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"THE FACTS IN THE CASE."

BY DR. J. HEGYESSY, NEVADA CITY, CALIF.

In the July number of the Eclectic Medical Journal (Scudder), (the foremost Eclectic Journal in the U. S.), I find an article under the heading, "The Facts in the Case," by Dr. H. L. Henderson, an eclectic physician, of Astoria, Oregon, which ought not to be left unnoticed by our profession. To what degree the medical profession (of the drug-dispensing kind in general) has fallen, can be judged by the self-contradictory ramblings of this gentleman to which, this otherwise eminent journal gives such a prominent place.

Brother Henderson laments the fact, that the laity does not pay the same "Reverence and Respect" to the medical profession as they used to in "ye olden times," when the Doctor was looked upon like unto the "Man of God" as he (Dr. H.) evidently believes yet the M. D. a personage of higher importance than the priest.

Dr. H. complains that the average M. D. is ridiculed and forsaken by the layman who drifts into the field of the "faith-healer," the "osteopath," "or some other of the genus fakir."

He calls osteopathy and all other modern drugless methods, "Barnacles, Vampires" sapping the vitality of the Gr-r-r-r-eat system of medicine, and which but a few of his ilk have the "courage to eradicate."

Brother Henderson is evidently very much impressed with the "vast learning" and "wisdom" of the medical profession of to-day in contrast with what they knew a century ago, when they were,—in spite of their ignorance—looked up to as "holy men," and he calmly and dispassionately puts himself the question, "if medicine has really kept pace with the general progress of the world" which, he—as an honest disciple of Aesculapius—laments, is "not the case." He actually condescends to call the cures performed a century ago as marvelous (because of their ignorance of yore) but possible only (he thinks) because they loved their profession so much more than the medical dispenser of to-day, ergo." Faith is not of so much importance in the healing art as is the love of the profession and therefore he (Dr. H.) shoves all the sins and numerous failures of the profession on the shoulders of the

medical nihilist, because they lost Faith in *materia medica*. So, there we are again; to cure people, it is of more importance—according to this exponent of the medical science—to have love for the profession and Faith in Drugs than real, genuine knowledge of therapeutics! Shades of Heavens, what an admission of weakness this is!

Our genuine Dr. H. admits, that the average Doctor has no hope nor love (except for the \$) to offer to the patient, and that this is one of the main reasons that the layman will drift into the camp of fads like osteopathy, who dispense plentifully of both of these commodities.

He squarely admits further, that the average M. D. does not inspire confidence into the layman; that the medical profession has not kept "abreast of the times" and does not appeal to the common sense and intelligence of the average laymen, and he (Dr. H.) does not even censure the people for turning to those who can supply necessary relief to the longing for health; and with visible fear raises his voice of warning to his profession at large, that unless the medical profession will change their tactics and knowledge, and offer something more tangible in form of cure, the people would be imbeciles to employ them.

Shades of Hippocrates! What a strong arraignment and self-confession from a dyed in the wool M. D., who gives to all other drugless therapeutics the "euphonious" names of Fakes and quacks. Who said Boomerang?!

What is that parable of the mote in the eye of others, and the Beam?

Our friend attacks even the efficiency of the medical schools, and actually pities "the poor unfortunate students who enter the world" armed only with a thorough knowledge of the medical science as taught to-day, but he still adheres to all appearances to the old motto: "Better that the patient die by our ignorance than be live and get well by the methods of those hated quacks," whom he wishes to be outcast and thrown into that place where fire and brimstone abound every day in the week and nights too, and therefore, he is still able to "hold up his head with pride."

With a deep sigh Dr. H. exclaims "Can we ever hope that the time will come when such 'vampires' (osteopathy, etc.), will be placed in the class to which they naturally belong?"

The poor Doctor evidently despairs to see his hope ever realized. He says—"it may take generations to bring about the reform hoped for," but he doubts even against hope, for he sees nothing but the doom of the profession in the near future, because, says he, "the existence of the drugless fakir is justified because the medical profession has fallen short of what was expected from it, and he wisely admits, that the Fakirs

will shirk until the profession will change its tactics and deliver the goods paid for. Fakirs? ? ?

Who is who ? ?

But with his last breath, almost inaudible, the writer adds, "But the eclectics are free from the above criticism which applied only to the common enemy, the hated Allopaths," and then he falls into a deep slumber with a sickly self conceited smile on his features.

To see the trash that is constantly published by even the best of the medical (Drug) Journals, I will cite in the same number of the Eclectic Journal for July, (page 365), an article on Chorea by J. D. Dodge, M. D., who after enumerating the physiological symptoms of the disease gives arsenic associated with iron, the principal role as a specific for the disease, but in the same breath declares, that in one case which he cured with arsenic cum ferri, he suspected, that some wrong of the sexual organ existed which he found and corrected, and the patient improved from the very same moment on. "None so blind but" etc., is well applicable here.

In the same Journal, (page 368) only a few pages further on in a discussion on "Convulsions" or infantile eclampsia, one Dr. H. L. True delivers himself of the scientific (?) dictum, "Keep the child drowsy with drugs and it won't have any spasms!" Ye gods, is this the scientific treatment that needs the law to protect it from the drugless quack?

Some of those M. D's. participating in the discussion admit, that they do not know what to do, and recommend quiet for the child, others insist on dosing and doping to make the parents believe that something is done in order to satisfy the parents. Hypocrisy is upheld here as a scientific means to beguile the people.

Only one voice that of Dr. J. B. Baker rose, who seems to be the only one in the crowd of drug-dispensers who has not gone "daffy" on drugs and who exclaimed "Find the underlying cause. There isn't much in therapeutics unless we know what's the matter with our patient."

I have a sneaking idea that Dr. Baker must have studied osteopathy on the sly.

This is a fair example of the mental pabulum served by the medical (Drug) press, to the average M. D., for the "elevation of the science of healing."

Gentlemen, read our Osteopathic Journals, the least one of which will dish you up more and better common sense in therapeutics on one single page, and guide you safely on the real road of therapeutic progress, than all the ramblings of your press based on "theory, empiricism, and bugology."

OSTEOPATHY IN THE GLARE OF A MEDICAL SEARCH-LIGHT.

W. R. ARCHER.

In a carefully prepared paper, read before the Mississippi Valley Medical Association at Columbus, O., some time ago by Dr. D. O. Weeks, of Marion, O.; the Doctor undertook the job of turning the search-light of investigation on and to elucidate measurably the workings of osteopathy in the form of a pamphlet called "The Fallacy of Osteopathy." The Doctor wishes it to be understood that his "inspiration is not one of persecution or prosecution." But that he had a feeling that felt like—"Malice toward none, charity for all, (?) but firmness in the right."

After mature research and deliberation he felt justified and qualified to write upon the subject of his "paramount hobby." A perusal of the paper will however, indicate to anyone the difficulty with which the Doctor followed his text, and the utter lack of the promised elucidation, except perhaps, to those who are willing to accept anything derogatory to osteopathy as such. Observe first, the source of his information bearing on osteopathy; personal consultation with some and correspondence with other leading physicians, surgeons, critics, etc., and by reading medical journals. All fountain-heads of "accurate" information from a medical viewpoint.

That his hearers then, and his readers later might fully understand and appreciate just what osteopathy consists of, he takes his long handled muck-rake and digs long and deep into the musty past bringing up everything he could think of in the way of fakes, frauds and impositions reeking with foulness, filth, slime, pollution and wriggling things and heaped the whole mess into, on and around his subject with the implied inference that, such is osteopathy, its works and its—all that goes with it. There seems to be but one thing which he has left out that would have heightened the color of his picture of osteopathic degradation, that one other thing is the human bloodstained records of past medical ignorance.

A Few Inconsistencies.

In his desperation to "elucidate" the dreadful practices of osteopathy, he gets the drift of his thoughts badly mixed. In one paragraph we find him denouncing it as "Gassnerism" pure and simple, a system of charlatanry and jugglery, while again in several other places in the same paper we find him with it tenderly clasped to his bosom, proclaiming that the dear thing has "Always been a branch or asset of ours." In another place he points out as a "great fallacy of osteopathy is, that

its advocates consider that it is separate and distinct from our school of medicine, when it is a component branch of our own." Any fallacy about that? We further glean from the Doctor's discourse, that when osteopathy is dealt out by a regularly qualified osteopathic physician it consists of a dangerous and hurtful system, but in the hands of a "skilled" medical doctor like himself it is a soothing "humane" system. A dear little eight months old babe who underwent the agony and torture of twelve inhuman osteopathic treatments and who protested with screams and crying, was then brought to the Doctor who says he gave it a "humane treatment" and "slight medication and artificial food." Yet in spite of his three-cornered application of medical science the little one pulled through. You know that some babies do have a wonderful vitality. The Doctor says he will never forget the pathetic look on the baby's face. Hasn't a baby a right to wear a pathetic look when it is being laid on the altar of medical science?

Chief Work of the A. M. A.

On account of space we will not touch upon the "pathies" which the Doctor hooked on his retrospective muck-rake, as they certainly have naught to do with the "inspiration and springing up" of osteopathy "in defiance of, and in competition with, or in contra-distinction to medicine." But if osteopathy is, and always has been a branch or asset of medicine as the Doctor states, then why is such profound research and deliberation necessary on the part of the medical profession at this time? Didn't they always know all about this branch of their science? Why is Doctor Weeks making it paramount as he says; and why is he amazed at the little attention being given to it by the profession in general, and what does he mean by "and yet the damage is done to the profession?" By the first he displays how little he knows about what is going on in the ranks of the American Medical Association, or pretends to not know that it has waged an unceasing and underhanded bitter fight against osteopathy ever since it attained any prominence in the various states. He pretends not to know that the greater portion of the time of the A. M. A's. conventions are devoted to devising ways and means to crush out of existence the practice of osteopathy. Further that his paper together with the carefully prepared discussion appended is not by any means all that was said and done in opposition to osteopathy in the same convention at which it was read. The leaflet published for the education of the laity is but one part of it. Some of the rest of it would not make "wholesome" reading for the dear lay. The Doctor never heard of the arrests and prosecutions of the osteopaths in

several states, until they were compelled to appeal to the legislatures for relief. He never heard of the laws permitting and regulating the practice of osteopathy being opposed to the bitter end by every influence the medical profession could bring to bear in every instance. That they have in several cases tried to prevent Governors from signing after bills were passed by both houses and to try to annul bills that were both passed and signed. Does the Doctor wish citations? Perhaps he is not aware of the attempt of this same medical association to "amicably" buy and "absorb" osteopathy, and yet he is amazed at the inactivity of the profession in general. What brand of activity would he recommend? By his statement that the "damage is done" is easily interpreted to mean that he as well as other medical practitioners have awakened to the realization that osteopathy is doing every day what materia medica fails to do and that the public is rapidly drifting from medicine to its enemy osteopathy. The Doctor is not to blame, for it undoubtedly does mean a serious and damaging effect upon the profits of a pill dispenser.

After a vast amount of impartial investigating, the Doctor selects a "few authentic (?) cases to illustrate beyond all peradventure "The Fallacy of Osteopathy." In his examples, all calculated to be "solar plexus" blows, we find a single case which he reports as terminating fatally. One which he says was examined by two highly reputable physicians and by them pronounced incurable, but because the patient did succumb to cancer of the stomach, it demonstrates beyond all peradventure the "fallacy of osteopathy."

Various Kinds of M. D's.

The Doctor's free use of the words "reputable" and "highly reputable" would lead one to imagine that there were a variety of kinds of M. D's.—or perhaps the facts are still fresh in his memory that Marion, O., has furnished more than her quota to the penitentiary of that state from the ranks of the medical profession for mal-practice. It is rather unfair for the Doctor to intimate that some of the M. D's. who are still at large are not "reputable." It is not fair or even decent to hold up to the public the things that a few members of any profession may do as criterions of the "measurable works" of such profession as a whole. For instance the Doctor in his paper speaks of the marvelous results obtained through serum therapy. And it would not be right for the osteopaths to keep calling attention to the awful results that sometimes happen through the use of these same anti-toxins. In Chicago, last January, there were eleven school children died in agony from the

effects of spoiled diphtheria anti-toxin administered by a medical doctor who was not aware it was spoiled. If the matter ever appeared in osteopathic literature, I never saw it, but it did appear in the daily press. And while such mistakes may happen, it is no proof that benefit is not derived from such remedies.

Because a few medical doctors have been convicted of mal-practice and sent to prison, it does not follow they are all objects for condemnation, on the contrary the profession is entitled to all honor and respect so long as its members ply their vocation in an honorable way.

Medical "Science" Passed Its Zenith.

The medical practitioners should realize, (and most of them do) that their so-called science has not reached a zenith in the matter of knowledge. The word "science" is a meaningless name when it is used with reference to the practice of medicine which has as yet never encompassed more than the abstract principle of a science. It is but a system of changable theories, while a science is an intellectual understanding of unchangeable truths or demonstrable facts. Medical "truths" are long-lived if they succeed in out-living a single generation. Dr. Weeks has lived to see, (if he has observed) two complete revolutions of medical theory. Declares he is impressed by the amazing revolution that he says is going on in Germany now. Why shouldn't he be impressed and surprised, one who has long imagined himself a cog or factor of a perfect thing—the medical profession? When investigators deliberately upset pet theories, isn't it enough to stir up tempestuous "brainstorm" in a mind which has rested so long in a sense of security and firmness of right?

Unfortunately for the Doctor's ego and sentimentality, there are a vast number of those investigators who continually delve deeper and deeper into the mysteries; step by step they are slowly unwinding the abstract principles and inch by inch are being drawn to the truths of osteopathy. These investigators are the leaders of medical revolutions. Dr. A. T. Still is merely a revolutionist from the ranks of the medical profession whose worst fault seems to be that he woke up too soon, the next worst fault is that he is too fast a pace-maker. There is no question but that the medical profession is closing the gap between the two professions by its tendency to discard the drastic method of drugs and adopt sane methods of a drugless character. We even find Dr. Weeks hanging on to the rear step of the osteopathic band wagon by adopting it as a branch or asset of medicine, and by giving treatments on which he places his private trade-mark "humane" which if properly brought

to the attention of the public, ought to bring back some of the patients who have drifted in the direction of South Vine St., besides the standing it will give him with the Society for the prevention of cruelty to animals.

"Medicine" Slowly Drifting to Osteopathy.

In substantiation of the assertion that medicine is slowly but surely drifting into the foot-prints of "pathfinder" Dr. A. T. Still, I will quote from the preface of a late medical work. ("Medicology" published in the fall of 1908). "During the past five years, the treatment and cure of general diseases has entirely changed. That more important discoveries and new and successful methods for the cure of disease have been proven and adopted during this time than in any similar period during the past century. The treatment of five years ago that was considered the best has given way to a better one. The old method of treating fever by shutting the patient in a tight room and smothering him with bedclothing" allowing no ice water and dosing with medicine, was often followed with fatal results. The modern treatment is entirely changed. It does not matter whether the fever is typhoid, pneumonia or malarial fever, the patient is now covered lightly with a sheet, the room perfectly ventilated and the temperature largely controlled by the application of water externally. Measles that used to leave patients with weak eyes and all sorts of troubles is now easily treated by simple methods. The treatment for scarlet fever that formerly rendered the patient liable to being left deaf or crippled, is entirely changed and fatalities reduced one half. So we might mention the entire list of general diseases. It is not too much to say that the fatalities of all diseases have diminished more than half by the new treatments and cures adopted in the last five years. But even with this almost entire change and improvement in the treatment and cure of disease, there is much that is valuable in Medical Libraries that have been published heretofore".

Authorities Quoted.

Please contemplate for a moment the foregoing soul-burning words of this medical confession of ignorance in dealing with the entire list of general diseases. Can you grasp the meaning of those words which tell to the world that more than one half of all the victims of general diseases, whose lives were blotted out in spite of all medical science(?) could do prior to five short years ago, could now be saved by this science by simple methods and without dosing with medicine? The question naturally arises, what about the other half? And who is the author or authors of such a sweeping statement and is it really authentic as representing the medical profession? Dr. Jos. G. Richardson is the

editor and his standing in his profession cannot be denied, assisted by such other authorities as Drs. W. H. Ford, James P. Wood, C. C. Vanderbeck together with twenty specialists representing the University of Pa., Jefferson Med. College, Chicago and other universities and colleges of standing in the U. S., Canada, Europe and Asia. In a work consisting of 1432 pages these eminent authorities have undertaken to justify the latest "revolution of Medical Science." Over thirty years ago Dr. Still renounced the death-dealing theory of medical science and founded a system the results of which as practiced by him and his thousands of skilled followers need no justification or defense here. Where the wail of the M. D. is the loudest is usually a fair sign that osteopathic success is making inroads on the profits of the dope market and perhaps the vicinity of Marion, Ohio, is no exception to the rule.

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IS OSTEOPATHY A PANACEA FOR ALL ILLS?

The following correspondence on the subject of osteopathy, as to osteopathy being an alleged "Panacea for all ills" will explain itself.
DR. H. F. R., California.

DEAR DOCTOR:—I find upon my desk your Medical Journal of January, '09. I note in the question box department a report of a question on Osteopathy, and your answer.

The question and answer are as follows:

Question Box.

"To what extent is osteopathy a curative agent, and is it counted a rational mode of treatment?"

"Answer: This brings up the question of the value of osteopathy in its varied operations, and also the disadvantages that it has. Whenever we take any one agent and try to cure every disease by that one thing, we may know that something is wrong.

But when it comes to their work, it is this: the basis of their study is that any difficulty in any part of the body is due to a misplaced vertebra, which presses upon a nerve, causing a result, and that is why they have their name "osteopath,"—treating the bones.

"They will take a case of appendicitis. At once they commence to manipulate that region, when it ought to have rest and it ought to have that which would relieve the irritation. I have seen a number of patients in my own experience who have been killed with just that line of treatment.

"Another unscientific treatment is that of tumors. I was called last

year to Chico to perform an operation on a young woman there, a poor girl who had been treated for three years by osteopaths, and there were four of them present at the time of the operation. They positively told this girl that she was improving with every treatment; and they would measure her to show how the growth was decreasing, and she went on with a tumor the size of my fist up to one of forty pounds at the time I removed it. That gives you a little idea of the truthfulness of their statements to this girl. Those people had spent every dollar they had with these osteopaths.

"At Boulder there is one of their schools situated, another at Denver. At Boulder a man about 35 years of age and a powerful man, had a little pain in his stomach. He went to their school, and the professor of the school examined his spine, and told him there was a vertebra out of place, the one opposite the stomach. Now this man had been an athlete and he had a strong spine and strong muscles, and these men in order to replace the vertebra, one man took him by the shoulders while the other got on his spine, and they pulled to replace it. Instead of replacing it, they produced an inflammation of the spinal cord, and that man was left a cripple for life.

"We meet such things frequently. The people flock to these people, and they will, but it is because it is used as a panacea for all ills that the medical profession, the M. D's. who have studied and know these things, are against osteopaths. Now they are not against them for giving massage and things of that kind, and they do not give any better massage than the Swedish massage, and their movements are not a bit better than the Swedish movements."

Controversion.

Now, Doctor, I am not seeking controversy; still, I feel it to be my duty to call your attention to a few points pertaining to your reply to the above question, with the purpose in view of aiding you in keeping nearer the truth concerning osteopathy than appears to be the case in the present instance. In your answer you lay yourself liable to harsh criticism from the osteopathic fraternity as well as from its many friends who are increasing in number daily. They are men and women of intelligence who are able to do some thinking for themselves and are weary of the science (?) of drug medication.

Doctor even if the statements you made were all true, it did not lift your cause one iota, personally or publicly, even in your honored position which all who know you respect. For any one who knows "A" from "Z" knows that there are quacks in every profession, and men who

make blunders who are not quacks,—men who are accused of making mistakes that really belong to the other man. It is well known by the osteopathic physician and all of his friends that if he lets a man die, the world knows all about it shortly, no matter what the case may have been, and that to the expense of the M. D., for the M. D. will spend more money to advertise it than he would on any other luxury that he has. When on the other side of the fence, men are allowed to die, even to become the victims of practice and experimentation without hand or law to stay it, because it is protected by law under the most gigantic trust that the world is yoked up under.

In your answer you say: "Whenever we take any one agent and try to cure every disease by that one thing, we may know that something is wrong."

I heartily agree with you there, and this one statement tells me that you are not conversant with osteopathy, for such a claim is never held by the osteopath in good standing, for here I truthfully admit that there are quacks among us as well as quack schools, and I will let you guess whether there are any such on the M. D. side of the fence

You say further that "When it comes to their real work, the basis of their study, is that any difficulty in any part of the body is due to a misplaced vertebra which presses upon a nerve, causing a result, and that is why they have their name, "Osteopath,"—treating the bones."

A Definition of Osteopathy.

Doctor, we are not so limited as that, please allow me to give you in brief a correct definition which you will find more in as you study it.

Will you not agree with me that all bodily disorders are the result of mechanical obstruction to free circulation of the vital fluids and nerve forces? And that being so, osteopathy is a science of healing based upon a thorough knowledge of anatomy and physiology and the laws of nature. It regards disease as the product of an obstruction to, or derangement of, the nervous or circulatory system. It recognizes that the Divine Master's hand has provided the body with its own laboratory, therefore it requires no drugs, neither is kin to any of the recent-day isms of faith-cures. Osteopathy views man as a delicate machine with its many parts, and if all are properly adjusted, health is the result. Any abuse to the body through intemperance, as overwork, improper diet, or anything that will derange its normal mechanism, lays the foundation for disease. The office of this science is to assist nature in her effort to remove obstructions, in fact to resume her perfect work.

You mention the treatment of appendicitis and say: "At once they commence to manipulate that region, when it ought to have rest and it ought to have that which would relieve the irritation."

The Principle of Treatment.

The principle of all of our treatment is to remove the cause, to remove irritation, any one with any judgment knows that an irritated organ cannot be manipulated, especially an osteopath, the man who is having the most success of all practitioners in that dreaded disease. In the first place we look for the lesion that has caused the trouble, it may be a bony lesion, irritating the nerves to that part, it may be ligamentous, it may be muscular, or some other, for there are many causes. And when the right diagnosis is made the case is half cured, that is to say we know where to begin, it may be to a considerable distance from the appendix, or that region, and most generally a speedy restitution follows without losing the patient or even a small part of him. And you say that you have "Seen a number of cases killed with just that line of treatment." Now, Doctor, I do not doubt your word in some being killed by some kind of treatment. But can you really refer me to one case that has been killed by osteopathic treatment alone, one that you could truthfully swear that it was osteopathy that was the cause of his death? If you have, can you not compare that one, or more, with as many cases that have died under the direction of the M. D.'s care, and call it a draw the next time that you are placed in a position to give osteopathy a blow?

Did you ever think that the healing profession with all its variety of claims its different arts and modes, some differing only in the plan of administering the remedy, the agent using the right hand while the other, the left, (for the law so dictates),—that this great science as it is now controlled in parts can be made the greatest curse that ever cursed the earth under the machine politics and well organized trust that is so securely coiled itself around its victims, or on the other hand it can be made the greatest blessing that the earth ever knew.

Danger from Unrecognized Schools.

Now you spoke of another case that of a strong man being crippled for life by the usage of this treatment, and especially the definite diagnosis that the professor of the school made. In fact the schools that you mentioned I never heard of; they may have been some unrecognized school, or may be some other school other than an osteopathic school. Let it be what it may, why should osteopathy be blamed for a

single man's blunder. Osteopathy is not made up of manipulations, not based upon a few set movements as manual Swedish, but as you have seen, it is based upon a principle, and that is of "Adjustment of whatever is necessary to remove an obstruction or a hindrance to a normal action."

You also say that "The people flock to these people and they will but it is because it is used so as a panacea for all ills that the medical profession, the men who have studied and know these things, are against osteopaths."

Right here I must take issue with you especially, for either your reasoning has a flaw in it or else the people are all fools, and I am not willing yet to admit the latter. In the first place it is not used as a panacea for all ills, and in the second place, when a man has had osteopathic treatment he generally sends some member of his family or friend around if they are ailing to receive of some of the same medicine. In fact I can cite you to a good many men who employ the osteopath now as their family physician in all their troubles as in fevers, obstetrics and the general run of acute diseases that did not one and two years ago.

Typical Patients and Cases.

We are continually called out on these acute cases, as fevers and obstetrics. We have had a good many cases of obstetrics in sight of my own home, and still they call on us, and if our profession is a fake, these poor deluded ones ought to let us alone before long. These people are not illiterate, but are readers and when they bite into a good apple, they know whether they want to eat it or not, even if they have been told to let it alone.

