

The Journal of Osteopathy

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THE JOURNAL OF OSTEOPATHY

KIRKSVILLE, MO., AUGUST, 1903.

ADDRESS TO GRADUATING CLASS, JUNE, 1903.

G. D. Hulett, B. S., D. O.

ON behalf of the Faculty, I appeal to you to-night as the advocate of a positive philosophy. There is an idea abroad, among both laity and profession, that osteopathy consists in opposition to the drug. Never was more egregious error made. Osteopathy does not consist in opposition to the drug; nor in opposition to electrotherapy; nor hydrotherapy or psychotherapy or mechanotherapy. It does not consist in opposition. It is not an opposition party, it is a proposition party. It proposes to do, and, men and women, it is not the mouthings of the egotist to say that it not only proposes but it does. Away then from this conception of passivity, of negativity, and into the active campaign of be and do and dare.

But why this emphatic statement? Because it is needed. It is a live issue—one that will be met in the field, in convention, in the literature of osteopathy. It is one that has been raised. There are men in the field who raise the cry that osteopathy must broaden; that while structural adjustment is a good thing there are other natural methods of healing which must be included in the osteopathic program. They insist that osteopaths must recognize the value of water, and electrotherapy, and suggestion, or plead guilty to the charge of narrowness and bigotry. Men and women, breadth and depth are not synonymous, are not necessarily co-extensive. There is a breadth that compels indefiniteness; that destroys continuity; that limits power. The recent flood has left a vast expanse of sand and debris along the margins of its path. But in the margins even in the height of flood no power was there, no strength to do—only an aggravation. The power was exemplified in the channels, in the vales where depth was possible. Men and women of the osteopathic faith, keep to the osteopathic channel where the power lies, the margins will be but an aggravation—they can consistently and profitably in large part be ignored. The channel is a positive thing—there is no back-water there, nor slime, nor debris, nor a desert waste when the dry season comes. The result from a year's time spent in delving into the fundamental will more than balance the gains from an age of floundering in an already exhausted field of adjuncts.

Get right with Osteopathy. Get converted. Get an experience. I am a Methodist. It is said, presumably by a Methodist, that Methodists believe in back-sliding, while members of other denominations practice it. If you are a graduate of the American School, you will believe in osteopathic back sliding, but will not practice it. Why? Because in the American school it is insisted that osteopathy has a principle beneath it—a positive principle; one that knows no limits and capable of sustaining the entire world of disease and distress. It is a principle that permits—nay, demands the best thought of men, and covering all, denies the necessity and denies the expediency of giving open arms to every shifting therapeutic wind and change of doctrine that promises to give aid. Admit that they may do good—admit it for the sake of argument, for the sake of getting rid of the argument—admit it for the sake of the truth. Admit that water is a healing agency—no one denies it. Simply because of that fact must we include it in our program? Admit that electrotherapy may in some cases give aid. Does it thereby gain entrance to the osteopathic realm? Must we so pervert, so distort the conception of osteopathy that has so long obtained merely in order that it may cover all these? My dear sir and madam, if that be your program you dare not stop at this point; you dare not exclude the drug. The drug may do good. Under some circumstances a dose of soda is much less dangerous than a stimulating bath in others. Throw down the bars to quinine, and calomel and ergot in your broadening program; if you include these others you are without authority to exclude the drug. Include everything not antagonistic to the osteopathic principle? In what does that antagonism consist? Anything not a natural method, do you reply? Then, pray, what is a natural method? Continued flushing of mucous surfaces with water a natural method? Excessive exposure in taking the sun bath natural? A current of electricity through the body natural? Continued thinking of the process of defecation in constipation conditions natural? I trow not. Every excess is unnatural. Only that method is natural which removes obstruction to inherent recuperative forces. Breadth? Yes, and not a system but a conglomerate. Breadth? Yes, but of necessity no depth. Co-extensive with the field of medicine? Yes, but not by distorting the original concept until it bears no resemblance to its former self, but by showing that the original concept with its involved corollaries is co-extensive with that field. For this principle of adjustment for which we contend—this narrow principle, if you please—is one which is applicable to every case covered by these other systems, and to many more. It is a positive program. It is a complete program. Follow it. A positive philosophy? Yes. One that has meat; one that requires thought; one that demands labor; one that excludes and precludes excursions into a field already rendered barren and fruitless by the pickings of the past. A positive philosophy? Yes. One that will require for its fullest development more time, more labor, more thought than you or I may give it in our generation—more than our children and our children's children will be able to give it in theirs.

But again I appeal on behalf of a positive philosophy. The osteopathic principle is not only a positive system—it is a philosophy. It is more than a method of cure, it is more than an application to the physical body. It touches life at every point. When Dr. Still discovered the law of perfection as exemplified in God's creatures, he discovered a principle that is applicable to every phase of life—a principle that applies to the physical, mental and spiritual organism of the individual, the community, and the state; a principle that applies to every science and every art. When the artist with his brush throws upon the canvas an expression of life, the criticism of that picture will hinge upon the question whether the central idea is emphasized or obscured by the details. If the touch here, and the shading there, lessens the harmony of the whole, then these are but symptoms of a faulty structure. If the writer would make of his production a perfect work, the nature and arrangement of word and clause must add to, not detract from the emphasis the central theme demands. And if the central theme be faulty, no possible supply or arrangement of word and phrase can do more than palliate and render less apparent the defect—it can never cure. In the sociologic world, the principle is especially applicable. Men are engaged in tariff tinkering, in trust regulating, with the hope that a more equable distribution of wealth may result. Churches and benevolent organizations are applying the uncertain salve of free soup, of tenement house reform, of arbitration, in the hope that such questions as the army of the unemployed and the strike, may be solved. All these are attempts at regulation of function, *and function cannot be regulated except structural alignment first be secured*. Where is the Still of the economic world who will demonstrate the faulty structure of civilization, and apply the measures to adjust which will result in a normal functioning? The question demands an answer, the problem a solution. And when was there a time when the religious unrest was greater than at present? When was the charge of heresy so often in the air, either by implication or by definite assertion. It is not the unrest of revolution. But it is unrest. Wherein is the solution? Men and women, the same principle which lies back of the practice of your new-found profession must enter into the final solution of every religious question. Every such question is in part a physical one. The time must come when the problem of the inebriate, the incorrigible, and the desperado, will find its solution in large part, not in the prison and the reform school, but in the sanitarium. That problem will find its solution in *entire* part in the establishment of a normal relationship between the individual and his surroundings; the adjustment of body relations, of intellectual relations, and of moral relations to each other and to the circumstances of environment. In such adjustment with a resulting harmony of action, is crystallized the osteopathic doctrine.

And how shall the application be made to the various conditions in life? We have said that there is a philosophy and that philosophy is a positive one; that it applies throughout. Then it must mean that every consistent osteopath must make of his life in all its bearings a demonstration of the osteopathic

principle. That principle is the principle of harmony. Harmony implies function and function follows structure. He must make the application to his body condition. That is presupposed, is expected. But he must make the application to his relations with his fellow-men; which means an ethical problem. How shall harmony between man and man be maintained? Between osteopath and osteopath? The world is full of bickerings; notably the professional world. It is notorious that doctors do not agree, either in diagnosis of disease, or in their social relations. Will it be true of osteopaths—of you? Fortunately the osteopaths are nearer at one in diagnosis. Will they be so in social relations? It is a problem into which must be injected the osteopathic philosophy, the positive principle of insistence on harmony. It is applied to the relations between osteopath and osteopath by establishing organized societies. Hence, the state society; hence the national organization. These need your help, you need theirs. Help to steer clear of the rock of side issues; help to avoid a campaign of negativity; help to delve into the positive philosophy. Further, this relation between osteopath and osteopath deals with *professional ethics*. You will hear of the probable arrival in the field you have pre-empted of a brother osteopath. What will be your welcome? Surely, as yet, the practitioners are too few, the practice too little known to tolerate any jealous competition. Away with it. Co-operation must be the watchword. There should be the free gift of personal and professional friendship; there should be the mutual recognition of an interdependence. The osteopath must recognize his near relationship to his fellow graduate, and even from the selfish standpoint he will find it is good policy. From the altruistic standpoint it is correct policy. It is *right* policy. Shall we bring the question of right and wrong into consideration? Why should we wince when moral principle is suggested as an essential factor in every consideration? Is it because men think of right and wrong as elements in the province of the ministry, of the church, and apart from the life of business, of education, of culture, or anything denominated secular? We speak of professional ethics. We are anxious that our profession shall be kept on a plane of moral dignity. That is good. If the law of ethics applies to anything it applies to everything, and the moral code must enter into the life of professions if professional ethics is to be real and effective. We have heard that "no man liveth to himself," and that Cain is his brother's keeper. Is this true only in relation to material, physical man or is it true in relation to intellectual man, to spiritual man? We speak of the aristocracy of blood and the American people will have none of it. We hear of an aristocracy of wealth and we frown it down. We mention an aristocracy of culture and we tolerate it. We believe in an aristocracy of intellect and we rejoice at it. We can conceive of an aristocracy of spiritual attainment and it becomes hallowed in our eyes. But is one less objectionable than the other? Is not one as essentially immoral as the other? They spring from the same source. "Can a tree bring forth bitter fruit and sweet?" If I in my abundance withhold from my neighbor in his need a morsel of bread I fail to live the moral code. What

matters it if the bread be wheaten, or food for thought, or spiritual nourishment? *The wrong is in the withholding.* The osteopath who seeks for knowledge that he may increase his ability to meet conditions is worthy; he who attempts to limit that knowledge within the confines of his own intellectual prison-house or that of a sect or society is unworthy. Knowledge is a universal commodity. Of all the monopolies that may work to the detriment of individuals and of communities the monopoly of knowledge is basest. But like other monopolies it can only thrive for a time; the bursting of man-made bonds is sure and he who attempts to build a wall around a discovered truth is but "kicking against the pricks" and ultimately separating himself from the light and life of the common good. Hence, the osteopath in the field is under obligations of the most binding nature to receive the newcomer; to aid and abet him in every effort to build true for the science; to share in knowledge, in opportunity, in all labor; to make of the practitioners in the field a real as well as a seeming brotherhood. Only in this way can adjustment be secured, hence harmony.

The positive philosophy deals not alone with the relation between osteopath and osteopath. It deals with the relation of man to man—a relation broader, more humane, and reaching the sublimest heights of a correct ethical conception. *Men are men before they are trades-men.* The fact of trade, calling or profession cannot enter as a modifying factor into this fundamental proposition. There was a covenant that provided "an eye for an eye, and a tooth for a tooth." That is the law of justice, and legally we are bound by it. But the law of justice, if not superceded on the statutes by the law of love, is so superceded in the consciences of men and in the moral archives of humanity; and we are morally bound by it. And this is the principle that must govern the relations between man and man. And this is the principle of harmony which is fundamental in the osteopathic philosophy.

But the harmony for which we contend *is not secured by a passive yielding.* That is but temporizing, palliating. The processes of adjustment must take place, else harmony cannot follow. Harmony is the end and the aim. To reach it we may be compelled to do discordant things. The wit was essentially correct when he said "I will have peace if I have to fight for it." Pain is occasionally produced in adjusting a subluxated structure. You and I must bear it with our patients. There will be discord produced in the adjustment between man and man—between individual and community. There will be unpleasant accompaniment of the adjustment measures applied in the economic world. There will be bickerings and jealousies in bringing harmony out of chaos in the religious world. But it will come. It must come. You and I have a part in it. You and I, as special advocates of a mighty and universal principle will have the greater part. Shall we be equal to our opportunity? Shall we apply our principle, come what may, to every phase of the question of life.

