

The Journal of Osteopathy

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DR. T. L. RAY, President of A. O. A.

THE Journal of Osteopathy

VOL. XV.

KIRKSVILLE, MISSOURI, SEPTEMBER, 1908.

NO. 9

THE GREATEST CONVENTION YET.*

To all the osteopaths and all others without regard to race, color or sex:

I wish to thank you for your attendance and for your well wishes and congratulations on my 80th anniversary, and I do hope that you will all be just as happy for the remainder of your days as you were on my birthday. I hope you will find Peter just as happy to receive you as I was and let you right into Heaven with a good old fashioned Kirksville Welcome. Come and see us as often as you can, birthday or no birthday. Your friend and well wisher,

A. T. STILL.

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The event to which the whole osteopathic profession had looked forward for the past year, the meeting of the National Osteopaths at Kirksville to celebrate the 80th anniversary of the founder proved fully up to the expectations of all—an event never to be forgotten by those who were fortunate enough to have been present and participate in the celebration. From east and west, north and south and the foreign countries as well as the United States came representatives of osteopathic societies, individual osteopaths and friends. All assembled to do homage to the greatest figure of the two centuries. Of those present over 800 signed the register and from the number of rooms taken and from counting those present at the various sessions there were fully as many more who did not register, making the attendance from outside of Kirksville, nearly 2,000. The Chautauqua tent pitched in DeFrance Park with seating capacity of 4,000 was usually well filled. Never before in the history of osteopathy, has there been a convention, so large, so enthusiastic, and so harmonious. Representatives and alumni of all schools fraternized together, factions were forgotten, and apparently but one thought animated all. Although the weather was not cool enough to wear an overcoat, at no time was it as hot as it has often been at the conventions held at summer resorts advertised for their cool breezes. The Wabash Railroad had built a temporary station where business men's representatives bearing large red badges with "Ask Me" emblazoned, and M. V. O. A. Committeeman with their blue badges were in evidence. Visitors were taken to the convention headquarters at the Pool Hotel, half a block distant, where they were registered and assigned to rooms to which they were piloted by student representatives. Early on Saturday, the visitors began arriving and by Sunday night, before the convention was even half ready to open, there were in attendance more than are ordinarily at the height of a convention. Saturday and Sunday, the busy trustees labored hard formulating reports of

*NOTE—The reports of addresses are intended to express the ideas of the speaker as gained by the Journal of Osteopathy reporters. The articles in full, along with the addresses not delivered, will be printed from time to time in the A. O. A. Journal, which is given free to all members of the A. O. A. Membership blanks may be had by writing to Dr. H. I. Chiles, Metcalf Bldg., Auburn, N. Y. The membership fee is \$5.00 per annum.

committees, and getting the business in shape to present to the convention at large. Knotty details were threshed out and by the time the convention was ready to consider them, they bore no trace of the hours of painstaking work that the trustees had bestowed, so perfect did they appear. Monday morning early the tent began filling for the opening exercises. After the invocation by Rev. Gee, Dr. A. T. Still gave his address of welcome, which was responded to by Dr. A. G. Hildreth. The president's address completed the opening program. Addresses were given by Drs. Zealy and Conner and an open parliament was conducted by Dr. Ivie, which completed the exercises of the day. In the evening preliminary meetings were held by the M. V. O. A. and various societies had reunions.

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ADDRESS OF WELCOME.

A. T. STILL

While for years I fought the battles of osteopathy alone, meeting great opposition and vilification, I knew I had the truth, and that truth was immortal, and that some day the principles of osteopathy would be hailed with gladness throughout the earth. Those principles are in harmony with the great laws of God as seen in nature, that is, proper adjustment and freedom to act. Osteopathy deals with the body as a perfect machine which if kept in proper adjustment, nourished and cared for, will run smoothly into ripe and useful old age. As long as the human machine is in order, like the locomotive or any other mechanical product, it will perform the function which it should. When every part of the machine is correctly adjusted and in perfect harmony, health will hold dominion over the human organism by laws as natural and immutable as the laws of gravity. Every living organism has within it the power to manufacture and prepare all chemicals, and forces needed to build and rebuild itself. No material other than nutritious food taken into the system in proper quantity and quality can be introduced from the outside without detriment. A proper adjustment of the bony framework and the soft structures of man's anatomical mechanism means good digestion, nutrition and fluid circulation, health and happiness.

Osteopathy is not a theory but a demonstrated fact. You say there are some failures. Yes, who would not expect it. You are called to treat people who have been poisoned and diseased beyond the possibility of anything except a little temporary relief, or perhaps the osteopath is not able properly to apply the knowledge he should have before being granted a diploma from an osteopathic school. This reflects no more upon the science of osteopathy than the farmer who fails does upon the science of farming. Again many are looking for miracles and are disappointed when a few treatments fail to bring wonted strength and vigor.

I hope no speaker, upon this or any other occasion will refer to me as a martyr. I don't belong to that exalted class. I have simply been permitted to grasp a great truth and have been favored with opportunity to develop it and give it to the world. It has been a pleasure and I do not consider that I have been a martyr.

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THE PRESIDENT'S ADDRESS.

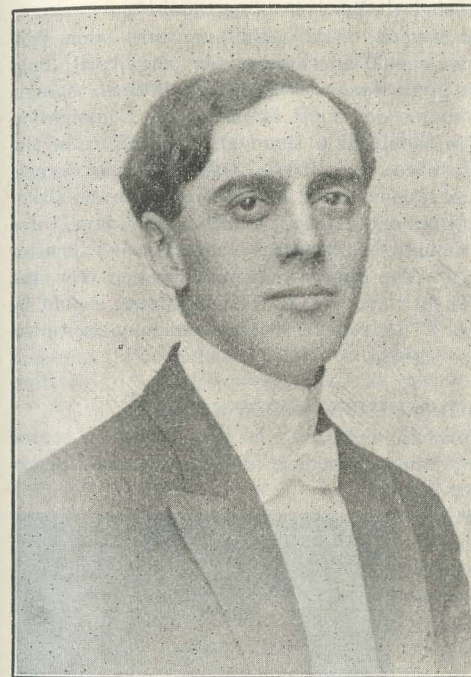
F. E. MOORE, D. O.

Of our profession, adjustment is the keynote, the fundamental truth, which we must have in order to exist. Pure osteopathy is equal to any emergency.

There are three branches that are fundamental: Anatomy, physiology and osteopathic adjustment. These three it is absolutely necessary that we must know in order to be successful osteopathic physicians. For us to try to practice when we are

both D. O's. and M. D's. will not be advantageous, as the two systems are so entirely contradictory.

One thing we can learn from the M. D's. Even when they know they can be of no service, they assume the air of taking charge of the case, and lead the patient to



F. E. MOORE, Retiring President.

believe that if they can be of no benefit, no one else can. This is one thing that osteopaths should well copy, in order to secure the patient long enough to gain definite results. I do not mean to encourage dishonesty, but direct this against weak knees. Nor do I mean that the condition of the patient should be concealed entirely, as while a fortunate guess may occasionally save, what can we say of the deaths that in other cases are thus allowed. Unless we are first, last and all the time, true osteopaths, and true physicians, we cannot hope for success.

Organization and harmony are a necessity. Were we all in uniform attitude, with our five thousand practitioners all pure osteopaths, we could secure uniform legislation, and uniform standing.

As we now celebrate the 80th anniversary of the founder of our science, we ourselves are pioneers, but if we are ever ourselves to get along without his aid, we must do so now, and it also devolves

upon us to keep our profession pure. What is good enough for Dr. Still, is good enough for me. Are we equal to the occasion, or are we not?

To-day, the natal day of our founder, we renew our allegiance to him, and to our profession, to osteopathy as taught by Dr. Andrew Taylor Still.

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PAPER AND DEMONSTRATION, CHOREA.

A. H. ZEALEY, D. O.

This is an obscure disease, which has been recognized from the most ancient times. It is classed by the M. D's. as a neurosis and their literature concerning it is both voluminous and worthless. The two most important kinds are the simple and the Huntingtons. The chorea of heredity and pregnancy are secondary. Also general tic.

There is no one cause of the disease, sometimes it follows a train of symptoms, sometimes from heredity. In other cases, it appears at once. Three-fourths of the cases are in females. There may be physical injury as the cause. According to statistics in New York City, twenty per cent are caused by over study. Osteopathic

lesions are a prolific cause, in fact, physical injury is the cause of more than all others put together.

A nervous diathesis may be the beginning. A little irritation, a lesion anywhere would make an irritation. Any mal-adjustment will have its effect, no matter where, and it lessens the general vitality. It may follow follicular tonsillitis, or other disease which will reduce vitality, as a lowered vitality is the first requisite.

The prognosis of the simple chorea is good, of the hereditary worse, while that of the Huntington, is distinctly bad. You should not dismiss your patient with only slight assurances. Treatment should be given three or four weeks at a time, three or four times per year. Quiet, rest and simple diet must be enforced. Constipation and insomnia should be treated. There should be a thorough breaking up of the spine, and deep pressure from occiput to coccyx. If the patient is quiet, gentle extension may be employed. Correct all lesions, and if they return, recorrect them. Treatment should not be given oftener than once a day, or once in two days, three or four times in a month. Treatment should be continued as long as two years after recovery in order to secure permanence. The disease may recur in one year, the acute in six months, the chronic in two to three years. The treatment should be gradually spread out over a longer time. To give a hard treatment may excite the patient and increase the severity of the disease.

DEMONSTRATION AND DISCUSSION, APPENDICITIS.

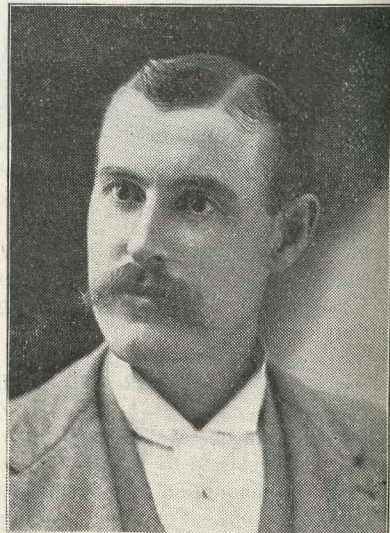
W. J. CONNER, D. O.

There is very little to be gained by study of medical literature on this disease.

When appendicitis first became fashionable, the medical men always found a grape seed, or some such foreign body, then later, they always found a perforation, now it is always catarrhal with adhesions. Then as now, there were the same symptoms and always the inevitable operation.

One thing I have noticed is that there is always constipation present and both of these troubles have been on the increase in the last twenty years, both the constipation and appendicitis. There is a restricted peristalsis of the appendix. The center is affected and the appendix being weakened cannot discharge. One of the commonest lesions is an anterior condition at the tenth and eleventh dorsal. Appendicitis is always secondary to the use of cathartics. The patient will force fecal matter downward by means of cathartics and part will be forced into the appendix; it being weakened, cannot throw it out.

Treatment—Treatment should always be applied to the adjusting of the lesion which you will always find at the tenth dorsal. The correction of the lesion or the stimulation resulting from the attempt to correct will be efficient. A few warnings



W. J. CONNER.

to the patient as to exercise and the absolute prohibition of all kinds of physic will be sufficient to prevent the recurrence.

From the cases I have had, I never had one die, never had one operated on, and all were pronounced by M. D's. to be appendicitis. An operation had been advised in all these cases. All but one were a joke. I will tell of this.

General health had been bad for some time. Finally was taken to hospital for operation. His sister was an osteopath and refused to permit the operation, so he was kicked out of the hospital and was taken to another place. There was a ridge the size of the fist, tense and tender, great prostration; treated at the tenth dorsal and liver. I gave enemata, for four or five days pus came from the bowels. There was complete cure, although there had been typhoid symptoms complicating. (Dr. Conner explained that the treatment opened the orifice of the appendix and enabled it to discharge the pus.)

Another case—A boy, who had been operated on for appendicitis was in the hospital for the second operation. I was introduced by a friend, and as soon as I was in the room, the nurse was sent out and I treated the boy. I told them that if he looked good, I would return later, and did so giving him two treatments more, before eight o'clock, the next morning. The surgeons came an hour after my last treatment, and said they could now operate with safety, but since the boy was apparently well, it was decided no operation was necessary and none was had.

If the case has gone too long, it may be beyond reach, but until rupture it is safe to accept the case and if treatment is careful, I see no reason for a rupture occurring. If you can find no history of physic and constipation, look for something else than appendicitis. Herpes of the inguinal nerve has been diagnosed as appendicitis.

One thing I want especially to emphasize, keep your hands out of the inguinal fossa, it can do no good, and it may do much harm.

Dr. Bailey discussed pseudo-appendicitis.

Dr. K. W. Coffman, described a number of cases where an operation had disclosed a normal appendix, one of these showed an ovarian adhesion. One physician said vomiting can be relieved by ice. By placing the patient on his side, you can reach over and hold the fossa and the colon. Then apply ice.

Dr. Hook of Cherokee, Ia., called attention to innominate lesions as the cause of true and pseudo-appendicitis.

Dr. Ray of Fort Worth, Tex., advised placing patient on chest with right knee drawn and thus raise the appendix.

Dr. Conner stated that in cases that he had seen, there was such rigidity that you couldn't have stuck a pin in the abdominal wall, and that in such cases, he did not see how the appendix could be raised.

OPEN PARLIAMENT, OSTEOPATHY IN ACUTE PRACTICE.

W. H. IVIE, B. S., D. O.—Leader.

Pneumonia received the attention for the most of the time. Dr. Ivie was ten minutes late and Dr. Willard acting as chairman, fees were discussed. Dr. Conner said his office price was \$2.00. Dr. King said the same. Dr. Banker said the price should vary with the office expenses and also with the severity of the disease. He prevented an operation, which would have cost several hundred dollars by giving a few treatments for which he charged \$10.00 each which was gladly paid. Dr. Cole also discussed the subject.

Dr. Ivie then introduced Dr. Mary Walters of the A. S. O. Hospital who dem-

onstrated the following. Making a bed without patient, changing bed with patient sitting up and patient lying down, turning patient affected with abdominal trouble, raising patient to sitting posture, raising patient to edge of bed, lifting patient from bed, moving patient from on bed to another, protecting patient during ventilation of room, use of draw sheet to lift patient, bathing helpless patient.

Dr. Ivie opened the discussion with a few general remarks. Among those taking part were the following.



WM. HORACE IVIE

Dr. Landis, of Chicago, stated that for five years, she has specialized acute practice, a number of the practitioners in that city turning their acute cases to her. While it was hard work, she found her results were most satisfactory. In grippe, especially, given three days and patient in bed and she asked no favors of any case.

In speaking of pneumonia and kindred troubles Dr. Willard stated that at first he thought seventy was proper temperature for the sick room, but now he thought that sixty or even fifty. Since the temperature in the tent at time was about eighty-five some wag asked how he would secure such a temperature under present conditions. Continuing his discussion, Dr. Willard said that in every case he found the ribs involved. He would not try to set them at each treatment, but every other day he would make the attempt. He advocated the use of damp heat and no solid food. He would apply heat when consolidation was present.

Dr. Cornelius thought the hot water bag too heavy and advocated the use of hot fomentations. In reply to the objection that fomentations would necessitate constant changing of the patient, she stated that if the change was made under a sheet, there would be no annoyance nor exposure.

Dr. Baughman of Iowa thought the treatments were not usually given frequently enough and recounted a case where he said that he was called to another town and found the patient in a cyanotic condition. By giving several treatments close together he so changed the patient's condition, that he was able to leave him until his next trip, several days later.

Dr. Owen, of Indianola, Ia., stated that he raised the ribs.

Dr. Adsit stated that he had had ninety cases and had not lost one, that he found that by treating the upper dorsal, giving plenty of ventilation, keeping bowels open and enforcing liquid diet, he got good results without the use of a pack.

Dr. Woodall said that his experience as both a medical and osteopathic practitioner convinced him that to study both systems one loses much good and valuable time, that the osteopathic education alone is sufficient, that many diseases of the acute type are self limited, and the causes of these have never occurred to the medical

practitioner. He mentioned tonsillitis as one of this type, and stated that osteopathic treatment had caused the inflammation of the tonsils rapidly to disappear.

Dr. Pennock stated he had taken a medical degree and found that it had been of value to him, altho he practically never administered drugs.

Dr. Swartz, of Illinois, stated that he had relaxed the muscles in pneumonia, freed up the circulation and had used hot and cold water bags with good results.

Dr. Harden gave some remarks on osteopathic buncome, which were highly applauded. He stated that many osteopaths diagnosed diseases as entirely other than they were and with absolutely no knowledge of the pathology, etiology or anything else of the disease, and claimed wonderful cures. He stated that many case reports reminded him of the almanac testimonials of patent medicine.

Dr. Hofsess stated that to reduce the fever he applied treatment at first, second, third cervical and fifth to tenth dorsal, that by deep manipulation he relieves the congestion.

Dr. Graves suggested that it is best to stop heat by stopping its production.

Dr. C. C. Reid described a number of cases successfully treated.

Dr. Davis suggested the employment of a trained nurse and said that nurses were sent for as much as 150 miles from Chicago. He suggested that if several osteopaths in a neighborhood or community would have an agreement among them, they could easily keep a trained nurse busy.

Dr. Proctor, of Chicago, advised staying with the case, stating that he got better results by remaining with the case several hours if necessary until he got it under control. Several others said they had found this unnecessary and also impracticable on account of other patients requiring their time.

Dr. Bailey very ably summed up the consensus of opinion.

After a recess in which many left to view clinics et the Hospital, the parliament was resumed.

TUESDAY.

Dr. Alice Patterson Shibly was unable to be present on account of an European trip but the other members of the program gave their discussions as scheduled. Dr. Carl P. McConnell held the large audience in the closest attention during his talk on Flat Foot. At its conclusion, a part adjourned to the hospital where Dr. Ellen B. Ligon, in the section presided over by Dr. Achorn gave a paper and demonstration on gynecology and obstetrics. At the tent, Drs. Pennock, W. R. Laughlin and C. A. Whiting gave interesting papers and Dr. Pickler conducted an open parliament. In the evening, the M. V. O. A., held a short meeting at which it was decided that the M. O. A., and the M. V. O. A. officers should hold over for the ensuing year. The M. O. A. advanced a project of laying out the state into districts with a district leader, according to the plan adopted by Iowa and Illinois. Members and invited guests of the Atlas and Axis Clubs then adjourned to the Skating Rink where a banquet was held.

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PAPER AND DEMONSTRATION, FLAT FOOT.

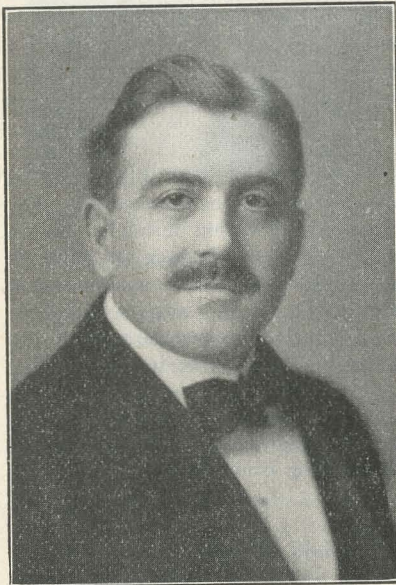
C. P. McCONNELL M. D., D. O.

In order successfully to treat foot disabilities, it is necessary to have a clear understanding of foot anatomy and physiology. We should be familiar with the structure of the longitudinal and transverse arches, the movements of the foot, the mechanism of standing, and walking, and the relation of the foot to the body generally. It is well to remember that in standing, the foot is abducted in order to give a broader

base, the muscles relaxed, the bones locked, and the weight largely borne by the ligaments. In walking, the dorsi-flexors are first brought into use, the foot then takes the ground at the heel, next, along the outer surface of the sole, then at the fifth metatarsal, and rapidly inward to the great toe. During each step, the transverse arch flattens and regains normal resiliency when the weight is released and the plantar flexors have assumed their normal position.

Foot ease and comfort depend very much upon free use of all the tissues, especially upon keeping the feet nearly parallel when walking, so that the full fulcrum effect of the metatarsal and phalangeal region is secured. Consequently two of the most common causes of flat foot are faulty attitudes and improper shoes; wherein the tissues are first pinched and cramped, then movements become restricted and limited, and finally the arch gives way between the scaphoid and astragalus and the osseous tissues become flattened. Thence, the foot assumes an abducted position; adduction and plantar flexion are greatly limited. Weak foot is a better term than flat foot, for it is weakness of the muscles of the feet that first allows them to become flat.

In weak foot, the principal things we have to deal with are spasm, rigidity, and pain of the muscles. The foot is not strong enough, and the ligaments are over-stretched, and we have weakness of the muscles, and the foot is decidedly abducted. In walking, one should have the feet as nearly parallel as possible, so that when weight is brought down on the os calcis, the line of weight will pass over the second metatarsal, and thus one will have the ability to arch the foot.



Moffett Photo C. P. McCONNELL.

Sometimes, we have cases where the entire body is generally weak, and consequently, the feet are weak; other cases where the muscles are strained, and the ligaments are stretched, causing a weak foot; and other cases are due to injury, sprains, etc. Rheumatism, gout, and other diseases cause weakened flat feet. Frequently, patients will come to your office with flat foot, and will tell you it started with a sprain.

The essential pathological points outside of the muscular rigidity and contractions and the over-stretching of the ligaments are the inward displacement of the astragalus, the outward luxation of the os calcis with a consequent flattening of the longitudinal arch. The diagnosis is not difficult if we pay careful attention to the position of the foot in standing and walking. Note the contour of the foot, and especially the limited motions, adduction, and plantar flexion are greatly restricted.

In treating flat foot, invariably teach the patient how to walk right, and wear comfortable shoes. The first thing in the matter of treatment, is, the foot must be abducted. In osteopathic treatment of a severe case, merely to teach the patient how to walk properly and wear proper shoes will not help much. We must overcome

the contractures and adhesions. First, grasp the heel very strongly, and bring the foot inward and downward as far as you can, and elevate the juncture between the astragalus and scaphoid, and this requires a great deal of work. Seek out all the muscles that are contracted, and loosen them up, and spring up the highest part of the arch. I think it a pretty good thing to treat two or three times a week if not oftener. Use hot and cold water douches to act as a tonic. One of the best exercises is proper walking with the feet parallel. If we could all go bare-footed, we would have but little trouble with our feet.

In regard to the matter of shoes in relation to flat foot, the line of weight should extend through knee and ankle over the second metatarsal, and the line of gravity passes on to the heel. The shoe ought to be built from out, inward a little more. The flatter the sole, the better it is, and we should have the shoe wide enough, and room enough in side to allow the toes to spread.

Standing correctly, walking correctly, tip-toe exercises, douches of hot and cold water, and osteopathic treatment, are the principal parts of the treatment. I wish to emphasize this last; to bring the foot in and down until we get thorough movement; in other words, secure thorough adduction and plantar flexion. There is no use in treating it a little bit; hang to it, and if an anesthetic is necessary, why use it, although I have rarely found it necessary. Keep at it every day, if you can.

If you can strengthen your feet without braces, etc., it is much better. Reach in, and spring up the arch, and bring pressure off from the nerves to overcome neuralgia. Be suspicious of anterior poliomyelitis, when you examine for weak feet.

(Dr. McConnell then continued with a discussion of anterior metatarsalgia, contracted foot, rigid and hammer toes, painful heel, plantar neuralgia, etc., showing that many foot disabilities are due to weak feet arising from improper attitudes, ill-fitting shoes, spinal and innominate lesions, and general infectious diseases.)

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DIAGNOSIS AND TREATMENT OF THORACIC CONDITIONS.

D. S. B. PENNOCK, M. D., D. O.

In organic heart disease, mechanical lesions are seldom directly causative, while in functional they are often the evident causative factors. Organic trouble is more often secondary to systemic disease. Early in life endocarditis is secondary to any acute specific disease, such as measles, but chiefly from rheumatism. There is a toxic condition and the left side bearing the most brunt, first receives the injury, first inflammation, then thickening, which results in a leaky valve and the regular train of symptoms follows.

In advanced life, arterio sclerosis is the commonest cause of heart disease, and is from habit. The hardened condition of the arteries causes the absence of the aortic recoil, resulting in greater valve pressure at the aortic valve, resulting a lesion of it.

Arterio sclerosis occurring in the coronary arteries may also have its effect by lessening the nutrition to the heart which will result in fatty degeneration, with a resultant train of symptoms. The arterio sclerosis is caused not so much by the occasional immoderate use of stimulants as by the chronic moderate use.

Chronic Bright's disease is also an active etiological factor, as it increases the arterial pressure and prevents a complete elimination of the body toxins.

For functional heart trouble, correction of the osteopathic lesion is curative. A rib lesion or of the dorsal vertebrae from second to fifth is sufficient. Lesions affecting the superior, middle or inferior cervical ganglia will cause functional heart trouble.

This may be caused in two ways, by mechanical pressure or by an alteration of normal lymph and blood flow.