We have been here about two years, and our patients consist of prominent men and women as the governor of the state, secretary of state, lawyers, bankers real estate men, merchants and their wives, and some in the more humble walks of life, some of them are so simple that they come a few times, and then bring with them some friend or member of the family to be fooled and faked too, as you know the old adage that in misery one likes company. We have now on our list several families from one to three in the family.

No, Doctor, the reason why the D. O. is so hated by the M. D. is because of the advancement of the science of osteopathy. It is making inroads on their bank accounts, and the maid that was possessed with divination which brought them much gain has been rebuked, and the destruction of their Diana is at stake.

You will know that every advancement in science that has brought relief to humanity, and has become a blessing in this world has had the

gauntlet to run, and osteopathy has had its share of scars, but she is almost through, and is going to stop with us a while. She has borne her goading well, and like all other blessings, has thrived under it all.

You say that "the M. D. is not against them for giving massage." The osteopath does not give massage; osteopathy is not massage any more than daylight is darkness.

I am well aware that few M. D.'s. know anything about massage, or they would not call osteopathy massage as many of them do, and so show their ignorance. The M. D. gives orders to the massuer to give his patient a massage, not being able to give it himself even if he had the time, at the same time the massuer is unable to diagnose the case, or is not supposed to know how to do so, as he is not expected to have that right.

Attempted Theft of Osteopathy.

I believe that you are true to your profession, there are only few that are, I think that I could count them on one hand, that do not mix the drug, and you, Doctor are one of the last men that should in the least way discountenance reasonable, rational, non-drug treatment. I know your position on rational remedies, and the condemnation with which you view drug medication, and I understand your rational reasoning in physiological therapeutics, but there is one thing that I am at a loss to know, and that is how you can attach "M. D." to your name and still hold to the non-drug treatment of diseases, unless it be that you view the situation as prescribed by the new fathers and dictators of the M. D. association,—that all that ever has been, all that ever is, and all that ever will be, under the science of healing, comes under the initials of "M. D." put there by any means, fair or foul, bought, stolen, or usurped, nothing new, or ever will be under the sun, to the M. D. Only a few days ago one M. D. said to me that they were incorporating osteopathy into their system of treatment in their institutions, (another acknowledgment of its great worth), but not under the name of osteopathy, this to my mind was a frank admission of usurpation or theft. He might as well take an article from a journal and print it in another journal bodily, and put his name to it, and call the fruit of some other man's mind his own, without giving due credit.

I do not think that you would be guilty of such a thing as usurping that which belongs to another therefore you will not hold such a popular position among those of the association who are so worried about osteopathy taking the fort. Nor do your comments on the osteopathic system lessen my confidence in you as a physician, still I think it not

necessary nor wise for you to say what you did, in such a place, where there were so many of my friends, not that they would think any less of me or of my profession, but it did not help your cause.

I shall see to it that you have some authentic literature on this important science, and if you have anything further to discuss, address me, for you know that I always was a friendly fighter, that I might gain more knowledge, and will always give you time for the profit of both.

Yours for the benefit of humanity,

ANDREW J. HARRIS, D. O.,
Nashville, Tenn.

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SCIENCE CIRCLES OF OSTEOPATHY.

As so much enthusiasm has been aroused over the Science Circle idea, we are glad to give space in this number of the Journal for a half-tone of Dr. S. W. Heath,



DR. S. W. HEATH.

of Sioux Falls, S. Dak., to whom belongs the distinction of being the originator of the plan. Dr. Heath is already the leader of several circles, an interesting report of which appears elsewhere in this Journal, and is planning the organization of yet another. Many inquiries have been received regarding the conducting of the circle work and that the idea is well received by the profession is evidenced by the number of circles that have been formed and are working. During the past few weeks, supplies have been sent to Boston, Mass., Berlin, Ontario, Waterville, Wash., Storm Lake, Iowa, Portland, Maine, San Diego, Calif., Winfield, Kan., Independence, Kan. Greenville, Mich., Denver, Colo., Grand Forks, N. Dak., and Niagara Falls, N. Y. Dr. Heath's idea is not that the Science Circle work should take the place of the work of the various associations, but to serve as a stimulus for individual study and investigation by the practitioner. On the contrary, it is our conviction that the Science Circle idea will be the means of arousing an active interest and broadening the vision of practitioners, who for some reason or other have failed to respond to the need of a wider and more active general professional interest. This must result in a greater interest in the work of the associations and the impetus will be felt all along the line.

Aside from the good which the individual practitioner will receive from study and investigation, the profession will reap the benefit of closer association and organization of its members, which means a unity of sympathy, ambitions, and efforts; and the lines of activity will become better defined, and the whole profession should become more and more unified and the Science of Osteopathy more firmly rooted. In association work, there are always only about so many who take an active interest and these "live ones" are just the ones who will be likely to take up the Science Circle work. We would suggest to leaders to make a special effort to interest the "other fellows," the quiet, reserved, inactive, passive practitioners, these are the ones who need to be aroused first of all. Dr. Heath's idea is well adapted for this purpose. The Journal will espouse the Science Circle work in every possible way and upon application will send supplies for the organization of Circles postpaid and free of charge. Every success to Dr. Heath and his idea.

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FIELD NOTES.

(From the Science Circles of Osteopathy for July.)

(This is the report of several circles and is made up of the opinions of the members. These reports are published without comment and THE JOURNAL must be held responsible for none of them.—Ed.)

MINNESOTA.

No. 1. Reports a case of splenic enlargement doing nicely, and the spleen has greatly reduced in size since last report. He finds nervous troubles the slowest to yield to treatment and for that reason it is most difficult to hold them long enough to get encouraging results; especially in the paralysis forms. The D. O's. got their reciprocity bill through the legislature so that state is ready to reciprocate with other states. He has had a number of cases of hernia, and has been successful in treating the recent cases by properly fitting a truss; but for the old cases, he has recommended an operation. He discussed the plastic method of treatment, of injecting a substance into the region where it hardens; but if it is not done properly it becomes an obstruction, and is therefore not a very safe operation, unless performed by an expert. He believes in a constant review of anatomy and keeps a chart hanging in his treating room, where he can keep his eye on it, as he is giving his treatments, and thus keep

his mind on the anatomy of the part he is working over. He also explains to his patients just what he is doing and why, and they often remark that it is nothing but common sense.

No. 2. Reports a case of a tumor, which had been previously reported and it had been diagnosed by several M. D's. as being a floating kidney, by others as an intestinal tumor, but an operation found it located on the upper part of the kidney and about the size of a beef's heart. It was removed and the case made a rapid recovery. The patient had been put in good condition for an operation.

No. 3. Reports two cases of splenic enlargement and both are responding nicely to treatment. He has a druggist and his wife under treatment and recently prevented an operation for appendicitis, and now the M. D. refuses to speak as he passes him on the street. He believes in a continuous review of anatomy.

No. 4. Reports that the case of paralysis brought on by excessive dancing which he treated without any results, had been taken to Rochester and from there to Minneapolis, but the case had made no improvement. He asks why so many D. O's. are selling out on account of broken down health? He thinks it is due to over-eating and irregular habits more than to overwork. He believes in a constant review of anatomy; and especially the reflexes are of great importance. He reports a cure of hernia of several year's standing, where the patient would have to back his feet up a tree to replace the protruding intestine. He gave quite a lengthy discussion of food values in the treatment of disease, and claimed to have cured a number of cancers, by using a strictly fruit diet; using different varieties at each meal. He also advises the use of raw vegetables as a diet for getting the mineral salts into the system; such as spinach, greens and onions.

No. 5. Has been having a run of rheumatism and getting quick results and has stopped the rheumatic pilgrimage to Hot Springs from his town. He thinks Hot Springs is about one-fourth good and the rest graft. He says osteopathy, among thinking people is making a decided gain, but among those who allow the other fellow to do their thinking they are continuing in the old-ruts. He says the review of anatomy should be a continuous performance, as much so as for a merchant to keep his stock in season, and the cobwebs off the stock he has on hand. He thinks osteopathy is still in the experimental stage, and will be for the next hundred years. We must not get scared because some fellow gets some wonderful results before Dr. Narrowmind gets the meeting called to order.

No. 6. Reports a case of an old lady, who had been under medical treatment for many years and could not sleep without taking a powder, and her bowels would not act without a cathartic. When she came to him he required her to cut out all drugs, and after a few treatments her bowels moved perfectly naturally, and she now sleeps well without taking any powders. He thinks a special review of anatomy should be made with each case, and in that way he keeps up a constant review. He believes in sticking to osteopathic principles in all cases, if we don't he fears we will lose out. He mentions a case of splenic enlargement which he treated nine months but cured the case.

This circle discussed many other subjects such as the circulating library, which was approved by all the members and will be started in the near future. They reported the different Journals they are taking and discussed the relative merits of each. Many of them subscribed for the A. M. A. Journal through the influence of one of the smoothest solicitors who ever called, but none seemed to think they were getting the value of their money.

IOWA.

No. 1. Thinks Fletcherizing is all right, but questions the appetite being a proper guide in the selecting what one should eat in all cases; as an abnormal appetite calls for all manner of things which the body should not have. He reports a case who could not eat anything without developing gas; but after one treatment in which he located and removed the lesion, she asked what she should eat, and he told her anything except rusty nails. He says chewing the food thoroughly is a good thing, but if there is a lesion interfering with digestion they may chew until doomsday and not get well. The case he reported of the man who vomited two gallons of bile in 24 hours, was taken to Kirksville for diagnosis, but no positive diagnosis could be made; but cancer was suspected, and he went to his home and has had a vomiting spell since and will not last long. He says he does not care how many quacks come to his town, as he has all he can attend to any way. One came there and now has his case in the supreme court with a heavy fine hanging over him. He believes that zymogenic germs can become pathogenic by a change from their normal environment, which is a plain osteopathic truth. Change the chemical elements of the tissue cells and purely harmless germs will be changed to deadly germs; and it is to correct this chemical condition of cell life from abnormal to normal that the D. O. knows how to do; for a slight change in the circulation of only a small part of the body will bring about the change in the chemical elements of that part of the body.

No. 2. Is a new member. He says he has been wondering for a long time how he could become a member of the circle and accidentally learned while he was treating a member from another town. He says he don't believe in doing as he heard one D. O. say he did. He had been practicing twelve years and had never had a death; and the way he managed it, when he found a patient was going to die he turned the case over to an M. D. He says measles are quite prevalent in his town and a number who have had them before are having them again; which proves that a person may have them twice, or that there are two or more kinds. He has treated a large number of cases and no complications developed as did under medical treatment. He gave them plenty of cold water and ice cream and kept the surface of the body warm, and if slow in breaking out, applied heat to limbs and chest. He treats throat and lungs and directs quite a little treatment to the second dorsal and fifth lumbar, to increase the skin elimination, and to stimulate the bowels and kidneys. He reports a case of a farmer, who injured his spine by overwork in shoveling corn, and the spine became very rigid and a form of paralysis began to appear, and during the winter season there have been evacuations of pus and blood from three to six times a day. The bowels are not tender and act normally and he has a good appetite. He has been under treatment three months and has improved in every way except the discharge from the bowels. He submits the case to the members for diagnosis.

No. 3. Is becoming reconciled to surgery, as he has had two cases operated on since last report. One was a lady age thirty-five having cramps in right leg and treatments had no effect. In the operation the appendix was found enlarged but no pus present; it was removed and ovaries and uterus were raised and attached to overcome prolapsus. The second was a child five years old with adenoids and very large tonsils. He says he has quit spending time on treating adenoids until after the operation, to prevent their return. He saw an operation for appendicitis where three M. D's. had declared pus had formed and in the operation the appendix was not found inflamed. Personally he is in favor of the Chiro being recognized, when they come

up to the same standard required of the D. O's and he thinks that will be the only solution of their practice.

No. 4. Says he does not agree with No. 3, on adenoids; as he thinks our work better than surgery. He treated two cases where a second operation had been performed, with no satisfactory results. By repeated treatments the patient outgrows the condition, and then instead of scar tissue, we have a natural mucous membrane to function. He says he has had fair success with such cases and is not ready to give up to the knife. His treatment has been directed to the occipito-atlantal articulation and the atlo-axillary, followed by a deep pressure over the bridge of the nose, and a thorough treatment of the post-palatine nerve.

He reports 15 cases of appendicitis he has had in the last three years and did not lose a case; but he might lose the next case. His method has been to loosen up the spine from the seventh dorsal down to the sacrum and make such corrections as he finds in the case, and works over the ascending colon, which he washes out with three quarts of warm water, containing a tablespoonful of glycozone. The glycozone stimulates the small intestines and soothes the inflamed surface of the lower bowels. These injections are given once a day for a week, and then twice a week for three weeks. This treatment breaks the pus sack into the bowel and not into the peritoneal cavity.

No. 5 was away from home and would not return in time, so the letters were sent forward.

No. 6. Says he is glad that the subject of diet has been mentioned as he thinks it one of the most important. He thinks the degree D. O. should mean to the public, that we are reputable physicians, capable of treating all curable diseases successfully and able to do as much for hopeless cases, and even more, than other schools of healing of our day. While he agrees that zymogenic germs may become pathogenic in typical places, he does not agree with those who think pathogenic germs are normal to any tissue in which they live and thrive. They may cause their surroundings to become pathogenic, but at the same time they may not be normal to the pathogenic condition. He is not going to stop harping on his favorite string until Iowa has an independent board, and from now on until the next Legislature meets is the time to work. He agrees with No. 4 on the adenoid proposition. He is opposed to the chiros taking the same examination as the D. O's., but thinks it is better to let them die from their own inertia.

No. 7. Has started a circle among the members of the board of trustees of the I. O. A. and thinks it will help keep up an interest the year round, and give the trustees an opportunity to discuss matters of interest to the Association. He thinks it would be a good idea to organize a circle among the members of the Legislative committee, and get to work on the legislative question. He does not approve of surgical interference in enlarged tonsils, as he has never found it necessary. He had quinsy all his life until he went to college to take his course, and the first month he had an attack, and had a senior to treat him and cut it short, and at that time his tonsils nearly filled his throat, but by treatment, they had been reduced to normal size. He says there is no class of cases in which he has better success than throat trouble. He has several families who employ him at no other time. He finds where there is much rigidity of the spine it requires a long course of treatment. In discussing the subject of environment he says, we see people every day living in one environment and trying to appear that they are living in another. Individuals should fit themselves to their environment instead of trying to fit the environment to the individual. This kills more people than tuberculosis.

SOUTH DAKOTA.

No. 1. Asks if it is illegal for an M. D. to give an osteopathic treatment? He has several patients who have received so-called osteopathic treatments from local M. D's. and it doesn't hurt the practice one bit, and he doesn't care only wondered whether they had a right to give an osteopathic treatment. They have no legal right and in attempting to give such a treatment give only a base imitation, which exposes them should the patient ever take a treatment from a legalized D. O.

No. 2. Says he never had any complaint from M. D's. for his using drugs in a surgical way. He favors the cantharides method of vaccinating in preference to the vaccine virus, as he has seen so many bad cases that he would take his chances with smallpox in preference to vaccine virus. He thinks anatomy, physiology and diagnosis the most important subjects for review. He has a case of St. Vitus dance which had been under medical treatment two months and growing worse, came to him, and he found enough kinks in the patient's neck, to make anybody dance. Also refractive errors which greatly aggravated the case, which he corrected with a lense strong enough to fog her vision. She is now gaining very fast and will soon be entirely well. He thinks many times we can aid the osteopathic treatment by using glasses strong enough to remove all eye strain from the nervous system.

No. 3 and 4 were away on their vacation this round.

No. 5. Says the most important subject for continuous review is anatomy. He says he forgets about as fast as he learns it, and it is necessary to keep up a constant review. He tells of a young medical student who was attending a case of confinement that was not progressing as fast as he wished and to hasten matters he took a pair of scissors and in rupturing the water sack he dug into the top of the baby's head, so that the brains were exposed and he was called to treat the case and dress the wound, which he did with boric acid and it healed up and the child lived and developed all right.

No. 6. Discussed the effect of education on reproduction and enclosed an article answering some of the silly ideas advanced by some writers who are more nice than wise. The trouble is largely the fault in our educational system which does not educate in the practical things of life, but gives erroneous ideas of life, its purposes and privileges.

No. 7. Enclosed two letters received from two of the leading osteopathic writers commending the plan and work of the circles and discussing the future outlook for osteopathy. No. 1, says by a non-drug therapy, we not only condemn all surgery, but pass up many diseases for which we have no osteopathic treatment. If we limit the field of osteopathy to that usually reserved to the practitioner of internal medication, we can say that drugs are non-essential, if not harmful. We occasionally find cases addicted to drugs in which it is a better plan to continue the drugs, until we can build the organs up to functioning; as in chronic constipation. If you will include a few exceptions as being within the meaning of non-drug therapy, I can heartily concur with you. Extensive knowledge of medicine is not essential for this, but rather an intimate knowledge of diagnostic methods, in order that we may recognize and refer to specialists, those cases without the realm of osteopathy. In regard to vaccination and antitoxins, osteopathy is big enough and broad enough to admit there may be virtue in other systems. Osteopathy has few reliable statistics to match the thousands of hospital records of our medical brothers, however plausible our theory may be, it is the record that carries the most weight in argument. Whereas the mortality in smallpox and diphtheria was very high, it has dropped to a very low degree, with

the development of vaccination and serum treatment, and the medical men have handled most of the cases. Until we are able to demonstrate a still lower mortality it ill becomes us to condemn the good done to humanity. Personally I believe we can do it, but it is up to us to get in the reports and make it a reality.

No. 2. Says the growth of osteopathy has been different in each state because the medical laws have differed so decidedly in their definition of what constituted the practice of medicine. Osteopathy has been declared not to be the practice of medicine in one state, and in the adjoining state the opposite conclusion was reached, which indicates that definitions are a mere jumble of words, which the court interprets according to the tendency of the times; as words narrow or broaden according to the popular usage. In this state there are no limiting words; therefore osteopathy is what the schools teach, and the tendency is to make it as comprehensive as the term medicine, and to include surgery, antiseptics, serum therapy or other means of assisting diseased bodies to a state of health. Bacteriology is a part of osteopathic medicine. The bacteriologists are struggling to comprehend the many good and bad reactions which the use of antitoxins and vaccines are demonstrating. You would not want osteopathy discredited because some one of its practitioners made a bad use of it; or even in a case where the best D. O. erred in judgment. It is well known that infective agents are soon met in the blood by an antibody, produced as a special defensive body for the particular infection. The aim of bacteriology is to fathom this protective reaction and make use of it therapeutically. In the midst of such strides of knowledge of medical subjects, as it is our good fortune to enjoy, I cannot feel that we are justified in saying "I believe this or that." My belief to-day must be honestly conceived and be tempered by not only my own experience but the experience of others, working in the same or co-relative fields of knowledge.

The old line medical colleges are fast quitting the use of drugs. They still believe in the use of certain drugs, for palliative purposes, justified by humanitarian considerations. The right use of morphine is certainly a blessing, but in the hands of the ignorant, vicious or impostors it is dangerous. In thirteen years of osteopathic practice I have used it six times and I am glad I did. Our colleges are now giving three year courses with an optional four years' course. This means that men in the field want more and better training; not especially in the art of manipulations but in the broad field of practical medicine and surgery. As soon as our colleges grow a little stronger, they will undoubtedly give a four year's course on y. As soon as they do this the degree D. O. will be accompanied with the degree M. D. Colleges are business organizations, and in order to preserve their existence, will adopt such measures as seem needed. The medical colleges will soon put in a chair of osteopathy, as evidenced in the University of Minnesota dropping the Homeopathic department, and substituting a chair of Homeopathy. I judge from this that our colleges must adopt a broader curriculum of general medicine or osteopathy will be bundled into a chair of osteopathy in medical colleges. Preservation of osteopathy requires that it remain in the hands of its friends, who are willing to fight with all the therapeutical weapons obtainable.

Osteopaths are specializing in various ways which calls for the use of many therapeutical agents. Surgery is being developed and hence anesthetics and antiseptics, as well as stimulants and laxatives are being used in emergencies. In a recent state examination 80% of the osteopaths passed in an examination covering ten medical subjects which is evident that our colleges are giving a very broad course at present.

I believe in the general principles underlying the use of vaccines and antitoxins.

They have their dangers, and what therapeutic method has not? I advocate and practice osteopathy, but I have seen some horrible results of its use. I have never used antitoxins, because my practice is of a class that does not require it, as I do not come in contact with acute infectious diseases.

Our profession has grown with remarkable rapidity, hence in many respects it is like the first buildings of the western pioneer, which must in time give way to more substantial improvements to make genuine development.

The use of vaccination for smallpox and antitoxin for diphtheria are now firmly established in the public health policies of this as well as other nations. I do not think we should delude ourselves with the idea that our theory of structural lesions supercedes everything else in the medical world. Life has many sides and we touch it on one of them, the mechanical. Others just as earnest and sincere as ourselves are working out principles of a different character, which in time will dovetail with our own to make a scientific practice of medicine.

I heartily commend the spirit of progress evidenced by the existence of the Science Circles which is doing a good work for all.

S. W. HEATH, Leader.

REPORT OF WASHINGTON SCIENCE CIRCLE—SERIES III.

(1) **Erysipelas**—Male, aged thirty. Attack started at alae of nose. Soon spread over face to eyes and ears. Was rapidly spreading to forehead and hair. Two M. D's. treated attack as it occurred but did not attempt to prevent spreading. "Finally called me. In addition to osteopathic treatment, took pure carbolic acid and a brush and went about an inch beyond the affected part and thoroughly bathed the part. Soon followed this with alcohol to keep the face from burning from the effects of the acid. The attack was entirely checked, the part affected soon dried up and the patient soon recovered." This same treatment has since been recommended in the Medical Record.

Strong salt water baths are recommended for night sweats in connection with treatment.

(2) Has used leucodescent therapeutic lamp and finds it very satisfactory where dry heat is needed. Considers it invaluable for dysmenorrhea.

Constipation—Boy of nine years. No natural bowel movement since birth. Cured in three months. Diet regulated. At least eight glasses of water a day prescribed. Patient ordered to go to stool at a regular time each day. Spinal muscles were relaxed and deep vibration was given over the intestine and solar plexus.

The fact that woman is not always to blame for sterility was brought out and it was suggested that it would be a good idea to make a microsopical examination of the semen of the husband to avoid treating unnecessarily.

(3) **Chronic Skin Disease**—Twenty years standing. Had been diagnosed "weeping eczema."

Skin of face tough and leathery and cracked in places, especially on nose. Many scabs, from which pus exuded, on face and ears. Itching intense. Williams' Antiseptic Ointment gave a little relief. Epidemine Lotion relieved itching the most. After third treatment, face "filled up with pus," as patient expressed it. Pressure on any part of face would cause pus to exude and for three days he suffered more than ever. The skin then started exfoliating and improvement began. After 15 treatments, little trouble. After 25, no trouble except that upper lip itched occasionally. Face clear. Had been taking treatment twice a week. Continued once a week. Forty-five treatments taken. During the last five weeks of treatment, the trouble seemed to be coming back gradually and three months

later the face was quite bad though not as bad as before treatment was taken. The fact that the patients wife had a long illness and then underwent an operation and he was obliged to get his own meals and did considerable worrying may be a factor in the return of the malady.

A general treatment was given special attention to stomach, liver and bowels and a posterior occipital lesion. Diet was prescribed.

(4) Reports success in several cases of sterility.

Therapeutic Abortion—Patient thirty-three years old. Two children. Came for treatment June, 1907. Abortion with curettement in the spring. Metritis and retroversion present. Patient anemic, very weak and losing strength very fast. Gave two months treatment. Gained strength and vitality but not normal health. Became pregnant again in spring of 1908. Called at two months. Found depleted condition and hyperemesis gravida. After one weeks' persistent work checked vomiting but not all the nausea. There was continued weakness and loss of strength. Concluded to abort. History contraindicated anaesthesia so curretted with gr. $\frac{1}{4}$ morphia and brandy. Stood operation well and slept after two hours. Inclination to vomit ceased at once. Some black blood clots indicated an attempt to precipitate some days previous. Treated case six months with irrigation and tamponing of uterus. When patient does not overtax her strength, she enjoys very good health.

Number 5 made no contribution to this series.

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A. S. O. HOSPITAL SURGICAL NOTES.

The hospital staff is glad to report that all the cases operated on during the convention recovered nicely and the two most difficult cases, the one with the sarcoma of the uterus, and the young man who had the large mass of tissue removed from the side, recovered easily and are in excellent shape, without any serious mishaps occurring during convalescence.