Members of the June Class 1903, on behalf of the faculty, I bid you God

speed in our common siege of the hosts of earth—a siege that encompasses man's physical body, his mental substance, and his spiritual essence; a siege that knows no abatement and that will be fought out on this line though it take an eternity of summers; and a siege that demands an unconditional surrender to the positive principle of adjustment whose ultimate consummation is absolutely certain.

* OSTEOPATHY AS A PROFESSION FOR WOMEN.

Margaret Sherdian, D. O., Cleveland, Ohio.

As we look back over the past quarter of a century, we see woman slowly emerging from her seclusion and entering the various avenues of the business world, where her ability has long been recognized.

Her advent into professional life has been so recent that she is not entirely free from criticism, and notwithstanding the fact that each year shows a decided increase in the number of women entering the medical colleges of our country, we still hear in some sections of our country of the despised "hen medic," who is unable to build up a practice, not because of incompetency, but of her failure to live down the prejudices of many who believe that the professional woman must necessarily lose her womanliness, and should be ostracised.

But can a woman lose her womanliness by doing to the best of her ability work for which nature has pre-eminently fitted her? Is nature so unwise as to endow women with talents they were never ment to use, or so weak that she cannot enforce her own decrees? Can any man go beyond a bound which nature has set? Can one become an athlete without muscles, a musician without a musical ear, a painter if he is color blind, or a mathamatician without brains? Woman's right to do work is in her ability to do it, and in no profession has she proven herself more capable than in the care of the sick. From the dawn of history she has been the guardian angel of the sick room, both in the home and in the hospital ward. It is here that her quiet fortitude and patience are best demonstrated. She seems to know instinctively the wishes of the sick one, and no hand is so gentle or voice so soothing. With these attributes she makes the ideal nurse, and these combined with the knowledge of how to relieve suffering humanity, make her the ideal physician.

But during the few years in which woman has been active in the osteopathic field, there has been wrought a wonderful change in the public opinion regarding her as a practitioner in the art of healing. She has proven to the world that woman in the osteopathic field has a distinct place to fill. Her ministry is to women and children and at no time in the world's history has she been so well qualified to accomplish this as at the present time. The Catholic church says "give me the children and I will give you the church," but osteopathy says "give me the mothers and I will give you a healthy race."

*Paper read before A. S. O. Alumni association meetin g.

Statistics prove that 75 per cent. of the invalids are women, yet from these invalids we expect a healthy race to spring and we also expect that these women in ignorance of even the foundation principles of life to become the guardians of the health of the coming generations.

The woman osteopath is in a position not only to relieve suffering, but in a measure to prevent it. She can, in a degree, enlighten her patients in anatomy, physiology and hygiene, a knowledge of which is almost indispensable in the intelligent rearing of a family. She can instruct them in the care of their own bodies, as well as that of their children, and perhaps be able to make them see from a higher moral standard their obligations in the bearing and rearing of children.

Women, as a rule, feel that man, however sympathetic or intelligent cannot understand or appreciate sufferings of which he must be, by his nature, absolutely ignorant. The sympathy of the woman osteopath invites confidence and her woman patient "relaxes" better under her delicate touch and her more sensitive organism enables her to detect lesions that are not apparent to the coarser sense of man; and the everlasting brooding mother love that comes like incense from every true woman's heart turns her sympathy to the sufferings of little children. Having the care of children from their tenderest years, she is more familiar with their bodies and in many instances, will observe little defects which if not corrected at once result in deformity.

Looking at the subject from another standpoint, the osteopathic field holds out greater inducements to women than any other profession. It offers an independent financial position, for the monetary returns are better than in any other field of work. In this profession, as in all other walks of life, there are two points of view, that of the individual looking out or the woman as an osteopath and that of the people looking in or the public from which she draws her practice. This public demands intelligence of her and she cannot be too well equipped. She must cultivate breadth of mind, and to be successful, must combine business ability and social tact with her professional skill. She cannot be a society woman, but can and should embrace opportunities to make friends outside her own line, and keep abreast the times. Added to all this, she should abound in those graces which make attractive womanhood, but these are the same as they have always been, and are the common heritage of woman.

The woman who steps out of school to-day as an osteopath finds a position awaiting her. Suffering womankind will receive her with open arms, for her skill promises relief from the tortures of disease. And what a gratification it is to know that we go forth with the power to heal. What social honor or financial return can compare with the joy we will feel when we, perchance, may restore to a mother her child, or to a father and family the wife and mother upon whose life so much happiness depends? Patience and faith have been characteristics of women from the beginning—traits developed through

years of suffering, but destined at last, through the glorious discovery of Dr. Still to bring her honor and reward.

The story of the curse of Eve rolls away like mist before the sun of knowledge and the women of the world shall remember Dr. Still as the benefactor of their sex, a milestone in the road of their advancement. In the early days of the science, he too had his martyrdom, and in his prosperity he remembered and his heart went out in great human love and sympathy to suffering woman-kind. He stands for the advancement and enlightenment of woman, and we the women of the graduating class unite with the thousands of women he has relieved, in calling his name blessed.

A long health to the pioneer women who paved the way for our success, and to the man who has passed through martyrdom to immortal fame—our beloved president, Dr. A. T. Still.

UTERINE RETROPOSITIONS.

C. L. Dodson, D. O., Huntsville, Mo.

IN discussing any malposition of the uterus it is not inopportune to mention a few important anatomical facts which must be constantly kept in mind by the physician. All of the ligaments of the uterus, except the round ligaments, are of peritoneum. The peritoneum covers the anterior surface of the uterus as low as the internal os. From this point it is reflected onto the bladder and passes upward over its summit. This dipping down of the peritoneum between the uterus and bladder forms the vesico-uterine pouch and the vesico-uterine ligament. The peritoneum passing down over the posterior surface of the uterus and thence to the rectum, forms the recto-uterine ligament and the cul-de-sac of Douglas. These two folds of peritoneum are now approximated and extend to the lateral walls of the pelvis on either side, forming the broad ligaments. These latter are of vast importance to the practitioner on account of their relations to the nerve and blood supply of the uterus and its adnexa. The sacro-uterine ligaments are that portion of peritoneum, reflected from the posterior surface of the uterus, which finds attachment to the fourth sacral vertebra instead of the rectum.

Between the two layers of the broad ligament course the nutrient arteries of the uterus. Here are situated also the uterine plexus of veins and the nerves which are distributed to the organ. The lymph vessels which drain the endometrium also find exit between the layers of this ligament.

Now by the aid of a good diagram, it will be seen that in retro-version the fundus will rest against the rectum high up beneath the promontory of the sacrum. The cervix will be inclined forward nearly in the axis of the vagina. The broad ligaments will be twisted, thus materially interfering with the venous and lymph flow.

Etiology. Retro-positions may be caused by a sudden fall, thus suddenly increasing intra-abdominal pressure on the organ. The condition may be

brought about by tight lacing, a factor which constantly maintains an increased intra-abdominal pressure. As additional causes may be mentioned endometritis, metritis, subinvolution, malignant disease, and neoplasms both intra and extra-uterine.

It is not to be forgotten that in malignant disease of the ovaries, Fallopian tubes, and broad ligaments, the lymphatic glands which receive the lymph from these parts (those surrounding the ovarian vessels and the lumbar glands surrounding the iliac vessels, aorta and vena cava) may become sufficiently enlarged to materially obstruct both the venous and arterial flow. Such an obstruction to the circulation will quickly weaken the uterine supports and produce a displacement.

Spinal lesions anywhere along the dorsal or lumbar spine, if sufficiently gross to affect the sympathetic nerve, may predispose to uterine displacement by interfering with the general health or by suspending the trophic influence exercised over the organ and its adnexa by this nerve.

It is in long standing cases that these spinal lesions are most frequently found.

Symptoms. The symptoms of retro-position are backache with a dragging sensation in the pelvis; leucorrhoea, the discharge often being purulent; erosions of the cervix, and anorexia. The reflex disturbances are commonly headache in the occipital region or in the top of the head, pains in the thighs, hysteria and peevishness. Endometritis which may or may not be septic is not an uncommon complication.

Diagnosis. Retro-verted uteri are usually low in the pelvis. The finger first comes in contact with the posterior lip of the cervix which points forward nearly in the axis of the vagina. The finger in the rectum will detect the fundus beneath the promontory of the sacrum. The ovaries may be prolapsed to such a degree as to be easily felt on either side of the uterus. This prolapsus occurs in consequence of a twisting of the broad ligaments which, mechanically produces a varicose condition of the pampiniform plexus of veins. The post-partum uterus may be both retro-verted and retro-flexed on account of softening of the organ. With the finger in the rectum and the other hand on the abdomen, the exact position of the uterus can be accurately determined. In retro-version the fundus is against the rectum high up. If a flexion exists, the finger in the rectum will detect the fundus in the cul-de-sac of Douglas, and the hand over the abdomen will palpate the convex surface of the organ. This rectal examination is important and should never be omitted as by this means the finger will reach higher than in the vagina, and combined with abdominal palpation the entire organ can be outlined. While the finger is in the rectum it is important to determine whether the uterus is adherent to that organ. With a finger of the other hand in the vagina lift upward strongly on the cervix. If adhesions exist, the anterior wall of the rectum will be felt to recede from the finger.

Finding the uterus retro-verted in both the dorsal and Sim's positions is

not sufficient to a diagnosis in every case, especially if the organ be freely movable. Given empty bowels and bladder and relaxed uterine supports, and a spacious pelvis, the organ will naturally retrovert on assuming the dorsal position, intra-abdominal pressure thus being removed. To verify the diagnosis, a vaginal examination should be made with the patient in the upright position.

Treatment. The object is to restore the uterus to its normal position and maintain it so. Usually no treatment is required for any benign co-existing disease of its adnexa, as these complications naturally disappear when the organ is kept in the correct position. The practice among gynecologists of curetting the uterus for the cure of endometritis associated with a flexion or a version, cannot be too strongly condemned. The advocates of this procedure claim that a diseased endometrium must be removed to induce the formation of a new cytogenetic membrane. A glance at the anatomy of the organ and a moment's thought of the conditions necessary to cytogenesis will demonstrate the fallacy of this procedure. The lymph vessels of the endometrium are continuous with those of the muscularis. They reach the lumbar glands by passing through the broad ligaments, in which latter situation they receive the lymphatic vessels of the broad ligaments and ovaries. It is plain that the displacement in question will twist the broad ligaments sufficiently to interfere with both the lymphatic and venous flow. It is no less plain that an obstruction to the lymphatic vessels in this situation will result in an exudation from the endometrium, and associated with a venous congestion, will finally establish an inflammation. Nothing is more evident than that such a condition will markedly lower the vitality of the endometrium. If pyogenic germs now find entrance, we have a septic endometritis.

The restoration of the uterus to its normal position will re-establish a good circulation of blood and lymph and remove any pressure from the nerves in the broad ligaments. These conditions and these alone are necessary to cytogenesis. Hence a simple endometritis disappears when these conditions are brought about.

Spinal Lesions. Lesions of the spine and pelvis should always be looked for and if found must be corrected. Even where no specific spinal lesion can be found, a good invigorating spinal treatment will greatly contribute to the general health of the patient and to the removal of the extreme nervousness so often associated with uterine displacements. Osteopathic methods of administering "spinal treatment" were once looked upon with no small degree of contempt by the medical profession. Now the leading medical men of America recognize its therapeutic value.

