested to begin now to systematise the results of their experience in such practice and to come prepared to present their views as systematic, condensed and as much to the point as possible. If you have found any particular points or special treatments to be of particular service in the treatment of any form of acuate disease, its individual characteristic or prominent symptoms, complications or sequelae, or have found an easier way of caring for moving or making more comfortable the acutely ill, either during the progress of the disease or during convalescene, please come prepared to discuss them, especially if you have demonstrated their value in many cases. The resourcefulness and ingenuity of the practitioner is the most severely tried in dealing with acute practice so if you have anything good present it that we may all become more useful. As much of the field of acute practice and methods of caring for the acutely ill as possible will be considered.

WILLIAM HORACE IVIE, D. O., Conductor.

"GOD BLESS HIS EIGHTY YEARS."

This song, written by Dr. C. L. Fagan of Stutgart, Ark., is real poetry and deserves the consideration of the profession, especially as a means of furthering the celebration at Kirksville. The editor is not a musical critic, but the tune to which these beautiful words have been set is very "catchy" and will be found easily learned, and will make an excellent chorus. Get a copy and learn it before going to Kirksville and let this be one of the features of the Celebration Day.

ATLAS AND AXIS CLUBS BANQUET.

The members of these clubs will hold a reunion and banquet at the time of the A. O. A. meeting at Kirksville, August 4. Members of the clubs who wish to have a part in it should notify the committee as early as possible. It is expected that at least 300 will be present. Address J. C. Groenewoud, Kirksville.

NEW QUARTERS FOR THE PHILADELPHIA COLLEGE.

Under date of June 12, Dr. J. Ivan Dufur, Registrar of the Philadelphia College, writes as follows regarding their new location and equipment:

"We are now housed in our new college building, located at 1715 N. Broad street, where we have obtained a building which will give us approximately twice the room we have here, with a special building for laboratory work and dissection; further, the building is much more centrally located, in fact, in the center of things. We were forced to move for lack of room, and in doing so we feel that we have placed the college in a condition whereby it adequately fills its position as an educator of osteopathy.

"Our new quarters and the added equipment which we are installing in the new building, at enormous expense, makes of the P. C. I. O. an institution without a peer among osteopathic colleges."

The college has issued a very attractive catalogue.

PERSONALS.

Dr. Wm Smith has been in Denver lecturing recently on osteopathy in general and the early history thereof in particular. His subject was "A Plea for Equal Rights for the Osteopath," and he seems to have had a good hearing. The Denver papers speak of Dr. Smith as the first graduate osteopath. Dr. Smith on the same trip lectured in Pueblo also.

Dr. Ella X. Quinn has been detained in Florida by continued practice and will not return to Baltimore before July 1. She has engaged offices in the new Opera House now being erected in St. Augustine for her permanent winter quarters. This building is said to be one of the finest in the country.

Dr. F. H. McCall of Atlantic City was arrested recently in that city for speeding his car. He pleaded his right under the rules to speed in visiting a patient, but the magistrate, who is a Christian Scientist, would not recognize this, and a fine of ten dollars had to be paid.

Dr. Ione Pinney of Chicago, according to the Belvidere, (Ill.) Republican, has been added to the staff of the hospital of that city.

Dr. Charles E. Still and family have been in Portland, Me., the past few weeks and while there were entertained by Drs. Tuttle at their home in Congress St. Besides the Portland osteopaths, Dr. Francis A. Cave of Boston was also a guest at the functions given to the distinguished visitors from Missouri. Dr. Still held clinics and a banquet was held in the evening.

Dr. Charles C. Teall has removed to Middletown, N. Y., where he has succeeded to the practice of the late Dr. Griffis, whose death by accident was noted in the last issue of the Journal.

Dr. Carl D. Clapp, who has practiced for several years at 196 Genesee St., Utica, N. Y., has opened offices for the summer at Thousand Island Park, N. Y. He will take care of his Utica practice by returning two days per week.

Upon invitation of Mrs. Hildreth the profession in St. Louis came to their beautiful home in Webster Grove, June 13, to celebrate the 45th natal day of Dr. A. G. Hildreth. The society presented the doctor with a handsome cut glass water set.

Dr. Nettie Hubbard Bolles, B. S., B. P., University of Kansas, has recently received the Master of Arts degree from the University of Denver.

Revision of Constitution

[Changes suggested by Committee printed in small caps.—See letter of explanation on page 463 of this issue. EDITOR.]

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 practicians 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 the above specified who personally attended such school for 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. STATE AND DISTRICT OSTEOPATHIC SOCIETIES, AND RECOGNIZED OSTEOPATHIC COLLEGES, MAY BECOME MEMBERS OF THE ASSOCIATION, AND MAY TAKE PART IN ALL THE MEETINGS OF THE ASSOCIATION BY AN ACCREDITED REPRESENTATIVE, WITH ALL THE RIGHTS AND PRIVILEGES OF OTHER MEMBERS EXCEPT THOSE OF SERVICE IN OFFICIAL POSITION IN THE 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.

SEC. 1. THE OFFICERS OF THIS ASSOCIATION SHALL BE A PRESIDENT, TWO VICE PRESIDENTS, SECRETARY, ASST. SECRETARY, TREASURER, A BOARD OF TRUSTEES CONSISTING OF THE PRESIDENT AND SECRETARY, EX OFFICIO, AND TWENTY-SEVEN OTHER MEMBERS, NINE OF WHOM SHALL BE ELECTED EACH YEAR, AND AN EXECUTIVE COMMITTEE OF SEVEN MEMBERS OF THE BOARD OF TRUSTEES. THE SECRETARY, ASSISTANT SECRETARY AND

EXECUTIVE COMMITTEE SHALL BE ELECTED BY THE BOARD OF TRUSTEES. THE OTHER OFFICERS SHALL BE ELECTED BY THE ASSOCIATION, ON THE LAST DAY BUT ONE OF THE ANNUAL MEETING. THEY SHALL BE NOMINATED BY A COMMITTEE COMPOSED OF THE REPRESENTATIVES OF THE STATE AND DISTRICT SOCIETIES WHICH ARE MEMBERS OF THE ASSOCIATION, AND SHALL BE ELECTED BY BALLOT. THEY 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, BOARD OF TRUSTEES, AND EXECUTIVE COMMITTEE, AND PERFORM THE DUTIES USUALLY PERTAINING 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, Board of Trustees and Executive Committee; and 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 MANAGEMENT OF THE AFFAIRS OF THE ASSOCIATION AND SHALL MEET AT THE TIME OF THE ANNUAL MEETING OF THE ASSOCIATION, AND OFTENER IF NECESSARY, ON CALL OF THE EXECUTIVE COMMITTEE. IT SHALL ELECT THE SECRETARY, ASSISTANT SECRETARY AND EXECUTIVE COMMITTEE OF THE ASSOCIATION; 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 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 authorizze 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 RECEIVE AND DISPOSE OF ALL REPORTS OF COMMITTEES AND OTHER REPORTS, AND ALL OTHER BUSINESS MATTERS COMING BEFORE THE ASSOCIATION, BUT IT MAY REFER ANY QUESTION TO THE ASSOCIATION FOR FINAL DISPOSAL. 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. A MINORITY OF TEN OR MORE MEMBERS OF THE BOARD MAY APPEAL TO THE ASSOCIATION FROM THE DECISION OF THE MAJORITY ON ANY QUESTION. 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.

THE BOARD SHALL TAKE COGNIZANCE OF THE WORK OF THE A. T. STILL POST-GRADUATE COLLEGE OF OSTEOPATHY AND SUPPORT AND ADVANCE THE

INTERESTS OF THE COLLEGE AS MUCH AS IS IN ITS POWER TO DO. IT SHALL NOMINATE TEN PERSONS EACH YEAR FROM WHICH THE BOARD OF TRUSTEES OF THE COLLEGE IS TO ELECT FIVE TRUSTEES OF THE COLLEGE.

THE BOARD OF TRUSTEES SHALL ELECT SIX OF ITS MEMBERS WHO, WITH THE PRESIDENT AND SECRETARY, SHALL CONSTITUTE THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL HAVE CHARGE OF THE AFFAIRS OF THE ASSOCIATION IN EXECUTING THE POLICIES OF THE BOARD OF TRUSTEES, IN THE INTERUM BETWEEN MEETINGS OF THE BOARD. IT SHALL BE SUBJECT TO THE BOARD OF TRUSTEES, AND SHALL REPORT ALL ITS TRANSACTIONS TO THE BOARD.

ART. VI. COMMITTEES.

Section 1. The Secretary and treasurer shall act as a committee on credentials and they shall report at the opening session of each annual meeting the names of all members in good standing. All questions of eligibility which this committee may report, shall be referred to the Board of Trustees, whose decision shall be final.

SEC. 2. 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, A COMMITTEE ON LEGISLATION, EACH OF THREE MEMBERS; AND A BOARD OF REGENTS OF FIVE MEMBERS, ONE MEMBER TO BE APPOINTED EACH YEAR. THE COMMITTEES SHALL IN ALL THINGS BE SUBJECT TO THE BOARD OF TRUSTEES, AND SHALL REPORT ANNUALLY, OR OFTENER, AS THE BOARD MAY REQUIRE.

Sec. 3. The Committee on Publication shall receive and pass upon all papers to be read before the Association, 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.

Sec. 4. 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 COLLEGES APPLYING FOR MEMBERSHIP IN THE ASSOCIATED COLLEGES; THE JOINT COMMITTEE SHALL CONSIDER THE REPORT OF SUCH INVESTIGATION, AND DECIDE UPON THE RECEPTION OR REJECTION OF SUCH COLLEGES, AND IF THEY AGREE THE DECISION SHALL BE FINAL; BUT IF THEY DISAGREE THEN THEY SHALL SUBMIT THE QUESTION AT ISSUE TO THE BOARD OF TRUSTEES FOR FINAL SETTLEMENT. THE JOINT COMMITTEE SHALL PROVIDE FOR INVESTIGATION OF COLLEGES ALREADY MEMBERS AS MAY BE DEEMED NECESSARY FROM TIME TO TIME, AND SHALL REPORT THEREON TO THE BOARD OF TRUSTEES.

THE COMMITTEE SHALL TAKE COGNIZANCE OF ALL OSTEOPATHIC PUBLICATIONS, BOTH PROFESSIONAL AND GENERAL, WITH PARTICULAR REFERENCE TO THEIR ETHICAL CHARACTER; SHALL INVESTIGATE AND DEFINE THE RELATIONS OF MEMBERS OF THE PROFESSION TO EACH OTHER AND TO THE PUBLIC, AS OCCASION MAY REQUIRE.

THE EDUCATIONAL CONFERENCE SHALL CONSIST OF THE COMMITTEE ON EDUCATION AND ONE REPRESENTATIVE FROM EACH OF THE COLLEGES RECOGNIZED BY THIS ASSOCIATION. THIS CONFERENCE SHALL MEET PRIOR TO THE PRESENTATION OF THE ANNUAL REPORT OF THE COMMITTEE TO THE BOARD OF TRUSTEES, AND SHALL CONSIDER IN AN ADVISORY WAY ALL MATTERS COMING UNDER THE JURISDICTION OF THE COMMITTEE, OR INCLUDED IN ITS REPORT. THE COMMITTEE SHALL NOT BE BOUND BY ANY ACTION OF THE CONFERENCE IN MAKING ITS REPORT TO THE BOARD OF TRUSTEES, BUT A MINORITY OF ONE-THIRD OR MORE OF THE CONFERENCE MAY APPEAL ANY MATTER TO THE BOARD OF TRUSTEES AT THE CURRENT ANNUAL MEETING OF THE BOARD.

Sec. 5. 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.

IT SHALL SEEK TO SECURE SUCH CO-OPERATION AND RECIPROCITY IN THE ADMINISTRATION OF EXISTING LAWS AS WILL TEND TO A CLEAR AND UNIFORM LEGAL STATUS FOR THE PROFESSION IN THE SEVERAL STATES, AS WELL AS THE MAINTAINING OF A HIGH STANDARD OF QUALIFICATION AND ATTAINMENT IN THE PROFESSION.

THE LEGISLATIVE CONFERENCE SHALL CONSIST OF THE COMMITTEE ON LEGISLATION, AND ONE REPRESENTATIVE FROM EACH STATE SOCIETY, IN STATES HAVING LAWS, PREFERABLY A MEMBER OF THE STATE BOARD. THIS CONFERENCE SHALL MEET PRIOR TO THE PRESENTATION OF THE ANNUAL REPORT OF THE COMMITTEE ON LEGISLATION TO THE BOARD OF TRUSTEES, AND SHALL CONSIDER IN AN ADVISORY WAY, ALL MATTERS COMING UNDER THE JURISDICTION OF THE COMMITTEE OR INCLUDED IN ITS REPORT. THE COMMITTEE SHALL NOT BE BOUND BY ANY ACTION OF THE CONFERENCE IN MAKING ITS REPORT TO THE BOARD OF TRUSTEES, BUT A MINORITY OF ONE-THIRD OR MORE OF THE CONFERENCE MAY APPEAL ON ANY MATTER TO THE BOARD OF TRUSTEES AT THE CURRENT ANNUAL MEETING OF THE BOARD.

Sec. 6. THE BOARD OF REGENTS SHALL HAVE CHARGE IN DETAIL OF ALL MATTERS ARISING FROM THE RELATIONS BETWEEN THE ASSOCIATION AND THE A. T. STILL POST-GRADUATE COLLEGE OF OSTEOPATHY; SHALL EXECUTE ANY ORDERS OF THE BOARD OF TRUSTEES RELATING TO THE COLLEGE; MAY SUBMIT LISTS OF NAMES AND INFORMATION RELATING THERETO FOR THE USE OF THE BOARD OF TRUSTEES IN NOMINATING PERSONS FOR ELECTION AS TRUSTEES OF THE COLLEGE, AND IN GENERAL SHALL STRIVE TO SECURE THE CLOSEST AND MOST EFFECTIVE CO-OPERATION BETWEEN THE ASSOCIATION AND THE COLLEGE.

THE BOARD OF REGENTS SHALL SECURE COPIES OF ALL BOOKS, JOURNALS, PAPERS, PAMPHLETS, CHARTS, AND OTHER PUBLICATIONS OR PRINTS RELATING TO OSTEOPATHY, AND PREPARE AND ARRANGE THEM IN PROPER FORM FOR PERMANENT PRESERVATION AS A HISTORICAL LIBRARY, FOR THE PROFIT AND USE OF THE ASSOCIATION.

THE BOARD SHALL KEEP, IN SUITABLE FORM, A PERMANENT NECROLOGY OF THE MEMBERS OF THIS ASSOCIATION, AND SHALL MAKE A REPORT AT EACH ANNUAL MEETING OF ALL DEATHS IN THE MEMBERSHIP DURING THE YEAR.

THE BOARD MAY RECOMMEND FROM TIME TO TIME TO THE BOARD OF TRUSTEES THE ERECTION OF TABLETS OR OTHER SUITABLE MEMORIALS IN MEMORY OF DECEASED MEMBERS DISTINGUISHED FOR THEIR CONTRIBUTIONS TO THE ADVANCEMENT OF OSTEOPATHY.

ARTICLE VII. SECTIONS.