In the case of the young man, it will be remembered that a place, eight inches long and almost as wide, with an irregular outline, was left bare, after the tumor had been removed and that this was then repaired by a careful plastic operation, without necessitating any skin graft, and there was some question as to whether or not union could possibly take place, without the line of the union spreading and leaving some raw scar, but to the satisfaction of all concerned, union was perfect and healing was by first intention.

All the other cases recovered with a similar lack of complications, which shows what can be done in an osteopathic hospital by combining osteopathic treatment, both preparatory and otherwise, with good modern surgery.

Shortly after the convention Dr. Ewing of Grant City, sent a patient to the hospital for removal of the appendix for chronic appendicitis. The patient returned home cured in a little less than two weeks.

Dr. Isabelle Abild of the last graduating class underwent a small operation during the early part of the vacation.

The summer course in surgery which just closed made it possible to handle a large number of clinics even during the summer and several very interesting cases were operated on, one of the most interesting being an operation on a tumor of the cerebellum, in a young school teacher from Ohio. Although the tumor was found to be inoperable or rather was found that it could not all be removed on account of being too extensive a great deal of relief was given the patient by a partial release of

the pressure. Considering that the best report yet made on such operations gives fifteen deaths out of twenty-three and that it is considered the most dangerous operation on the brain, the results in this case were very satisfactory. The intracranial pressure in this case was so great that blood spurted from the emission veins for two or three feet when the skull was bared.

Another operation that excited considerable interest was the opening of the spinal canal and a plastic operation to cure paralysis, caused by fracture and a dislocation of the spinal column in the lower dorsal region. There is no doubt but that thousands of cases of so-called "broken-back" could be cured if they were correctly handled when first injured and most of the cases who remain permanently paralyzed have the attending physician to thank for being too conservative. Some surgeons are afraid that if the patient does not get well they will get the blame, when the fact is they should get the blame when the patient does not get well, unless operated on, if the condition was operable, and any physician, whether a surgeon or not, ought to be able to distinguish between the main conditions that follow severe injury to the back; that is, fracture, dislocation, hemorrhage and inflammatory exudate, all of which may be either associated with or not associated with a crushing of the cord. In some cases the only thing that can be done is to operate, and in others there is no need for it, but the largest per cent of those where it is required are neglected and nearly all of them could be entirely cured by an early operation, and indeed, even with a later operation, a small per cent can be cured and many helped, and it is not conservatism, but downright neglect to allow a patient to practically decompose through a period of three or four years, or even five or ten years, when there is a very fair chance with an operation. Nearly every practitioner has seen cases, where, after a lingering period of helplessness and invalidism the patient in such condition, finally succumbs to nephritis, gangrene or some other condition, who might have been helped or saved by a rational operation, even a considerable time after the injury. Of course, some of them do not get well and do not get regeneration of the cord tissues even after a good operation, but they are certainly no worse off than before and on the other hand, many of them do get better, and some get well.

Another interesting case also was the pelvic operation on a woman who had been given up as hopelessly insane, and who has since entirely recovered and is not only mentally but physically better.

The patient who was reported in the last notes to have undergone an operation to form a fistula between the stomach and intestine, has recovered nicely and about two weeks after the operation she ate the first solid food she had been able to eat in over five years, and indeed during that period she had been unable to take even liquid food by mouth without later vomiting. The operation in every way was a complete success and the patient left the hospital entirely cured.

Dr. Fred Fleming of Montrose, Colo., has sent three patients to the hospital lately, one of them for a removal of the uterus for cancer.

Dr. Conner of Phoenix, Arizona, has sent three patients to the hospital recently, one of them for floating kidney, one for spinal trouble, which was not operated on, and a third a pelvic operation.

Dr. Baughman, of Burlington, Iowa, had a patient in the hospital for an operation for prolapsed rectum lately. The patient recovered in good condition.

Dr. Geo. H. Newton had a patient in the hospital for an ovariectomy.

Dr. McRae, of Trenton, Mo., brought a patient over for an operation for inguinal hernia, recently, the case recovering in good shape.

Dr. S. M. Haley, formerly of Des Moines, Iowa, underwent an operation for appendicitis, recovering in good shape.

Dr. R. L. Davis, of Albia, Iowa, has had three operative cases in the hospital lately.

The usual falling off in the hospital work did not occur this spring until July, when it began to slack up and at that the number of the operations have been very greatly in excess of what they have been in former years. The practitioners are beginning to realize the mutual advantages of an osteopathic surgical hospital and are learning that at present the most serious kinds of cases can be and are successfully handled here, and that the patients are sent home friendly, rather than otherwise.

Also, on the average the sequelae which have been discussed recently by different writers, as for instance Dr. M. E. Clark's article two months ago and other articles in the A. O. A. Journal about conditions following operations, are rarely noted when the patient is in the hands of experienced osteopathic nurses, and indeed, the mortality and also the per cent of septic cases, as well as the minor sequelae, in the last two years at the A. S. O. Hospital will compare favorably with any other institution in the country. It is a remarkable fact that with abdominal operations of all sorts, reaching into the hundreds, there has never been a single case of post-operative peritonitis nor a single death from sepsis of the peritoneum or elsewhere.

Clinics will be closed from now on until September, when with the opening of school they will be again resumed under the same rules.

* * *

Another Suicide—The inquest over the remains of Dr. A. E. Beach of Carroll, Ia., brought out the fact that the doctor had deliberately planned to take his life by saturating a piece of gauze with chloroform. Ill health was the cause. He left a note on the table in the reception room of his office which read: "Death is better than ill health. God bless you, Mamma." Dr. Beach was a graduate in Medicine, Law and Osteopathy. He was ill for more than a year and during the summer was away for treatment, recently returning to Carroll to practice.

M. Commier On Crime Theory—Reiterating his oft-expressed theory that there, is no such thing as voluntary crime, Camille Commier, the eminent French scholar and psychologist, who was at the Bellevue-Stratford, Philadelphia, recently told of what psychological science has accomplished by probing into the causes of moral impulses.

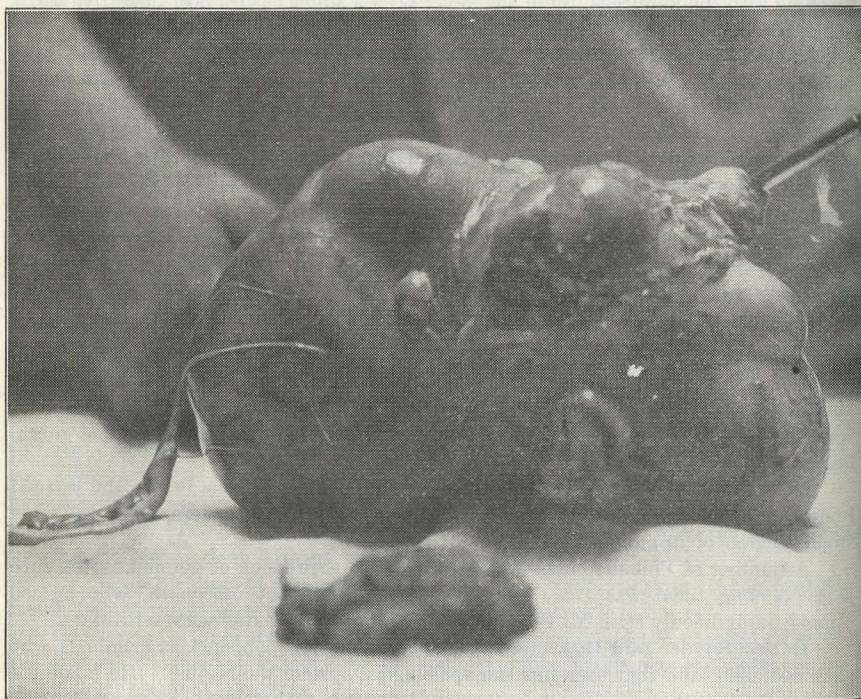
M. Commier has aired this theory on a number of occasions before the learned bodies of France, where it has met with storms of censure, accompanied by some slight degree of approval.

A number of Philadelphians were asked for an expression of opinion on the subject. Among them was Dr. O. J. Snyder, the prominent osteopath, who agreed almost unqualifiedly with M. Commier and supported his statements with data.

Doctor Snyder said that unquestionably men were punished as criminals who were not such, and that therefore our sociological system was unjust. He made the point very clear that criminality is developed through pathological or physical causes, and he knew of no other reason for so-called wrongdoing. He said that moral strength was the result, first, of an hereditary condition; second, of environment, and third, of education, and none of these three conditions, he pointed out, could be directly controlled by any individual. But upon a man's moral strength, he said, his worldly status was determined.

AN INTERESTING CASE.

Projecting from one upper corner is seen the cervix, from which projects a sound, of medium size, showing the relative size of cervix. To the other side of the uterus is attached by three adhesions of a thread-like character, the swollen and inflamed vermiform appendix. In front of the mass lies one ovary, which had been crushed by the tumor against the pelvic wall until it was hardly recognized as an ovary. In this case also the bladder was forced entirely out of the pelvis and up into the abdominal cavity, and the rectum was almost occluded. There were masses of adhesions between the bladder and the mass and also between the rectum and the tumors. Peculiarly none of these many individual tumors projected into the uterus and therefore the patient gave no history of any metrorrhagia which practically always accompanies a sub-uterus tumor, and less often the intrumural type and very rarely the sub-peritoneal. This patient healed by first intention and left the hospital on the seventeenth day.



A picture of twenty-five pound mass of uterine myoma, recently removed by Dr. Geo. Still at the A. S. O. Hospital.

JUNE NEW YORK STATE MEDICAL EXAMINATION.

Any ten of the 15 questions on each paper to be answered.

ANATOMY.

1. Describe a lymphatic gland.
2. Give the gross anatomy of the spinal column and indicate its important characteristics.
3. Describe a muscle fiber. Mention three parts of the body in which unstriated muscle is found.
4. Describe (a) arteries, (b) veins, (c) capillaries.
5. Give the origin, insertion, action, blood supply and nerve supply of one of the following muscles: deltoid, biceps, flexor cubiti, flexor carpi radialis.
6. Describe the radiocarpal articulation.
7. Mention the branches of the external carotid artery.
8. Describe the tendo Achillis.
9. State the origin and mention three branches of the ophthalmic nerve.
10. Describe the spleen and give its anatomic relations.
11. Mention (from without inward) the tunics of the eye and describe one of them.
12. Describe the esophagus.
13. Mention the important salivary glands and describe one of them as to (a) location, (b) structure.
14. What viscera are contained in the left hypochondriac abdominal region?
15. A pistol ball enters the erect body of a male adult anteriorly between the fourth and the fifth rib of the right side; it passes through the thoracic cavity one inch back of the sternum and through and out of the body in a direct line, the point of exit being the corresponding anterior point on the left side of the body. What tissues are pierced?

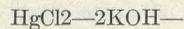
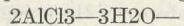
PHYSIOLOGY.

1. Give the history of the normal development of temporary teeth.
2. Describe the cause of blood coagulation. State the conditions that (a) hasten coagulation, (b) retard coagulation.
3. Describe the cardiac cycle.
4. Describe the costal and the abdominal type of breathing. State a cause of each.
5. Explain the importance of thorough mastication as related to digestion.
6. Mention the bile pigments and the bile salts and state the derivation of each class.
7. Describe the muscular movements of the large intestine and explain their purposes.
8. State the source and describe the functions of saliva.
9. Into what four classes are foodstuffs commonly divided? Give an example of one food belonging to each class.
10. Explain in detail the function of the kidney.
11. How may the function of a nerve be determined? Illustrate.
12. Give the localization in the cerebral cortex of the motor function of (a) the left side of the face, (b) the right arm, (c) the left leg.
13. What part of the retina is most sensitive to visual sensations? Explain.
14. Mention the special end organs of the sense of taste and state where each type is found.
15. Give a physiologic explanation of the rapid respiration of pneumonitis.

CHEMISTRY.

1. Describe (a) electromagnet, (b) x-ray.
2. Define (a) gravitation, (b) porosity, (c) osmosis, (d) cohesion, (e) diffusion.
3. Describe the preparation of CaC₂ on an extensive scale.
4. State the sources and the properties of sulfur. How are flowers of sulfur obtained?
5. Describe chlorine as to (a) atomic weight, (b) valence, (c) physical properties, (d) solubility in water, (e) chemical action.
6. Give the name and the formula of a compound of sodium utilizable (d) as a preservative, (b) as a caustic, (c) as a purgative.
7. Give two tests for ferrous salts.
8. What is the chemical antidote in a case of poisoning from (a) zinc salts, (b) lead?
9. Describe a chemical method of determining the presence of hydrargyrum in a solution.
10. State the composition and the properties of (a) potassium permanganate, (b) chromic acid.
11. What is the usual source of glycerin? Give the properties and the formula.

of glycerin. 12. Give the name, properties and preparation of each of the following: (a) N_2O , (b) HNO_3 . 13. Give the chemical reaction of (a) tears, (b) bile, (c) blood, (d) saliva, (e) milk. 14. Mention the chief elements of organic compounds and describe the preparation and the characteristics of one of the elements mentioned. 15. Complete the following equations:



SURGERY.

1. In performing abdominal section describe aseptic measures to be enforced as regards (a) the patient, (b) the surgeon, (c) the assistants, (d) the instruments, (e) the operating room. 2. Give the symptoms and describe the treatment of acute septic infection of the finger. 3. Describe the surgical treatment of a tuberculous abscess of the soft tissues. 4. Give in detail the treatment of a punctured wound of the abdomen. 5. Make a diagnosis, by exclusion, of carcinoma of the lip. Describe an operation for the removal of the neoplasm. 6. Describe excision of the knee joint. 7. Give the symptoms and the treatment of backward dislocation of the thumb. 8. Describe the treatment of a stab wound of the chest with injury to the lung. 9. Describe the palliative and the radical treatment of prolapse of the rectum. 10. Describe the treatment of a large ruptured varicose vein. 11. Give the symptoms and the treatment of talipes valgus. 12. Give the causes, symptoms and treatment of periurethral abscess. 13. Describe the operation of tenotomy of the eye muscles. Mention some of the possible complications connected with this operation. 14. Give indications for intubation of the larynx and describe the operation. 15. Describe a method of tendon suture.

HYGIENE AND SANITATION.

1. How long a time may the typhoid bacillus remain alive in ordinary flowing water? What factors tend to prolong the life of the typhoid bacillus outside the human system? 2. Mention the varieties of illuminating gas. What constituent of illuminating gas renders its inhalation dangerous to life? 3. To what does soil owe its self-purifying capacity? 4. Are consanguineous marriages harmful? Explain. 5. State the minimum number of cubic feet of air per hour that should be provided for each individual in a properly ventilated room. 6. Mention the methods of heating city homes. What objections are urged against some of the methods commonly in use? 7. How can water tanks become a source of nuisance? How can the danger of such a nuisance be averted? 8. Is any state procedure possible which will mitigate the evils or lessen the dangers of syphilis? Explain. 9. What is the process known as Pasteurization of milk? What effect has Pasteurization on milk? 10. What diseases may be spread by flies? Explain. 11. What pathogenic impurities are liable to be found in sick rooms and in hospitals? Outline a method of disinfecting a sick room after the removal of the patient. 12. Give the hygienic management of incipient tuberculosis in a patient who is compelled to reside in the tenement district of a large city. 13. State in detail the causation of malaria. 14. What ill effects may result from the excessive ingestion of ice or iced liquids? Illustrate. 15. Mention six diseases that may be spread by milk. What percentage of fat should marketable milk contain?

OBSTETRICS AND GYNECOLOGY.

1. Describe toxemia of pregnancy and state what may be done to prevent or to relieve this condition. 2. Give a comparative description of the virgin uterus and the uterus after child-bearing. 3. What may cause delay in the second stage of labor? How should such a condition be managed? 4. State procedure in case the head refuses to engage the pelvic brim. 5. Under what circumstances during labor may

obstetric anesthesia become advisable? Mention an appropriate anesthetic and describe the method of administration. 6. State the causes and the management of prolapse of the funis. 7. Under what conditions does version become imperative? Describe the technic of internal version. 8. How may rupture of the uterus complicating delivery be recognized? How should such a condition be managed? 9. Give the various steps of Crede's method of delivering the placenta. 10. State the causes, symptoms and treatment of endometritis. 11. Give the causes, diagnosis and treatment of prolapse of the ovary. 12. Describe hysterectomy for uterine fibromata. 13. Mention the causes and state the management of cystitis in the female. 14. What is the significance of laceration of the cervix uteri during labor? How and when should curative and corrective measures be employed? 15. Mention the prodromal symptoms of puerperal eclampsia. Describe the management of puerperal eclampsia.

PATHOLOGY AND BACTERIOLOGY.

PATHOLOGY.

Answer six questions from the Pathology group but no more.

1. Differentiate simple atrophy and degenerative atrophy. 2. What are the pathologic appearances of the blood in chlorosis? 3. Describe the phases of suppurative inflammation. 4. What lesions of the pancreas occur in diabetes mellitus? 5. What are the pathologic post mortem appearances in typhoid fever? 6. Describe the plasmodium of the tertian and of the quartan type of malarial fever. 7. What are the common lesions producing sudden death in children? 8. What is leukocytosis? What diseases are attended with pathologic polymorphonuclear leukocytosis? 9. Describe the congenital cystic kidney.

BACTERIOLOGY.

Answer four questions from the Bacteriology group but no more.

1. Define (a) saprophyte, (b) sporulation, (c) aerobic, (d) anaerobe, (e) bacteria. 2. Mention three channels of infection by the tubercle bacillus. How should sputum be collected and treated for the purpose of testing for tubercle bacillus? 3. Describe the typhoid bacillus. Give the technic of the Widal serum test. 4. How is the number of bacteria in milk estimated? What is the importance of keeping the bacterial count of a city's milk supply as low as possible? 5. Mention three characteristic products resulting from the vital activity of the colon bacillus. 6. How may the virulence of a pathogenic organism be increased?

DIAGNOSIS.

1. Describe Cheyne-Stokes respiration and state its significance. 2. Describe the instruments used in diagnosing diseases of the heart. 3. State the relation that the pulse and the respiration bear to the temperature. Illustrate. 4. State conditions of the tongue that are of diagnostic value. 5. Give the topography of the heart. In what conditions may the heart be displaced (a) upward, (b) downward? 6. Relate the physical signs in a case of diffuse bronchitis. 7. Give the details of a digital examination of the rectum. 8. What are the symptoms of aneurism of the abdominal aorta? 9. How may blood pressure be determined? Of what diagnostic value is knowledge of a patient's blood pressure? 10. Give the value and the technic of pleural exploratory puncture. 11. What are the diagnostic features of acute gastritis due to arsenic poisoning? 12. Describe the lesions in acute parenchymatous nephritis. 13. Describe the essential diagnostic features of appendicitis. 14. Differentiate varicella, variola and varioloid. 15. What diagnostic sounds are revealed by auscultation in (a) laryngismus stridulus, (b) pneumonitis (second stage), (c) pleuritis (first stage)?

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Changes of Address.—Those writing, requesting changes of address, will please send both old and new locations, so that the change may be made promptly.

KIRKSVILLE, MO., AUGUST, 1909.

To the Convention—"We hate the man we do not know" was the sage remark of one of the class day speakers at the recent A. S. O. exercises. The jealousies which exist in the profession are there because the members do not know each other. The most practical and most powerful way to combat this is by the local association, but a national body is also just as necessary for the resisting of the national drug doctor's trust. Plan NOW to go AND GO TO MINNEAPOLIS. Meet those of whom you have heard these awful things said, learn from personal contact if what you have heard is really true. Get some new ideas. Get out of yourself. And above all, do not stay at home to snatch some patients from your neighbor who does go.

Heretical Osteopaths—When the Editor was a new graduate the vibrator question was before the profession, some enterprising dealers actually trying to make the practitioner believe that it was easier to set a rib with a riveting machine than with the "ten fingers." Adjuncts are now up. Read the letters in this issue and bring your ideas to the convention at Minneapolis. And another thing. When you come, be prepared to show the legislative committee that we should not be voluntarily curtailing ourselves, confessing ourselves guilty of weaknesses which we do not have, making it necessary for us to run to an M. D. for assistance in certain critical cases—in short prohibiting ourselves from practicing the surgery and obstetrics for which we have been qualified in our college courses. We are equipped as and are competent physicians. Let us stop saying by legislative inference we are not. Let us demand and obtain our rights to practice as complete and fully qualified osteopathic physicians and surgeons.

Influencing School Children—The temperance workers have chosen well in seeking to have incorporated in the school texts, passages showing the deleterious effect which alcohol has on the tissues and much of the temperance agitation now sweeping

the country is due to the effect of this teaching on school children and through them on their parents. The osteopathic profession should take a leaf from this and see to it that while the liquor interests are thwarted in their efforts to have alcohol taught as a food, the drug doctors do not continue to teach to children the fallacies of drug medication. In this issue is reviewed a physiology designed for public or elementary schools which is most excellent as far as the physiology goes, but which dabbles in therapeutics in a most dangerous manner, as for instance recommending the use of carbolic acid for small wounds, and in teaching the use of medicines (drugs) in the various infectious diseases (which it takes up in detail). Practitioners can largely counteract teaching like this by teaching to parents simple methods of controlling the lesser ailments of childhood. Then when major ailments are present the osteopathic physician will be called, while if the mother had had recourse to the family dope chest for the minor ailments, with the advent of the major she would have called a drug doctor.

* * *

ASSOCIATIONS.

Make Hotel Reservations Early—It is particularly important that all who are going to attend the A. O. A. should make their hotel reservations early. In this way better accommodations can be had, than by waiting until you arrive at Minneapolis. Write to any Minneapolis osteopath and state the price you want to pay. The Commercial Club has appropriated money to entertain the visitors one day. Everyone is promised a good time.

Alumni Meeting—There will be a meeting of the Alumni Association of the L. A. C. O., during the meeting of the A. O. A. at Minneapolis, the date of which will be announced on the bulletin board at the Convention.

Colorado Osteopathic Association—Eleventh Semi-Annual Meeting will be held at Boulder, Colo., Thursday and Friday, August 12 and 13, 1909.

PROGRAM.

THURSDAY, AUGUST 12—9:30 A. M.—BUSINESS MEETING.
10 A. M.—BUREAU OF OSTEOPATHIC TECHNIQUE,
L. B. OVERFELT, D. O., Chairman.

Technique of Cervical Lesions, Dr. Bunting; Technique of Lumbar Lesions, J. H. Hardy, D. O.; Technique of Rib Lesions, Dr. Harry W. Forbes, Los Angeles; Discussion, Dr. J. T. Bass, Dr. J. D. Glover; Meeting of Legislative Committee.

2 P. M.—BUREAU OF GYNECOLOGY.
JEANETT H. BOLLE, D. O., Chairman.

Leucorrhoea: Its Treatment and Cure, W. A. Hamilton, D. O.; Treatment of Uterine Flexions, J. A. Stewart, D. O.; Discussion, Dr. M. A. Morrison, Dr. E. C. Bass; Technique of Dorsal Lesions, Harry W. Forbes, D. O.

FRIDAY, AUGUST 13—9:30 P. M.—BUREAU OF PEDIATRICS.
C. E. TAYLOR, D. O., Chairman.

Diphtheria, Dr. J. T. Bass, D. O.; Cholera Infantum, Cara S. Richards, D. O.; Little's Disease, R. R. Daniels, D. O.; Discussion, Mary Maddux, D. O., F. B. Laybourne, D. O.

11-12:30 Answering Questions, Harry W. Forbes, D. O. (All are invited to ask questions about any case or methods.)

12:30-2 Meeting of Standing Committees.

2 P. M.—BUREAU OF OPHTHALMOLOGY AND RHINOLOGY.

G. W. PERRIN, D. O., Chairman.

Tracoma, G. W. Perrin, D. O.; Nasal Growths and Their Correction, Chas. C. Reid, D. O.; Discussion, Dr. Amanda Hamilton; Diseases of the Throat, Harry W. Forbes, D. O.

4 P. M.—BUREAU OF LEGISLATION.

H. G. DE TEINNE, D. O., Chairman.

The Needs of Osteopathic Regulation in Colorado and Digest of Osteopathic Laws, Chas. C. Reid, D. O.; Best Methods of Promoting Legislation, H. G. DeTeinne, D. O.; History of Osteopathic Legislation, in the United States, J. T. Bass, D. O.; D. O.; Mistakes Commonly Made in Promoting Legislation, D. L. Clark, D. O.; Plans for Raising Funds for Promoting Legislation, C. E. Taylor, D. O.; Discussion and Suggestions, Dr. Forbes and others.