Soreness of the spine is the chief indication for the spinal treatment. Too many physicians are in the habit of jumping to the conclusion that a sore spot close to the spine is "that traditional spinal lesion" which must be the source of all the bodily evil that can be found in the patient. It is to be remembered that a soreness of the spine may be a lesion or it may have been caused reflexly

by the uterine displacement. It is often impossible to determine the pathological significance of a supposed lesion until the patient has been observed for a length of time. The spinal treatment, rightly administered, (whether the object be to correct a lesion or to combat troublesome symptoms) hastens the capillary and lymph flow through the tissues which surround the structures passing through the inter-vertebral foramina. This hastened capillary and lymph flow, relaxes the tissues in which it takes place. Hence we have the arteries, veins and nerves which pass to and from the cord through the inter-vertebral foramina, surrounded by relaxed tissues in which is taking place a normal blood and lymph flow. The effect on vaso-motion and nutrition can readily be seen.

Reposition. Place the patient in a half reclining position with the knees well flexed on the abdomen. Introduce the right index finger into the vagina and pass it well back behind the cervix. Gently pull the cervix forward toward the symphysis pubis to dislodge the fundus from the hollow of the sacrum. With the left hand on the abdomen, crowd the fingers well down into the hollow of the sacrum endeavoring to push them behind the uterus. Now lift upward on the cervix with the internal finger until the fundus is felt within the hollow of the left hand, when it can be pulled gently forward while the internal finger lifts upward on the cervix. Having brought the fundus well forward to the symphysis, lift upward strongly on the cervix. The uterus is now in normal ante-version. Hold firmly in this position while the patient rises to her feet as this allows the intestines to fall downward on the posterior surface of the fundus and utilizes intra-abdominal pressure to hold the organ in the correct position.

The knee-chest position. This method is valuable in stout women where the bimanual method cannot be successfully employed. Having obtained the correct position, introduce the finger into the vagina and lift upward on the perineum. This balloons the vagina and allows the intestines to gravitate toward the diaphragm. If the vagina cannot be ballooned with the finger, a Sim's speculum may be introduced and the perineum lifted upward. With the intestines out of the way and intra-abdominal pressure removed, the fundus will sometimes gravitate to nearly the normal position. Should it fail to do so, pull the cervix gently forward by means of the finger passed behind it. If this is impossible a tenaculum may be used and the cervix pulled well forward toward the orifice of the vagina. With the finger of the left hand in the rectum, the fundus can now be pushed past the promontory of the sacrum and carried forward to normal ante-version, where it should be held till the patient rises or assumes the sitting posture. The writer has found it beneficial to place a cotton tampon anterior to the cervix until the uterus and its ligaments once more become accustomed to the normal position.

Retro-flexion. The above manipulative methods sometimes prove futile in retro-flexion. In such cases we must use an instrument. By just a little carelessness the sound can be made a dangerous instrument, and indeed its

utility in most cases of flexions can be questioned. The instrument is bent to correspond to the curve of the canal and introduced into the uterus. The operator then carries the handle through half a circle, thus turning the point toward the symphysis pubis. By this means the fundus is forced into a different relation to the cervix and any associated version is not corrected in the least. All the force exerted is thrown on the point of the sound, and if any adhesions exist, perforation is apt to occur, especially, if the organ be softened by an endometritis, metritis, or a recent pregnancy. Osteopathic as well as medical gynecologists are too ready to use the sound. We have demonstrated to our satisfaction that micro-organisms will not invade healthy tissue. But the man who introduces the uterine sound, in the presence of a simple endometritis, without observing strict aseptic technique is guilty of a gross neglect of duty. This may be the means of introducing pyogenic germs and converting a simple inflammation into a septic one. The vagina, of course must be cleansed with an antiseptic solution. The cervix should be wiped out with a sterilized cotton saturated with an antiseptic solution. Few practitioners make any attempt to cleanse the cervix, regardless of the fact that germs may be carried from a comparatively healthy membrane here, where they may do no harm, to the diseased endometrium which furnishes a suitable pabulum for their growth. The writer has seen a simple endometritis rapidly converted into a septic one by the use of the sound where the instrument was thoroughly sterilized and the vagina thoroughly cleansed, but the cervix neglected. The conclusion is that an instrument should not be resorted to except when manual methods fail after repeated attempts.

In cases where an instrument is necessary the writer uses the uterine repositor. This is, simply stated, a sound with a joint which can be locked and unlocked in the handle. The staff is just long enough to reach the internal os. This instrument is recommended by numerous gynecologists and certainly dispenses with many of the dangers attendant upon the use of the sound.

With the instrument in place and the patient in the knee chest position, the cervix can be manipulated in any direction. By pushing the cervix toward the promontory of the sacrum with the instrument and the fundus toward the symphysis pubis with the finger in the rectum, the vesico-uterine ligament, bladder and associated tissues will (provided the organ is pushed high enough toward the sacral promontory) drag the fundus forward on the cervix and straighten the flexion. A glance at the various cuts in the anatomy will show the mechanics of this procedure.

*ETHICS.

Albert Fisher, Sr., D. O., Chicago, Ills.

In my five years practice, I have been called upon to treat about everything known in the catalogue of diseases with a few exceptions, but your committee, well knowing that I have had experience along these lines,

*Paper read before the Chicago Osteopathic society, June 9th.

utterly ignored the fact, and gave me a subject to treat in twenty minutes that has exhausted the resources of the philosophers for the last 2500 years, from Democritus to Herbert Spencer. Nevertheless, as this seems to be an emergency case, I will try to dispose of it the best I can under the circumstances.

The term ethics as defined by Webster is a system of laws, or code of laws for the regulation of our lives and conduct in our relations with our fellow beings. It is not a new fad or system that belongs to the present age or recent past, but on the contrary is quite old. We have had ethics and ethical systems that have engaged the minds, not only of the scholars and thinkers of modern times, but back in the world's history to the time of Aristotle, Plato and Socrates. The subject is applicable to almost every phase of human life and conduct, but as understood generally applies chiefly to good or correct conduct as far as our behavior relates to or affects the interests and well being of ourselves and of those with whom we come in contact in our daily lives.

We speak of religious ethics or the ethics of theology, political ethics, medical ethics, and social ethics, the physics and metaphysics of ethics, psychological ethics, absolute and relative ethics, and the scope of ethics, etc. To even approximately consider the many sides to this very worthy and interesting subject puts it beyond the possibility of my doing more than summarizing, and considering what there is in the science for us as individuals and as a profession that can be appropriated for our individual and mutual benefit in our relations to mankind. Our medical brethren have their ethical code or system of laws for the regulation of their professional lives and conduct, and so have about all the professions. I think we may safely conclude that if they need some system of laws, a standard by which they may be controlled and their actions be at least influenced by adhering to a standard that shall serve them as a sheet anchor to hold them steadfast in the line or path of duty, why should we not have a code of our own?

First, what should our conduct or attitude be towards our patients, and the obligations of our patients to us?

Second, what should be our duty to the other members of our profession as individuals, and to the profession at large?

Third, what should be our duty or duties to the general public and the duty of the public to our profession?

Under these three heads, somewhat after the manner of the "medical code," I would like to see our national association take the necessary steps to formulate a system of ethical laws for all the legitimate osteopaths, and have such a system adopted and the same ratified and adopted by every subordinate association of osteopaths in the country, to the end that we may all work together in harmony for the upbuilding of character and dignity of our much cherished and beloved branch of the healing art.

We have, I believe, about 3,000 legitimate practitioners in the field, and each of the colleges are turning out graduates annually by the hundred, and each of us a law unto himself, so to speak; I mean from an ethical standpoint—like so many ships on the broad ocean of life, without as much as a compass or rudder to prevent collisions or disaster. If our medical brethren need an ethical code, we osteopaths have much greater need of such a talisman, for consider for a moment the personnel of the 3,000 now in the field. They come from every walk and avocation in life; some are professional men and women—ministers, lawyers, teachers in common schools, universities and colleges; some from commercial pursuits; some from the farm; and some from the work shops of every branch of mechanics. Many have been attracted to this branch of the healing art by the money feature alone, and that class have in many instances adopted David Harum's version of the "Golden Rule," "Do unto others as they would do unto you, but do it fust."

I would suggest that in formulating a code, we clearly set forth the egotistic side of the question; viz.: What is our duty to ourselves?

As each and every rule or law adopted must be considered from both the egotistic and altruistic aspects, and as the altruistic feature is largely or I might say chiefly the reflex counterpart of the egotistic, it therefore seems to me that it becomes all important that emphasis must necessarily be given to the subject as far as it places us as individuals under the ban of a rule or law that is to regulate our every action in our several relations in our professional lives.

I might under this head enumerate the manifold duties we owe to ourselves, and the essential qualities, both inherent and acquired, that should be the sum of our virtues, but for brevity's sake I refrain from such a task, and will dismiss the subject with these few thoughts or suggestions, with the earnest hope that our profession take up the matter at an early day, and give the subject the attention that it needs, to the end that we may thus show to the world at large that we are a large and rapidly increasing concrete body of self-respecting, law abiding, intelligent and virtue loving men and women, whose aims are high, whose purposes are holy, and whose motto is onward and upward towards the highest possible attainments in our professional work and the betterment of the human race in the age in which we live.

It is reported that Dr. L. M. Halsey, at the New Jersey Medical society (orthodox allopathic) meeting in Asbury Park the other day, denounced osteopathy as an "unadulterated fake," and then declared that the osteopathic remedies had been used by all doctors for nearly all time. Does Dr. Halsey thereby admit that all doctors are "fakes," with the public as their victims?

If the osteopathic remedies are used by the "regular" physicians, who would naturally resent the imputation of charlatanism, then Dr. Halsey's accusation is about as comprehensive in its relationship to medicine as language can make it. For the sake of faith in medicine, there is a hope that Dr. Halsey was misquoted.—Waterbury (Conn.) Republican.

THE LEGISLATIVE SITUATION.

A Review of the Progress Made in Osteopathy Along Legislative Lines During the Past Year.

THE progress made by osteopathy along legislative lines during the past year has been, on the whole, quite satisfactory to the profession and is commensurate with our growth along every other line. Since the time of the passage of the first osteopathic law in the state of Vermont in 1896, the legislatures of the following states have passed laws regulating the practice: Missouri, Iowa, North Dakota, Minnesota, Arkansas, New Mexico, North Carolina, Oklahoma, South Dakota, Tennessee, Michigan, Illinois, Kansas, California, Nebraska, Montana, Indiana, Wisconsin, Texas, Connecticut, Ohio and Virginia.

Legislation in twenty-three states is certainly a very creditable showing for the past seven years of our existence.

The year, 1903, however is an epoch maker in osteopathic history. A short review of the legislation secured during that year shows that osteopathy, in those states legalizing it, has been given a place before the law equal to that accredited to any other school or system of medicine. The appointment of independent osteopathic boards in the following five states is a part of our good record for 1903: Missouri, Michigan, Arkansas, Oklahoma and Minnesota.

In the three last named states the laws are new, osteopathy not having been recognized in those states before, while in Missouri and Michigan old laws regulating osteopathic practice were repealed and new ones giving the science a more favorable and dignified standing were passed. In Wisconsin the old medical law was repealed and a new and better one passed by which osteopathy is given a member of the state board.

In Illinois and Utah osteopathic laws were passed by the legislatures, but were vetoed by the governors of those states, not however on account of any opposition to the science but for other reasons as stated in their veto messages.

New Mexico, North Carolina and Virginia complete the list of states giving us legislation during the past year.

Of the twenty-three states regulating the practice of osteopathy, eight have independent state boards and two have representation on the medical boards. In Wisconsin, Dr. A. U. Jorris of LaCrosse is the osteopathic member of the medical board in that state. Dr. E. R. Booth of Cincinnati, Dr. L. A. Liffing of Toledo, and Dr. M. F. Hulett of Columbus are the osteopathic representatives on the Ohio State Medical Board.

