

# **The Journal of Osteopathy**

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# The Journal of Osteopathy

Edited by W. K. Jacobs.

VOL. XVII.

AUGUST, 1910

No. 8

## Editorial.

### **Convention News.**

The convention material arrived too late for the August Journal so the September issue will be the Convention number. All indications point to the San Francisco convention as being one of the best and most important in the history of the Association.

### **Field Literature.**

Have you seen a sample copy of the Osteopathic Journal, the sixteen page monthly we are publishing for distribution in the field? If not we would be pleased to send you a sample copy and prices for a regular monthly supply. The publication is carefully edited and is bringing good results as is indicated by the new orders steadily coming in and the orders we are constantly receiving to increase the number of copies already sent regularly each month. Sample copies and prices upon request.

### **Dr. Frank Farmer on the Journal Staff.**

We take particular pleasure in making this announcement to the profession. Dr. Farmer, as co-worker with Dr. Carl P. McConnell, is not only one of the best known osteopaths, but is a clear thinker, and a forceful, fearless and versatile writer. Being actively engaged in laboratory osteopathic research work, many good things from his pen are promised Journal readers. His first contribution, an article on "Arterio-Sclerosis" appears in this issue with photo-engravure—a good photo of him, but it does not show his imposing stature. A series of articles from him, covering a period of a year or more, one in almost every issue, has been arranged for, and although much will be expected from him by the profession, yet we do not in the least hesitate to assure that the anticipations of our readers will undoubtedly be fully realized.

**The Osteopaths and the Owen Bill.**

Certain medical and health Journals seem to relish the opportunity for heaping calumny and criticism upon the osteopaths for their opposition to the Owen Bill and the attempt to establish a medical trust by the A. M. A., by way of a Department of Public Health. To be sure we have been told by Senator Owen and Prof. Irving Fischer of the Committee of One Hundred that it is simply wicked to suspect any such motives behind the bill, and because we oppose the bill, we are called fakes, mountebanks, grafters, charlatans, ad infinitum. However we are consoled to know that we are in mighty good company, witness the action of the National Eclectic Association who officially opposed these measures at their recent meeting. So strong is the feeling among the all but absorbed homeopaths that similar action will undoubtedly be taken at the meeting of their national association.

With regard to Senator Owen, Irving Fischer, and our criticizing contemporaries, their position in the matter is also somewhat ludicrous when we consider the developments of the recent hearings on the Owen bill when the representatives of the A. M. A. were driven to practically an admission that the A. M. A. is responsible for the bill, and if we are to believe Representative Miller of Iowa, the bill is the culmination of nineteen years of thoughtful preparation.

Even one of the official organs, the Cincinnati Lancet Clinic, after all the denials and reassurances is guilty of this blundering admission:

"Of course a department of public health looks dangerous to the Christian Scientists and Osteopaths. What the states have been unable to do, the United States may succeed in doing; that is, putting a stop to these forms of medical graft."

Commenting upon this admission, "Life" of New York, a publication which is ably defending Osteopaths and others opposing the bill, has this to say:

**"A Clever Scheme.**

One of the reasons for establishing a National Medical Bureau—or Doctor's Trust—appears in this extract. Dangerous! Well, we should say so! Little time would the "Old School" lose before wiping out the osteopath, who is daily curing cases where the Old School fails. When a man beats you on your own ground it is time to wipe him out—if you can. The advocates of this trust take no interest in that large proportion of the thinking public who prefer the osteopath, and find health in his treatment."

Is it possible that our critics have been criticizing without being

fully informed? But the well meaning gentlemen referred to and our esteemed contemporaries may in a measure be forgiven for their lack of appreciation of the situation as the osteopath sees it. They don't know the inner workings of the game—they have never been up against it. The osteopaths have, and there lies the difference.

In the meantime calling osteopaths all sorts of names over the back yard fence does not display a great deal of either physical or moral courage or even mental acumen, neither does it give anyone the impression that what our critics have to say regarding osteopathy is based upon unbiased research and investigation—an honest effort to find out what osteopathy really is and does. Neither will the wilful, malicious, underrating of the osteopathic physician's fitness to take a prominent place in the great struggle against disease get our enemies anything, so in the common vernacular, we will simply continue to "saw wood." The trouble with the criticisms aimed at us is easily explained—facts are to the contrary and they are indeed "stubborn things to gainsay."

**To the Leaders of the Science Circles.**

At the request of Dr. C. B. Hunt, leader of the Supreme Circle, Brandes Block, South Omaha, Nebraska, we make the following announcement:

"As there has been some criticism raised in regard to the subject matter of the reports printed, some of them containing unosteopathic and unscientific statements, as well as discussions, interesting only to the individual circles; I would like to suggest that some degree of similarity be followed out, as by the reporting of cases, experience with different diseases, and new and interesting literature read. By carefully following this out and scrutinizing the case reports to avoid mistaken diagnosis, it will be possible to maintain interest in the work and avoid unfavorable criticism. I would like to get in correspondence with Circle leaders whom I have not met (through the mail) and with any one who may be thinking of forming a new Circle in their neighborhood."

# Arterio-Sclerosis.

FRANK C. FARMER, D. O.

So limited is the knowledge of arterio-sclerosis that it offers a most fertile field for investigation. The truism—the rule of the artery—expresses a basic principle, in so far as we know and yet we are so ignorant of the scleral process that it is not an improbability that the future will show that this axiom is but the barometer of some far deeper metabolic change.

My desire is to bring out a few observations from an Osteopathic standpoint, made upon a considerable number of sclerotics. Arterio-sclerosis is a concomitant of advancing years and as such may be termed physiologic. It is general from 45 years and onward although numerous cases are on record which showed little sclerosis at 100 years. It has recently been observed as young as 14 years—the result of infectious disease.

Under 50 years it is generally considered premature. Under 35 years if infectious disease can be excluded, it is usually luetic.

## **Etiology.**

In the light of present day knowledge the safer plan is to consider our so-called etiology as exciting factors, and Allbutt has the more rational classification as follows:—(a) The toxic class, due mainly to extrinsic elements, as syphilis, lead and alcohol. Intrinsic rheumatism, gout, etc. (b) The hyperplectic class due to stress upon the vessels, as increased blood pressure from granular kidney and (c) the involutionary class embracing the senile or quasi-senile, the concomitant of age. There are many classifications and much difference of opinion as to the relative value of the several exciting factors. For instance, alcohol has long been considered a factor of prime importance, yet a series of 600 post-mortems held upon uncomplicated alcoholics in Hamburg revealed a very small percentage as sclerotics.

The indefinite knowledge of the present day is due largely to the fact that we know little of the differential structure of the vessels in different parts of the body, as well as a limited knowledge of the physiology of the vaso-motor system. We do know that the arteries differ in structure as instanced: the facial arteries are firmer than those within the bones—the radials, in this exposed position, abound more in

fibrous tissue than do the vertebral. Then again, the nourishment to the arteries differs in different vessels. Some derive their nutrition via the vasa-vasorum, others by the lymph channels, while others depend upon apparently an osmotic process.

Again the vaso-motor nerves are present in most arteries but are absent in others. It is apparent our present knowledge of the arteries is so far from complete that the difference of opinion is most natural.

Edwards annotates the arteries in the order as to frequency of sclerosis and according to his list the more exposed and dependent arteries are the most frequently sclerosed. But the accessibility may account for his classification.

Considering that we may have certain arteries or groups of arteries alone involved in conjunction with the fact that in most premature cases toxemia (extraneous or intraneous) is the exciting factor—and again those arteries most generously supplied by the vaso-motor nerves are early sclerosed, the question has often occurred is there not an underlying reason to explain why the sclerosis will be local when the toxemia is systemic, and why, if the exciting cause is general it should be effective in the region of greatest nerve supply?

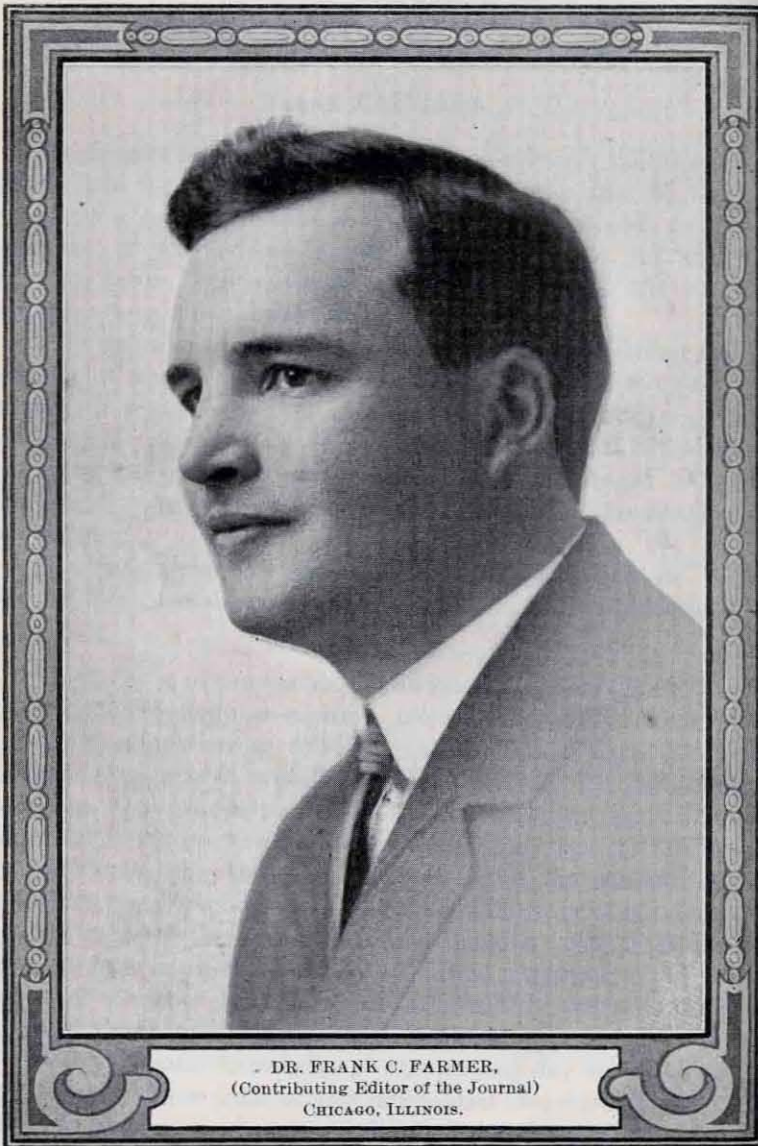
#### Pathology.

Carpenter of London has recently made some interesting observations upon the circulation and he brings out the following results: The increase in the arterial bed begins at the arteriole. The elastic fiber predominates over the muscular in the artery—the converse becoming true in the arteriole. The musculature of the artery plays a secondary part to the elastic fiber, exerting its force only when the elastic fiber is under exceptional stress. In the arteriole, they assume an active role of transmitting the cardiac propulsion. The intima is a neutral coat interposed between the pressure of blood on the one hand, and the contracting force of the media upon the other. The adventitia acts as a protective coat from violence without and extreme pressure from within.

The vasa-vasorum is the coronary artery of the vessel and he reasons that sclerosis of the vasa-vasorum occurs equally as readily as in the coronary.

The pathologic process of sclerosis is the deposit of small cells along the course of the vasa-vasorum with subsequent fatty degeneration of the muscle cells; replaced in the latter stages by calcareous deposits.