The way in which insufficient nutrition acts, is as follows: First, there is an increase in function, as a starved nerve is more irritable. This increases the beat, causes congestion and destroys the normal rhythm. A later result may be angina pectoris and fatty degeneration.

In treating, it is not sufficient that all the treatment should be applied to the left side. Equal attention should be paid to the right. In treatment one should rely not upon stimulation, but upon positive adjustment.

As for symptoms, the sufferer from functional heart trouble has far worse symptoms than onewho suffers from organic. One suffering from functional trouble, may imagine he is dying, have severe pain and be really very sick as far as appearances go, while he is not in danger in the least. The one suffering from organic heart trouble may be unaware of any defect whatever until it is so far advanced that it is past remedying.

* * *

FIFTH CRANIAL NERVE.

W. R. LAUGHLIN, M. S., D. O.

Fundamental to the nutrition of the nerve is the vaso motion of the arteries supplying it with blood. When there is a disease of these arteries, we have a disease of the nerve itself. Even the most mediocre could practice if they could kill the disease by medicine without killing the patient.

The fifth nerve is the largest of all the cranial nerves and is also most like a spinal nerve. It has an anterior motor root and a posterior sensory. It has a ganglion, it has anterior motor branches and also sensory branches. Of the motor branch of the fifth, lock jaw is the only disease, while of the sensory, there are many diseases such as neuralgia, anesthesia, hyperesthesia, etc.

Without the fifth nerve, vision would be poor. There might be optic neuritis, the tears could not be restrained, and would course down the sides of the cheeks. Without it the organ of smell nor the organ of taste would be efficient.

A lesion below the atlas may affect the nerve by effect on the vertebral artery.

Dr. Laughlin received a storm of applause from the multitude of his former students which were

present when he proclaimed "Hilton says, 'the nerve that supplies joint, supplies the muscle that moves the joint and the integument over the insertion of the muscle.'"

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PAPER AND DEMONSTRATIONS, GYNECOLOGY AND OBSTETRICS.

ELLEN B. LIGON, D. O.

There are many variations from what is usually considered normal menses, which do not seem to produce a pathological condition. I have had a patient twenty-eight years old, who had never menstruated, and seemed in no way inconvenienced by it. I have another patient who ceased menstruating at twenty-five years of age

after a miscarriage, and is now fifty years old, but has never menstruated since, probably due to superinvolution. She has always been healthy, and there is no apparent effect on her nervous system. No normal woman has pain during menstruation. I never feel safe until I have made a local examination. Patients often insist that there is no need of it, but I frequently find retroflexion where no trouble is suspected.

First, we will discuss amenorrhoea—absence of menstruation. In these cases, there is either imperfect adult, or infantile uterus when cases are primary. In sec-



ELLEN B. LIGON.

ondary cases, there are found the gravest of symptoms such as hysteria, mania, anaemia, chlorosis, and other grave forms of nerve disturbance. Cases of amenorrhoea have come to me thinking they were pregnant. - If, in such cases, of as much as three months standing, I find the cervix hard and firm, and a firm edge to the os, I know positively it is not pregnancy. In all these cases, if the os and cervix are not changed in three months, the suppression is not due to pregnancy.

The next class of cases is dysmenorrhoea. These cases require very careful examination. We find they result from three causes: from inflammation, from displacements, from purely nervous conditions. The lesion may be at the eighth dorsal, eleventh dorsal, or at the corresponding rib, or at the innominates, or at the second lumbar, or at the sacrum, or coccyx. In correcting retroflexed uterus, I always lay the patient on her face. Cases of painful menstruation may result from chronic ovaritis, or inflammation of the mucus membrane of the uterus, (often resulting from gonorrhoeal infection) or from inflammation of the tissues around the uterus, often entirely from nerve irritation.

Cases of exfoliatory endometritis simulate labor, as the process of expulsion of a foreign body from the uterus is the same. Treat such cases as you would a labor case, to relax and dilate the cervix. One of the most vivid lessons I ever had was when I was in the Senior class. The case was one of exfoliatory endometritis. The suffering was like the pain of labor. Dr. Charley took me with him to see this patient, and he placed his finger beside her eighth dorsal and simply sat there and held it; and held it; soon the patient relaxed, the membrane came away, and the pain disappeared. Many times this membrane will look like an abortion. It is my opinion that the so-called false conception is simply a retention of the endometrium which should be thrown off each month, and that the uterus obeying the mandate of its function which is to build, proceeds to elaborate the retained structure; the nervous system becomes hysterical, and simulates the symptoms of pregnancy. I have found the large abdomen in these cases purely hysterical, as the uterus was not sufficiently enlarged to account for it. If, between the regular periods, there is a reddish brown discharge, you may be sure there is something foreign in the uterus from which it is trying to free itself—a dead foetus, or a false growth.

Mid menstrual suffering is tubal in its origin, and can be relieved.

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THE RELATIONSHIP OF THE OSTEOPATHIC PROFESSION TO PUBLIC HEALTH.

C. A. WHITING, M. Sc. D. O.

There is a prevailing impression on the part of many people that bad smells are unhealthy. The fact is that there may be bad smells in a neighborhood without its being as unhealthy as some place in which there are more pleasing odors. Bad smells

may lower the vitality but they themselves do not give disease necessarily. Dust is very irritating to the throat, but the worst feature of dust is that it is often laden with bacteria: Wherever you are, it is a good thing to favor sprinkling the streets.

Water is another source of disease. A cup of cold clear sparkling water may be the source of disease, while water not so clear and sparkling may be clear of disease germs. We have our public drinking cup. Now it is not at all improbable that there may be cases of tuberculosis or other diseases drinking from that same cup, and if so, we are taking a very good means of spreading this disease. I always provide myself with a private drinking cup, and if you do not do it for fear of contracting disease, do it anyway. The question arises how can a physician tell water that is good from water that is not good. A test is to prepare gelatin and a small amount of water that is to be tested, and if the gelatin is liquified in a few days and digested, then the water is full of pathogenic germs. Water may be perfect from a chemical standpoint, and still be dangerous.

Milk should be up to standard, but from another standpoint it should be clean. No milk is fit for an infant if it comes from a tuberculous cow. Milk should be pasteurized; that is, raised to 165 or 170 degrees Fahrenheit and cooled as quickly as possible. This kills the germs which it might contain.

Another thing is to get rid of flies. Flies used to be a good thing to have when there were all kinds of filth lying around, but now while things are more sanitary, they are an abomination. Flies don't simply come. They come from filthy places, and only a few, comparatively live over winter, but these few lay their eggs and multiply very fast in proper surroundings. We ought to get rid of flies and the filthy places where they breed.

In regard to personal hygiene, we ought to get plenty of sleep. Sleep conduces to health. We can all rob ourselves of sleep and get along, but we cannot do so without lowering our vitality and efficiency as men and women, and shortening our lives. It is a good thing to live eighty years, but there is one thing better, and that is to make our lives useful while we do live. Long life is good only in so far as we can make it useful and efficient, and of the many things we need, sleep is one. If it is good for us as men and women, it is more good for children. These evening entertainments are very injurious to children.

Many persons die from tuberculosis and they have symptoms towards the last which might be mistaken for pneumonia. I have known cases from my own experience where persons have contracted tuberculosis from living in the house where a tuberculosis patient died.

The duty of all physicians in all cases of acute diseases is to attend to disinfecting the house. In many of your smaller places, the health officer is absent or lax, and you should take this in hand. Disinfection is simpler than it used to be. One way to disinfect a house or room is this: Shut up the doors and windows, fill up the cracks, and use one pint of formaline to a half pound of potassium manganate for each room. The room is left closed for twenty-four hours, and at the end of that time, you can feel sure that it is safe.

OPEN PARLIAMENT.

E. C. PICKLER, D. O.

Many things have been said about what we owe to our patients, but not much has been said of what we owe to each other. I think your time can be spent profitably this afternoon by suggestions along this line. I have a patient in Minneapolis—I treat both him and his wife, and they are good friends of osteopathy. They brought

their daughter to me for treatment, and when they all went away, I told them to have her treated by an osteopath. They took her to an osteopath, and he found a lesion in her back, that he pointed out to them. "Why," they said, "Our other doctor didn't find that." As the result of this, osteopathy has lost a good friend, and I have lost a patient. Now then, I think we can give a short time this afternoon to the discussion of professional ethics and I hope you will all feel at liberty to talk.



E. C. PICKLER.

Edith Ashmore: A great deal has been said relative to this; that a man should not treat a woman, and a woman should not treat a man, and I think this is a wrong idea, for I cannot see why a doctor shouldn't treat a person of the opposite sex.

If you have a sick patient at home, and you think it necessary to call council, be sure to call an osteopath, first. You may be satisfied that he does not know as much as you do, but call him in, anyway. You may be called in as a consulting osteopath, and I am sure some of us do not know how to meet the case. Do not go into that sick room, and give a diagnosis until you have consulted the attending

physician. In that critical hour of sickness, make an examination, and then allow the attending physician to invite you into another room.

Another thing; I am treating Mrs. A. in my home town, and she wants to go to Chicago and get treatment while she is there. It is my place to give her a letter to a certain doctor, and that Chicago doctor ought not to criticize me in my method of treatment. When a visitor in the city calls on you to treat him, ask him if he has had osteopathic treatment before, and if so, by whom, and for what condition. We must respect the home osteopath whether we have ever seen him or not, or whether he is of our class, or not.

Dr. Coffman: When you are called in to an obstetrical case to make the examination, if you make a digital examination of your patient, be sure first to aseptinize your hands. When a doctor goes to a case of diphtheria, if he goes away without disinfecting himself he ought to be arrested, and put in jail and for T. B., the same.

A few years ago, I had a case with a bad cold. I treated him, he was satisfied; he said he wanted to bring in his daughter for treatment, he brought her in and I said, "What has she been having treatment for?" "Spinal treatment" he said, and I asked for what condition. He said for me to examine her spine and find out. He asked me where the lesions were, and I pointed out a very prominent lesion. "Dr. ——— never found that," he said. What was I going to do. A short time ago, my family went on a visit, and one was taken sick and called in an osteopath who was a personal friend of mine, and member of the national association. I got a bill for the treatment! What are you going to do? Why, I paid it. I think it is the fault of our osteopathic schools in not teaching us ethics.

Dr. Husk: I am glad this last gentleman made this last statement. I want to say that not one of our students go from our school without having been taught this. How many of you have had your patients call you when you sat down to a meal or when you go to bed; not one has thought of your welfare. I teach my patients better than that, and they think none the less of me for it. Do unto your fellow practitioner as you would have him do unto you. These are the principles I have. I always ask people that come to me for treatment who their doctor is. I remember I had not been in Kansas City very long when a man I met seemed to take a liking to me, and said he had taken treatments of an osteopath in Kansas City, and he wanted me to examine him. I said, "You go to see your osteopath, and tell what you have told me, and he will fix you up." Among the M. D's., whenever a fellow practitioner's family is sick, they treat that family free. But it is somewhat different with us, for we give our strength and time to treat, where an M. D. gives only his medicine. I have had as many as five osteopaths to treat at one time, and is it right that I should be called away from a paying practice to treat for nothing? If a brother osteopath comes to my office for treatment, I treat him, and will not take any money for it, but if I am called to an osteopath's home to treat his family, and they want to give me half the regular fee, I think it is only fair that I should get that much to compensate me. I try to treat the fellow practitioner as I would want him to treat me.

Dr. Pickler: Dr. H. has said he would not want to accept more than half of the fee for treatment. If he charges half, and charges \$1.00 to osteopaths, he gives those osteopaths \$1.00. I have treated several hundred osteopaths, and have never charged them anything. I have never received anything from treating an osteopath, nor his family. No M. D. would charge another for professional services and we ought to work for each other as well as they do. I was able to do a little favor for the old doctor this morning, and he thanked me. I said, "You owe me no thanks, for I owe it all to you while I am this world. We owe the profession of osteopathy all we are, and all we can hope to be. I met a man down town one day, and he found I was an osteopath. He said he had not known there was an osteopath there, and he had gone to an M. D. I happened to know the osteopath who had sent him there, and he knew I was there, but he never said anything to this fellow about coming to me.

Dr. Reed: I want to take up one or two points not touched on yet, and elaborate on one or two of them. I had a patient come in one day, and she said an osteopathic doctor had told her she had adhesions between the stomach and uterus. We know that patients do make wild statements, sometimes, but this was, of course, remarkable. Another time, a patient will say to me, "I had a lesion, according to the other doctor, at the fourth dorsal." I examine, and do not find it at all. I usually say, "Well, he did some good work. It is gone." Now about fees in consultation. In school here, we may have a fellow student out to see your patient, and hold a consultation. When we get out in the field, a great many seem to think that the same holds good. Here is an osteopath in his office treating patients that take up all his time, and yet this brother osteopath expects him to go out to see his patient. M. D's. charge from \$5.00 to \$10.00 and up for consultation. If you know anything, your information is valuable and ought to have a nominal fee that is fair to both sides. Many times when a doctor is called in consultation, he makes a good impression on the patient, and this patient may want to take treatments from the consulting physician.

The attending physician may say, "Well, go and take treatments of him." He goes and brings his family. Is it fair for him to take his family away from this other

doctor? No, he should first see the other doctor. I was called across two states once to take care of a friend of mine, an osteopath, through a case of typhoid fever, and I am sure nobody would think it wrong that I charged for all my expenses of car fare, etc.

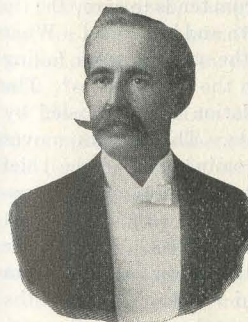
Dr. Russel: I want to touch on one or two points. I do not believe we should protect our brother at the sacrifice of both ourselves and him. If we know that the patient has been treated a long time, and we find a gross irregularity that has never been touched, it is our duty to correct it if we can. If we find such a place, we should write to our brother and tell him what we did find, and ask him if he had discovered it. If we would do that, we would make ourselves stronger, and better osteopaths. We have a patient here who is going away from us, and we should see that, if possible, he goes somewhere so he can get treatments from an osteopath. I have treated a few osteopathic physicians. One came to me for treatment. She said, "You have helped me," yet she stopped me and just because I would not receive any pay! I had a patient who went away for three weeks. I told him he could wait unless some acute disease struck him. I gave him the name of an osteopath where he was going, and a few days ago, he wrote back, that the osteopath I had named had gone to the woods. Your success depends largely on my success, and my success depends on your success. When I was at the A. S. O. here, some fellows used to think that they knew so much. If we think we know more than anybody else, we should impart our knowledge to others.

A traveling man came to me, and said, "Doctor, I never knew anything about osteopathy until a short time ago, when my boy was sick, and the M. D. couldn't do anything for him. The osteopath in my town saved him." The fellow asked for a treatment, I treated him, and when it came to part, he handed me a dollar. I said, "No, it is \$2.00." He said he only paid \$1.00 before, but I told him no matter whether he paid \$1.00 or 25c., my fees were \$2.00, and he went away very huffy, but I couldn't afford to let down barriers. In a few days, he was telling all my neighbors what a splendid osteopath they had and didn't know it!

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WEDNESDAY.

Research, research, research, funds, funds, funds, were the slogan cries of Wednesday morning. Nominally a business meeting, the business part was subsidiary to an enthusiastic rally for the A. T. Still Research Fund. The A. T. Still Post Graduate College was changed as to name by the trustees and it was decided that the interest on the money collected should be devoted to research work to be conducted at the several schools by professors selected by Dr. C. P. McConnell and under his direct supervision. True osteopathic research was to be the object. Dr. Hildreth started off the list with a \$1,000 followed quickly by Dr. Harry Still with another \$1,000 and Dr. Clark and Dr. Fleck with \$500 each. First one would subscribe \$250 and raise it to \$500 or subscribe \$500 and quickly raise it to \$1,000. The climax was reached when Dr. C. E. Still with a few unpretentious words announced that he would subscribe \$2,500. Shortly afterwards the Philadelphia College announced their subscription of \$1,000, which was soon duplicated



A. G. HILDRETH

by the Pacific College. Subscription followed subscription until \$40,000 had been raised, which with the \$30,000 already subscribed, makes over \$70,000 as a nest egg for a research fund. Those subscribing a \$1,000 are Drs. A. G. Hildreth, H. M. Still, H. F. Goetz, Ira Collins, W. J. Conner, H. E. Bailey, S. A. Ellis, Achorn Family, Philadelphia College, Pacific College.

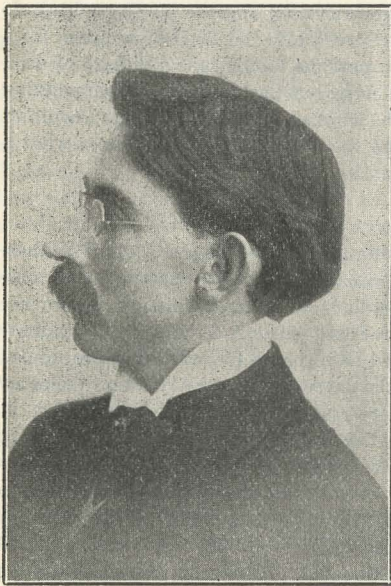
Dr. H. W. Forbes was the next to address the convention, choosing as his subject the adjustment of pelvic articulations. Dr. Ella Still then gave a lecture on the treatment of rectal conditions. In the evening there was a double number, the first being a paper illustrated by stereopticon by Dr. C. E. Fleck. Dr. Fleck's idea is that by photographing the case from a given angle and under definite lighting, much can be shown of scientific interest. He proved his point by giving pictorial histories of a number of cases. This is a new field of investigation which has been opened by Dr. Fleck and is one which will repay the investigator. It is truly research work and when developed will be a means of preserving scientific data. After Dr. Fleck's lecture, Dr. Smith delivered a modification of his now famous lecture on the history of osteopathy.

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DEMONSTRATIONS, TECHNIC OF SPINAL LESIONS.

DR. H. W. FORBES.

It is impossible to cover the entire field of spinal lesions in an hour, and I have taken the liberty of limiting the discussions to sacrum and innominate lesions. It is



H. W. FORBES

interesting fact, that up to the last text in anatomy, the sacro-iliac joint has been regarded as immovable. Before leaving home, I received a late book on gynecology written by an M. D. in the east having a chapter under the head of "Lesions of the sacrum and ilium." I want to direct your attention to the anatomy of sacro-iliac joint. Sometimes we conceive that the sacrum is wedged down between the innominates. This is not so, but it is a key-stone inverted. The weight of the trunk transmitted to the sacrum tends to carry the tip of the sacrum down and backward. What is it that keeps the sacrum from falling out from between the innominates? The sacro-iliac articulation is surrounded by capsular ligaments. The sacrum moves between the innominates, and the chief movement is that of rotation on a transverse axis, on a level with the second sacral spine. The great sacro-sciatic ligament keeps the lower sacrum from moving up and back. It is the function of ligaments to limit motion. The extent of this motion is so considerable that it is easily detected, and furnishes us with the most probable sign of lesions. Let us direct our attention to the extreme significance of this joint as a movable joint, and the loss of movement which

exists with lesion. We start with the arches of the foot, and we see the fibula and tibia, all joined in such a way as to give motion, and prevent jar; the hip-joint socket and head of the bone, also is so adjusted that with each step, there is spring, and we also observe cushions between each vertebra, and all these joints arrest jars. If, with all these contrivances, this sacro-iliac joint were left immovable, these precautions of Nature would all be for naught.

We must hurry on to lesions of this articulation. The normal range of movement is this; in maximum forward bending, the sacrum moves between the innominates so that the posterior superior spines may come together. Suppose one innominate is rotated as in maximum forward movement, we have a posterior innominate. Suppose I have a normal sacro-iliac articulation, and carried the tip of the sacrum forward, in order to become erect, I must have an anterior innominate. In hyperextension of the entire column, extreme back bending, carrying the sacrum back and up, separating the innominates and carrying the lower extremity of the sacrum forward, and increasing the upper diameter of the pelvis; we call this posterior sacrum or a double anterior innominate. This affects the lumbar, dorsal, and cervical regions, and we have one of the frequent causes of flat chest. The sacrum remains permanently in a position of hyperextension. Anterior sacrum or flexion of the sacrum occurs when the sacrum has moved forward on the innominates equally, and corresponds to a double posterior innominate lesion. The axis of movement on which these lesions rest is the axis of rotation in which normal movement occurs, about the level of the second sacral process. If you carry the anterior superior spine down, and the crest of the ilium forward and down, you make lax the great sacro-iliac ligament, and by carrying the anterior superior process up and down, you can palpate motion in the joint. Carry the top of the innominate forward and down, the tuber ischii back and up, lessening the distance of the tuber ischii from the coccyx, and diagnose the signs. First, let us speak of measurements. In any anterior rotation, the anterior superior process is carried down, and when we measure from the gladiolus, we find the distance increased to this anterior superior spine. By far the most satisfactory measurement is that taking the distance from the midline of the sacrum to the posterior superior spine. This is a positive diagnosis. In posterior innominate, the top of the sacrum moves forward, both ischial tuberosities move forward and out, and the distance between the lateral margin of the sacrum and the tuber ischii is increased, the great sacro-sciatic ligament is stretched, and the posterior superior spine is nearer the midline. In anterior innominate, the crest of the ilium is carried forward; in posterior innominate, the posterior superior spine is carried back.

Now to diagnose these conditions, I put the patient on his side, and place a finger between the sacrum and the iliac spine, and find movement between the sacrum and innominate. In any case in which there is no movement, there is something wrong. I have had some physicians declare that lesions of the innominate do not occur, and offered as a reason that in every case they had examined, there is no movement; that it is not a movable joint. If you have examined a case in which there is no movement, you have examined nothing but a case in which there is a lesion. To diagnose innominate lesions by the length of the legs is not sure, for although a posterior innominate would bring the leg up slightly shorter, and anterior innominate would let the leg down slightly longer, yet, adduction or abduction of the limbs will change even more, the apparent length. From the anterior superior spine to the internal malleolus, with the leg adducted, the length increases, and with the

leg abducted it decreases to quite a considerable extent. From a point midline of the body, there is just a reverse, and the leg adducted decreases apparently in length, while abducted, it apparently increases in length.

For treatment of posterior innominate, I place the patient on his back, his knee under my axilla, and bring traction with both my hands on the iliac crest. For anterior innominate, I place patient on his side, his knee under my chin to open the pubis, one hand on anterior superior spine and with wrist of other hand on ischium, I pull on the tuber ischii and push on the iliac crest. Another way is for patient to sit up on the table, one leg out before him on the table, and push the patient forward. Anterior sacrum causes round shoulders in children perhaps more than anything else. To treat this condition, I place the patient on his face, then have him raise up on his hands, and with my hand on the lower extremity of his sacrum, I push down, at the same time pulling his shoulders back. Posterior sacrum causes a flat chest. The sacrum being posterior looks big. To treat this condition, I place the patient in a sitting posture on the table with his legs straight before him on the table, and I push on his back; or you can treat as for anterior innominate on both sides. An anterior sacrum corresponds to a double posterior innominate, and a posterior sacrum corresponds to a double anterior innominate.

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LECTURE, RECTAL TROUBLES.

DR. ELLA D. STILL.

My address this afternoon is on rectal disorders amenable to osteopathic treatment. I think all of you who have attended this osteopathic convention are of the same mind as to the importance of examining for bony lesions. While we have been doing that, however, some of us have overlooked some of the other conditions that



ELLA STILL.

ought to be examined. I will illustrate one case unknown to the physician. A large uterine polypus was extruding from the os of a patient, because the osteopath forgot to make a thorough examination, while he had found the bony lesion. Your patient should be thoroughly examined; the bony structures first, then the other lesions. I realized sometime ago, that I was failing on a few cases that were curable. I went to Dr. Pratt's clinic, because I knew most fadists have some truth and I at last came to this truth. It is wise to examine, examine. That was the main thing that came to me in those lectures and that I want to urge on you; examine thoroughly, all of your patients.

Some patients will say to you, "I have no hemorrhage nor constipation," yet, there is some discharge that is not normal. After examining the patient thoroughly, I find that the majority of them may be cured by external treatment, but even then, you want to know the condition you are treating. If you find hemorrhage, you want to know what kind. Give local treatment to keep the parts clean. After I have examined patients by digital examination, I use a speculum. I use the rectal speculum to learn of anything the matter with the lower bowel, and then the sigmoid speculum with which one is able to examine up through the third sphincter. The term rectum is a misnomer, because that is not merely the straight bowel. After you have thoroughly examined the lower bowel all may seem well, yet, the constriction of the third sphincter may allow only a ribbon like exudate. Now there are so many pathological conditions that may exist in the rectum that I will go over them

hurriedly. The ordinary things found in the rectum are hemorrhages, fistulae, growths, and thickening of the valves. These valves act as lubricants; let them become indurated and we have constipation and severe contraction of the internal sphincter. Not only is there rectal involvement, but sometimes urethral, as well. A disturbance of the urethral sphincter will produce instant contraction of the rectal sphincters. We have in the rectum, fecal matter which passes on to the internal sphincter, and creates the impulse that passes up and produces defecation. The impulses are created the same as the uterus is affected in labor, and in micturition the bladder is affected.