Sec. 1. ON PETITION OF NOT LESS THAN TWENTY MEMBERS OF THE ASSOCIATION, THE BOARD OF TRUSTEES MAY CREATE A SECTION ON ANY SUBJECT RELATING TO THE SCIENCE OR PRACTICE OF OSTEOPATHY. EACH SECTION SHALL MEET AT THE TIME OF THE ANNUAL MEETING OF ASSOCIATION, AND SHALL HOLD NOT MORE THAN TWO SESSIONS FOR FORMAL PROGRAM, BUT MAY HOLD A THIRD SESSION FOR BUSINESS OR INFORMAL CONFERENCE. EACH SECTION SHALL ELECT A CHAIRMAN AND SECRETARY, WHO IN ADDITION TO THEIR USUAL DUTIES, SHALL PREPARE THE PROGRAM FOR THE ANNUAL MEETING OF THE SECTION.

Sec. 2. THE PRESIDENT AND SECRETARY OF THE ASSOCIATION, TOGETHER WITH THE CHAIRMEN OF THE SEVERAL SECTIONS, SHALL CONSTITUTE THE COMMITTEE ON PROGRAM FOR THE ANNUAL MEETING OF THE ASSOCIATION.

ARTICLE VIII. FEES AND DUES.

Sec. 1. EACH APPLICATION FOR MEMBERSHIP MUST BE ACCOMPANIED BY A MEMBERSHIP FEE OF FIVE DOLLARS. THE ANNUAL DUES OF MEMBERS SHALL BE FIVE DOLLARS IN ADVANCE. A MEMBER'S FIRST DUES SHALL BE PAYABLE AT THE ANNUAL MEETING OF THE ASSOCIATION FOLLOWING HIS ELECTION TO MEMBERSHIP, AND HE SHALL RECEIVE THE BACK NUMBERS OF THE JOURNAL FOR THAT YEAR. PROVIDED, THAT IN CASE HIS ELECTION TO MEMBERSHIP WAS WITHIN THREE MONTHS PRECEDING THE ANNUAL MEETING, HIS FIRST DUES SHALL BE PAYABLE AT THE SECOND ANNUAL MEETING FOLLOWING HIS ELECTION, AND HE SHALL RECEIVE THE JOURNAL FROM THE DATE OF HIS ELECTION.

Sec. 2. A MEMBER WHOSE DUES REMAIN UNPAID FOR THREE MONTHS AFTER THE ANNUAL MEETING SHALL BE DROPPED FROM THE ROLL. IN CASE OF A FIRST SUSPENSION, REINSTATEMENT SHALL BE BY VOTE OF THE BOARD OF TRUSTEES, AND THE PAYMENT OF DUES OF ONE DOLLAR PER MONTH FROM AND INCLUDING THE MONTH OF REINSTATEMENT, TO THE NEXT ANNUAL MEETING OF THE ASSOCIATION, PROVIDED, THE SUM OF SUCH DUES SHALL NOT EXCEED FIVE DOLLARS. IN CASE OF SECOND AND SUBSEQUENT SUSPENSIONS, REINSTATEMENT SHALL BE BY VOTE OF THE BOARD OF TRUSTEES AND THE PAYMENT OF A REINSTATEMENT FEE OF FIVE DOLLORS.

ARTICLE 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 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.

A SAD ACCIDENT.

Dr. and Mrs. F. H. Smith were robbed of their seven-year-old daughter, Kathleen, by a distressing accident June 13, at their home in Kokomo, Ind. The child was suffering from intestinal worms and Dr. Smith had suggested to the mother to give the child a mild enema of carbolic in water. By some unexplained chance the acid, due to difference in specific gravity, failed to diffuse with the water, and while no pain was felt by the child, it was evidently absorbed, and in a few minutes the child was noticed to become languid and general paralysis and unconsciousness set in and the efforts of several friendly physicians who came in were unavailing and the child died within a short time. The physicians in attendance, according to the Kokomo papers, speak of it as a condition that could not be foreseen, and while its happening is rare, it is one that may occur at any time. Dr. and Mrs. Smith will have the deep sympathy of many friends in this great shadow over their home.

DIED.

At his home in Windfield, Kansas, May 31, Dr. T. J. Floyd, aged 53 years, of Bright's disease. Dr. Floyd was a graduate of the Dr. S. S. Still College of Osteopathy, class of January, 1902, and was a successful practitioner. He was a member of the A. O. A., the State and local societies. He is survived by a wife, three brothers and two sisters.

Winfield, Kansas. GEORGIANA B. SMITH, D O.

BORN.

To Dr. and Mrs. C. W. Bliss of Port Richmond, New York city, May 5, a girl, Caroline Pelham.

To Dr. and Mrs. Jno. N. Helmer of East Orange, N. J., May 26, a daughter.

To Mr. and Mrs. S. Ellis Wright of Marion, Ind., May 18, a daughter.

To Dr. and Mrs. F. A. Turfler of Rensselaer, Ind., May 20, a son.

To Dr. and Mrs. S. I. Wyland, Des Moines, Iowa, May 20, a daughter.

THE O. P. FOB.

The fob advertised in this issue by Dr. Bunting as a premium with subscription to the O. P., is a very attractive means of identification on the trip to Kirksville.

MARRIED.

Dr. George S. Smallwood and Dr. Harriet F. Smallwood of Brooklyn, N. Y., June 10.

At Syracuse, N. Y., June 24, Dr. James P. Burlingham of Canandaigua and Miss Mabel C. Root of Syracuse. Dr. Burlingham is secretary of the New York Osteopathic Society.

At Cincinnati, Ohio, May 28, Dr. James T. Gilbert of Paducah, Ky., and Miss Ida B. Stamper of Owenton, Ky.

APPLICATIONS FOR MEMBERSHIP IN THE A. O. A.

Byron F. McAllister, 216 West Dixon St., Fayettville, Ark.
O. F. Beckett, Hiawatha, Kas.
D. M. Bodwell, Holly, Colo.
J. W. Boninson, 924 Peach St., Erie, Pa.
Dan H. Breedlove, McKey Bldg., Valdosta, Ga.
Marthy S. Cox, 910 W. Seventh St., Joplin, Mo.
Lester R. Daniels, Ochseuer Bldg., Sacramento, Cal.
Thomas L. Davis, 247 Bule Bldg., Savannah, Ga.
Paul R. Davis, Mutual Life Bldg., Jacksonville, Fla.
David Lee Evans, Adair, Iowa.
Addie L. Garnett, Florence, Colo.
Lizzie O. Griggs, Wheaton, Ill.
Sten Hanson, 614 Front St., Fargo, N. D.
Frances W. Harris, 1007 Grant St., Carthage, Mo.
Edwin D. Holbert, Cor. Seventh and Kentucky Sts., Sedalia, Mo.
J. P. Snare, Hurd and Husband Bldg., Modesto, Cal.
Gilbert Johnston, 141 Ward St., Paterson, N. J.
Lenore Kilgore, Broadway and Ellis Sts., Cape Girardeau, Mo.
E. L. Longpre, 194 Court St., Kankakee, Ill.
Hubert B. Mason, Willcox Bldg., Temple Texas.
Betram J. Mavity, 130 N. Cedar St., Nevada, Mo.
J. R. Mosley, 721 McClelland Bldg., Lexington, Ky.
Elizabeth B. McElwain, 123 N. Pryor St., Atlanta, Ga.
Charles H. Nicholls, 134 Wyoming St., Scranton, Pa.
A. E. Pecinevsky, Valley Falls, Kans.
B. S. Peterson, Central Nat. Bank Bldg., Kearney, Neb.
Jno. W. Phillips, 123 N. Pryor St., Atlanta, Ga.
G. McE. Phillips, 172 Capital Ave., Atlanta, Ga.
Elizabeth H. Tucker, McAdoo Bldg., Greensboro, N. C.
A. E. Vallier, 515 W. Thirteenth St., Columbus, Mo.
Grace G. Wilson, Unionville, Mo.

REMOVALS.

W. L. Klugherz, from Batavia, N. Y., to Rothschild Bldg., Philadelphia, Pa.
T. C. Lucas, from Rock Hill to Chester, S. C.
Walter S. McClain, from Cookeville, Tenn, to Greenville, N. C.
A. P. Firth, from 156 Fifth Ave., New York city, to 250 Belleville Ave., Newark, N. J.
P. Victor Aaronson, from Forsyth Bldg., to 314-15-16 Land Co. Bldg., Fresno, Cal.
Mary N. White, from 1 to 51 McDonough St., Brooklyn, N. Y.
Emma L. Gardner, from Richmond to 11-12 Moorman Bldg., Winchester, Ind.
Edwin J. Mager, from 58 to 49 Broadway, Taunton, Mass.
H. R. Bynum, from Randolph Bldg., to Byrd Bldg., Cor. Main and Madison Ave., Memphis, Tenn.
Ella B. Veazie is located at 521 Commece Bldg., Kansas City, Mo.
Charles C. Teall, from Weedsport to Middletown, N. Y.
R. L. Ferrand, from Montrose to State Bank Bldg., Lamar, Colo.

STATE SOLICITORS FOR THE P. G. COLLEGE FUND.

Drs. Louden and Willard, the committee for soliciting the permanent endowment fund for the college, have secured the co-operation and assistance to date of the following who will act as solicitors for the fund in their respective states:
Alabama—Dr. Percy W. Woodall, First Nat. Bank Bldg., Birmingham.
Arizona, New Mexico and Nevada—Dr. George W. Martin, Tucson, Ariz.
Arkansas and Louisiana—Dr. A. W. Barrow, Hot Springs, Ark.
California (Northern)—Dr. Effie E. York, 1481 Geary St., San Francisco.
California (Southern)—Dr. Robert D. Emery, Auditorium Bldg., Los Angeles.
Colorado—Dr. L. B. Overfelt, Boulder.
Georgia—Dr. J. W. Bennett, 3 Walker Bldg., Augusta.
Kansas—Dr. Gladdis Armor, Emporia.
Idaho—Dr. E. G. Houseman, Nampa.
Indiana—Dr. Marion E. Clark, 409 Board of Trade Bldg., Indianapolis.
Illinois—Dr. Alfred Wheelock Young, Auditorium Bldg., Chicago.

Iowa—Dr. U. S. Parrish, Storm Lake.
Kentucky—Dr. Martha Petree, Paris.
Michigan—Dr. Hugh W. Conklyn, 312 Ward Bldg., Battle Creek.
Minnesota—Dr. C. W. Young, Pittsburg Bldg., St. Paul.
Maine—Dr. Sophronia T. Rosebrook, 633 Congress St., Portland.
Maryland—Dr. Harrison McMains, 315 Dolphin St. Baltimore.
Massachusetts—Dr. R. K. Smith, 755 Boylston St., Boston.
Nebraska—Dr. C. B. Atzen, New York Life Bldg., Omaha.
Montana—Dr. Daisy D. Reiger, Billings.
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South Carolina—Dr. Ralph V. Kennedy, Charleston.
South Dakota—Dr. Griffith P. Jones, Watertown.
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Washington—Dr. Roger E. Chase, Maratime Bldg., Tacoma.
Wyoming and Utah—Dr. Frank I. Furry, Cheyenne, Wyo.
Canada and Foreign Countries Dr. Mary Lewis Heist, 28 King St., East Berlin Ontario.

These members have charge of the work in the respective fields named. If you wish any information about the subscription work or literature relative to the Endowment Movement, write to the state committeeman of your state.

NEW OSTEOPATHS.

Within the past few weeks the several osteopathic colleges have closed prosperous sessions. In all about one hundred and sixty have been added to the list of practitioners. It is difficult to get an accurate list as several of the colleges ran those taking post-graduate work with the regular students doing graduate work.

BANQUETS AND REUNIONS.

Pacific College.—The alumni banquet of the Pacific College was held June 12 at the Lankershim Hotel, Los Angeles. Plates were laid for eighty members and guests. There were addresses, toasts and music. Dr. Grace Schilling was toastmistress.

Massachusetts College.—Seventy-five practitioners and their friends dined at the Westminster June 6, it being the annual dinner of the Alumni Association of the Massachusetts College of Osteopathy. Various toasts and roasts were called for by the program, and in conclusion officers were elected as follows: President, F. M. Vaughan; vice president, J. McC. Gove; secretary and treasurer, Ada M. Bearse; executive committee, R. K. Smith, C. L. Watson, M. Louise Rand and B. H. Proctor.

GREEK LETTER SORORITY.

The Delta Omega Sorority has become a national body by installing a chapter the Beta at the Still College, Des Moines, at the close of the recent session. Dr. Cora Parmalee of Denver was installation officer and there were six charter members. The order was instituted in the American school at Kirksville in 1904.

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Some Intra-pelvic Conditions; their Diagnosis and Treatment

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(Paper read before Annual Meeting of Kentucky Osteopathic Association, May 30, 1908.)

I wish to direct your attention to intra-pelvic conditions in contradistinction to extra-pelvic lesions. Our wonderful results in detecting and correcting spinal and pelvic skeletal and associated irregularities have a tendency to cause us to overlook visceral conditions that have arisen usually secondarily and sometimes independently of these. That these skeletal and associated lesions are of paramount importance, no one can deny; yet their consideration must not cause us to ignore secondary or independent visceral conditions or derangements.

We must include in our category of lesions some extra-corporeal conditions which as certainly, though perhaps not so seriously, affect the health of the individual as a displaced vertebra or a subluxated innominate. It may be contended by some that these conditions affect the organism deleteriously by first producing structural changes, though I do not believe such to be the case. Among these extra-corporeal lesions, as we will term them, we find, dietetic errors, bad hygienic conditions, climatic influences, overwork, excesses of various kinds, general environmental conditions, hereditary influences, and what pertains more particularly to our subject, improper dress. Would that some feminine Moses might arise and lead her sisters out of the bondage of custom and convention. Can you conceive of perfect pelvic circulation with the prevailing style of dress? Should the 20 inch or smaller waists and the three inch heels not affect the structure of the body permanently and perceptibly, as they often do not seem to do, such conditions necessarily affect the individual's health and however normal the structure, the function of the organism will sooner or later suffer. With a circulation deranged or resistance lowered it needs but the presence of the gonococcus, to which according to good authorities are due 12 per cent of female ills, or the slightest abrasion at parturition to open the avenues of infection, regardless of spinal and pelvic skeletal, muscular or ligamentous derangement. Should there be present any of the skeletal or associated lesions they are an added predisposition, but their recognition and location does not give exact information as to the resultant conditions, nor does their correction always remove their effects or exhaust our resources for cure.