The initial process is, however, a thickening of the intima of a fibrous character which interferes with the patency of the vasa-vasorum opening.



DR. FRANK C. FARMER,  
(Contributing Editor of the Journal)  
CHICAGO, ILLINOIS.

By some, the scleral process is considered as starting in the intima, interfering with the vasa-vasorum, sclerosis resulting along these vessels and the media degeneration a result of interference with nutrition.

Thoma explains the isolated sclerosis as due to those points of increased arterial contraction raising the local blood pressure and the media weakens and degenerates as a result.

Adami gives as the point of earliest attack in senile sclerosis, the junction of the branches along the intercostal arteries.

Experimentally, sclerosis has been produced in rabbits by the injection of adrenalin and the theory advanced that the correlation of the ductless glands is deteriorated and an excess of adrenalin is the causative factor.

Throughout all of the literature upon the subject, we see, as a basic factor, toxins, and the question arises, is this reconcilable with osteopathic philosophy?

Before attempting this let us reiterate some of the known and unknown factors:

- (1) Arteries differ in structure, nerve supply and nutrition.
- (2) While sclerosis is concomitant with age, it is not universal.
- (3) Toxemia may be the exciting factor, yet, by far, sclerosis is not universal with each case of toxemia of any character.
- (4) Sclerosis occurs in only those vessels supplied by the vasomotor nerves.
- (5) The most reasonable explanation of local sclerosis is the local increase of blood pressure due to arterial contraction irritating the neutral intima and stimulating fibrous increase in that coat. This in turn restricts the blood-flow to the vasa-vasorum with consequent medial degeneration.
- (6) Disturbance of the suprarenal bodies attended by an increase of their secretion.

In a recent address at Springfield, Ill., Dr. Kreider said he was impressed with the ease with which Osteopath's explained the difficult problems. Not wishing to plead guilty to the accusation, I wish to offer some observation made upon quite a considerable number of sclerotics merely as a basis to a possible explanation of the whys and wherefores of the subject.

(1) Among cases under my observation, sclerotics have constantly exhibited a characteristic straight spine, rigid, largely due to a lack of development of the physiozoic curves and an inflexible costal articulation. This spine is typical. A type described by Dr. McConnell in an article a year and a half ago upon gastro-enteroptosis. A spine in

which there is a failure to assume, before puberty, the normal anterior-posterior curve in the dorsal-lumbar region. In this article Dr. McConnell attributed this defect as a causative factor of abdominal incompetence. This picture in the young adult is a precursor of the general sclerosis of later years.

Internal curvature has been rare in my experience. In explanation, the following might be offered: Clinically, numerous cases cured of gastro-enteroptosis by the correction of the spinal mal-adjustment would attest to the rationalism of Dr. McConnell's argument. The existence of gastro-enteroptosis is accompanied by impairment of the digestive as well as the renal tract, with consequent interference with metabolism, and with faulty elimination.

Where general sclerosis has ensued mal-nutrition has so reduced the body vitality that recovery is impossible, but I have observed marked improvement by a gradual overcoming of the spinal condition and as far as possible a restoration of the abdominal contents.

By far the most frequent cases of sclerosis which we encounter are the ones we would term local or partial sclerosis. We may find one radial or one temporal or the arteries upon one side of the body involved. And again, only internal arteries are affected, the diagnosis of which can only be judged by eliminative diagnostic measures.

A condition I have repeatedly noticed is a sclerosis of one radial and brachial in which there has been a concomitant lesion in the upper dorsal region. These patients are usually free from any discomfort as a result of such involvement—the discovery being only an incident of a routine examination.

In the light of our recent studies of the osteopathic lesion produced in the dog, we might explain the occurrence of the local sclerosis as a result of the degenerative process in the nervous tissues involved about the osteopathic lesion with a consequent relaxation of the vascular wall of the arteriole. Thoma maintains a contracted or contracting muscle does not degenerate.

This work upon the dog as set forth in Dr. McConnell's recent N. Y. address, fits in with Thoma's premise and carries his work a step farther. In fact, it appears if our finding of the osteopathic lesion artificially produced upon the dog, can be fully established, an explanation can be made of the following problems:

- (1) Why only a certain small percentage of patients afflicted with rheumatism, gout, syphilis, alcoholism, senility, etc are sclerotics.
- (2) Why, if toxins circulating in the system and penetrating all vessels alike, are the potent cause, should only certain vessels be attacked.

## Blood Examinations.

BY DR. FRANK M. VAUGHAN.

The study of blood changes in disease will become a powerful factor to assist Osteopathy to prove its case in a scientific way. Progressive members of our profession all through the country, are striving for accurate scientific data, by which to satisfy themselves as to the degree of progress toward the normal that can be obtained in the human economy.

There is a plea for accurate estimation in diagnosis. It is not enough to know that a structure is out of its normal position we should also know how far or how much it deviates from the normal. Instruments to indicate these deviations have been invented, more will follow. Photography is being brought into use as a recorder. The microscopic slide gives us an accurate and permanent record of conditions. From the particular view-point that Osteopaths consider the body, the study of its structure is always in mind, and the blood, one of the most changeable of tissues, is adapted to exhaustive study and research.

The chemical side of blood examination, although it may possess many possibilities, has not been sufficiently exploited to give us facts of much clinical value. Authorities differ greatly even as to the exact alkalinity of the normal blood, they all agree however that it is subject to great variation.

In the estimation of haemoglobin and the microscopic findings in blood work however, there is a large field worthy of study and very valuable as an aid to diagnosis. With a microscope, slides, a bottle of stain, an apparatus for making blood count, and a haemoglobin scale, the most necessary apparatus is at hand, and very satisfactory work can be done. Standard works on the blood explain the technique of the various tests. Cleanliness and care are great factors toward satisfactory results in all laboratory findings.

There are a number of things that go toward convenience and accuracy in the matter of blood diagnosis. The entire apparatus for making a complete test can be put into a small space and can be carried to the bedside if necessary. Only a small amount of blood is necessary. It can be obtained quickly and with practically no inconvenience to the patient. In the ordinary collection of a sample of urine, the one

who examines it is at some disadvantage in that the urine has to stand for some time, making changes from external sources much more possible. In examining the blood, however, the physician collects his own specimen and can examine it immediately if he wishes. A certain part of the test; i. e., the stained blood smear, becomes a permanent record of the case, it can be labeled and filed away, to be referred to at any time as unimpeachable testimony as to the condition of the blood the date the slide was made. A comparison of slides taken from the same case at different times can be made at any time and the actual progress noted.

No one will argue that there is not some degree of secondary anemia coincident with a disturbed nutritional area of the spine. What better record of a recovery do we want, than a series of blood slides from the case showing the improvement of cell morphology and cell content as the structural relations are being perfected? The estimation of blood pressure, the blood count, the chemical and microscopic analysis of the excretions, all enable us to better understand the nature of a disease and with this understanding to work better towards its elimination and prevention.

In my opinion the careful study of the blood, in relation to lesions affecting nutrition, will reveal a great deal to us in the future and will reveal it in such a way that the evidence will be indisputable.

Aside from the microscope the necessary apparatus for examination of the blood is not expensive and the length of time occupied in making the various tests is not long. The most necessary part in the process is experience, but it is a form of experience that is not costly to the patient.

## How to Promote and Maintain a Practice.

BY JOSEPH H. SULLIVAN, D. O.

In dealing with the subject, one must ascertain the exact definition of the title used.

I find that Webster defines promote as follows: To promote is to move forward—to advance something valuable.

Now to promote a practice or move it forward, pre-supposes your having a practice to move forward; it naturally follows that if you have none, you cannot promote it.

Nevertheless, I take it, the committee had in mind when naming the subject, the creation of a practice and its maintenance, and my remarks will follow along this line.

In making a practice we must be governed of course by the character of the village town or city we have chosen as our field of operation.

If a village, our pathway should not be a thorny one for the reason that you must have been a much discussed individual prior to your arrival, presuming that you have in mind work cut out for you in the person of a prospective patient, or perchance several of them, in which event every villager over seven years of age will await your grand entry at the train.

In any case, even though you do not experience a reception by a committee, try and bear yourself as though you expected it. Have money in your purse, even borrowed money, if necessary. I may be considered flippant in this, but I think most doctors will bear me out when I state that the first impression is a tremendous factor in the first contact of the patient and physician. It is a strong factor in all works of life.

In a small community, once well introduced, and by mingling judiciously with the best element of society, and practicing pure Osteopathy, the sort the great public has learned to understand and to demand, you should establish yourself as a village doctor, second to none.

If your choice of location happens to be a town of some size, or a large city, you are confronted by a more tedious routine of endeavor, if your ambition is great, and why should it not be great? You pos-

sess the truth, and I think you have the right to use any respectable agency possible to make the world at large understand that you are here; that you practice Osteopathic Therapeutics, also that your system is a complete one, except where surgery is indicated, in which event, thank the Lord, we have a Dr. George Still who is a surgeon—and a good one.

Too much attention cannot be paid to what we understand as a good front on the part of the doctor striving to promote his practice.

Another feature appertaining to the doctor and which we rarely hear mentioned, which is expected without exception to be a part of the successful doctor, is a good home life.

Naturally if we aim to be physicians worthy of being called in other people's homes, we must have a good record in our own. If we have no home life to refer to, it is time we started one.

Of course don't understand me as aiming to start anything here; I merely make the suggestion.

Being honored with a place on this program may perhaps give me leeway in my remarks to the extent of giving you a few ideas of mine which I have accumulated during some sixteen years acquaintance with Osteopathy, and which I have made part of my rules of conduct of an Osteopathic office, its promotion, as well as its maintenance.

Never tell prospective patients you can cure them.

Tell them such cases have been cured in a reasonable time, sometimes sooner.

Never give free sample treatments, they do you harm. If they get better they want more at the same price, and if they don't get better, well, you know.

The public is reasonable, no person begrudges the laborer his hire, and the cheaper you estimate your professional hire, the lower estimate will the people put upon it, and your efforts at promotion will be futile.

Never pay a commission to secure patients. If any of you have tried it you know that one who will bargain with you on that line, possesses no influence worth considering and their advocacy of you is detrimental to you.

Never tell Mrs. Jones what you are treating Mrs. Smith for. If you do, Mrs. Smith will tell Mrs. Jones she knows, and you lose both Smith and Jones.

Never weary your patient with your ponderous knowledge; some will absorb it, but most busy men and women come to you to be cured, not to study Osteopathy.



It took me longer to discover that than anything else. The first rude shock was given me years ago while treating a man whose time was not valuable. I was treating him for sciatica and incidentally treating him with pourings from my hoddle of Osteopathic truths, when suddenly he jolted me by saying: "Look here Doc., I came here to be cured, not to study your darn system."

These few ideas prepared perhaps too hastily, will embody essentials necessary in promoting a practice.

Maintenance of a practice would call for a repetition of most of the foregoing.

Getting results by the administrations of real Osteopathy will maintain your practice. Humanity will always need the Osteopath, and if the Osteopath proves his worth he need fear no lack of appreciation of the same.

## The Common House Fly.

BY DR. C. A. WHITING.

The name "house fly" is unlike charity, for charity is said to cover a multitude of sins, while the term "house fly" covers a multitude of sinners. In other words, there are a number of more or less, mostly more, troublesome and annoying insects which are included under this general term.

The careful observer of these insects frequently notes flies much smaller than others and he generally assumes that these small flies are young and will eventually grow as large as the others. This, however, is not the case, as the small flies represent an entirely distinct species and there are two or three other species of flies which do not differ appreciably in size from the more abundant house fly.