Reports of Special Committees. Selecting place for next annual meeting. Adjournment.

Annual State Meeting—The Illinois Osteopathic Association will hold its annual meeting at Chicago on Saturday, August 14th. Attending members expect to go in a body to the Minneapolis Convention, starting from Chicago on the 16th.

Idaho State Convention—The Idaho State Osteopathic Association held their Fifth Annual Convention in the office of Dr. C. W. Kingsbury, June 24, 1909. The officers present were Dr. E. G. Houseman, of Nampa, president; Dr. Avis Maxwell, of Boise, vice-president; and Dr. C. W. Kingsbury, of Boise, secretary and treasurer. A paper on the subject of Appendicitis, its Cause and Treatment, was very ably presented by Dr. J. C. Edwards, and was an excellent demonstration of the Doctor's personal experience with appendicitis. This was followed by a general discussion of the subject by Drs. F. P. Smith, of Caldwell, and E. D. Jones, of Pocatello.

Dr. Avis Maxwell read a paper on Chronic Articular Rheumatism which was discussed by Dr. W. M. Hatfield, of Moscow, and Dr. P. W. Polly, of Payette.

The following officers were elected for the ensuing year: F. P. Smith, of Caldwell, president; J. H. Bodle, of Boise, first vice-president; Dr. Anna Smith, of Caldwell, second vice-president; Dr. C. W. Kingsbury, of Boise, secretary; Dr. H. D. Morris of Boise, treasurer.

The Convention was the most profitable and enjoyed the best attendance of any association that was ever held in the state. The Idaho State Osteopathic Examining Board held its session June 25, 1909.

Kentucky Association—The Central Kentucky Osteopathic Association held its session at Frankfort, Ky., on July 13th, 1909. The meetings were held in the Y. M. C. A. rooms and large attendance of delegates was reported. Professional topics were discussed and also matters of business of interest to the profession.

Maine Osteopathic Association—The annual meeting of the M. O. A. was held Saturday, June 26th at the residence of Dr. Geo. H. Tuttle.

At 2 p. m., the meeting came to order and Dr. Mark Shrum of Lynn, Mass., conducted a clinic after which he gave a very interesting and able lecture on "Osteopathy in Acute Diseases." Dr. Shrum is a progressive and wide-awake man of whom we are proud to have in our profession.

The business meeting was held at 4:30 p. m. The officers elected are: President, Dr. Florence A. Covey; vice-president, Dr. W. Clare Brown; secretary, Dr. Mayme Tuttle; treasurer, Dr. Geo. H. Tuttle.

Trustees: Dr. Mary W. Day, Dr. Viola D. Howe, and Dr. Lillian P. Wentworth.

At 6:15 p. m., the association went by steamer to Peaks Island where a banquet was served at the Peak's Island House.

The program for the evening consisted of an address by the retiring president, Dr. S. T. Rosebrook; toasts by Dr. Florence A. Covey, Dr. Viola D. Howe, Dr. W. Clare Brown, Dr. Mark W. Day, and Dr. Fannie Shaffer.

Dr. Geo. H. Tuttle presiding as toastmaster in his own genial manner.—**VIOLA D. HOWE, Sec'y.**

Meeting of the Nebraska Osteopathic Association—The meeting of the State Association will be held on Saturday, September 4th, 1909, at the Lindell Hotel, Lincoln, Nebr. The following program has been arranged: Saturday, Sept. 4th, 10 a. m., Business meeting. Remarks and Statistics collected from Osteopathic Practitioners in Nebraska of Appendicitis, Dr. B. S. Peterson, Kearney. General Discussion. Remarks and Statistics collected from Osteopathic Practitioners on the After Effects of Major Abdominal Surgical Operations, Dr. Jennie Laird, Omaha. General Discussion. At 1:30 p. m., Business Meeting and Election of Officers. Diagnosis, Technique, etc., of Sacral and Innominate Lesions, Dr. A. T. Hunt, Omaha. General Discussion. Diagnosis, Technique, etc., of Lumbar Lesions, Dr. Lucy S. Blanchard, Lincoln. General Discussion. Diagnosis, Technique, etc., of Dorsal Lesions, Dr. J. M. Kilgore, York. General Discussion. Diagnosis, Technique, etc., of Cervical Lesions, Dr. C. K. Strubble, Hastings. General Discussion. Adjournment.—**DR. C. B. ATZEN, Sec'y.**

North Dakota Association—The North Dakota Osteopathic Association met at Grand Forks on Tuesday, July 6th. The Association passed a number of resolutions but the most important of these were the endorsements of the work of Prof. E. F. Ladd, and of the State Anti-Tubercular Association. The Convention endorsed Prof. Ladd's work along pure food and sanitary lines. The election of officers resulted as follows: Dr. E. E. Basye, Fargo, president; Dr. Ella Hull, Fargo, vice-president; Dr. Orr Sanders, Grand Forks, secretary and treasurer. The Executive Committee is composed of the following: Dr. W. F. Harlan, Grand Forks; Dr. Sten Hanson, Fargo; Dr. F. J. Ganoung, Valley City. The following delegates were appointed to the National Convention in Minneapolis: Dr. E. E. Bayse, Dr. Anna B. Shortridge, and Dr. Orr Sanders, representing respectively the State Association, the Examining Board, and the Legislative Committee.

Eleven members participated in the very interesting association meeting. Interesting and instructive papers on the following subjects were read and discussed: Dr. W. F. Harlan, Grand Forks, "Surgery." Dr. Ella Hull, Fargo, "Osteopathy in Diseases of Females." Dr. E. E. Basye, Fargo, "Ten Years Practice of Osteopathy." Dr. Orr Sanders, Grand Forks, "Osteopathic Legislation."

This being more in the nature of a review of our fight in the last legislature for an examining board and suggestions from this experience for future guidance.

Resolutions of appreciation to the Associated Colleges for assistance by the furnishing of catalogues, to the officers of our colleges and the National Association and Committees, to the numerous state associations, to the members of our legislature and state officials, to the newspapers of our state and to the legion of friends through out the state whose valuable assistance at critical periods of our legislation was largely instrumental in our success, were adopted.

Dr. Helen de Lendrece of Fargo who has been President of our Association since its organization eight years ago, requested to be relieved of the duties and responsibilities of the office.

Members of the Legislative Committee, Drs. E. E. Basye, Harlan, Sanders, Tarr and Bolton.

Every member present expressed a determination to attend the national convention.

Meeting adjourned to meet in Fargo, January 6, 1910.

The State Examining Board, newly created, also held its first meeting and admitted twenty-four osteopathic physicians to practice in the state. Those admitted by the State Examining Board follow: Dr. Orr Sanders, Dr. May Sanders, Dr. G. M. Whibley, Dr. W. F. Harlan, Grand Forks; Dr. E. E. Basye, Dr. Ella Hull, Dr. Clarissa Galloway, Dr. Sten Hanson, Dr. C. V. Basye, Dr. F. L. Thompson, Dr. Helen deLendricie, Fargo; Dr. C. L. Johnson, Bottineau; Dr. Helen K. Rydell, Ellendale; Dr. Woodby Kahl, Driscoll; Dr. Catherine Ross, Minot; Dr. C. Collard, Glasgow, Mont., Dr. W. P. Davis, Enderline; Dr. Joseph W. Tarr, Lidgerwood; Dr. R. A. Bolton, New Rockford; Dr. Anna B. Shortridge, Dr. Lila B. Shortridge, Devil's Lake; Dr. J. F. Blanchard, Jamestown; Dr. F. J. Ganoung, Valley City.

The new State Examining Board is composed of Dr. Anna B. Shortridge, president; Dr. R. A. Bolton, secretary; Dr. Joseph W. Tarr, treasurer.

The next meeting of the Board will be on the second Tuesday of January, 1910, at Fargo.—ORR SANDERS, Sec'y State Association.

Pennsylvania Association—The tenth annual meeting of the Pennsylvania Osteopathic Association was held at Harrisburg June 25th and 26th. The subjects and those to whom they were assigned were as follows: Dr. Helen M. Baldwin presented a paper on "A Few Thoughts on Nervous Diseases and their Lesions." Dr. J. C. Howell followed with a paper on "The Advantage of a Low Proteid Diet." Dr. W. L. Grubb presented an interesting paper on the "The Spinal Joint, What Is It?" In the absence of Dr. Arthur M. Flack, his paper on "The Physical Examination of Infants and Young Children" was read by Dr. E. M. Downing. A paper entitled "Some Dietetic Mistakes" was presented by Dr. Robert H. Miller, Saturday morning. Considerable discussion followed a talk by Dr. Edward N. Hanson, who discussed the apparent tendency on the part of some osteopaths to resort to operative surgery in many cases in which conservative osteopathic treatment had not been thoroughly tried, making particular mention of the absorption of benign tumors. The discussion culminated in a memorial which was later presented by the committee on resolutions embodying the opinion that while keenly sensible of the necessity of recognizing surgical cases and especially in acute conditions, operative procedure should not be advised, unless manipulative treatment had been shown to be unavailing. A series of Clinics closed the morning session. Two cases of chorea were presented by Dr. Julia E. Foster and a case of paraplegia, by Dr. J. Ivan Dufur, and a case of congenital dislocation of the hip by Dr. E. M. Downing. Dr. C. W. McCurdy opened the afternoon session with an interesting discussion of Intestinal Indigestion. Dr. W. B. Keene followed with a description of a cure of a case of cervical-brachial neuritis, which involved the innervation of the entire hand and arm. The convention endorsed the action of the Executive Committee in extending the thanks of the Association to the Governor and members of the Senate and House for their favorable action on the osteopathic bill.

In recognition of the splendid services rendered by the secretary, Dr. E. M. Downing, of York, in the recent struggle for a separate osteopathic board, the convention unanimously voted the re-election of Dr. Downing as secretary, making him also a delegate to the A. O. A. Convention with all the Convention expenses paid by

the Association. This action by the Society was taken as a specific personal honor to Dr. Downing and the motion was unanimously carried amid great enthusiasm. A letter of greeting was formulated and sent to Dr. A. T. Still.

The election of officers for the ensuing year resulted as follows: President, Dr. Frank R. Heine; vice-president, Dr. C. W. McCurdy; secretary, Dr. E. M. Downing; treasurer, Dr. William Rohacek. The executive committee is composed of the above officers ex-officio, Dr. V. A. Hook, Dr. Edwin N. Hansen, and Dr. Robert H. Miller.

As delegates to the A. O. A. meeting at Minneapolis, Dr. Julia E. Foster, Dr. C. J. Muttart, and Dr. E. M. Downing were chosen.

Dr. H. M. Vastine, state solicitor for the A. T. Still Research Institute Fund, succeeded in raising nearly two thousand dollars. The address by Dr. Ernest B. Tucker, of Jersey City, on "The Missing Link" was the feature of the whole meeting and was enthusiastically received. Dr. Heine, the newly elected president has been engaged in practice in Pittsburg for several years and has long been connected with the affairs of the State Association having served as a member of the executive committee for a number of years. For the past two years, he has been chairman of the Legislative Committee of the American Osteopathic Association. On account of having been elected president of the Pennsylvania State Board of Osteopathic Examiners, Dr. O. J. Snyder was compelled to refuse a re-election or any office in the association. Dr. Heine, with much feeling, referred to Dr. Snyder's long and splendid service in the interest of the profession in the state. At this point, a rousing three cheers was accorded the retiring president.

* * *

THE ASSOCIATION'S ANNUAL MEETING.

An organization cannot run itself without some thought and attention from those composing it. Three or four days a year is not much to ask the profession to give to attending to its own affairs.

There is but one national organization in the profession having an administrative function. Such an organization the profession must have. No one can conceive of the profession's development or permanent existence without it. This organization then belongs to the profession. At the present time, about two-fifths of the profession are associated in it. What is the attitude of the others? Is it inattention, or selfish pursuit of individual interest, or is it opposition? No doubt there are a large number in each class. It is easy to put off doing a duty especially if a fee is involved. It is easy to pursue one's profession as a business, to measure his success by the financial returns and forget that there are obligations upon him other than to live honestly and deal justly. It is easy to be independent, to segregate, to find fault. In the nature of things, osteopathy, as a profession, appealed to more than its proportion of this class. Every reformation does. Those not satisfied with existing conditions join in a movement that looks toward revolution. In the nature of the working of the human mind these individuals, among the most useful to progress, are least tractable, most prone to do their own thinking, have little regard for conventionality, and soon find themselves not much more in accord with their new environment than they were with the old.

But these all must realize that in co-operation is our chance of weathering the storms ahead of us. It is unthinkable that any number of practitioners, as individuals, could meet the requirements made of a profession. That there be educational standards set, some ideals raised, some means devised of protection, co-operation, and protection, and conference.

These matters we cannot neglect and long exist. Too many of us in the past have neglected them, and it is only that others among us have given so liberally of their time and experience that we have standing as a professional body to-day.

The officers and trustees of the American Osteopathic Association invite all practitioners, and urge the readers of this to extend the invitation to every practicing osteopath to be a part of the meeting to be held in Minneapolis, August 17-20. There is every reason for attending this meeting. It will be a helpful meeting. The program is full of practical and scientific matter and many new names are on the program as well as a number of the convention favorites. The social side will be the best. The meeting place is central and accessible and the advantages and pleasures it offers have never been equaled by any of the meeting places in recent years. The business sessions will be important. A new constitution is to be adopted. There has been complaint in the association and out of it that it is a too close corporation, that it can be ridden by a few bosses, who elect and appoint themselves to office, domineer and dictate until there is nothing for the average member to do.

Now is the time to put an end to all of this. Put an end to the condition if it exists, and put an end to the talk of it, if it doesn't. Take two or three days off and see to it that just such rules as are needed by the association are enacted for its governing. See that proper officers are elected, join the association if you are not a member, and then work in it and stand by it.

Osteopathy—its development, its preservation, and its perpetuation,—is the issue. It is a bigger consideration, a more important issue, than any other that concerns you. No person or sentiment should stand in the way of it. You should be at Minneapolis, you should take a part in the meeting, you should advance your views—and then you should support what is done.—Journal of A. O. A.

* * *

TO MEMBERS OF 1908 CLASS A. S. O.

We will have our first grand reunion in Minneapolis this summer. All must attend the convention and enjoy the many attractions of the beautiful "Twin Cities." The exact time and place will be announced later.

The A. O. A. has given two evenings for class and club reunions, etc., and we of the 1908 class, A. S. O., want to get together and have a real old love feast; get acquainted again with each other, for when we separated we were school boys and school girls; now we are dignified physicians. Let us exchange our experiences, tell our troubles and introduce our new wives, our new husbands and our new sweethearts. I imagine I see you smile when I say sweethearts, and you say what does Scottie know about sweethearts? Well, I get pretty discouraged every time I read the last Journal published and see who has left the bachelor ranks.

Laying all jokes aside, let us attend the convention, let us dedicate the "1908 Ranch & Camp Osteopathy," which Dr. Geo. Still has so graciously named in our honor. He has invited us, and never again will so many of us at one time have such an opportunity to visit the place that would be such a pleasure to all. It does not matter if you have not joined the A. O. A. as yet, come anyway, this will be a good time to join and I know that if you are not a member it is simply an oversight. We of the 1908 class, know that in unity there is strength, and we all remember the fable of the bundle of sticks: Take one stick at a time and it is easily broken, but combine a number of them into a fagot and they resist all of your efforts to break them. This is the object of the A. O. A., to bind the osteopaths together in such a manner that all the efforts of the American Medical Association and other enemies to crush us, will

be of no avail. And while I am talking to you about these lines let me urge you not to pay any attention to those people who say the A. O. A. is not run properly; they all say it is a good thing, so why not join and help to run it properly?

Mark Twain says: "It is not best for all of us to think alike—It is difference of opinion that makes horse races," so in our organization it is run for the benefit of the whole profession and not for any one individual. There is bound to be difference of opinion.

But I am getting away from what I started out to say, and that is, come to Minneapolis, let us have a reunion and form a class organization and have a jollification, all for ourselves. Let us talk things over. We have undoubtedly experienced the same things, and that is, in building up a practice which is no easy matter, and we know that while starting it is not wise to take many vacations, but let us trust it will be possible for enough to be there to form a class organization, give the good old class yell, and go fishing with Dr. George.

The writer has had the good fortune to have been associated with our President of the A. O. A., Dr. Thos. L. Ray of Ft. Worth, Texas. I know of no one who has a better practice than he. Dr. Ray attends all State and National Conventions and it seems that he is gainer and not the loser by attending, so let us all make an effort to attend this meeting, and in future years be it known to all that the "Blue and the White" is always ready to assist in the advancement of osteopathy.

Any letters of inquiry will be gladly answered by Dr. Leona Harper Woolson, of 403-404 McClure Bldg., St. Paul, Minn., who has kindly offered to assist. Dallas, Texas, 626 Wilson Bldg. Yours most fraternally, SAMUEL SCOTHORN.

* * *

CONVENTION OF THE AMERICAN OSTEOPATHIC ASSOCIATION AT MINNEAPOLIS.

PROGRAM.

FIRST DAY.

- 10-10:30—Opening exercises; invocation; address of welcome, Dr. E. C. Pickler.
 10:30—President's address, Dr. T. L. Ray.
 11:30—Paper and Demonstration, subject "Observations in Practice," Dr. J. H. Sullivan.
 12—Demonstration and Practice, Dr. H. W. Forbes.
 RECESS.
 2—Open Parliament, Subject: "Ideals of the Osteopathic Physician," conducted by Dr. C. W. Young.

SECOND DAY.

Section I:

- 9:30—Paper: Subject, "Bony Lesions and Blood Formations," Dr. Louisa Burns.
 10:30—Demonstration, Subject: "Physical Diagnosis," Dr. C. J. Muttart.
 11:30—Practice: (a) Paper and Demonstration. Subject, "Specific Medication Through Bacterial Products," Dr. W. B. Meacham.
 (b) Paper, Dr. C. G. Hewes.

Section II:

- "Gynecology and Obstetrics," Dr. A. A. Achorn, Chairman.
 11:00—(a) "Relation of Pelvic Disease to Insanity with report of Operative Cases," Dr. George A. Still.
 11:30—(b) "Demonstrations in Diagnosis by Inspection of Pelvic Disease, Malig-

nant Disease, Endometritis, Cystocele, Polypus, Syphilis, Gonorrhoea," Dr. Ella D. Still.

12:00—(c) "Local Treatment of the Pelvic Organs," Dr. K. Janie Manuel.
Discussion—Dr. George R. Boyer, Dr. Bertha A. Buddecke.

12:30—(d) "Reflex Manifestations of Pelvic Disorders," Dr. Effie W. Rogers.
Discussion—Dr. Bertha F. Whiteside, Dr. W. S. Mills.

RECESS.

2:30—Open Parliament, conducted by Dr. C. P. McConnell.

THIRD DAY.

Section I:

9:00—Business Meeting, report of Committees, report of Trustees of A. T. Still Research Fund, report of Committee on Publication, report of Committee on Education, report of Committee on Legislation.

11:00—Paper and Demonstration, Dr. J. A. Overton.

12:00—"Symposium on Nervous Diseases," Drs. Bowling, C. H. Spencer, Ruddy and Forbes.

Section II:

"Gynecology and Obstetrics," Dr. A. A. Achorn, Chairman.

11:00—(a) "Preparation of Pregnant Women for Parturition," Dr. M. E. Clark.

11:40—(b) "Care of Mother and Child During the Puerperium," Dr. Louise P. Crow.

12:20 to 1:00—(c) "Open Parliament on the Management of Labor," conducted by Dr. Percy H. Woodall.

RECESS.

2—Open Parliament: Subject, "Collateral Therapeutics," conducted by Dr. H. W. Conklin.

FOURTH DAY.

Section I:

9:30—Paper and Demonstration, Dr. A. G. Hildreth.

10:30—Paper and Demonstration, "Osteopathic Orthopedics," Dr. George Laughlin.

11:30—Demonstration, "Surgical Appliances," Dr. George Still.

Section II:

9:00—Special Educational Program by the Associated Colleges of Osteopathy, Dr. J. Martin Littlejohn, President.

11:30—Subject, "Eye, Ear, Nose and Throat," Dr. C. C. Reid.

RECESS.

2:30—Election of Officers.

3:00—Open Parliament.

* * *

HAVE YOU EVER ATTENDED AN A. O. A. CONVENTION?

If you have, little argument is needed to convince you that the convention was worth to you many times what it cost you in time and money to be there. If you have never been there, right now is the time to begin planning to be at Minneapolis, Aug. 17. You don't know what you have been missing. The common saying is, "What you don't know don't hurt you," but from the standpoint of your profession, it isn't true; what you do not know is just the thing that "hurts you" in your practice. A convention of this kind is pretty sure to bring out about as good as the best there is in the profession and there will be ample opportunity for anyone with his eyes open to learn. If you have the blues and you have sort of run dry on ideas as to how to "make the thing go" take the train for Minneapolis to the convention and

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IS THE

OSTEOPATHS DIAGNOSTIC CASE

The Electrically Illumined Instruments for practical general use are found in this modern outfit. Examine them at our exhibit in Minneapolis.

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stock up on ideas. If you have ideas which have helped you, go to the convention and tell them; the chances are that they will help someone else. If the convention isn't run to suit you, have the courage of your convictions and "get up in meetin'" and tell them so and the experience whether you are right or wrong, will be pretty sure to help you if you are the right sort of a fellow.

Then, too, don't you think that you are missing just a whole lot when your sole end and aim is to wring financial success from the profession then turn it loose, without duly considering the fact that to have played even a small part in the building up of a great science, is infinitely worth while? The point of it all is, you owe it to yourself and to the profession to attend the convention if you possibly can.

One feature of the Minneapolis convention which deserves the attention of the whole profession, is the fact that a new constitution will be discussed and adopted. This constitution will be international in its scope, and to make it so, the attendance should represent the whole profession. Those who are not in favor of the present constitution should make an effort to be present, that they may be of service in eliminating the defects.

The sectional work provided for in the new constitution, is a thing that will doubtless add more to our conventions than any other feature. It is especially good as we are all weak in some lines of our work and in this way we will be enabled to strengthen our weak points by attending the sections which represent the lines on which we are deficient. Considering the important business to be transacted, the ideal location, the reunions of the classes and fraternities of the different schools, the convention should be largely attended. Go if you possibly can.

STATE BOARDS AND LEGISLATIVE.

The Situation in Georgia—The fight for a separate board of osteopathic examiners has begun and that this movement on the part of the osteopaths is strenuously opposed by the Allopaths is shown by the resolution which was passed at a recent meeting of the doctors of the First Congressional District held at Savannah recently. The resolutions call on the Georgia Legislature not to make laws raising osteopaths to the dignity of the medical profession and the doctors evidently mean to try to defeat if possible, any such measures.

WHAT THE PEOPLE THINK.

As a result of the publicity given this attitude of the older school of medicine towards osteopathy there has resulted a very radical reaction—a boomerang—as is indicated by a pointed editorial which recently appeared in the Atlanta, Georgian. It furnishes such good reading that we give it word for word:

Why Fight Osteopaths?

At this session of the Georgia legislature the osteopathic physicians of the state have introduced a bill to establish a state board of osteopathic examiners, placing them on the same basis before the law as the other schools of medicine.

Ever since the osteopaths entered the state some ten years ago a persistent fight has been waged against them by the older schools.

The attitude of intolerance is nothing new to the healing art. The history of medicine in our country has been one of antagonism. First, the allopaths fought the eclectics; then they joined more or less against the homeopaths; and now we have these schools arrayed against the osteopath.

The Georgian believes in fair play. For this reason we protest against this unseemly tumult in the medical ranks. Why this fight upon the osteopaths? It is all wrong. They have just as much right here as the other schools and deserve just as much protection. It is not for the state to say which is science and which is not science. The function of the state is to foster science in any form and place it under the most favorable conditions to develop.

Remember the argument of Gamaliel before the Jewish Sanhedrin.

If there is nothing in this thing to satisfy our expectations it will die of its own weight, but if there is anything in it, humanity needs it on its way upward.

The public is not in sympathy with this persecution of the osteopaths in Georgia. There are now about fifty in the state, twice as many as there are of the homeopaths. The osteopaths deserve what they ask. The assertion that they are not an intelligent or educated class of physicians is entirely without foundation. They are required to study for three years of nine months each, or 27 months of schooling; while the medical schools only have four terms of six months, or 24 months—a bill pending just now, too, adding the fourth term.