Of all the methods of physical diagnosis the osteopath most frequently employs palpation. His excellence in the practice of this diagnostic art fits him pre-eminently for the detection of tissue irregularities and abnormalities wherever they occur. This proficiency should be exercised in every department of practice that will increase our usefulness to our patients and enable us to more certainly and more frequently cure them. I have never

in any case been able to secure more information than I could use, nor can anyone arrive at a correct diagnosis of intra-pelvic conditions without a careful intra-pelvic examination, which is merely a matter of palpation. Do not understand that I would have every patient who complains of pelvic symptoms submit to a local examination, for I am well aware that in a great many cases such symptoms are directly due to structural spinal and pelvic irregularities and are promptly cured by a correction of these. However, it is better by far to make innumerable examinations than to overlook some internal condition upon which the continuance of the patient's illness depends. By delaying such an examination a slight lumbar lesion may be treated for a backache due to a displacement, or for a dysmenorrhoea due to a flexion, or for a leucorrhoea due to a gonorrhoeal infection; or a slipped innominate replaced to relieve a menorrhagia due to a small fibroid or a malignant growth, or a temporary amenorrhoea due to a tubal pregnancy. In such cases distressing and fatal results may occur while we are waiting for our extra-pelvic treatment to cure. The gonorrhoeal infection successively becomes a vaginitis, an endometritis, a salpingitis, and a pus tube, permanently crippled and embedded in a mass of inflammatory material, from which a local peritonitis results. The malignant disease while we are temporizing extends beyond the uterus proper and makes its complete eradication an impossibility and the hope of a curative operation is lost. Rupture occurs in the tubal pregnancy while we are delaying an examination and we are confronted with all the grave dangers of hemorrhage, shock and an emergency operation.

I wish to repeat that under our prevailing manner of living any of these conditions may occur independently of any discoverable extra-pelvic lesion and they are recognizable only by an intra-pelvic examination.

Time will not permit us to consider the many intra-pelvic conditions and we shall consider the most frequent and important ones. These may be arbitrarily divided into non-inflammatory and inflammatory classes, though we cannot be sure that inflammation does not play some part in the first class. Of the non-inflammatory conditions the most important are the neoplasms, fibroids, cysts, malignant tumors, tubal pregnancy, hematoma, etc. In the inflammatory class are endometritis, salpingitis, pyo-salpinx, hydro-salpinx, pelvic peritonitis and cellulitis, etc.

Of all these fibroids are most common. It is estimated by one author that 20 per cent of women have them before reaching the age of 35, and by another that 40 per cent of all women who reach the age of 50 have them. The most common symptoms are hemorrhage with its consequences and pressure and its results. These symptoms are neither distinctive nor diagnostic. Bimanual palpation is the reliance in diagnosis. The three varieties of fibroids, the submucous, interstitial and the subserous, each gives its own palpatory signs. The submucous and interstitial forms increase the size of the uterus, uniformaly as a rule, and are usually hard and nodular. In those cases when there is a symmetrical enlargement of the uterus these may be mistaken for pregnancy and when fibroids complicate a pregnancy the diagnosis is very difficult. The cessation of menstruation, regular enlargement of the uterus, softening of the cervix and lower uterine segment, nausea, changes in the breasts, and the fetal heart sounds will ordinarily make a diagnosis possible without great difficulty. The passage of a hand or digital exploration of the uterus is sometimes necessary before a diagnosis can be positively made.

A pedunculated subserous fibroid may be mistaken for an ovarian cyst; but the distinctive palpation of a pedicle per rectum, absence of fluctuation, the finding of the normal ovary, the connection of the tumor to the uterus

as may be determined by pulling on the cervix with a tenaculum while the tumor is held between the hands externally, and the nodular feel of the fibroid will usually clear up the diagnosis. An inflammatory exudate by the side of the uterus has been mistaken for a fibroid, but such masses usually have a history of inflammation, or fever; it hugs the sides of the pelvis and fixes the uterus but does not increase its size. In a recent case a hematoma gave rise to a very puzzling problem. A diagnosis might have been positively made by passing a sound, but was made by an operation. An intraligamentous fibroid grows upward between the layers of the broad ligament, is low in the pelvis and is sometimes felt projecting into the vagina. Its location is very similar to that of a pelvic exudate or a hematoma, but its circumscribed outline, and its hard nodular feel will usually distinguish from any other condition occurring here. A sloughing fibroid may be mistaken for a cancer.

Treatment is not required in a great number of cases of fibroids. In all cases where there are lesions that could possibly affect pelvic circulation they should be removed as fibroids grow or decrease in size with the flow and ebb of the pelvic blood stream. They should be treated directly and with no fear of causing them to grow unless they be bruised or otherwise injured from the severity of the treatment. For pressure symptoms raise them out of the pelvis or have the patient assume the knee-chest and Trendelenburg position alternately. Inhibit the lumbar and sacral nerves. For hemorrhage enjoin rest, and have the patient take copious hot douches, temperature 110 to 120 F. An ice bag to the abdomen and one to the sacrum is often of service.

Another serious trouble and one that may be overlooked unless its occurrence is borne in mind, is cancer of the uterus. This usually occurs in the cervix, occasionally in the body of the organ. Its most prominent manifestation is hemorrhage, and every case that presents a symptom of profuse or irregular bleeding near the climacteric demands the most searching examination to locate the cause of the trouble. Do not at this time be lulled into false security that the bleeding is due to some lesion outside the pelvis. True, such a lesion of recent occurrence may have at first precipitated the bleeding, or so far as we know may be the direct cause of the cancer, but we do know that a removal of such lesion is not all that must be done. If no signs of cancer be found, keep the patient under observation for some time and make regular examinations until the cause of the hemorrhage is determined. When the trouble is located in the cervix there will usually be some evidence of the cancerous nodules or the cancerous ulceration. Often these things are engrafted upon a lacerated cervix with considerable erosion of the mucous membrane, and it may require the microscopic examination of the tissue by an expert to disclose the true nature of the condition.

For cancer I believe there is only one cure, *total* extirpation. This is possible only in the early stages of the trouble, and this fact makes the early diagnosis of the disease of great importance.

In discussing diseases of the fallopian tubes we will consider only the terminal stages of salpingitis, *i. e.* pyo-salpinx and hydro-salpinx. These cause varying degrees of pelvic disturbance, often trivial, sometimes serious, and can be diagnosed only by the educated touch. They present to palpation an elongated tumor, usually nodular or irregular in outline and situated at the side of the uterus, though they sometimes prolapse and may be found behind this organ. They vary in size from that barely discernible to a tumor as large as an orange. In consistence they are usually softer than a fibroid and sometimes fluctuation can be detected. In diagnosing these the tubes should be followed out from the cornua of the uterus, and the

pear shaped enlargement will be recognized. Occasionally the tubes will be so densely matted together and adherent to the uterus as to seemingly form a continuous tumor with it. A pedunculated subserous fibroid may give very similar evidences on palpation, but its outlines are usually more distinct, its pedicle is palpable especially per rectum, it does not limit the motion of the uterus as the adherent tube does, and a history of puerperal or gonorrhœal infection is usually absent. An ovarian or a parovarian cyst may be mistaken for a sacto-salpinx. The absence of the history of infection and pelvic inflammation will aid in making the diagnosis in these cases, as a localized pelvic cellulitis or peritonitis is practically always associated with tubal disease.

It is in tubal inflammations on the right side that all the diagnostic ability of the osteopath will be needed and his skill most sorely tried. It is here that appendical inflammations enter to complicate the matter, as some degree of appendicitis is found in 15 per cent of inflammations of the right tube.

In appendicitis the pain is most often in the neighborhood of McBurney's point, whereas in tubal or ovarian troubles its location is deeper in the pelvis and the tenderness is most pronounced when pressure is made over Poupart's ligament. This evidence is robbed of its absolute reliability by the fact that the tip of the appendix is often found below the brim of the pelvis and sometimes even on the left side. A local examination will elicit tenderness in either case, but if the pelvic tenderness is bilateral the case is most probably one of tubal, peritoneal or pelvic connective tissue origin. A pelvic inflammation is usually accompanied by a vaginal discharge which may have begun several days before the onset of the more severe symptoms. There is often the history of previous attacks in appendicitis and in it the rigidity of the abdominal muscles of the right side is more marked.

In some of the cases great responsibility is put upon the osteopath. The average surgeon, in cases of pelvic or abdominal inflammation counsels operation. This the patient does not desire and turns to us. We realize that operation is often more dangerous than the disease, yet, on the other hand we also know that there are cases in which operative procedures are imperatively demanded. The question is how to best steer our patients life bark between the Scylla of the knife and the Charybdis of pus formation and rupture of abscess. An intimate knowledge of pathology is now necessary as well as of the possibilities and limitations of Nature's almost boundless recuperative resources. If the inflammation is active, and gives evidence of pus formation by chill, followed by high fever and a high leucocyte count and is not promptly controlled by osteopathic treatment, rest, diet and ice-bags locally, and upon these I place great reliance in the early stages, an operation is indicated. Otherwise counsel palliative measures.

Surgical measures are by no means necessary in a great many of these cases of pelvic inflammation. Repeatedly has a pus tube been evacuated through the uterus or its contents absorbed from the correction of the circulatory conditions. Correct all lesions outside the pelvis, then devote attention to those on the inside. Relax the adhesions which are binding down and crippling the tube. Make manipulations so as to force contents toward the uterus. Be more than careful. Watch for any signs of inflammation reaction, such as pain and fever, and defer further internal treatment until these have disappeared. Hot douches, hot sitz baths, and hot applications to the lower abdomen are beneficial.

Among the diseases of the ovaries we will mention inflammation, abscess, and tumors, the latter usually cysts. Ovaritis usually occurs in association with salpingitis, peritonitis or cellulitis, and like an abscess is recognized by

the extreme tenderness of the organ, limitation of its movements by adhesions, and the general symptoms of inflammation. To these manifestations, abscess adds those of pus formation though often it is exceedingly difficult or impossible to make a differential diagonsis. Ovarian cysts are pedunculated, separate from the uterus, having less connection with the movements of the uterus than the pedunculated fibroid. They often present the sign of fluctuation. In the treatment of ovarian conditions it is only the active abscess that requires surgical procedures. Occasionally the cyst may cause pressure symptoms that demand its removal. The simple inflammation is treated according to the usual rules of thorough relaxation of the spine at affected centers, inhibition, rest and ice applied locally.

Tubal pregnancy is one of the intra-pelvic conditions upon the early recognition of which depends the patient's life. The missed menstrual period (sometimes not seen) the rather unusual pain in one side of the pelvis, the sudden severe pain at the time of rupture, the enlarged tube and bogginess about the uterus, the symptoms of severe hemorrhage, and the passage of some blood containing decidual shreds from the uterus, will in most cases make the diagnoises clear.

In such cases, when clearly recognized, there seems to me to be but one thing to do, open the abdomen, ligate the bleeding vessels and remove the fetus.

A hematocele or a hematoma sometimes is seen. The knowledge of their occurrence, their location in Douglas' pouch or in the connective tissue around the uterus, and their consistence, putty-like or doughy, will usually prevent an error in diagnosis. They are usually preceded by a history of ectopic gestation or slight violence. In a case recently seen the hematoma was close beside the fundus of the uterus and of the consistence of a fibroid. A diagnosis was made on the operating table.

As a matter of fact no effort has been made to make an extended review of the many intra-pelvic conditions one may see. Only the most important and frequent ones have been mentioned. What I wish to emphasize is that when there are symptoms pointing to a pelvic trouble, the pelvic organs should have as intelligent, as careful, and as thorough examination as is given to the spine.

First National Bank Bldg.

Physical Diagnosis

D. S. B. Pennock, D. O. M. D., Philadelphia, Pa.

The average osteopath is a specialist on diagnosis of the anatomical structure of the body and an expert in the detection of its most minute deviations from the normal. In just one aspect of physical diagnosis my experience has taught me that as a class we are deficient, and that is in the detection of the physical signs of disease of the organs contained in the thoracic cavity and in the appreciation of their value. In this paper on organic diseases of the heart I, therefore, intend to dwell especially on the technique of conducting a thorough physical examination of this organ. Concerning the absolute necessity of accurate diagnosis Mc Connell, in his "Practice of Osteopathy", has this to say: "Then by knowing what the affection is, 75 per cent of the hard work is accomplished — The real work in osteopathy is in making the diagnosis; the treatment is comparatively easy. 'Learn to diagnose intelligently,' should be the motto of every osteopath". In the treatment of organic heart disease it is just as essential to diagnose the changes in the structure of the heart as it is to as-

certain the osseous lesions present. Without knowing the former it is impossible to accurately adjust your treatment to the needs of each individual case. It is not enough to simply remove the lesion. In some of these cases the patient is not able to stand such corrective work at once. I have seen several cases injured by such treatment. Symptoms in this class of cases are misleading, as in functional heart troubles they frequently cause more distress and anxiety to the patient than the more grave organic lesion. Therefore it is only by means of accurately detecting the physical signs of disease by the use of our special senses that we can hope to apply the appropriate treatment to each individual case.

Etiology

For convenience of description I am classifying these general causes under these headings: i. e., those conditions acting especially in childhood; those acting in early adult life; and those acting in middle and advanced life.

So called osteopathic or bony lesions I believe are seldom the direct causative factor of organic heart lesions. In fact in many organic troubles I have been unable to find an osseous derangement that I could attribute as a specific, direct cause of heart lesion. Osseous derangements of the upper dorsal or cervical regions are found in most cases of functional heart troubles: these derangements are a direct irritant to the nerve supply of the heart. The accelerator and vaso-motor nerves orginate in cells of the anterior horn of the gray matter of the spinal cord from the second to the fifth dorsal segments inclusive. From their origin they leave the cord through the anterior nerve roots, via. the white rami communicantes, reach the dorsal sympathetics, up which they pass to terminate by arborization around cells in the three cervical ganglia. These cells in turn send axones out as the peripheral cardiac sympathetic nerves. The cell body is more susceptible to the effect of mal-adjustment than is its axone. All metabolism connected with the origination of a nerve impulse occurs in the cell. This conduction is not attended with any metabolic change in the fiber so far as we know. Structural derangements, then, affecting function of these nerves will be located in the immediate area in which these cells are situated. Such derangements act in one of two ways, either by *mechanical pressure* on the cell or its processes, or by *obstruction* of its blood and lymph supply thereby disturbing its nutrition. The first sign is increased function, which increase of excitability is maintained, until in time, through exhaustion, paralysis may result. The primary effect therefore of derangement upon the sympathetic nerves to the heart results in rapid heart action, palpitation, vaso-dilation, etc. The ultimate effect is to inhibit the normal function of these nerves by exhaustion. This allows the vagus to act unopposed decreasing the strength of contraction of the heart muscle and, lengthening the cardiac cycle.

Derangements affecting the vagus will be found in the upper cervical region. The primary and secondary effects of these derangements are just the opposite of these affecting the sympathetics.

Generally the direct result of the so called osteopathic lesion on the heart is functional in character, either affecting the frequency or strength of its beats, one way or the other, or interfering with the normal rhythmical contractions of the heart muscles, leading to irregularity of action or the heart dropping a beat at intervals. These two conditions are especially the result of lesion to the vaso-motor to the heart. Physiology tells us that the first effect of interference of the nutrition of heart muscle is manifested by loss of the normal rhythmical contractions. Ultimately this interference of

nutrition may lead to organic changes as is instanced by angina pectoris and fatty degeneration.

In Childhood

As a rule organic lesions are secondary to some systemic condition. During childhood the most common *etiological* factor is toxic endocarditis. This is a complication or sequel to the acute infectious diseases peculiar especially to this period of life. Inflammatory rheumatism ranks first. Some authorities on diseases of children go so far as to say that in every case of this disease, occurring in a person under twenty, endocarditis is a complicating factor. While this statement is hardly true in those cases treated osteopathically, at least it shows that the per cent is high. Scarlet fever, whooping cough, typhoid fever, pheumonia, measels, and chorea are also to be placed in this class.