It is now an established fact that the more common species of house fly is an important factor in spreading a number of diseases. Among the diseases which are spread by the house fly may be mentioned typhoid fever, diphtheria, scarlet fever, tuberculosis, possibly small pox, and maybe several other diseases. It is so well known that the fly is so important a factor in spreading typhoid fever that some public hygienists have seriously proposed that the insect be known hereafter as the "typhoid fly." The object in giving it this name is to impress upon all the danger of this insect.

In the past when we were less cleanly than we are at the present time it is quite probable that the fly did a considerable amount of good in bringing about the destruction of organic matter which otherwise would have slowly decayed in the streets, but with our present habits of public and domestic cleanliness the fly is to be looked upon as an unmitigated nuisance. Like other evils by which we are confronted, it can be eradicated only by an intelligent comprehension of its source and cause.

The common house fly lays about 100 eggs every time that eggs are deposited. These eggs are laid in decayed organic matter, preferably around stables. In six or seven hours the eggs have hatched into tiny grubs. As the grubs increase in size their skin cracks open and the young animals creep out of their old cases and make rapid growth before the new skin forms, and when the new skin develops this one cracks off as did the previous one. In this way the larvæ attain their full size in some five or six days when the weather is ordinarily warm. When it has attained its full size it forms a very thick skin or case in which it remains five or six days more. During this time it undergoes a series of rapid changes and as a result loses its worm-like form and emerges from its case (pupa case, as it is generally called) a full-grown and fully developed fly.

It is needless to call attention to the fact that no filth is so repulsive as to repel the fly; that in filth of all kinds it becomes infected with bacteria, which it readily transfers to articles of food and even directly to the human body. It is obvious that an intelligent campaign against flies should be waged, not against the mature insect, but waged for the purpose of preventing their reproduction. This can best be done by absolute cleanliness—no filth, no flies; no flies, a great diminution of typhoid fever, tuberculosis and other diseases which they aid so materially in disseminating. It is impossible to urge too strongly the importance of making a careful study of all ills to which we are subjected and applying intelligent methods to their eradication.

The Pacific College of Osteopathy,  
Los Angeles, Cal.

## Forum.

Grand Forks, N. D., July 26, '10.

DEAR EDITOR:—I am sending you herewith several letters which I wish you would look over, and give space in the August issue of the Journal. I feel they will be of interest to the members of the profession in general, and particularly those in Minnesota, North Dakota, South Dakota, and Montana.

Last May a gentleman by the name of Mr. Smith, representing the Midland Life Insurance Company of St. Paul, Minn., came to my office here, soliciting subscriptions for stock and insurance in his Company. I subscribed for stock and insurance, with the understanding that Osteopathic physicians were to be admitted and recognized as examiners by the Company, and on an equal footing with all recognized schools of healing. I took four shares of stock at \$20 per share, which called for an initial payment of \$20; balance to be paid about July 1st. By taking this amount of stock it gave me as additional value, \$2,000 in way of insurance.

Shortly after, Mr. Smith went to St. Paul, and on his return came to my office and informed me that he had had a talk with Mr. Strickler—who it seems is one of the organizers of the Company—and that everything was as per agreement.

About this time I was notified that the balance of my subscription was due, and further, that the Medical Board of the Company had ruled against the Osteopaths, and that the agreement I had made with Mr. Smith must of needs not hold. Still, I was urged to pay for the stock just the same. However, I grew wrathful and requested the return of what money (\$20) I had turned in. The enclosed correspondence shows to what avail.

I feel it is the duty of every Osteopathic physician to "turn down" any and all insurance companies that do not recognize Osteopaths as examiners and as being of equal standing with all other schools of healing. This is a matter of no small moment; we must fight for our rights and help those that help us. I, for one, will.

Yours very truly,

W. F. HARLAN.

St. Paul, Minn., June 8, 1910.

Dr. W. F. Harlan, Grand Forks, N. D.

Dear Sir:—Your favor of the 6th inst., at hand relative to the employment of medical examiner for your community, beg to say that, herewith enclosed is an application blank for you to fill out in your own hand writing and the same will be submitted to our medical examiner. I have not talked with him regarding the standing of Osteopaths upon the medical staff, but will take it up with him upon receipt of your application. Trusting this will be satisfactory, beg to remain,

Very truly yours,

H. W. STRICKLER.

St. Paul, Minn., June 16, 1910.

Dr. W. F. Harlan, Grand Forks, N. D.

Dear Sir:—Your application for medical examiner was submitted to our medical director, but since we have ruled that, as far as we are concerned, we would be perfectly willing to use Osteopaths, but since other companies do not do so, we think it would be inadvisable for a young company to make radical exceptions. We are sorry to in your case, but we do not see how we can make any exceptions. Thanking you for all favors, beg to remain,

H. W. STRICKLER.

Mr. H. W. Strickler, St. Paul, Minn.

Grand Forks, N. D., June 22d, 1910.

Dear Sir:—Yours of the 16th to hand. In reply will state that your medical examiner has misinformed you in that other insurance companies do not recognize Osteopathic physicians.

I do not care one iota whether I am appointed examiner or not, but would like to see your company be fair to all recognized schools of healing.

The Medics oppose bitterly all schools of healing other than their own, as they desire to remain in control of the field.

Appended is a list of a few of the companies who recognize Osteopathic physicians as examiners:

American Temperance Life Insurance Association, of New York.

Modern Brotherhood of America, of Mason City, Iowa.

Bankers' Life Insurance Co., of Illinois.

Independent Order of Puritans.

Royal Highlanders, of Lincoln, Neb.

National Accident Society, of New York City.

United States Casualty Co., of New York City.  
 Royal Court, of Los Angeles, Cal.  
 Fraternal Brotherhood, Los Angeles, Cal.  
 Fraternal Bankers' Reserve, of Cedar Rapids, Iowa.  
 Travelers' Accident Insurance Co., of Hartford, Conn.  
 Foresters of America, of New York City.  
 National Reserve, of Charles City, Iowa.  
 Woodmen of the World, Omaha, Neb.  
 Missouri State Life Insurance Co., of St. Louis, Mo.  
 Kansas City, Life Insurance Co., of Kansas City, Mo.  
 Atlas Insurance Co., of St. Louis, Mo.  
 The Pioneer Life Insurance Co., of Pekin, Ill.

Very truly yours,

W. F. HARLAN.

St. Paul, Minn, June 24, 1910.

Dr. W. F. Harlan, Grand Forks, N. D.

Dear Sir:—Acknowledging receipt of your esteemed favor of the 23rd inst., would say in reply that, we are not making any fight against the Osteopathic physicians. I simply advised you as to the ruling of our medical board.

Regarding the return of the \$20.00, permit me to say that, this cannot be done without Mr. Smith's instructions; besides, the \$20.00 has been spent, as per agreement in your stock subscription. The better form will be to say that, it has been advanced to the agents against their commissions on life insurance which they have been writing all along, and as soon as the premium and stock money has been paid, this advance will be restored to the stock account, and when the company is organized, we will have \$5,000,000 of insurance, \$100,000 capital. I understood from Mr. Smith that the original arrangement was made with a former partner of yours and that your subscription for stock was not conditional upon your being appointed examiner. The stock is worth the money and more too, and if you take the advice of the undersigned, you will send on the balance of your stock money, for which accept in advance, the thanks of the Midland and of

Yours truly,

H. W. STRICKLER.

Mr. H. M. Strickler, St. Paul, Minn.

Dear Sir:—Yours of the 24th ultimo to hand. Being that the Midland has seen fit to rest content with the ruling of their medical board, and this ruling has excluded the possibility of Osteopaths being appointed as examiners, and my subscription was conditional on Osteopaths being appointed as examiners on an equal footing with Medics, I request the return of the \$20.00 paid to Mr. Smith.

I have ample proof that Mr. Smith sold the stock to me on condition that the Midland recognize Osteopaths as examiners. Should the decision of the medical board be altered and Osteopaths recognized as examiners, I am ready and willing to live up to the original agreement, and to boost for the company. However, should you adhere to the ruling of your medical board, which forced the Midland, an independent company, to bar Osteopathic physicians as examiners, I must insist that the amount paid Mr. Smith for stock be returned to me, and that I am released from all further obligation to the Midland.

Yours Respectfully,

W. F. HARLAN, D. O.

#### AUGUST WIND.

The sharp wind cut a pathway through the cloud.  
 And left a track of faintly shining blue;  
 The nunlike poplars swayed and bowed,  
 And low the swallows flew!

The sudden dust whirled up the stony road,  
 And blurred the brightness of the golden-rod;  
 The ripening milk-weed bent, and sowed  
 Winged seeds at every nod.

Backward the maple tossed her feathery crown,  
 Then flung her branches on the streaming air;  
 The brittle oak-leaves, dry and brown,  
 Rustled with break and tear!

Each wayside weed was twisted like a thread;  
 Then suddenly, far up the pasture hill,  
 Quick as it came the gust had fled,  
 And all the fields were still.

—Margaret Deland.

## Science Circles of Osteopathy.

These reports are made up of the opinions of the members of the circles, and are published without comment. The Journal does not assume any responsibility for any of them. We would suggest that any criticisms pro and can be sent to C. B. Hunt, Brastes Block, S. Omaha, Nebr.—Ed.

### Report of Supreme Science Circle.

No. 1, wants to see the suggested plan of a circulating library taken up. His circle had discussed goitre, having observed many interesting points not noticed in text books, as complications of liver, ovary and menses in right lobe enlargement. Articles along this line noted, as Dr. Becker's on Exophthalmic Goitre. His circle was sending around individual photos.

No. 2, has been busy with state work. Thinks definition must depend on the efforts of a greater number than constitute the circles. Suggests one man or a committee to permanently manage the circles.

No. 3, his circle had discussed Pulmonary T. B., noting necessity for an early diagnosis, tho' some benefit could be had even in the latter stages. Attention should be paid to diet, lesions and exercise. Cardiac disorders due to functional weakness, obesity or fatty changes were discussed.

No. 4, has just started his circle and has not yet received the first round of letters. Notes the new idea advanced as to effects, locally, of a lesion. Discusses electrical treatment.

No. 5, just getting ready for special work in dissection for a few weeks at Ann Arbor, Mich. Finds that a curtailing of time for consideration of circle letters means poor results.

No. 6, none of his circle members took any stock in the theory that pathogenic germs are harmless germs changed by their environment. Thinks gonorrhoea should be left to M. D's. Discusses advertising.

No. 7, conventions and summer vacations are interfering with circle work. Places Hulett's Theory in the hands of ministers, lawyers, etc. with good results.

### Report of Nebraska Science Circle.

No. 1, reports two confinement cases handled four years previous, both multipara. One had experienced considerable pain through lumbar region during preceding labors, found posterior lumbar, weak-

ness centering around 2nd and tilted right innominate. Preliminary treatment for two weeks, labor lasted 6 hours, not as much pain as in previous labors, slightly lacerated cervix, and ten pound baby and mother made an uneventful convalescence. In 2nd case, 2nd stage prolonged by head catching on brim of pelvis, but nothing serious occurred. Noted article in A. O. A. Journal on professional poisoning.

No. 2, has had considerable obstetrical work, with only two lacerations, never used instruments, found anesthetics worse than useless. Gives careful preliminary instructions as to diet, exercises and mental attitude. If development is slow uses sitz bath; if foetus is coming too fast, parts are not relaxing and head is not moulding right, inhibits in lower dorsal and sacral regions and sometimes through vagina. In last case he found the woman with narrow pelvis and monster abdomen, first child, delivered 10 pound, baby in eight hours.