The activity of the old school of medicine against the osteopaths is nothing more nor less than the equivalent to restraint of trade—a pure trust tendency to defeat competition.

Opposition of this sort to the osteopaths is most unjust. The members of the Georgia legislature will surely not be influenced by such tactics. Fair play goes in Georgia. Let the bill pass. Every other state in the South has given the osteopaths what they have asked.

The bill is well under way and has been recommended by the House Judiciary Committee of the Legislature and the prospects are very good of its becoming a law.

Antiphlogistine

(Inflammation's
Antidote)



**An Ideal
Adjuvant**
for
**Abdominal Pain
and Visceral
Inflammation**

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It is backed by many influential citizens, a number of whom appeared before the committee in the interest of the bill. They told of the good the osteopaths are doing and cited numerous instances of noteworthy cures which have been made by them. As a matter of fairness, both to the osteopaths and the people of the state, the latter should be given the right to choose this kind of treatment if they desire, and the doctors of this school should be legally protected.

Another View—We were advised to request Dr. F. A. Dennette for information with regard to the new Massachusetts law, and did so. In reply, we received the following:

“We have obtained the law, a copy of which is herewith enclosed. This law takes away privileges which we have had and places upon those registered under it the official seal of the State as being hereafter the only genuine osteopaths. To go into details of the legislative situation for the past five years in this state would, in my opinion, be to uncover a condition of treachery to the best interests and integrity of osteopathy by some in our ranks, that it were better, as with a dead dog, ‘not to disturb him.’”

Trouble Brewing For the M. D's. in Ontario—The medical profession throughout Ontario is showing significant symptoms of unrest and dissatisfaction on account of the inroads that osteopathy has been making and they are looking with longing eyes

towards British Columbia where the medics have been making a strenuous effort to put all osteopaths out of business. The Ontario medical fraternity is looking to British Columbia to "show them how to do it." But let the M. D's. take warning. Not only will they find the Ontario osteopaths thoroughly organized, but they also have some funds back of them. A quiet campaign of education is being carried on and if the editorial in a recent issue of "Toronto Saturday Night" is a criterion of the attitude which the press is taking in the fight, the campaign is bringing results in the moulding of public opinion. The periodical mentioned is one of the leading papers in the province and, as you will see, the editor gives the medical fraternity something to think about. With regard to the effort to drive out the osteopaths, the editorial says, in part:

"It strikes me that the honored members of Canada's medical profession might be better employed. Just how effective the osteopathic treatment, is, individual experience must attest, but in any event, it is fairly safe to say that boring holes in a man's epidermis, or wiggling the muscles of his back about a bit, are not going to do any considerable harm, even if it does no good.

On the other hand, we have flung in our faces, day after day, advertisements for the "cure" of consumption, cancer, and the like. Some of the Toronto daily papers are loaded down with such advertisements, everyone of which are fraudulent from first to last. Each twenty-four hours, people afflicted with these and other dread diseases, over which no medicine has the least curative effect, are paying out their last dollars in the vain hope of the "cure" which the thieving manufacturers, with a gift for writing deceptive advertisements, are sending broadcast throughout the land. From time to time the physicians take up this patent medicine curse—one of the greatest of our generation—but the movement has always been a half-hearted one, and non-productive.

The osteopaths may punch holes in one's anatomy, but at least they give no drugs with which to numb the senses, and create and cultivate tastes ten times more fatal than the liquor habit. Let the Ontario Medical Council make an honest endeavor to have the cancer and tuberculosis "cure" fiends put where they belong, and the rest of the medical misfits will follow in the natural course of events. It is said that patent medicines cost the Canadian people considerably upward of six million dollars per year, but this is trifling when one computes the real physical harm done by these "cures" in the same space of time. In these days when practical philanthropy occupies so much of the time and energy of the good folks of the world, it would be well to remember that patent medicine manufacturers, and more particularly those who advertise cure-alls under attractive names, prey upon the poor and the ignorant. It is this class of people who purchase opium-loaded soothing syrups for baby; and who, when sister or mother coughs and hacks there in the back room where sunshine is a stranger, go to the drug store and purchase Dr. Skinum's consumption cure and Dr. Doum's positive cure for night sweats.

Already the people of the United States are tightening the cords about these frauds, and to-day in all that country there is scarcely a publication of merit and prominence willing to carry their advertisements. There, under the pure food acts, much has been done toward putting the most mischievous of these manufacturers out of business, while others have been obliged to alter their prescription in such a manner that the harm which their "medicines" formerly did, is largely nullified.

Here, in Canada, we have scarcely moved at all in this very important matter, and I take it as being up to the physicians of Canada to give it a start. An active,

persistent propaganda among our Members of Parliament should attain the end desired, and at the same time the daily, weekly and monthly publications of the Dominion who are now taking money from these blood-suckers in return for space, might be shown the error of their ways."

With becoming "timidity," we would suggest that the medical council of Ontario appoint a special commission to investigate the general principle of "boomerangs."

Borrowed Ammunition—In an open letter which appeared in the Medical Reporter of June 15th, some splendid legislative advice was given, apropos the recent fight in Illinois, which osteopaths who are interested in obtaining legislation would do well to observe:

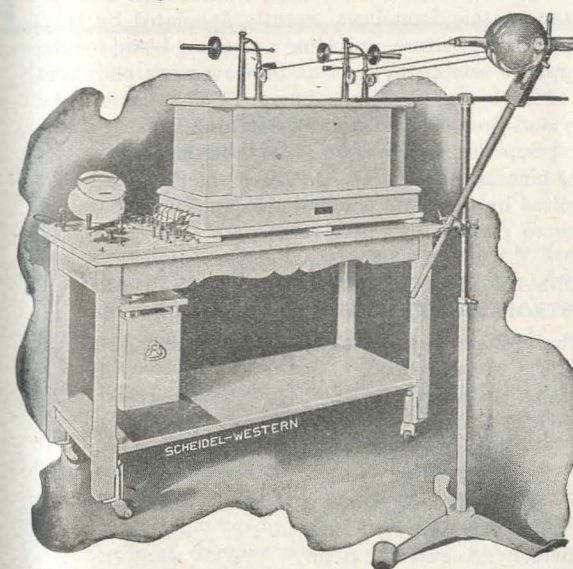
"A few weeks ago the medical profession of the whole state was wrought up over the "Osteopathic bill," which was before the Illinois legislature, and we all wrote personal letters to our representatives at Springfield.

"There are three representatives from each district and I wrote to all three from my district. Two of them answered my letters, stating that they would not vote for the bill in mention. One representative did not answer my letter and later avoided voting when the bill came up for roll call.

"I further note that there were 44 representatives who voted for the osteopathic bill and 32 who dodged the issue.

Scheidel-Western Equipment. At the A. S. O.

Herewith is a cut of a new Scheidel Induction coil which has been purchased by the A. S. O. for diagnostic purposes. This coil embodies the latest ideas in electrical engineering, is one of the most powerful machines manufactured, doing X-Ray work with exposure of seconds instead of minutes, as with the old static machines. Negatives can be made of hand, foot or leg in one second, and of the chest, abdomen and hip in from ten to thirty seconds. This makes a most valuable addition to the diagnostic equipment owned by the A. S. O. A new dark room, in has been constructed and equipped for the rapid development of the X-Ray prints.



A first-class compressor-diaphragm equipment, arranged for stereoscopic work, is included, making the outfit the finest in the state of Missouri, and the equal of any in the country.

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"Doctors: Are any of these men from your district? If so, write them for their reasons. Surely, they have a reason for the faith that is in them. If your representative received more requests to vote for the osteopathic bill than he did to vote against it, he was justified in voting yea. It is your duty to take an interest in your own financial matters, even if you haven't public spirit enough to consider the community's welfare. Write your representative now and ask him not to vote for such a bill again when it comes up.

"If your representative did not vote at all, he is probably in doubt as to what his constituents want. Now, don't leave him undecided any longer. Write him to-day and let him know your convictions on this matter. We not only want this bill defeated but the spirit killed. Also every other bill that tends to lower the character, either moral or educational, of the profession. We want to raise the standard of the profession in every way and it is up to you to help right here.

"If your representative voted against the osteopathic bill, just drop him a line to-day and thank him. You like to have your patient thank you for what you do. So does your political representative want your approval when he works in your behalf, and whether you voted for his election or not, you owe him a "thank you" and he will appreciate it.

"The Bulletin of the Chicago Medical Society of May 22 on page 7 says: 'Osteopaths Defeated!' Now, don't you believe it. They did get a short upper jab when their guard was down, and they have taken the count, but they will be back at the old stand again shortly and we will have to meet them better trained and prepared. You must let your legislator know where you stand. Get busy and write every one a letter to-day. I wrote mine. The record of each man is given in the Bulletin of May 22. Do it now."—CHARLES J. DRUECK, 599 East Forty-sixth Street.

Nebraska—The Board of Osteopathic Examiners recently appointed by Gov. Shallenberger under an act of the last legislature, providing a separate board for the examination of applicants to practice osteopathy, met at the Governor's office and organized. Dr. J. M. Kilgore, of York, was elected chairman. Under the law, the Governor appointed a Secretary and Treasurer. Dr. C. B. Atzen, of Omaha, is secretary and Dr. J. T. Young, of Superior, is treasurer. The other members of the Board are Dr. E. M. Cramb, of Lincoln, and Dr. W. H. Cobble, of Fremont. The practice of osteopathy is recognized by the State law, but the practitioners are not permitted to prescribe drugs or to perform operative surgery.

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SCHEDULE OF EXAMINATIONS BY THE PENNSYLVANIA STATE BOARD OF OSTEOPATH EXAMINERS.

To be Held at Harrisburg, in the "Senate Caucus Room," Capitol Building, August 3, 4, 5 and 6, 1909.

ORDER OF EXAMINATION.

Anatomy, Tuesday, August 3, 9 a. m.

Physiology and Pathology, Tuesday, August 3, 2 p. m.

Minor Surgery, Wednesday, August 4, 9 a. m.

Obstetrics and Gynecology, Wednesday, August 4, 2 p. m.

Chemistry and Toxicology, Thursday, August 5, 9 a. m.

Diagnosis and Hygiene, Thursday, August 5, 2 p. m.

Principles and Practice of Osteopathy, Friday, August 6, 9 a. m.

Texas—By order of the Texas State Board of Medical Examiners, in executive session in Cleburne, Texas, June 22-24 last, advises and notifies that subsequent to

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date just given no applicant who is graduated upon less than four terms or courses of instruction of five months each, as a minimum, given in four separate calendar years will be admitted to its examination. In this state five schools of practice are recognized and each are accorded exactly the same privileges—not in the least limited in their sphere of practice and that a uniform requirement is necessary and demanded is responsible for this action.

* * *

STATE BOARD MEDICAL EXAMINATION FOR THE STATE OF TEXAS.

PHYSICAL DIAGNOSIS.

1. What is meant by fever; give the different types and explain each? 2. In examining the tonsils and pharynx, what should we especially look for and what diseases do they represent? 3. What is goiter; name the different kinds? 4. Give the different varieties of spinal curvatures, and name some of the causes of each? 5. Give the methods of examining the thoracic organs and explain each? 6. What is meant by the term "rales;" classify and briefly describe? 7. Name the commonest forms of valvular heart disease, and give the differential diagnosis of mitral and aortic regurgitation? 8. What is meant by tachycardia; by bradycardia; give causes of each? 9. Name the different types of pleurisy and describe each briefly? 10. What are the most common diseases affecting the lungs; give the differential diagnosis?

R. H. McLEOD, Palestine.

PHYSIOLOGY.

1. Give name, distribution and function of the fourth cranial nerve? 2. Name

classes of food that favor or increase both the alkaline and acid reaction of the urine? 3. Give the chief source; average daily quantity, and where formed, of urea? 4. Name seven human fluids normally alkaline, and three normally acid in reaction. 5. Give specific gravity, chemical reaction, average daily quantity secreted and physiological action of pancreatic juice? 6. Name three enzymes upon which the digestive action of pancreatic juice depends? 7. What centers are located in the Medulla Oblongata? 8. Describe the coronary circulation; are the coronary arteries supplied with vaso-motor nerve fibers; what would be the effect on the heart were the coronary arteries to be ligated? 9. What is Hemoglobin; give its average proportion in human blood and function? 10. Give explanation of the terms dyspnea, hyperpnea and apnea; give two causes for the first and one for the last condition.

M. E. DANIEL, Honey Grove.

OBSTETRICS.

1. Differentiate between retained and adherent placenta, giving the causes of adherent placenta and mechanism of placental separation? 2. Describe and give causes of Bandl's rings; the Hour Glass ring, and describe each condition. 3. Give cause of precipitate labor; its dangers and treatment. 4. What is meant by prolapse of funis; when does it occur; state the danger and give the management of the case? 5. Name accidents which occur in labor; to the mother; to the child? 6. Name difficulties which may be encountered in twin deliveries. 7. What is episiotomy and when is it indicated? 8. Give and describe the landmarks of the superior and inferior straits. 9. Give diameters of the pelvic outlet and how is the pelvic outlet bounded? 10. Differentiate Uterine Bruit and Umbilical Souffle.

J. D. MITCHELL, Fort Worth.

GYNECOLOGY.

1. Name and describe the varieties of condylomata. 2. Define pudendal hernia and give operative technique? 3. Define hypersthesia of the vagina and give five etiological factors. 4. Give six etiological factors in retro-displacement of the womb? 5. Give the indications and contra-indications for hysterectomy? 6. What are the indications and contra-indications for curettage? 7. With a pathological lesion in the uterus what course would the reflex nervous action pursue; what portion of the vicious circle would be affected and what would be the general phenomena of the nervous system? 8. What reflex nervous phenomena attend long standing cystocele or rectocele or both? 9. What is the usual position of the womb in cystic-degenerated ovary; give etiology and pathology of the latter? 10. Give etiology, pathology and differential diagnosis of cancer of the corpus uteri and uterine fibroid.

R. O. BRASWELL, Fort Worth.

SURGERY.

1. Describe healing py granulation. 2. What are methods of controlling hemorrhage? 3. Define peritonitis; state three ways in which the peritoneum may be invaded by bacteria. 4. Mention the accidents that are liable to occur during the reduction of a dislocation. 5. Define amputation in the continuity and amputation in the contiguity of a limb. 6. How are dislocations distinguished from fractures? 7. What are the indications for rephining in fracture of the skull? 8. Describe the several varieties of club-foot. 9. Describe the varieties and treatment of fracture of the patella. 10. Enumerate the diagnostic points in intussusception.

E. P. BECTON, Greenville.

ANATOMY.

1. Give the origin, course, distribution, and function of the Pneumogastric

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nerve. 2. Name the Pectoral group of muscles and describe one fully, giving its nerve supply and action. 3. Give the names of the bones forming the pelvis, and describe one fully. 4. Describe the Thoracic duct, with its functions, course and termination. 5. Name the sympathetic nerve plexuses below the diaphragm. 6. Describe the formation of the Brachial Plexus and name the branches that spring from each cord. 7. Name in their order the structures between the cutaneous surface of the Perineum and the mucous membrane of the bladder at the Prostatic plane. 8. Describe origin, course, and distribution of the Ulnar nerve. 9. Describe the Popliteal space, giving boundaries, structures found therein and relations from within outward. 10. Give origin, course and distribution of the Facial artery.

W. B. COLLINS, Lovelad.

BACTERIOLOGY.

1. Give a general description of the action of agglutinins. 2. What micro-organisms are most frequently related to the development of surgical septicemias? 3. What bacteria are associated with inflammation and suppuration? 4. What are the essential factors in infective processes? 5. Where is gonococcus usually found; describe its character; give specifically a method of staining it? 6. What special culture-medium is required for the growth of the gonococcus; give the pathogenicity of the gonococcus? 7. State where the amegma bacillus is found and give the mode of differentiating it from the bacillus of tuberculosis. 8. Describe the bacillus typhosus and state: (a) Whether aerobic or anaerobic. (b) Saprophyte or parasite. (c) Facultative, strict or obligatory. (d) Manner of its action. (e) Where found in body, and how eliminated? 9. What are leukocytes; and what occurs when they come in contact with pathogenic bacteria? 10. What is phagocytosis; and what is accomplished by it?

J. P. RICE, San Antonio.

MEDICAL JURISPRUDENCE.

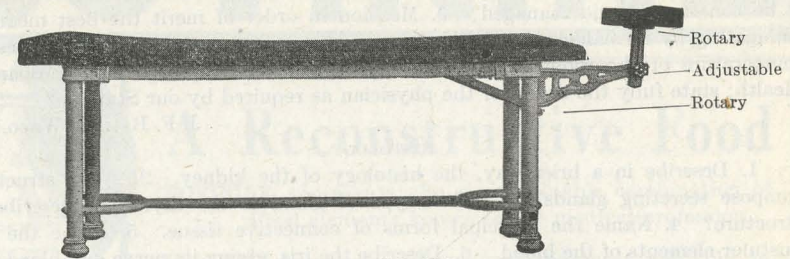
1. Describe the Coroner system and the Medical Examiner system. 2. Give the chemical tests for blood. 3. What may be the Medico-legal importance of fractures and dislocations? 4. Differentiate suicidal, accidental and homicidal gunshot wounds. 5. What is meant by justifiable abortion? Differentiate justifiable abortion from criminal abortion. 6. How would you go about establishing the identity of the mother of a child, whose dead body is found under such conditions as to make its parentage doubtful? 7. Give the three important constant symptoms or signs as medical testimony in alleged rape; what do you understand by age of consent in reference to rape? 8. Describe, define and differentiate Illusion, Delusion and Hallucination and the lucid interval. 9. Give the eight varieties and classification of insanity. 10. Describe a Post Mortem in a Medico-legal case.

J. D. OSBORN, Cleburne.

HYGIENE.

1. Name five of the best disinfectants and explain their action and method of use? 2. What measure would you recommend as the most efficient way of preventing malaria? 3. Give periods of incubation of Measles, Smallpox, Diphtheria, Scarlet Fever, Whooping Cough and Typhoid Fever. 4. Name some diseases which may be to a large extent prevented by proper hygienic care. 5. Indicate the proper diet in a case of Diabetes Mellitus, Obesity, Typhoid Fever, Tuberculosis. 6. What climate is most suited to a patient with Tuberculosis, Rheumatism, Bright's Disease, Chronic Rhinitis and Pharyngitis, Chronic Bronchitis, Asthma, Hay Fever. 7. What constitutes impure milk; how is it adulterated; what diseases may be spread through the medium of milk; what are the duties of the milk inspector? 8. Give the advantages

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and disadvantages of a State Sanatorium for treatment of Tuberculosis; how should it be constructed and managed? 9. Mention in order of merit the best means of fumigating by formaldehyde gas; how is the gas formed and what is the necessary temperature of the room? 10. What diseases must be reported to the Board of Health; state fully the duties of the physician as required by our Statutes?

J. F. BAILEY, Waco.

HISTOLOGY.

1. Describe in a brief way, the histology of the kidney. 2. What structures compose secreting glands? 3. What type of gland is the thyroid? Describe its structure? 4. Name the principal forms of connective tissue. 5. Name the corpuscular elements of the blood. 6. Describe the iris, giving its nerve and blood supply. 7. What are the size of Pylers glands? What is their structure? 8. Give histology of mammary gland. 9. What are ferments, toxins, opsonins, aggressins? 10. Give histology of nerve trunk.

PATHOLOGY.

1. Explain the difference between puerperal septicemia and sapremia. 2. Describe gliomata. 3. Describe a Thrombus, an embolus. 4. Name the tumors which have epithelium as a physiological prototype, and state which are malignant and which benign. 5. Describe the process of fatty degeneration. 6. What pathological changes in lung tissue occur in the various stages of lobar pneumonia? 7. What pathological conditions are productive of icterus? 8. Purpura hamoragica; give pathology. 9. What is degeneration? Name the principal forms. 10. Name the pathology of anurism.

CHEMISTRY.

1. What are proteids or protein bodies and where are they found? 2. What are the two principal albumins and how are they distinguished? 3. Which compound of C is most numerous? How subdivided? 4. What is Methane, where found, how generated and the significance of its presence? 5. What part or organ is to be tested in suspected mercurial poisoning and how is Hg determined? 6. What food may cause copper poisoning, symptoms, how recognize presence of copper? 7. Name some of the common sources of lead poisoning, and describe symptoms. 8. Differentiate between Carbon Monoxide and CO₂, give common source of each and say how they act as poisons. 9. Of the Antimony compounds, which is the most used in medicine? 10. The presence of Hydrogen Sulphide would indicate what?

REPORT AND SUGGESTIONS OF LEGISLATIVE COMMITTEE ON EXAMINING BOARD BILL.

1909. Legislative Session.

GRAND FORKS, N. D., July 6, 1909.

At the December meeting of the association held in Fargo the draft of a bill to be introduced at the next meeting of the Legislature empowering the Governor to appoint an Osteopathic Examining Board was read and discussed. The unanimous sentiment of the meeting was that such a bill should be introduced and your secretary was appointed a committee of one to attend the legislative session at Bismarck and use every effort to see that it passed.

Considerable preliminary work was required in getting the bill in satisfactory form. Hon. B. G. Skulason of Grand Forks very kindly volunteered to look after the necessary legal and legislative forms and assisted by suggestions from Judge Davis of LaMoure and Dr. Thompson of Fargo prepared the bill for introduction.

Still National Osteopathic Museum, Kirksville, MO

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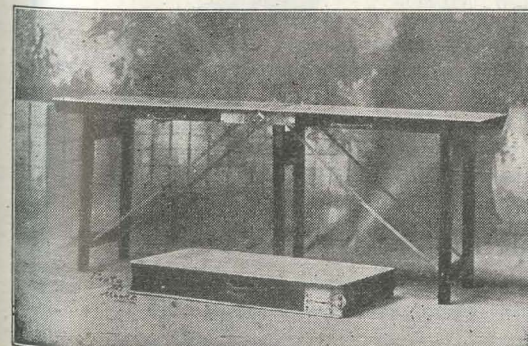
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In the meantime your committee and officers of the association were getting in touch with the legislators and state officers and trying to judge about "where we were at."

Everything looked quite favorable, so on January 25th, Hon. Maynard Crane of Cooperstown, one of the staunch friends of osteopathy introduced Senate bill No. 131. "An Act creating a State Board of Osteopathic Examiners, etc." and on the 27th, it was given its second reading and referred to the committee on Public Health. The next day, January 28th, this committee reported the bill to the Senate unanimously recommending it to pass.

Under the rules of the Senate it was required to lay over for a day before coming up for third reading and final passage. The same day the legislature adjourned for one week and this was the beginning of trouble.

It had been the first intention to have Hon. B. G. Skulason introduce and champion the bill in the house, but after looking the ground over carefully and sizing the situation up on arriving in Bismarek, it was deemed best by Mr. Skulason and your committee to introduce the bill in the Senate and test it out there as quickly as possible.

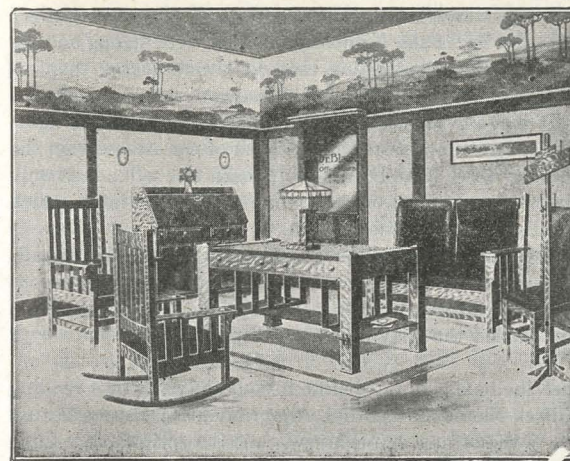
Up to the day of adjournment everything seemed lovely for us. Not a word had been heard against our bill and had the vote been taken that day in Senate the indications were that it would have received every vote. But during this recess our medical friends seemed to have wakened up and immediately became very aggressive. For on the reconvening of the legislature we found they had won over the chairman of the Senate Public Health Committee and had him very enthusiastic over the Composite Board idea. However, he had been a lukewarm supporter of our measure all through and seemed very much surprised and grieved because the osteopaths very promptly and positively turned down his proposition prepared by the M. D's. for a mixed board. They (the M. D's.) of course furnishing nine tenths of the ingredients and doing all the mixing.