Endocarditis attacks the endothelium in the immediate area of the mitral and aortic valves. It rarely, if ever primarily attacks the right side of the heart. Its special affinity is the mitral valve. As a result of inflammation the endothelium becomes denuded in spots on or around the valves. The connective tissue basement membrane is thickened and roughened. This leads to growth of connective tissue excresences commonly termed "cardiac vegetations." These occasionally become detached by the blood current and, being swept out into the arterial system, may become clogged in an artery at the base of the brain and produce thrombosis, embolism, or hemorrhage, resulting in paralysis.

Secondarily the basement membrane changes thicken the valve orifice and cause a stenosis so that the valve cannot completely close, producing regurgitation. In later childhood excessive physical exertion, straining the heart muscle, is another factor. In girls, jumping rope carried to excess; in boys, too violent indulgence in athletics, are common causes.

In Adult Life

In early adult life violent exercise is a very common cause. I have seen several cases of aortic regurgitation caused by a single muscular strain of great violence. Exercise increases the arterial blood pressure. This brings the strain on the aortic valve and consequently this is the valve most commonly affected in this class of cases. During adult life endocarditis is occasionally a cause. This is a far less frequent complication than in children.

In later adult life another important etiological factor is to be classed with the preceeding; namely, arteriosclerosis. "That a man is as old as his arteries" is a very true saying. The age of his arteries depends on the presence or absence of arteriosclerosis; it is normally found in a limited degree in old age. Certain diseases and habits are important factors in the development of arteriosclerosis.

I know of no osseous derangements that directly cause this. Sedentary life, over work (whether mental or physical,) over eating and drinking of alcoholic beverages, are important etiological causes. All of the above mentioned causes tend to increase the blood pressure, which in time induces a gradual thickening of the connective tissue in the coats of the artery. The effect of this is to increase the strain on the aortic valve. Sclerosis of the coronary arteries, diseases of circulation in these vessels and consequently malnutrition of the heart muscle is the result. Therefore lesions of the aortic valve and left ventricle are common results of this condition.

The Signs of Heart Lesions

To properly understand the different signs found on examination of the heart one should have a thorough knowledge of its most important physio-

logical facts. The cardiac cycle and everything that occurs at each period of the cycle should be thoroughly understood.

The beginning of the cardiac contraction is in the circular muscular fibers of the great veins leading into the auricles. By this means a valve is formed at the orifice of these veins, which prevents regurgitation of blood from the auricles into the veins. From this point the contractile wave passes down over both auricles equally. Certain of the muscle fibres pass from one auricle to the other, forming a figure of eight spiral around each auricle. This arrangement insures unison of action of the auricles. Internal to this is another set of muscle fibers running from the auricular-ventricular groove of each side of the heart up over the auricle to be attached to the same groove posteriorly on the same side that it originated from. The contraction of these two sets of muscles running along different planes tends to completely empty the auricle and obliterate its cavity. During this period of the cycle the auriculo-ventricular valves are open the blood is flowing into the ventricles. So far no sound normally is heard.

On completion of the auricular systole the ventricles commence contracting. The pressure of the blood in the ventricles immediately causes the auriculo-ventricular valves to close and the aortic and pulmonary valves to open. The closure of the mitral and tricuspid valves causes a part of the first sound. The muscular arrangement of the ventricles, though somewhat more complicated, is quite similar to that of the auricles. The thickness of muscles of the left ventricle is about three times that of the right. The left ventricle is capable of marked hypertropy while the other chambers of the heart are only slightly so. The vibrations originating in the contraction of muscular wall of the left ventricle give rise to a sound, which, with that of the closure of the mitral valve, compose the first sound of the heart.

With the completion of the ventricular systole, the blood being emptied into the aorta and pulmonary artery, the muscular walls relax. The relaxation lowers the intra-ventricular pressure and as soon as it falls below that of the blood pressure in the aortic and pulmonary arteries their respective valves snap shut. The closure of these valves causes the second sound of the heart.

Now as to sounds of the heart; in this connection for simplicity and convenience of diagnosis it is best to examine the left side first, entirely disregarding the right, though remembering that the same things are occuring on both sides at the same interval of time. As a matter of fact all forms of organic heart lesion primarily begin on the left side of the heart in practically all cases, excepting the rare congenital right sided lesions found in children. So that in examination of the heart always examine the left side first, and secondarily the right side. This greatly simplifies the diagnosis. Considering the left side then let us carefully analyze the cardiac sounds. The *first* sound, as we have seen, is composed of two separate and distinct elements; the valvular and muscular. The valvular sound element is of short duration, high in pitch and snapping in quality. The muscular element on the other hand is of comparatively long duration, much lower in pitch, and its quality is booming. These two factors must be considered when listening to this sound for one tells us the condition of the mitral valve and the other the muscular strength of the ventricular contractions. If the mitral valve fails to completely close and allows regurgitation of blood into the auricle the murmur thus produced will always occur with this sound. Also at this time the blood normally is flowing through the aortic valve. Should there be a strenosis or narrowing of this valve it will cause a murmur when the blood is passing over it. Thus the murmur at this time must be one of these two conditions.

The *second sound* element is purely valvular and resembles the valvular element of the first sound except that the snapping quality is louder, due to the fact that the blood pressure in the aorta is higher than in the ventricle and causes the valve to close with more force. *Leaking* or *regurgitation* of the aortic valve takes place while the valve normally closes. An aortic regurgitation, therefore, is always heard with the second sound.

While the ventricle is in systole the auricles commence contracting and forcing their blood into the dilating ventricle.

Should there exist a stenosis or narrowing of the mitral valve the murmer from such a condition will now be heard. In other words, a mitral stenosis is heard just after the second sound, running up to, and terminating with the first sound. With these facts in mind, the working rule is first to determine accurately with which sound murmur occurs. Then on having ascertained this fact we know that only two murmurs at the most can occur with one sound and proceed to differentiate between them. By following this method the diagnosis becomes easier. When through with the left side then take the right and make the diagnosis accordingly.

At different periods of life the rapidity of the heart beats vary within wide limits. During fœtal life the heart beats as heard through the abdominal wall of the mother resemble the ticking of a watch, and are from 140 to 150 pulsations per minute. During the first year of infant life the rate is from 130 to 140 normally. From the first to the third year the normal rate is from 90 to 130. At the seventh year 85 to 90 is the normal. At the fourteenth year it drops to 80 to 85 per minute. In adult life it reaches the standard of 72 or thereabout per minute. With old age we frequently find it dropping normally as low as 60 to the minute.

[In an early number of the JOURNAL. Dr. Pennock will continue this discussion.—ED.]

"An Unusual Obstetric Case"

M. F. HULETT, B. S., D. O., COLUMBUS, O.

An article by Dr. M. E. Clark under the above title in the July Journal is a very interesting and instructive one. There might be a question, however, whether the outcome was wholly a success. Dr. C. congratulates himself that there was no perineal laceration. Yet the child was dead, due to prolonged compression of the cord in the delivery. These questions might arise: Could the child have been saved by a more speedy delivery at the expense of the perineum? Which is considered the greater injury, laceration or a dead child?

I mentioned some months ago in these columns two cases of breach primapara in which forced delivery caused laceration, yet the babies were revived. One lived: the other died in spasms the next day, probably due (partly at least) to other causes than difficult delivery. And the repaired perineums are now in an excellent condition. What they may be at a future birth remains to be seen.

I am of the opinion that a large per cent. of even breach cases can be delivered without laceration if we sufficiently prolong the extraction. But are we justified in it when the life of the child is at stake? My judgment is that a longer compression of the cord than four or five minutes in order to protect the perineum from laceration would be unjustifiable.

Another question: Was Cesarean operation indicated in the case mentioned?

It is not my purpose to get into an argument with our authoritative friend Dr. Clark. I know too well his capabilities along this and other lines. But I am after information, for myself as well as for the profession generally.

Mental Phases of Gynecological Work

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In considering the mental states of gynecological patients and their connection with the physician's work, the first questions that arise are: "Have such mental conditions any *practical* connection with curing the patient? Are they of much importance?" It seems to me that the doctor can answer "yes" to both queries, and although the subject is rather involved and difficult in many ways, it will repay a careful study by the practitioner who has much work among women.

To an osteopath the anatomical connection between the genital organs and the brain is naturally the first point to investigate, and this is very close. Byron Robinson, writing of the "Relation between visceral (sympathetic) and cerebro-spinal nerves," says: "The organ which has the most intimate connection with the cerebro-spinal axis and the abdominal and pelvic brain is the uterus. * * * This intimate nervous connection of the uterus with the nervous system increases with the ascending scale of animal life." We will find, then, the closest connection between the uterus and brain in the human species, it being the highest of the animals and having the largest brains. The details of this cerebro-spinal nerve supply to the genitals are hardly necessary for present purposes; it is sufficient to recall in general that, according to Quain, sensory nerves from the ovary pass through the sympathetic to the tenth dorsal segment of the spinal cord, from the uterus by the same route to the 10th, 11th, 12th dorsal and 1st lumbar; from the os uteri to the second third and fourth sacral;—that the perineal muscles are supplied with motor nerves and the skin over them with sensory nerves from the second, third and fourth sacral segments through the internal pudic nerves, a direct cerebral connection and under voluntary control in large degree;—that from the lower dorsal and first and second lumbar segments, motor fibers proceed through the sympathetic to the circular fibers of the bladder, uterus and rectum, with inhibitory fibers to the longitudinal muscles, also vaso constrictor fibers to the clitoris;—and that from the second, third and fourth sacral segments, through the sympathetic, motor fibers pass to the longitudinal muscle of the rectum, uterus and bladder with inhibitory fibres to the circular muscles, also vaso dilator fibers (nervi erigentes) to the cavernous bodies of the clitoris and the bulbs of the vestibule. This nerve supply, together with the nerve supply from the same segments of the spinal cord to the muscles of the lower abdomen, inguinal region, inner thighs and buttocks and to the skin over them, Byron Robinson says, bring into harmonious action the skin and mucosa, muscles and viscera of the pelvis and associated regions.

This is plain, but how far the actions of the mind, voluntary and involuntary, may influence diseased conditions of the genital organs, or, vice versa, be influenced by them, is another question. Regarding normal conditions Landois tells us that the vaso-dilators of the penis (nervi erigentes) "may be stimulated reflexly by irritation of the sensory nerves of the penis, the transference taking place in the erection center of the spinal cord. * * * Even the conception of sensory irritation of the penis may be attended with the same results." Conditions in the female, he states, are analogous to those in the male save that erection and action of the perineal muscles (partly voluntary) take place in a less degree. He further states: "The erection center in the spinal cord is, however, naturally subordinate to the dominating vaso-dilator center in the medulla oblongata, from which connecting fibers pass downward through the cord to the erection-center. * * * Finally the *psychical activity of the brain has a distinct influence upon the genital vaso dilators.* In the same way as the psychical emotions of anger or shame cause dilation of the vessels of the head by stimulation of the dilators, the direction of the attention to the sexual

sphere has an effect upon the erector nerves. This influence of the brain has been explicable since the dependence of the local lumen of the vessels upon the cerebral cortex has been known. From the cerebral cortex the fibers whose irritation Eckhard observed to cause erection probably pass through the cerebral peduncles and the pons. * * * All of these muscles (deep perineal) can in part be moved voluntarily and as a result the erection becomes more marked."

Then the mere *thinking* of sexual matters may be sufficient to stimulate the nervi erigentes and cause an erection (especially if helped by voluntary action of the perineal muscles), equally in the female, as in the male, although the action of the whole complicated mechanism is, Landois says, "less complete" in her. We must bear in mind, however, that the direct power of the mind over the erection center will vary greatly in different individuals, being very pronounced in the erotic and in others perhaps scarcely possible to demonstrate, even after a prolonged mental stimulation. Regarding abnormal conditions Byron Robinson states that, "Vaginismus may be called up by the thought of touching the vulva." It is also acknowledged by all physicians that a severe mental shock of fright or anxiety will stop menstruation and that a worried and sleepless mother will not secrete milk sufficiently nourishing to keep her infant in good condition, while the milk of an angry mother will make the infant acutely ill. These effects must be brought about by the mind acting indirectly through the sympathetic nerves to influence secretion, etc., there being, of course, no voluntary power to alter such processes.

If once directing the attention to the sexual sphere may cause an erection, what may a *habit* of thought persisted in for a length of time do toward producing a more or less marked and permanent vascular congestion of the parts? The most extreme case of the sort that I ever met with was that of a girl who, after her mother's death, had acquired the habit of lying on her back on the bed and reading obscene literature, her father not knowing what she was about, and had kept it up until she went insane. Subsequent observations have convinced me that it was altogether possible for the girl to stimulate the sexual center in her brain by such reading until she produced a state of dilation and erection amounting almost or quite to a complete orgasm, and such a habit would certainly unsettle the reason in time. On the other hand, where an abnormal condition has been brought about by some other means, why not look to an established habit of thought to assist in a cure by inhibition of the erection center perhaps, instead of a stimulation? We all know that a term of hard study is apt to stop menstruation for a few months, the cerebral energy having been expended in another sphere, and the race suicidists decry the higher education for women, declaring that so much directing of the attention away from sexual matters leads to a refusal of marriage and motherhood. Gynecologists have observed that the cure of genital troubles in married women is more readily brought about when they are separated for a time from their husbands, and the change in their mental action probably has something to do with this as well as the more favorable local conditions. The woman's attention and emotions are directed in a different channel and her interest strongly aroused by her new surroundings and occupation. Stimulation is directed to a different cerebral center, and it would seem to be in some such way as this that Christian Scientists and mental healers secure their beneficial results. Certainly the Scientists set their patients to a course of study, stimulated and directed by a teacher, and urge them to think daily over the new truth and attempt to practice the teaching in their active lives. It all keeps the mind of a convert busy.

Not only does the mind influence the body but physical conditions influence the mental processes, as we all know, and a bodily irritation sends its stimuli

or reflex to the corresponding center in the cerebral cortex. Even in pregnancy, a normal condition though one making an extra demand on the genital strength of the individual, there is likely to be a great mental disturbance. Regarding this condition Edgar gives many details and then says: "Great allowance should be made for the whims and irritability of the pregnant woman, as she is often not responsible for her altered temper. Many changes in her are probably due to the alterations, both quantitative and qualitative, in her blood at this time, as well as the changes taking place in her sexual organs. So she should be humored and shielded, and her idiosyncrasies should be gently overlooked." In gynecological cases also we have blood altered in quality, if not also in quantity, and speaking of the conditions arising from a diseased uterus Byron Robinson says: "The irritation is transmitted to the abdominal brain, where it is reorganized and emitted to the organs of the abdomen and chest, disturbing their rhythm, secretion, absorption, sensation and nutrition. The visceral rhythm becomes irregular, secretion and absorption become excessive, deficient, or disproportionate and the blood becomes waste laden. The patient is forced slowly or rapidly through definite, though irregular stages of disease, irritation, indigestion, malassimilation, malnutrition, anemia, neurosis and psychosis."