No. 3, has had three obstetrical cases all of which came through nicely though with a history of severe confinements. One shouldn't hurry matters. Has case 5th nerve affection, two years previous started with itching point on left side of chin, considerable swelling over entire distribution of three branches of nerve. Lost sight of left eye, entire orbit is inflamed. Atlas anterior on left.

No. 4, case woman 35, six and one-half months pregnant. Had delivered seven month baby two years before. M. D. told her she would never be able to deliver another one. Was troubled with Rheumatism, took eleven treatments, went to time and had an easy delivery. Month later both mother and child got into a bad condition, and it was found necessary to put the baby on a bottle. Second case, woman 25 married a few months, had an acute constipation and vomiting, menses had stopped. Found badly anti-flexed and enlarged uterus, soft cervix and other signs of pregnancy. Uterus was enlarging toward hollow of sacrum obstructing the bowel. Local treatment and injections relieved symptoms and she afterward delivered a girl.

No. 5, has passed up obstetrical cases since leaving school, tho' he has treated a number before and after confinement. Secures best results in advertising by sending out a booklet of his own.

### Report of Minnesota Circle No. 1, June and July.

No. 1, no report.

No. 2, no report.

No. 3, believes we should honor the memory of our late leader by continuing the work he started. Believes we inherit a weakness toward the disease, rather than the disease, except in Syphilis. If young men

and women knew the awful of venereal diseases they would be more careful about marrying one who has, or has had the disease. Environment (diet included) brings on many diseases.

Case 1. Lady 32. Family Physician Diagnosed. T. B. Pulm., had cough following lagrippe, after one treatment each week for four weeks the cough stopped and she gained six pounds in the month, used a light easily digested diet.

Case 2. Lady 42. Bad cough, night sweats. Treated three months, gained twenty pounds in six months, took a drive every day and lived out of doors.

No. 4, Honor Dr. Heath's memory by continuing his work.

Case 1. Sciatic Rheumatism—Took thirty mud baths, very little relief. Had strained back by overlifting. Posterior right innominate; experienced relief after two treatments. Thinks mud baths would not correct that lesion. Thinks The McCormack school or any other school or cult is wrong in saying, "We have it all in a nut shell" for no school or cult has discovered a "cure all." Thinks environment is just as important a factor as heredity.

The only success that has been made in the treatment of Tuberculosis has been made since the doctors cut down drugs and gave sun, water and diet.

No. 5, believes the sudden death of Dr. Heath points out to us that ours is a strenuous life and that we should take good care of ourselves, especially in eating and avoid getting too fat, for fat people are not well people.

We should not "knock" anybody or any system. Time will tell whether they should be "pushed" or "knocked." Thinks it is a mistake to give a milk and egg diet in any disease for it assists in producing more phlegm and more fever.

One climate is as good as another for the treatment of Tuberculosis.

No. 5, thinks in honor of Dr. Heath we should change the name Science Circles to Heath Science Circles of Osteopathy. Thinks environment has most to do with disease. Finds anterior curve in mid-dorsal area in all cases of Pulmonary Tuberculosis. Prescribes diet of wholesome food, fresh air and correct breathing

W. D. ENGELKE, Leader

## Legal and Legislative.

**Idaho State Board Meets.**—The Idaho State Board of Osteopathy met at Boise on July the fifth, and after conducting an examination of 11 applicants for license to practice in the Gem state, elected officers for the ensuing year as follows: Dr. H. D. Morris of Boise, president; Dr. E. G. Houseman of Nampa, secretary. Other members of the board are Dr. W. M. Hatfield of Moscow, Dr. J. C. Edwards of Wallace, and Dr. G. F. Schmelzel of St. Anthony. The board, after adjournment, met with the Idaho State Association which held a session in the rooms of the Y. M. C. A. building.

**Applicants Pass Examination.**—The State of Washington has seventy-six new doctors. There were one hundred and seven applicants who went before the State Board of Examiners, but thirty-one failed to pass the examination. Three out of four osteopathic applicants, Charles H. Ponting, Merrill Ely Thomas and William E. Waldo were successful.

**Supreme Court Makes Ruling.**—Overruling the Washington State Medical Board, the Supreme Court, in a decision on the 1909 law relating to the practice of medicine, holds that Osteopaths, and similar practitioners, are entitled to licenses, although they may not hold diplomas from medical colleges, if they practiced for two years prior to the passage of the 1909 law.

The Medical Board held the law required "lawful practice" for two years, but this was impossible, because prior to 1909 the law did not permit licensing of such branches of medicine.

The court holds that the Legislature evidently considered previous infraction of the medical laws purely statutory, and not involving moral turpitude, and that it was within its powers to legalize the so-called "unlawful practice."

**The Indiana Embroglio.**—The Members of the State Board of Medical Examination and Registration, were called on the green carpet by Governor Marshall. It appears that the Governor's troubles with his State Medical Board, which he thought he had so fixed that it would stay fixed, continue to rise and rise again to harass him and keep him in hot water as long as it is made up as it is now. Recently the Governor reappointed two of the old members of the board, at the request of the schools they represented, and the appointments were made under circumstances which caused him to think they would be pacificatory.

But the very first meeting of the board held after the reappointments, which was since the semi-annual examinations, the old fight against the osteopaths broke out afresh.

The trouble began when forty-one members of the class applying for licenses to practice medicine in this state signed a petition asking that they be examined in all subjects by some other than Dr. John F. Spaunhurst, representative on the board of the osteopaths, setting forth as their reason that the state board of Michigan was on the point of breaking the relationship whereby a certificate granted in Indiana entitles the holder to practice medicine in Michigan without another examination,

because Spaunhurst was a member of the board, and that other states were preparing to take similar steps. The members of the board opposed to the osteopathic school outvoted Spaunhurst and his one friend on the board and granted the petition, thereby delivering a well-directed slap at the osteopathic school, as well as depriving Spaunhurst of something like \$150 of the revenue derived from the preparation of questions and the grading of manuscripts.

The action of the board almost stunned the Governor. Before acting on the petition the state board had shown it to the Governor and had asked him what it should do about it. The Governor declined, officially, to interfere, but sent word that personally he did not think the petition was well grounded. He thought it was a frame up against the school of osteopathy, which the law gives representation on the board and that evidently the signers had been induced to sign it by some influence that was opposed to the osteopaths, and that if they were not so induced they were not warranted in arriving at the conclusion which they had reached concerning Spaunhurst. This, the Governor thought, would be sufficient to cause the board to halt in any step contemplated to carry the petition into effect, but there was no halting. When presented in a business meeting, the members known to be opposed to Spaunhurst rushed it through, and Spaunhurst was left gasping.

As soon as the action was reported to the Governor he directed Spaunhurst to make an inquiry as to the source of the petition and Spaunhurst reported that he had evidence that the petition had been conceived and written by Dr. W. N. Wishard, of the school of regulars and played into the hands of Dr. Reed, of the Indiana University School of Medicine Staff, to get the signatures of the university seniors, which Dr. Reed did.

The report of Spaunhurst, made to the Governor, aroused the chief executive, as he is a close personal friend of Dr. Wishard, and was looking to Wishard to help him to clarify the medical board atmosphere, rather than to add to its murkiness. The Governor was riled as he has not been riled before since he took office, and it is said that there has not been as much tension in the Governor's office before since Governor Hanly called in the recalcitrant members of the legislature and informed them that they had to pass the county option bill. It is expected that the members of the board will be called on the green carpet, and friends of the Governor say that if matters turn out as he has heard that they will, he will indulge in one of those old-fashioned tongue lashings, for which Tom Marshall has been noted in northern Indiana in days past, but which he has not used very liberally the last few years. Governor Marshall can say the meanest things of any man in the state if he takes a notion to break loose and go after him, as is well known to those who have known him for years and who have seen him in action.

Spaunhurst is preparing to appeal to the Governor for redress against the board, and already he has taken up the question with the attorney-general.

An effort has been under way for some time to have the Governor remove Dr. S. G. Smelser, of Shirley, one of the regular representatives on the board, and preparations were almost complete for Smelser's withdrawal, so it is said. Dr. Wishard, who is chairman of the council of the association of regulars in this state, was one of the chief objectors to Smelser whose sole offense is that he supports Spaunhurst in his contentions. Indiana seems to be ripe for a separate State Board.

**Regulars in a Deadlock.—Osteopath Gets Appointment.**—While the action of Mayor Henry B. Fargo of Aurora, Illinois, is being severely criticised by the M. D's., yet it is not to be doubted that these so-called "regulars" were taught a lesson. It appears that a deadlock existed among them, as to the appointment of City

Health Officer. All the regular physicians refused to accept the appointment to the office under the present ordinances, which it is claimed require a bond of \$500.00 for an annual salary of \$50.00. To break the deadlock, the Mayor appointed Dr. James O. Saylor the osteopath to the office.

**Want Right to Treat Patients at Hospital.**—Osteopaths of Los Angeles are to fight for recognition at the county hospital, the doors of which are closed to them under the rules now in effect. An issue is being forced by the case of a Mrs. Evans, who is a patient in the hospital. She wants an osteopath to attend her. The request has been refused by the hospital authorities.

Dr. C. H. Whitman, superintendent of the county hospital, says that if the rules are changed he will have no objection to osteopaths attending patients in the hospital; that with him it is merely a matter of enforcing the rules.

Dr. C. A. Whiting, head of the faculty of the Pacific College of Osteopathy, believes unwarranted discrimination is being practiced. As virtual president of the college where many osteopathic students are graduated yearly, he has taken up the fight for recognition.

#### Ask to Amend.

The supervisors will be asked to amend their rules so that osteopaths may be admitted. The rule which has been cited as a barrier to the admittance of osteopaths is as follows:

Rule 1. No physician or surgeon will be permitted to render any professional service in the hospital until he has been regularly appointed by the dean of the medical department of the University of California, or the dean of the College of Physicians and Surgeons of Los Angeles, and such appointment approved by the hospital committee of the board of supervisors and by the superintendent of the hospital.

Commenting on the case which has brought a crisis in the controversy, Dr. Whiting says:

"A condition of more than ordinary interest relating to the county hospital has recently been brought to my notice. As the county hospital is an institution supported by public taxation for the benefit of the indigent sick, it seems proper that the public be fully informed in regard to its internal management.

"The special case to which I refer is a patient by the name of Mrs. Evans, who was admitted to the hospital more than six months ago. Soon after her admission to the hospital she was examined by some of the physicians comprising the hospital staff, and her case was pronounced a hopeless one. It being decided that nothing could be done to assist her, she was put on what is called a 'palliative' treatment, which means that drugs would be administered to reduce her suffering while she lives.

"Mrs. Evans states most positively that no serious attempt was made to treat her with a view of effecting her recovery. Morphine is constantly administered with a view to reducing her suffering. It is needless to say that every dose of this drug necessarily diminishes her chances for ultimate recovery.

"Owing to some previous experience which Mrs. Evans had, she has been extremely anxious to have osteopathic treatment. This she can have, free of all cost, either to herself or to the county, but osteopathic physicians are positively refused admission to the county hospital, and the only physicians admitted are those who belong to the faculties of the two allopathic colleges in the city. In other words, these colleges make the county hospital an adjunct to their teaching facilities and all other practitioners are rigidly excluded."

**Whitman's Statement.**

In regard to Dr. Whiting's charges Dr. Whitman said: This is a matter that is solely up to the board of supervisors. If the supervisors adopt an additional rule granting this permission, certainly there will be no objection on my part to admitting the osteopaths to practice in the hospital.