Following is a list of the states having independent osteopathic boards together with the names and locations of the osteopaths composing them: Connecticut—W. A. Wilcox, D. O., Waterbury; L. C. Kingsbury, D. O., Hartford; W. H. Underwood, D. O., Hartford. California—Ernest Sisson, D. O., San Francisco; A. H. Potter, D. O., San Francisco; C. A. Haines, D.

O., Sacramento; Dain L. Tasker, D. O., Los Angeles; J. S. White, D. O., Pasadena. Montana—Asa M. Willard, D. O., Dillon; Chas. D. Mahaffay, D. O., Helena; Orson B. Prickett, D. O., Billings. Oklahoma—John A. Price, D. O., Perry; J. W. Slade, D. O., Guthrie; J. M. Rouse, D. O., Oklahoma City. Arkansas—Chas. E. Ross, D. O., Fort Smith; B. F. Morris, D. O., Little Rock; Lillian G. Higinbotham, D. O., Pine Bluff; Jessie Gildersleeve, D. O., Texarkana; Elizabeth Broach, D. O., Hot Springs. Minnesota—A. W. McClaran, D. O., Duluth; Clara T. Gerrish, D. O., Minnesota; Geo. L. Huntington, D. O., St. Paul; J. B. Bemis, D. O., St. Paul; Ed. C. Pickler, D. O., Minneapolis. Michigan—Samuel Landis, D. O., Grand Rapids; W. S. Mills, D. O.,



MICHIGAN OSTEOPATHIC BOARD.

Ann Arbor; C. L. Rider, D. O., Detroit; F. H. Williams, D. O., Lansing; R. E. McGavock, D. O., Saginaw. Missouri—Chas. E. Boxx, D. O., Plattsburg; W. F. Traugher, D. O., Centralia; A. L. McKenzie, D. O., Kansas

City; C. E. Still, D. O., Kirksville; J. H. Crenshaw, D. O., St. Louis.

The Journal takes pleasure in this issue in presenting the photographs of members of the new state boards in Missouri, Michigan and Oklahoma, together with a short biographical sketch of each member. In a later issue halftone cuts of our other new state boards will be published in connection with a brief sketch of each of their members.

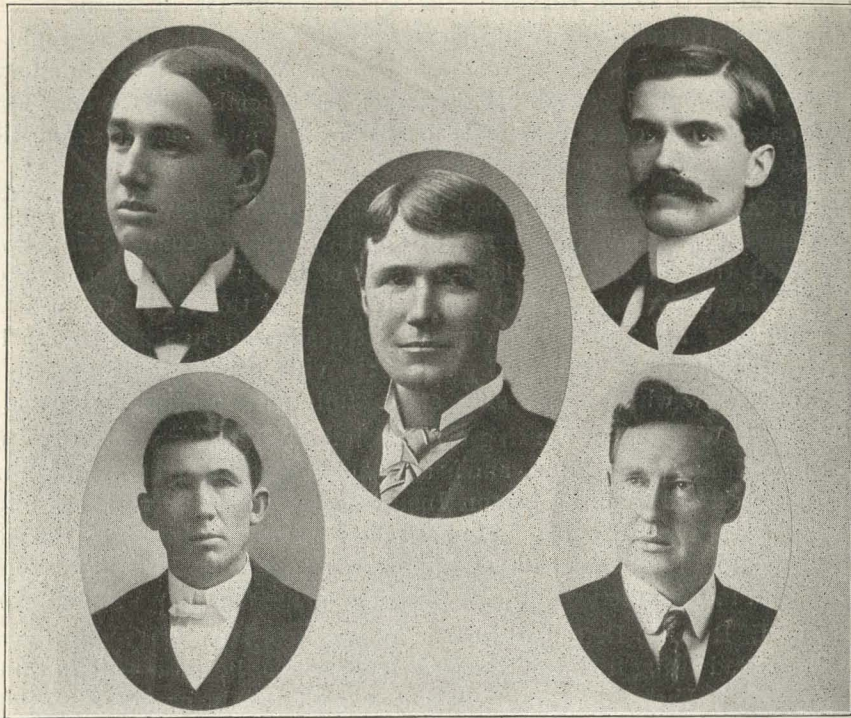
MICHIGAN.—Dr. R. E. McGavock of Saginaw, who received the appointment for the five year term, was born in Franklin, Howard county, Mo., 1874. He attended the common and high schools of Columbia, Mo., and afterwards the State University of that place. He entered the A. S. O. in 1895, after completing his University course, and graduated in June, 1897. He engaged in the practice of osteopathy in Jacksonville, Ill. until 1899 when he located at Saginaw where he has since successfully practiced his profession.

Dr. F. H. Williams of Lansing was appointed to the four year term. He was born in Minneapolis, Minn. and is a graduate of the University of Minnesota. He graduated from the Boston Institute of Osteopathy and was afterwards a professor in that school. He has taken special work at the Harvard Medical school and College of Physicians and Surgeons at Boston. He has been engaged in the practice of osteopathy at Lansing for the past four years.

Dr. C. L. Rider of Detroit was born at Clarence, Mo. thirty-eight years ago. After graduating from the Clarence High school he attended the State Normal school at Kirksville, Mo., from which institution he graduated in 1888. He engaged in mercantile business until 1895 when he entered the American School of Osteopathy from which he graduated in June, 1897. From that time until 1901 he was a member of the regular staff of physicians at the A. T. Still Infirmary. The last two years of this time he was also demonstrator of anatomy at the A. S. O. He resigned his position in the fall of 1901 and immediately located in Detroit where he has since practiced. He was appointed on the board for a term of three years.

Dr. W. S. Mills of Ann Arbor is a native of Missouri, having been born in Putnam county in 1865. He received his education in the public schools and in the Kirksville State Normal. He taught school for several years and then engaged in mercantile business until he took up the study of osteopathy in 1898. He graduated from the A. S. O., January, 1900 and immediately located at Ann Arbor where he is still practicing. He was appointed for the two year term.

Dr. Samuel R. Landes of Petoskey is one of the pioneers of osteopathy in the state of Michigan. Dr. Landes is a native of Iowa and is forty-two years old. He was engaged in the mercantile and mining business before taking up the study of osteopathy. He entered the first class after the organization of the A. S. O. and graduated in 1895. He served for several years as a member of the faculty of the A. S. O. and staff of physicians of the A. T. Still Infirmary. In 1897 he located at Petoskey where he has built up a successful practice. He was appointed for the one year term.



Dr. J. H. Crenshaw. Dr. C. E. Still. Dr. W. F. Traughber.
 Dr. Chas. E. Boxx. Dr. A. L. McKenzie.

MISSOURI OSTEOPATHIC BOARD.

MISSOURI.—Dr. Chas. E. Boxx of Plattsburg, Mo., has been engaged in the practice of osteopathy in that city for the past five years. Before taking up the study of osteopathy he was engaged in the practice of denistry. Although he is not so well known to the profession in Missouri as a large number of other practitioners, he has made a large circle of warm friends and supporters for the science in his home town. He was appointed by Gov. Dockery to fill the five year term.

Dr. W. F. Traughber of Centralia was born on a farm in Audrain county, Mo. and received his early education in the country schools. He graduated from the Centralia High school in 1894 and one year later from the Gem City Business College, Quincy, Ill. He graduated from the A. S. O. in 1900 and for the past three years has successfully practiced his profession in his home city. He was elected president of the Missouri Osteopathic association at its last meeting in St. Louis. He was appointed on the new board for a term of four years.

Dr. A. L. McKenzie of Kansas City is a native Missourian of Scotch descent. He received his common school education in the country near LaBelle, Mo. and afterwards graduated from the Kirksville Mercantile College and

State Normal. He was after this time for ten or twelve years prominently connected with public school work in his native state. The last four years of his educational work were spent at Macon, Mo., where he was superintendent of the public schools. He graduated from the A. S. O., February class, 1899, since which time he has practiced osteopathy in Kansas City. He was recently made president of the Central College of Osteopathy, a new school just organized in Kansas City under the management of a local stock company. He was appointed on the new board for a term of three years.

Dr. C. E. Still of Kirksville was appointed on the new board for a term of two years. He is thirty-eight years old and has been engaged in the practice of osteopathy for the past fifteen years. Next to his father, Dr. A. T. Still, the founder of osteopathy, he is probably the mostly widely known exponent of the science. He is at present the active head of the Kirksville school and Infirmary. In addition to his many duties in connection with the management of the A. S. O. he attends to a large private practice.

Dr. J. H. Crenshaw of St. Louis was appointed on the board for one year. He was born in Amity, DeKalb county, Mo., and is the youngest member of the board, being only twenty-five years old. After attending high school and college, he took up the study of osteopathy at the A. S. O. from which institution he graduated in June, 1899. With the exception of one year spent in Illinois he has always engaged in the practice in St. Louis.



Dr. J. M. Rouse. Dr. J. W. Slade. Dr. J. A. Price.

OKLAHOMA OSTEOPATHIC BOARD.

OKLAHOMA.—Dr. J. A. Price, secretary of the Oklahoma osteopathic board was appointed to fill the one year term. Dr. Price is a native of Texas but was raised and educated in Missouri. When a mere lad he was left an

orphan, but as soon as old enough learned the carpenter's trade, at which occupation he earned sufficient money to take a five and one-half years course in the William Jewell College at Liberty, Mo. After graduating he was ordained to the Baptist ministry and spent fifteen years in that work. He graduated from the A. S. O. in 1901 and located immediately in Perry where he and his wife, who is also an osteopath, have built up a successful practice.

Dr. J. M. Rouse of Oklahoma City is president of the Oklahoma Osteopathic association and also president of the new osteopathic board of that territory. He is a native of Missouri and was educated in the State University at Columbia. He engaged in teaching for eighteen years before taking up the study of osteopathy. In that time he was a teacher in the Sturgeon, Centralia, Montgomery City and Troy public schools. He is a graduate of the S. S. Still School of Osteopathy, class 1901. He was appointed on the board for the long term of three years.

Dr. J. W. Slade of Guthrie received the two year term on the new board. He engaged in the practice of medicine for forty years before taking up the study and practice of osteopathy. He graduated from the Keokuk Medical College, 1857, and was a surgeon in the union army during the civil war. He graduated from the S. S. Still College of Osteopathy, June, 1901, and afterwards engaged in the practice at Blackwell for two years. He has just recently located at Guthrie.

Osteopaths not Allowed to use Title of Doctor in Illinois.

According to a recent ruling of the Illinois State Board of Health, osteopaths are not permitted to use the title of doctor nor to call themselves physicians. Under the same law as is now in effect in Illinois regulating the practice of osteopathy, the attorney general about two years ago gave an opinion in which he stated that osteopaths could properly use the title of "Dr." provided it was not used in such a way as to convey the impression that the person using such title was a practitioner of medicine and surgery instead of osteopathy. Recently Dr. C. O. Deeming of Rock Falls, Ill. wrote to the secretary of the board on some private business using his regular letter paper containing his letter head as follows: Dr. C. O. Deeming, Osteopathic Physician.

The board's chief clerk replied to him and among other things called his attention to a more recent opinion of the attorney general. He said, "I notice by your letter head that you use the prefix of 'Dr.' By the opinion

of the attorney general only those who are authorized to practice medicine and surgery in all their branches shall call or advertise themselves as physician or 'Dr.'"

It is not likely that any osteopath in Illinois desires to use the title of doctor or to call himself a physician for the purpose of falsely conveying the impression to the public that he is an M. D. or is a practitioner of drug medication. The profession don't possess that big a business fool. Osteopaths are proud of the fact that they are osteopathic physicians and have no desire to be represented as practicing any other system. Although the use of the term "Dr." or physician by an osteopath is in violation to the letter of the law in that state, an osteopath is no less a doctor or physician for that reason. It is not likely that the state board will have the nerve to attempt any prosecutions against those osteopaths who continue to use these terms as Dr. Deeming is now using them. In our opinion, it is doubtful if such prosecutions would be successful.