In my method of treating fissure, I have never yet come in contact with a case of rectal fissure that I could not cure. Here is a condition that demands absolute cleanliness. If the patient is constipated, an enema should be given. For ordinary fissure, I simply use a dilator. I want a new raw surface so that there will be a new healing process. Suppose I have treated my case to-day, and have started a cure—keep the bowels from moving for twenty-four hours at least, and if they do move, give an enema so there will be no more breaking down. In two or three days, I will find that the fissure is healed almost entirely. In fissures that extend out in the anal tissue, you must insist on the patient not using anything that will irritate the anus.

I wish I could say I have cured every case of hemorrhoids I have treated. I have not. But the bleeding hemorrhoids are the most stubborn. In connection with this trouble it will be very rare not to find a severe condition of the liver. In a case of bleeding hemorrhoids of two years standing, I had the following experience:

I thought I had cured her, when she came to me one morning, and said she had had very heavy hemorrhoids, and pain in the lumbar region. I used a longer speculum, and found a group of hemorrhoids on the under surface of the third sphincter and ready to break down. I began to treat locally, and dilated the third sphincter. There are sometimes things that you can not discover by feeling, and you should use the speculum. I treated by dilating the third sphincter, and by thorough cleansing of the parts. Use a ten per cent solution of carbolic acid, and simply swab the parts out. Remember the absorbing power of the rectum. I treated that rectum two weeks very thoroughly. The ninth, tenth, eleventh, dorsal were anterior, and I treated them and the fifth lumbar and sacrum, as well as lesions affecting the whole intestinal tract.

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HISTORY OF OSTEOPATHY.

DR. WILLIAM SMITH.

The history of the growth of osteopathy from its earliest days to the present time was told by word and picture in a lecture by Dr. William Smith on the evening of the 7th of August. Pictures were shown of Dr. Still, in the days when there was no such thing as a school of osteopathy, lecturing to a crowd outside his old residence, creating that public interest in his work which has borne such tremendous fruit. The earliest days of the first school, pictures of the schools started later on with portraits of those who founded them, portraits of the pioneers in osteopathic work of one kind or another, educational, legislative and what not, all were shown. Right on up to the present time, in all over 150 pictures, and from first to last in the great Chautauqua tent with an audience of over 3,000, during the two hours that the lecture lasted there was perfect silence, the men and women there were listening to the story

of a movement and a growth which has stirred the world.

The lecture was entirely different from that ever delivered before by Dr. Smith, containing only such matter as was of interest to osteopaths, not referring in any way to the explaining of osteopathic methods, and it was emphatically brought out by him and received with much applause by the gathering, that every school of osteopathy must work in harmony with its fellows to ensure the future life of osteopathy, that a campaign of internecine warfare among the schools must, of necessity, lead to the death of osteopathy as an independent system and the absorption of its principles by the medical schools.

The lecture was given for the benefit of the Students' Ward Fund of the A. S. O. Hospital, and \$100.00 was realized for that object by the taking up of a collection during the lecture.



WILLIAM SMITH

THURSDAY.

While the convention was one of the reasons for the large number of persons in attendance at Kirksville, the chief reason was the celebration of the Old Doctor's 80th anniversary, which occurred on Thursday. On this day, as well as those who were visiting, the whole town including the Normal School, made it their chief business to do honor to Osteopathy's Founder. The Mayor proclaimed a half holiday and the merchants who almost without exception had made historical decorations in their windows, closed their stores, so that themselves and clerks could attend en masse. President Kirk gave a holiday to the Normal students, and they forgetting the rivalry of the athletic field, came 600 strong to swell the attendance.

UNVEILING THE PORTRAIT.

At eight o'clock in the morning the Old Doctor bid good morning to the crowd already assembled in the tent. He told them that he was not to be regarded as a martyr, that he had far more than his share of fun in the development of osteopathy, and that he asked no sympathy for what hardships he had endured. He asked all to stand up and by proxy, he shook hands with all.

Dr. G. W. Riley recounted briefly the raising of the money for the magnificent portrait, painted by George Burroughs Torrey, for the A. S. O. Alumni Association and their friends. Mr. Torrey has painted a number of well known people, among them statesmen, as President Roosevelt and Sir Purden Clark; military, such as General Miles; royalty, such as King George of Greece; masters of industry as William Schaus; society leaders as Mrs. John T. Laffin, Mrs. Henri Werthein and Mrs. Frederick Lewisohn, (the latter two daughters of Henry Seligman); but those who have viewed other examples of his work agree that his master piece, so far accomplished,

is that of the greatest figure of the century Andrew Taylor Still. The portrait was unveiled by Dr. Still's granddaughter, Gladdis.

After the unveiling exercises, by common consent, Dr. Hildreth was given the platform and subscriptions were received for the research fund. First thing after dinner, all assembled in front of the College buildings. The Novinger band swung



New York—First row, left to right, Drs. De Tienne, Hazzard, Riley.
Photo by Wm. Smith

into the head of the procession, and various states punctuated it with their banners and emblems. The procession in forming, reached from the Old Doctor's house to De France Park. Many more marched on the sidewalk, in addition to those on the pavement. It was an event never to be forgotten by those who witnessed it. Down the smooth pavement to beautiful De France Park the crowd passed

to listen to the exercises there.

The program was given over to the local committee of the Business Men's Association, who selected representative business and professional men with the greetings of the city. In the evening another large meeting was held at which practically the whole Normal attendance was present in addition to the osteopathic representatives.

A special feature was the concert by the large Normal chorus and orchestra, under the personal leadership of Prof. Gebhart. When they gave as an encore, God Bless his Eighty Years, the audience drowned them with applause. Those giving addresses were: Mayor Selby, Drs. Geo. W. Riley, J. A. DeTienne, J. L. Holloway, A. G. Hildreth, Ernest Sisson, Chas. Hazzard, L. van H. Gerdine, B. P. Gentry, S. T. Lyne, Revs. W. C. Templeton, F. W. Gee, Mr. J. A. Cooley, and Pres. John R. Kirk.



Kansas—Dr. Benneson with Sunflower, Dr. V. H. Greenwood on curb.
Photo by Wm. Smith.

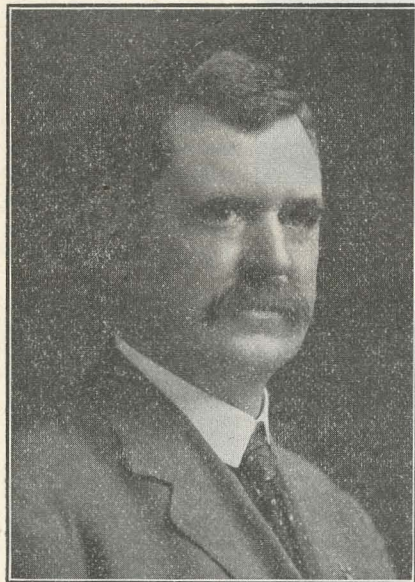
MAYOR'S ADDRESS.

HON. H. SELBY.

When I look at this array of intelligence and think of the advanced thought that it represents, I am sure that it is a high privilege that our city enjoys to have you with us in convention. I am proud of the opportunity to stand before you and address you in a few words of welcome.

Eighty years ago to-day in Rock Ridge Co., Va., a man child was born. Shortly afterward he was engaged in the "Momentous occupation of lying on his back in an old fashioned cradle, trying to get his big toe into his mouth and wondering what in thunder had become of his hair." Grant was only an ordinary fat baby, little dreaming of Appomattox or the presidency. Lincoln was only a squawking infant always with the toothache and colic, not worrying over the history he was to make, nor his masterful speech at Gettysburg. Greatness is never shown in the infant, is seldom developed in childhood but when riper years come, when emergency arises, when advanced thought is required there is always somebody at the front.

It is not for me specially to eulogize the central figure in our midst to-day, real live orators will do the subject full justice but I am persuaded that the day osteopathy was born, it was the greatest stride in healing science that the world has ever known. There was placed on the road to health a milestone of eternal granite which the ages can never efface nor destroy. When Dr. Still was born I was hardly large enough to plow corn on a Virginia hillside, yet he is with us to-day, hale and hearty and bids fair to number many more years before being called to rest from his labors. You come from the North, South, East and West to do honor to him who has done so much for humanity. You may be sure that Kirksville appreciates Dr. Still and we vie with you in doing him honor and



HON. H. SELBY

we rejoice with you that he is with us to-day.

Osteopathy is yet in the morning of its existence. "What will the twentieth century bring? Already we see the rise of new ideals. We stand the heir of all the ages in the foremost files of times. And in spite of all the failures, evils and limitations of the past we reach forward to a more glorious achievement, through a higher freedom." We feel that you do honor to our little city by your presence. We feel and know that these annual gatherings will soon embrace every civilized country. And now I deliver to you the keys of the city, and we throw open our homes for your entertainment. Enjoy to the utmost all the good things we have to offer you. The officers of the law are all taking a vacation. In the name of the city of Kirksville, I bid you one and all a hearty welcome and good cheer.

EULOGY OF DR. STILL.

DR. J. L. HOLLOWAY.

LADIES AND GENTLEMEN:

When Lew Wallace gave to the world his masterpiece, "Ben Hur," he dedicated it "To the wife of my youth." This seemed misleading and many took it for granted that she was no longer by his side. When the second edition came out he added the words, "Who still abides with me." As I stand before this picture tonight a tribute from those scattered over many states, I turn from it to look into the kind, rugged, honest countenance of the original who still abides with us. Ripe with honors as with years he moves among us still—the real man. Not one whose virtues are canonized in cold type, nor whose personality is shrouded in years grown gray with age. Seldom does it happen that the man who refuses to conform to the thought of his time, nor doff his cap to the dogmas of his day, but uncomplainingly accepts professional and social ostracism rather than surrender his convictions of truth, seldom does it happen, I say, for such an one to live to become the recipient of popular applause and the center of a devotion that time cannot mar nor death itself diminish.

Witness the long line of illustrious dead who came not into their merited reward of historic renown until time had made clear the truths for which they contended and the principles for which they were condemned. Socrates drank the fated cup rather than yield truth. Columbus died an outcast. Galileo was condemned for the declaration that the earth moves on its axis. John Huss burned at the stake, and a host of others bear mute but unmistakable testimony to the world's ingratitude for deliverance from the thralldom of ignorance. But to-day we come to lay our garlands of love not upon the broken shaft of a hero long since gone, but at the feet of one we know, whose searching eyes look into our own and whose heart beats in unison with ours for a perfected knowledge of a science which his genius brought to light. The circumstances of the rise of this man are really wonderful. The scriptural truth, "He that debaseth himself the same shall be exalted," finds unique illustration in this simple yet profound man's career. With no thought of future greatness, with no desire to sit in kingly places, no ambition to take his place by the side of great discoverers or profound scientists, he wrought in his own inimitable way to find truth, and having found it, men and women are rising up everywhere to call him blessed.

Reared on the frontier at the time when energies were largely consumed in the fight for a living, when long hours and hard work were the heritage of every man, when educational advantages were few and professional training limited, the outlook for fame was by no means roseate. Endowed with a keen scent for truth, a constancy that scorned to waver, a courage that quailed not before opinion, a sympathy that had the white glow of love whenever human ills touched his life, this devotee at Nature's shrine stood out separate and apart from his fellows as one crying in the wilderness to return to nature's ways. It was this rugged independence, this high and holy zeal for truth which impelled him forward in the stress of the storm when friends deserted, want walked by his side, and poverty was his portion.

We shall never know the anguish his spirit suffered, for no pen can ever tell the graphic story of the heart's struggle in those dark days when he was an outcast from social and professional circles, a supposedly adlepted bone-setter with his sack of bones, a homeless wanderer possessed, they said, of strange hallucination, finding neither sympathy nor support. But he had a vision of a great truth, and God gave him the purpose to follow it. Genius never tracks the multitude. It blazes out new

pathways. It surrenders to no dogma and craves no indulgences. It sets itself to the accomplishment of the impossible from the standpoint of the laity. And so, the fundamental tenet of this new therapy; to-wit, perverted function is the result of structural perversion—or as he himself puts it, "The rule of the artery is supreme," was brought forth as a child of his own brain, a child whose infancy met with no welcome from the learned. They spurned it as a bastard, ridiculed it as a mountebank, denounced it as a heretic and gibbeted it as a malefactor. But error ensconced even behind the Goliaths of hoary dogma are no match for the stripping David panoplied in the simple garb of truth.

Osteopathy under the inspiration and impulse of its master genius, its great discoverer, goes marching on from victory to victory. All hail the man who gave it to it to the world. If you love courage, he is the embodiment of it; if you hate sham and hypocrisy he is your friend; if you admire firmness of purpose where in these modern days can you find one who follows the pole star of reason with less wavering; the simplicity of his life mocks subterfuge, his devotion to truth is the anchor of his life; his sympathies are as deep as his heart is unfathomable; his honesty is as unyielding as the giant oak whose roots are anchored in the eternal rocks. How grandly sweet and how sweetly grand at the close of four score years he can stand, after the hard struggles of the past, amidst his children who come to do him honor. He needs no panegyric here to make his virtues known, for they are written on our hearts in letters of enduring light. Out over this broad free land thousands upon thousands who have never looked into his honest face nor felt the thrill of his benedictions as you and I when he sent us out to heal the sick and bring cheer into sad hearts and homes are calling him blessed for the work he has done.

"The color of the ground is in him, the red earth;
The tang and odor of the primal things;
The rectitude and patience of the rocks;
The gladness of the wind that shakes the corn;
The courage of the bird that dares the sea;
The justice of the rain that loves all leaves;
The pity of the snow that hides all scars;
The loving kindness of the wayside well;
The tolerance and equity of light
That gives as freely to the shrinking weed
As to the great oak flaring to the wind—
To the graves low hill as to the Matterhorn
That shoulders out the sky."

"And so he came
Pouring his splendid strength through every thought
The conscience of him testing every one
To make his deed the measure of a man."

* * *

THE SOCIAL SIDE OF DR. STILL.

REV. F. W. GEE.

Is there a social side to the Old Doctor's Life? Such a question. Could a man who has such a big heart, as he has, be without a social side of life? But the Doctor's social side of life is not like the social side of very many other lives. With some people being social includes some things at least that the Doctor does not include in his category. Some people think that sociability means taking a drink now and

then, but the Old Doctor never drinks. In fact he has about as much use for booze as a dog has for five legs. The Old Doctor is an OSTEOPATH pure and simple, and has no use for drugs, and whiskey is about the worst drug in use to-day. He believes in keeping his head cool and his feet warm, so he drinks water and wears top boots. He goes on the principle that a man needs all the brains God gave him, and can not afford to muddle what he has by the use of that double distilled extract of hell-fire known as whiskey.

Some people think that in order to be social one has to waste precious time over a deck of cards. Now I am not discussing the right or wrong of card playing, but the Old Doctor takes life too serious to trifle it away over spades and aces, and he holds a better hand to-day than all of you combined for he holds the hand of the Infinite God, who has led him in the past and is leading him in the present over paths that none but angels ever trod before.

The Old Doctor does not believe in sham, and cant, and hypocrisy. He is blunt and plain. Sometimes he shocks super-sensitive people, but then a shock is good for some people to break up the adhesions in the gray matter they call their brain. A great many people do not understand the Doctor, but then that is not the Doctor's fault. Some people do not understand the simplest words or acts of God, and say that God is unjust and cruel and not a God of love. So some do not understand the Doctor's position, and say he is skeptical or even worse, but you and I do not believe that, for we are in Old Missouri. I do not know of an individual who communes more with the Infinite than he. Some people preach and their preaching is excellent, if they would only practice what they preach, but the Old Doctor practices what he preaches. Some people pray for God to change his purposes and plans to suit their conscience, but the Doctor adapts himself to God's plan and credits Him with sense enough to run his own affairs. I have never found a more approachable, sociable kinder hearted man, in all my life, than Dr. A. T. Still, or one I would rather visit with and I never visit with him but I learn something new, and worth learning. A visit with the Old Doctor is like a hungry man sitting down to a full table, or a thirsty man drinking at a flowing fountain, it is both satisfying and refreshing, at least this is my experience and I believe yours. The Doctor stands in a class by himself. Very few are up on the plane where he stands, where they can look God in the face. There have been some, but they are gone. Abraham was of that class, he talked with God. Moses was of that class, he climbed mountain top, and beheld the glory of the Infinite. David was of that class, he read God's thoughts in the heavens by night and the earth by day. St. Paul was of that class for to him the heavens opened. Luther was of that class and broke away from old theories. Lincoln was of that class for he possessed a mind and heart that was inspired. These were men who had great thoughts, who had deep, and abiding inspiration, who were moved by mighty purposes. If you can get up on the Old Doctor's plane of life and thought you can enjoy a social time with him for you will find him a congenial spirit.

The Doctor has a wonderful social side, but there are not a great many that can think such great thoughts as he thinks, or see as far and accurately into things as he does. His mind seems to be a master key that has unlocked and is still unlocking the treasure rooms of God's great store house of Human Science. As John the Baptist was the forerunner of Christ and His kingdom, so Dr. Still is the forerunner of a new kingdom, that of a sane and natural method to cure the ills of humanity. All really great minds are socially inclined, but all really great minds are more or less lonely for the simple reason that they have so few real companions, that is, those who live in the

same realm of thought, who are of the same spiritual and mental temperament, and so in this sense the Doctor stands alone.

He, I believe will go on forever receiving new revelations, and when he passes out of the womb of this life at the moment you call death he will but be born in a newer and larger and better life, and his thoughts will be greater and grander than ever before. The Doctor's mission is to improve the social life of this world. The Old Doctor always has a pleasant word for all his friends and if everybody is not his friend it is not the Doctor's fault for he is one of the most social men I ever knew and I would not be surprised when I at last cross the river to the other side I will find the Old Doctor sitting on the bank of the river of life talking with St. Peter about—Osteopathy, and greeting his friends as they pass by in his old familiar social way.

* * *

DR. STILL, AN EDUCATOR.

PRESIDENT JOHN R. KIRK.

We discriminate sharply between the educator and the school master. The educator gives birth to an idea or makes important modifications of an idea. The school master disseminates the idea and seeks to make it clear to others. The educator is constructive, original and more or less difficult to understand. The school master is commonly imitative and always easy to understand.

John C. Calhoun studied profoundly the history of his country and of the world. He studied the American Colonies and each step taken by them and each resolution adopted by them. His was the historic view of the building of the Constitution. He meditated many years, he dreamed, reasoned, argued and wrestled while getting the great problem of government clear in his own mind and trying to make it clear to others. He convinced himself that states' rights was the true principle on which our government had been founded.

Mr. Hayne stood out in the American Congress and eloquently enunciated what for years Calhoun had thought. Then came the great jurist, logician and orator Daniel Webster. He knew the constitution as a whole. He looked at the preamble, He read it, "We the people of the United States." He saw in the great document one people, the whole people. To his vision he saw a great consolidated government. He believed in it. For six hours he stood before the American Congress. At the close of that great address the



JOHN R. KIRK.

principle of a consolidated Republican Government was formulated and the idea took root in the minds of the American people. They were not able to free themselves from the magic of Webster's oratory or the logic of his reasoning. From that day to this the people in the whole country have aligned themselves in two great parties, the one following more or less closely the doctrine of Calhoun, the other following the great principle of consolidated Government so eloquently set forth by Webster.

Now one of these doctrines is better than the other. Both of them can not be wholly right. But right or wrong, each of these great doctrines commends itself to some millions of Americans as the great fundamental principle of Government. Right or wrong, these great doctrines contain the two principles between which every statesman and every voter must choose. School masters for three quarters of a century have been teaching to young Americans these doctrines of Webster and Calhoun. Political parties have been trying to understand these doctrines and to endorse one or the other of them. Webster and Calhoun were the great American educators. None in America were greater than these two who gave birth in a new way to ideas that were yet old, to ideas that will continue to operate in dividing and creating political parties for centuries to come. It is the function of the educator, therefore, to cogitate, to investigate, to reflect, to dream, to construct, to go again to the foundations through investigation and ultimately to give form and truth to ideas that the world may be better.

Abraham Lincoln, the laborer, the rail splitter, the man of obscure origin, of unpromising childhood, of illiterate parentage, of unhappy environment,—Abraham Lincoln grew reflective. He cogitated, he dreamed and argued and studied. Then he stood forth in the early fifties and declared that "this country could not exist half slave and half free." Thereupon men divided themselves into parties. They couldn't help it. One group thought the country could exist half slave and half free. These were the compromisers and they gave us many compromises. But there were those who thought the whole land must be free, and others thought slavery must be universal. But none could get away from the logic of Lincoln. He saw the inconsistency of all compromises. In his vision he saw the end. Lincoln was an educator. He had little of school education himself, but he gave much of real education to mankind.

Then when the daring leader of the southern armies had once for all been driven back into old Virginia, and the utter futility of an invasion of the North by the weakened forces of the South had been demonstrated, and the great burial place at Gettysburg was to be dedicated, it was Lincoln, the ungainly, simple minded, great-hearted, marvelous man who read the few sentences at the dedication of the Gettysburg cemetery. A great orator had spoken for hours and other great orators and scholars heard in humiliation the brief and simple address of Lincoln. They heard and they heard not, for Lincoln's brief speech at Gettysburg, now studied in every college and high school of America, is one of the master pieces of the English Language. Lincoln's speech will be studied in Literature and History when the great orators who spoke there and heard him there will be well nigh forgotten. Lincoln was an educator of men.

The world had bridges from the days of antiquity, but it was left for Captain Eads to declare the principle of the tubular bridge. The world laughed at him but could not get away from his idea. He announced that jetties could be built at the mouth of the great River so that the swift current would pick up and carry with it all the debris which might impede navigation. Scholars and politicians and practical

men might ridicule the great engineering ideals of Captain Eads. His ideals stood the test; for they were true. School masters have told and retold for many years to eager learners what Captain Eads gave to the world. Eads was an educator.

But the educator is not always popular. His neighbors seldom understand him. These facts are immaterial to him. He is sometimes opposed and buffeted but opposition is of little consequence to him except that it may sharpen his wits. Doubtless if the early Christian Church had not met with opposition, the true metal of its martyrs would never have been known. Opposition gives to men of heroic mold, something to stimulate them to combat.

Socrates wrought in his consciousness a system of ethics and philosophy. His neighbors did not understand him. They did not believe in him. Doubtless it was well for him that they did not. But from the days of Socrates to the present time, the world has busied itself with the philosophy and the ethics of that great world educator.

And so with our friend, the "Old Doctor." Years ago it occurred to him that some things were wrong with medicine, that there was much of ignorance and superstition about it. Reflection convinced him that the human body contained within itself the remedies for all the common ailments. He discovered that if each organ could in any way be assisted in properly functioning, that ailments would be taken care of. He wrought some cures. The incredulous and the superstitious could not understand. But the Doctor reflected more and more. He used his eyes. He used all his senses. He trusted to his own observation. He reflected more. He cogitated. No doubt he dreamed and his neighbors thought he was getting to be queer. But genius is always eccentric, at least in the eyes of those who do not see that it is genius. Our friend was fortunate in his relative obscurity. The "Four Hundred" never knew him in the days when he was in process of development. He was fortunate doubtless in having good digestion and a good temper. He must have had a vein of humor always. Otherwise skeptical and malevolent competitors might have annoyed him. He was doubtless fortunate in having his whole consciousness concentrated upon the possible unfoldment of a great truth, and so he studied and dreamed and experimented and used his powers of observation and after a while more patients came and many were relieved and then more came, and helpers were necessary, and ultimately there grew a great school for the unfoldment and dissemination of a great principle, and the discovery of the "Old Doctor" took its name of Osteopathy. And other schools took form and our country was dotted with schools of osteopathy until now great conventions annually meet in order to consider and develop and expand the great principle for which this heroic soul for so many years wrought and struggled. And this is the work of an educator, to launch into the world a new idea so that whether men regard it right or wrong they must consider it, they must recognize it. If they think it is right, they support it and organize as these twenty-five hundred delegates to this great convention have done. If any there be who can not believe in the great principle, then they cannot ignore it. They are forced to consider it, perchance, through interest or conviction, to oppose it.

Let all these matters be as they may, our country, our state, our city, have the benefit of another real hero, a genuine educator.