"However, in my opinion, if the rule granting such liberty to them is made much confusion will result, as the hospital already is well supplied with physicians. There are now thirteen internes. If this class of practitioners is admitted when called upon by patients, eventually they undoubtedly will desire also to hold clinics."

**Will Fight for Protection.**—To ask for no legislation, but to protect themselves against any attempt to enact a law inimical to their profession, was the program decided upon by the Pennsylvania Osteopathic Association. There had been rumors of an attempt on the part of the regular physicians to amend or repeal the law enacted by the last legislature by which the osteopaths gained state recognition. Any move in this direction next winter will be vigorously opposed by the osteopaths.

**Chair of Mechanical Therapeutics.**—At a recent meeting of the Ontario Medical Council, it was suggested that in all medical colleges mechanical therapeutics, including hydrotherapeutics, electro-therapeutics, and massage, be taught. It was claimed that many osteopaths base their practice on those things, and every doctor of medicine should be qualified to administer such treatment. After two votes were taken on the motion, it was declared lost by eleven to thirteen votes.

**More About the New York-New Jersey Medical Tangle.**—"The Elizabeth, New Jersey Daily Journal contained an article under the heading, 'Medical Men Incensed,' in which the action of the New York Medical Society, or Board of Regents, in canceling reciprocity with the Medical Society of the State of New Jersey on account of the medical standard in this state, was charged up against Governor Fort, because of his act in vetoing a bill for the regulation of the practice of osteopathy, by the regular board of medical examiners. Dr. N. L. Wilson assumes responsibility for this charge against the Governor in a point blank statement to that effect.

Now, let us see if Governor Fort and the osteopaths are responsible for the low medical standard in New Jersey, as charged. Did Governor Fort or the osteopaths have any part in the medical act of May 22, 1894, or the special acts up to 1900, which, combined, created the present standard of practice of medicine in New Jersey? Did Assembly bill 156, vetoed by the Governor this year, seek to raise the medical standard (as established exclusively by the doctors of medicine) beyond placing the osteopathic practitioners under the control of the medical board? Will Dr. Wilson say that any state ever has been chastised in such a manner for its failure to place the medical yoke on the doctors of osteopathy? Will Dr. Wilson state that the failure by the medical physicians in New Jersey to place the osteopaths under control of the regular medical board was assigned as the cause for the action of the New York Medical Society, or Board of Regents? And, will Dr. Wilson state that the cause of the action of New York was not due entirely, or at least for the most part, to a special act which was put through the New Jersey Legislature "for the benefit of some member, or members, of the medical profession, and that in so doing the standard was lowered?"

Dr. Wilson is hereby informed, if he is not familiar with the situation, that the matter of reciprocity in New York, under the law, is not in the hands of the State Medical Board directly, but of the Board of Regents, through the Education De-

partment, and that, therefore, the osteopathic controversy in New Jersey could not possibly be a factor.

If the osteopathic situation was the cause of the action of the New York board, as claimed, allow me to suggest that the enactment of a law providing for an independent board of osteopathic examiners, such as in effect in many states of the Union, would relieve the New Jersey medics of their stigma. Prior to 1908 Pennsylvania was in the 'same boat' with New Jersey—no osteopathic law and no ban on account of the situation. Since then that state has been operating under a law creating an independent board of osteopathic examiners, granting same rights and privileges to osteopaths as to physicians of other schools and requiring equal educational qualifications; and yet no professional rebuke has been administered by New York or any other State, on account of the increased power and authority of the 'objectionable' osteopaths. A similar situation exists in Minnesota, whose state medical standard is entirely acceptable to the New Jersey society, by reciprocal relationship.

The osteopaths are not involved in the regular medical standards, unless dragged in against their will. Such standards are entirely in the hands of the State and other medical boards and societies, and it lies within their power to make them high or low; and then responsibility cannot be shifted or disowned. The doctors of osteopathy have standards of their own to establish—with equal ambition along that line—and about forty States and Territories constitute the record of their achievements up to date. The medical doctors should take their own medicine, however bitter."—  
BENJAMIN F. STILL, D. O.

**Federal Medical Board Defeated.**—The Federal Medical Board of Arkansas, who charged Dr. A. W. Berrow, the osteopath of Hot Springs, Arkansas, with a case of "drumming," and had carried the complaint to Washington, D. C., in order to exclude Dr. Berrow from the use of the Hot Springs waters for his patients, were defeated, as the charges were not sustained, and Dr. Berrow has been fully vindicated.

## Associations.

**Report of the North Carolina Osteopathic Society.**—The mid-summer meeting of the North Carolina Osteopathic Society was held at Wrightsville Beach July 9th. The attendance was small owing to this being the first mid-summer meeting. It will take some of the members a year or two to get into the habit of coming to two meetings a year; one in the summer and one in the fall.

The special feature of the meeting was the address of Dr. Geo. M. Laughlin, and also his clinical demonstrations.

Dr. Laughlin's subject was "The Present Status of Osteopathy." He brought out numerous points to show that the osteopath should feel that his system when properly applied, is all that could be expected at this time. It is safe to say that Dr. Laughlin's convincing argument in favor of our osteopathic colleges has kept at least three North Carolina D. O.s from studying medicine. These men will in all probability do post-graduate work in some of the osteopathic schools. According to Dr. Laughlin, an additional year or two years' work will fit the two year graduate for general practice as well as four years spent in obtaining a medical degree.

The next meeting, our regular annual meeting, will be held in November or December. The place will be announced later by the Trustees.

DR. A. H. ZEALY, Secretary.

**The Minnesota Association Meeting.**—Quite a number of Osteopaths in the southern part of the state, recently met to discuss matters of interest to the profession. Several very interesting papers were read and discussed, among them being one on "Infantile Paralysis," by Dr. Arthur Taylor of Northfield, relating his experience with a large number of cases during the epidemic at that place.

Steps were taken toward forming a permanent organization among the southern Minnesota osteopaths, a committee on permanent organization, one on constitution and by-laws and a program committee being named. The next meeting will be held at Owatonna.

In the evening an interesting and highly instructive lecture was given at the city library by Dr. Frank C. Farmer of Chicago. He showed, by the aid of a stereopticon some of the pathological effects of forcible partial dislocation of vertebrae produced in dogs under anaesthesia, the dogs being killed from two to eighty days later, during which period they were fed and well cared for. Portions of the spinal cord and spinal ganglia, arteries, veins, nerve fibres, the stomach, liver and kidneys, magnified under a high power microscope were thrown upon the screen, showing passive congestion, endarteritis, diapedesis and parenchymatous degeneration taking place in the various tissues as an effect of the lesion.

Dr. Farmer is also a graduate of the regular and homeopathic schools of medicine as well as the school of osteopathy, and in company with Dr. Carl McConnell, who is an allopath as well, is spending a great deal of time in research work in order to prove the claims which osteopathy makes, that disease is produced by a sub-luxation of the bony structures of the body, or to muscular or ligamentous contractions which impede the flow of nervous energy and the body juices.

**Osteopaths Meet.**—The annual meeting of the North Dakota Osteopathic Association was held in the office of Dr. Orr Sanders, Grand Forks, who is the Secretary. A number of interesting papers were read and discussed, and the old officers were re-elected. Among those in attendance were Drs. Hall, Hanson and Avery of Fargo, Dr. Wheeler of Wahpeton, Dr. Bolton of Jamestown and Dr. Tarr of Lidgerwood. Three new members of the association were admitted by reciprocity. They were Drs. Avery, Jackson and Shearer. Immediately after the meeting, the State Board met for the examination of applicants.

**Montana Osteopathic Association.**—The tenth annual meeting of the Montana Osteopathic Association, was held at Billings, July 26th and 27th. The following program was observed: Tuesday, July 26th, 9:30 a. m.—Called to order by President Dr. W. C. Dawes, Bozeman. Invocation. Address of Welcome—Hon. H. J. Thompson, Mayor of Billings. Response. President's Address—Our Aim: "What is it?" Dr. W. C. Dawes, Bozeman. Lecture and Clinic Demonstrations—Dr. Geo. Still, Kirksville, Mo. 1:30 p. m.—Call to order. Lecture and Clinic Demonstrations—Dr. Geo. Still, Kirksville, Mo. Automobile Ride and Banquet—The Association as the guests of the Billings Osteopaths. Toastmaster—Dr. Asa Willard, Missoula. 8:00 p. m.—Call to order. Question Box—Conducted by Dr. Still, Kirksville, Mo. Wednesday July 27th. 9:30 a. m.—Call to order. "Meningitis"—Dr. C. E. Dove, Glendive. "Acute Diseases"—Dr. Asa Willard, Missoula. "Osteopathy in Pediatrics"—Dr. Eva M. Hunter, Livingston. "Toxicity of the Blood in the Neuroses"—Dr. L. K. Cramb, Butte. "Our Motive, or What Shall we do for Osteopathy?"—Dr. E. M. Carey, Laurel. 2:00 p. m.—Call to order. "Osteopathic Legislation"—Dr. Asa Willard, Missoula. Business, Reading of Minutes, Reports, Election of Officers, Etc., Adjournment.

**Arkansas Osteopaths Meet.**—The Arkansas Osteopathic Association held its meeting July fifth, in the auditorium of the Y. M. C. A. Building at Little Rock. During the first session in the morning the visiting Osteopaths were welcomed to the city by Dr. C. A. Dodson. Dr. A. W. Berrow, of Hot Springs, president of the association, replied to the welcoming address, and was followed by Dr. L. G. Higginbotham of Pine Bluff with a paper on "Aids and Hindrances to the Successful Practice of Osteopathy."

Dr. H. C. Cupp of Memphis, Tenn., delivered an address on "Pioneer Osteopathy in Arkansas." Dr. Cupp was the first osteopath to register an osteopathic diploma in Arkansas, having located in Pine Bluff in 1898. He was arrested immediately after his registration and was not allowed to practice until the matter of practicing osteopathy in the state was settled through the courts with a decision for the plaintiff.

The delegates were entertained at luncheon by Dr. C. A. Dodson at the Capital Hotel at noon. In the afternoon an open session was held and the laity admitted to a lecture by Dr. A. G. Hildreth of St. Louis, one of the first graduates of the American School of Osteopathy, at Kirksville, Mo. In his lecture Dr. Hildreth declared that osteopathy was now foremost in the relief of illness and the cure of diseased conditions. Comparing the human body to a machine, he stated that they needed the same grooming treatment and care. The visitors were guests at a banquet given by Dr. C. E. Whitney at his home, 822 Main street, last evening at six o'clock.

### Local Comments on Dr. Hildreth's Address.

"At the afternoon session of the Arkansas Osteopathic Association yesterday, the laity were invited to hear a lecture by Dr. A. G. Hildreth of St. Louis, who was



one of the first graduates of the American School of Osteopathy at Kirksville. Dr. Hildreth's address was marked by a sincerity and depth of feeling which showed him to be an osteopath of true worth, working for his profession and his fellowmen.

Dr. Hildreth has watched the growth of osteopathy from eighteen to 5,000 practitioners. He has been present and aided in many of the legislative battles, and by his honest, fair-minded position, won friends and the respect of many who were once our bitterest enemies.