As chairman of the committee he had our bill re-referred to the Public Health Committee and tried to bring the balance of the committee to his plan for fixing us up, but not a member of the committee could be won over and after several days juggling and attempting to kill our bill he was instructed to report it for passage and it came up for final passage February 11th. Our friend the chairman had through the influence of the M. D's. enlisted two other Senators to help make the fight against our bill on the floor of the Senate and when it was called up for final passage they managed to fight and orate until the Senate was worn out and on motion of one of our friends adjourned. That night the M. D's. through our same friend the chairman made the proposition that if we would change the wording of our bill to read "Doctors of Osteopathy" instead of "Osteopathic Physicians" and eliminate all of section eight referring to Vital Statistics they would not fight further. This was agreed to, first because the degree conferred by osteopathic Colleges is "Doctor of Osteopathy". Second, because the Public Health laws and recent court decisions give us the right to report Births and Deaths and Contagious diseases. Our friends in the legislature advised it and it was thought best, as we were not conceding any important points to end the fight possible.

The same day the friends of the "Irregular" osteopaths found that they could possibly be injured by the section of the bill admitting present practitioners in the state and made a demand that this section be changed to admit holders of "All Osteopathic Diplomas" now residents of the state of North Dakota. Some of our best friends and staunchest supporters were friends of the "Irregulars" also and they

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positively refused to see any bill go through that would not admit all "Osteopaths" whether diplomas were from regular or "Fake" schools and they were strong enough to have killed our bill then and there. Contending that we "were asking them to help us do to some other practitioners, what we wanted them to help us keep the M. D's. from doing to us." It was the hardest proposition met in the entire fight. So after consulting with the Executive Committee and officers of the Association the amendment was agreed to. As far as we have been able to learn this will admit only one "Irregular" and it may be better to admit one now than many more later, which might be the result had our bill not passed this session.

On February 15th, the bill was again up for final passage and our medical friends instead of keeping faith with us had their friends in the Senate put up a most vicious and determined fight, but to no avail, as our friends led by Senators Crane, Duis, McArthur, Stevens and others carried the day and our bill passed the Senate by a vote of 34 ayes to 6 naves.

The bill went to the House the next day but before it could have its first reading and be referred to the committee there was another adjournment of the legislature which lasted for several days. If the former adjournment caused a sprinkle of trouble this one brought a deluge.

When the Senate amended and passed our bill we had at the expense of the association two hundred copies of the bill reprinted as amended for the use of the members of the house that that might have the bill before them in its exact form. The printer by mistake delivered us six hundred copies and upon investigation we found the six hundred were printed for other parties and we soon found out who they were printed for and what they were to be used for. The chairman of the Medical State Legislative Committee enclosed a copy of the bill together with two amendments to each M. D. (six hundred of them) in the state, with instructions to send to his representative in the House urging and demanding that he use every effort to either kill our bill or have the House Committee incorporate the amendments in it. The effect of these amendments would have been to put us out of practice and we would have seen the bill killed before allowing them to be inserted.

The chairman of the State Medical Legislative Committee and other M. D's. went before the House Public Health Committee and made a bitter fight but to no avail. The committee refused to amend the bill in any particular and unanimously reported it to the House recommending it to pass as it came from the Senate, which report the house adopted.

Telegrams and letters by the hundreds were pouring in on the members of the house, M. D's. from all over the state came in and even the officers of the State Board of Public Health and from the Insane Asylum and University were there before committees and beseeching the members. It was now getting near the close of the session and our bill was "way down" on the House Calendar of Senate bills. The adoption of the committee report by the House prevented amendments being offered without unanimous consent (and this our opponents could not get) when the bill came up for final passage and if we could "nurse" it safely along into the last two days of the session, it could not then be debated and the chance for some magnetic orator to stampede the House against us would be nil, and here was where our good friend Representative Skulason showed his Parliamentary skill and brought our bill to a vote on the next to the last day of the session, at almost the exact hour we had set for it. The opposition had two of the best speakers and fighters on the floor lined up against us but they waited too long and when it came to a vote they could not talk,

and the vote was 58 to 29 in our favor. About 15 of these votes against us were the result of a fight over another bill a few days before in which our friends took an active part and the particular friends of the killed bill attributed its defeat to some of our friends and voted against our bill more in a spirit of revenge than anything else. One of these disgruntled parties voted for our bill in order that he might give notice to call it up for reconsideration the next day, which notice he gave but when he made a canvass of his friends he found he could not get a dozen votes for reconsideration so before the hour for which he had given notice arrived next day, he quietly left the chamber not to return and the speaker ordered our bill engrossed and sent to the Governor where it arrived at ten o'clock that night, the last night of the session.

The next morning we were informed by the Governor that the M. D's. had requested that they be allowed a week in which to prepare and present to him arguments for the vetoing of our bill. This he could hardly refuse, and after going over the ground as we supposed thoroughly with him and feeling assured that he would approve the bill left for home.

Then what they had been unable to accomplish with the Legislature they undertook with the Governor. Delegation after delegation of the most prominent M. D's. of the state visited the Governor and tried by every possible argument fair and unfair to induce him to veto our bill. Petitions and demands from all their local societies poured in. Fearing that all this pressure might have some influence with the Governor though known to be a man of his own mind and a champion of fair play and justice, it was thought best to make another trip to Bismarck. After an interview with the Governor and showing the falsity of the vast majority of the M. D's arguments the Governor on the 20th of March signed our bill making it a law and for the time being at least ending the fight. A few weeks later he appointed according to the provisions of the bill, Dr. Anna B. Shortridge of Devil's Lake, Dr. R. A. Bolton, of New Rockford and Dr. Jos. W. Tarr of Lidgerwood members of the Board.

Several important lessons were brought forcibly to your representatives attention during this fight. One that the people as a whole are not antagonistic to osteopathy. Where not especially friendly they are disposed to see "fair play" and not allow other schools to be given any advantage of us. But the general knowledge of osteopathy is so limited that often they think we are claiming more and asking more than is due us, the idea having been so thoroughly instilled into them by the medical fraternity that osteopathy is "just a little rubbing." In such cases it requires time and hard work properly to present to them and prove to them the scope of osteopathy. There must be a more general united and systematic effort to educate the public along osteopathic lines. We must use every endeavor to see that only qualified practitioners are allowed to practice osteopathy in order that we may be able to "make good" the claims of our profession. We must keep up a live energetic organization local, state and National. We must keep in touch with our law-makers and officials. All that was accomplished at Bismarck was not entirely on the merits of our profession for in legislative matters we are compelled to a certain extent to "play politics" not in the least in a dishonorable manner but to keep posted on matters political and know whom best to enlist in our cause and look to for support. A great deal of good was accomplished by the energetic and prompt support of all the osteopaths of the state at the critical periods of our legislation, especially in writing and getting numerous friends to write the legislators requesting their support of our measure, thus in a very great measure counteracting the influence of the pressure brought upon them by the M. D's.

We can not too greatly appreciate the support given us by the members of the Public Health Committees in both Senate and House every member of both committees with one exception standing by us first, last and all the time.

To Hon. Maynard Crane of the Senate and Hon. B. G. Skulason in the House who "Fathered" and fought for our measure in their respective bodies we should be deeply grateful.

One particularly noticeable fact was that I think with only one exception, every member of the Legislature from districts where there are practicing osteopaths supported us loyally. I could mention scores of others who supported us but time and space make it impossible. One name I must however mention Ex-Senator J. D. Bacon of Grand Forks, who not only on this occasion but in three other sessions while a member of the Legislature fought loyally and hard for us. To our Governor, Hon. Jno. Burke, who so firmly stood for what he thought was right, against the blandishments, the arguments and to their shame, the misrepresentations of the M. D's., we certainly owe a great debt of gratitude. All the associated colleges promptly and cheerfully responded to requests for catalogues for use among the members and these were of great assistance to us, giving as they do so much general osteopathic information and in condensed form showing just what work our colleges are now doing.

The Bandel decision in New York last year and the vital statistics reports of the Census Bureau were used with telling effect in plainly showing up the falsity and animosity of some of the medical charges against osteopathy.

We were successful in killing off two or three apparently very innocent bills which had they been allowed to pass would have given us serious trouble. One in particular would have prevented any but an M. D. from attending an obstetrical case. One reprehensible method of trying to injure us was the writing of scurrilous and libellous letters to the members of the Legislature by the M. D's. These however, only proved a boomerang for them and helped more than they injured us.

While we have been successful in this fight and have I think with probably one exception, Missouri, the best osteopathic law of any state in the Union, we need not think that we can rest on our oars, for the enemy is already at work laying plans for our undoing and will aggressively keep up the fight in the future and if we expect to live as osteopaths we must be up and doing.

* * *

LET US HAVE INDEPENDENT LAWS NOW.

O. W. LA PLOUNT, D. O.

There is much agitation to-day in our journals regarding the future of osteopathy. There are those who foresee the day when the practice of medicine shall have usurped the known truths of osteopathy and shall be enjoying the fruits which its truths yield in the practice of the healing art, unless osteopathy is made a complete system.

There are others who are indifferent,—being satisfied with the status of affairs, no matter what that may be. Finally, we have a third class and to my mind the class under which most of our practitioners belong, physicians who fear progress, who do not care to expand and who believe that the way to advance the cause of osteopathy is to limit its usefulness.

I would like to put before the mind of the osteopathic profession at this time a few questions; questions suggestive of the answer I should give them and which I trust will set the profession thinking a little if they do not do any thing else.

First. Do you respect yourself and are you satisfied to be called an incomplete

physician. Content to call in some M. D. to show your patients how incompetent you are in emergencies?

Second. Are you satisfied with this condition when to-day all our colleges are giving complete courses in surgery and all known truths in therapeutics?

Third. Are you satisfied with being withheld from hospital privileges and content to allow uneducated M. D's. to practice osteopathy?

Fourth. Are you satisfied to hold down your great science by allowing or ever advocating laws to be placed on the statute books which read, "nor practice surgery, nor obstetrics," etc.?

Look here, fellow practitioners, we restrict ourselves and we cannot expect to be called any thing but "Rubbers" by the public.

We cannot have the confidence of the public nor stop the sneer of bigots if we limit ourselves in any way. There has been a great deal in our journals of late regarding the danger of our being swallowed up by the medical profession. These articles are timely and have been very interesting and have served a good purpose; but I would suggest that we resort to action now instead of discussion.

Dr. Glasscock's article in the July number of the Journal of Osteopathy is right to the point. As he says, If we are to be complete physicians we must get away from the notion that osteopathy is an absolutely drugless system. We cannot take care of all cases and do so without the use of antidotal and antiseptic preparations when the case demands it. We must practice surgery, for osteopathy is surgery and surgery is osteopathy, and every therapeutic truth, no matter if it be one year or a thousand years old, is osteopathy.

This thing of condemning all things coming from the old school sources whether new or old is ridiculous, and is making us the laughing stock of all thinking people.

How would the Wright Bros. with their new and wonderful aeroplane appear before the public if they refused to put paint and varnish on their machines because those things had been used on passenger coaches years ago? They would look a great deal like some of the members of our profession do in the public eye to-day.

We must at all times be sensible or else we will be laughed at. It we are not to be swallowed up by the medical profession, we must become complete physicians. We must do away with limiting laws, and in their stead have laws which will be non-restricting.

To start such a movement I am willing to draw up such a law, and send copies to those who care to have them.

This law shall read, "To practice osteopathy and surgery with hospital privileges,—also prohibiting M. D's. practicing osteopathy without taking necessary examinations in osteopathic practice."

Now is the time to act. The pioneers of osteopathy procured the best laws they could under the circumstances they labored against, but things are different to-day. It is for us, the younger members of the profession to go ahead now, and show the world that the way to succeed is to "do" and that osteopathic physicians are complete physicians.

* * *

An Interesting Family—In a letter received recently from Dr. A. H. Eldred, of Carlinville, Ill., gives an interesting bit of family history. Dr. Eldred will be 81 years old in December, 1909, and his wife will be 79 in September, 1909. M. S. Eldred of the family will be eighty-four years of age in September. Such a long useful life is an inspiration to us younger fellows.

Certificate of Consolidation

This Certifies That the Northern Institute of Osteopathy of Minneapolis, Minnesota, and the Northwestern College of Osteopathy of Fargo, North Dakota, were Consolidated with the Dr. S. S. Still College of Osteopathy of Des Moines, Iowa, and that the Dr. S. S. Still College of Osteopathy aforesaid, the Milwaukee College of Osteopathy of Milwaukee, Wisconsin, the Bolles Institute (also known as the Colorado College) of Osteopathy of Denver, Colorado, the Ohio College of Osteopathy of Chillicothe, Ohio, the Atlantic School (also known as the Buffalo School) of Osteopathy and the Southern School of Osteopathy of Franklin, Kentucky, were Consolidated with

**The American School of Osteopathy
of Kirksville, Missouri;**

And that

graduated from
aforesaid, and received therefrom a **Diploma** conferring upon
the degree of **Doctor of Osteopathy**, dated

*The holder hereof is recognized as a professionally and
legally qualified practitioner of Osteopathy, and is hereby
publicly recommended.*

In Testimony Whereof, this Certificate is issued by the
Board of Trustees of the American School of Osteopathy
by virtue of authority granted by the State of Missouri.

Given at Kirksville, Missouri, this _____ *day of* _____ *19* _____

President

Secretary

Consolidation Certificates

Upon the opposite page appears] fac-simile of CERTIFICATE to be printed upon genuine parchment, which will be issued at the discretion of the Board of Trustees of American School of Osteopathy to graduates of schools mentioned therein,

Who are in good standing morally and pro-
fessionally, and who are in actual practice

and who make application in blanks to be furnished on request
AMERICAN SCHOOL OF OSTEOPATHY, Kirksville, Mo.

BOOK REVIEWS.

Post Graduate Course in Fractures and Stiff Joints—Sir William Bennett in the fourth edition of his lectures on Massage in Fractures has given some very good pointers and practical hints in the conduct of these cases. He shows the advantage of passive movement and of massage in the various typical fractures, including directions for the proper splinting of same and illustrated by half tone cuts and radiographs. There is also considerable space devoted to the indications for and the technic of "breaking down" stiff joints, together with warnings as to improper work. The text comprises a good short course of post-graduate work by an eminent surgeon.—Massage in Recent Fractures, etc. Sir William Bennett, K. C. V. O., F. R. C. S.—8 vo. 134 pages with 23 illustrations. \$1.00. Longman's, Green & Co., New York.

A Popular Physiology—A new physiology which is modern and accurate in regards to its true province as a physiology is the text by Ritchie. But when it goes beyond its limits and discusses therapeutics it encroaches on debatable ground. For instance it states as facts established without chance of controversion that anti-toxin, vaccination, and other drug methods are of superlative advantage; it also recommends carbolic acid and carbolic salve for home treatment of wounds—a practice highly dangerous; and advises disinfection of hands rather than asepsitization.—Human Physiology, John W. Ritchie, Professor of Biology, College of William and Mary. World Book Co., Yonkers, N. Y., Price 96c.

LETTERS TO THE EDITOR.

DAYTON, OHIO, July 14, '09.

To the Editor—I note in July number of your Journal that Dr. Forbes is criticised for not “Demonstrating his theories with regard to Lorenz method” at the Ohio Convention, Jan. 7th, at Toledo, as stated in your December Journal. Dr. Forbes is not to blame, I corresponded with him, his subject was “Some Fundamental Conceptions of Osteopathy” which he handled in a very able manner. This subject was on our printed program, sent to all osteopaths in state, also to the Journal.

Dr. Forbes spent two entire days with us, gave us splendid service and many extra hours of time, which we all greatly appreciated.

E. H. COSNER,

Sec'y Ohio Osteopathic Society.

* * *

EDITOR, JOURNAL OF OSTEOPATHY—Philosophy is common sense reasoning, or just common sense from an impartial standpoint. I remember one of the things that set me to reasoning osteopathically. I had then been practicing medicine about twenty years, having graduated from the medical department of the University of Michigan.

I was treating a young lady with enlarged glands of the neck and was about to operate for their removal. She was advised to go to Dr. S. S. Still. He told her he could remove them without an operation. She returned to me and told me what he had said. I remember well my reply, it was that “I knew better, he could not for I had practiced medicine for twenty years and I knew, I did.” A typical medical reply. I knew what was what, having taken a post-graduate in New York, fourteen years a railway surgeon, etc. But the girl went home and left me in my office alone. I called myself together and said, “A little philosophy now.” If he told her that, he either believed he could or else he lied to her. Why should he lie? So I admitted the conclusion that he believed he could. Then I had to admit that if he could, HE KNEW MORE THAN I DID. Also, if he knew how, I could also know how if I would learn. For what he could learn, I could, and did later remove them myself without an operation; just what, in my ignorance as a medical man, I had told her could not be done.

One must occupy strictly neutral ground if one wishes to be a philosopher. We are so wrapped in an opinion we receive from others that we take it as our guide without any reasoning on our own part.

Often we find the opinion of doctors veritable boomerangs. The doctors (M. D's.) taught the people to believe the potent power to heal was in the pill, powder, or dope, and that they could get health out of a bottle. Now, a little reasoning will reveal the fact that the three life essentials, air, water, and food, are all that made you and me from a babe until now. Now-a-days the medics who are wise are giving but few drugs, because people, as they become enlightened, rebel against dope. Only the uninformed accept the pill, powder, or dope, as a panacea for all ills. So the medics are compelled to abandon the idea which has been promulgated for so long. Still many M. D's. are treating their tuberculosis patients with medicine when it is acknowledged that there is no medical treatment for consumption. God's good air is the power to aid in restoring health. Still many physicians send their consumptive patients away when there is just as good air at home.

The greatest enemy to man is man himself. The greatest enemies to the medi-

cal profession are the doctors, on account of the attitude which they always take against anything new, providing they did not originate the idea themselves. They opposed homeopathy when I was attending the University of Michigan. The American Medical Association fired all our Professors because the State of Michigan had established a Homeopathic College across the campus and some of the regular professors had to teach some of the homeopathic classes.

The same way when Dr. A. T. Still launched osteopathy; they were arrayed against it without so much as an investigation, calling, Fraud, Fake, Quack, etc. So out of this persistent oppression came osteopathy, the coming accepted system of treating the sick. We can make it the system if we expand. If we stay narrow, we will become simply a side issue or a second fiddle to the M. D. If we embrace our opportunity now, we may in a few years occupy the place the science merits. Having a law recognizing us and giving us an independent board, or giving us a member on a Medical Board will not do it. We must equip ourselves with adjuncts to our osteopathic adjustments so that we will fill the whole field. If we do not, soon the medical college will establish a chair of hand manipulations, and so, for a time, boost up the medical profession. Ultimately, drugging must give way, as the system of putting poisons in the body to make it well is wrong, and it will eventually be abandoned.

The laws which the medics are endeavoring to have enacted to shut us out will fail, as the people will see through the real animus. It is not because we are not doing good work but because we are taking the business from them. Our successes are greater than the M. D's., and the number of failures (deaths) charged to us, is less.

F. C. JONES, D. O.

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WILL OSTEOPATHY BE ABSORBED?

EDITOR, JOURNAL OF OSTEOPATHY—Will osteopathy be absorbed by the medical schools? seems to be one of the leading topics of the hour. I have read the discussions in the Journal with no little interest, but it seems to me that if those who are afraid that such a calamity will overtake us, would stop and reason the thing out, that their fears would vanish and their confidence in osteopathy be restored. It has been between eight and nine years since I took up the study of osteopathy, and since that time I have thought, studied and practiced it constantly and to the best of my ability, and have built up an average practice. Yet how often I feel that I am only on the threshold of its possibilities, and that I know little about it in comparison to what there is to know. Yet I feel that I possess average intelligence, and have an average capacity for learning. Then why should I be afraid that my business will be absorbed and stolen by some one who has given it but a passing glance, or at most has read a book on the subject? The principles of osteopathy and their application can not be absorbed that way. It is true that many medical men think that they are absorbing osteopathy, and using it in their practice, but they are coming about as close to it as their brethren who are writing articles about it in their journals, and both attempts are about equally amusing to us. They in reality know nothing of the principles, nor would they know how to apply them if they did. When an M. D. does take the time to put sufficient study upon the subject, that is, takes a course in one of our schools, he is no longer an M. D. but an osteopath clear through and generally a radical one. So from a scientific standpoint allopathy, homeopathy or any other “pathy” will never swallow us. From a political standpoint it may be a little different; if they can “composite board” us in enough states and lead people

to think for a while that they are absorbing us, they may in that way retard our growth and bother us from some years to come. If every state will get an independent examining board, and thereby keep themselves distinct in a way that the public will know that they are distinct, the danger of being assimilated will be past before it arrives. Such articles as appeared in the July Journal are significant; they mean that the medical profession is beginning to realize that we have what they have been looking for, that is, some scientific and efficient treatment that will take the place of drugs, and they are also beginning to blame one another for letting us get started, and they are also beginning to realize that they want us "inside of them—." Their medical training however does not fit them to practice osteopathy. Neither does it enable them to pick it up at a few casual glances, but they have got to go through the same preparation that each of us went through, and when they do that they will be osteopaths and proud of the name. Then it seems to me that they are swallowed, not us.

Fraternally,

U. S. PARISH, D. O.

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HERETICAL OSTEOPATHS.

EDITOR JOURNAL OF OSTEOPATHY—I have just read with interest your editorial, "Are We Drifting," also Dr. Sullivan's, "Are We Progressing?" Letters and editorials of a similar nature have appeared in osteopathic publications from time to time but no one seems ready to champion the cause of the mixer.

I stand ready to look the whole osteopathic profession squarely in the eye and plead guilty to the charge of being a mixer. And I'm no muscle-rubber either nor do I use the general treatment or "treat 'em-all-alike" variety.

Do I use suggestion? Guilty. But the patient doesn't know it. The public has not learned to distinguish as yet between suggestive-therapy and fakery—so for the good of all concerned I never use suggestion openly. If the force of suggestion can mold public opinion, turn elections, sell merchandise, make christians or criminals and if a half dozen schools of healing utilizing its laws are getting good results in certain classes of cases why should I not take it for what little it might be worth to me.

Did you say hydrotherapy? I'm your culprit. If, after prescribing two cool baths per diem in a bad case of hemorrhoids, you return to find your patient taking six because of the great relief afforded thereby and she at once falls in love with the mixer for giving such good advice, it makes one glad he is a mixer. Who would deny the fever patient his tepid or cool sponge bath? Cool packs work wonders if rightly applied. Where is the osteopath who never prescribes an enema? Is this hydrotherapy or just common sense, or is hydrotherapy properly applied anything but common sense? Water internally, externally and eternally for me.

Speaking of diet, did you ever have a patient who persisted in eating boiled cabbage or some such junk and would in one day undo the good effects of a week's treatment. What D. O. would not say, "Cut it out, brother?" If you find that meat is bad in gonorrhoea and tea in constipation and that fruits are good food in both, would you not change the diet? Good food in proper quantity and combination is as great a factor for good as the meat-coffee and white-bread diet is a power for evil. Some doctors never think of diet except for gastric disorders. As a matter of fact it plays an important part in a goodly percent of our cases.

As for exercise, I'm guilty of prescribing it. An osteopath, of all physicians should know that motion is a fundamental principle of life. When motion ceases, retrogression begins. We are taught to adjust malposition and restore motion.

By exercise you may be assisted in the latter and the patient, not the doctor, expends the energy. Many of our failures are due to weak muscles in the patient and exercise is the surest way to strengthen them. I teach my patients that it often becomes necessary for the osteopath to divide work with the patient and if the latter doesn't keep up his end it will not be difficult to locate the blame for failure to make a cure.

If I can give a patient a few simple exercises which, if practiced fifteen to thirty minutes daily, will increase the vital capacity of his lungs 15 to 35 cu. in. in a few weeks, produce a more normal action of the digestive organs, and stir up a sluggish circulation, it is certainly worth while. I am more sure of good results, I get them quicker and divide the responsibility of the case with the patient. Your patients appreciate any extra interest taken in them and will pull for you like they were working on a commission basis.

It has been my experience that in certain joint conditions accompanying myalgia that too much rest is as harmful as too much exercise and that the physician can materially improve matters by prescribing light gymnastics suitable to the case.

"So-forths" of all sorts help to make up my array of adjuncts. I have prescribed chewing gum for two hours daily with good results in abscess of the ear. It aids in keeping the tissues relaxed and preventing the blood stagnating around the ear and ramus of the jaw.

In gastric disorders I often advise more work for the masseter and thereby diminish the work for the stomach.

If osteopaths would learn to use clay-packs in certain inflammatory conditions the men who sell Denver real estate in tin cans would lose money advertising in osteopathic publications.