One might dilate at length on the rare qualities of our honored friend whose eightieth birthday we are permitted to celebrate; but time and your endurance do not permit. It is, however, my lot and duty in your presence to deliver to our friend, Dr. Still, a valuable and beautiful present in evidence of our appreciation of him as a

citizen, a neighbor and an educator. This LOVING CUP I am permitted to present in the name of the citizens of Kirksville. This cup was purchased with the money of prohibitionists—and local optionists—and the men who believe in saloons and high license. Our city doubtless has as great a variety of men and creeds and tenets as any city of its size in the country or the world. We are divided sometimes into factions. We have our rivalries in which we sometimes approach bitterness; but when a really great measure is to be considered, one which concerns our city at large, we at times come together and present a united front. In this instance we recognize no party, no creed, no faction. We, the citizens of Kirksville, without regard to faith or tenet or creed or party, have subscribed and collected a snug sum of money with which we have purchased this beautiful token of our friendship for you. It is inscribed on the one side:

"TO THE OLD DOCTOR

BY THE

CITIZENS OF KIRKSVILLE, MO.,

AUGUST 6, 1908."

on the other,

"PRESENTED TO ANDREW TAYLOR STILL,

FOUNDER OF OSTEOPATHY,

ON THE

80TH ANNIVERSARY OF HIS BIRTH,"

and now I have the very great privilege and pleasure of delivering for our city and citizens, this token of friendship to our neighbor and friend, Dr. Andrew Taylor Still, Founder of Osteopathy.

* * *

DR. STILL AS A BENEFACTOR.

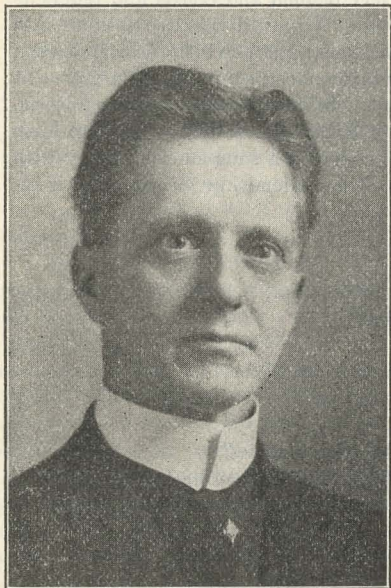
DR. SANFORD T. LYNE.

For the greatest benefactors of our temporal well being we necessarily turn to the history of medicine. Evolution in the art and science of healing has been remarkable for its slow progress. But few physicians have disclosed truths that tend to perfect the healing art or place it on a scientific basis. Up to the advent of osteopathy nothing tangible had been contributed to an understanding of the cause of disease, which emphasises the fact that a philosophy determining the primary or predisposing cause of pathological states is the most valuable contribution that could possibly be made to the art and science of healing.

With this key: "Abnormal structural relations will cause and maintain abnormal function," Dr. A. T. Still unlocked Nature's therapeutic storehouse in 1874 and preceeded to establish the scientific school of healing known to the world as osteopathy. In his devotion to the cause of truth and suffering humanity he was fearless amid storms of criticism and ridicule. He applied the principles of osteopathy under the most adverse circumstances and found them unailing in the most dreadful maladies.

That he is entitled to distinction as the greatest benefactor known to medical history is attested by a number of facts in evidence: the rapid advancement of his school into public favor; the many thousands of physical sufferers, once thought to be hopelessly afflicted, who have become the beneficiaries and earnest advocates of osteopathy; the legislative recognition accorded his achievement in obedience to the mandate of the citizens in more than thirty states; the fact that certain basic osteopathic principles are now finding their way into the supposed impregnable recesses of medical dogma.

As a benefactor, Dr. Still is unique in having lived to see the vastness of his labors; in having survived the period of adversity and derision; in having received countless manifestations of gratitude; in continuing his efforts to make his work more perfect. In the greatness of his position, he is unique for his simplicity, earnestness and kindness.



S. T. LYNE

proclaim throughout the ages: "Blessed be the name of Doctor Andrew Taylor Still."

* * *

DR. STILL, A MECHANIC.

DR. L. VAN H. Gerdine.

When invited by your committee to represent the faculty in this love feast in honor of Dr. Still's Eightieth birthday, I felt highly honored, and gladly consented. On being given the privilege of choosing my subject, I could think of none worthier the man and of greater significance than, Dr. Still, the Mechanic, for it is, after all, to the mechanical principle that his greatness is due.

The chemical theories in the healing art are rapidly disappearing. This is so well known to you that I need quote no evidence or authority in its proof. What then is to be the future of therapeutics? One hears of electricity, hydrotherapy, serum therapy, and the like, and each has its advocates. But if we look to the opinions of the great men in the profession there is little hope in those directions. Note the remark of Prof. Thayer, successor to Dr. Osler in the chair of Practice at the John Hopkins University, to the effect that the future lies in the mechanical fields.

I deem myself peculiarly fortunate in being personally associated with the two greatest movements, which in my opinion, America has given to the world. They are the Philosophy of life, originated by Charles Saunders Pierce but presented to the world chiefly by the able reasoning of my old teacher, Professor William James of

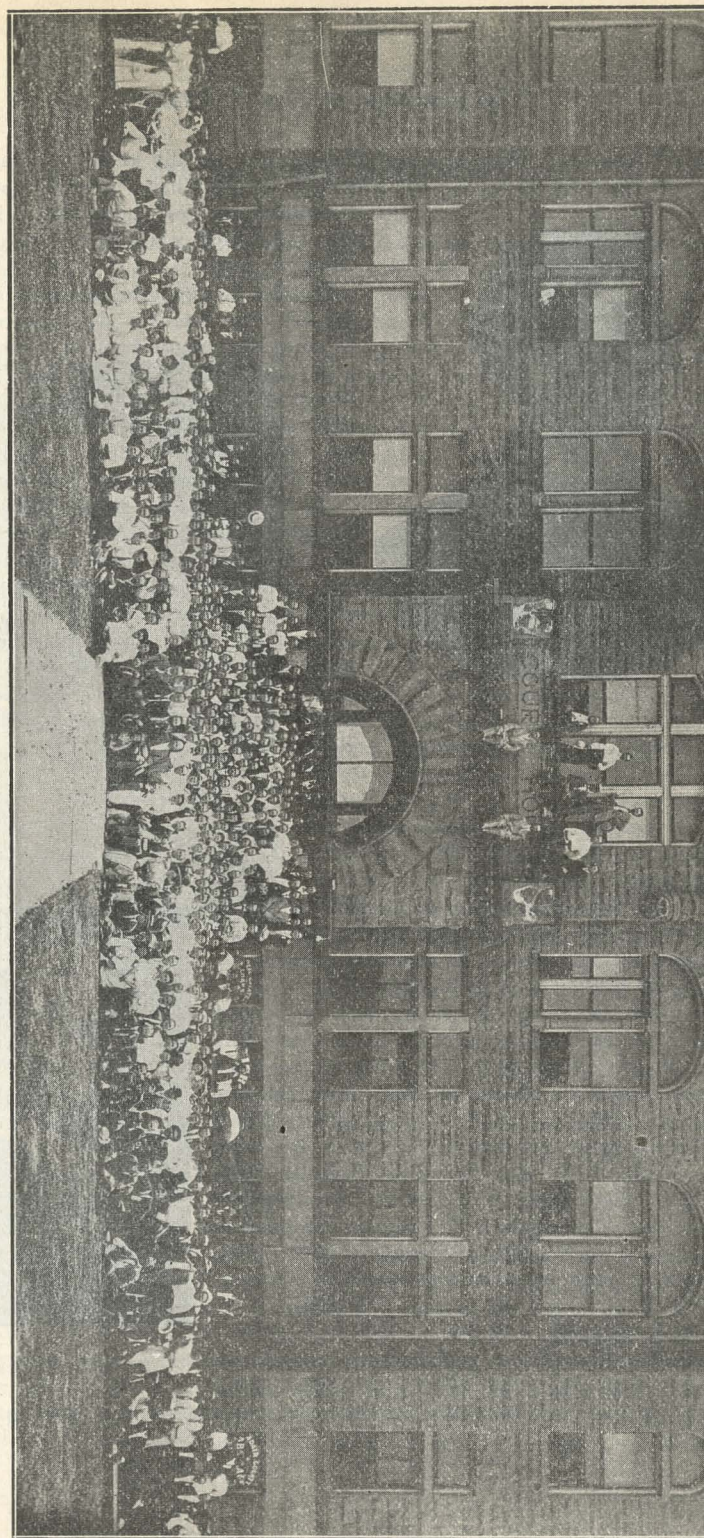
In the name of the founder of osteopathy, in the name of five thousand osteopathic disciples, in the name of innumerable hosts of osteopathic beneficiaries, we offer to suffering humanity the most potent remedial agency ever formulated by man. Its distinguishing characteristic is its philosophy of the cause of disease. It is a revolution in the art of healing founded on unerring laws of Nature.

As we celebrate the natal day of our Beloved Benefactor, we hail him as the greatest living exponent of scientific medicine. We congratulate him upon his great achievement in life, and extend to him our most grateful appreciation.

May God spare his life through many years of health and happiness. May his wise counsels continue to prevail among us, and may generations yet unborn become the recipients of his beneficence and join the ever increasing multitudes that shall

Seated on chairs in front from left to right Drs. C. M. T. Hullett, Atzen, M. F. Hullett, Ada A. Achorn, Ivie, T. L. Ray, Hezzie P. Moore, F. F. Jones, Heine. This is only a part of those in attendance. Many had gone to dinner, not hearing the announcement.

THE CONVENTION PICTURE.



Harvard University. This system of Philosophy is usually known as Pragmatism, and is characterized by the American spirit of practicality. America's other contribution is the new philosophy of healing—the mechanical philosophy, originated by Dr. A. T. Still.



L. VAN H. GERDINE

Whether the body be immortal we know not, but that genius is deathless, we know. A few of the immortal spirits of the past are with us. Michael Angelo lives in "the Moses." Raphael in the Sistine Madonna, Sir Christopher Wren in that noble structure, Westminster Abbey, we feel Beethoven's life in that wonderful Ninth Symphony.

Dante speaks to us still in the "Divine Comedy." In the healing of the souls the spirit of Jesus Christ is with us throughout the wide world wherever Christianity extends, and in the healing of the body, one name stands out which is destined to live. Koch's cure for tuberculosis was a thing of a day, Bishop Berkeley's panacea "tar-water" is mentioned to-day only to be

ridiculed, but the genius, the spirit of Andrew Taylor Still will live forever.

* * *

FRIDAY.

Friday morning the exercises opened with an address by Dr. F. P. Young, which was given at eight o'clock. Many preferred their last forty winks, among which happened to be our reporter.

Dr. G. S. Hoisington addressed the convention on Cerebro-Spinal Meningitis, and Dr. Turfler gave a few demonstrations in technic. In the afternoon, Dr. G. M. Laughlin held an open parliament, at the conclusion of which, Dr. C. E. Still held an open parliament on obstetrics, filling the place of Dr. M. E. Clark who was unable to be present. The business meetings were scattered along wherever it was convenient during the convention. One of the most important acts was the changing of the A. T. Still Post Graduate College to the A. T. Still Research Institute. The election of officers resulted as follows: President, T. L. Ray; first vice-president, F. I. Furry; second vice-president, Almeda Goodspeed; secretary, H. L. Chiles, (re-elected); assistant secretary, Ethel L. Burner; treasurer, M. F. Hulett, (re-elected). Trustees: C. E. Fleck, P. H. Woodall, A. W. Young.

Minneapolis was almost unanimously chosen by the Trustees as the town for the next convention although the California delegation worked every corner to secure a visit to the City of Angels.



H. L. CHILES

CEREBRO SPINAL MENINGITIS.

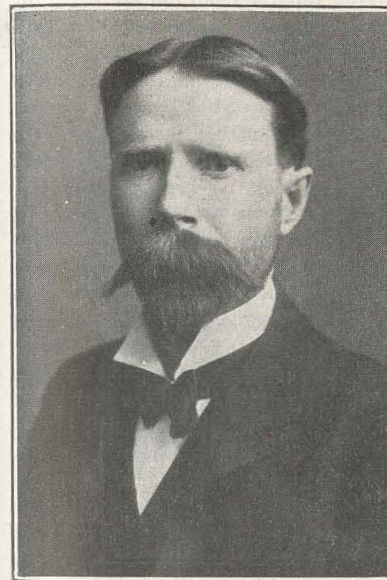
G. S. HOISINGTON, D. O.

This is a subject that ought to be brought before osteopaths, but I have never seen anything about it in our journals. The various treatments devised by M. D's. are every one an absolute failure. Their last efforts seem to be along the lines of

serums. The fact that this is a failure among M. D's. makes it all the more important for osteopaths to study the disease. This disease never will be handled by M. D's. successfully, but is distinctly osteopathic. The fact that concerns us most is that we must get into contact with cases, and get experience.

We have had two remarkable epidemics of this disease in this country. One in Seattle, and the other in Portland. In Seattle the first call was for the doctor, the next for ice man, and the next for the undertaker. The next epidemic in Portland, the report was of sixteen cases, only one cured, which was by an osteopath. My experience comprises three cases, and in order to show the character of the cases, I will give you my record.

The first case was a boy of twelve years, not very vigorous; previous to attack, he had had measles. The disease struck the boy in the usual form. He was under the M. D. in the beginning, and I haven't a very accurate account of it then. The attack came on with



M. F. HULETT

headache, constipation, nervousness, etc. The case had M. D. treatment for twenty days, using bromides, etc.; also using the spinal puncture and withdrawal of the spinal fluid. Then I took the case. It was a typical epidemic form of cerebro spinal meningitis. His head was drawn back as far as it could possibly be. His hearing and all the special senses were gone. His answers were just moans. I had heard of the case before it came to me. I was one of six consultant physicians at first to see the case, and the thought came to me I might be able to do something for it with osteopathic treatments. After two hours experience with it, I saw I had a fighting chance, and accepted the case. In the first treatment there were signs of relaxation. He had been receiving doses of bromides every three hours and I ordered it discontinued. The next day he was excellent, and he slept, and when he woke, recovery commenced, and was remarkably rapid.

The next case was a little girl six years old, healthy, had had no disease except a cold a short time before, from which she recovered. This case came to me early, and gave me more chance for recovery. The case at that time presented the usual picture, except retraction was not so great. Headache and delirium were the main features. The child retained the use of her mind, but hearing was gone. This case

yielded to spinal treatment immediately. The condition progressed nicely until the eighth day; I commenced on the third day to give osteopathic treatment. Then every symptom subsided; and within two days came absolute freedom; the attack then returned as at first; and followed in ten minutes with very worst symptoms, and lasted one hour. Following this, in three hours came a fever of 105 which is unusual. Nervous delirium lasted seven or eight hours then the child appeared well. This happened every day for twelve or fourteen days at intervals of a few hours. Then came a period of five days with no symptoms, but the child did not build up. After five days of freedom, the attacks came again and again for fourteen days, then subsided, then the child was well and recovery set in at once, and she was up in a few days—with almost complete deafness and eyes crossed. This last condition has almost gone.

The third case; a boy fourteen years old, a French-Canadian, had had measles and smallpox; one week previous to attack of meningitis, had recovered from a cold in his head, but had a dull headache. Before the attack, he had been running; the following morning was extremely sore, and that night the attack came on. He had headache, constipation, nervousness, etc. The fifth day, he vomited, and presented rigidity. I got the case late in the disease. Serum was used for three weeks with no results. On the 38th day, of the disease, the boy got nervous; little cries and spasms came, the head was drawn back as far as it could be; unconsciousness came on, lasting for fifteen minutes, and there was presented the picture of an epileptoid attack. The child had been abandoned in what was regarded as a good hospital. He was allowed to eat anything, and they had abandoned him except for giving him serum although he presented considerable strength. The attacks increased in violence, then disappeared, then came again, and kept up for fourteen days, then subsided. On the 97th day, the condition seemed to disappear, and I believe the osteopathic treatment is to be credited for his maintained strength during the time it lasted. This condition continued with very slow progress and little nutrition until the 144th day of the disease. We could not build him up very fast. On the 144th day, trembling began. Following this came coma indicating pressure in the cortical center. I believe it was a blood tumor, and the boy died on the 155th day of the disease. You are never safe until your case is well.

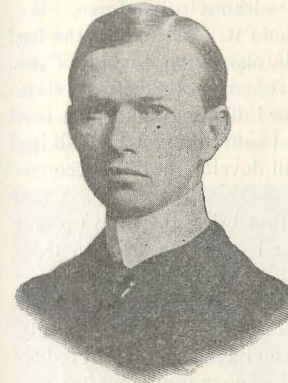
Taking the first case I spoke of, in regard to beginning the work of treatment, when I started to treat, at the slightest touch on the cervical region there was a groan and as I got down to the sacrum and lumbar region, brought no response. I started treatment with probably not one ounce of pressure, and worked one hour on the cervical region, and sprung the spines all the way up. The tissues were so tense that manipulations at first seemed to have no effect. I increased the pressure very slowly and steadily. This is extremely delicate work. The first treatment lasted two hours, and each treatment seemed to relieve, and on the fourth treatment, the head regained its erect position. I work slowly and patiently on the neck until I can get relaxation. Work on the lesions in these cases is not of great importance. Each case presented cervical lesions. First there was a rotation of atlas to the left, then the axis and third were out. I could not adjust them at first on account of the tenseness in the neck.

My first conclusion is that prognosis is fairly good under osteopathic treatment, and danger from complications is also greatly reduced. When recovery takes place it is very rapid. The epidemic type is the most readily handled of all forms of meningitis

OPEN PARLIAMENT.

GEO. LAUGHLIN, M. S., D. O., LEADER.

We have no subject assigned for this parliament, and I thought we would leave with those present what we would talk about. My own work has been along the line of orthopedic work and if it be desirable to those present, we will talk along that line. Of course we will not have time to cover a large field. If it is agreeable, I will commence by talking of the treatment for dislocation. A number of you have been present at our clinics. I will take up and discuss the cause, pathology, symptoms, and treatment for congenital hip dislocation. Congenital dislocation is a deformity similar to that of club foot. It is a congenital deformity; we do not know what the cause is, but there are a number of theories in regard to it. One is, that there is some defect in the central nervous system of the child. I do not believe that congenital dislocation is due to any defect in the central nervous system. The most reasonable theory is that congenital dislocation is due to pressure in utero. That pressure is probably due to tumor in the wall of the uterus or to some tumor in the abdomen. The resulting deformity more often occurs in females than in males. I do not know why, unless it is that the female hips are wider than those of the male. I do not believe that congenital dislocation is the result of injury at birth. It is almost impossible to dislocate the hip or the shoulder at birth. The symptoms of congenital dislocation are as follows. Nothing wrong will be noticed with the child for one year. The



G. M. LAUGHLIN

child should learn to walk at one year old, but she doesn't walk until older, and then with a limp, and the leg on the affected side is short. This shortening increases, and finally reaches two or three inches. The hip is forced up, and the ligamentum teres becomes long, and the leg is then short. The pathology of the joint is about as follows. No disease is found, tissues are healthy. On account of the weight of the body, the capsular ligaments become elongated, and constricted by stretching. The muscles become short. The capsular ligament is the principal obstruction to reduction. Then there is deformity in the head of the bone. Instead of pointing in as it should, it points up and the neck of the femur is short—only about half as long as the neck on the opposite side. The acetabulum is deformed so that the head of the bone slides up and down. The thigh can be forced up and down an inch or two, in what we call telescopic motion. Traumatic dislocation does not produce telescopic motion, because of inflammation. If you have no telescopic motion, you know you have no congenital dislocation. You must suspect infantile paralysis, traumatic dislocation, etc.

Now about treatment. We worked a great many years trying to perfect a treatment without resorting to operation, and we tried manipulations, but treatment resulted in little or no good. A number of cases that have passed the age limit for successful operation, have been greatly improved by osteopathic treatments. Treatment consists largely of rotation, and adduction—the only treatment so far

as I know that will result in permanent cure is what is known as the Lorenz operation. I do not know that we have improved on that in any particular. The principle of this treatment is osteopathic. We attempt to reduce structure. During the past year or two, we have operated on a great many cases, and we have had almost 100% of success out of picked cases. Of course, if you take cases as they come, they will not always be successful. We would not try any cases over six years old, if we had our choice. We were successful on a girl last year, fourteen years old. The preliminary treatment does not do much if any good, but the after treatment is necessary for good results. Why do we have to resort to anesthetics, and use force, and after reduction put the limb in a cast and keep it there? We cannot make complete reduction without force because the capsular ligament is in the way. It is impossible to secure complete reduction without an anesthetic and without using force. We have to place the limb in an abducted position so as to hold it. As long as the leg is abducted, the hamstrings and adductor muscles hold it in place. As a result of the head being in the acetabulum, the circulation is better, and the socket tends to develop. The child should be in bed about a week. There is some inflammation which is a thing we want. The child can walk with the cast on, and suffer no pain. Walking on the hip forces the head into the socket and the joint will develop, until it becomes normal.

Now the evidences of reduction are as follows. We first bring the limb up and the hamstring muscles pull it down. The jump you hear is evidence of reduction. When the head of the bone is reduced, you cannot extend the leg on the thigh, because the head of the bone is fixed. If the head of the bone were out, it would slip. After evidences of reduction notice the relation of the great trochanter to the tuberosity of the ischium; they should be about on the same level. If you have not secured reduction, the great trochanter will be an inch or two above the tuber ischii. After you have removed the first cast, put one on with the hip at a bout forty-five degrees abduction instead of ninety. The patient then continues to use her leg say about two months. Then the second cast is removed and the child is placed in bed to tone up the muscles until she can walk on the limb without support. In the meantime, the muscles should be massaged, and manipulated until the tone returns to the muscles and then the child gets up and is allowed to walk, of course using care for a few days. The child should have after treatment for some considerable time. The hip should be gently manipulated after a few days, to bring back motion. Don't go at it roughly, but gently manipulate, and in a few months, the case should be well. Are there any accidents? Yes, sometimes the neck or the shaft of the femur is fractured, but this seldom occurs, and results in no permanent injury. The child of course is no better off, but is no worse off. The percentage is quite large for complete cure, if we select our cases. Now I will leave the meeting to you. (The following are answers to questions that were asked):

We never get T. B. of the bone with fracture or dislocation, and I do not know of any case of T. B. following reduction on congenital hip dislocation, because T. B. always follows very slight bruises.

Where there are no signs of an acetabulum, would you put on a cast? The patient likely has an acetabulum. You would have to use an X-ray to find out.

What is mode of treatment in T. B. joint? This question is too broad to talk fully on here. One thing, however, the affected part should be given rest. Do not manipulate the affected part at all. Leave it alone. Apply treatment to the spine, and give rest to the affected part. Treat to give general health, then to prevent deformity.

HOSPITAL CLINICS.

One of the very enjoyable features of the convention was the large number of interesting clinics held at the hospital by Drs. G. A. Still and G. M. Laughlin. At most all of these, the hospital amphitheatre was filled to its capacity of more than 500. A large number of major and minor surgical operations, several post mortems, and a number of orthopedic operations were performed. Herewith is a preliminary report of the work done by Dr. Still.

* * *

PRELIMINARY REPORT ON SURGICAL OPERATIONS, PERFORMED DURING THE CONVENTION CLINICS.

GEORGE A. STILL, M. S., M. D., D. O.

Case No. 1:—Reduction of obstinate posterior innominate and obstinate lumbar lesions.

This was a patient of Dr. Pauly, of Kahoka, Mo., and he with Drs. Forest Crowley and Earl Laughlin did the actual work. The lesions were entirely corrected in the lumbar region, and the innominate almost corrected. Patient left hospital about 6 p. m. in good condition and feeling no particular soreness. Later reports are that he is all right.

Case No. 2:—This case was very similar, except that the lesion of the innominate was opposite to the other one. Patient left hospital at the same time and in perfect condition.

Case No. 3:—Large abscess of right lower dorsal, and lumbar region associated with osteo-myelitis of lower ribs. Patient had given an unsatisfactory history and was known to have some mental disturbances, and also an epileptic. The diagnosis lay between a tubercle infection, which was improbable, and a simple pus infection. The incision was followed by a discharge of about one and one-half pints of thick, creamy pus. This has been draining freely since the operation and the cavity is apparently granulating from the bottom. An iodoform gauze wick is being used for drainage.



G. A. STILL.

Case No. 4:—Incision of right side of scrotum to allow escape of pus and gangrenous matter in patient suffering with transverse-myelitis, nephritis, and renal abscess. The patient had no sensation whatever below the waist, and the operation was done without an anesthetic, the object being merely to drain the pus, etc. The patient who, during the past few weeks had been failing rapidly, succumbed to the nephritis early Saturday morning, and was posted before the convention or at least about 400 of them, who stayed over to see another post-mortem, which had been

announced. The post mortem examination of the kidneys showed large abscesses in each, and badly degenerated areas in addition. The liver and spleen also showed cirrhosis. The spinal cord showed that it had been crushed by the injury, which practically destroyed it at a point just above the lumbar enlargement. Altogether the post was quite interesting. It might be mentioned that the other post mortem was on a dissecting room specimen and showed a small cyst, similar to one that was removed by operation in the clinic room, during the Convention, but only about one-eighth the size. The cause of death, however, was not the cyst, but an abscess of the right lung.