Which Is the "Fake."

Dr. S. C. Mathews of Paterson, N. J., defends osteopathy from the attacks of the New Jersey Medical society in the Paterson Call. His defense follows:

PATERSON, N. J., JUNE 29, 1903.

TO THE EDITOR OF THE CALL:—I notice in the public press a day or so ago a report given out by the State Allopathic Medical society of New Jersey, during its annual meeting in Atlantic City. Among other things, the report mentioned that osteopathy had been "roundly scored," osteopathic legislation defeated, and a report denouncing the system of osteopathy as a "fake" had been accepted by the society.

As this society has thus made a public attack upon osteopathy, I desire a little space in your paper to consider the charges and compare the practice of osteopathy with the practice of medicine.

I will not say that the practice of allopathic medicine is a "fake." I will not say that the putting of acids and poisons into the stomach of a sick man is a positive injury, and retards recovery instead of assisting it. I will not say that this old medical system is a relic of the dark ages and is rapidly being supplanted by modern methods which have reason, common sense and results to recommend them. I will say none of these things. I prefer rather to give in detail the treatment of a case by both osteopathy and medicine, and let the public judge as to "which is the fake."

Mrs. D—, who had taken both medical and osteopath treatment, will serve well to bring out the general methods practiced by both systems.

Mrs. D— was a fairly strong woman. Her health up to the time of which we write had been good. She had never been injured that she knew of. However, a slight pain in the upper part of the chest and back caused her some annoyance. She thought little of it at first, but, as it continued, the family doctor was finally called in. After a talk about her condition, he left a small vial of medicine and a box of pills. The medicine and pills were taken as directed, but the pain continued to grow more annoying. The doctor, therefore, began to call more

frequently, and practically each time he called in "changed the medicine." After a time Mrs. D— noticed that her right breast was slightly swollen. When the doctor called again she mentioned this fact and, in addition to "changing the medicine" he left a local application for the breast. But the pain grew no better and the breast continued slowly to enlarge. Dr. A. now called Dr. B. in consultation, and after "changing the medicine" a few times Dr. C. was also brought in. Dr. C. was of the opinion, after examining the breast, that an operation was necessary, and, though quite handy with the knife himself, he really preferred to have the assistance of Dr. D. in the operation. Drs. A. B. C. and D. all agreed that the operation was the only hope, and accordingly the breast was removed. "The operation was successful," as usual, but the old pain continued and soon the left breast began to show signs of enlargement. A few weeks passed, Drs. A., B., C. and D. again consulted. They examined the left breast and decided that it, too, would have to be removed. But just here the lady's husband heard of osteopathy, and decided to investigate it before he would permit of a second operation. Drs. A. B. C. and D. were indignant. The idea of taking up a "fake" after they had been treating the case for a year and after performing a "successful operation" was preposterous. True, her right breast had been removed, the pain was more intense and she was infinitely worse in every way than when she began treatment, but the fact that she was better or worse was neither here nor there. The thing to do in their estimation was to submit to a second operation and try another "change of medicine." The husband, however, was not to be deterred from his determination to try the "fake" osteopathy, and he at once took his wife to a practitioner of this system.

Here, as usual, the osteopath got the case only after the old methods had failed. However, he began this case as an osteopath begins every case, that is, by making a thorough, painstaking, physical examination. He did not stop by simply looking at or examining the remaining breast—now swollen and irritated. In studying this "fake" system he had learned that there were effects

and causes, and at a glance he realized that the swollen breast and the pain were effects only, and he therefore sought the cause. His study of anatomy had taught him that there is an artery, a vein and a nerve between each two ribs on each side of the chest, and he also knew if two ribs were drawn too close together the unnatural pressure would irritate the intercostal nerve and make it painful, and also obstruct the intercostal vein and produce a swollen condition. He therefore began an examination and comparison of these spaces between the ribs. It was found that the fifth rib had been drawn up, making the fourth interspace about an eighth of an inch less than it should be. The real cause found, the next step was to remove it. This was done by correcting the articulation of the fifth rib with the spine and making the interspace between the fifth rib and the fourth wider—what it should be naturally. This he did in a few treatments, and, behold, the pain ceased, the swelling disappeared and Mrs. D—— stepped fourth a well woman, save the ghastly scars in her right breast (“mute witnesses of agony”) and an aggravated case of stomach and bowel troubles, brought on by “changing the medicine” and pouring every conceivable concoction into the system until the delicate lining of the stomach and intestines had become irritated and inflamed.

In this case the slight drawing of the fifth ribs from their exact articulation with the spine was the real cause of all the trouble. True, Drs. A., B., C. and D. brought all the resources of medical science to bear on the case, and diligently “changed the medicine” and finally performed a “successful operation,” all for a very slight slip of a rib, but they were not “quacks” and their system (medicine), the last survivor of the three weird old sisters (magic, witchcraft and medicine), was not a “fake.”

The truth is, “Hope springs eternal in the breast” and “Dying mortals grasp at straws.” To relieve suffering, to dissipate the gathering gloom of death, the human family have always tried anything and everything that could be thought of, regardless of its nature. For ages there was supposed to be health and long life in the magician’s wand, but this practice passed away, to give place to

medical witchcraft. Thought finally showed the ancients that there was no virtue in the magician’s wand. Thought finally dethroned witchcraft. And thought will finally dethrone the ignorant practice of medicine. She is already doomed. She cannot stand the light of reason any more than magic or witchcraft. She is an old superstition, without a single redeeming quality. She has enough life left, however, to wheeze out “fake” at osteopathy, the new science that is proving its worth. Is there a pain in the back really caused by a contracted ligament? She would say, “Dope the stomach.” Is there nervousness, perhaps caused by a pressure on a nerve center? She would say, “Dope the stomach.” It matters not whether the pain is in the foot, the arm or the head, or what is really causing it, she has but one thing to offer, and that is “Dope the stomach.” Compared with these doping processes we have osteopathy—a science which means master of anatomy in the minutest details, a highly developed sense of touch and a practical knowledge of how to find and correct the slightest physical wrong; a science which searches for the cause of a trouble; a science which treats the exact part that is wrong, and that only; a science that has cured thousands in a short time, after the old system had failed for years. If this new system, osteopathy, is a “fake” the word that would convey a true idea of this old, ignorant, doping system has yet to be coined.

And now a word to this society about “osteopathic legislation.” It is said that the streets of Jerusalem were kept clean by each one sweeping his own door yard. Now, it may not be a bad plan for each member of your society to commit this little statement to memory and practice it, and at your next meeting it would also be well to spread it on your minutes and “unanimously adopt it.”

Osteopathy has already been legalized in twenty-three states of our Union, though in nearly every one of these states allopathic societies, like your own, appealed to the legislature and the courts to stamp it out. The facts are, courts and legislatures finally come to one decision, and that is, in the healing art, as in religion, there is but one

rational course of procedure, and that is to allow each school to work out its own salvation and stand or fail on its merits. And this is the stand our legislature, the courts and the people will finally take in New Jersey. Osteopathy asks no favor from you, and as to “which is the fake,” whether osteopathy or medicine, must be decided by the people, and not by your society.—Yours, etc.,
S. C. MATTHEWS, D. O.

Illinois Osteopaths Meet in Fourth Annual Convention.

The Illinois State Osteopathic association held its fourth annual meeting in Bloomington, July 27. There was a good representation of the profession in attendance, and those present considered it one of the best state gatherings ever held by the association.

Dr. A. S. Melvin, of Chicago, the state president, called the convention to order at The Illinois at 9 a. m., after which former Vice-President Stevenson, spoke a few words of welcome to the visitors. President Melvin responded, and spoke in a fitting manner to the cordial greeting of Mr. Stevenson.

In the business session that followed, Dr. J. H. Sullivan, of Chicago, was elected delegate to the national convention at Cleveland, O., July 15 to 18.

Among the resolutions submitted by the committee and adopted by the convention was one in memory of Mrs. Cunningham, deceased wife of Dr. Cunningham of Bloomington, who was extolled in warm words of promise for her exemplary character and life work.

A motion was made and passed that the convention send a telegram of congratulation and greetings to Dr. A. T. Still of Kirksville, Mo., founder of the science.

The association then sent the following message:

“DR. A. T. STILL, Kirksville, Mo.

The Illinois Osteopathic association now in session extend to you their greetings.

MARY E. KELLY, sec’y.”

The election of officers resulted as follows: President—John D. Cunningham, D. O., Bloomington.

Vice-President—W. C. Carter, D. O., Springfield.

Secretary and Treasurer—Mary E. Kelley, D. O., Chicago.

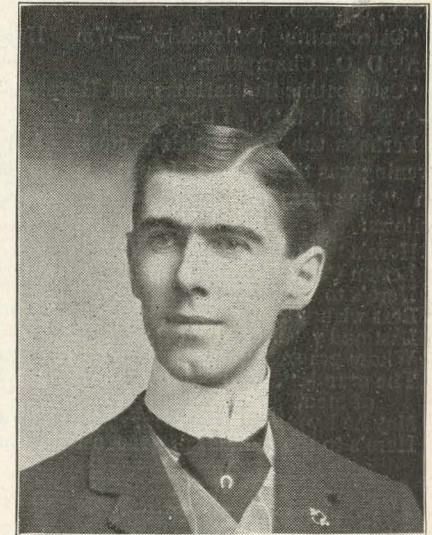
Trustees—Dr. William Hartford, Champaign; Dr. A. S. Melvin, Chicago; Dr. E. G. Magill, Peoria; Dr. E. M. Brown, Dixon; Dr. S. M. Pleak, Duquoin.

The following resolution was then adopted: “Any member of the association known to be prescribing drugs will be dropped from the roll of membership. The I. O. A. stands for pure unadulterated A. T. Still osteopathy.”

Springfield was chosen as the place for holding the next convention.

AFTERNOON SESSION.

The afternoon meeting was full of interest, there being several papers on various phases of osteopathy. Ashton’s orchestra



JOHN D. CUNNINGHAM, D. O.,
Newly Elected President of the Illinois Osteopathic Association.

was present and furnished music.

“The Position of Osteopathy in the Field of Therapeutics,” was a paper given by Dr. David Littlejohn, of Chicago, in place of his brother, Dr. J. Martin Littlejohn, who was absent. Dr. Chas. Hazzard spoke on “Some Points on the Atlas.” Dr. S. S. Still, closed the program with a discussion of the value of state societies.

THE BANQUET.

The banquet as the closing event of the convention proved to be a most delightful entertainment. There were a number of ladies present, and the whole affair was perfectly managed. The enjoyment of the spread consumed an hour or more, after which Dr. Charles Hazzard, of Kirksville, Mo., took charge as toastmaster in a very witty speech.

The speakers and the responses were as follows:

"Some of the Experiences of a Woman in Practice"—Agnes V. Landes, D. O., Chicago.

"Ethics"—Canada Wendall, D. O., Peoria.

"Opportunities"—Loretto L. Lewis, D. O., Paris.

"The Gentleman"—Lola L. Hayes, D. O., Wyanett.

"The Ladies"—Alfred Wheelock Young, D. O., Chicago.

"Osteopathic Fellowship"—Wm. Hartford, D. O., Champaign.

"Osteopathic Sanitariums and Hospitals"—S. S. Still, D. O., of Des Moines, Ia.

Perhaps the most taking effort of the evening was that of Dr. Loretto L. Lewis, on "Opportunities," which concluded as follows:

Here's to the members of the I. O. A.
Lesion Osteopaths of the very first water;
Here's to the osteopaths near and far,
Best wishes to them, wherever they are.
Last and yet first to old Dr. Still,
Whose praises you hear go where you will,
The grandest, the noblest, the most just
of men,
May he live till at least four score and ten,
Here's to the founder of true osteopathy.