The use of these adjuncts have in no sense weakened my faith in osteopathy nor have they lessened my ability to find and fix a bony lesion. I am an osteopath first and last but I believe that certain forces in nature may be used with benefit to fill in the gaps left in our treatment as commonly applied.

I would no more hesitate to use water and diet as an adjunct in the treatment of my cases than to utilize gravity as an aid in the replacement of a prolapsed uterus.

Any and all of Nature's forces which can be used with benefit should be welcomed by the D. O. and utilized for the good of his patient, his pocket-books, and his profession.

I draw the line at drug treatment which is harmful and unnatural and,—unlike the adjuncts above mentioned,—will not harmonize with osteopathy. If we dabble in drugs the medics will swallow us sure and it would be our just desert. If we stick to natural methods we need have no fears of the enemy making a meal of us. They cannot swallow so large and bitter a pill. If there are any meals to be eaten I propose to eat a few M. D's. and perhaps incidentally an occasional osteopath who is unable to see anything beyond the horizon of adjustment. I am, Your heretic friend,
RILEY D. MOORE, 215 Fair Bldg., Grand Junction, Colo.

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Appointed on the State Board—Dr. Asa Willard, of Missoula, Mont., has been appointed on the State Board of Examiners, succeeding Dr. O. B. Prickett, of Billings. Dr. W. C. Dawes, of Bozeman has also been appointed a member of the same Board to succeed Dr. C. W. Mahaffy, of Helena. Dr. L. K. Cramb, of Butte, is the other member appointed by Gov. Norris. To Montana belongs the honor of having the first independent Board of Osteopathic Examiners, Dr. Willard having served as secretary upon its organization.—Dr. W. H. Heagney.

DELTA OMEGA NOTES.

Dr. Jessie A. Wakeham is practicing at Bar Harbor, Me., this summer.

A. S. O. European trip in 1920: Additional names for this time have been sent in as follows: Mr. and Mrs. Keene Phillips, A-1911; Mrs. Anna S. Lee.

JESSIE A. WAKEHAM, Sec'y.

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PACIFIC COAST NOTES.

News items at this time of the year are rather scarce in osteopathic circles.

Seven of our Los Angeles osteopaths are now studying in Europe and we are expecting them to come home with all of the famed knowledge of the East.

Dr. John S. Allison, of Monrovia, is erecting a large house which will be used in part for a private sanatorium. Among the several interesting features of the house is an operating room which will be up to date in every way.

San Francisco is making a strong bid for the National Convention in the summer of 1910. California osteopaths, with very few exceptions, are united in wishing for this meeting and each one is going to do his best to help secure it.

The P. C. O. is going to offer a short course in Laboratory Diagnosis, free of charge, hoping this may induce at least a few to come to the "land of the setting sun."

It is still uncertain as to how many osteopaths will attend the National Association, but the indications are that the Pacific Coast will be well represented at the Minneapolis meeting. Were the doctors now in Europe at home, it is very certain that the number would be very materially increased.

J. S. ALLISON.

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ONTARIO NOTES.

Dr. N. T. Sage, a homeopathic practitioner for fifteen years, but now a "bony lesion" osteopath of the '08 A. S. O. class, has decided to leave Detroit, Mich., where he has practiced for years and return to the land of his birth—Ontario. The doctor has opened offices at "The Victoria," Queens Ave., London, Ontario.

Dr. Harriet Crysler of the June, '08 A. S. O. class, who has been practicing in Butler, Mo., for the past year, left on June 29th for her home in Niagara Falls, Ontario. Dr. Crysler has returned home with the intention of locating in her native Province but has not yet decided on a location.

Drs. Robert G. and Edna Earle Ashcroft of the June, '09 A. S. O. class, opened offices on July 2nd at 405 Princess St., Kingston, Ontario. The osteopaths of Ontario extend a hearty welcome to the new arrivals.

The Ontario Association of Osteopathy will hold its annual convention in Toronto, Ontario, on Sept. 8th, '09, when it is expected that the Association will have as its guest, Dr. Franklin Fiske of the A. S. O. faculty. Dr. Fiske will lecture on and demonstrate osteopathic mechanics. Visiting osteopaths will receive a hearty welcome.

The writer frequently receives inquiries from osteopaths looking for locations asking what kind of place Ontario is for osteopaths, what kind of laws we have, how long it will take to get started, etc., To all such we would say: Ontario is all right for the osteopath who is all right, but to the individual who might think of coming to Ontario and building up a practice by questionable advertising, extravagant claims or "flim-flam" methods we would say—for your own sake, as well as that of osteopathy—stay away. The people of Ontario are conservative—very conservative—

and it takes considerable time and much patience to overcome their prejudices. They look askance at anything irregular in the healing art and in everything else. There perhaps is no place where people are so wedded to their family physicians as here, so the osteopath, in order to get a practice must make his work count in every case he gets. It goes without saying that results will do more to advertise the D. O. than all other things combined, but in a conservative community this is even more true than elsewhere. To those who are willing to put up with a small beginning and who are determined to build a practice on a foundation of good work, right advertising, correct deportment and honest dealing with the people there is no place that offers better inducements than Ontario. If you belong to this class you can succeed here. Any who wish information as to where to locate in Ontario may write to the undersigned or to the secretary of the Ontario Association of Osteopathy.

ASA GORDON WALMSLEY.

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MASSACHUSETTS NOTES.

The Boston Osteopathic Society at its annual meeting elected officers as follows: President, Frank A. Dennette; vice-president, Effie L. Rogers; secretary-treasurer, Arthur Miner Lane; curator, W. Arthur Smith; director for three years, Freeman W. MacDonald.

Dr. Mary A. Heard of Boston sailed for Europe July 7th. She will return in the fall.

Dr. E. H. Barker of Quincy, Mass., is on a European trip.

Dr. Clinton E. Achorn has retired from practice and will in the fall enter the mining business.

At a meeting of the Massachusetts Osteopathic Society held July 2nd the legislative committee submitted its report on the work done during the year and the success met with which was very gratifying to all concerned. Dr. Mayes, the president, was in the chair and the meeting was the most harmonious in the history of the society. A committee was appointed to arrange for a jubilee banquet in the fall.

Dr. Clinton E. Achorn of Boston will sail from New York for Europe, July 14. In company with Dr. Wilfred A. Streeter of Glasgow, who is now visiting friends here, he will make an automobile trip through Ireland.

THE LEGISLATION SITUATION.

Many reports of the legislative situation in Massachusetts have gone out but none thus far appearing in the osteopathic journals have been absolutely correct. For the past eight years bills have been presented to the legislature without success. Good fights have been made but through various causes defeat was the result. The worst enemy we had in our battles was dissension in our own ranks.

The radical osteopaths who are fewer in number than the others have stood for a separate board but any attempt at legislation along this line was bitterly opposed.

Several times the opposing factions have gotten together at the start but something always developed so that one side mistrusted the other and legislation fell flat so far as a bill was concerned.

After these repeated efforts, several of the osteopaths wearied of the matter and lost interest refusing to give any more of their time or money to the cause.

This was especially true of a number of those who had passed the examination before the state medical board.

This year more harmony prevailed among all the osteopaths, and the faculty of

the Massachusetts College of Osteopathy were anxious to obtain legislation for the better protection of its graduates who desire to locate here.

A committee on legislation was appointed, a number of whom were novices, in such matters, but it remained for Dr. George W. Goode of Boston, secretary of the committee to put the matter through. Dr. Goode worked early and late with great sacrifice to himself and it was due to his personal influence with members of the legislature and his friends that Massachusetts can claim what it has today in the way of an osteopathic law. The law is not what Dr. Goode wanted but the best he could get under the circumstances.

The bill was given a hearing before the committee on Public Health and Dr. Wilfred E. Harris, president of the Massachusetts College of Osteopathy spoke for it and outlined what we wanted. The only opposition appearing were two masseurs who called themselves osteopaths.

The public health committee reported our bill favorably, it being the first time in the history of osteopathic legislation in this state.

The bill was finally given its first reading in the House when it was defeated by a voice vote due to apathy on the part of our committee.

Drs. Goode and Lane learning of the situation immediately set to work for a reconsideration of the vote which was obtained by a vote of 105 to 89 on a roll call.

The bill was then given its several readings in the House and sent to the Senate for concurrence. Here it met with vigorous opposition on the part of the medical men. Dr. George W. Gay, chairman of the legislative committee of the Massachusetts Medical Society over his own signature had sent to each member of the Senate a long letter stating that osteopathy was simply massage, that all the osteopaths were unqualified to practice the healing art and that the best osteopaths who had taken the state board medical examination were not supporting the bill.

Dr. Harvey, secretary of the State Board of Registration in Medicine with Drs. Wheatery and Taxon, two M. D's. and members of last year's senate lobbied openly against our bill.

The bill was finally enacted and sent to Governor Draper for his signature. It was referred to the attorney general who declared that the words "which are recognized by the American Osteopathic Association" were unconstitutional on the ground of class legislation. The bill was recalled, amended in the senate by taking out the objectionable clause and sent to the house for concurrence.

By sharp political methods on the part of the fakirs which could not be prevented, re-enactment on the part of the House was refused.

The bill through Dr. Goode's close attention was sent back to the Senate. That body re-committed the bill to its committee on bills in the third reading. A new bill was drafted with a four year clause.

This bill passed the house by a vote of 127 to 44 June 18 after going through the Senate with flying colors championed by Senator Roland M. Keith who worked hard and unceasingly for us. Senator Keith is a great exponent of osteopathy having taken treatment and he is a recognized leader in the Senate.

On the last day of the legislature June 19, Governor Draper signed the bill and the pen was presented to Dr. Goode.

That morning Dr. Harvey of the State Board of Registration in Medicine urged the governor to veto the bill.

The bill was the hardest fought in the legislature this year and in view of the

fact that it came up so late in the session, rules had to be suspended to admit of its passage.

While not an ideal bill the osteopaths in Massachusetts have a great deal to be thankful for.

ARTHUR M. LANE.

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PERSONALS.

Decided on Location—Dr. O. M. Walker will locate at Dover, N. J.

Located—Dr. K. B. Moomaw has located at 331 W. Second St., Waynesboro, Pa.

Temporary Change—Dr. W. E. Lyons, of Falls City, Nebr., is temporarily located at Adams, Nebr.

New Address—Dr. Charles Sommers advises that he has opened offices at 328 Perry Bldg., Philadelphia, Pa.

Leaves Texas—Dr. Warren Ownby, formerly of White Wright, Texas, is now located at Broken Arrow, Okla.

Left San Francisco—Dr. Ruth Johnson has removed from San Francisco to 812 Cleveland Ave., Niagara Falls, N. Y.

Leaves Idaho Falls—Dr. Bertha Turk Schmelzel has left Idaho Falls, Idaho, and is now located at Staunton, Ill.

Form Partnership—Dr. Lewis E. Matthews is now located in Grand Rapids, Mich., associated with Dr. Hollingsworth.

Change of Address—Dr. H.M. Davis, formerly of Enderline, N. Dak., has removed to 48 Syndicate Blk., Minneapolis, Minn.

Located in Brookville—Dr. R. S. Coryell, formerly located at Clearfield, Pa., is now located in Brookville, Pa., Address, Box 603.

Business Address Changed—Dr. E. S. Morrow, of Columbus, Ind., announces that his business address now is 42½ Washington St.

Finds New Quarters—Dr. B. Herbert Cabbage, of Beatrice, Nebr., has removed to the German National Bank Bldg., of the same city.

Announces New Location—Dr. Eugene Tiberghien, formerly located at Agra, Kans., announces that he has located at Marysville, Kans.

Locates in Home Town—Dr. Carolyn Shelden, formerly of Coshocton and Granville, Ohio, has removed to Waterford, Ohio, her home town.

Goes to Kentucky—Dr. Granville Waller, A. S. O., '09, has left Kirksville, Mo., for Louisville, Ky., and will be located at 1417 Fourth Ave.

Enters a New Field—Dr. Norman L. Sage, formerly of Grand Rapids, Mich., is now located at London, Ontario, with offices at 24 Queens Ave.

Change of Address—The present address of Dr. C. A. Rector, Indianapolis, Ind., is 714 N. Alabama St., instead of 220 East North St., as formerly.

Not "Dead."—Jensen Carpenter, whose name was carried on the "Dead List," is a "very much alive" osteopath, located at 609 Missouri Ave., Alliance, Nebr.

Left for Los Angeles—Dr. G. W. Neff, of Riverside, Calif., is making an extended visit in Los Angeles. Dr. Sprague has charge of the practice in Dr. Neff's absence.

Announces Removal—Dr. William Haryett announces that he has removed his office to 6114 California St., near 24th Ave., Richmond District, San Francisco, Calif.

Goes to Flint—Dr. C. E. Williams formerly of Coldwater, Mich., has located at Flint, Mich. Dr. C. A. Williams, a cousin, succeeds to the practice in Coldwater.

Will Open Offices—Dr. Arthur S. Bean will open offices at No. 34 Jefferson Ave., Cor. Franklin Ave., Brooklyn, N. Y., in the "Jefferson Arms," September 1st, 1909.

Found a Location—Dr. Norman D. Wilson, A. S. O., '09, has located at Manchester Iowa.

Finds New Location—Dr. Retta Collicott, formerly of Joliet, Mont., has removed to Laurel, Mont.

Located at Palo Alto—Dr. Anna M. Allen is at present located at No. 431 Kipling St., Palo Alto, Calif.

Located at Joplin, Mo—Dr. J. Lee Boswell is practicing at Joplin, Mo., with offices 626 Main St.

Correct Address—Dr. Charles C. Teall wishes it to be known that his correct address is Fulton, N. Y.

Located in New Jersey—Dr. Roswell Denton Grant has opened an office at 179 Broad St., Newark, N. J.

Locates in Oregon—Dr. Virginia V. Leweux has located at Albany, Oregon, with offices in the Brenner Block.

New Address—Dr. L. E. Hewitt has changed his address from 318 Clay St., Los Angeles, Calif., to Union, Ore.

Removal—Dr. Myra E. Langdon, formerly of Norwood Branch, Cincinnati Ohio, has removed to Pleasant Ridge, Ohio.

Moves Office—Dr. J. A. Price has moved his office from 212½ W. Oklahoma Ave., to 309 E. Oklahoma Ave., Guthrie, Okla.

Change of Address—Dr. J. Lovell Lawrence is now located at No. 133 Geary St., instead of No. 2077 Sutter St., San Francisco, Calif.

New Location—Dr. Alice M. Conger, with offices formerly at 51 N. Eleventh St., has removed to 45 Roseville, Ave., Newark, N. J.

The Georgia Bill—The latest information we have is that the bill has been reported to the house from the special Judiciary Committee.

Opens an Office—Dr. H. T. Miller, A. S. O., '09, has opened an office at Cuba, Ill., where he expects to take up the practice of osteopathy.

Is Visiting—Dr. C. De Gress McKinney, of Lebanon, Mo., is visiting her daughter at Cincinnati, Ohio, with the expectation of remaining several months.

Located in Minnesota—Dr. J. M. Farnham, A. S. O., graduate, has located at Glenwood, Minn., with offices in the McCauley Block.

Locates at Wichita—Dr. Julia L. Morton, formerly of Kiowa, Kan., has located at Wichita, Kan., with offices No. 400 Sedgwick Bldg.

Announces Location—Dr. J. Ralph Smith, formerly of Bangor, Maine, announces his new address as Waterville, Conn., Box 218.

Correct Address—Dr. John Fowlie, of Kansas City, Mo., announces that his address has been changed from 523 to 545 New Ridge Bldg.

Changes Location—Dr. R. M. Farley, formerly of 320 Montgomery St., Syracuse, N. Y., is now located at 125 E. Onondaga St., in the same city.

Locate in New Jersey—Drs. Crescence and Clara E. Henke, A. S. O., '09, announce that they have opened an office at 65 Patterson St., New Brunswick, N. J.

Locates in Iowa—Dr. Carolyn Barker, recently graduated from the Los Angeles School, has opened offices in Rooms 201-2 Lafayette Bldg., Waterloo, Iowa.

Opens Office for the Summer—Dr. J. Harris Maxfield announces that he has opened offices for the summer at Hotel St. George, 204 Second Ave., Asbury Park, N. J.

Leaves for Southern California—Dr. Agnes Fisher, of Visalia, Calif., expects to spend the summer at Los Angeles, Long Beach, and other resorts in that part of the state. She expects to resume her practice at Visalia some time in the fall.

New Location—Dr. Carrie M. Mabis, of Atlanta, Mo., is now located at Memphis, Mo.

Locates in Montana—Dr. Herbert L. Bucknam, A. S. O., '09, has located at Hamilton, Mont.

Locates in New Jersey—Dr. H. Lewis Conklin has located at 151 Washington St., Bloomfield, N. J.

Locates in Wisconsin—Dr. A. F. Haag, formerly of Los Angeles, Calif., has located at Cadott, Wis.

Visits the Journal Office—Dr. S. A. Kennedy, of Butte, Mont., A. S. O., '98, called at the Journal office July 15th.

Changes Location—Dr. J. R. Jackson, formerly of Brookings, S. Dak., has located at Lake Preston, S. D.

Located in Oklahoma—Dr. Mary L. Webb, whose name also appeared on the "Dead List" for some time, is located at Ryan, Okla

Announces the Removal—Dr. L. H. Noordhoff announces the removal of his office from 83 Main St., to 153 Main St., Oshkosh, Wis.

Have Opened Offices—Dr. C. H. A. Davis and wife have opened offices at 966 Fourth St., San Rafael, Calif., for the practice of their profession.

Makes a Pleasant Call—Dr. Louisa C. Flanagan, of 146 Westminster St., Providence, R. I., made a pleasant call at the Journal office on July 14th.

Locate at Kingston—Dr. Robert Garside Ashcroft and Dr. Edna Earle Ashcroft, A. S. O., '09, have opened offices at 405 Princess St., Kingston, Ontario.

Has Fine Location—Dr. W. E. Beets, of St. Joseph, Mo., has located in a suite of rooms in the Logan Bldg. He now has one of the best locations in the city.

Extending His Practice—Dr. W. H. Arnold, of Vancouver, Wash., has been making regular weekly trips to Kelso and expects to open an office at this place.

Is Still in Practice—Dr. F. M. Barker, of What Cheer, Iowa, reports that he is still "hammering away at the same old stand" and has not given up his practice.

Locates in Colorado—Dr. Edith Ashby, A. S. O., '09, has located at Seibert, Colo., a town on the Rock Island R. R. about forty miles west of the east boundary line of Colorado.

Returned to Active Work—Dr. Eliza J. Merrell, who has been in rather poor health for several years, has returned to Sierra Madre, Calif., and expects to take up active work.

Expects to Move in Fall—Drs. Vernon O. and Mrs. Whitcomb, of 175 West 72d St., New York City, expect to occupy quarters in The Ansonia, Broadway, at 73d St., this fall.

Injured in Accident—Dr. E. G. Houseman was injured in an automobile accident on June 21st and is spending some time with his people at Marietta, Ohio, getting patched up.

Opens Offices October 1st—Dr. Roy M. Armstrong, formerly of Salisbury, N. C., has decided to locate in Wilmington N. C., and will occupy offices in the Southern Bldg., Oct. 1st.

Locates at Princeton, Ind.—Dr. V. L. Springer, located for some time at South Bend, Ind., has moved to Princeton, Ind., where he expects to continue the practice of his profession.

Returned to Highland Park—Dr. George B. Armstrong, who formerly resided in Highland Park, has returned from Thermal in the Coachella Valley, and is located at 5227 Pasadena Ave.

Will Move to Oberlin—Dr. Daisy E. Washburn, of Port Clinton, Ohio, with her sisters, is spending her vacation at Mackinac Island, Mich. She expects to move to Oberlin, Ohio, in the near future.

In Partnership—Dr. Rebecca B. Mayers, A. S. O., '09, announces that she has become associated with Dr. Edythe F. Ashmore, with offices Suite 42 Valpey Bldg., 213 Woodward Ave., Detroit, Mich.

New Office Address—Dr. W. H. Johnson, whose offices were formerly located in the Bass Block, Fort Wayne, Ind., is now occupying Rooms 414-15-16-17 in the Shoaff Building, over First National Bank.

Another Good Opening—A letter from Beeville, Texas, assures us that the place would be a splendid opening for some good osteopath. Anyone interested should communicate with Mr. E. C. Holt, at Beeville.

Misinformed—An informant made us say in the July issue of the Journal that Dr. W. T. Thomas, of Tacoma, Wash., had moved to Auburn, Wash. This was a error, as the Doctor has no intention of moving.

Summer Location—Drs. W. K. and Emma B. Hale, located permanently at Spartanburg, N. C., will spend some weeks this summer in Hendersonville, N. C. Residence, Park Ave., Cor. Fleming St., after July 20th.

Address Changed—As numbers on east and west streets in the city of Chicago will be changed, Dr. J. C. Gruewoud wishes his address to be known as Foster Bldg., Cor. 47th St. and Kenwood Ave., instead of 56 47th St.

Another "Lost One" Found—We have heard from Dr. Addie L. Garnett, who is located at White Salmon, Wash. Her name was carried on the "Dead List" for some time and we are glad to report her "completely resuscitated."

Change in Locations—Dr. Harriet L. Van Deusen is now located at 24 Sanford Bldg., Bridgeport, Conn., having succeeded to the practice of Dr. Nellie B. Griffis. Dr. G. E. Phillips of Schenectady, N. Y., succeeds Dr. Van Deusen at Amsterdam, N. Y.

Takes Vacation—Dr. H. F. Morse, the Coulee City osteopath was in Wilbur Wednesday on his regular twice a week visit. The Doctor goes on a vacation next Friday and will not visit this place until the 17th of next month.—Wilbur, Wash., Register, June 25th.

Enjoying Vacation—A card from Dr. Lena Creswell, dated Victoria, B. C., July 22, conveys the information that she is enjoying her vacation immensely. The trip up the Columbia River in Oregon was delightful and the Alaska-Yukon-Pacific Exposition was fine.

Locates in New Mexico—Dr. Leonard Tabor, A. S. O., '09, has located at Silver City, New Mexico. He reports the climate very fine and prospects for business quite good, this being the time of year when thousands of tubercular and rheumatic patients come to New Mexico in quest of health.

Pulls for San Francisco, 1910—Dr. May Marts of 147 Forsythe Bldg., Fresno, Calif., is doing some effective advertising to land the next meeting of the A. O. A. in San Francisco. A beautiful picture postal sent to the Journal office truly made us long to see the "land of the setting sun—"

Very Much Alive—Dr. Angie M. Allen, of Waverly, Ill., whose name was on our "Dead List," reports that she is "a very lively corpse" at the above address. The M. D.'s. have learned to take Dr. Allen quite seriously, as she has succeeded in curing a number of patients which they had given up.

Arrived Home—Dr. Stanley M. Hunter, who has been sojourning in Europe for some time, landed at New York on July 14th and left at once for his home, Los An-

geles, Calif., via New Orleans. The Doctor is feeling fine and regrets that he will not be able to take in the Convention at Minneapolis.

Located for Summer Months—Dr. S. R. Love, of DeLand, Fla., announces that he will be at 1000 Island Park, New York, from June until October, and from October until June at De Land.

Summer Location—Dr. Murray Graves, of Monroe, La., announces that on account of the ill health of Mrs. Graves, he will go to Beersheba Springs, Tenn., where he expects to practice osteopathy for two and one-half months after which, he expects to return to Monroe, about September 15th.

Will Conduct Practice—Drs. L. E. and Grace Wyckoff, of Los Angeles, Calif., will conduct the practice of Dr. H. R. Smith, 304-6 First National Bank Bldg., Long Beach, Calif., until October 1st, 1909, after that they will continue their practice at their regular location in the Johnson Bldg., Los Angeles, Calif.

Leaves for a Vacation—On the 15th inst., Dr. G. Morrison Whibley of Grand Forks, N. D., left for a five weeks' vacation in eastern points, New York, Boston, and Portland, returning via Des Moines, Iowa, where he expects to visit his father and mother. He also expects to attend the A. O. A. Convention.

Takes a Rest—Dr. O. J. Snyder, president of the Pennsylvania State Board of Osteopathic Examiners, is taking a well deserved rest after his struggle "with the giants" in the recent legislative fight in Pennsylvania. Dr. Walter L. Beitel, of Philadelphia is looking after the practice in Dr. Snyder's absence.

Will Occupy Larger Quarters—Dr. O. W. La Ploum has closed negotiations for leasing a suite of eight rooms in the Corning Block, Portage, Wis. He is planning to have one of the best equipped offices in the state. With him will be associated Dr. A. A. Saucier, of Minneapolis. The forging forward on the part of these physicians bespeaks the success of osteopathy in Portage.