Case No. 5:—Laceration of the cervix. The patient at present is doing well, with uneventful history. A report on the condition of all these wounds, which have not as yet had time to heal, will be given later.

Case No. 6:—Laceration of cervix and perinaeum. Uneventful course to date.

Case No. 7:—Laceration of cervix and perinaeum. Uneventful course to date, except that on August 10th some obstruction in the cervix interfered with drainage, causing considerable pain, nausea, and a temperature of 100 degrees. This was easily relieved by cleaning out the cervix with a small dressing forceps, and to-day the patient, is in every way relieved.

Case No. 8:—Umbilical hernia in female, aged fifty-six. Uneventful recovery to date.

Case No. 9:—Fracture of radius exhibited, which was being treated at the hospital. Patient dismissed since then, as cured.

Case No. 10:—Curetment for polypus. Patient dismissed August 10th, cured.

Case No. 11:—Curetment and repair of laceration of cervix and perinaeum. Uneventful recovery to date.

Case No. 12:—Adenoids in little girl. Dismissed same day and uneventful recovery reported since then.

Case No. 13:—Unhooding of clitoris in girl aged five. Uneventful recovery.

Case No. 14:—Laceration of cervix. Uneventful recovery to date.

Case No. 15:—Laceration of cervix. Uneventful recovery to date.

Case No. 16:—Laceration of perinaeum and cervix. Uneventful recovery to date.

Case No. 17:—Tubercular fistula of ischio-rectal fossa. Free incision was made and the wound is draining freely and there has been practically no temperature. An iodoform drain is kept in the wound.

Case No. 18:—Curretment and repair of laceration, and also amputation of toe. Uneventful recovery to date.

Case No. 19:—Adenoids. Dismissed as cured in two days.

Case No. 20:—Removal of large parovarian cyst and enlarged parovarium on left side. Also removal of cystic degenerated ovary on right side, through the abdominal wall. The incision extending from the symphysis about half way to the umbilicus, the cyst being emptied by an incision before being removed. Attention was called to the fact that in simple cysts the spilling of the fluid had absolutely no effect on the peritoneum. The character of the fluid in this cyst had, by the way, been diagnosed previous to the operation by puncturing it with a needle and making a chemical and microscopic examination of the fluid. The needle opening in the cyst had allowed about one quart of free fluid to escape into the abdominal cavity with no effect. Neither has there been any effects or any signs of peritonitis since and the patient has run a course which was all that could be asked, there having been no fever except the

usual rise immediately following the operation and at present the temperature is normal and the pulse is full and normal. During the first night considerable pain was complained of, which was doubtless in part due to reflexes occasioned by the change of pressure within the abdomen from the removal of so large an object.

Case No. 21:—Laceration of perinaeum. Uneventful recovery to date.

Case No. 22:—Abscess of fore-arm. Practically healed.

All cases operated on by Dr. Geo. Laughlin will be reported later and in addition some four or five private cases will be reported if their consent can be gained. It might be said that these cases are not recorded exactly as they were operated on, but they are recorded as they are listed at the hospital, and for those who did not see the operations, it is well to mention they were held on Monday afternoon, Tuesday morning from 7:00 to 9:00 and afternoon from 4:00 to 6:00. Wednesday morning and afternoon at the same time, and Friday morning. Two or three of the cases recorded were done before only small groups, due to the fact that they were partly private cases. At some date in the near future I wish to discuss in detail the subject of laceration of the perinaeum and its treatment, and that is the reason I have not mentioned anything about the technic of these operations.

It might be mentioned also that whether the history of the strictly private patients are later given or not, which depends entirely on the patient's consent, none of them are in a serious condition, and none of them are in a condition that can by any possible chance, become serious, the recovery having been up to date without any mishap. Considering the weather and the rush and hurry of the Convention and the extra work of the hospital staff, the nurses and all those who have charge of the cases after they are operated on are to be congratulated on the remarkable showing they have made, on this group of operations, and I wish to take this opportunity to thank them, as well as my assistants during the operations for their skillful work. I also wish to thank those who attended the cases for their consideration and general behavior during the clinics, and for their evident interest in the outcome of the cases.

AUGUST 11, 1908.

G. A. STILL.

P. S.—Next month's issue will contain the report of these cases up to date. (This report to be given later in this issue.—Ed.)

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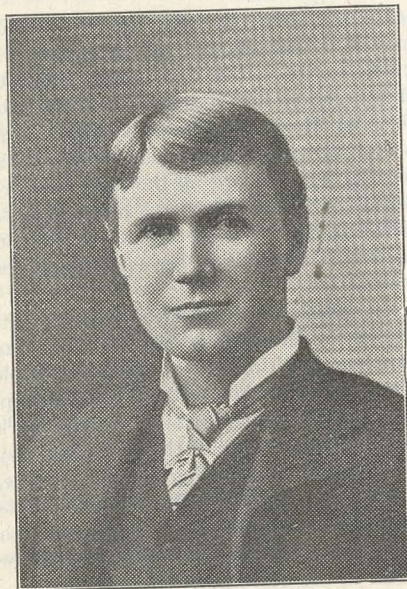
OPEN PARLIAMENT.—OBSTETRICS.

Dr. CHARLES STILL, LEADER.

We should acquaint ourselves with the diseases peculiar to women, for if we are going into obstetrics, gynecology is needed to make us successes. Ninety-five per cent of all cases are normal; they need no attention, but in 5 or 10% they need help and we need to know how to handle them. We may have a hundred cases, and never find anything abnormal, and it may be that the first case we see will almost stop our blood from circulating.

Question. Does danger to primiparae increase as the woman nears forty, or the change of life? Answer. No, there is no more danger, but perhaps more delayed or prolonged labor. Those that are primiparae in later life are simply delayed. I had occasion one time to talk to a noted obstetrician. He said he had heard it was possible to make delivery without laceration of the cervix. I said that that had been my experience, and he said, "Well, we always have laceration." I think it is due to the fact that they use forceps. Forceps are necessary at times, but a great many M. D's. are in the habit of making an examination, and get in a hurry and use forceps. A doctor

told me he had had over 100 cases, and he had used forceps in every one, and had had lacerations in every one. If all parts of the os dilate at the same time, there is no reason why we should have laceration. But if we make examination, and coax the fetus central so that it does not come against one lip all the time, there will be no laceration. In case of deformity or where the pelvis is small, then we should apply forceps; but the use of forceps is abused.



C. E. STILL.

And in every case where they are used the obstetrician must be intimately acquainted with the mechanism of labor otherwise he will certainly do harm instead of aiding.

Q. What are the chief causes of after pain? A. The uterus coming to its natural shape. Q. What can be done when the powers of expulsion are deficient? A. When they are deficient as where a woman has had children too frequently, I have been successful in spinal treatment I have never had to use forceps in that case. The patient will generally tell you where to treat. Q. In case of breaking the bag of waters four weeks before time, what method of treatment would you resort to? A. Encourage labor. Q. Do you advise in some cases, giving the patient an anesthetic? A. Yes, I have in some cases recommended it, but I try to get along without it. Q. In case of placenta previa, would you induce labor and if so, how?

A. We have to treat cases as the symptoms arise. I have had only two cases. Dilate and either turn and deliver by the feet or apply forceps, and get the fetus out as soon as possible. Q. When there has been a laceration which has been repaired, is it possible to deliver the next time without laceration? A. You may have bad lacerations at first, and the second time, there may not be even an abrasion. Q. Is pregnancy advisable at time of menopause? A. I do not know how to answer that. Q. In case of ante-flexion where considerable treatment has been given, and it cannot be reduced, would you advise pregnancy? A. I have heard of pregnancy curing such cases. Q. In removing an adhered placenta, what do you use? A. My hands; after delivery when the uterus is so large, I can introduce my hand without difficulty. Q. How long would you wait for delivery of the placenta? A. Not over thirty or forty minutes. Q. What would you do in reversed labor pains? A. I never had a case of reversed pains. Q. What would you do if the cord were too short to allow the fetus to be born? A. Just as soon as part of the fetus was born, I would cut the cord and deliver as rapidly as possible. In a case I went to one time, the trained nurse said she thought that the child would not be born for two days at least. I stimulated the uterine center of the spine, and worked over the abdomen and dilated the cervix until large enough for the head to pass through, and had the patient put on hot applications over the abdomen, and I was able to get pain strong enough and

the child was born in seven hours. The waters were lost about eight hours before I arrived. Q. What would you do in case of eclampsia? A. I never had a case. I would deliver as quickly as possible, and get contraction of the uterus, then secure as perfect action of all excretion channels as possible.

Dr. Parsons—I had an experience once that made me careful afterward. I was called in a case, and when I got there, she told me to hurry. I started to clean my hands; she told me to come at once. I did go without proper precautions, the child was half born, and in a few hours, there was a case of puerperal fever, with a temperature of 105. I was frightened, and started to call a medical doctor, but did not, and the case got well. I believe we can handle puerperal fever osteopathically, but I do not want another case.

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INFORMAL MEETINGS.

Each evening at the platform in the tent, there were held little experience meet-

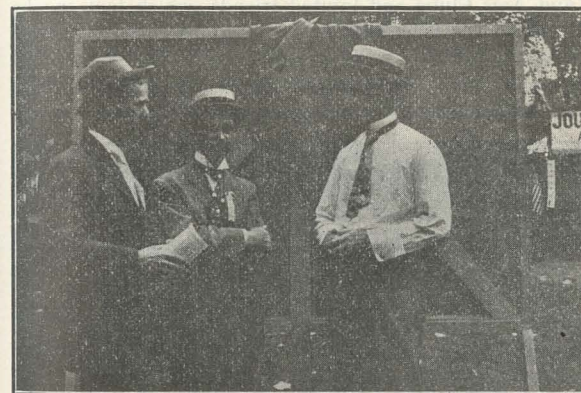


Photo by Wm. Smith
Left to right—Drs. Zealey, Woodall and Drennan.

ings where the various members gave their field experience and re-counted the way they had handled cases. On Friday evening by request, Dr. Fiske of the A. S. O., gave a demonstration of his ideas on specific adjustment, applied with the minimum of exertion, treating over twenty persons in less than hour and half, meantime replying to a fire of questions. Several ex-

pressed their wish to show their appreciation so a collection was taken and \$24.00 was raised for equipment in the student's ward of the hospital.

* * *

A. S. O. ALUMNI.

The meeting of the A. S. O. Alumni was rather informal and little was done except receive the report of the painting committee. Officers for the ensuing year were elected as follows: President, J. L. Holloway; vice-president, Franklin Fiske; secretary, Martha Petree; treasurer, Geo. W. Perrin.

* * *

CLASS REUNIONS.

Many of the classes held reunions during the convention most of them being in various places on Wednesday evening. The June class, '01, was probably the banner class, with forty-five present, while the June, '04 class was a close second, with forty-two, and the June, '02 third, with forty-one. Almost all of the living members of the first class graduated were present to renew their allegiance to osteopathy. Many photographs were taken as souvenirs of the reunion.

SOCIETY MEETINGS.

The various fraternities had their meetings, both business and social, the most pretentious probably, being the Atlas-Axis banquet on Tuesday evening. Also the various lodges of the city recalled the times when as students, now successful osteopaths had ridden the festive goat. Kirksville people held receptions in honor of their old time acquaintances and throughout the whole week, the common exclamation heard was "Do you remember," etc.

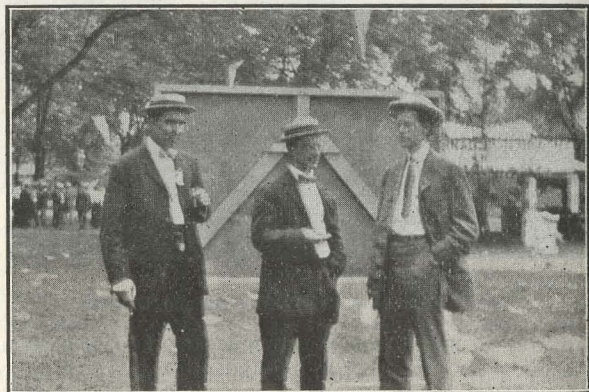
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ATLAS-AXIS BANQUET.

The A. O. A. convention at Kirksville was a memorable occasion in many ways. One of the events which helped to make it so, was the joint Atlas-Axis banquet, which was held on the evening of Tuesday, August 4, at nine o'clock p. m., in the Skating Rink, the most commodious place in the city. In spite of the very hot weather prevailing at the time, the banquet was attended by about two hundred and seventy-five members of the Atlas and Axis Clubs and invited friends, which fact speaks volumes for the esteem with which the field members still regard their respective clubs.

During the serving of the menu and at other times, many pleasing selections were rendered by the orchestra. At the conclusion of the feasting, there followed a season of speechmaking, presided over by Henry Stanhope Bunting as toastmaster.

It was a brilliant scene—a scene long to be remembered. Around the table sat many of the pioneers, men and women who represent the highest and best in the profession, and who, in great measure, have made osteopathy what it is.



With apt anecdote and happy phrase, Dr. Bunting called on each speaker who replied in kind. Eloquence, wit, wisdom and exchange of fraternal courtesies delighted the listeners until a late hour.

The speakers were: Franklin Fiske, Kirksville, Mo., "Anything." Nettie Hubbard Bolles, Denver, Colo., "Dr. Still's 80th Birthday." Geo. W. Riley, New York, N. Y., "Everything." Florence A. Covey, Portland, Maine. Charles Hazard, New York City, "Nothing." Lenna K. Prater, Springville, N. Y. Wm. Horace Ivie San Francisco. Dr. Mary Walters, Kirksville, Mo., "Welcome." Asa Willard, Missoula, Mont. Paul M. Peck, San Antonio, Texas. H. L. Russell, Buffalo, N. Y.

At the conclusion of the program, the members dispersed to seek needed rest for the strenuous duties of the morrow, carrying with them memories of an event which, in magnitude at least, can not be duplicated for many years to come.

IOTA TAU SIGMA.

The Fraternity held open house during the convention and welcomed their field members to their new home. On Thursday the Old Doctor's birthday all joined in the parade, and in the evening a reunion of members and friends was held.

The early part of the evening was spent at cards and music, after which a lunch was served. After the cigars had been lighted stories and experiences were exchanged until the small hours of the morning.

All declared the new fraternity house the best ever. Members present were: F. S. Snedeker, V. P. Cottingham, Paul W. Geddes, J. A. Chapman, (Beta), Norman Mac Rae, Frank Bates (Beta), W. A. Gossman, E. M. Cameron, A. B. King, A. E. Ellis (Beta), Leslie S. Keyes (Beta), Chas. E. Getchel, R. W. Sanborn, H. J. Turley, Wm. Craig, J. L. Henry, A. S. Higgen (Beta), O. P. Davies, G. B. Powell, F. Schilling, C. F. Stahl, R. W. Connor, C. G. Hewes.

* * *

LUCKY THIRTEEN.

Several small revels were held by the Thirteeners who were in Kirksville during the convention. Several of these sessions were educational in character. The old graduates who were back to renew their allegiance at the altar were: Drs. J. M. Mack Rae, Galt, Ont., and J. W. Elliott, Cordele, Ga.

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DELTA OMEGA NOTES.

The members of the Alumni Association held a meeting and elected the following officers: Dr. Mary Giddings, of Cleveland, Ohio, president and Dr. Betsey Hicks, of Battle Creek, Michigan, secretary.

During the National Convention the active members gave a reception at Mrs. Gallagher's in honor of the visiting field members.

Dr. Ada A. Achorn, of Boston, was elected an honorary member of the sorority.

MRS. R. F. TITSWORTH.

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THETA PSI.

During the convention, the Theta Psi fraternity kept open house at their Frat House on East McPherson St. Those of the field members who were present, were: Drs. Hugh Conklin, Battle Creek, Mich.; C. F. Cook, Poughkeepsie, N. Y.; Ray Hamilton, White Hall, Ill.; H. E. Sinden, Hamilton, Ont., and H. J. Dorrance, Pittsburg, Penn.

* * *

ORGANIZATION AND OFFICERS OF THE GRAND CHAPTER OF THE ATLAS CLUB

The field members of the Axis Club at a meeting held Aug. 3rd, adopted a constitution and a set of by-laws which established an organization to be known as the Grand Chapter of the Axis Club. A meeting of this chapter will be held annually in connection with the meeting of the A. O. A.

The following officers were elected as follows: President, Dr. Nettie H. Bolles; first vice-president, Dr. Susan Balfe; second vice-president, Dr. Jessie Catlow; secretary and treasurer, Dr. Pauline R. Mantle. Trustees: Drs. Ethel Burner, Almeda Goodspeed, Nellie Whitcomb, Minnie Shaub, Pauline Mantle.

SOME INCIDENTS OF THE CONVENTION.

(From the Kirksville Daily Express.)

Once when the "Old Doctor" took a drink of cold clear water he raised the cup and toward the audience said, "Here's health to any man who don't drink whisky, Amen!"

It may be news to the G. A. R's. that Dr. Still did not like Abraham Lincoln's famous equality proclamation. Thursday he said as much when the beautiful tribute was given him from the Axis Club, a ladies organization. He said the proclamation was incomplete for it should have said, "and without regard to sex."

Dr. Holloway's eulogy on the "Old Doctor" is a classic that will go down the ages along with Webster.

One of the great scenes of the convention never to be forgotten was the up-lifted both hands of 2,000 people with a wriggling as well as a waving hand shake standing. A. T. Still on the platform going through the same motion. There immediately followed a thrown kiss at one clean sweep reaching every nook and corner of the great big tent.

"Man is a Minature Universe," "God is an Architect and a Mechanic" expressions of much familiarity to the osteopaths but may not be so well known to all the hearers as axioms of the revered old Doctor.

Clearly that every osteopath may know how the Founder of Osteopathy stands was brought out Thursday when he referred to those in their actions who do not keep close to simon pure osteopathy, as not properly having been converted. "They have never been baptized in the River of Knowledge."

Mrs. Mary Still, the wife of the Founder of Osteopathy, received her tribute of respect Thursday by her venerable husband. In speaking of those who helped him along he said, "Mine God and mein frau, also my children and my neighbors."

The osteopaths propose to eliminate the "Don't knows" from the present text books of Anatomy and Physiology or die a-trying.

"I am no martyr and do not like to be so classed. Why I have had more fun with the monkeys of ignorance than you can imagine.—Dr. A. T. Still."

The big parade an important affair at 2 p. m., Thursday, was a feature of the convention, reaching from the A. S. O. hospital to the De France Park before the rear began to move.

When the band struck up "Dixie" the convention went wild.

* * *

HOSPITAL CLINICS.

Since making out the first set of reports we find that there are two other clinic cases which were not recorded. One was a club-foot and one was a circumeision.

It might be well at this point to mention that at the two series of public clinics held before the Tri-state meetings in 1906-1907, the total number of operations did not equal one-half of the cases shown at this convention, and none of them were really major operations, with the exception of a ventral fixation which was performed by Dr. Geo. Still and Dr. Slaughter at the 1907 meeting.

This illustrates the progress of the surgical department, and the increased support which is being given the hospital by the profession.

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FIELD EDITORS.

KIRKSVILLE, MO., SEPTEMBER, 1908.

EDITORIALS.

"EIGHTY YEARS OR MORE."

'Tis yet high day, thy staff resume,
And fight fresh battles for the truth;
For what is age but youth's full blow,
A riper, more transcendent youth!
A weight of gold
Is never old,
Streams broader grow as downward rolled.

At sixty-two life has begun;
At seventy-three begin once more;
Fly swifter as thou near'st the sun,
And brightest shine at eighty-four;
At ninety-five
Shouldst thou arrive,
Still wait on God, and work and thrive.

* * *

—Oliver Wendell Holmes.

The Convention Was a Success.

Persons were present from Ireland and Mexico, from Maine and Hawaii, from Canada and Texas, Washington and Florida, nearly two thousand.

If all conventions could be conducted as harmoniously and as enthusiastically as the one just closed, there would be no trouble in securing a large attendance, each year.

Eighty years is a short time, yet within that time there have been greater advances in medicine and surgery than in many times eighty previous. The greatest advance was made in the last thirty-four years of the eighty, and it was made by the man whose life serves as the measure of this period. Andrew Taylor Still, who with his lifetime stretching over a good part of two centuries, has not only seen these advances, but himself has been instrumental in the greatest.

A Medical Education—Shall an osteopath take a medical education? This is a problem which confronts many an earnest seeker after knowledge. Is the osteopathic physician, after his three year's course in school, to spend another three years in a medical school, going over the same ground, under teachers no better, in laboratories no more efficient, just to get the information that he could acquire in two or three months beyond this time were due credit given? At the convention, Dr. Percy Woodall, both an M. D. and D. O., emphatically answered this question in the negative. When a student, the Editor several times propounded the same question to field practitioners, and the answer was almost uniformly in the negative. With the three year course now in operation for sometime, the osteopathic practitioner receives a far better training than is possessed by the M. D., taking an average of all who are in practice. If perchance he desires additional work, he can take the optional fourth year which is offered by the A. S. O. and some of the other schools. Without doubt, the tendency is towards a broader equipment, and with a four year course, which will not be very long delayed, there will be absolutely no subject, on which the osteopathic practitioner need be other than the superior of his medical confrere. Perhaps this seems optimistic, but, a study of the courses offered by the medical schools a study of their equipment, and a comparison of the standing, as shown by recent graduates before similar examining boards proves this to be true in the vast majority of cases, as the schools giving a stronger course are few and their students comprise but a small per cent of the whole.

Research Work—While fads are often a subject of ridicule, and illustrate the tendency of the human race, blindly to follow like sheep someone who has had the initiative to attack these problems in a new way, still, out of all the mass of pseudo knowledge, there is usually some advance made and some definite contribution to science. Both medical and osteopathic professions are at present involved in the research movement. In this regard, the osteopathic profession in particular is enamored with this idea. Every bit of thinking that is done, whether it is a mere rehash of what better trained and more learned men have said in a better way, many years before, or whether it is really something new gained by patient investigation, observation and correlating thought, is hailed as wonderful.

For many years, there have been patient investigators, quietly and unobtrusively working out the solutions of these problems in science and for the best work in the laboratory, there is required a training of years. In the Journal of the A. M. A., ten years of training after a completion of a six years scientific and medical course, is deemed essential to a proper conduct of such experiments. In laboratory research, this is certainly suggestive to us, who at present seem to have well nigh lost sight of all other forms.

Suggestive in this connection is the statement of Dr. Friedrich Mueller, the great German internist who says, "as a professor of clinical medicine, I hold the opinion that an observation made at the bedside, is as well to be considered scientific as an observation made on an animal, nor do I think that because he is unable to speak, that the rabbit is a more scientific animal than a man." Sir Felix Semon, stating that "the stern fact intervened, that life is short, and art is long, and there is much to learn," draws the conclusion that the practitioner should not be expected to equip himself for all the technic of laboratory work, but that he should give himself rather to the clinical side and leave the laboratory demonstration for the specialist, who is employed by the various colleges and research laboratories. But he insists that this specialist must previously have had a general clinical training.

Let us as osteopaths, take advantage of the experience gained by our brothers on the other side of the therapeutic fence and while we encourage the physician who is devoting himself to college work, in his endeavor to bring laboratory proof to the support of our theories, let us not think that that is the only desideratum nor that the future of the profession depends solely upon experiments on dogs, guinea pigs, and white mice. But let us meantime encourage the large body of general practitioners to a careful spinal diagnosis, a careful study of the physical signs as obtained by the ordinary physical methods, a careful study of the symptoms as they arise, and a correlation of all of these together with an observation of the effects achieved during the course of treatment. If all were to do this, instead of being so money-mad that the only record kept is that of debits and credits, the profession will advance by miles, where it did by yards before, and the next decade will see its practitioners recognized by men of science on a scientific basis as well as by the laity on a purely clinical basis.

Medical Mistakes—The Post Graduate Magazine, quoted elsewhere in this issue, says that scarcely one-fourth of all the persons under the care of the medical profession are being treated on a correct diagnosis. While we as osteopathic physicians make our successes by correctly diagnosing the trouble on which the medical practitioner has failed, let us be sure that we do not subject ourselves to a like accusation. Dr. Hardin at the convention was enthusiastically applauded when he made the statement that many case reports reminded him of patent medicine testimonials. While we as osteopathic physicians do not depend upon the name of the trouble for the administration of our therapeutic measures, as sad to state, the medical practitioner often does when he names a disease and treats the name trying to combat the symptoms as they arise, still if we are going to use medical terminology let us use it correctly.

A few weeks ago, the papers throughout the country published the story of a prominent senator whose neck, the account said, had been dislocated for over forty years, but the dislocation was reduced by a simple twist by an osteopath. This may have been an exaggeration of the newspaper reporter, but how many of us use the surgical term dislocation, which means a complete separation of the facets concerned in the articulation when we have in reality merely a faulty apposition of these same facets. Again we see cases of cancer that are reported as cured, when in reality it was probably nothing more or less than a localized lymphadenitis. We hear of a person having severe kidney trouble, when possibly the kidney is not in the least involved, and the only trouble is cystitis, with frequent micturition. Again, if we are to use the medical nomenclature of various pathological conditions, by all means let us use it correctly. Then if we have made a true diagnosis on a basis of actual physical findings instead of jumping at conclusions from what the patient or patient's relatives may imagine or tell us, we will never lay ourselves open to the accusation that only one-fourth of our patients are treated upon the basis of a correct diagnosis.