Colorado State Meeting.

The annual meeting of the Colorado Osteopathic association was held at the Bolles Infirmary, Saturday, June 20, Dr. E. D. Jones presiding. The following members were present: Drs. J. F. Foley, J. T. Bass, Elizabeth C. Bass, M. J. Work, Frank I. Furry, Bertha M. Hilton, Hettie M. Ross, N. A. Bolles, Nettie H. Bolles, Chas. C. Reid, L. S. Brown, E. D. Jones, L. C. Work, Katharine Westendorf and Miss McChesney, of Denver, and Dr. Ida M. Andrew of Boulder.

President Jones gave an address, after

which the various officers gave reports covering the year's work. Dr. Andrew, secretary, reported that in September, '02, there were only fifteen members in the association, and that at present there were forty-one. The election of officers resulted as follows: President, Dr. F. I. Furry; vice-president, Dr. C. C. Reid; corresponding secretary, Dr. J. R. Cunningham; recording secretary, Dr. J. F. Foley; treasurer, Dr. N. A. Bolles. Trustees: Dr. D. M. Bodwell, elected for three years, Dr. J. T. Bass, two years, and Dr. L. B. Overfelt, one year.

Dr. L. S. Brown then read a paper on Osteopathic Practice, Dr. Foley gave a paper on Neuresthenia, and Mrs. Bolles spoke on Congenital Hip Dislocation. These were all good as were the discussions of them.

The annual banquet of the state association was given at the Adams Hotel, Saturday evening, June 20th. The following were present: Dr. F. I. Furry, Mrs. Furry, Dr. J. T. Bass, Dr. Elizabeth Bass, Dr. C. C. Reid, Miss Wilson, Dr. H. DeTienne, Mrs. DeTienne, Dr. E. D. Jones, Miss Toovey, Dr. B. D. Mason, Miss Morrison, Dr. J. R. Cunningham, Miss McChesney, Dr. N. A. Bolles, Dr. Ida M. Andrew, Dr. Hettie M. Ross, Dr. Bertha N. Hilton, Miss Darling, Mrs. Westendorf, Miss Westendorf, Mr. and Mrs. Geo. Perrin, Mr. and Mrs. Kirby, Mrs. Beers and Miss Bass.

The following toasts were proposed and responded to: "The State Association," Dr. J. T. Bass, "My First Patient," Dr. Mae Work; "The Spine," Dr. Furry; "The National Association," Dr. N. A. Bolles; "The Embryo Osteopath," Miss Martha Morrison; "Problems of the Osteopathic Profession," Dr. C. C. Reid; "Professional Ethics," Mrs. Westendorf.

J. R. CUNNINGHAM, D. O.
Corresponding Sec'y.

Louisville Osteopaths Perfect an Organization.

The Louisville osteopathic practitioners recently met and effected a permanent organization. The society is to be known as the Louisville Osteopathic association.

The following officers and board members were chosen: President, Dr. H. E. Nelson; first vice-president, Dr. M. E. Pearson; second vice-president, Dr. Sue Epperson; secretary, Dr. C. W. Barnes; treasurer, Dr. Sarah Settle; executive board, Drs. J. Collier, W. C. McMamama and Lillie Collier.

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OF THE

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THE national association did the right thing in re-electing Dr. M. F. Hulett, treasurer and Dr. Irene Harwood Ellis, secretary for another year each. The association has never had two more efficient officers. They have served in these offices successively for a number of years without compensation and their efforts are certainly highly appreciated by the association.

THE local osteopaths of Cleveland deserve much credit for their hard work in making preparations for the entertainment of the visiting osteopaths who attended the convention. We are sure they did every thing in their power to make our stay in Cleveland as agreeable as possible. We are sorry, however, that the local press did not make a better report of the meetings, and thus give the Cleveland osteopaths the benefit of the local attention to osteopathy that would have come from it.

THE observer of the growth of the A. O. A. must be struck with the fact that that institution has "arrived" and is a dominant factor in osteopathic affairs. It occupies a position now that is assured and that no one influence can obstruct.

It will be well for all to get aboard the band wagon while they can, for the procession is moving and will wait for no man or set of men. Standing as it does for osteopathic progress, it is hard to believe there is anyone in the profession who will not work for its advancement.

DR. CHAS. HAZZARD, the new president of our national association, we predict, will have no less a successful administration than Dr. Teall. The association ought to have at least one-thousand members at the close of our St. Louis convention next year, and we believe that Dr. Hazzard will see that we have them. He is a hard worker, capable and level headed. In common with his many other friends, we predict for him a successful administration.

THE clinics presented at the Cleveland convention were far from being satisfactory. In most cases the demonstrator, not having examined the case before presenting it, and not being specially prepared to give a lecture on the case in question made a rather poor showing. We suggest that next year those who are to present clinics be selected in advance and notified, and also be given the subject upon which they are to present a clinic. In that way special preparation can be made, and in as large a city as St. Louis no trouble will be had in selecting cases to fit the subjects.

NO city is deserving of consideration as a meeting place of the A. O. A. which cannot promise first-class press service. Any organization which can call out nearly 500, in attendance to the city honored by the convention, is worthy of ample space in the columns of the local newspapers as an event of public interest. The loss from its being improperly reported is largely a local one and it behooves the ones having it in charge to look out. Osteopathy feeds and thrives on opposition and hard knocks, so lack of newspaper courtesy will in no way retard its progress.

WHEN President Teall was presented with the gavel of authority, after his election to the presidency of the association at Milwaukee last year, he said, "You can depend upon it, that Chas. Clayton Teall will do his best to fill the office of president creditably." That he meant what he said at that time has been proven by his year's work at the head of the association. During his administration the membership in the association has been doubled, and this has been brought about, to a large extent, by the personal efforts of Dr. Teall. A year ago the association set out to have 500 members at the time of the Cleveland meeting and behold there were 569, "69 too many."

**

TOM JOHNSON, mayor of Cleveland, is a full blooded politician. Even though he promised to welcome the osteopaths to his city, he didn't even as much show up or send a substitute. There are more medical doctors in Cleveland than osteopaths and therefore more voters among them. But Tom is wily, he knows his business, so ought the Cleveland osteopaths and their friends at the next election. Even the preacher got sick or was out of the city and couldn't come, so we pulled off the convention without a prayer, and still it was a success. Even the hotel keepers looked the other way and "popped" up the price, still the osteopaths had money to pay, and the meeting was a success. The newspapers too were on the other side, but the meeting was a success.

**

THE matter of getting up the program for our meeting next year is one that should be given serious and painstaking attention. One objection to the program at Cleveland was that there were too many papers and not enough time for discussion, which really is of more value than the papers. Another objection, those who were on the program for papers were not, in all instances, selected on account of their special fitness for that line of work, and in some cases were not well enough known to the profession to know what sort of performance they would make. Again,

it was commonly stated among those in attendance at Cleveland that there seemed to be a tendency to promote certain individuals by placing them on the program, or as it was expressed by one, "advertising small men for large places," and placing in a conspicuous position inexperienced, self-opinionated leaders. Osteopaths want osteopathy. They attend these meetings to be instructed, not bored.

**

A MOST amusing as well as instructive discussion took place at the Cleveland convention when there happened to be a little lull in the program. Dr. H. Bernard of Detroit opened the ball on the lesion question and the fur flew for about thirty minutes. Everybody wanted to talk at once. Drs. C. M. T. Hulett and Hazzard were level headed and used good judgment and tact in discussing the subject. Some of the others "biled" over and before the scrap ended Dr. Young of St. Paul had to be carried out of the "meetin," having received a solar plexus blow from Dr. C. M. T. Hulett which sent him to the floor with a dull thud. After all it was good natured and Dr. Young recovered in good shape. But before the discussion ended there were no lesion or non-lesion osteopaths, all agreed that there were lesions as cause for disease, and all agreed that there were other causative factors to be considered, and again all agreed that the lesion must be removed and that in addition other things could be done that would assist the patient to recovery. It was just a matter of understanding each other. So the lesion question was settled and the universal verdict was, "may it rest in peace."

**

IN the report of the Committee on Education at the A. O. A. at Cleveland on a Code of Ethics for our profession, the matter of a physician paying commissions to those who bring or send him patients was discussed and the practice condemned. Every one recognized that this sort of practice is wrong in the extreme and no one raised any objections to the adoption of that part of the code. That commer-

cialism ought not to be carried into a purely professional business was universally accepted. The same Code of Ethics that applies to the practitioners of our profession should also, to a large extent, govern the conduct of our schools. The same general principles will apply in both cases. Yet it is a common practice for some osteopathic school to openly and insistently offer and advertise to give \$25.00 commission for each new student sent them. It would be well at least for the prospective student to inquire in regard to the amount of commission that the osteopath is to receive for recommending him to attend this or that school. The American School of Osteopathy pays no commissions to any one for new students. When students are recommended to attend school at the A. S. O., it is evidently for another reason than that of satisfying "an itching palm" on the part of the practitioner who sends them.

**

AS an example of unprofessional conduct on the part of all parties responsible for it, the following advertisement that appeared in the window of a certain osteopath in a western city is about the worst that has been called to our notice for some time:

"There will be with us next Saturday, July 25, Dr. —, Leading Professor of the noted—College of Osteopathy. Many think him the best osteopath in the world. We have arranged for him to meet and examine absolutely free any sick person who comes to our office that day. We consider him superior to Dr. Lorenz. Any information about osteopathy or the famous—College will be cheerfully answered by him. Sick or well, all are welcome to come in and meet the noted man."

Such unwarranted claims and undignified methods of advertising cannot but do an injury to the science. Osteopathy should be practiced along the highest possible plane of professional dignity. Unwarranted claims either for our science or the great ability of its practitioners, free treatments, boastful and unprofessional advertising will in the end cheapen

osteopathy, bring it into disrepute, and do an untold injury to the standing of the profession at large.

An Announcement.

While in Cleveland attending the A. O. A. convention, Dr. C. E. Still promised to send to every osteopath present, whether a member of the association or not, a bust of Dr. A. T. Still. If you do not already possess one, drop a card to Dr. Charlie, giving your name and address and the bust will be sent immediately.

At the fourth annual convention of the Iowa Osteopathic Association held at Des Moines, June 25-26, Dr. J. S. Baughman was unanimously elected president. He was born in Davis Co., Iowa, July 6, 1858,



DR. J. S. BAUGHMAN,
President Iowa Osteopathic Association.

and was reared on a farm near Pulaski. By close application to study he was prepared to teach his first term of school the fall after becoming of age. For six years he taught and went to school. He obtained his education at Lombard University, Galesburg, Ill., and at the State Normal, Kirksville, Mo., completing the course at the latter place in 1883.

From 1887 to 1897, most of his time was occupied exploiting inventions patented by him, some of which are now on the market, and are yielding a good revenue.

In 1892 he matriculated with the first class in osteopathy, at Kirksville, Mo.,

under the founder of this science, Dr. Andrew T. Still, but owing to circumstances, he was forced to abandon his studies in this line until the fall of '97, when he re-entered this college and graduated in Feb. 1900. He at once entered upon the practice of his chosen profession at Burlington, Ia., and while thus engaged designed and completed a chart, "Physiological Chemistry Illustrated." In this chart the food stuffs are traced through the entire alimentary tract. Every step in the digestive process is either shown or indicated, from the time the food enters the mouth until it is digested, assimilated, oxidized, and becomes a part of body tissue.