Thus the gynecological patient is peculiarly subject to many varieties of mental and nervous excitement and many reflex symptoms, including irritability of temper, sleeplessness at night, headache, palpitation of the heart, indigestion, etc., etc. If she will steadily refuse to think of her troubles, cultivate her appreciation of the bright side of things and firmly try to quiet herself, especially in the evening, she can control these symptoms in a greater or lesser extent, sometimes even to the point of making herself think she is already cured or has no uterine disease at all, since such troubles often only show themselves to the patient's consciousness by their reflexes. If she is able to take up some new occupation or study that is especially interesting to her without undergoing undue fatigue in finding the time for it, the change of mental activity will be beneficial by diverting the psychical stimuli from the sexual center in the brain and so assisting to lessen the lumen of the erector blood vessels.

Exhaustion of every kind, however, mental as well as physical, is to be avoided as the debilitation of the nervous system exaggerates whatever trouble a patient has and may induce a genuine hysterical state. Here mistakes are easy to make, especially where symptoms are complicated, and one that the gynecologist should avoid is in diagnosing a disturbed mental condition, excited emotions, unreasonable ideas and lack of self-control, as hysteria. Such symptoms may accompany hysteria but they do not constitute the condition. Here again Byron Robinson tells us: "Hysteria has certain stigmata, viz.: (a) anesthesia of the conjunctiva bulbi; (b) anesthesia of the mucosa of the pharynx; (c) anesthesia or hyperesthesia of skin (especially of abdomen); (d) sudden paresis or exacerbation of muscle (knee, globus, tongue, knotting of belly muscles); (e) occasional mental phenomena, and (f) disturbance of special sense, as sudden blindness or excessive hearing. Some of these six stigmata must be present to diagnose hysteria," and gives directions for ascertaining the genuineness of the symptoms, which is important to the practitioner, since hysteria is common to both sexes and is caused by other conditions than genital troubles. Furthermore the hysteric has much less self-control than the usual gynecologic patient and the treatment has to be more by suggestion on the doctor's part with less active, voluntary co-operation by the patient. Assistance is often needed in the distinctly mental phases of the non-hysteric as well, and here suggestion may be worth much in some cases, but it is my belief that the active, earnest co-operation of the patient's own will and mental powers is worth more and is more likely to do permanent good.

But in securing this co-operation, the physician meets several obstacles at the outset. Women are naturally very shy telling their mental experiences, their thoughts, feelings and dreams concerning sexual matters, to anyone. And this repugnance to any interference with the genital organs appears to be as natural and physiological as the repugnance among lower animals to any stimulation of their organs except at the period of mating for reproduction. It is nature's defense against abuse and prevents masturbation, a thing that is never seen among the animals, since the physiological function of their sensory innervation is not interfered with and defends them from abnormal stimulation. But the accidents, perversions and unhealthy surroundings to which civilized woman is subject do not permit an entirely natural life with purely normal stimuli to the genital tract. Still she has the natural repugnance to interference in a great degree, developed as a physiological function of her organism. To be sure it can be, and is, subordinate to her mental control and will power. When injured and ill she submits, however reluctantly, to treatment for relief of pain, but she generally tells as little as possible of her condition, and as for the mental phases, she either does not recognize them as part of her disease, or considers them as a phase to be religiously concealed. I do not know how many women and girls who have taken some form of gynecological treatment in the course of their lives have told me of this or that thing which they "never told the doctor, of course. It was none of *his* business." One young woman told me she stopped treating with an eastern osteopath because: "He began asking me about generation and such things,—how I felt,—things which I might *possibly* discuss with my husband but certainly not with him." And there is reason for this feeling; I cannot blame the women.

Besides the natural repugnance to discussing such matters at all, there is the fear of being misunderstood,—judged to be "nasty" or "impure" on account of the effect of some irritation not fully understood by the woman herself,—and the fear of having her confidence betrayed . Both these fears are often well grounded, for there seems to be no matter so little understood and so subject to violent prejudices as the sexual function. Many have but little charity for those whose mental condition is perverted along this channel, whatever the cause of the perversion may be, and a woman usually does best to keep her troubles strictly to herself. Her personal confidence in her doctor must usually be very great to induce her to explain herself at all fully, and physicians labor in this field with scant information, lack of data, and wide differences of opinion which seems to be always drawn from personal experience and colored by the doctor's personal character. Each physician is apt to learn most completely the mental state of those patients most like himself in character and feeling, for here will the greatest confidence be developed.

Nevertheless a great deal can be done by a sympathetic physician to assist women suffering from an abnormal stimulation or irritation of the sexual brain center by an inflamed or congested uterus. Women who are afflicted by erotic dreams or waking thoughts seldom know the reason and are often tormented by the idea that there is something very horrid or shameful in a condition which they can tell no one, "not even mother" as girls have said to me. Alas, mothers do not always understand and a sharp reprimand or stinging rebuke is not likely to be helpful to these patients. Even some married women have troubles of the kind for which they are glad to find relief, if possible. If a doctor suspects mental difficulties but can not very well ask direct questions, suggestions can sometimes be made indirectly regarding mental conditions "sometimes seen in similar cases" and as the patient gathers confidence she is apt to tell more of herself, especially when she finds she is not alone in her trouble. Her dreams can best be controlled by holding to the thought, "I will

not dream so; I will wake up (or change it)" just as she falls asleep. It is difficult to carry a waking idea into the sleeping consciousness, but it can be done with practice by holding the idea to the last gleam of wakefulness as she falls asleep. A sleepless patient should make a particular effort to quiet herself through the evening and not to indulge at that time in any reading, conversation or occupation that is exciting to her. On lying down to sleep at night, when counting the traditional sheep, etc, fails to gain the desired result, let her try stopping every thought that enters her mind the instant it appears while holding herself perfectly quiet and as relaxed as possible. This will keep her stopping her thoughts about every second but she will often drop asleep very suddenly after a little. Or she may hold her mind to the idea of her toe or the door knob,—an uninteresting thought which becomes monotonous enough to allow her to fall asleep. A patient troubled with over much erotic excitement should beware of letting her mind drift at any time on thoughts of sexual matters, especially in the evening. She should always turn to some occupation, reading or study on other subjects and especially beware of lying idly in bed after waking in the morning. If too ill to rise at once, let her provide herself with books, or some mental occupation that she can take up as soon as she is fairly awake. Patients can help themselves greatly in these and other ways, although no two are affected exactly alike and the mental states vary with the individual's differing characteristics, training and power of self control.

The pain may be brought somewhat under the patient's will as well. Byron Robinson says: "It is true in gynecology we are dealing chiefly with the subjective sensations of the patient. The pain appears to the patient as immeasurably severe and terrible. Frequently the only standard is the patient's tears, fears or moans, and her comparison of dragging, tearing or boring. We can to some extent estimate colic pains of hollow organs as uterine and intestinal conditions. But it is remarkable how gynecologic patients bear the genuine pain of labor and other colicky pains with little complaint and slight fear of its repetition; while the immeasurable and often apparently non-genuine pain of hyperesthesia causes exaggerated and bitter complaints. The intensity of pain can be supposed but never sharply measured. An exudate can be palpated, the amount of blood loss judged, the growth of a tumor estimated, but the determination of pain rests alone on the dogmatic assertion of the patient." Arouse the patient to an understanding of her exaggerated symptoms in this respect, set her to a determined denial of the pain after the method of a mental healer, and much may be done, depending on the patient's faith and mental energy.

Sometimes a bad habit as masturbation, is at the bottom of much of the patient's trouble. This she is not likely to confess except in rare cases. The doctor may be informed of it by a relative or surmise it from physical signs present, or miss it altogether, if those signs are absent, as they sometimes are in the milder cases of such habits. Here the patient's own efforts are indispensable to a cure, her confidence is very necessary to the practitioner and difficult to obtain. Further a habit of the sort is often almost impossible to break. It requires the patient's utmost efforts combined with inexhaustible patience and sympathy on the doctor's part, but it can be done. Young girls are sometimes led into such habits by their playmates, not knowing in the least what harm they are doing, and to get at the facts may require the greatest tact and adroitness on the part of the doctor, whose methods must be determined largely by his own individuality as well as the individuality of his patient.

And this last applies to the whole subject under discussion, making it one of

the most difficult phases of gynecological work, a line of practice in which, more than in any other, success depends on the degree of personal understanding between doctor and patient. All physicians need patience, sympathy, and a knowledge of psychology in dealing with their clientele, but the gynecologist needs those qualities in double amount,—they particularly appertain to success in his sphere of work.

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Infantile Paralysis

(Clinic at Annual Meeting of A. O. A., at Jamestown. Presentation of subject and history by Dr. Marie B. Walkup, Roanoke, Va.; lecture and demonstration by Dr. H. W. Forbes.)

When the subject, now 24 years old, was six months of age she had "spasms" before which she was a healthy child. At the age of two years she had another, what was called by the doctor, "spasm." She was four years old before she walked at all, and then very little; at eight the arm and leg began to contract, and at ten she had brace applied to foot which has been worn more or less since. I have treated her at intervals for the past two and a half years; never more than two or three months at a time as after that length of time there seems to be no improvement, then after an interval, the treatment would be resumed. She had had some osteopathic treatment before coming to me, when she could not raise her arm above an angle of 45 degrees. Arm and fingers at that time were badly drawn. When she first took treatment there was a constant jerk to the side and a *hop* to her walk, which will still return occasionally. The leg has improved and lengthened so that she walks with much more ease than when first treated. There is a curvature in the dorsal spine. This has been considerably straightened. The innominate is still anterior but not so bad as when I first treated her. My treatment has been directed to the curvature, to strengthen and relax these muscles to the affected limbs. Her condition has been greatly improved by treatment. It is not known whether there was temperature at the time of the first spasms or not nor is there any information as to whether instruments were used at delivery. She was considered a healthy child until the spasms at six months of age. I want the judgment of those present whether further treatment will be still helpful or whether surgical attention will be effective to foot. (Dr. H. W. Forbes takes charge of clinic) Without going further into the history at the present time, let us examine and determine whether this is a lesion in the spinal cord, or a lesion in the brain.

Anatomy and Physiology

All of you are sufficiently familiar with nervous anatomy and physiology to know that this paralysis may be due either to a lesion of the cerebrum or upper motor neuron, or to the spinal or lower motor neuron. From the cerebral cortex down to the centre in the spinal cord, medulla pons, and mid-brain, there extends a fibre, the cortico-spinal neuron. Another nerve cell with its processes extends from this point to the periphery, and nerve impulse passing from the brain to the mid-brain, pons, medulla, and cord is then transmitted to a second neuron, and carried to the muscle cell at the periphery. In cases of paralysis, the lesion is to the neuron extending from the cortex to the centres in the cord, medulla, pons, and mid-brain, or to the neuron extending from the cord to the periphery. The first thing, then, in diagnosis is to determine whether this is a lesion to the upper or cortico-spinal neuron, or to the lower or spinomuscular neuron. This differentiation is easy. If the lesion is to the upper or corticospinal neuron the muscles will

be spastic. There will be no atrophy and the reflexes will be exaggerated. If the lesion is to the lower or spinomuscular neuron, the muscles will be atrophied and the reflexes will be lost, and the muscles will be flaccid. It is easy to tell the difference between an exaggerated and lost reflex, and a flaccid and spastic muscle. In the corticospinal lesion the muscles do not atrophy, and in the spinomuscular lesion they do. I may say in passing that in cases where the lesion is to the corticospinal neuron the side of the body affected does not develop as much as the other side. Under-development must not be confounded with atrophy. The right side of the body never was affected. The left side of the face was involved. (Patient wrinkles forehead and frowns). You will observe the left side of the face is weak, as the patient smiles. In laughter any difference in the two sides is very readily recognized. The left arm and leg are not developed as much as the right. The muscles of the left side of the body are spastic. Observe these extreme bends, as a lead pipe bends. I start to flex it, and it resists, I start to extend it and it resists. Under continued pressure it bends, and the further it bends the less it resists, hence the name *lead-pipe* resistance. This is a sign of spastic muscles. (Now tests reflexes). The left elbow, patellar and Achilles tendon reflex are exaggerated. The sensation in the paralyzed side is normal. The signs here present are exaggerated reflexes, spastic muscles, and no atrophy. This is conclusive proof that the lesion is only affecting the corticospinal and not the spinomuscular neuron.

(In reply to a question) Yes, this is infantile paralysis.

Infantile paralysis is subdivided into cerebro-infantile paralysis, and spino-infantile paralysis. This case is one of cerebro-infantile paralysis, or technically cerebro-infantile hemiplegia. A spinal infantile paralysis is what we ordinarily speak of as infantile paralysis or poliomyelitis anterior. If you could examine her spinal cord, medulla, pons, and mid-brain, you would find them normal, but if you should examine the right cerebral cortex, you would find it abnormal.

Nature of the Causative Lesion

What was the nature of this lesion? The probabilities are strong it was hemorrhage. The larger number of cerebral infantile paralyses is due to hemorrhage, and this hemorrhage might have been repeated, and the convulsion might have corresponded and probably did, with the onset of the hemorrhage. The cause of this movement is therefore altogether problematical, as we have not enough history to go further into the origin of the condition. The nature of it is clear.

Now, what of the treatment? What can we do with such cases? In the treatment of these cases the first question one asks himself is what can be done towards removing the condition of the cerebrum? The next question is what may be done toward overcoming these peripheral conditions which are effects of the cerebral lesion? This patient was but six months old when this affliction came. As a general rule all these cases continue to improve through the period of growth and development. When growth is completed the tendency is for the improvement to be arrested. Now, what are the possibilities of regeneration? Such nerve cells as have been destroyed are dead, and a dead cell cannot live again. We must admit a certain amount of destruction which is irreparable. The establishment of the most perfect circulation is a condition essential to reproduction and repair; and as much repair as may be obtained will be obtained under favorable conditions of circulation and nutrition. After the repair has been completed, and after such reproduction as may possibly occur has been finished, our next question is, is there any

possibility of compensating for the remaining tissue defect? In this case the extent and kind of tissue destruction exceeded the limits of reproduction. Repair occurred but the original condition of the part was not restored. Nerve tissue has been replaced by connective tissue. The next question arising is, may this be compensated for in any other way? There is the same possibility of collateral circulation of nervous energies as there is of blood. The more we study nervous physiology and the more we learn about the circulation of nervous energies, the more firmly the truth is impressed upon us that there is the same condition of collateral circulation in the nervous system that there is in the vascular system. I would not have you get the idea that I hold that nervous energy is a fluid similar to blood, but we may use the blood circulation as an illustration. Thus under the influence of exercise, and under the influence of normal nutritive conditions, there will in all of those cases be a tendency toward a re-establishment of functions along new, albeit imperfect lines, but still, a tendency toward a re-establishment of it. From the opposite cortex, and probably from other neurons in this cortex connections will be formed between the brain and the lower motor-neuron centres. Probably from the age of six months up to thirty years, almost as much compensation has occurred as is possible to occur. If there are defects in the neck or in the spine, which are interfering with circulation, then we would not consider that we had done all we might do for the patient until those were corrected.

The Cause of Deformity

The next question is what may be done for the peripheral effects of the lesion, that is, for the spasticity, contracture, and deformities, such as this condition of talipes equinovarus. Why was this foot deformed? Why is there a tendency to a deformity at the shoulder? Why is the forearm held in flexion, and pronation? Why is the wrist flexed? Simply this: All of the muscles on the left side of the body are removed from normal connection with the right cortex. There is as much reduction in energy from the cortex to the flexors as there is to the extensors. Now when the cortical influence is withdrawn, the extremities will take the position determined for them by the stronger muscles, and it is a physiological law that flexors are stronger than extensors, pronators are stronger than supinators, and the adductors are stronger than abductors, hence all of those muscles receiving an equal volume of nervous energy, the stronger muscles will prevail and determine the position of the joints.