"He believes in broader education, higher standards and says, after sixteen years in the practice, is still a simon-pure osteopath because coming in contact, as he does in St. Louis, with men of every profession and every class, he knows what he can do with his hands. He says:

"We must educate the people. They must be taught how to live. If our fathers and mothers only knew how to guard their little ones against the ills of life, how many would be spared an untimely grave. I will be glad to see the time when more knowledge of ourselves will keep us living right—the simple things it takes to keep our bodies normal. In them lies the key-note to health, happiness and prosperity.

"Go home and teach your people the better way. It will take time, but it is worth the effort. In your hands lie the issues of life and death, and it is a sacred duty for which no study, no sacrifice is too great that ones preparation may be sufficient to meet the requirements.

"It lies in the osteopath's power with his knowledge of the human mechanism, its origin and distribution, its system of blood vessels, etc., to make few mistakes in diagnosis if his preparation for his work has been honest and sincere, and it must be if we wish to hold our profession up to the standards that have been set by our national association.

"We must seek to get laws that will protect people, not ourselves. If we are going to reach out into wider fields let us strive to make better physicians in our lines than any other school of therapy. The best, and nothing short of that, must be good enough for osteopathy if we wish success."

**Report of Pennsylvania Annual Meeting.**—The Eleventh Annual Meeting of the Pennsylvania Osteopathic Association was held July first and second at Harrisburg, Pa. In the evening session of the first day, an interesting address and demonstration on Osteopathic Mechanics and Technique was given by Dr. Franklin Fiske of New York. In the morning session of the second day, the attendance was very large, and a most interesting symposium on "Dietetics" was conducted. Dr. Bird-sall F. Johnson read a paper on "The Liver, Pancreas and Spleen in Relation to Metabolism," and Dr. H. Alfred Leonard presented a discussion on "Food and its Function in the Light of Modern Research." Both papers were discussed by the members. Dr. Earle S. Willard delivered an address on the "Innate Weakness of Every Man's Spine," demonstrating it with a spinograph. Dr. Charles H. Bandel of New York delivered his lecture on "Some Hindrances to the Progress of Osteopathy." Besides these features, addresses and demonstrations were made by Dr. W. O. Galbreath, Dr. Floyd H. McCall, Dr. John T. Downing, and Dr. O. J. Snyder. The address of the retiring official, President Heine, embodied the report of the Executive Committee, which showed progress along all lines. The election of officers resulted as follows: President, H. M. Vastine, Harrisburg; vice-president, C. W. McCurdy, Philadelphia; treasurer, H. Alfred Leonard, Philadelphia; secretary, E. M. Downing, York; executive committee, in addition to the officers, O. J. Snyder, Philadelphia; William Rohacek, Greensburg; W. L. Beitel, Philadelphia.

## State Board Questions.

### New York.

#### ANATOMY.

Answer any 10 questions.

- 1 Describe the first rib.
- 2 Describe the hip joint and its ligaments.
- 3 Give the origin, insertion, action and nerve supply of ONE of the following muscles: pectoralis major, biceps brachii, tibialis posterior.
- 4 Give the origin, course, relations and branches of ONE of the following arteries: carotis communis, vertebralis, axillaris.
- 5 Describe the vena anonyma dextra (right innominate vein).
- 6 What area is drained by the ductus lymphaticus dexter?
- 7 Describe the cerebrospinal fluid and state where it is normally found.
- 8 Give the origin and distribution of ONE of the following nerves: suprascapularis, iliohypogastricus, peroneus profuudus (tibialis anterior).
- 9 Mention the subdivisions of the alimentary canal.
- 10 Give the gross anatomy of the lung. Describe lung tissue.
- 11 Describe the bladder and give its structure.
- 12 Describe the pharyngeal tonsil.
- 13 Give the relations of the cecum. Describe the valvula coli (ileocecal valve).
- 14 Describe the uterus as to attachments and peritoneal relations.
- 15 Describe the arytenoid cartilages.

#### PHYSIOLOGY.

Answer any 10 questions.

- 1 Give a general description of bone tissue. Describe the development of bone.
- 2 What is the specific gravity of blood? What normal conditions cause a variation in the specific gravity of blood?
- 3 Describe an apparatus for registering blood pressure.
- 4 What is the physical state of the lungs in the stillborn? Give postmortem appearances and tests proving stillbirth.
- 5 State the reaction, specific gravity, constituents and functions of saliva.
- 6 Describe the effect of bacteria on digestion.
- 7 Describe the physiologic process of the absorption in the small intestine of (a) carbohydrates, (b) fats, (c) proteids.
- 8 Of what importance are the calcium salts in the body? What food substance supplies the largest percentage of calcium salts at the time of life when they are most needed?
- 9 Mention the avenues for the discharge of water from the system and give percentage of the excretion from each avenue.
- 10 Show, by drawing or otherwise, the elements essential to a reflex arc.
- 11 What is the function of the gray matter of (a) the cerebrum, (b) the optic thalamus, (c) the cerebellum?
- 12 Describe in detail the function of the retina.

- 13 What structures are concerned in the creation of vocal sounds? Illustrate.  
 14 Describe the phenomena of the fertilization of the ovum after its union with the spermatozoon.  
 15 Describe the digestion of a meal consisting of oatmeal, bacon, buttered toast and coffee.

## HYGIENE AND SANITATION.

Answer any 10 questions.

- 1 Give a classification of food principles.  
 2 What is indicated by the presence of free ammonia in subsoil water? Describe an efficient domestic water filter.  
 3 How may natural ice become contaminated and spread typhoid fever?  
 4 Define food adulteration. Mention FIVE methods of food adulteration.  
 5 What may be done to extinguish or to limit bubonic plague?  
 6 State what is known as to the transmission of disease by flies.  
 7 What is the phagocytosis theory of immunization?  
 8 Describe the method of using sulfur as a disinfectant. What disadvantages attend its use for this purpose?  
 9 Give the physiologic action of alcohol.  
 10 What conditions should be observed in the erection of tents for military camps?  
 11 What are the objections to cisterns for the storage of water for drinking?  
 12 Give hygienic and sanitary reasons in favor of high buildings in cities.  
 13 Mention FIVE occupations involving exposure to extremes of heat. With what physical ailments are workmen in these occupations commonly affected?  
 14 Mention THREE diseases in whose etiology soil is a factor. Describe in detail the reasons for so concluding in ONE of these diseases.  
 15 Define (a) beer, (b) wine, (c) whisky. State the common adulterations of wine.

## CHEMISTRY.

Answer any 10 questions.

- 1 Give an example of EACH of the different states of matter. What is meant by the indestructibility of matter?  
 2 Give the preparation and the properties of nitromuriatic acid.  
 3 State in detail a method of preparing chlorin.  
 4 Give the chemical properties and the commercial forms of sulfur.  
 5 What is Fowler's solution? How is Fowler's solution prepared.  
 6 Describe potassium chlorid as to (a) occurrence in nature, (b) uses, (c) formula.  
 7 State the chemical uses of a salt of sodium employed in baking.  
 8 Describe two salts of zinc and give the formula of each.  
 9 Give the method of preparation and the formula of a copper sulfate.  
 10 Describe mercury. Give two tests for distinguishing between mercuric chlorid and mercurous chlorid.  
 11 Give the chemical treatment of phosphorus poisoning.  
 12 Give a test for (a) quinin, (b) strychnin.  
 13 Give in detail a quantitative test for sugar in the urine.  
 14 State the average percentage composition of (a) atmospheric air, (b) expired air.  
 15 Write a chemical equation showing the preparation of ferric hydroxid by means of ferric sulfate and ammonium hydrate.

## SURGERY.

Answer any 10 questions.

- 1 What agents are employed in inducing spinal anesthesia? What are the dangers and the sequelae of spinal anesthesia?  
 2 Describe the surgical treatment of varicose ulcer of the leg.  
 3 What are the symptoms of a rattlesnake bite? Describe the treatment.  
 4 Describe keloid. Give the surgical treatment of keloid.  
 5 Describe resection of the head of the humerus.  
 6 Give the symptoms and the surgical treatment of gonorrhoeal synovitis.  
 7 Give the symptoms of abscess of the lung (a) when the pleura is adherent to the chest wall over the seat of the abscess, (b) when the pleura is not adherent to the chest wall over the seat of the abscess. Describe an operation for the relief of each of these conditions.  
 8 Describe (a) palliative treatment of internal hemorrhoids, (b) operative treatment of internal hemorrhoids.  
 9 Give the symptoms and the surgical treatment of acute phlebitis.  
 10 Describe the symptoms of congenital dislocation of the hip.  
 11 Describe (a) infantile hydrocele, (b) encysted hydrocele of the cord. Give the surgical treatment of encysted hydrocele of the cord.  
 12 What is the usual origin of polypi of the ear? Give operative procedure.  
 13 Give the indications for tracheotomy. Describe tracheotomy.  
 14 Give the etiology and the course of Hodgkin's disease (lymphadenoma).  
 15 Describe the symptoms and the management of rupture of a muscle.

## OBSTETRICS AND GYNECOLOGY.

Answer any 10 questions.

- 1 What is pelvimetry? What is its purpose and what are its modes of application.  
 2 Relate in order of value the signs of pregnancy, including those pertaining to both early and late months.  
 3 Give the phenomena of menstruation. What are the abnormal varieties of menstruation?  
 4 Describe multiple pregnancy. Give the signs of multiple pregnancy and state how this condition may complicate labor.  
 5 Outline a set of hygienic rules to be observed by the pregnant woman.  
 6 Give the gynecologic uses and the advantages of the genupectoral position.  
 7 To what diseases is the puerperal breast liable? What care should be taken to prevent and to relieve infection of the mammae?  
 8 How should laceration of the genital tract be guarded against during delivery? If lacerations occur how should they be managed?  
 9 How may prolapse of the funis be recognized and how should it be managed?  
 10 Make a diagnosis, by external palpation, of the position and the presentation of the fetus.  
 11 When is accouchement force indicated? How should it be performed?  
 12 What is subinvolution and how may it affect puerperal convalescence?  
 13 Describe conditions that may make it necessary to administer an anesthetic during labor and give method of administration.  
 14 Under what conditions is removal of the uterine appendages justifiable? What is the technic of the operation?  
 15 What is the management of threatened asphyxia of the newborn?

## PATHOLOGY AND BACTERIOLOGY.

Answer 10 of the questions on this paper but NO MORE, selecting six from Pathology and four from Bacteriology.

## PATHOLOGY.

- 1 Describe the minutest changes in acute exudative meningitis.
- 2 Define (a) active hyperemia, (b) passive hyperemia, (c) anemia.
- 3 Describe the leukocytal changes in inflammation.
- 4 Describe the tissue changes in chronic ulcerative colitis.
- 5 Mention THREE of the most common tumors of the salivary glands and give the pathologic anatomy of ONE of them.
- 6 Describe the changes in periostitis.
- 7 Describe the lesions in chronic diffuse nephritis.
- 8 Mention and describe the pathologic lesions in gout.
- 9 Describe amyloid degeneration of the liver.

## BACTERIOLOGY.

- 10 What are (a) aerobes, (b) anaerobes? Give an example of each?
- 11 Mention FOUR conditions that interfere with the growth of bacteria.
- 12 Describe the bacillus pyocyaneus.
- 13 State THREE channels by which the tubercle bacillus may enter the body.
- 14 Give THREE cultural characteristics that differentiate the typhoid bacillus from the colon bacillus.
- 15 Give the morphology of the anthrax bacillus.

## DIAGNOSIS.

Answer any 10 questions.