Dr. Baughman is still located in Burlington, Iowa, where he and his wife, Dr. Nanny R. Ball Baughman are successfully engaged in the practice of osteopathy. He has of late been frequently mentioned as a candidate for appointment on the Iowa State Board of Health. It is understood that he has strong endorsements for the place.

A Mixer Turned Down.

Dr. J. M. Mullins graduated from the A. S. O. in 1898. He then set out to practice osteopathy and tried it at several places for short time only. Last year he graduated from the Hahnemann Medical College of Chicago and then located at El Paso, Ills., where he is now practicing osteopathy and medicine (drugs) combined. Recently he was refused admission to membership in the Illinois Osteopathic association because he gave drugs for remedies in addition to his osteopathy. Brother Mullins belongs to a class by himself as it is doubtful if he could join the State Medical association on account of his osteopathic inclinations. The following advertisement taken from the El Paso Journal shows that he claims to be able to serve his patients to order with most any old treatment they might want:

"J. Melvin Mullins, D. O., D. M., Osteopathist, Physician and Surgeon. Dr. Mullins being a graduate of both osteopathy and medicine, is prepared to treat all forms of disease, whether acute or chronic. That

medicine cures many diseases we all admit; that osteopathy cures many cases that medicine will not has been demonstrated. Experience has taught us that osteopathy and medicine when combined judiciously in the hands of one, cure many cases that neither alone will cure. We give you either or both, according to the nature of your case."

The Iowa Meeting.

The Iowa Osteopathic association held a two days' meeting at Des Moines, June 25 and 26. The meeting was reported to have been a very successful one, the excellent program having been carried out to the profit of all in attendance. The following officers were elected for the ensuing year:

Dr. J. S. Baughman, president, Burlington; Dr. F. E. Bechley, first vice-president, Guthrie Center; Dr. S. B. Miller, second vice-president, Cedar Rapids; Dr. Ella Ray Gilmour, secretary, Sheldon; Dr. I. O. Thompson, treasurer, Red Oak; Board of Trustees—One year: Dr. C. L. Parsons, Iowa Falls; Dr. G. H. Gilmour, Sheldon. Two years: Dr. E. E. Westfall, Mount Pleasant, Dr. A. Still, Craig, Iowa City. Three years: Dr. J. R. Bullard, Marshalltown; Dr. J. E. Owen, Indianola.

Dr. J. S. Baughman, the new president is a graduate of the A. S. O., February class 1900. He has successfully engaged in the practice at Burlington since that time. Being a progressive, wide-awake practitioner, he has always taken an active part in his state and the national association work. His election to the presidency of the Iowa association at this time will make him a prominent candidate for appointment on the State Board of Health as Dr. Baughman resides in the district from which a new member of the board is to be appointed during the next year.

The Cleveland Meeting.

Several days before the date set for the opening day of the big convention, the osteopaths began to arrive in Cleveland in great numbers, so that on the opening day the Hollenden Hotel was veritably overrun with bone doctors. July 15th saw

over 300 osteopaths in Cleveland and before the meeting closed another hundred had arrived. To say that the meeting was an inspiration to every one present and a grand success in every particular is putting it mildly. This meeting was the culmination of a year's progress and hard work on the part of the organization known as the American Osteopathic Association. One year ago there were less than 300 members. On the last day of the meeting at Cleveland Dr. Teall, the president, announced that the association had 569 members. A remarkable and noticeable thing about the meeting was, that those who had attended the Milwaukee and previous meetings were present at this one and had brought others with them.

Attending the association meetings is a habit that cannot be easily broken and an explanation is not hard to make. Next year at St. Louis every osteopath who attended the Cleveland meeting will be there and in addition there will be as many more. The program covered three full days and evenings with three sessions each day. The ball was set rolling on the evening of Wednesday, July 15th, in the convention hall at the Hollenden, where all the meetings were held. The program for that evening consisted of an address of welcome by Dr. D. C. Westfall of Findlay, O., president of the Ohio association. A response to this address of welcome, on the part of the visiting osteopaths, was given by Dr. E. C. Pickler of Minneapolis. Mayor Tom Johnson was scheduled for an address of welcome on the part of the city of Cleveland, but he failed to show up. The program was carried out in good shape notwithstanding. President Teall then read his address on "Therapeutic Fallacies." His address was thoroughly prepared and was the subject of much favorable comment. The evening's program was then concluded with an informal reception which was attended by quite a number of Cleveland people, in addition to the visiting osteopaths. There were in all about 500 in attendance. Thursday morning was chiefly a business session in which the reports of

the secretary and treasurer and board of trustees were heard. The treasurer's report shows the organization to be in good financial shape as there was at the time of his report a balance of over \$1000. in the treasury, which since that time has been considerably increased. The osteopathic publishers were then given a half hour to present papers on the various phases of publication work, and the three papers on these subjects by Drs. Laughlin, Littlejohn and Bunting concluded the morning session. The Thursday afternoon and evening sessions were both interesting and instructive. The two clinics that were presented by Drs. Tasker and Hildreth came first on the program and were the best that were given during the meeting. Dr. C. P. McConnell's paper on "Possible Injuries from Mis-applied or Over Treatment" was read by Dr. Chas. Hazzard on account of the former's absence. This paper was a good one and like Dr. McConnell's other writings was of a substantial, practical character. Dr. W. R. Bowling's paper on the "Osteopathic Consideration and Treatment of Paralysis Caused by Intracranial Lesions" was then presented and was among the best on the program. In the evening session four or five short papers were presented on the subject of "Frequency of Treatment"

The papers all showed that the writers had given the subject a thorough investigation from the practical experience standpoint. The papers of Dr. Geo. J. Helmer of New York and Dr. W. J. Novinger of Trenton were especially strong. On Friday morning Dr. Mason W. Pressly of Philadelphia, presented his masterly address, "Osteopathy as an Educational Movement; Past, Present and Prospective." This address was by far the most able and scholarly effort of anything presented at the convention. Although all present did not agree with Dr. Pressly in the matter of practical methods of carrying out school work as suggested by him, still his exposition of osteopathic principles was an inspiration to all who heard him. Four papers were presented on Friday afternoon which were entirely too many for the length of time given to hear them

On account of which, discussions could not be allowed on the papers and as a result a most valuable feature was omitted. Dr. Nettie H. Bolles' paper on "Congenital Dislocation of the Hip" was the first one presented at this session and was ably prepared and well read. The paper of Dr. Clara T. Gerrish on "Some Experiences With Diseases of Women" was the subject of some adverse criticism on account of irrelevant remarks preceding her paper, and had a discussion followed her paper it was generally conceded that a number of different opinions from those held by the author of the paper would have been brought out. A paper on "Systems of Mechanical Therapeutics; a Comparative Study" then followed by Dr. Fred J. Fassett. Dr. Fassett read his paper hurriedly on account of the shortness of time, and as a result it did not make as good an impression as it might have otherwise. Dr. Harry W. Forbes concluded the program of the afternoon with his paper on "The Mechanism of Recovery From Acute Infections." Dr. Forbes' paper was entirely too long and there was too much in detail in the rehearsal of laboratory experiments to be of interest to an osteopathic convention. He took the long route of minor details in coming to his point. He gave a better account of himself however, on the following day when he presented a clinic. The banquet Friday evening was a "stunner." There were over 400 present and it was a dressed up crowd. 400 people at a banquet is no common occurrence. It was an impressive, good looking, intellectual crowd. Toastmaster Teal and twelve or fourteen other after dinner speakers entertained the crowd into the "wee small hours." Saturday morning was taken up with a business session. Committees were heard and officers were elected for next year. St. Louis was unanimously selected as the next meeting place on account of the World's Fair. In the afternoon, Dr. C. W. Proctor presented a good paper on "Infantile Paralysis" and Dr. M. C. Hardin presented a paper on "A Study in Neuroses." His paper was well received. Dr. Ella D. Still then gave a talk on the "Misplacements of the Uterus and their

Correction." She demonstrated her method of work by a number of large drawings. Her talk and demonstrations were especially good. Following is a list of the new officers for next year: Dr. Chas. Hazzard, president, New York; Dr. Ellen B. Ligon, 1st vice president, Alabama; Dr. D. L. Tasker, 2nd vice-president, California; Dr. Irene Harwood Ellis, secretary, Massachusetts; Dr. H. L. Childs, assistant secretary, New York; Dr. M. F. Hulett, treasurer, Ohio; trustees, Dr. Edythe Ashmore, Michigan; Dr. A. S. Melvin, Illinois; Dr. H. M. Vastine, Pennsylvania.

Osteopaths Won State Intercollegiate Championship.

Athletes from the American School of Osteopathy at Kirksville simply overwhelmed their competitors from Warrensburg and St. Louis in the state athletic meet held in St. Louis in June. The victorious squad scored 63 points, and winning eight events out of thirteen besides tying for first place in two others.

At the outset it appeared as if the osteopaths were going to sweep the card. The first six events were won by the men from Kirksville, and were won in such easy fashion that their competitors seemed to have no chance.

With Van Doren in the weight events, Crowley, Deming and Ament in the track contests, and a good squad of men in the jumps, the chances for the other contestants were slim.

The summary:

100-yard dash, final heat—Crowley, A. S. O., first; Deming, A. S. O., second; Turner, C. B. C., third. Time, 10 2-5.

120-yard hurdle—Crowley, A. S. O. first; Deming, A. S. O. second; January, C. B. C., third. Time, 16 2-5.

Half-mile run—Ament, A. S. O., first; Ellis, W. S. N., second; Easley, W. S. N., third. Time, 2:12.

Putting sixteen-pound shot—Van Doren, A. S. O., first; Jackson, C. B. C., second; Remly, W. S. N., third. Winning put was 41 feet 7 inches.

Quarter-mile run—Ament, A. S. O., first; Grover, W. S. N., second; Turner, C. B. C., third. Time, 54 1-5.

Running board jump—Deming, A. S. O., first, 20 feet 7 1/2 inches; Hastidt, C. B. C., second, 20 feet 7 inches; Crowley, A. S. O., third, 20 feet.

220-yard dash—Turner, C. B. C., first; Crowley, A. S. O., second; Easley, W. S. N., third. Time, 23 1-5.

Running high jump—Wilcox, A. S. O., and Shumate, W. S. N., tied on 64 inches; Houseman, A. S. O., third, with 63 inches.

220-yard hurdle—Crowley, A. S. O., first; Deming, A. S. O., second; Jackson, C. B. C., third. Time, 28.

One-mile run—Bliss, W. S. N., first; Johnson, W. S. N., second; Ferguson, W. S. N., third. Time, 4:59 2-5.

Throwing sixteen-pound hammer—Van Doren, A. S. O., first, 112 feet; Craig, A. S. O., second, 96 feet 3 inches; Remly, W. S. N., third, 92 feet 6 inches.

Pole vault—Behrens C. B. C. and Downes C. B. C. tied, with 108 inches; Ganong, A. S. O. third, 106 inches.

Total points—Kirksville 63, Warrensburg 29, Christian Brothers 25.

Pat O'Dea of Kirksville was elected president of the Missouri Inter-collegiate Athletic association. The association is comprised of the following five schools: St. Louis University, Christian Brothers College, Rolla School of Mines, Warrensburg Normal, and the American School of Osteopathy.

The meet next year will be held in Kirksville.

PERSONAL MENTION.

Dr. Lenore Kilgore has recently located at Kennett, Mo.

Born, to Dr. and Mrs. E. E. Giltner of Osceola, Ia., on June 30th, a son.

Dr. E. L. Corbin has changed his location from Madison to Mitchell, S. D.

Dr. C. P. McConnell and wife of Chicago are at present making a tour of Europe.

Dr. A. D. Glascock of the last graduating class has located at Marshall, Mich.