Now the range of use is much greater than before treatment. There has been no improvement to the foot deformity. Under the influence of manipulation of these muscles and spinal treatment, spasticity tends to disappear, not permanently, but only while under treatment. As long as this case is treated the spasticity will be minimized, but if she goes for any period without treatment, it will tend to recur.

A glance will show you that the condition of the foot is an extreme one of talipes equinovarus. This condition has been developing gradually from the time the spasticity appeared shortly after the onset of this paralysis when the patient was six months of age to the present time, almost twenty-five years. A constant deforming force has been operating. The bone deformity present is extreme. The shape of all the tarsal bones deviates widely from the normal. The unequal strength of the spastic muscles of the leg and foot has exposed one side of these bones to the greater pressure than the other; as a consequence of the pressure, atrophy has resulted. Bones are readily deformed from continued pressure, and the mechanism of this is not different in a club foot and a lateral curvature of the spine. Considering the amount of deformity

present, and the age and condition of the patient it is safe to say that this condition cannot be completely overcome by manipulation, or any form of surgical interference. Several month's treatment has been given, and the patient does not notice any marked improvement. Whether continued treatment would effect a material change or not is uncertain, but I think extremely doubtful. The question is asked, might this condition have been prevented? Yes, sir. If treatment had been begun at once, before contractions occurred, and continued persistently, the deformity would have been largely prevented.

Spinal Examination

Let us now proceed to the spinal examination. (Patient sitting on a stool). First let us determine the amount of movement in the spine. This is satisfactorily accomplished by taking the movements of the cervical dorsal, and lumbar region saparately.

Measurement of Spinal Regions

We measure the cervical flexion by placing the tape on the spinous process of the axis, and the seventh cervical vertebra. As the patient bends the neck forward from the upright position, we note a fraction over two centimetres of movement. This is less than the normal range of movement for this region. The movement of the occiput on the atlas is determined by placing the tape on the external occipital protuberance and the spine of the seventh cervical vertebra. You observe less than three centimetres of movement. In a normal case the amount of flexion between the occiput and the atlas almost equals that of the entire remaining cervical column. In this case the amount of flexion between the external occipital protuberance and the seventh cervical is less than a centimetre greater than that between the axis and the seventh cervical, consequently there is great reduction between the movement of the occiput and the atlas. This is one of the most positive signs of lesion. It makes no difference which one of the ten regular lesions of the occiput are present, the movement will be reduced. The lesion present in this case is a bi-lateral posterior occipital. The amount of flexion in the dorsal spine is estimated by placing one end of the tape on the spine at the seventh cervical, and the other on the twelfth dorsal. It will be observed that the flexion between the seventh cervical and first dorsal is included in the movements of the dorsal spine, and the movement between the twelfth dorsal and first lumbar is excluded. The reason for this is obvious. The seventh cervical in the formation of its inferior articular facets, and in its movements is like a dorsal vertebra, while the twelfth dorsal in the formation of its inferior articular facets, and in its movement is like a lumbar vertebra, hence from a standpoint of movements, lesions, etc., the seventh cervical is a dorsal vertebra, and the twelfth dorsal is a lumbar vertebra. An osteopathic anatomist will some day probably describe the occiput and atlas as one region of the spine, the axis to the seventh cervical inclusive as a second, the seventh cervical to the eleventh dorsal inclusive as a third, and the twelfth dorsal to the fifth lumbar inclusive as a fourth. You observe that the amount of flexion between the seventh cervical and twelfth dorsal is about one centimetre. On further examination we note that this movement occurs between the ninth and tenth, tenth and eleventh, and eleventh and twelfth, while from the seventh cervical to the ninth dorsal no appreciable movement exists.

Let us now measure the amount of flexion in the lumbar spine. We do this by placing one end of the tape on the twelfth dorsal spinous process, and

the other on the first spinous process of the sacrum. You note that the flexion in this region is less than three centimetres. This is less than half the amount of movement she should have in this region. The tape reveals reduction in the spinal movements from the occiput to the sacrum. This may be produced by lesions, muscular rigidity, lack of use, etc. It is not possible to determine the rotation and side bending in these various regions without satisfactory apparatus. You may observe that these are likewise reduced, but we cannot make a specific record without apparatus. Note that the lateral flexion in the dorsal region is less on side bending to the right than it is toward the left. This is explained by the existence of a right lateral curvature.

Let us now palpate the spine to discover whether any lesions of individual vertebrae exist. The occiput is bi-lateral posterior; the signs of this are anterior borders of the transverse processes of the atlas closer to the ramus of the jaw than normal, posterior borders of the transverse processes in front of a vertical line dropped from the apex of the mastoids, restricted movement in the occipito-atlantal articulation, and accentuated cervical curvature. The axis is anterior on the right. The signs of these are right transverse process of the axis moved forward in relation to that of the third cervical, restricted movement, and the presence of a compensatory lesion on the left. This compensatory lesion is located between the fifth and sixth, the right transverse process of the fifth is in advance of that of the sixth. That this is a compensatory lesion is manifest because the movement is normal; and when the head is turned toward the left the fifth moves backward to its normal position.

The third dorsal is slightly lateral to the right. Signs of these are spinous process of the third lateral to the right of the fourth, no movement between the third and fourth, and the existence of a compensatory lesion of the second to the left on the third. Movement between the second and third, no movement between the third and fourth, indicates that the third is the primary, and the second the compensatory lesion.

A question: What is the comparative prognosis in infantile spinal paralysis, and infantile cerebral paralysis?

This question is difficult to answer briefly. As a general rule, more recovery will occur in the cases of infantile spinal paralysis than the other. Immediately following the onset of infantile spinal paralysis, the extent of the paralysis is frequently great, improvement begins in about three weeks, and proceeds rapidly for two or three months, after which improvement is slow, but continues up to the age of full development. Many of these cases recover sufficiently to walk without artificial assistance, and with little limp. On the other hand, when the anterior horns of the cord are extensively degenerated over several segments a permanent total paralysis may result. Inasmuch as the brain is not affected they undergo practically a normal mental development.

In the cases of infantile cerebral paralysis, many die at the outset, and a large percentage of the remainder develop contractures which more or less disable them throughout life. The cerebral lesion usually retards mental development. In both cases the prognosis is better if intelligent treatment is pursued constantly from the outset, and although under treatment, begun years after the acute lesion, some improvement will occur, yet one should always give a guarded prognosis in such cases.

The Spine

BEN S. ADSIT, D. O., FRANKLIN, KY.

Anatomy is that branch of osteopathy which treats of, or, describes the different organs and tissues of the body. To understand the structure of the body, it first becomes necessary that we have a thorough knowledge of the framework upon which the body is built. This, we might say, is the key-note of osteopathy, and the principle key upon which we play is the spinal column.

When patients present themselves for osteopathic examination, and we run our fingers up and down the spinous processes to see if they have deviated from the normal line, and if we find that they have, it immediately springs into the mind of the examining physician whether it is lesion or not. The pathognomonic sign that controls this decision is disturbance of the function of the organs and tissues which are fed by the nerves which emerge from the intervertebral foramina corresponding to the lesion. Soreness and tenderness are fairly accurate in aid to a diagnosis, but can be caused by many other disturbances than a subluxation. We frequently find a spinous process that has deviated from the normal line that does not present soreness nor disturbance of function and anatomy teaches us that a spinous process may be over-or under-developed which would resemble an anterior or posterior slip, that it may be deflected to one side or the other which would resemble a lateral, that it may be bifid in the cervical region and one of the bifurcations usually exceeds the other in length which may be felt upon one side of the normal line and mistaken for a lateral, and if moved, would create a pathological condition.

To distinguish between these conditions, I offer a few anatomical rules, while not infallible, they are fairly accurate and will aid in a diagnosis.

Two points to be remembered are that a slip of a vertebra must correspond to the shape and direction of the articular process and the movements permitted in that region of the spine. In this way, and in no other, can it slip without fracture of the articular processes. Also, bear in mind that this talk deals with a single vertebra and not a spinal curve.

Taking up first the lumbar region, a lateral slip in a perfectly horizontal or transverse plane is a matter of impossibilty. We can have a lateral slip, but it must correspond to the lines of the lateral flexion and in this case, the upper border of the spinous process would look upward and outward, the lower border downward and inward, no matter to which side it was turned and it would involve the vertebra above and below. To distinguish between the over or under developed processes and an anterior or posterior slip, I can offer no anatomical rule. It has been suggested that we may detect this by our knowledge of the normal tension of the supra spinous ligaments. Approximations and separations of this region as well as the entire column should be readily recognized.

The dorsal articular process will not permit of either a direct anterior or posterior slip. There can be an anterior or posterior tilt. In the former, there would be an approximation of the upper border of the spinous process of the subluxated vertebra to the lower border of the one above. Exactly the opposite condition would act in the posterior tilt but in either case the vertebra above and below would be involved. Laterals predominate in this region owing to the fact that here rotation is freest. The slip of any vertebra in the dorsal must involve four ribs, except the 11th and 12th and

possibly the 10th. In this case, the vertebra would be the primary and the ribs the secondary lesion.

The cervical regions, with the exception of the articulation between the atlas and and axis will permit of a slip in any direction. Some of them can not always be felt, so here we must rely upon the disturbance of function and what we can make out by palpation of the transverse, owing to the obliquity of the articular processes. In the anterior slip the spinous processes would approach the one above and the posterior the one below. Between the atlas and axis, the abnormality most often found is rotation. A posterior slip is impossible. While disputed by many, it is my firm belief that the anterior slip is also impossible, except in younger life.

I wish I could go deeper and explain the effects of a spinal lesion upon the various structures of the body, but I can go no farther than the osteopathic profession has already gone, and it will go no farther until we can demonstrate the effects of the lesion. A great many of these we know by actual experience and results; some by the results of others; some we will never know, unless some competent and untiring person devotes his time and energy to the discovery and proof. I repeat that a great many of these we already know, but ask many of the teachers in the schools, or the practitioners in the field, for their opinions upon this subject and you will find that you will have just as many different answers as the ingredients of a famous compound of which I once knew which was composed of roots, herbs, gums, blossoms, berries and barks. We are teaching pathology in our schools to-day, and our students are advanced in this branch as well as those of other schools which reflects with credit upon the students, schools and profession, but behind all of this there is something deeper. The more we know about the spinal lesion, the original idea of Dr. A. T. Still, the better able we are going to be to handle the patients who come under our charge and to give to the world an unchallenged system of healing. To stop with no further knowledge upon this subject would be unfair to our future patients; to the osteopathic students who are to take our places and the basest of ingratitude to the father of our science, who discovered it, and like thegre at, good man he is, so freely gave it to the world.

Notice

Since the publication in the July Journal of my remarks on "Occipital Lesions," Doctor McConnell has informed me that both his "Practice" and McConnell & Teall's "Practice" give some consideration to occipital lesions.

It is therefore due Doctor McConnell from me to say that I should have mentioned his "Practice" (1899 edition) as containing probably the earliest recognition of occipital lesions to be found in any osteopathic text.

I am glad to make this correction in justice to one who has done much for the advancement of osteopathy along various lines; but my main contention, that at least till very recently occipital lesions have been very generally overlooked or confounded with atlas lesions by both practitioners and text writers still holds true.

Knoxville, Tenn. W. F. Link, D. O.

PROGRAM.

Annual Meeting of the American Osteopathic Association, Kirksville, Mo. August 3-8, 1908.

Monday, August 3

10:00—10:30—Opening Exercises.
Invocation.
Address of Welcome—A. T. Still.
Response.
10:30—President's Address—Dr. F. E. Moore.
11:30—Paper and Demonstration—Corea—Dr. A. H. Zealy.
12:15—Demonstration and Discussion—Appendicitis—Dr. W. J. Conner.

RECESS.

2:00—Open Parliament—Osteopathy in Acute Practice—Dr. Wm. Horace Ivie.
8:00—Preliminary Meeting of M. V. O. A., the Reunion of Fraternal Societies,

TUESDAY, AUGUST 4.

9:30—Paper and Demonstration—Dr. Carl P. McConnell. Some Disabilities of the Foot: (a) Flat Foot; (b) Contracted Foot; (c) Anterior Metatarsalgia.

Section I.

11:30—1:00—Practice.
Diagnosis and Treatment of Thoracic Conditions—Dr. D. S. Pennock.
The Fifth Cranial Nerve—Dr. W. R. Laughlin.

Section II.

Presided over by Dr. Ada A. Achorn.

Gynecology and Obstetrics:
Paper and Demonstration—Dr. Ellen B. Ligon.
Paper and Demonstration—"Bladder Conditions"—Dr. Ada Achorn.

RECESS.

2:00—Paper—The Relationship of the Osteopathic Physician to Public Health, Dr. C. A. Whiting.
Discussion.
2:30—Open Parliament.
8:00—Regular Meeting of the M. V. O. A.

WEDNESDAY, AUGUST 5.

9:30—11:00—Business Meeting.
11:00—Demonstration—Technique to Spinal Lesions—Dr. H. W. Forbes.

RECESS.

2:00—Open Parliament—Conducted by Dr. George Laughlin.
3:30—Demonstrations and Clinics at Hospital.

EVENING.

Alumni and Class Reunions, etc.

THURSDAY, AUGUST 6—OSTEOPATHY DAY.

9:30—Paper—Photography in Diagnosis—Dr. C. E. Fleck.
10:15—Demonstration of Technique—Dr. Ernest Sisson.
11:00—Exercises to Commemorate the Birthday of Dr. A. T. Still.
Address by Mayor of Kirksville, Mr. H. Selby.
Paper—Dr. Still as a Benefactor—Dr. S. T. Lyne.
Address—Dr. A. G. Hildreth, Pres. M. V. O. A.
(The afternoon and evening will be devoted to celebration as planned by the Local Committee).

FRIDAY, AUGUST 7.

9:30—Paper and Demonstration—Dr. George Still.

Section I.

11:00—Practice:
Demonstration—Dr. G. S. Hoisington.
Demonstration—Dr. F. F. Jones.
Nose and Throat—Osteopathic Technic—C. C. Reid.

Section II.

Gynecology and Obstetrics:
Address—Specific Infection; Its Effect and Treatment, Dr. M. E. Clark.
Demonstration—Dr. Ella D. Still.

RECESS.

2:00—Election of Officers.
2:30—Paper—Osteopathic Methods in Inflammations and Post-Operative Conditions—Dr. F. P. Young.
4:00—Demonstration and Clinics at Hospital.

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H. L. CHILES, Editor.

"And the Greatest of These is 'Original Research'"

It hardly seems necessary to refer to the wonderful development of osteopathy; and yet neither is it necessary when making a plea for increased effort along new lines to ignore that we have gradually built up from the mere incident of the accidental adjustment of a dorsal vertebra,—from the first crude idea of anatomical structure adjustment—to the little school house with its handful of students consecrated to an idea; to the red brick college, with hospitals, nurses home and school; to other colleges, sixteen hundred students, five thousand practitioners; from legal right in one state to recognition in forty; from a few believers in a new school of therapeutics,

a new philosophy in cause of disease to eight hundred thousand followers. This is but a skimming reference to the gigantic achievements of the osteopath beginning with Dr. A. T. Still and his little band of workers.