* * *

Paresis—If you have not already done so, read the account of the vacation trip described in the front advertising section. It is the clever work of an A. S. O. senior student.

* * *

How Is Your Practice This Fall?—Does your practice come up to your expectation? Do you think you will have as much work this fall as you wish? If not irrigate your field that it may produce to its capacity, and the best method of irrigation is by using the Osteopathic Journal. See the announcement of the October issue in the back of this number.

ASSOCIATIONS.

Colorado—The meeting of the Colorado association, August 28-29 at Colorado Springs was for program only. Drs. William Horace Ivie, of San Francisco, and H. W. Forbes, of Los Angeles, contributed two of the leading numbers on the program.

California—Pasadena—August 1, a number of the osteopaths enjoyed a luncheon and after dinner, osteopathic clinics at one of the cafes of that city. Those present were: Drs. Letitia Richards, Kate B. Holmes, Coral Crain, Festal Crain, Lillian Whiting, Lillian King, May Dowlin, Cora Snyder, Dorothy Birlew and Florence E. Cross.

California—Sacramento Valley—The association met with Dr. H. F. Mills. The program included a number of clinics by Drs. C.A. Haines and H. F. Miller of Sacramento and a paper on fractures by Dr. Geo. F. Greenwell, of Lodi.

Illinois—The Illinois osteopaths met at Quincy on Saturday before the convention. On the program were papers by F. P. Young, and A. G. Hildreth, and one by J. M. Littlejohn, which was read by H. S. Bunting. It was decided to present a bill to the legislature next winter and the original draft presented by Dr. Gage was thoroughly discussed and referred to the committee with a number of recommendations. In the evening there was an auto ride tendered the convention by Dr. Chas. and Daisy Walker and other members of the association in Quincy. They then took the train for Kirksville. The officers elected were: Drs. E. M. Browne, president; Ethel Louise Burner, vice-president; Emery Ennis, secretary treasurer. Trustees: George Boyer, M. P. Browning, Lola Hayes, F. A. Parker, W. Burr Allen, T. Simpson McCall. Legislative committee: J. B. Cunningham, Fred W. Gage, Joseph H. Sullivan. Press committee: Henry Stanhope Bunting. Committee on research: J. Martin Littlejohn, Carl P. McConnell, H. H. Fryette. The next meeting place of the association is Peoria, the date to be decided.

* * *

ILLINOIS OSTEOPATHIC PHYSICIANS.

The profession of Illinois enters upon the most critical year in its history. The time to be up and doing has arrived, if we are to preserve osteopathic practice as a distinct system of therapy. The warning has been sounded by the medical profession entering the political field. Several districts in this state this year had candidates for representatives and senators of the state legislature from the medical ranks. Some won the nomination at the recent primary election and some will be elected at the coming election. This is simply part of a program, and a program that if completed will sound the death knell of the independence of our profession in this state. Fellow osteopaths, brothers and sisters, are we who have given years of work and study in college, years of harder work in practice, some of us the best years of our lives to a science that has proven itself to be exact and its basic principles indestructible; that has proven itself not alone by the work of one man, but by the work of thousands of Christian men and women, that has proven itself by lifting some of us, and many of our relatives and friends from so-called incurable invalids to the towering heights of health and strength, are we to stand idly by and see our science, our profession and ourselves absorbed and assimilated into a non-entity by the medical trust.

Allow me to call your attention to two articles that appear in the August number of the Journal of Osteopathy. One "The Story of a Struggle," by Dr. Earle S. Willard of Philadelphia. The other, "Some of Our Liabilities," by Dr. Della B. Caldwell, of Des Moines, Ia.

Any one, however selfish he may be, who can read these articles and not experience a determination to put forth his greatest energy and loyalty to fight and work for osteopathy night and day, certainly has very little conception of what osteopathy is.

Men and women of Illinois, every word in these two articles is true. The first is vouched for by us who lived in Adair County, Mo., and know. The second by Dr. Caldwell is vouched for by every member of the profession who has the good of osteopathy at heart.

Now then, if you are in earnest in your desire to see osteopathy live and advance, if you are in earnest in your endeavors to place osteopathy upon an independent basis legally in this state, if you are in earnest toward the life work that you have chosen, if you are in earnest in your loyalty to yourself, to osteopathy and to suffering humanity, show that earnestness by becoming a worker for all these things. To be sure that you start right, join your state and district associations, showing that you are in harmony with your profession. This means that the profession is united in its work, and your name on the roll of your state association means more to osteopathy than all the money that you pay into the treasury. True, to carry on this work the association must have money. We will call on you for it and expect you freely to contribute what you can. Let every one begin now and dedicate the coming year to the advancement of our profession.

Let every one be a "booster," boost hard, strong and all the time. Attend every district meeting that is held near you, hear of and assist in the work that is being done in your interest.

E. M. BROWNE, Pres. I. O. A.

Osteopathic Journal for October.

This issue will contain:

An account of the 80th anniversary of Osteopathy's Founder, written by the Editor.

The Old Doctor's Address of Welcome at the Convention.

Articles by William Smith, G. A. Still, W. S. Beitel, O. W. La Plount

C. A. Whiting, and others.

In addition

There will be given with each copy, one of the Old Doctor's Souvenir Pictures the same as with this issue of the Journal.

Regular Prices.

Order NOW.

Ready September 21.

NEWS NOTES AND COMMENTS.

Will Enter L. A. C.—A Long Beach, Calif., paper states that Dr. D. B. Smith, of that city, will take a P. G. at the L. A. C.

Takes Vacation Trip—Dr. Pauline R. Mantle of Springfield, Ill., has returned from a two weeks' vacation which she took after the convention.

Will Take Dr. Steen's Practice—Dr. C. J. Gaddis, of Oakland, Calif., has taken Dr. Steen's practice at Mill Valley, going there three times a week.

May Locate in California—Dr. Ruth Johnson, of El Paso, Texas, is for the present located with Dr. Leslie Hyde of that city, but may remove to California.

Visits After Convention—Dr. Daisy E. Washburn, of Port Clinton, Ohio, after the convention visited friends in Springfield, Lincoln, and Decatur, Ill.

Removes to Wolfeboro, N. H.—Dr. Frederick A. Webster, formerly of New York City, has removed to Wolfeboro, N. H., where he has an office in the Henry D. Cotton Bldg.

Long Illness—Dr. Albert Fisher, Jr., of Syracuse, N. Y., who had been ill for several weeks, prior to July, was up for two days, had a relapse and was in bed for five weeks more.

Returns to Practice—Dr. W. F. Dressell, formerly of Toulon, Ill., has returned to his old home at Kane, Ill., after an eight month's rest and writes that he is anxious to get back into practice.

Located in Detroit—We are in receipt of announcement of Dr. N. L. Sage, formerly a successful homeopathic physician of Detroit, who has located in his old home for the practice of osteopathy.

Opens Branch Office—Dr. B. A. Woodward, of Harvard, Ill., has bought the furniture of Dr. R. D. Mitchell, of Woodstock, and has opened offices which he will run in connection with his Harvard office.

Visits Relatives—Dr. F. M. Miliken, of Grand Island, Nebr., one of the early graduates of the A. S. O., visited his relatives near Kirksville, after convention. This is the first visit he has made for several years.

Hurt in Los Angeles—Mrs. Neame, wife of Dr. Austin Neame, of Visalia, Calif., was injured in Los Angeles by falling from a street car, but is on the road to recovery according to Dr. Neame's statement.

The Outlook Wobbling—The Outlook with its usual ultra-conservatism takes a fling at osteopathy by comparing it in the healing profession with Bryanism in politics, intimating that both show insufficient education.

One of the Pioneers of the Coast—The Santa Rosa, Calif., paper gives an account of Dr. Moore visiting there with his mother, Mrs. W. C. Moore, and states that he is known far and wide as the pioneer osteopath of the coast.

Challenges Dents—Dr. Charles Carter, of Danville, has thrown down the gauntlet to Dr. Eggleston, who cast slurs on the osteopathic profession as reported in the last Journal. Dr. Carter gives a good article in the Danville Register.

The Old Doctor's Picture—The signed copy of the large painting which we give with this number of the Journal, is taken from a photograph by I. L. Solem. The photograph is about 15x22 and will be sent postpaid by Mr. Solem on receipt of \$2.00.

Increases His Office Room—Dr. S. E. Wright has secured a suite of rooms in the New Traction Bldg., at Marion, thus obtaining more office space. For awhile he is living as a bachelor (he says) as his wife is in Decatur, Ill., where her father is severely ill.

Elected Third Vice President—Dr. Chas. E. Farnum, of Newport, R. I., a graduate of the A. S. O., June, '08, has been elected a director of the Wabash Life Insurance Co., and also Third Vice-President. Our informant is Dr. A. C. Albright, the medical director general.

From Old Mexico—The Herald, City of Mexico, says: "The osteopathic doctors, to the number of 5,000, recently assembled at Kirksville, Missouri, to do honor to Dr. Still, the founder of that remarkable school of medicine. They were all sound in wind and bone."

Old Doctor's Relative on Legislation—The Elizabeth, N. J., Journal, in a half column article with photograph gives the views of Dr. B. F. Still on the legal situation in New Jersey. Dr. Still uses his opportunity to emphasize some of the basic facts of osteopathy.

Unsuccessful Efforts—The Salt Lake City papers state that Drs. Gamble and Stratton of that city were among the workers for Los Angeles for the convention, having decided to aid that city when they found it impracticable to secure the meeting for their own city.

Dr. Ashmore on the Convention—Dr. Ashmore writes "That was a fine convention we had. I wouldn't have taken a thousand dollars and missed seeing the Old Doctor's face on his birthday. The illumination there expressed should light our pathway through the future years."

A Tip to the Indiana Board—Dr. L. M. Beaven, of Lebanon, Ind., sends us a clipping from a Lebanon paper, which says that one Frank Barker who has completed a "course in a Chiro-practice Institution in Oklahoma" will attempt to practice osteopathy at Crawfordsville, Ind.

Loss by Fire—On the night of July 23rd, the Abington Bldg., Portland, Ore., was destroyed by fire. Dr. W. O. Flack who has been located there for the past six years, lost the entire contents of his office, which were half covered by insurance. He is at present located at 706-7 Marquam Bldg.

Moves to Quincy—Dr. E. W. Christensen, formerly of Los Angeles, is announced by the Quincy, Calif., Bulletin, as moving to that city. The same issue contains a half column write-up about osteopathy which is well phrased and of the nature of information, without mentioning a person's name.

Another Sanitarium—Bremerton Correspondence to the Seattle Intelligencer states that the Washington Institute of Osteopathy of Seattle has bought for \$500 per acre, twenty-six acres of land at Port Orchard, across the bay from Bremerton, and will build a sanitarium and health resort.

To Engage in Mining—We are in receipt of a letter from Dr. Fred N. Steen of Oakland, Calif., written from Portland, Ore., enroute to Fairbanks, Alaska, where he will engage in the mining business. He does not state how long he expects to be gone or whether he intends to continue his practice while there.

Lost, Strayed or Stolen—We would like to have information concerning the following: Ivan Woody, Frank H. Wormer, Nina Wilson, Bertha Wilson Worthington, A. E. Witham, John B. Ryan, J. H. Notowitz, Theodisia McDonald, Homer D. Morris, Fuller Long, Alice Heldt, W. A. Cartwright, Alfred Cartwright, R. F. Cowley, Albert Niccum, O. A. Kinley.

Throws Boquets at His Section—A San Diego paper publishes a very glowing letter from Dr. D. H. Elliott, who states that after a trip through the east, he has arrived at the conclusion that the center of prosperity is in California, and that there will probably be a big exodus to that state from the "dead broke" east.

Dr. Heggyessy Gets Dates Mixed—According to the Nevada City Calif., papers, Dr. Heggyessy returned to his practice after having "attended some of the best colleges in the country" and "the annual convention of osteopaths." He advised his papers that the next convention would be in Los Angeles, and that it would eclipse the one at Kirksville.

A Hot Ride—Dr. C. C. Rude with his chauffeur and two friends had an exciting time near Auburn, Calif., recently. Coming to a forest blaze, they thought nothing of it until it was too late to turn around, when the car was sent ahead at full speed, and for half a mile, they rode through the intense furnace heat and blinding smoke of a forest fire.

Stereopticon Convention Views—Dr. H. R. Foot took a number of stereopticon views at the convention with his special camera. He says that he will send them on receipt of 30c. each. He took views of the group at the court house, and several of the parade. Dr. Foote is at present visiting with his mother at Chase, Kas., but returns to Ireland, Sept. 12th.

On the Pill Box Degree—Dr. M. O. Peters cornered the Editor during the convention on the Pill Box Degree. Dr. Peters despite the fact that he is taking a medical course, is certainly as enthusiastic an osteopath as ever, but intending to practice in a locality where osteopathy is not recognized, he desired the medical degree. He advanced a number of very good reasons.

Concerning the Matrimonial Tangle in Los Angeles—Dr. A. B. Shaw writes that Drs. Lynch and Starkweather (nee Martin) were students for a time at the Los Angeles School, but their relations were terminated before they were ready for graduation. "It is the old story. There is a legitimate news item in the events outlined by the Examiner, which article seems to be well authenticated."

A Good Kind of Advertising—Taking as his text, Dr. Ella Wheeler Wilcox' article in the New Thought Magazine, wherein she suggests forming the society for the protection of the credulous, and incidentally shows the fallacy of trying to learn osteopathy by correspondence, the Newberg Graphic contrasts the courses of the osteopath and the M. D. and gives a good brief exposition of osteopathic thought.

Osteopath Not Very Well Known—Concerning Dr. E. H. Jones whose furniture was sold by a sheriff in Elmira, N. Y., we have made several inquiries and find that he was not well known in Elmira. Dr. F. J. Greene says, "Dr. E. H. Jones has not been practicing here since I have been in the city, to my knowledge, and I am not personally acquainted with him, in fact I have never met him and do not know anything about him."

Hatchet Wielder Kept up by Osteopathy—In the Joliet, Ill., Republican, Carrie Nation interviewed the reporters, stating that smokers are as bad as drinkers. She pinned the souvenir of her hatchet with enamel handle and gold plated head on the reporters' coats and stated to one of them, that she is kept on the road by the use of osteopathic treatment which she is forced to take in order to keep up her fight on the saloons of the nation.

Butte Council After Fakirs—The Butte City Council intend to license all medical practitioners enforcing them to show their state certificates. One William Metzger, a so-called chiro, apparently would be pretty hard hit by this ordinance, so he had his attorney present to protest. The outcome of the discussion has not yet been determined. All of the regular practitioners, including allos, homeos, eclectics and osteos, seem to be in favor of the ordinance.

Takes a Little Time Off—Col. A. B. Shaw states that he has found time to fish

a bit at his beach side cottage. Dr. Warren Hamilton and Dr. Harry Still have just returned from a post-convention trip to visit the finney tribe in Minnesota. It is rumored that next year these three and Drs. G. A. Still, F. P. Pratt and R. H. Coke will form An Association For The Promulgation of Accounts Concerning Piscatorial Adventures.

Metropolitan Paper Gives Good Write Up—The St. Louis Globe-Democrat, one of the leading metropolitan newspapers of the country, in their magazine section of August 2nd, gave a page to an article on the Early Beginnings of Osteopathy, and on the A. O. A. It is illustrated by half tones of Dr. Still, the A. S. O. College and Hospital, Dr. Still's present residence and the first school of osteopathy. When papers like the Globe-Democrat give write ups if this sort, all receive a benefit.

Osteopathy and Clothing—Mr. W. E. Waldo, a Junior at the A. S. O., from Paris, Ill., where the Drs. Curl have a very prosperous practice, sends an amusing clipping concerning some new students for the A. S. O. Three young men of that city, all from the same clothing store, and all having good preliminary educations, will enter the A. S. O. the next class. Mr. Waldo himself was an expert clothing salesman. The newspaper makes the comment "Osteopathy and the clothing business must be akin."

Lucky Escape From Auto Accident—Dr. L. B. Smith, of Portland, was on his way in his auto to Aberdeen, to visit his son, Dr. C.T. Smith, when the car slipped from the road, plunging over a twenty-five foot embankment between Kalama and Castle Rock. The chauffeur jumped and Dr. Smith and his wife were thrown out at the first turn of the auto as it plunged down the hill. The car was going slowly over a piece of road which was being repaired, which suddenly gave way. Dr. and Mrs. Smith were not injured, and the car was only slightly damaged.

Candidate for the Assembly—Dr. J. S. Allison was the popular candidate at the Democratic primary, his chief opponent nominating him and vote being by acclamation. According to the Monrovia papers, the people in that district expect him to be elected even though the district is normally republican. A very flattering write up is accorded the doctor, by the News, which is a Republican paper! And by the way, Dr. Allison states that the D. Sc. O. is granted only to three year graduates who have taken their fourth year, and that he himself has taken altogether five years.

Case Against Indiana "Osteopath"—Indiana papers publish information concerning action taken by the state against one Alansing B. Melville for practicing without a license. The defense was that he had made application, but that the board did not act promptly and justly. We have been unable to ascertain the defendant's osteopathic status, having absolutely no information concerning his ever having attended an osteopathic school. Dr. O. E. Smith under date of August 31, states that the case has been taken under advisement by the judge, but that no decision had as yet been rendered.

Doctor Claims Insult—One Mrs. M. Ritterhouse, of Council Bluffs, Ia., was reported by the Nonpareil of that city as being overcome by weakness immediately after she had boarded the Council Bluffs car in Omaha, Wednesday. She states that the people thought that she was drunk and so treated her, and when she fell in front of her office, she lay there until friends picked her up and carried her upstairs. The paper advertised her as an osteopath, but on inquiry, Dr. Atzen says, "the only information I can give you, is that this party is a graduate or supposed graduate from the Weltmer School of Magnetic Healing. She is not an osteopath."

Misleading Articles—One of the most misleading articles published in Metro-

politan papers recently, is one in the Pittsburg Dispatch of August 9th, which was copied by a number of papers in the neighborhood. The subject was "How Osteopathy is Employed to Cure Alcoholism." The paper's idea of osteopathy is shown by the description of an osteopathic treatment, which is described as "a half hour's kneading process." Some statements are correct in the article, as when it states that osteopathy is not massage, and that there is no mystery or occultism connected with it. The illustration accompanying it, was of decidedly clap-trap order.

Counted the Eggs too Soon—A Santa Rosa, Calif., paper published a statement that Los Angeles had won the next convention by a large majority of votes, and also makes a statement, "The Los Angeles College of Osteopathy, the only school of its kind on the coast was recognized by the association. This is a distinct victory for that college." In regard to the choosing the convention, we understand that the large majority of trustees favored Minneapolis. (The Editor personally would like the trip to California to see the country.) As to what kind of school the L. A. C. is, and wherein it differs from the P. C. O., we will leave to those two schools to settle.

Ella Wheeler Wilcox Talks on Cures—Dr. Ella Wheeler Wilcox tells of one young woman paralyzed through an accident who for three years had been pronounced by the best specialists in Europe and America as incurable, and yet was cured by osteopathy. She also tells about other cases cured in various ways and advocates putting the word incurable in the "scrap bag of the dark ages." The editorial closes with "medical science has failed to give the knowledge of how to keep well to the world, but health, wealth and love are to be had by those who know how to look for them within. Read, study practice, learn the law, and help yourself and humanity. There is joy in the doing of it for you and for others."

Bring Cases to the Hospital—Dr. Sophia E. Hemstreet, of Liberty, Mo., who furnished one of the interesting clinics for the convention, brought a fracture case to the A. S. O. hospital. A Kansas City gentleman visiting in Oklahoma, was thrown from a horse, and so the M. D. said, dislocated his elbow. Receiving no benefit from the attention, he was taken home and Dr. Hemstreet, diagnosed the case and brought it to the hospital, where the A. S. O. surgeons confirmed her diagnosis of fracture of the olecranon process and of the head of radius. The fractures were reduced, and the arm placed in a cast. Dr. Lillie Floyd, another practitioner who had furnished convention clinics, recently brought two cases to the hospital for attention.

Others who have brought patients recently are, Dr. Bereman, of Lyons, Kans., and Dr. W. F. Harlan, of Grand Forks, N. D., the latter being a case of carcinoma of the intestine in which the operation was intended to be only palliative on account of the advanced nature of the disease.

Dr. J. A. Grow, of Memphis, Mo., brought his son to the hospital for an operation, September 3rd.

Complaints Filed Against Doctors—The above is a heading of the following statement printed in the El Paso, Texas, Herald:

"The county attorney's office has been working for some time getting evidence against certain doctors and physicians, who are alleged to be unlawfully practicing medicine in this city, and this morning four complaints were filed in the county clerk's office.

The complaints allege that the following "are unlawfully practicing medicine in El Paso and have not registered their certificates in the county clerk's office":

Ng Ohe Hok, unlawfully prescribing for A. Barela on the 28th of August; Ira W.

L. Collins, for Mrs. Jessie Dorman on August 28; Ana Reum, for C. L. Caspary, jr., on August 17; and Charles Reum for C. L. Caspary, jr., on August 22.

Unsolved Daylight Robbery—The Doctors Goff, of Tacoma, Wash., are puzzled by an incident that occurred in their suite of six offices in the Parliament Building at noon, August 1st. Leaving for dinner, with their secretary, Miss McCallan, the twenty-four year old daughter of Rev. Neal S. McCallan, in charge, it seems that the young woman was gagged and chloroformed, her hands being bound with adhesive tape. To the newspaper reporters Drs. Goff refused to discuss the matter, aside from saying that on their return they found the contents of several drawers scattered over the floor, and in the rear office was the secretary unconscious on the floor. As she was coming out from the chloroform, she screamed "you won't get the keys." These were three on a ring and were found in her mouth, where she had placed them. The detectives are unable to find anyone who had seen the assailants enter the office. The Drs. Goff say that they can miss nothing, and that had the motive been robbery, little would have been secured as they never keep any large amount of money in the office. The Tacoma Ledger published over a column account of the incident.

A New Hospital on the Pacific Coast—July 29th, the San Francisco papers published an account of incorporation with capital stock of \$200,000. of the general osteopathic association, the incorporators being Dr. C. P. Drum, C. C. Chapman, J. T. Stivers, F. G. Tyrell, J. C. Thamer, R. L. Little and R. A. Jarrett. We are informed that this corporation has just been proposed and for which stock is now being offered to the profession on the coast. The prospectus calls it The Osteopathic Hospital Association. The officers and directors are: President, Dr. C. P. Drum; secretary and attorney, F. C. Tyrell; treasurer, C. C. Chapman; vice-president, Prof. C. A. Whiting; Directors, Dr. R. D. Emery, Dr. W. J. Hayden. The office is 530 Security Bldg. The stock is to be divided into 2,000 shares preferred par value \$50.00, 2,000 shares common, par value \$50.00. It is to be reinforced concrete and completely fire proof. The prospectus states that this is the only osteopathic hospital west of Kirksville, but they have perhaps forgotten Col. Shaw's establishment a few miles from Los Angeles. We wrote to the President of the proposed association but have been unable to secure a reply, so secured our information from outside parties.

Dr. M. F. Hulett Bereaved—Dr. Hulett gives us the following announcement of his wife's most unexpected decease: In the latter part of June and first of July she had been ill with pneumonia, which sapped her reserve vitality and in all probability caused involvement of the heart. She had apparently recovered, but after Dr. Hulett left for Kirksville, she felt ill, and discovered she had some fever. For a week she was sick, being up part of the day, and in bed part, but did not let Dr. Hulett know of her illness. When he reached home Sunday after the convention, he learned that no diagnosis had been made, and on examining her, he discovered the typhoid rash. Up to the twelfth the case was not considered severe, but at that time the heart began to act unfavorably, and it was a losing fight until at ten on the night the 13th, without delirium or complication other than mentioned, the decease occurred. Dr. Hulett says "I am now of the opinion that her peculiar heart coupled with weakness following pneumonia, was most responsible for the unfavorable results. Her normal pulse rate was 90 with the acceleration due to fever, added to 90, the heart was compelled to do more than it was possible to stand, until it finally wore out. We are simply crushed with what is nothing else than a calamity. *The future looks dark." Mrs. Hulett leaves five children in age from one and half to eleven and half. There are three boys and two girls.