- 1 Compare and contrast the symptoms of relapsing fever with those of typhoid fever.
- 2 Give the symptoms, complications and sequelae of variola.
- 3 State the characteristic features of lithemia.
- 4 Describe modern methods of applying tests for tuberculosis.
- 5 Describe leukocytosis.
- 6 Give the temperature curve in a typical case of pneumonitis terminating in recovery.
- 7 What are the physical signs and the distinguishing features of acute pericarditis?
- 8 Give the symptoms of acute laryngitis.
- 9 State the diagnostic features of acute pleuritis.
- 10 Make a differential diagnosis of hemorrhage from the lungs and hemorrhage from the stomach.
- 11 Make a diagnosis, by exclusion, of inflammation of the gall bladder.
- 12 Relate the symptoms of cerebrospinal meningitis.
- 13 Distinguish the symptoms of multiple neuritis and those of posterior spinal sclerosis.
- 14 Give the diagnostic symptoms of the second stage of syphilis.
- 15 Give the technic of a physical examination of the heart.

## Indiana.

JULY, 1910.

The following list of questions was formulated and submitted by Dr. John F. Spauhurst of Indianapolis, Indiana, Osteopathic Member on the State Board:

## PHYSIOLOGY.

1. What is the origin of (a) Lymph? (b) Urea?
2. Give instances of synthesis and analysis which occur during metabolism.
3. (1) Where do peripheral sensory nerve fibers originate? (2) Name the ways a nerve center may be directly influenced.
4. (1) What constituents of food require no digestion? (2) How does fat reach the blood stream?
5. (1) What are the functions of the blood? (2) Give the sources of (a) red blood cells, (b) white blood cells.
6. Describe briefly the functions of the tenth cranial nerve.
7. (1) What are reflex movements? Give classification. (2) Name the heat producing tissues of the body.

## ETIOLOGY AND HYGIENE.

1. Give etiology of Neurasthenia.
2. Give etiology of angina pectoris.
3. (1) What is (a) immunity? (b) susceptibility? (2) Give difference between a contagious and an infectious disease.
4. Name the diseases caused by the use of impure water.
5. How prevent spread of (a) typhoid fever? (b) measles?

## GYNECOLOGY.

1. Give (1) the most common caused of sterility in female, (2) treatment.
2. Describe pruritus vulvæ, giving causes and treatment.
3. How would you diagnose inflammation of the tubes and what is the most common cause?
4. Give diagnostic symptoms of malignancy of (a) mammary gland? (b) uterus.
5. Give the cause and treatment for amenorrhœa.
6. What is ectopic gestation? Give (a) varieties, (b) diagnosis, (c) prognosis, (d) treatment.

## THEORY AND PRACTICE OF OSTEOPATHY.

1. How would you treat a case of acute gastritis?
2. Outline the treatment of chronic constipation.
3. Give the treatment in case of tapeworm.
4. Explain the relations to and influences of the vaso-motor system upon the lungs.
5. In kidney diseases how would you control (a) blood circulation, (b) urine excretion, (c) uremia?
6. Explain typical case of jaundice and its treatment.
7. Give the etiology and treatment in appendicitis.
8. Explain the types and give the treatment of (a) renal calculi, (b) biliary calculi.
9. Explain the lesions and treatment of cystitis.
10. In what diseases are the following physical signs present: (a) barrel shaped chest, (b) sugar in urine, (c) fecal vomiting?

## PRINCIPLES AND TECHNIQUE OF OSTEOPATHY.

1. Explain segmentation applied to the spinal column.
2. Explain the mechanics of correcting inflammation.
3. If the heart stops in diastole, what would you do?
4. A lesion at third dorsal vertebra may affect what viscera?
5. Locate lesions in exophthalmic goitre.
6. Give mode of infection, diagnosis and treatment of typhoid fever.
7. Explain Osteopathic theory as to cause of spinal curvature.
8. Give (a) the different lesions that occur in the innominate bones, (b) cardinal symptoms that occur in each (c) treatment applied for correction of different innominate luxations.
9. Explain (a) the Osteopathic theory for the control of fever; (b) what is meant by remittent, intermittent, recurrent, relapsing?
10. Discuss the principles of exaggeration of relation in reduction of any bony displacement.

## OBSTETRICS.

1. (a) What is pregnancy? (b) Name the positive and doubtful signs of pregnancy.
2. What changes in the blood are produced by pregnancy?
3. What treatment would you advise in case of continued menstruation during pregnancy?
4. (a) What are the causes of nausea and vomiting in pregnancy? (b) What is the treatment?
5. Name the three most common causes of premature birth.
6. (1) Name the three stages of labor. (2) What is the best method of delivering the placenta?
7. What is the difference between vaginitis and vaginismus? (b) Give treatment of each.
8. When action of the uterus is insufficient, how would you bring about normal contractions?
9. (a) What are the indications for the use of forceps? (b) What condition necessitates version rather than forceps?
10. Describe the chief differences between the female pelvis and the male pelvis.

## SURGERY.

1. What are the symptoms of fracture of the internal condyle of the humerus?
2. Give the early symptoms of and treatment for (a) hip-joint disease, (b) caries of the vertebra. (Pott's disease.)
3. Differentiate hydrocele and chronic orchitis.
4. What structures are divided in the operation for strangulated femoral hernia?
5. Give symptoms and treatment of synovitis.
6. Give the principal and best method of abdominal drainage.
7. How is suppuration developed?
8. How would you proceed surgically to remove the fluid in a case of ascites?
9. Give diagnosis and treatment for fractured clavicle.
10. Differentiate between a fracture and dislocation of hip.

## Book Reviews.

**Consumption, Its Prevention and Home Treatment.** A guide for the use of patients. By H. Hyslop Thomson, M. D., Medical Superintendent Liverpool Sanitarium. 75 pages. Cloth, net \$1.00., Oxford University Press, American Branch, New York City.

That the physician in a case of tuberculosis must have the intelligent co-operation of the patient, in order to stay the progress of the disease, if it can be arrested at all, cannot be too strongly emphasized. Efforts of patients in this direction are bound to be more or less spasmodic and impractical, controlled too much by how they feel, unless they are placed under a strict regime in a sanitarium, or are given explicit directions which are easily carried out in the home. Few patients, if told just what to do and how to do it, will fail to respond. To supply this information is the object of this book. It takes up, in turn, the causes of consumption, how to avoid susceptibility, precautions against infection, the necessity for home treatment, requirements for home treatment, the temperature and body weight, personal measures, the importance of routine in treatment, and diet of the consumptive and when to seek medical advice. The book will be easily comprehended by the average patient, and if placed in his hands by the physician it will be of incalculable value to both patient and physician. The reviewer has already sent his review copy to a suffering relative. Supplementing these directions with the intelligent employment of osteopathy, the chances for recovery, we believe, are most favorable, and osteopathic practitioners should not fail to avail themselves of this aid.

**The Practitioner's Case Book.** For Recording and Preserving Clinical Histories. Prepared and Arranged by the Editorial Staff of the Interstate Medical Journal. Imperial octavo; 283 pages; full cloth binding. Printed on bond writing-paper. With 80 colored anatomical charts (detachable), showing outlines of body and skeleton in light red and the viscera in pale blue. Index for listing patients both by name and case number. St. Louis; Interstate Medical Journal Co. 1910. Price, postpaid, \$2.00.

The importance of making careful notes of cases cannot be urged too strongly on those practitioners who fail to observe this obligation; it has been emphasized both by the teacher and in the practice of every

great clinician and it should be one of the first routine habits acquired by the young practitioner. Exact case records are not only of the greatest value for purposes of study and comparison, but they safeguard the physicians to a large extent against suits for alleged malpractice, while their absence may give an undue advantage to a clever opposing attorney. Furthermore, it is always advisable to preserve a record of the information given to the patient or to the family of the patient, a thought suggested by the fact that in the volume now before us a special space is set aside for this purpose.

Realizing the importance of this subject, the editors of the Practitioner's Case Book have endeavored to aid the profession by devising a plan whereby the labor of exact case-recording is reduced to a minimum; the result is a book which can be most highly recommended for the use of the general practitioner and also for many specialists.

Accurate statistics are what the osteopathic profession needs more than almost anything else, and the employment of a system as outlined cannot be too strongly urged.

The history sheets are complete enough to cover all cases encountered in general practice, since they provide spaces for personal and family history, record of present trouble, subjective symptoms, results of laboratory examinations, and full details of a careful physical examination, followed by space for recording diagnosis (provisional or definite) and prognosis, with a brief outline of the information given to the patient or to the family of the patient. Following this there is space for details of later developments of the case.

Worthy of special mention, is an excellent series of detachable anatomical diagrams printed in light colors so that pictorial records of fractures, dislocations, cavities, areas of dullness, etc., may be made by pencil or pen.

If the convenience and other advantages of this book should be sufficiently appreciated by the profession so that a larger number of practitioners will make careful case-records, the editors may well feel that they have done a definite constructive work for the profession.

## News of the Month.

**The Crusaders.**—Our municipal government has undertaken a crusade in secret against the practice of the psychics; the medical fraternity has launched a new series of attacks against the osteopaths, the unattached clergy has begun a movement against socialism, the anti-suffragists are inveighing against the vote-wanters—and so the merry game goes on.

Ninety per cent of the energy of civilized humanity is thus wasted. The potency of evil or wrong as its opponent sees it, must be enormous when it can enlist the finest talent in the world to fight it. The brains and effort that might gain us a comfortable living are expended upon an anti-something. Human nature—worldly human nature—is very foolish and weak. If every one went about his own business of getting rich normally there would be little need of our strenuous way of living here in New York. There lies the whole secret; we spend so much time investigating and reforming the other fellow that what little remains to do our work in is crowded up to the limit of endurance by the bare effort to hold our place. This is not a criticism of method, for have we not the example of the great Colonel T. R. before us, and has not the entire country taken pattern after his strenuous life?—Gothamite.

**A Department of "Non-pharmaceutic Therapeutics" at Temple University.**—Announcement has been made that Temple University, Philadelphia, has completed arrangements for the establishment of a department for teaching methods of healing without drugs. It is said that this is the first instance of such a department being established in a medical school. This new department has been given the name of "non-pharmaceutic therapeutics," and will include radiotherapy, electrotherapy, suggestion, massage, baths, etc. Dr. J. Madison Taylor will have charge of the department, and will also hold an adjunct professorship in the department of therapeutics, which is filled by Dr. Charles E. de M. Sajous. Dr. Taylor has gone to Europe where he will study the methods in vogue there for the treatment of disease without the use of drugs.

**Died a Martyr to Medical Work.**—Another name was recently added to the list of those medical pioneers who have sacrificed their lives in the cause of science, when Dr. Mihran K. Kassabian, an eminent specialist in X-ray work, died in the Jefferson Hospital of burns that he received from the mysterious rays during years of continuous research and investigation. In the presence of his devoted young wife, who constantly tended him during his illness, he passed away early in the morning.

Dr. Kassabian, who had experimented with the X-rays for many years, received his first injury in 1902, when the finger nails on his hands were burned. He placed himself in the care of physicians, who noticed that the burns produced an effect on the skin similar to that of cancer. Two years ago his hands were so badly affected that it was found necessary to amputate two fingers, Dr. W. W. Keen performing the operation in the Jefferson Hospital. The operation, however, did not check the progress of the cancer-like affliction, and a year ago it was found to be extending up his left arm, causing an enlargement of the glands under the arm-pit. This became so serious that it was found necessary to remove the glands, Dr. J. Chalmers Da-Costa operating.