Dr. Emma E. Price has changed her location from Hutchinson, Kan. to Eldon, Iowa.

Dr. H. W. Houf has recently located at Las Vegas, N. Mexico. He was formerly at Fulton, Mo.

Dr. S. M. Willcox has recently located at Mitchell, S. D. She formerly practiced at Des Moines, Ia.

Dr. A. M. King until recently of Dayton, O., has gone to Roswell, N. Mexico, where he will open an office.

Of the 350 osteopaths who signed the register at the Cleveland convention, 275 were from the A. S. O.

Dr. G. R. Boyer of the last graduating class has formed a partnership with Dr. L. H. Taylor of Peoria, Ill.

Dr. Ethel E. Brown, formerly of Brooklyn, N. Y., is now located at Westfield, and, where she is practicing.

Dr. H. M. Mayer has disposed of his practice at Emporia, Kan. to Dr. Jerome Knowles. Dr. Mayer was compelled to temporarily give up his practice on account of poor health.

Dr. A. Wingard has recently opened an office for the practice of his profession at 411 Fifth Ave., Pittsburg, Pa.

Dr. Mary S. Thompson has recently located at Placerville, Calif. She formerly practiced at Tulare, Calif.

Drs. J. E. Downing and Myrtella B. Wheeler, graduates of the A. S. O., 1903, have located at West Bay City, Mich.

Dr. F. W. Sherburne of Boston, Mass., at present, is in Europe on a two months' trip in Germany, France and Switzerland.

Dr. Ida M. Fox of the last graduating class has located at Springfield, Ill., where she is associated with Drs. Carter in the practice.

Dr. and Mrs. Francis Beall of Syracuse, N. Y., sailed August 1st, for Europe, where they expect to take a six weeks' vacation.

Dr. W. L. Gardiner has changed his location from Murray, Ia., to 228 W. Pine St., Creston, Ia. He succeeds Dr. Runyon at Creston.

Dr. J. W. Forquer of Cleveland, O., has opened an office, suite 1109 New England bldg., in that city where he will practice his profession.

Drs. Ernest and Effie Sisson of San Francisco, Calif., have just returned from a six weeks' trip in Japan, where they spent a very pleasant vacation.

Dr. Frank M. Grimsley, who has practiced sometime at Olney, Ill., has gone to Decatur, where he and Dr. Elmer Martin have formed a partnership in the practice.

Dr. D. E. Hatter of Franklin, Ky., is assisting Dr. Jessie Gildersleeve with her practice at Texarkana, Ark. Dr. Hatter formerly practiced at Lebanon, Tenn.

Dr. A. T. Still takes this method to acknowledge the receipt of the message of greeting sent to him last month by the California Osteopathic society when in convention at Los Angeles.

Dr. C. C. Teal of Brooklyn, N. Y., made the A. S. O. a pleasant visit after the Cleveland convention. He is at present in St. Louis taking the post-graduate course given by the A. S. O. at that place.

We were unable in this issue of the Journal to publish halftone cuts of the members of the new boards of Minnesota and Arkansas on account of not being supplied with the photographs of each member.

Dr. Frank Hannah of Indianapolis, Ind., was recently called to Kirksville to attend the funeral of his mother who died quite suddenly. The Journal and his many friends extend sympathy to him in his bereavement.

Dr. Jessie Gildersleeve of Texarkana, Ark., informs us that the Arkansas board met at Little Rock, July 14th, and issued certificates to all D. O.'s practicing in that state. There were no applicants for examination.

Dr. C. R. Palmer has changed his location from New York City to Chicago. He has offices in the Auditorium building. It is reported that he has formed an osteopathic and matrimonial partnership with Dr. Mary King of that city.

In the July issue of the Journal, the personal with reference to Dr. J. M. Kibler should have read Dr. J. W. Kibler. Dr. J. M. Kibler is located at Lynchburg, Va., where he enjoys a good practice and has no intentions of leaving there.

Dr. R. F. Graham of the last graduating class took the recent state examination at Des Moines, Ia. He reported the examination to have been a fair one that ought readily to be passed by an average student. There were 110 applicants—82 regulars, one eclectic, 9 homeopaths and 18 osteopaths.

Dr. E. R. Booth of Cincinnati, O., has changed his office location from the Atlas Bank bldg., to 601 603 Traction bldg. The Doctor in his letter to us said, "I will have a reception room, private office and four treating rooms with strictly up-to-date equipments for the practice of osteopathy pure and simple."

At the recent state examination held in Ohio by the State Osteopathic and Medical Board there were 8 osteopathic applicants. All passed the examination successfully. It is reported that Dr. E. H.

Cosner of the last graduating class of the A. S. O., one of the applicants, made the highest general average that has been made by any applicant in the history of the board.

Dr. Elizabeth M. Ingraham of St. Louis, secretary of the Missouri Osteopathic Association, informs us that she will not be able to publish the entire proceeding of the association for the reason that sufficient funds were not provided for that purpose. A brief report, however, will be published by the secretary and the papers read at the convention will appear from time to time in the JOURNAL OF OSTEOPATHY.

The Indiana State Medical Board for the first time since the osteopathic law has been passed in that state, gave examinations to osteopaths at the recent meeting of the board. The examinations were the same as those given the medical applicants with the exception of materia medica not required. Dr. K. T. Vyverberg of LaFayette and Dr. Ethel E. Brown of Westfield and one other osteopath whose name we did not learn took the examination.

The following alumni visited the A. S. O. during the past month: Drs. Flora Notestine, Mason City, Ia.; John J. Spencer, Savannah, Mo.; W. J. Conner, Kansas City, Mo.; A. D. Morrow, Wappello, Ia.; J. M. Smith, Carrollton, Mo.; W. M. Duffie, Hartford, Conn.; E. H. Laughlin, Fayette, Mo.; W. J. Ford, Chariton, Ia.; I. W. McRae, Trenton, Mo.; L. E. Brenz, Arkansas City, Ark.; John Woodmansee, Leon, Ia.; Minnie E. Dawson, Detroit, Mich.; Jeannette Stockton, Melrose, Ia.; W. A. Willcox, Waterbury, Conn.; Ida M. Zellweger, Lake Charles, La.; Mary E. Harwood, Kansas City, Mo.; K. T. Vyverberg, La Fayette, Ind.; H. R. Samuels, Chillicothe, O.; Myrtle Harlan, Cleveland, O.; Wade Dunn, Cherokee, Ia.; Geo. C. Farmer, Oskaloosa, Ia.; Frank Thomas, Wayne, Nebr.

Dr. E. H. Cosner of the last graduating class has located at Upper Sandusky, Ohio. He has offices in the McConnell Block.

Married—At York, Nebr., July 29, Dr. Guy S. Hoisington and Dr. Eve Helen George. Both are graduates of the A. S. O., June, 1903.

DISEASES TREATED.

Osteopathy successfully treats all curable diseases, and many formerly regarded as incurable. In its way it reaches many conditions of hitherto unknown nature, not classed under the ordinary headings of disease.

Diseases of the Digestive System:—Tonsillitis; Pharyngitis; Spasm of the Oesophagus; Catarrh of the Stomach and Intestines; Dyspepsia, gastric or intestinal; Gastric Ulcer; Neuralgia of the Stomach or Intestines; Constipation; Diarrhoea; Dysentery; Colic; Cholera Infantum; Cholera Morbus; Appendicitis; Tape Worm; Peritonitis; Dropsy of the Abdomen; Jaundice; Gall-Stones; Cirrhosis of the Liver.

Diseases of the Kidneys:—Bright's Disease; Renal Calculus; Floating-Kidney; Pyelitis; Hydronephrosis.

Diseases of the Blood and Ductless Glands:—Leukemia; Anemia; Chlorosis; Exophthalmic Goitre, and other forms of Goitre.

Diseases of the Circulatory System:—Dropsy; Pericarditis; Endocarditis; some cases of Valvular Disease; Hypertrophy or Dilatation of the Heart; Angina Pectoris.

Diseases of the Respiratory System:—Colds; Catarrh; La Grippe, or Influenza; Laryngitis; Croup; Bronchitis; Asthma; Hay Fever; Pneumonia; Consumption; Pleurisy.

Infectious Diseases:—Typhoid, Malarial, Scarlet, and other Fevers; Measles; Chickenpox; Smallpox; Erysipelas; Diphtheria; Whooping Cough; Mumps, Dengue.

Constitutional Diseases:—Rheumatism, of all kinds; Rickets; Diabetes.

Nervous Diseases:—Paralysis; Convulsions. Epilepsy; Neuralgias; Muscular Atrophies; Somnambulism; Catalepsy; some forms of Insanity; Cerebro-Spinal Meningitis; Apoplexy; Locomotor Ataxia; Neuritis; Sciatica; Facial Paralysis; Vertigo; Nervous Prostration; St Vitus Dance; Writer's or Pianist's Paralysis, and the Occupation Neuroses; Thomsen's Disease; Sunstroke.

Drug Habits:—Alcoholism; Cigarette Habit; Opium and Morphine Habit.

Skin Diseases:—Eczema; Shingles; Psoriasis, etc.

Spinal Diseases:—Curvatures; Old Dislocations, and all Deformities; Lumbago.

Diseases of Women:—Irregular, Painful or Suppressed Menstruation; Displacements of the Womb; Leucorrhoea; some forms of Barrenness; Milk Leg; Ovarian Disease.

Diseases of Men:—Spermatorrhoea; Sexual Debility, or Impotence.

Some Forms Of:—Deafness; Blindness; Atrophy of the Optic Nerve; Retinitis; Weak Eyes; Short or Long Sightedness; Astigmatism; some cases of Cataract; Granulations; Discharges from the Ear; Noises in the Ears.

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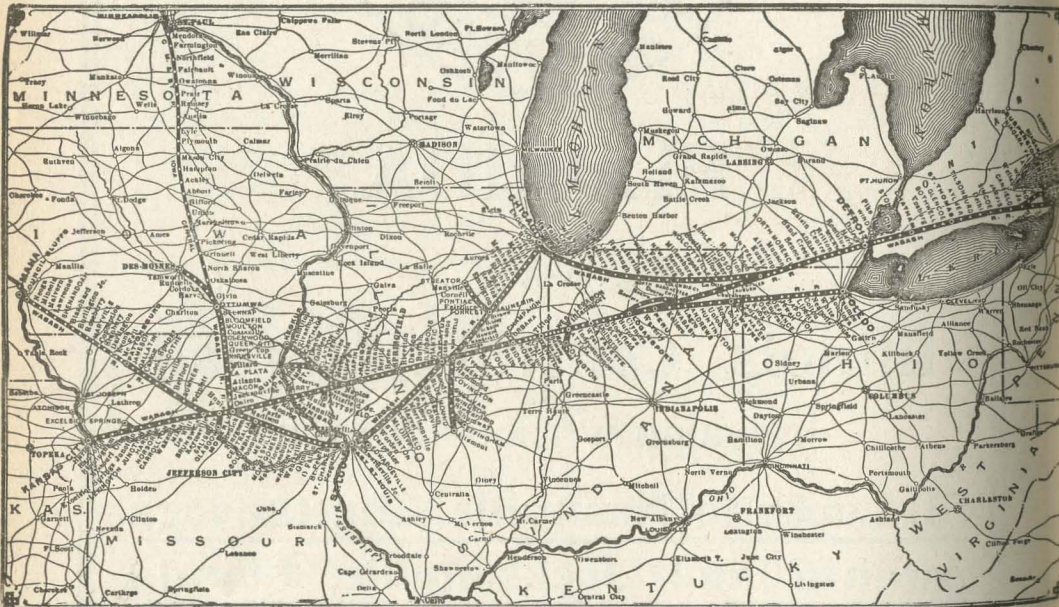
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