Another Misinformed Magazine—The post-graduate magazine of New York in its review of the month, complains about the osteopaths winning their case in the appellate court, and makes the assertion that "osteopathy is a business and not a profession. It accomplishes a great deal of good when applied properly in the right sort of cases, and a great deal of harm when applied in wrong sort of cases. The state does not require of osteopaths the same degree of education that it requires of physicians, but it gives both the same privileges according to some recent ruling." It also says "regular physicians make mistakes in diagnosis very frequently, it is a question perhaps if one-fourth of the entire number of patients in the hands of regular physicians at this moment are being treated upon a correct diagnosis. If the men of whom this state requires so much in the way of technical education, make mistakes so frequently what is to be said of the one of whom lesser requirements are asked? What is to be said of their treatment, no matter how good in the right place, when it is applied upon fanciful or fraudulent diagnosis." It also says:

"It is argued that homeopathy was based upon fanciful theories, but that it has accomplished much good, and that we may expect the same history for osteopathy. There is a difference between fanciful theories, honestly held and used in a professional spirit, and demonstrably false theories employed for business purposes. Homeopathy accomplished great good by showing the regular profession that patients could get well without medicine, and osteopathy is accomplishing much good by impressing upon the regular profession the importance of the power of suggestion, coupled with hand therapeutics. Homeopaths at the present day have practically the same education as members of the regular profession, and eventually the osteopaths will come to the same thing."

As to the first statement we wish merely to call the attention of the editor to the fact that osteopaths must have the same preliminary requirements as M. D's. and must pass identically the same examination as M. D's. and that osteopaths are as much physicians as the so-called and boastedly fairminded (?) "regulars" are. Also as to the second it can be stated that osteopaths make their successes by correctly diagnosing cases where the M. D's. have been in error, and that the average of education among all of the legitimate osteopaths in New York state is fully equal to the average of education among all the M. D's. who are licensed to practice in that State. Sometime perhaps, the editors of these various M. D. magazines will wake up to the realization of the true status of osteopathy.

LATER REPORT ON HOSPITAL CLINICS.

The lateness of issue of the Journal makes it possible to put in a complete report on all the cases without waiting for the next issue, and the extraordinary uniformity of recovery without mishap whatever makes the report necessarily brief. To-day August 31st, the last patient who was operated on during the convention left the hospital. This was the case which had the parovarian cyst, and she might have left at the end of two weeks were it not for the fact that her trip requires three days and two nights, her home being in southwest Texas. Her general condition is perfect.

As to the different cases of laceration I will merely say that the stitches were removed from the tenth to fifteenth day, depending on the case, and they were dismissed from the twelfth to twenty-third day after operation, depending on the case.

In addition I will merely group them and say that all of them healed without any infection.

In the case of umbilical hernia the stitches were removed on the ninth day, and as in the case of the cyst healing was by primary intention. The patient left on the 29th, having been delayed four or five days for added safety. Everything about the wound seems solid, and perfectly healed on the twelfth day.

PERSONAL MENTION.

Dr. M. R. Spafford, of the June class, A. S. O., has located at Algona, Ia., near his old home.

Dr. C. T. Christensen, of Humbolt, Ia., visited at Anita, his former home, on his way to Kirksville.

The Grand Rapids Herald in speaking of Dr. Landes' trip to Kirksville, denominates him "Dean of Osteopathy in Michigan."

Dr. W. E. Scott, of Greenville, N. C., visited in Chicago and other northern cities on his way back from Kirksville. On his return, his home paper, the Daily Piedmont gave him an interview of nearly a column. He was absent from his practice a month.

Dr. Bessie A. Duffield, of Nashville, visited at the Strand Hotel, of Atlantic City until September 1st, after her Kirksville pilgrimage.

Dr. Rose T. Stern of San Antonio, visited at Kansas City and Bloomington, Ill., leaving her daughters with their grandmother at the latter place, where they stayed until the first of the month.

Dr. G. B. Dockery, of Louisville, Ky., announces opening an office and giving free consultation three days in the week at Glasgow, Ky., according to an ad in the Glasgow Times.

Dr. J. A. Price in the Guthrie Capitol had a column report of the national meeting. The article opened with, "Having been requested by the Oklahoma osteopaths to report the Kirksville meeting through the columns of some leading daily of the state, I feel that some attempt to comply with this should be made, but only a brief sketch is possible."

Dr. Neville E. Harris, of Flint, Mich. is one of the recent additions to the list of osteopaths who publish short articles in the newspapers from a popular standpoint.

The Riverside, Calif., Enterprise stated that Drs. Skyberg and Ellis would attend the convention. Dr. Ellis visited in Memphis and also other eastern points before returning to his practice.

The Pomona, Calif., Review states that Dr. May Marts, of Watsonville, was visiting at the home of Rev. M. D. Clubb and family and that she would open an office in Pomona.

The Tonopah Nevada Sun, of July 28, stated that Dr. R. H. Burdick, of Seattle, was visiting in Tonopah and would shortly open an office in that city.

The August Metropolitan Magazine editorially announces a series of articles on Osteopathy, by Dr. E. M. Downing and states "Mr. Downing has thoroughly familiarized himself with the practice and he gives a clear and interesting account of osteopathy and what it has done and can do."

Dr. B. A. Bullock, of Hastings, Mich., uses the questions and answer method in his "Osteopathic Notes" which he publishes in the Hastings, Michigan Banner.

Dr. Clara E. Sullivan, in one of the series of talks in the Wheeling, W. Va., Intelligencer, discusses Dr. J. Madison Taylor's article in the New York Medical Journal.

The South Pasadena Record states that Dr. Whiting, health officer of the city was granted leave of absence to attend the osteopathic convention.

The Newburyport, Mass., News states that Dr. J. O. Sartwell had charge of Dr. D. Wendell Coburn's patients during the absence of the latter at Kirksville.

The Baltimore, Maryland, Sun of August 2nd, contained a good announcement of the convention and named something like a dozen or fifteen who would attend from Maryland. Dr. E. L. Schmid, of Frederick, was state representative.

Dr. C. H. Murray in the Elgin, Ill., Courier reviewed the Cosmopolitan article, closing his review with "In fact just such cases were his first cases in Elgin. He offers free consultation in the Spurling Bldg., Elgin, four treating rooms that the patient may have time for rest. Lady attendant, both phones."

Dr. M. C. Hardin, of Atlanta, Ga., was announced to speak to the members of the Heptagon Club, July 13th, choosing as his subject, Osteopathy.

Dr. Albert Haswell, of Hoosick, N. Y., a member of the June, '08 A. S. O. class, has located at Westfield, Mass., Park Bldg., Elm St.

The Des Moines, Ia., Capitol of August 10th states that they expect to capture the convention for 1910.

Dr. Lucy K. Peel was announced by the Findlay, Ohio, papers as making the first visit to her old home in Kirksville in five years. She was to meet her brother here whom she has not seen in ten years, and after the convention was to visit her son, Sam, who is in Phoenix, Ariz.

The Scranton Tribune states that Dr. E. M. Downing who will write for the Metropolitan Magazine is a brother to Dr. J. T. Downing of Scranton, that both were born and brought up at West Pittston, where they resided prior to taking up their life work.

The Portland, Oregon, Oregonian stated that Dr. M. T. Schoettle would visit at her old home, DeWitt, Ia., and in Illinois, after the convention. It stated that she is one of the oldest in the profession in Oregon.

The Athena, Ore., Press of July 31, says "Dysentery often disables harvest hands. At this time they will do well to remember Dr. Heisley, the osteopath."

The Oelwein, Ia., Record says that A. J. Tarr, of the June class, '08, A. S. O., who has been for sometime taking charge of Dr. Cole's practice at Dubuque, while the latter was taking a vacation, will probably locate in Oelwein. Dr. Cole has just resumed his practice.

Dr. Jeannette Kerr, of Los Angeles, visited in Grinnell, Ia., for a short time on her way to the convention. Dr. Kerr formerly practiced in Grinnell.

The Sigourney, Ia., News says that Dr. Ed. Polmeteer didn't come to Kirksville for the convention, but to tell the Kirksville people about his new baby.

Dr. J. G. Dawson, of the June, '08 class, A. S. O., has located at his old home, Jackson, Tenn. He is a brother of Dr. H. M. Dawson of Greencastle, Ind. The Jackson Whig of August 7th gives a good write-up to the brothers.

The Philadelphia North American of August 13th in an article headed by Dr. Muttart's picture, makes a statement that the Philadelphia school is the chief of its kind in America. The write-up of the school is nearly a column long.

Dr. A. C. Foster has located at 810 Brawn Marx Bldg., Birmingham, Ala. He is a graduate of the Southern School in 1901, and practiced in Birmingham for several years, but for the last year has been taking a vacation, traveling in the west. He has completely recovered his health.

Dr. Frank J. McGuire requests that we publish the following list of January, '02 class, who attended the convention. Drs. Rosebrook, Fields, Covey, Downer, Thompson, Herrick, Peck, Leslie, Polmeteer, Hickman, Brown, Marsh, Hardin, Mrs. Bathrick, Van de Sand, DeGroot, Conkle, Rice, Henry, Cobble, Hanna, McGuire, Kilgore, and Young.

Dr. Chas. E. Getchell has decided to remain at Festus, Mo., where he has a good practice started.

The profession is in receipt of circulars from Dr. Bartholomew of Chicago, who

is the author of a book entitled, "Man, Woman—Know Thyself," which is announced soon to appear.

The South Haven, Mich., Daily Tribune gave a good write-up to Dr. W. G. Classen, on his return from the Convention.

Dr. Katherine E. Curtin, of Lawton, Okla., is visiting at Manitou, Colo.

Drs. Nettie E. Hoffman and Helen Rhoda Kinsell, of the June, '08 class, A. S. O., have secured offices at 609-10 Carleton Bldg., St. Louis.

Dr. Chas. J. Muttart announces his removal from Mint Arcade to 803-2 Flanders Bldg., Philadelphia, Pa.

Dr. Iona Kate Wynne, of McKinney, Texas, writes that she is closing her office for the next two months or longer, and will take a rest.

Dr. J. C. Rule, president of the Sacramento Valley Association requested the A. O. A. visit there in '09. Unsuccessful in that they are now inviting them for the next year.

Dr. H. W. Houf, formerly of Columbia, Mo., after completing a course in the "Regular Medicine" at the Missouri University, has located at Montrose, Colo.

Dr. Columbus Goben has changed from Monroe, to Shreveport, La.

Dr. Ada L. Phelps Edling, of Kansas City, Mo., is spending the month of July as the guest of her sister, Mrs. Will H. Potter, at the latter's summer cottage in Megansett on Buzzard's Bay. During August, they will visit other coast resorts before returning to Mrs. Potter's home in Boston. Dr. Edling expects to return to Kansas City and reopen her offices there about September 1st.

Dr. Murray Graves, of Monroe, La., is visiting for a few days at Kirksville, after the convention, and doing some special work.

Dr. J. R. Young, of Beloit, Wis., came to the convention by the Auto route, bringing with him Dr. Foster McNary. The condition of their noses and Dr. McNary's home town being Milwaukee, would have been decided suspicious had it not been that both are leading members of the prohibition party.

Dr. W. B. Keene, of Philadelphia, Pa., accompanied by his wife and daughter, spent August and early September in Maine.

Dr. Frank Van Doren's mother is in poor health, so he left his practice in charge of his wife, Dr. May H. Van Doren while he went to his former home to see his mother. Dr. May Van Doren writes, sending her regrets for not attending the convention, and gives the above as their excuse.

Dr. E. E. Bushart and family of Sullivan, Ill., made the trip to the convention in a touring car.

The Roney Boys' Concert Company, who were among the attractions of the Kirksville Chautauqua, were interested visitors at the Journal of Osteopathy office.

Dr. W. F. Link, of Knoxville, Tenn., couldn't get along without his Auto and couldn't bring his to Kirksville, so he hired one from the local garage.

Drs. Gertrude and Margaret Evans, of Wilkes-Barre, Pa., continued their vacation trip after the convention by visiting Niagara Falls and points around the lakes.

Dr. L. H. Walker announces that he has changed from the Olympia Bldg., to the Davidson Bldg., Ellenburg, Wash.

Dr. G. A. Haswell, of Westfield, Mass., writes that he has successfully passed the Massachusetts examination.

Dr. Margaret A. Hawk, of the June, '08 class, A. S. O., announces her location at No. 2, Argyle Flats, Davenport, Ia. This is adjacent to the Palmer "Fake Mill," but Dr. Hawk says there has been no collision so far.

Dr. Frances P. Saunders, of the June, '08 class, A. S. O., has located at Greenville, S. C., where she is associated with Dr. W. E. Scott.

Drs. E. Paul Erwin and Minnie B. Erwin will be located in Allerton, Ia., September 1st; assuming the practice of Dr. G. S. Mosher, '06, who takes a P.G. at the Los Angeles College this winter. At present they have charge of Dr. U. S. G. Bowersox's practice, who attended the A. O. A. and visited home folks at Belleville, Kans.

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CONVENTION ROSTER.

PHYSICIANS WHO REGISTERED.

Abell, W. P., Palmyra, Mo.
 Aegglen, Chas. E., Ritzville, Wash.
 Achorn, Ada A., Boston, Mass.
 Adsit, Benj. S., Franklin, Ky.
 Aporthe, Edna M., Oneonta, N. Y.
 Arnold, G. E., Albion, Mich.
 Ashmore, Edythe F., Detroit, Mich.
 Ayers, Elizabeth, New York City.
 Bailey, Homer Edw., St. Louis, Mo.
 Bailey, M. W., Denver, Colo.
 Bailey, Raymond W., Philadelphia, Pa.
 Bakehouse, Clara, Osage City, Kans.
 Baker, H. N., Cainsville, Mo.
 Baldwin, Helen Morgan, Pittsburg, Pa.
 Balfe, Eleanor, Kansas City, Mo.
 Banker, J. Birdsall, New York City, N. Y.
 Banker, Mrs. Louise A., New York City.
 Barbee, Lottie C., Springfield, Mass.
 Barber, Edith, Oklahoma City, Okla.
 Barker, F. M., What Cheer, Iowa.
 Barnes, Finis E., M. D., D. O., Charleston, Ill.
 Barrows, Florence J., Kingman, Kans.
 Bass, Elizabeth C., Denver, Colo.
 Bates, Frank A., Geneva, Nebr.
 Baughman, J. S., Burlington, Ia.
 Baymiller, Minnie M., Abingdon, Ill.
 Bean, Geo. W., Kansas City, Kans.
 Bean, Wilson, Easton, Penn.
 Beckett, O. F., Hiawatha, Kans.
 Beets, R. H., Bethany, Mo.
 Bell, H. R., Ft. Atkinson, Wis.
 Bell, Lulu Gilbert, Sheridan, Wyo.
 Bell, Mary C., Independence, Kans.
 Bell, Robert W., Independence, Kans.
 Benedict, A. May, Seranton, Pa.
 Benneson, Harry K., Clay Center, Kans.
 Bennett, Fanny C., Augusta, Ga.
 Bennett, J. W., Augusta, Ga.
 Berry, Gertrude S., Rochester, N. Y.
 Berrow, A. W., Hot Springs, Ark.
 Biddle, J. Russell, Danville, Ill.
 Bissonette, Irene, Buffalo, N. Y.
 Black, W. J., Edgar, Nebr.
 Bolles, N. Alden, Denver, Colo.
 Bolles, Nettie H., Denver, Colo.
 Bone, Jno. F., Pontiac, Ill.
 Booth, E. R., Cincinnati, Ohio.
 Borup, Georgia W., St. Paul, Minn.
 Bowen, Margaret E., Tazewell, Va.
 Bowersox, U. S. G., Long Mont, Colo.
 Bradley, O. E., Ellwood City, Pa.
 Brooks, Joanna M., Running Water, S. D.
 Browning, Martin P., Macomb, Ill.
 Browne, E. M., Dixon, Ill.
 Brown, Edna Blanche, Dallas, Texas.
 Brownlee, Annie Mac, Edina, Mo.
 Bruce, A. Miller, Murdo, S. D.
 Brunner, M. W., Lebanon, Pa.
 Bryan, A. L., Gainsville, Tex.
 Buehler, John B., New York City.
 Buffum, G. H., Sheridan, Wyo.
 Bullard, J. R., Marshalltown, Ia.
 Bullas, Grace E., Biloxi, Miss.
 Bullock, B. A., Hastings, Mich.
 Bumpus, Elizabeth Wilson, Steubenville, Ohio
 Bumpus, J. F., Steubenville, Ohio.
 Bunting, H. S., Chicago, Ill.
 Burner, Ethel Louise, Bloomington, Ill.
 Burrus, M. C., New Franklin, Mo.
 Bush, Evelyn R., Louisville, Ky.
 Bushart, E. E., Sullivan, Ill.
 Cain, Mrs. Emma E., Hannibal, Mo.
 Cain, Philip R., Hannibal, Mo.
 Cameron, E. M., Richmond, Mo.
 Carleton, Margaret B., Keene, N. H.
 Carter, W. C., Springfield, Ill.
 Catlow, Jessie L., Boone, Ia.
 Chambers, Etta O., Geneseo, Ill.
 Chapman, J. A., LaGrange, Ind.
 Chappell, Mamie J., St. Louis, Mo.
 Chiles, H. L., Auburn, N. Y.
 Clark, Chas. E., Onawa, Ia.
 Clark, D. L., Fort Collins, Colo.
 Clark, Reuben T., Natchez, Miss.
 Classen, Wm. T., South Haven, Mich.
 Clay, Lizzie, King City, Mo.
 Clinton, Mary W., Pittsburg, Pa.
 Cobble, W. H., Fremont, Nebr.
 Coburn, D. W., Newbury Port, Mass.
 Coffman, K. W., Owensboro, Ky.
 Cole, W. A., Dubuque, Ia.
 Coleman, Mattie, Crete, Nebr.
 Collier, Carrie B., Clarinda, Ia.
 Collier, O. H., Clarinda, Ia.
 Collins, Ira W., El Paso, Texas.
 Conner, C. H., Albuquerque, N. M.

Conner, D. L., Phoenix, Ariz.
 Conner, H. L., St. Louis, Mo.
 Conner, Mary A., Cincinnati, Ohio.
 Conner, R. W., New Orleans, La.
 Conner, Sallie M., Bellefontaine, O.
 Conner, W. J., Kansas City, Mo.
 Cookson, E. C., Carlville, Ill.
 Coon, D. B., South Bend, Ind.
 Coon, Fred F., Niles, Mich.
 Coons, W. N., Medina, O.
 Copper, Lydia M., Warsaw, Ind.
 Coppernoll, Orie, Alliance, Nebr.
 Cornelius, Mary B., Winnipeg, Manitoba, Canada.
 Cottingham, V. P., McPherson, Kans.
 Cottrell, J. S., Willow Springs, Mo.
 Cottrell, M. K., Paterson, N. J.
 Coulter, Robert P., Weatherford, Texas.
 Covey, Florence A., Portland, Me.
 Cox, Martha S., Joplin, Mo.
 Craig, A. Still, Maryville, Mo.
 Craig, D. H., Harrisonville, Mo.
 Craig, Wm., Ogdensburg, N. Y.
 Cramb, A. B., Lincoln, Nebr.
 Cramer, Nellie M., Kansas City, Mo.
 Crawford, D. D., Dennison, Texas.
 Crawford, J. S., Denton, Texas.
 Crossland, Emma C., Grinnell, Ia.
 Crow, Elizabeth M., Elkhart, Ind.
 Crysler, Harriet, Butler, Mo.
 Cunningham, A. M., Blue Mound, Ill.
 Cunningham, J. S., Bloomington, Ill.
 Cupp, H. C., Memphis, Tenn.
 Curl, L. F., Paris, Ill.
 Daley, Chas. I., Ft. Madison, Ia.
 Dalin, C. C., Shenandoah, Ia.
 Dalton, Rose, Kansas City, Mo.
 Dandy, H. Agnes, Princeton, Mo.
 Daniels, A. H., Northampton, Mass.
 Daugherty, A. E., Bloomington, Ill.
 Davey, F. M., Minneapolis, Minn.
 Davies, C. E., Plymouth, Pa.
 Davis, F. C., Moravia, Ia.
 Davis, Lillian B., Aurora, Mo.
 Davis, R. L., Albia, Iowa.
 Davis, Warren B., Milwaukee, Wis.
 Davis, W. E., Paris, Ill.
 Decker, Mrs. Stafford, Kans.
 Decker, James, Stafford, Kans.
 Dent, W. S., Denver, Colo.
 Denniston, Daisy, Guthrie, Okla.
 De Tienne, J. A., Brooklyn, N. Y.
 De Tienne, Mrs. J. A., Brooklyn, N. Y.
 Detwiler, Sara B., Guelph, Ontario, Canada.
 Diehl, J. M., Elmira, N. Y.
 Dillon, J. A., Centerville, Ia.
 Dorrance, Harold J., Pittsburg, Pa.
 Downer, L. A., Chattanooga, Tenn.
 Downing, E. M., York, Pa.
 Downing, J. E., Bay City, Mich.
 Drennan, T. L., Jackson, Tenn.
 Dunnington, R. H., Philadelphia, Pa.
 Duffield, Bessie A., Nashville, Tenn.
 Dunkin, Jennie, Sedalia, Mo.
 Dykes, A. L., Bristol, Tenn.
 Eales, I. J., Belleville, Ill.
 Edwards, Eliza, Cincinnati, O.
 Elliott, J. W., Cordele, Ga.
 Ellis, A. E., Riverside, Calif.
 Ellis, E. Adelyn, St. Petersburg, Fla.
 Ellis, H. P., Canton, Ill.
 Ellis, Sue E., Canton, Ill.
 Ellis, Sidney A., Boston, Mass.
 Elsea, H. J., Carthage, Ill.
 Emery, Robert D., Los Angeles, Calif.
 Eneboe, Lena, Canton, S. D.
 Englehart, Wm. F., St. Louis, Mo.
 Ennis, Emery, Springfield, Ill.
 Ennis, S. A., Springfield, Ill.
 Evans, A. L., Chattanooga, Tenn.
 Evans, S. Gertrude, Scranton, Pa.
 Evans, Margaret, Wilkes-Barre, Pa.
 Fagan, C. L., Stuttgart, Ark.
 Fager, Emma C., Havana, Ill.
 Farris, R. L., Brownwood, Texas.
 Favell, Ernest J., Superior, Wis.
 Feather, Effie B., Laurel, Miss.
 Fisher, Bruce E., Ida Grove, Ia.
 Fiske, Franklin, Kirksville, Mo.
 Flory, William O., Minneapolis, Minn.
 Fleck, Chas. E., Orange, N. J.
 Floyd, Lillian May, Albia, Iowa.
 Foarty, Julia A., Michigan City, Ind.
 Foote, H. R., Dublin, Ireland.
 Forbes, Harry W. and wife, Los Angeles, Calif.
 Fordyce, B. D., Ellsworth, Ky.
 Foss, Martha M., Cincinnati, O.
 Fox, John De, Creighton, Nebr.
 Francis, Gertrude R., Charleston, Ill.
 Francis, J. E., Charleston, Ill.
 French, A. G., Syracuse, N. Y.
 Freeman, Archie E., Cairo, Ill.
 Fuller, Marilla E., St. Paul, Minn.
 Furnish, W. M., Tipton, Ia.
 Furry, F. I., Cheyenne, Wyo.
 Gage, Ora L., Oshkosh, Wis.
 Gage, Fred W., Chicago, Ill.
 Galbreath, A. L., Oakland, Ill.
 Gallivan, Cathryn L., Ivesdale, Ill.
 Gamble, F. E., Wayne, Nebr.
 Gamble, Harry W., Missouri Valley, Iowa.
 Gamble, Mary E., Salt Lake City, Utah.
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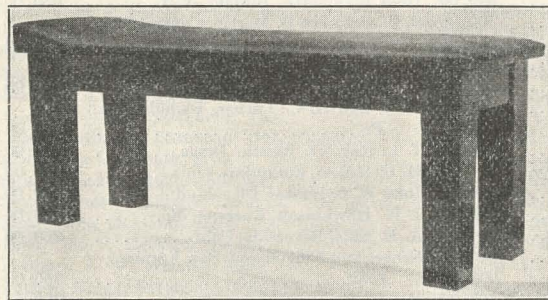
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LOCATIONS AND REMOVALS.