Attention is called to the progress, growth and advancement in osteopathic development, in higher education, in legislation, to perfected organizations, that it may not be thought that any one of these is for a moment lost sight of, but because it marks *the exception*, at this time all the more plainly. In every department of the science are there well directed energetic efforts noted, *save in one.* In every direction the osteopathic finger points with pride to results, *save in one.* We have advanced in "double quick," but now as we look back, every step in our development seems but the result of a natural evolution.

But now we approach another period in the growth of our career and we do so without the slightest feeling of pessimism; we appreciate in the very highest degree that the creative power of osteopathic minds is a mental attitude of optimism. The seed of research, is in the ground, in many instances in active growth, in others the fruit is here and we have partaken.

Hence let it be remembered that the object of this communication is to stimulate, to arouse, those far-seeing minds to the necessity of *immediate action.* Let us not rest with a feeling of fancied security; let us not forget that the handwriting on the wall is for us.

"Original Scientific Research."

The very fact that we have grown into a great school of practice; have become a factor raised to the third power in healing art; that osteopathy is accepted as a science, make the demands of science all the more portentious, unless we obey this last and loudest call.

As Dr. McConnell voices this same sentiment; "The two fundamentals of our present development absolutely demands immediate and unified action along the lines of national legislative organization and *definite scientfic exploitation.*" "The cooperation of every osteopath is required." "Every one is equally concerned." "*It means our future existence, nothing more nor less.*"

We should place "scientific exploitation" *first.*

Place osteopathy on a firm scientific foundation of laboratory evidence, and we can go before any legislative body in the land, and receive the recognition we want, and as we want it.

When we thoroughly consider the questions, "what has proven the greatest benefit to our progress?". "what have you done?" is it any of the steps of our evolution, herein mentioned, that gives us the greatest feeling of security? No, it is the *scientific researches* of Still, McConnell, Burns, the late Dr. Hulett, Forbes, Clark, etc., that we quote as most representative of our progress and growth and as answers to such assertions. And yet in this great forest of research, we have but blazed a narrow trail; only a narrow trail, straight and true, that admits the white light of a new philosophy; but we must delve deeper, develop and broaden, and thus more strongly entrench osteopathy in that department where it is most needed. We are

today very little nearer to established research laboratories than we were two years ago; and in this delay, procrastination is our inexcusable error of judgement. The caution that advises a policy of waiting, is the policy of obstruction. It is this caution, that is fear, that knows not its own mind, that has already wasted another year of valuable time in delay. It will not be a difficult matter to begin original research now; true, we must use some of our principal as well as the interest of the endowment fund.

Original research must be carried forward by the A. T. Still Post Graduate College; by laboratories devoted to research in every osteopathic college; by research of the individual practitioner; by a demanding an original thesis from every senior student as a requisite for graduation; by original research carried on by senior students, under guidance of their teachers. Colleges must appreciate the value of laboratory methods, as meeting the highest demands of advanced education. Subject the philosophy of osteopathy to the every known method of research; let the importance of laboratory work, the spirit of inquiry, move every osteopath to remember, that "every man is a debtor to his profession." Let us question to the very end every claim made by us; let our assertions be based on scientific experimental evidence, and not upon the evidence of individual reasoning, a vivid imagination, an enduring right arm and a sharp pencil. Let problems be assigned to local osteopathic societies in every city; to individuals special investigations selected with a view to the facilities the individual has for doing them; bring into activity as much work as it is possible so arouse.

The writer sent out a number of letters recently in which he asked the question: What are some of the problems in scientific osteopathic research that should be demonstrated? How would you proceed?

Great interest was shown in these questions, and the answers include suggestions in Anatomy, Physiology, Hygiene, Pathology, Etiology, Comparative Anatomy, Physiology and Technique, use of all instruments for diagnosis, special problems that demand elucidation, in fact the *entire field* of *scientific osteopathy,* was touched upon.

Let every reader of these two questions prepare the answer *in writing*, and submit them to the secretary at the convention; in all probability you will also be asked for them; in this way again aiding this work by bringing together a very large number of individual ideas, that will aid very materially in the final assigning of these problems.

And now we meet again in convention, we will discuss the vital issues in which we are all most deeply concerned, regarding "Original research." Let it be remembered no great amount of talking is necessary; it is simply a question, will you do your part?

It is not a question of money expenditure, but a question of "will you give your time and mind to the work?"

And in conclusion let it be said, that if you cannot see the vital importance of doing scientific work *at once*, then are you totally blind to the greatest need in osteopathic development.

St. Louis, Mo. HERMAN F. GOETZ, D. O.

Victory in Louisiana.

A bare dozen osteopaths in Louisiana have just won perhaps the most notable achievement in the history of osteopathic legislation.

They accomplished this by making reasonable demands of the legislature and sticking right to it, and in the closing hours of the session, their measure passed with feeble opposition and was signed by the governor; and this in the face of the most determined opposition on the part of the medical organizations. A few months before the legislature assembled the medical people held meetings in every district in the state and Dr. McCormack, their agitator, made popular addresses all over the state; but the legislature seemed to have a sense of fair play. It revised the medical laws along the lines asked for by the medical profession except as regards its disposition of the practice of osteopathy, and then it gave the osteopaths what they asked for.

The point is this: The osteopaths stood out for a measure that would make it possible for others to come into the state, it spite of the fact that the medical men, when it seemed that they controlled the situation, offered to make full fledged physicians and surgeons out of all in the state, but they would also make the conditions under which any others should come into the state. It required good nerve to resist this, but to the credit of the Louisiana Society, they resisted, and as a result they have perhaps the most satistactory measure we have yet secured. The bill is more liberal than any yet enacted in regard to taking in graduates from irregular schools now practicing in the state; but this is a local matter and one in which the profession at large has no concern. In its broader provisions — reciprocity as to licensed osteopaths in other states, and reasonable conditions for new graduates to enter the state — matters in which practitioners every where are concerned, the measure is well framed.

If enactments in *all* the states were such as are enactments in some of the states and remained so, we who are now in practice would be the last practitioners; and in a few years our schools would be practically closed, for there would be no where for their graduates to practice; but if all our statutes were as this Louisiana statute seems to be, every qualified osteopath might practice in any state where his preference should lead him. The entire profession is under obligation to the Louisiana Society for its success in securing the enactment of this measure.

The editorial writer in *The Outlook* impelled by his obsession against Bryan makes use of the following comparison; "Bryanism is in politics what osteopathy is in medicine. There are diseases of the bones: but they are not the only diseases from which humanity suffers."

If this writer is no more familiar with politics than this uncalled for and inappropriate sally into science shows him to be there, it would be much better for his readers if he were to confine his observations to the weather or some subject familiar to him.

Publicity and Osteopathy

THE JOURNAL takes pleasure in calling special attention to a popular article on osteopathy printed in the September *Cosmopolitan*. It also notes with much satisfaction that an article by Dr. E. M. Downing or York, Pa. is soon to appear in the *Metropolitan* magazine. The new Americana, published by the Scientific American, contains two excellent articles on osteopathy, by Drs. Pressly and Littlejohn. This willingness on the part of magazines to produce these articles is encouraging but the real thing is the information they give the public. Perhaps no one article in recent years has been so widely read and copied as that by Dr. Still in the Ladies Home Journal last winter This education of the public is perfectly legitimate an equally necessary. We quote from a private letter from a correspondent on the Pacific coast:

Your recommendation for an A. O. A. organizer appears to me as excellent.

As a student in a medical college, I feel I know something of the general medical attitude toward us. Briefly and generally, they hate us; we are ignorant intruders; we are merely an "ism" or "fad" along with Christian Science, and must be suppressed.

The remedy for us lies in greater proficiency as individuals and wider publicity for our science. The name osteopathy and its distinctive therapeutics must be known in every home and its practitioners must thoroughly understand their art.

I used to be lukewarm but I have suffered a few sharp thrusts lately from medical men in whom I placed some faith and am beginning to see that the little respect shown me is purely personal and that they despise what I stand for just as heartily as though they had never known me.

I'm getting nearer the boiling point each time I witness the efforts of medical measures in recent issues of the various journals to promulgate among the profession certain methods and discoveries that are manifestly thefts. Osteopathy is entitled to the credit of much that has been developed along the line indicated and our people need a vigorous awakening from an apathy which if long continued, will seal our fate.

Organization and "booming" are legitimate, and more than that, are necessary. I congratulate you on your idea and its vigorous presentation, and trust it will bear abundant fruit.

This is quoted not because it approves of the suggestion made in the Journal but because it illustrates the point under discussion, the need of publicity. Another friend from New England writes urging the pressing of the point of getting a man in the field that the Association may be brought into contact with every practitioner that each practitioner may feel that he has the association and every other practitioner back of him, that our organizations may be cemented and our institutions, schools, magazines, etc. may be supported. There is room for serious thought along this line and action at Kirksville.

Many members are writing regarding Case Reports, not having received a series this year. This delay has been caused by the overwork of Dr. Ashmore, the Editor. She was compelled to have rest and spend several months on the Pacific coast. The first series, perhaps the second, is now ready and will be mailed to all members about August 1.

Are You Going to Kirksville?

If not, why not? This is to be no ordinary meeting. It is not held to simply transact the business of the Association and carry out an excellent scientific program. It is held to give the opportunity to every osteopath to pay a mark of respect and tribute of gratitude to Dr. Still; not so much for the brilliancy of his discovery, but for the fact that he so generously gave it to the world. This is the feature of his life that places every one of us under obligations to him, and on his eightieth birthday, we all have the opportunity of showing him that we appreciate these obligations.

It may not be known to all that Dr. Still had the opportunity of making himself rich by letting osteopathy die. He suffered the hardships of poverty and ostracism, that osteopathy might survive and be given to the world. We are the direct beneficiaries of this noble act and we now have the time to show that we appreciate it.

Of course, no time will suit every one. Of course, some cannot attend. But every osteopath should make the effort of his life to be in Kirksville, Thursday, August 6. This meeting is not for members of the association only. It is a national meeting in which the alumni of one school will be no more welcome or wanted than these of all schools. Let each reader of this come and try to bring some brother practitioner who is not a member. This has been an off year in finances in most parts of the country, and collections have been poor; the railroads have not cooperated as heartily as they should have done to make it economical for us to attend; the summer has been hot, and to many the long ride across the plains does not seem attractive as a rest or vacation; but to attend this meeting is a duty laid at the door of us all, and a privilege we shall not likely have again—that of joining a loyal, loving band to make glad the heart of Andrew Taylor Still. Expression of our gratitude and appreciation is all we can do, shall we do that?

Railroad Arrangements to Kirksville.

Up to date of going to press, the passenger associations representing the railroads in the Atlantic Coast states have not agreed to enter into the arrangements made by the roads in the Middle West and West on account of Kirksville meeting. So that, unless the roads in the East do enter into this arrangement before the time of the meeting, and this can be ascertained from local agent, in purchasing tickets from the East on account of the meeting it will be best to get a ticket to Buffalo, Pittsburg or Cincinnati and then purchase round trip ticket from that point to Kirksville. From these points we get a very good rate — to wit: from Buffalo to Kirksville and return, via. the Wabash is $29.35 and on other lines approximately the same. From Pittsburg it would be considerably less. Tickets on sale July 30 to August 4, good to return to August 15.

Reader, if you are going to Kirksville, and of course you are, if you have not reserved that room, better do it at once. The Pool Hotel gives room and board, two to room, $2 per day each. Rooms in private families one dollar per day and up. Write to Dr. H. M. Still, Convention Secretary.

"WHAT IS OSTEOPATHY?"

(This is the subject of one of the leading articles in the September issue of the Cosmopolitan Magazine, by Belle Case Harrington, a prominent young magazine writer of Bowling Green, Ohio. Several extracts from this article are printed below, and this issue of Cosmopolitan will be found a most attractive one for osteopaths to have on their reading tables and put in the hands of people interested in osteopathy. The magazine will be on the news stands, price 15c, about the first of August but as the supply is likely to be limited, better order the number wanted from the publishers, No. 2 Duane St., New York City. The quotations below given are perhaps sufficient to cause the reader to see the value of this article printed in one of the leading popular magazines. Editor.)

"In the treatment of disease the great difference between the osteopath's method and that of the regular physician lies, of course, in the fact that osteopaths use no medicine except, perhaps, an occasional salve or lotion in skin troubles, or an antidote in case of poisoning. The medical practitioner calls, makes his diagnosis, leaves the remedies indicated for his patient's ailment, and goes away, depending upon his medicine to do the work. The osteopath makes his diagnosis, then must remain and administer his treatment 'from the shoulder,' as one might say. The prophylactic value of osteopathy is great. . . .

"In diagnosis, the osteopath uses all the methods common to the regular physician, but in the determination of spinal lesions he pays particular attention to palpation, i. e., examination by touch. The experienced osteopath possesses in his finger tips a power of diagnosis which is almost marvelous. While by no means ignoring symptoms, he more often finds his clue to the real trouble in some irregularity of bone or ligament or muscle—causes which are commonly considered unimportant by the regular physician. . . .

"The corporations realize the value of this kind of examination, and thousands of dollars saved every month through the keen discernment of their osteopathic advisers. In the adjustment of damage cases resulting from personal injury, the opinion of a competent osteopath is of great value, as he can readily detect the frauds which are so often practised in such instances. Osteopaths are often called upon for expert testimony in court, and as examining physicians for insurance and railroad companies they are considered especially competent. . . .

"One of the most dramatic incidents connected with the achievements of osteopathy is the case of Mrs. Helen Delendrice, whose husband is termed 'the merchant prince of the Dakotas.' Mrs. Delendrice was affected with what the leading surgeons of the United States term cancer of the breast; one operation had been performed and another seemed imminent, with slight hope of saving her life. She consulted competent osteopaths, who pronounced her disease not cancer, but a curable malady. Her complete restoration to health attracted universal attention, and the following year she appeared before the North Dakota legislature, and by her personal plea secured the passage of a bill giving osteopaths the right to practise in that state. . . .

"Many cases of asthma of long standing have been permanently relieved by this treatment. In fact, one of the 'old doctor's' first and most spectacular cures was performed upon an asthmatic patient. He was driving along a country road when he came to a dooryard in which was a group of excited people. In their midst was a man, propped up in a chair, fairly fighting for breath. His friends looked on helpless, apparently expecting his death at any moment. Doctor Still saw at once that the man was suffering from asthma. He brushed the onlookers aside, and striding up to the sufferer, he began to examine and manipulate the spine, giving the man almost instant relief. Friends looked on, incredulous, while the rescued man exclaimed: 'My God! What have you done? I didn't suppose anyone but the Almighty could ease me like that.'"

REPORT FROM LOUISIANA SOCIETY.

The Louisiana Society wishes to acknowledge through The Journal the following contributions in addition to the $152 reported last month: Iowa Osteopathic Association, $25; Missouri Association, $15; Wisconsin Association, $50; Dr. Asa Willard, $5; total, $95. An error occurred in the last report in that a contribution of $6 was credited to the New England Society when it should have been the New Hampshire Society. The Osteopaths of Louisiana are deeply grateful for the help rendered them.