Locates in Michigan—Dr. Paul Shoemaker, of New York, has arrived in the city to be associated with Drs. Classen & Classen at the Institute. Dr. Shoemaker is a practicing physician of six years experience and is a graduate of the American School of Osteopathy under the founder of the Science, Dr. A. T. Still.—Daily Tribune, South Haven, Mich.

Planning a Vacation—Dr. and Mrs. Bell of Independence, Kans., expect to visit mother and sister at Haileybury next month. They will then take the boat at Chicago through northern lakes to North Bay thence, via rail to Haileybury. They will go via Santa Fe to Chicago and expect to stop off at Kirksville for a short visit with "the grand old man."

Takes Examination—Dr. S. H. Stover, A. S. O., '09, together with Drs. Wilson, Daniels, Estes, Lyke, and Gosden, of the same class, Drs. Roberts and Johnson of the '08 class and Dr. Lillian Thompson also an A. S. O. graduate, took the recent Iowa State Board examination, held at Des Moines. Pending his decision on a location, Dr. Stover is putting in time on the farm, incidentally reviewing for more State Board exams.

Calls on the Journal—Dr. Ira W. Collins, whose litigation in Austin, Texas, has been commented upon, made a call at the Journal office, July 19th. Dr. Collins says he has no intention whatever to leave the state and expects to stay right where he is. He says his case is now up before the United States Court of Appeals and expects a decision in September. Dr. Collins refused to accept a local decision.

Locates in Kentucky—Dr. Nora B. Pherigo, A. S. O., 1909, has located in Fulton, Ky. Dr. Pherigo recently took the Kentucky State Board examination and com-

ments interestingly on her meeting with "Pap" McCormack. Of the 140 who took the examination, Dr. Pherigo was the only lady. Dr. Estridge of the A. S. O., 1909 class, and Dr. Johnson of the '08 class were also among the osteopaths taking the examination.

Reopens Offices—Dr. C. W. Eels has reopened his offices in the old quarters formerly occupied in the First National Bank Bldg. Although Dr. Eels traveled through Old Mexico and Southern California, since his departure, none of the so-called cities seemed as suitable for an all year round practice, and having many urgent requests from his many friends to return, he decided to arrange matters for a permanent office in Goldfield.

Business Change—Dr. H. F. Collier who in the past eight years has been a successful osteopath in Columbia, has transferred his practice and good will to Dr. T. C. Lucas late of Chester, S. C.— While in the drug business some years ago, Dr. Lucas suffered from a nervous break down and was brought to Dr. Collier for treatment. He became interested in osteopathy and decided to take up the study, returning to Chester to practice. Both of these gentlemen have been very successful and we bespeak for them continued success.

On Extended Trip—Dr. Lena Creswell, of San Diego, Calif., and her mother, Mrs. J. C. Creswell, left on Monday evening, July 5th, for an extended trip through the north and east. They will go first to Seattle to attend the Exposition, then to Vancouver where they will take the Canadian Pacific R. R. to Minneapolis, where Dr. Creswell will attend the meeting of the A. O. A., August 17th. The return will be made by the southern route and Dr. Creswell and her mother will stop enroute at San Antonio and El Paso, arriving at their home in this city the earlier part of September.—San Diego Union.

Returns to Guthrie—Dr. Robert E. Jameson of Perry, Oklahoma, has returned home from Guthrie, Okla., having taken the State Board examination at that place. Dr. Jameson has nothing but good things to say about the osteopathic members on the Board, Drs. H. C. Montague and J. A. Price. The Doctor considered the examination very fair and assures all graduates that they will receive fair treatment at the hands of these gentlemen. Both of these Doctors are well known osteopaths, Dr. Montague being president of the State Board. Oklahoma osteopaths are to be congratulated upon being so efficiently represented on the State Board.

Dr. Thompson Honored—The Sheboygan Daily Journal of Saturday, July 10, gave prominent space to a write-up accompanied by a half-tone of the Doctor, highly congratulating Dr. Thompson on his appointment to the State Board of Examiners by Gov. Davidson. Dr. Thompson succeeds Dr. A. U. Jorris, of LaCrosse, Wis. He was formerly president of the Wisconsin Osteopathic Association and is well qualified for the position. Dr. Thompson is a self made man and well deserves this honor. He has succeeded in building up a large practice and is a prominent member in the Masonic and Knights of Pythias orders and has always taken an active interest in the work of the First Baptist Church.

* * *

DIED.

Died—W. V. Herbert, of Trenton, Mo., father of Drs. Lulu, Erie, and Vena Herbert, died June 26, 1909, at Dulce, N. M. Death was due to septicaemia contracted from a nail wound on the hand. Drs. Lulu and Erie started to him but were unable to reach Dulce before his death. They met the remains at Colorado Springs, returning with them to Trenton, where interment was made, July 1st.

NEWS NOTES AND COMMENTS.

Regarding Hoffman—Some time ago a self-styled osteopath by the name of Herbert Hoffman broke into print as the first osteopath to register under the new Pennsylvania law. Pennsylvania correspondents inform us that he is a fake and is registered but not licensed.

Automobile Trip—Dr. Charles Ford, of San Francisco, Calif., returned home from a trip made in his Thomas Flyer to Seattle. He made the trip of eleven hundred miles to the Exposition in good time and without a single mishap, returning by train and shipping his car.

San Francisco, 1910, Shall It Be?—It certainly looks good so far and with the California osteopaths working industriously as they have been, and with no apparent reason for opposition, why not have the next meeting of the A. O. A. in "the land of the setting sun?"

Issue Licenses—The Osteopathic State Board of North Dakota, at its meeting at Grand Forks, July 6, issued twenty-two licenses to osteopathic physicians seeking to locate throughout the state.

Looking For a Location—We have an importunate call from Newkirk, Okla., for an osteopath and if you are looking for a location, visit Newkirk and look the ground over. There is an excellent opening.

Gone Wrong—From a recent issue of a magazine we take the following: "Dr. J. L. Hively, osteopathist, chiropractor." And to think he was actually one of "Pap's" boys at one time. Excuse us for being curious, but we wonder what the doctor would think of his equipment without his knowledge of osteopathy? Did you ever hear of anyone faking chiropractic?

Osteopaths In Los Angeles.—The recently-issued city directory shows that there are 120 osteopathic physicians in Los Angeles. In this, as in so many other things, Los Angeles undoubtedly leads the world. There is probably no other city in the world that has anything like so many osteopathic physicians as Los Angeles. In the great city of London there are said to be only two.—Los Angeles, Calif., Times.

Contest Will—Dr. Helen R. Kinsell and Mrs. Herman F. Swartz of Webster Groves, with Victor Stoddard of Melrose, Mass., have begun a vigorous contest of the will of their grand aunt, Mrs. Joseph Noble, who died last May at her home in Mansfield, Mass. Mrs. Noble left practically her whole estate of about \$1,000,000 to New York and Boston Charitable institutions. The contestants were cut off with insignificant bequests. Dr. Kinsell is practicing in St. Louis, Mo.

Health Certificates Will Be Accepted—County Auditor Stewart of Tacoma, Wash., who some time ago refused to accept health certificates issued to parties desiring marriage licenses, makes the following statement: "Osteopath's certificates of health issued to persons desiring marriage licenses will be honored if the osteopath is registered as provided for in the new laws governing the practice of medicine." He says the osteopath's affidavits turned down have been from those who have failed to register since the new law went into effect.

Commits Suicide—Dr. Louis L. Hirsch, a so-called osteopath, formerly having offices in Boston, was found dead in a room in a Stamford, Conn., hotel, July 7, as a result of gas asphyxiation. He is believed to have committed suicide while temporarily deranged following difficulties with his wife against whom he filed suit for annulment of marriage on grounds of melancholia and fraud. Dr. Hirsch had married a

Mrs. Esther Harris of Chicago, the divorced wife of a physician, and in the deposition accompanying the suit Dr. Hirsch stated that Mrs. Harris had told him she was wealthy and that after marriage he found out differently.

Chiropractors Faking Osteopathy—A recent clipping referring to a "Dr. Richardson, osteopath, who recently graduated from a school of osteopathy in Oklahoma City," caused us to investigate. Our inquiry brought the following response:

"There never has been and there is not at the present time a school of osteopathy or a place where one could learn the science of osteopathy in the city of Oklahoma. Furthermore, none that I am able to locate in the state. This place is infested with a large number of chiropractors, and many have left the city since the new law has been enforced and are trying their hand at osteopathy elsewhere."

A Phase of the New Massachusetts Law—"Ex Post Facto" osteopaths will be allowed to register, when the new law goes into effect, but with limited privileges. They are prohibited from using drugs, performing major surgery, and from practicing obstetrics and from holding themselves out as other than osteopaths. However, they have the privilege of taking the examination and obtaining all the privileges of a physician whenever they wish. Osteopaths engaging in practice in the state hereafter, will be compelled to take the regular examination, but when they do so they are not limited any more than the graduates from other medical schools.

Another Rank Imposition—The Columbia College of Osteopathy, Chicago, Ill., a "correspondence school," again breaks into print with an alluring circular holding out all sorts of advantages and inducements to the "gullible" and winds up the circular with the following: "The principal object of resident instruction is to watch students and see that they know what they say they know—that, in other words, they do not cheat. We refuse to consider this a necessity. . . . Our method condenses into one year of personal application what would require four years of class attendance." Laboratories, practical anatomy, etc., adieu. This is truly an age of discovery and—graft.

Caught in Swindle—With the flight of S. R. Norris, manager of the Minnesota Grain Indemnity Co., precipitated by a suit brought by Dr. H. S. Harper, to recover his investment, one of the most gigantic swindles in the history of Minnesota was brought to light. Many people of moderate means, among them, Dr. Clement Woolson, of St. Paul, are unfortunate losers. It was a stock gambling concern but as Norris did no soliciting through the mails, and did no advertising, he can not be held by the Federal authorities, even if apprehended. The firm was not incorporated, nor was there anything on its stock certificates that carried a definite promise. There was "method in his madness," but it was not discovered until too late.

Accidental Osteopathy—Through an accident, although severe, a Mr. Dowling, of Glasgow, Ky., reports that he was cured of a case diagnosed as a severe attack of rheumatism, in his right arm. He went over on the Green River for a few days fishing and while crossing a ravine on a tree which had fallen across it, the tree broke and in falling, he caught the branch of another with his right hand, the weight of the entire body being on the rheumatic arm. The excruciating pain compelled him to let loose and he fell some distance to the bottom. Although otherwise uninjured, the pain in his arm and shoulder were almost unbearable for a time, but the pain finally ceased and he was surprised to find his arm entirely well, in spite of the fact that for months he could not get his hand to his head. Cheer up, Doctor, even the Fates are in league with osteopathy.

Has Been a Friend of Osteopathy—Declaring that Dr. L. A. Thomas, secretary

of the State Board of Iowa, has always been a friend of osteopathic physicians, the Polk County Osteopathic Association has risen up in his defense and is ready to protest to the board of health if any move is made to oust him from the board," says the Des Moines, Ia., Leader.

At a specially called meeting of the association recently held, in the offices of Dr. S. S. Still, resolutions indorsing the work of Dr. Thomas were adopted and all misunderstandings alleged to have existed between Dr. Thomas and the osteopaths were cleared up. Although the osteopaths claim his services to their profession were limited by the stringent medical laws of the state, they believe him sincere in his good will toward the osteopaths of Iowa.

A Queer Kind of "Osteopathic" Supply House—A practitioner sends in a circular of a vibrator and a patent-medicine-like scratch pad, with the following comment: "Can you explain why an accredited osteopath circulates such literature, and promotes the sale of such instruments as the enclosed circular describes?"

Personally, I have always looked upon such "tools" as those of fakirs, masseurs and barbers. Now if the use is allowable amongst osteopaths, kindly state your opinion as to which class of the above we belong.

Personally, I should like to know what the views of the "Simon Pure" osteopaths are, as to both use of instruments and the circulation of such literature amongst osteopaths to tempt the "weak-kneed," etc. The circular is for an "Osteopathic Supply House," which has the same office address as an A. S. O. graduate.

Big Osteopathy Fee Void—Dr. C. H. E. Zeigler, who styles himself an osteopath although he has never attended any recognized school of osteopathy, made a contract with Mrs. Harriet McVicker, widow of James McVicker, a pioneer theater manager of Chicago, to furnish her medical attendance during her life for \$100,000. When Mrs. McVicker's will was offered for probate the surrogate allowed the doctor \$10,000. He was not satisfied with this and took the case to the Circuit Court, where he recovered judgment for the full amount after a prolonged trial before a jury in 1907. Heirs of Mrs. McVicker appealed to the Appellate Court, and a decision has just been handed down holding that the contract providing for the payment of money at Mrs. McVicker's death was contrary to public policy, conducive to crime, and therefore void. Now the young doctor thinks he made a mistake in going beyond the Surrogate Court.

Congratulates Pennsylvania Osteopaths—On the occasion of the recent meeting of the Pennsylvania Osteopathic Association, which was perhaps the "happiest" in the history of the association, the Harrisburg Telegraph, in a well written editorial on "The Osteopaths And What They Have Won," congratulates the osteopaths, and in reviewing the struggle, comments as follows:

"The osteopaths made a hard fight for their law. Time after time they met defeat, but, undaunted, they renewed the effort with each succeeding Legislature, until finally success crowned their persistent endeavors. They have reason to felicitate each other on the outcome.

"The history of the struggle of osteopathy for legal recognition is but a repetition of that of homeopathy. Prejudice, misguided zeal, ignorance and selfishness had to be battled with, year after year, until the law-making and law-enforcing powers were brought to see that the right of the individual to select for himself or his dependents the means of relief in sickness which best appealed to his sense of self-protection was a right which the State should not prohibit nor abridge but which it very properly could hedge about with such regulation as to insure the sick man that, for instance,

when he wanted homeopathic treatment he should have it from a genuine homeopathic practitioner and not a quack or a fraud.

This was the principle involved in the long fight for the establishment of a State Board of Osteopathic Examiners."

The Loock Case—In the case of August Loock of Rochester, N. Y., the M. D's. are making a desperate effort to fasten the responsibility of his death upon Dr. Camp, an osteopath. After a fire which partially consumed a barn belonging to his brother-in-law, Loock started to pull away some boards which were still burning. In doing so he stepped upon a rusty nail which pierced the ball of his foot. Dr. Tucker, M. D., was called to dress the wound which seemed to heal nicely and the man who considered out of danger. The eighth or ninth day symptoms of tetanus developed and Dr. Tucker injected a large quantity of anti-toxine. Not considering the case to be critical, the doctor deferred his call until in the evening. In the meantime, members of the family thought it advisable to call an osteopath, and Dr. Camp was called. When he arrived, he found Loock in the last stages of the disease but administered treatment in the hope of giving some relief. Death followed during the treatment and the circumstance was taken advantage of by the coroner and the M. D's. to attempt to hold Dr. Camp responsible for the death. In flaming headlines it was published, "inspired" no doubt, and even after several sessions of the inquest at which, to an unbiased or enlightened public officer, abundant evidence was submitted to show that Loock died as a consequence of the disease, the coroner still remained in doubt. It is the familiar setting with the conniving villain, under the pretense of "protecting the dear public," taking advantage of a situation to lend color to an accusation against an innocent person whom he knows to be innocent. While the Journal is not willing to espouse the cause of every "osteopath" who gets into trouble, yet from the information at hand, Dr. Camp is entirely innocent.

The reckless and open denunciation of osteopathy which the M. D's. and the coroner indulged in, is not without a significant reaction. In a pointed editorial under the caption "Tolerance Among Doctors," the Rochester Times comments as follows:

"The fact that August Loock died of tetanus following osteopathic treatment, presents no greater arguments against osteopathy than would have been presented against homeopathy had the physician in attendance been a homeopath or against any other school or theory of healing had the practitioner been of that cult. Cases are lost every day by physicians of the older schools, yet rarely are death certificates refused or the inquisition of the coroner invoked. In view of the fallibility of the most skillful doctors, it could be wished that the fraternity of physicians might on the whole cultivate a little greater charity and breadth of professional view."

As Others Look Upon the Home of Osteopathy.

Upon Kirksville osteopathy has left its mark. This new method of healing has within a decade changed the town of 3000 population into a small city of 10,000 or more. Every resident of Kirksville talks osteopathy. Here lives the founder of osteopathy, now beyond 80 years of age, Dr. A. T. Still. Here is the American School of Osteopathy, from which more than 3000 students have been graduated. Large sections of the town are filled with men and women who come to Kirksville for treatment, and the operating table is more often seen in Kirksville homes than any other single piece of furniture. The stranger coming into the community is thought to be in Kirksville to enter as student the State Normal School or to become a patient or student at the American School of Osteopathy. Whatever the cause, no Missouri

town has larger number of old men actively engaged in business or professional life than has Kirksville. "The old man," as Dr. Still is affectionately called, heads the list.—St. Louis Globe-Democrat.

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BIRTHS.

Born—On June 25, 1909, to Dr. and Mrs. James D. Cady, of Cortland, N. Y., a daughter, Elizabeth Ruth.

Born—On July 7th, to Dr. and Mrs. G. B. Wolf, of Ottawa, Kan., a son, Lauren Clair.

At St. Paul, Minn., on Friday, July 9th, a seven and three-fourths pound boy came to the home of Dr. and Mrs. C. W. Young.

* * *

BUSINESS OPPORTUNITIES.

New York City—Will share beautifully equipped apartment two or more days a week. Waldorf, care A. S. O. Journal.

Wanted—An assistant, experienced male graduate of the A. S. O., who would come south for the winter while I take a P. G. course. References required. Address, "Southern," care Journal of Osteopathy.

Kentucky Town Wants Osteopaths—Hartford, Ky., is without an osteopath and affords a good opening. Five patients wish treatments now. Address, Martha Bennett, Hartford, Ky.

For Sale—In western town of 8000, osteopathic practice running from \$4,000 to \$5,000 per year. Established three years, Nearest competitor 50 miles. With or without apparatus and library. Cheap for cash. Reason for selling—sickness. Address, 7179, care Journal of Osteopathy.

Wanted—A lady graduate of the A. S. O., and a member of the New York State Osteopathic Society, with several years experience as a practitioner, desires a position as assistant. New York state preferred. Best of references. Address, "N. Y." care Journal of Osteopathy.

Wanted—Man and wife, osteopaths, to take practice in a New England city of 16,000 inhabitants. No competition. Occupying doctor has been there nearly seven years. Will give reasons for leaving. Dr. Florence A. Covey, 633 Congress St., Portland, Me.

Wanted—Good osteopath to take care of practice while I am away taking P. G. course. City of 17,000 population. Might sell later. Address, 759, care of Journal of Osteopathy.

Wanted—Someone to take charge of my practice as I expect to be away during the month of August. Party to take charge during this time and possibly later to act as assistant. Would like to hear from you. Address, 7109, care Journal of Osteopathy.

For Sale—Practice and furniture in Illinois town of 3,000 for \$200 cash. Practice will average \$2,000 a year and is with the best class of people. Don't write unless you mean business. Address, "A. B." care Journal of Osteopathy.

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LOCATIONS AND REMOVALS.

Allen, Anna M., from 4811 Pasadena Ave., Los Angeles, Calif., to 431 Kipling St., Palto Alto, Calif.

Armstrong, Geo. B., located at 5227 Pasadena Ave., Highland Park, Calif.
Ashby, Edith, located at Seibert, Colo.

- Asheroft, Robert G. and Edna Earle, from 506 Brunswick Ave., Toronto, Ontario, to 405 Princess St., Kingston, Ontario.
- Barker, Carolyn, from 318 Clay St., Los Angeles, Calif., to Rooms 201-2 Lafayette Bldg., Waterloo, Ia.
- Bean, Arthur S., located at 34 Jefferson Ave., Cor. Franklin Ave., Brooklyn, N. Y., in the "Jefferson Arms," after Sept. 1st.
- Beets, Wm. E., from 204 Hughes Bldg., to 207-8 Logan Bldg., St. Joseph, Mo.
- Blackmer, J. W., located in Southern Bldg., Wilmington, N. C., after Oct. 1st.
- Bucknam, Herbert L., located at Hamilton, Mont.
- Childs, Wm. S. located at Minneapolis, Kan.
- Collicott, Retta, from Joliet, Mont., to Laurel, Mont.
- Conger, Alice M., from 51 N. Eleventh St., to 95 Roseville Ave., Newark, N. J.
- Conklin, H. Lewis, located at 151 Washington St., Bloomfield, N. J.
- Coryell, R. S., located at Brookville, Pa., Box 603.
- Davis, C. Henry A. and Sally Jewell, from Belvedere, Calif., to 966 Fourth St., San Rafael, Calif.
- Davis, R. L., located at Kalispell, Mont., 19-20 Conrad Block.
- Davis, H. M., from Enderlin, N. D., to 48 Syndicate Block, Minneapolis, Minn.
- Eells, Clarence W., from Bakersfield, Calif., to 21 First Nat'l Bank Bldg., Goldfield, Nevada.
- Farley, R. M., from 320 Montgomery St., to 125 E. Onondaga St., Syracuse, N. Y.
- Farnham, J. M., located at McCauley Block, Glenwood, Minn.
- Fowlie, John, from 523 to 545 New Ridge Bldg., Kansas City, Mo.
- Giles, Mary E., from 618 S. Workman St., Los Angeles, Calif., to 311 Swetland Bldg., Portland, Ore.
- Grainger, Laura L., from 1206 Main St., Columbia, S. C., to Savannah, S. C.
- Groenewoud, J. C., from 56 East 47th St., to Foster Bldg., Cor. 47th St. and Kenwood Ave., Chicago, Ill.
- Haag, A. F., from 318 Clay St., Los Angeles, Calif., to Cadott, Wis.
- Haryett, William, from 1459 Franklin St., to 6114 California St., near Twenty-fourth Ave., Richmond District, San Francisco, Calif.
- Henke, Crescense and Clara, located at 65 Paterson St., New Brunswick, N. J.
- Hewitt, L. E., from 318 Clay St., Los Angeles, Calif., to Union Ore.
- Jackson, J. R., from Brookings, S. D., to Lake Preston, S. D.
- Johnson, H. T., located at Elizabeth St., Marionette, Wis.
- Johnson, Ruth, located at 812 Cleveland Ave., Niagara Falls, N. Y.
- Johnston, W. H., from 24-5-6 Bass Blk., to 414-17 Shoaff Bldg., over First National Bank, Fort Wayne, Ind.
- Lawrence, J. Lovell, from 2077 Sutter St., to 133 Geary St., San Francisco, Calif.
- Love, S. R., located at 1000 Island Park, N. Y.
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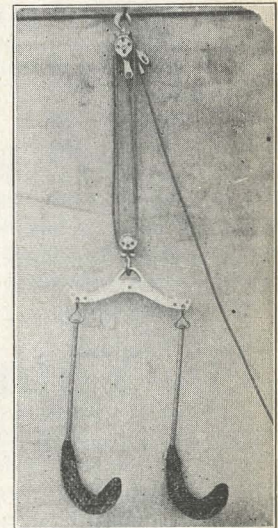
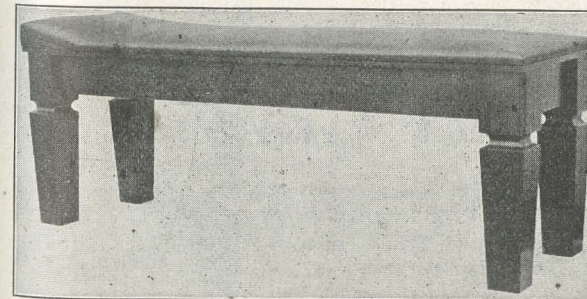
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* * *

LATE ITEM.

PROGRAM ANNUAL MEETING ILLINOIS OSTEOPATHIC ASSOCIATION.

The meeting is announced for August 14, 1909, to be held at the Auditorium Hotel, Chicago, Ill. The program will be as follows:

Call to Order by Pres. Dr. E. M. Brownè, 9:00 a. m.

Prayer, Rev. James Rowe.

Address of Welcome, Mr. W. R. Murphy of the Chicago Association of Commerce.

Response, Dr. E. R. Proctor, President Chicago Osteopathic Association.

Business Meeting.

Adjourn for Luncheon—12:00 m.

Call to Order—1:30 p. m.

Paper—Failures in the Osteopathic Ranks, Dr. Furman J. Smith.

Clinic, Dr. Franklin Fiske.

Open Parliament, Conducted by Dr. Martin P. Browning.

Adjournment.

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