- Achorn, Clinton E., from 178 Huntington Ave., to 687 Boylston St., Boston, Mass.
- Adams, J. Lester, from 512 S. Spring St., to 303-4-5 O. T. Johnson Bldg., Los Angeles, Calif.
- Alspach, Mary E., from Marion, Ohio, to 1345 Welton St., Denver, Colo.
- Banker, J. Birdsall, from 115 West 71st St., to 112 W. 72nd St., New York, N. Y.
- Boggress, Emma, has located at Volatie, N. Y.
- Dashiel, E. R., has located at Annapolis, Md.
- Flack, Wm. O., from Arlington Bldg., to Marquaim Bldg., Portland, Ore.
- Forsee, E. W., from Loveland, Colo., to Brookings, S. D.
- Gibson, P. W., has located at Winfield, Kans.
- Gibson, H. R., from Hickory Flat, Ky., from Elida, N. M.
- Gillespie, Johanna, from Commerce, to Wichita Falls, Texas.
- Haswell, G. A., has located at Parks Blk., Elm St., Westfield, Mass.
- Hoffman, Nettie E., has located at 609-10 Carleton Bldg., St. Louis, Mo.
- Holsclaw, J. F., from Doniphan, Mo., to Basin, Wyo.
- Handy, Annie P. Thompson, from Sakonnet, to 69 Dorrance St., Providence, R. I.
- Houf, H. W., has located at Montrose, Colo.
- Jerman, Drs. W. L. and Sarah M., from 1098 Pine Ave., Long Beach, to La Canada, Calif.
- Kinsell, Helen Rhoda, has located at 609-10 Carleton Bldg., St. Louis, Mo.
- Klughertz, W. L., has changed his residence to Jenkintown, Pa., and practicing at Philadelphia office, 402-5 Rotchild Bldg., three times a week.
- Lathrop, G. F., from Battle Creek, Mich., to New Market, Ia.
- Long, George Percy, announces the opening of an office at 519-20 Central Bldg., 6th & Main Sts., Los Angeles, Calif.
- Lycan, Jessie V., from Goodland, Kans., to Colby, Kans.
- Mayronne, Delphine, from New Orleans, La., to 205 Lowndes Bldg., Atlanta, Ga.
- McRoberts, Sarah E., has located at 5501 Hays St., Pittsburgh, Pa.
- McHolland, F. N., from Seaside, Ore., to White Bldg., Olympia, Wash.
- Miller, D. F., has located at Robinson, Ill.
- Moffett, Mattie and Thos. C., have located at Windsor, Mo.
- Moores, Carrie E., has located at 1219 E. McMillan St., Cincinnati, O.
- Moseley, J. R., from Lexington, Ky., to Colborn, Ky.
- Muttart, Chas. J., from Mint Arcade Bldg., to 803 Flanders Bldg., 15th & Walnut, Philadelphia, Pa.
- Myers, Ollie H. P., from 109½ N. Davis St., to 114 W. 2nd St., Ottumwa, Iowa.
- Newton, Ralph W. E., from Cambridge, Ill., to Clay Center, Kans.
- Osborn, I. H., from Vernon, Wash., to 409 E. 75th St., Seattle, Wash.
- Pixley, Anna D., has located at Robinson, Ill.
- Plant, Ernest A., from Los Angeles, Calif., to Oceanside, Calif.
- Rogers, Robt. W., from El Paso, Texas, to Tucumcari, N. Mexico.
- Sage, N. L., has located at 306-8 Healy Bldg., Detroit, Mich.
- Schrock, Jos. B. & Lorena M., from 1540 I St., to New Hamer-Smith Bldg., Bedford, Ind.
- Scivally, Gertrude, has located at Martin, Tenn.
- Smith, W. S., from Meridian, to Stamford, Tex.
- Spafford, Melville, has located at Algona, Ia.
- Spencer, Bessie M., from Chippewa Falls, Wis., to Marion, Ill.

Swift, N. L., from 461 West 7th St., Erie, Pa., to Linesville, Pa.
 Still, B. F., from 43 Hersh Bldg., to 417 N. Broad St., Jersey City, N. J.
 Strum, Dr. Charlotte and Dr. Rhodes Lee Stephens are located at 537-8-9-40 Moore Bldg., San Antonio, Tex.
 Whibley, Geo. Morrison, has located at 1153 19th St., Des Moines, Ia.
 Wood, J. Fred, from 20 W. 3rd St., to 26 West 3rd St., Williamsport, Pa.
 Wright, S. E., has taken larger offices at No. 7, Queen City Blk., Marion, Ind.
 Young, Johanna, from 337 Pacific Ave., to 837 Grand St., Jersey City, N. J.

* * *

STATE BOARDS AND LEGISLATIVE.

A New Way to Handle Chiro—The Sandusky, Ohio, Register states that the State Medical Board think they have a good way to handle chiros by using the injunction, one H. P. Murchison who has been attempting to practice that imitation, having been restrained in Sandusky.

Murchison, according to the paper, claims to cure by adjusting spinal nerves. For an account of the differences and similarities of osteopathy and its most recent imitation see under Virginia and Illinois, in August Journal.

Louisiana Irregulars Incorporated—The Louisiana irregulars following the lead of those in New York, New Jersey and other states are claiming themselves to be "the article," even incorporating. They have secured considerable advertising in Louisiana and have even been noticed as though they were the regulars by that very carefully osteopathic publication, the O. P. Dr. Murray Graves the president of the regular association, and Dr. C. G. Hewes, one of the especially active members in securing the passage of the bill, are both of the opinion that these will not be able to achieve their purpose, there being several points in the law around which they cannot possibly pass. That you may recognize their names, we give them, they are "Drs." Armond Mary, Eugene Gaupp, Joseph J. Lafont, W. Taburant, M. M. J.



Murray Graves

Richardson, N. Bellamore, and D. W. Gulden. The members of the Louisiana Association are given in the August Journal. The accompanying cut of Dr. Graves, the energetic president, arrived too late for last month's issue, so is prinned herewith.

Dr. A. P. Davis in Trouble Again—Dr. A. P. Davis, he of the many kinds of practice and many changes in locations, dropped in on Dr. C. T. Samuels at Baker City, Ore., in the guise of the fly in the ointment of his enjoying a good practice. According to the Oregon law, those who "practice or use massage, Swedish movement, physical culture, neuropathy, chiropractic, naturopathy, or other natural methods requiring the use of the hands or hand," are exempted from the operation of the osteopathic law, so if one doesn't wish to take the board in Oregon, he can simply state

that he is practicing one of these other subjects, and it is "up to" the state to prove that he in reality practicing osteopathy under another name. Dr. Davis stated that he was practicing neuropathy. One bystander, according to newspapers, said "Neuropathy is when the back is rubbed with downward motion," and another said, "that being true, osteopathy is the proper title for rubbing the back with an upward movement." The jury disagreed, and the newspapers used much space in giving a humorous write up. It will be remembered that at the time the Oregon bill was passed, the legislative editor of the Journal predicted some such an occurrence as this and ventured the opinion that it would be extremely difficult to enforce the law against fakirs.

Talk About Dr. Mayes—Massachusetts papers are still talking about the appointment of Dr. Mayes to the Medical Board. When at Kirksville, Dr. Mayes stated to the Journal that while he has a medical degree from an allopath school, that he could not possibly been appointed to the board as an M. D., but was appointed as an osteopath, and further states that he is an osteopath and practices osteopathy. Personally we can state that we know Dr. Mayes distributes osteopathic literature, a thing we are sure, no medico would do. The Massachusetts law is somewhat ambiguous as it states that it shall not hold to discriminate against any school of practice and the board interprets this to include osteopathic physicians, while another section of the law states that osteopathists along with christian scientists are exempt from the provision, and under this section the majority of the Massachusetts osteopaths are practicing.

"Osteopath" Arrested in Connecticut—One Robt. F. Mautner was arrested at Winsted, Conn., charged with practicing medicine without license and also with robbery. A patient complained that he disrobed in one room and went to another room for treatment and that on dressing he missed a large some of money and also a pawn ticket for a valuable diamond. Mautner plead guilty to the charge of practicing without a license and was fined \$25.00 and costs which amounted to about \$35.00 all told, and were paid by his friends. For want of sufficient evidence, the charge of theft was dismissed. Mautner was advertised in the various Connecticut papers as an osteopathic physician, but we have been unable to ascertain that he ever attended an osteopathic school. Since the New York law went into effect, the irregulars have been going into the adjoining states, and he may be one of them. Very suggestive of his standing is a statement of the paper, that he required his patients to disrobe for treatment.

Oklahoma Board Not Appointed—Dr. J. A. Price writes that the final meeting of the Oklahoma Board would be for cleaning up old business only. The last new business was transacted August 14th and the new law took effect August 25th. He stated that he would inform us immediately on the appointment of the new board, but up to time of going to press, the information had not been received.

Vermont Examination—The Vermont State Board of Osteopathic Examination and Registration will conduct the next examination of applicants for admission to practice osteopathy in the state, in Barre, on Wednesday, and Thursday, September 2nd and 3rd, 1908.

New Member in Minnesota—Dr. Clara T. Gerrish, having resigned, Dr. Leslie S. Keyes of Minneapolis was appointed by the Governor as member of state board to serve out the unexpired term. After the convention, Dr. Keyes took a nine days vacation in Winnipeg seeing the sights of the new country. His new address in Minneapolis is Syndicate Block.

Illinois Officials Busy—Illinois papers published accounts of one W. L. Blue supposed to be an ex-osteopathic physician, real estate agent and labor paper publisher, formerly of Springfield, now of parts unknown. Blue had secured something like \$100.00 on a mortgage on some of his goods, and on leaving forgot to leave the goods, although he did leave the mortgage. Dr. Emery Ennis of Springfield, writes, "I have never heard of 'Dr.' Blue, his name is not mentioned in the latest Springfield register. I might add that we have a Blue Ribbon Buffet in Springfield, but no 'Dr.' Blue." Dr. J. A. Egan says that Blue never had a certificate of any kind to practice in Illinois.

Kansas City Paper Talks—Kansas City and Missouri papers have been publishing interviews of Dr. A. L. McKenzie. It appears that the Doctor has been quarreling with the other members of the board, and one Kansas City papers say that he suggested that all send their resignations to Gov. Folk. To date we have received no information of their having acted on the suggestion.

Baltimore Osteopath Sued—Dr. John Wesley Jones treated for brachial neuritis, a certain Mrs. A. L. Lamb, of Roland Park, a beautiful and select suburb of Baltimore. According to Dr. Jones' statement she was irregular in keeping appointments and as the disease was of some standing, he did not make much headway, and when her husband asked if there were objection to an M. D., looking at the case, he said, No. But when several months went by without the patient appearing for further treatment and he sent a statement, he was told that he ought to cut his charge in two, and he, willing to accommodate, agreed to this. Still there was no payment, and on the woman's leaving for her vacation, Dr. Jones threatened to sue, and did so. About

Osteopathy and its History.

One hour of practical, sensible explanation of Osteopathy and its principles; then one hour of pictorial history.

I am now prepared to book engagements to lecture on above subject on each Saturday evening during the school year, exclusive of those which occur in vacations, my time for those being already engaged. My lectures are fully illustrated by a selection from over 300 slides. To all osteopaths in practice at points which it is possible for me to reach by six o'clock on Saturday, leaving Kirksville at 11:14 a. m. Friday, I extend an invitation to write to me for explanatory literature, press and other opinions. Early application will be necessary, as in the school year I have only about twenty-five available dates.

William Smith, M. D., D. O.
Kirksville, Missouri



Department of OSTEOPATHY IN THE BERNARR MACFADDEN SANATORIUM BATTLE CREEK, MICHIGAN

The Bernarr MacFadden Sanatorium is the most magnificently decorated, and one of the best equipped institutions of the kind in the world. Osteopaths everywhere will be glad to learn that this superb Institution has been opened. It shows a recognition of the value of Osteopathy from a source which will be of value to the profession everywhere.

Bernarr MacFadden is one of the foremost advocates of drugless methods of healing. The fact that he has considered Osteopathy so important as to open a department for it in his magnificent Sanatorium can be used everywhere by the profession as additional evidence of the value of Osteopathy in the treatment of diseases.

This Institution has accommodations for nearly 400 patients. It is fitted up with every convenience for hydropathic treatments. Turkish and Russian and almost every kind of baths can be conveniently given. Physical Culture exercises can also be advised by experts if desired, and classes suitable to the strength of all kinds of patients are held each day.

Here is an opportunity for Osteopaths to send their patients to a magnificent institution, where they secure the advantage of Osteopathic treatment and at the same time are given a scientifically arranged diet, appropriate exercises and whatever hydropathic or other drugless treatment the Osteopath in charge of the case may consider necessary.

We have secured the services of Dr. Hugh W. Conklin to take charge of this department. He is well known in the Osteopathic profession, a man of superior ability, whose success in private practice has spread far beyond his own city. He is a careful, skilful diagnostician, a competent operator, and he is assisted by an able staff, who work under his directions. The members of the profession who may send patients to us can rest assured that they will be treated with every courtesy. If you have been carrying out a particular line of treatment, we will be pleased to have any suggestions you may offer as to therapeutic measures which you have been unable to follow at the patient's home.

Every Osteopath realizes the difficulties presented in the average home when he desires to place a patient on a special diet. In spite of the patient's good intentions, he is almost sure to fall back into his old dietetic habits. We are prepared here to furnish any form of diet that the Osteopath in charge of the case may consider necessary, and, of course, while the patient is here, we can see that the diet is adhered to. Our experts have made a life study of food combinations, and we feel satisfied there is not an institution anywhere that can furnish more capable dietetic experts.

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this time it seems the patient discovered that Dr. Jones had injured her, and instituted suit for damages, allowing the newspapers to have full account of her suit. According to the newspaper statement, Dr. Jones is charged with "displacing a ligament under her shoulder blade, leaving nerve exposed and bringing on acute neuritis." The next day the papers published Dr. Jones' reply in which he stated that her charge was maliciously false and was first made by her after he had sued her for bill due him for services. This sounds very much like a case against Dr. Hatten of St. Louis last winter, in which Dr. Hatten was merely given a reduced fee.

Change in Officials—Dr. Chas. E. Boxx, of Cameron, Mo., in a letter advises us that Dr. Crenshaw is now secretary of the Missouri Board.

Iowa Examinations—Dr. E. Paul Erwin writes, "Probably you would be interested knowing that the four who passed the Iowa State Board Examination were as follows: R. B. Gilmour, M. R. Spafford, A. J. Tarr, E. Paul Erwin. The Iowa papers state that out of 137 taking the examination, 38 M. D's. and 9 osteopaths failed, and they advertise this as an evidence of the examinations becoming more rigid. Dr. S. S. Still of Des Moines requests that we publish the following letter:

"I am enclosing you under separate cover a copy of the Iowa Health Bulletin. You will find some things of interest in this; but I wish particularly to call your attention to page twenty-one which contains a report of the state examinations for May and June. On the face of it 99 out of 137 physicians were granted certificates, while only four out of thirteen osteopaths. This makes a very poor showing; but when we analyze this report more carefully we notice that of the 137 physicians only four had been previously examined two or more times, these four all failed. Of the thirteen osteopaths seven had been previously examined two or more times, they all failed, of the remaining six (all from the A. S. O.) four or sixty-six per cent passed, while from the Keokuk Medical College only twenty out of thirty-seven or 54 per cent passed. While I have the utmost sympathy for one who is so unfortunate as to fail, it seems to me that our societies and periodicals should unite in an effort to persuade our osteopathic graduates to do some graduate work in order to make up those branches in which they are most deficient. As already stated only four out of 137 or about three per cent of the Medics have been examined more than twice before, while of the thirteen osteopaths seven or about fifty-four per cent had been examined two or more times.

I would like to ask other readers of the Journal to express themselves on this subject."

First in New York—Dr. Ralph Williams, the osteopathic representative on the New York Board writes, that Dr. L. M. Beeman, of the A. S. O., June class, was admitted to examination conditionally on registration of the college; that the department later advised him that if his grades were perfectly satisfactory, he would have a license issued even though the college is not definitely registered; that his rating has proved satisfactory and a license would be issued. This will be the first license by examination issued to an osteopath by the New York Board.

* * *

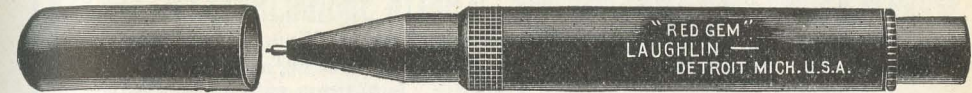
BIRTHS.

Born—To Dr. and Mrs. J. S. Barker, of La Harpe, Ill., at Kirksville, August 2nd, '08, a daughter.

Born—To Drs. E. C. and Ina B. Polmeteer, of Sigourney, Ia., July 31, a son, Frank Edward Polmeteer.

Born—To Dr. and Mrs. R. P. Carlton, of Wichita, Kans., July 23rd, a daughter.

Born—To Dr. and Mrs. G. W. Hay, of Fort Scott, Kans., July 18th, a son.



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News while

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Born—To Dr. and Mrs. J. W. Hawkinson, of Luverne, Minn., June 24th, a girl.
 Born—To Dr. and Mrs. W. F. Nay, Enid, Okla., August 23, a son.

* * *

BUSINESS OPPORTUNITIES.

Wanted—An osteopath at Clinton, Ky. Address Mrs. J. H. Waggoner, Clinton, Kentucky.

For Sale—Good practice in best oil town in Pennsylvania, or will consider lady partner with view to going away for a while. Apply to A. M. W., care Journal of Osteopathy.

For Sale—Set of Cunningham and Watersons Edinburgh Stereoscopic Anatomy. Used one month. Will sell at big discount if taken at once. Address "Edinburgh," care Journal of Osteopathy.

For Sale—Very cheap for cash. Office furniture, library and practice in 5,000 inhabitant Pennsylvania town. Office situated on main street. Two treating rooms, waiting room and private office. Electricity and natural gas. Rents for \$110.00 a year. Address, F. S., care Journal of Osteopathy.

Wanted—To buy a practice, go as assistant or partner. Lady or gentleman. Address, H. K., care of Journal of Osteopathy.

Osteopaths Wanted—Are you looking for a good location, Doctor? Lots of room for you in Arkansas. Write me for list of 35 towns in Arkansas, with population ranging from 2,000 to 13,000 and no osteopath in any of them. C. L. Fagan, D. O., (Member Ark. State Board), Stuttgart, Ark.

Wanted—A woman osteopath, graduate of A. S. O., with field experience and just completing a year P. G. at A. S. O. desires position as assistant. For further particulars, address, "G. Z.," care of Journal.

Wanted—A two year lady student of osteopathy wants to take charge of some osteopath's office while he takes a vacation. Address, Box 75, Martinsville, Ohio.

There is a **Splendid Opening** in Pierre for a good osteopath and some nice rooms are now available at a low rental in the best locality. There are a number of our best people including myself that are firm believers in the advantages of osteopathy and are anxious to see a good man located here. Can you not send a capable man to this field?
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Wanted—A good practical, all around D. O. as a partner in a well established and constantly growing practice in a splendid city, with only two osteopaths. Population of city about 85,000. Address, 208 P. G. G. Building, Norfolk, Va.

Location—We have an excellent opening here for a bright young D. O. I will be glad to hear from any one contemplating locating in Virginia and will give all information that may be desired regarding this section. R. W. Crowder, Covington, Va.

Location—Rossville, Ill., is in need of an osteopath. Good opportunity for some D. O. to get a good start and build up good business, if will locate permanently. It is a town of 2,000 and six miles from town of 6,000. For further information refer to Mrs. Tom Bennett, or Mr. Braden, Postmaster, Rossville, Ill.

Location—Provo, Utah, is without an osteopath. This is an excellent location and has a population of 7,000. This location offers a good opening for an enterprising osteopath.

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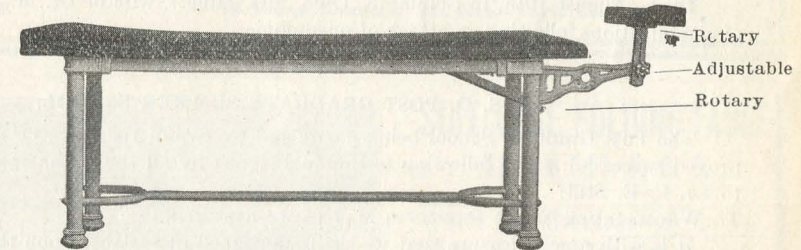
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MARRIAGES.

Married—At Longmont, Colo., July 29th, Dr. Edmund Paul Erwin and Dr. Minnie Olive Bowersox. At home after September 1st, Allerton, Iowa.

Married—At Lockport, N. Y., July 22nd, Dr. Albert Howell Davis to Miss Mary Belle Baker. They will reside in Niagara Falls, where Dr. Davis has a good practice.

Married—Bay City, Mich., July 29th, 1908, Dr. John Everett Downing and Miss Mae Belle Moore. At home after first week in September, at 220 North Van Buren St., Bay City, Mich.

Married—Dr. Nellie G. Long, of San Jose to Mr. Charlie O. Love, a prominent fruit grower of Fresno, Calif. They will reside at Fresno.

Married—August 15, 1908, Dr. La Vina Price Beauchamp to Mr. McCheyne of Clifton, Ariz. They will reside in Clifton.

* * *

DEATHS.

Died—June 20th, 1908, Mr. James Whittaker, of Perry, Ill. Father of Dr. Esther Whittaker.

Died—July 23rd, Dr. Ellen E. Abbott, of Visalia, Calif. Dr. Abbot was the mother of Dr. Mina Robinson, of Visalia, and Dr. Ida Glasgow, of Hanford, Calif. She had enjoyed a large practice in Visalia and was associated in her work with her daughter, Mrs. Mina Robinson.

Died—At Kirksville, Mo., August 18, '08, Dr. Mary Tabor, of the class of '01, of the A. S. O. She was a member of the Axis Club while in school and was a very popular student. She had been in practice at Lebanon, Mo. Heart failure was the cause of death. Her body was shipped to Medicine Lodge, Mont., for burial.

Died—August 10th, in Columbus, Ohio, Mrs. Hulett, wife of Dr. M. F. Hulett, of complications following an attack of pneumonia.

* * *

A. S. O. POST GRADUATE SUMMER SCHOOL.

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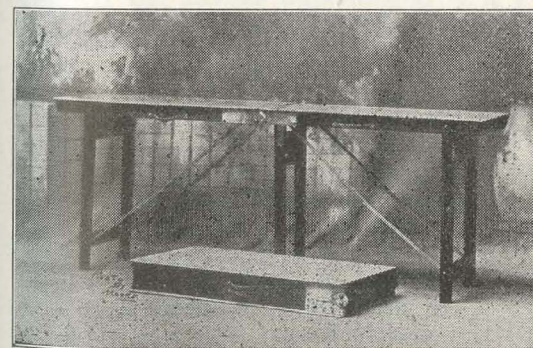
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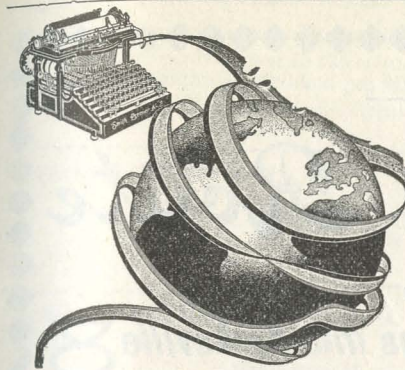
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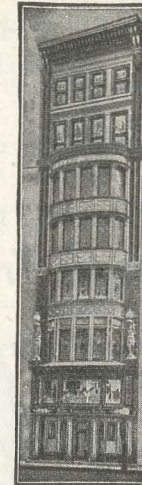
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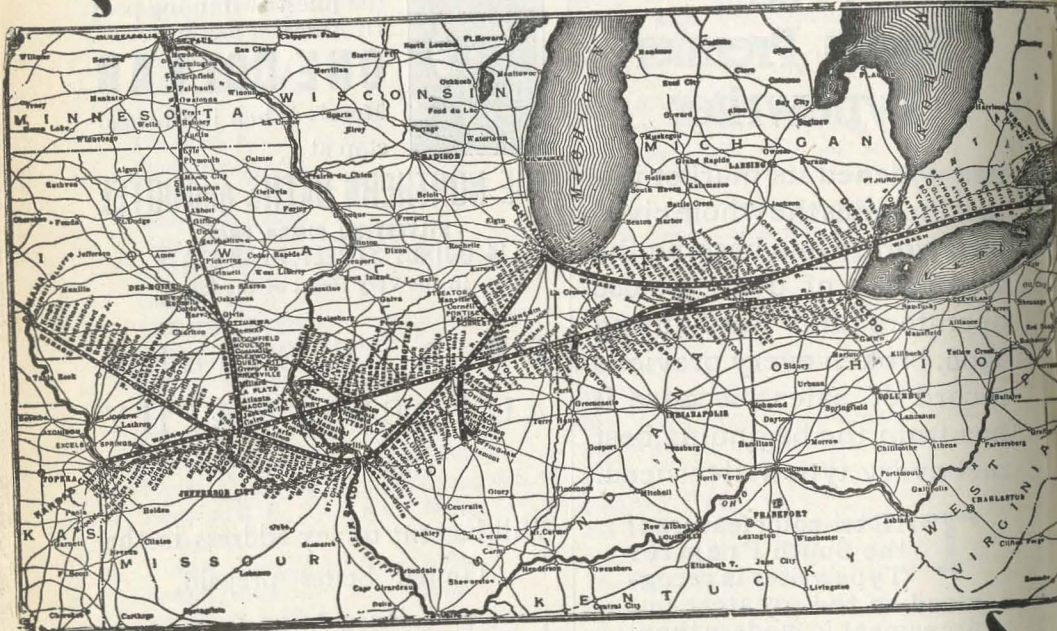
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