New Orleans, La. C. G. HEWES, D. O., Secretary-Treasurer.

Correspondence.

DOCTOR DOWNING COMMENTS ON FUNDAMENTALS OF PATHOLOGY.

Noting with much interest Doctor Tucker's comments on Doctor Dufur's paper on "Reflexes," and the conclusions they both draw as to the fundamentals of pathology, I could not but be impressed with two paragraphs of Doctor Tucker's. They are found at the bottom of page 452 and the top of page 453 of the July Journal.

If it is not out of place I should like to quote in this connection a few lines from my discussion of gallstones at St. Louis, published in the Journal of the A. O. A. for March, 1905.

In speaking of the fact that certain lesions, namely, vertebral and costal, eighth to twelfth inclusive, may be present in cases of gastric or intestinal disturbances, disorders of the liver, diseases of the pancreas, or in gallstones, I asked whether if such diverse pathology were found to exist when a certain single lesion was present, it did not argue against the specific osteopathic lesion philosophy. My answer was, "By no means." I continued:

"Given then such a lesion as has been mentioned, what determines the specific nature of the resultant disease? Hazzard says: 'Some particular form, degree or concentration of lesion.' I would say rather, some secondary lesion, perhaps not distinguishable by palpation or other means known to us, but determining the character of the functional disturbance. But more probably, and in my judgment almost certainly, the predisposition to one or another disease induced by a common spinal lesion, is largely on account of heredity, sex, constitution or habit, as above enumerated. In general, the same rule applies in other spinal lesions.

"Some unbeliever asks: 'If spinal lesion is responsible for these conditions, why do they not all prevail in all cases where the lesions are apparently similar?' I would answer like this: When through some predisposition or secondary lesion the effect of a primary spinal lesion is manifested in a certain organ, the burden of the results of the primary lesion is sustained by that organ, nature's law of compensation maintaining so far as possible the equilibrium of the related structures."

While this was advanced only tentatively or hypothetically, my observations during the intervening years have led me to believe that I was not far from the truth in making a "scapegoat," as Doctor Tucker calls it, of the "secondary lesion," whether it be a structural fault that is palpable, or a mere predisposition.

Doctor Tucker's diagram makes the case a very plain one, and he is to be congratulated on his happy faculty of expression.

York, Pa. EDWIN M. DOWNING, D. O.

State and Local Societies.

PENNSYLVANIA.

The ninth annual meeeting of the Pennsylvania Osteopathic Association (Incorporated) was held in the hall of the Board of Trade Building, Harrisburg, June 26th and 27th.

Dr. W. L. Grubb of Pittsburgh presented a paper on "The Law of the Movements of the Spinal Column," which was full of interest and provoked considerable discussion, especially on the question of the reduction of spinal curvatures.

The lecture by Dr. J. Ivan Dufur of Philadelphia, entitled "The Nervous Mechanism of Reflex Action," was one of the features of the meeting. Illustrated by stereopticon slides, and giving evidence of much careful preparation, it was received with deep attention and was warmly applauded.

"Stimulation" was the theme of an excellent paper by Dr. E. N. Hansen of Pittsburgh. Doctor Hansen gave ample proof that his cerebral centers have been stimulated by original thought as to the causes of some lesions.

The last formal number on the convention program was a lecture by Dr. Charles J. Muttart of Philadelphia on "Applied Anatomy of the Upper Dorsal Region." Dr. Muttart supplemented his talk with demonstrations on a skeleton and by stereopticon views. Altogether, Doctor Muttart handled his subject in a highly interesting and instructive manner.

Four clinical cases were brought before the meeting, each presenting some unusual and difficult problems. They were examined and treatment of each case outlined and discussed.

In view of impending legislative campaign much consideration was given to matters pertaining thereto. It was announced by the president, Doctor Snyder, that the executive committee proposed to introduce early in the coming session of the legislature, a bill providing for an independent board of osteopathic examiners. The convention, by motion which was carried unanimously, instructed the officers to introduce and support such a measure.

The following officers were elected: President, Dr. O. J. Snyder, Philadelphia; vice president, Dr. F. B. Kann, Harrisburg; secretary, Dr. E. M. Downing, York; treasurer, Dr. William Rohacek, Greensburg; executive committee, the president and secretary ex officio, Dr. H. M. Vastine, Harrisburg, Dr. F. R. Heine and Dr. F. J. Marshall, Pittsburgh.

Doctors Snyder and Rohacek were unanimously re-elected as president and treasurer. Doctor Dufur, who has been secretary of the association ever since its organization, declined to serve longer, owing to increasing duties as Registrar of the Philadelphia College of Osteopathy. His declination called forth from President Snyder a speech full of reminiscences of the earnest and faithful labors of Doctor Dufur during the three hard-fought battles for legal recognition in Pennsylvania, and referring to the ever pleasant and cordial relations existing during the stress of the campaigns.

Immediately after the adjournment of the convention a meeting of the executive committee was held to discuss plans for next winter's campaign.

York, Pa. EDWIN M. DOWNING, D. O., Secretary.

KANSAS.

Seventh annual meeting of the Kansas Osteopathic Association was held at Topeka, Roof Garden of National Hotel, June 23-24. The attendance was good and interest was marked. "Gastroptosis and Enteroptosis" was the subject of a paper by Dr. J. W. Hofess of Kansas City. "Appendicit's" was discussed by Dr. W. J. Connor of Kansas City. Dr. A. G. Hildreth of St. Louis made an address on Legislation. Officers were elected as follows: President, J. W. Shearer, Abilene; vice president, J. H. Bower, Salina; secretary-treasurer, G. B. Wolf, Ottawa.

G. B. WOLF, D. O., Secretary.

UTAH.

President, J. C. Woodmansee, Salt Lake; vice-president, Harry Phillips; treasurer, G. A. Gamble; secretary, Alice E. Houghton. Board of Trustees: Drs. Grace Stratton, E. E. Keeler, W. N. Minear. The election was held at a postponed session of the regular meeting. ALICE E. HOUGHTON, D. O., Secretary.

DENVER.

At a meeting of the Denver Osteopathic Association held at the Brown Palace Hotel, Saturday evening, June 6th, a paper on Spinal Curvatures was presented by Dr. R. B. Powell, discussion was led by Dr. Katherine Westendorf. Legislative matters were freely discussed. FANNIE LAYBOURN. D. O., Secretary.

Short News Notes

LOYALTY OF P. C. O. ALUMNI.

At the annual banquet of the Alumni of the Pacific College those present raised more than thirteen hundred dollars towards freeing the college from debt. At a similar gathering in 1907 over one thousand dollars. This devotion on the part of the alumni speaks in the highest terms for both college and graduates. It is one of the hopeful signs for the final establishing of osteopathy on a permanent financial basis.

BANQUET TO DR. WILLIAM SMITH.

Saturday evening, June 13th, a banquet was given at the Brown Palace Hotel, in honor of Dr. William Smith of Kirksville, Mo. Thirty-three osteopaths and friends were present and spent a most enjoyable evening. Doctor Smith gave a talk which was much appreciated by all present.

M. D. WANTS FORAKER'S SEAT AND SCALP.

Doctor Reed of Cincinnati, author of a medical text book and a few years ago president of the A. M. A. has announced himself a candidate for the United States Senate to succeed Senator J. B. Foraker. Senator Foraker does not want to be succeeded—by an M. D.—just at this time. It is supposed that Doctor Reed can have the physician vote in Ohio which is large.

OSTEOPATH ON MASSACHUSETTS BOARD OF EXAMINERS.

The Springfield Republican of July 15 states that Dr. M. T. Mayes has been appointed by Governor Guild a member of the Board of Registration in Medicine. He has been assigned the subjects of Pathology and Bacteriology. Concluding the write-up the paper says: "He is one of the pioneer osteopaths, graduating at the American School of Osteopathy in 1897. He thoroughly believes in and practices osteopathy as taught by Dr. A. T. Still, founder, who was one of his teachers and demonstrators during his entire course. He is also a graduate of Dartmouth Medical school and, as well, has given time to hospital work in New York city. Doctor Mayes is vice president of the Massachusetts Osteopathic Society and a charter member of the American Osteopathic Association."

CHANGES ON STATE BOARDS.

North Carolina—Dr. Elizabeth H. Tucker of Durham has been appointed by Governor Glenn to the State Board of Osteopathic Examiners to succeed Dr. H. F. Ray of Charlotte, whose term had expired.

South Dakota—Dr. E. E. Giltner of Redfield is now a member of State Board of Osteopathic Examiners by appointment of the governor in place of Dr. W. V. Goodfellow, resigned.

Idaho—Dr. W. M. Hatfield has been appointed by the governor of the state to membership on the State Board of Osteopathic Examiners.

New York—Doctor Ralph H. Williams of Rochester, N. Y., has been appointed by the Board of Regents of the University of the State of New York for a period of three years, to succeed himself as a member of the Board of Medical Examiners. At the organization of the Board one year ago, Doctor Williams, as the osteopathic member, was given a one year term, and as the Board of Regents are entirely free to exercise their appointive power without reference to any school of practice, it is a great satisfaction to the profession that Doctor Williams has been re-appointed.

MARRIED

Invitations have been issued to the marriage of Dr. Elizabeth Venable Wilson to Dr. John Franklin Bumpus of Steubenville, O., at Dardenne, Mo., July 30. Doctor Bumpus is assistant secretary of the A. O. A.

BORN.

To Dr. and Mrs. E. Clair Jones, Lancaster, Pa., July 6, a son.

DIED.

Infant son of Dr. and Mrs. E. Clair Jones, Lancaster, Pa., July 7.

Died At her home in Oelwein, Iowa, June 23, Dr. Frances M. Eller, from a long and complicated illness. Doctor Eller graduated from A. S. O., 1902, and was a member of the A. O. A.

APPLICATIONS FOR MEMBERSHIP IN A. O. A.

Jessie S. Barker, La Harpe, Ill.
Chas. H. Collier, 112 W. Main St., Clarinda, Ia.
H. P. Ellis, 159 S. First Ave., Canton, Ill.
Sue E. Ellis, 159 S. First Ave., Canton, Ill.
Ernest J. Favell, Board of Trade Bld., Superior, Wis.
Bruce E. Fisher, Ida Grove, Ia.
George B. Greenway, Partridge Blk., Seneca Falls, N. Y.
J. H. Mahaffy, 926 Third St., Huron, S. D.
Byron F. McAllister, 216 W. Dixon St., Fayetteville, Ark.
Frances Platt, 707 Kalamazoo National Bank Bld., Kalamazoo, Mich.
Benjamin F. Still, 43 Hersh Bld., Elizabeth, N. J.
Orr Sanders, 56 Security Blk., Grand Forks, North Dakota.
Mary Emogene Sanders, 56 Security Blk., Grand Forks, North Dakota.

REMOVALS.

J. Jay Walker from Middleport to Medina, N. Y.

George A. Kerr from 1023 25th St. to 1216 Capital Ave., Des Moines, Ia.

E. S. Merrill from Bradbury Bld., to 303 O. T. Johnson Bld., Los Angeles, Cal.

Helen H. Fellows from Hulet Bld. to 416 Masonic Temple, Minneapolis, Minn.

J. A. Still from 1352 East Grand Ave., to 729 East Locust St., Des Moines, Ia.

Henry A. McMains from 837 N. Fremont Ave., to 1805 N. Charles St., Baltimore, Md.

Florence A. Brock from Tacoma to 514 Waldorf Bld., 7th and Pike Sts., Seattle, Wash.

STATE SOLICITORS FOR THE P. G. COLLEGE FUND.

Drs. Louden and Willard, the committee for soliciting the permanent endowment fund for the college, have secured the co-operation and assistance to date of the following who will act as solicitors for the fund in their respective states:

Alabama—Dr. Percy W. Woodall, First Nat. Bank Bldg., Birmingham.
Arizona, New Mexico and Nevada—Dr. George W. Martin, Tucson, Ariz.
Arkansas and Louisiana—Dr. A. W. Barrow, Hot Springs, Ark.
California (Northern)—Dr. Effie E. York, 1481 Geary St., San Francisco.
California (Southern)—Dr. Robert D. Emery, Auditorium Bldg., Los Angeles.
Colorado—Dr. L. B. Overfelt, Boulder.
Georgia—Dr. J. W. Bennett, 3 Walker Bldg., Augusta.
Kansas—Dr. Gladdis Armor, Emporia.
Idaho—Dr. E. G. Houseman, Nampa.
Indiana—Dr. Marion E. Clark, 409 Board of Trade Bldg., Indianapolis.
Illinois—Dr. Alfred Wheelock Young, Auditorium Bldg., Chicago.
Iowa—Dr. U. S. Parrish, Storm Lake.
Kentucky—Dr. Martha Petree, Paris.
Michigan—Dr. Hugh W. Conklyn, 312 Ward Bldg., Battle Creek.
Minnesota—Dr. C. W. Young, Pittsburg Bldg., St. Paul.
Maine—Dr. Sophronia T. Rosebrook, 633 Congress St., Portland.
Maryland—Dr. Harrison McMains, 315 Dolphin St. Baltimore.
Massachusetts—Dr. R. K. Smith, 755 Boylston St., Boston.
Nebraska—Dr. C. B. Atzen, New York Life Bldg., Omaha.
Montana—Dr. Daisy D. Reiger, Billings.
Missouri—Drs. Holme and Hurst, 43 Ballinger Blk., St. Joseph.
North Carolina—Dr. A. H. Zealy, 111 Chestnut St., Goldsboro.
North Dakota—Dr. Glenn B. Wheeler, Wahpeton.
New Hampshire—Dr. Margaret Carleton, P. O. Blk., Keene.
New Jersey—Dr. W. D. Granberry, 408 Maine St., Orange.
New York—Dr. J. A. De Tienne, 1196 Pacific St., Brooklyn.
Oklahoma—Dr. J. M. Rouse, Bassett Bldg., Oklahoma City.
Oregon—Dr. W. A. Rogers, Marguam Bldg., Portland.
Ohio—Dr. J. F. Bumpas, 406 Market St., Steubenville.
Pennsylvania—Dr. Harry M. Vastine, 109 Locust St., Harrisburg.
Rhode Island—Dr. J. Edward Strater, 268 West Minster St., Providence.
South Carolina—Dr. Ralph V. Kennedy, Charleston.
South Dakota—Dr. Griffith P. Jones, Watertown.
Texas—Dr. J. S. Halloway, Wilson Bldg., Dallas.
Tennessee—Dr. J. Earle Collier, Nashville.
Vermont—Dr. Guy E. Louden, 119 South Union St., Burlington.
Virginia—Dr. W. D. Willard, New Jewelry Bldg., Norfolk.
Wisconsin—Dr. W. D. McNary, Mathews Bldg., Milwaukee.
West Virginia—Dr. Clara E. Sullivan, 715 Schulmbach Bldg., Wheeling.
Washington, D. C.—Dr. Alice Shibley, The Ontario.
Washington—Dr. Roger E. Chase, Maratime Bldg., Tacoma.
Wyoming and Utah—Dr. Frank I. Furry, Cheyenne, Wyo.
Canada and Foreign Countries Dr. Mary Lewis Heist, 28 King St., East Berlin Ontario.

These members have charge of the work in the respective fields named. If you wish any information about the subscription work or literature relative to the Endowment Movement, write to the state committeeman of your state.