### Operations of No Avail.

The second operation proved as futile as the first, and it was considered urgent to subject the patient to a third operation consisting of the removal of certain muscles on the left side of his chest. This was accomplished about four months ago, and, serious though it was, Dr. Kassabian appeared to some extent to rally from it. Indeed, he continued his work with almost the same vigor as if he had been in the best of health. About ten days ago, when the scientist went to the Jefferson Hospital to have the wounds on his chest dressed, he collapsed, and it was found necessary to remove him to a private room in the hospital. Though attended constantly by the most skillful physicians, his condition became worse each day until he passed away.

Dr. Kassabian, who was an Armenian, was born in Caesarea, Asia Minor, 42 years ago, and in 1894 came to the United States to study medicine. He entered the Medico-Chirurgical College in 1898, and in the same year, while the Spanish-American War was in progress, served in the Hospital Corps of the Army and attended many sick and fever-stricken soldiers brought from the Southern camps. After graduating he became instructor in electro-therapeutics and X-ray treatment in Medico-Chirurgical College. In 1902 he resigned from this position to become director of the Roentgen ray laboratory in the Philadelphia General Hospital, a position that he held until the time of his death. Not once during his long illness did Dr. Kassabian lose interest in his work, although for the last eight months, realizing the seriousness of his condition, he superintended rather than actively engaged in his work in order to avoid any further danger.

### Wrote Books on X-Rays.

As an acknowledged authority on the subject of X-rays, Dr. Kassabian was chosen to represent the United States at conventions of X-ray experts that were held several years ago in London and in Paris. Among his works are several books treating of his favorite subject. The most important of these, "Electro-therapeutics and the Roentgen Rays," is now used as a text-book in leading medical colleges. Among his inventions was a method for improving skiographs. Originally these pictures, photographs of the interior of the human body, produced an effect as if the ribs were lying flat against the spine. There was no effect of rotundity. Dr. Kassabian invented an appliance for the skiograph apparatus whereby the desired effect of roundness was produced.

The doctor was a member of the Philadelphia County Medical Society, the Roentgen Society and the Medical Club of Philadelphia. About 18 months ago he went to Constantinople to marry Miss Virginia Giragosian, of that city. Besides his widow he leaves three brothers, jewelers in Smyrna, and in this city a 16-year-old nephew, Leo Kassabian, who is studying X-rays and the science of skiography. Funeral services will take place probably on Friday afternoon at Oliver Baer's undertaking establishment on Chestnut street near Nineteenth. The service will be conducted by Rev. Dr. H. T. Yardumian, of the Armenian Evangelical congregation. Masonic rites will also be held at Arlington Cemetery by Olivet Lodge, F. and A. M.

### Danger is Now Minimized.

In speaking of Dr. Kassabian's death a distinguished physician, who is himself an expert in the use of the X-rays, said yesterday:

"Dr. Kassabian was one of the early operators and added much to the science at a time when its dangers were unknown. He worked faithfully at the Medico-Chi-

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rurgical Hospital, both night and day, whenever a patient needed his care. During those early years many of the examinations were made fluoroscopically instead of by plates. This necessitated exposure of the operator during all the time that any of the patients were being examined. In this way he got thousands of times as much exposure as any one patient would get, and by continuing for a long time he did irreparable damage to his skin. During all this time none of his patients to whom he gave his services suffered from the effects of the exposure. Today absolute precautions to both operator and patient are possible, and the specialists who are thoroughly equipped make these examinations with very short exposures, using seconds, where formerly minutes and even hours were necessary. The rays are absolutely confined to the parts under examination, and I know of no record of injury from the rays during an examination in recent years, when such examination was made by a skilled operator who was thoroughly equipped.

Dr. Kassabian's enthusiasm carried him away and made a martyr of him to this science. He felt deeply the sufferings of those colleagues who have preceded him, and collected the names and histories of these men, intending to publish a memorial to them. This clearly shows that he did not attempt to make a secret of his troubles, nor of the troubles of others."

**Cost of Maintaining a Tuberculosis Sanitarium.**—In a preliminary bulletin on the cost of maintaining a tuberculosis sanitarium, the National Association for the Study and Prevention of Tuberculosis announces that the average cost per patient per day in thirty semi-charitable sanitoria scattered in all parts of the United States, is \$1.669. These institutions represent an annual expenditure of over \$1,300,000 and over 815,000 days of treatment given each year. The bulletin, which is part of an extensive study the National Association is making for its bureau of information, points out how the country could save annually at least \$15,000,000, if the indigent consumptives were properly segregated.

It was found that the food cost in most institutions represented one-third of the annual expenditures. The average daily food cost per patient was \$0.544. The expenditures for salaries and wages represented nearly another third, being \$0.481 per day per patient out of a total of \$1.669. The fuel, oil and light cost was \$0.206 per capita per diem or about one-eighth of the total cost.

The daily cost in the several institutions ranged all the way from \$0.946 per patient to \$2.555. In the far West and Southwest, as in Colorado and New Mexico and California, the cost was higher than in the East, in New York and New England, being \$2.025 per patient as against \$1.748.

The total expenditures of the thirty institutions were \$1,363,953.28, while the total receipts from all sources were \$1,548,525.74. More than 70 per cent of the receipts were received from public funds and private benefactions, only 28.8 per cent being from patients. Stated in another way, only 35 per cent of the total expenditures were received from patients, the remainder being made up from other sources.

Computing that there are in the United States at least 300,000 indigent consumptives who should be cared for in charitable or semi-charitable sanatoria and hospitals, the National Association estimates that the annual cost to the country for the treatment of these persons would be \$50,000,000 at the rate of \$1.669 per day per patient. At the lowest possible estimate, the country loses \$200,000,000 a year from the incapacity of these indigent victims of tuberculosis. This would mean a net saving of \$150,000,000 a year to the United States if all cases of consumption who are too poor to afford treatment in expensive sanatoria were cared for at the expense of

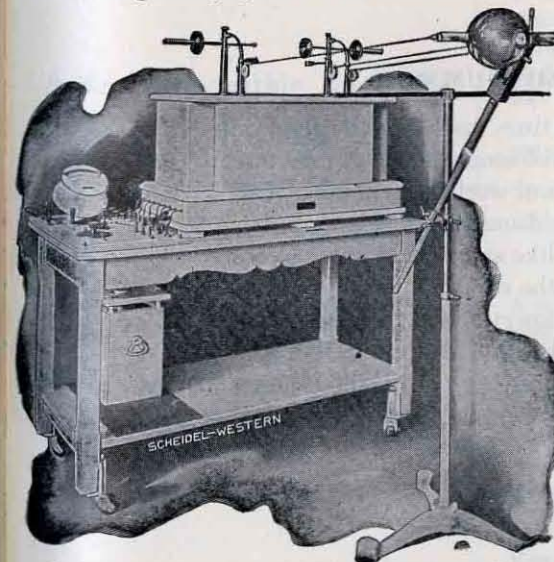
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the municipality, county or state. And this annual gain does not include the enormous saving that would accrue from the lessened infection due to the segregation of the dangerous consumptives in institutions.

**How to Sleep out of Doors.**—"Directions for living and sleeping in the open air," is the title of a pamphlet being sent out by the National Association for the Study and Prevention of Tuberculosis to its local representatives in all parts of the United States.

The pamphlet is meant to be a handbook of information to anybody who desires to sleep out of doors in his own home. It emphasizes the fact that out door sleeping is as desirable for the well as for the sick. The booklet will be sent free of charge to anyone applying for it at the headquarters of the National Association for the Study and Prevention of Tuberculosis in New York, or to the secretary of any local or state anti-tuberculosis association.

Some of the subjects of which the pamphlet treats are, how to take the open-air treatment in a tenement house; how to build a small shack or cabin on a flat roof in the city; how to make one comfortable while sleeping outdoors either in hot or cold weather; how to arrange a porch on a country house; and how to build a cheap porch; the construction of tents and tent houses; the kinds of beds and bedding to use in outdoor sleeping, and various other topics. The book is well illustrated and attractively prepared.

The object of the book is to suggest particularly to consumptives who cannot secure admission to a sanatorium how they can be treated at home under the direction of a physician. In view of the fact that there are less than 25,000 hospital beds in the United States for consumptives and fully 300,000 who should be in hospitals, the National Association urges that more attention be paid to sleeping in properly provided places at home, and that in every case the best be made of the patient's environment.

### MIDSUMMER.

After the May time, and after the June time  
Rare with blossoms and perfumes sweet,  
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The red midsummer of blazing heat.  
When the sun, like an eye that never closes,  
Bends on the earth its fervid gaze,  
And the winds are still, and the crimson roses  
Droop and wither and die in its rays.

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## Married.

At Decatur, Indiana, Monday evening, July 25th, Miss Nellie Jane Schrock to Dr. Orren Ernest Smith, of Indianapolis.

At Helena, Montana, June 21st, 1910, Dr. Mary Matthews Ewing, D. O., to Dr. Alen Butler Murray, M. D. The two doctors will have offices together at 9-10 Holton Block, Sixth Avenue, Helena, Mont.

At Pacific Grove, California, June 30th, 1910, Dr. I. L. Moore to Dr. Katherine Arnold. They will engage in the practice of their profession at 805 North Main Street, Porterville, Calif.

At Corning, Iowa, on July 20th, 1910, Dr. Warren L. Gardiner to Miss Sybil A. Lincoln. At home in Corning, Iowa.

At Fostoria, Ohio, on Thursday, July 7th, 1910, Dr. William Royal Westfall to Miss Helene Marie Gregg. At home, after August first, Ashtabula, Ohio.

At Kirksville, Missouri, on July 5th, 1910, James G. Francis, a student at the American School of Osteopathy, and Miss Oacie Snedigar of Choteau, Montana.

## Died.

At his home in Norfolk, Virginia, on July 19th, 1910, Dr. W. D. Willard. He was the father of Dr. Earle S. Willard of Philadelphia, Pa.

At Dalton, Georgia, on July 18th, Guy Covington Lord, infant son of Dr. and Mrs. G. B. Lord.

## Obituary.

Dr. W. D. Willard of Norfolk, Virginia, died at the Norfolk Protestant Hospital at eleven o'clock, Monday night, July 18th, having been in declining health for some time. The deceased was a prominent osteopathic physician, and had been a resident of Norfolk for ten years. He was a native of Maryland, and was formerly from Frederick City in that state.

Dr. Willard went to Asheville, N. C., for the recuperation of his health, but returned to Norfolk about two months ago. He was a man of high and noble traits of character, and had a large and successful practice. He is survived by a widow, who is also an osteopathic physician, and two sons, Dr. Earl S. Willard of Philadelphia, and Prof. W. C. Willard of California.

Dr. Willard was a prominent member of the Second Presbyterian church of Norfolk, from which his funeral was held at 4:30 p. m., July 20th. The remains were forwarded to Frederick City, Maryland for interment.

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## Personals.

**Opens Offices in Pennsylvania.**—Dr. Frank A. Lovell of the June class, A. S. O., announces the opening of his offices for the practice of osteopathy at Suite 418, Trust Building, Franklin, Pa.

**Dr. O. E. Smith a Benedict.**—At Decatur, Indiana, on Monday evening, July 25, at 8 o'clock, at the home of Mrs. Nettie Schrock on Rugg street, was solemnized the marriage of her daughter, Nellie Jane, to Dr. Orren Ernest Smith of Indianapolis.

Promptly at the hour Dr. Fred Patterson sang Edward Teschmacher's beautiful wedding song, "Because She Comes to Me," which was followed by the Mendelssohn wedding march, by Miss Jean Lutz, as the bridal party entered the parlors.

The bride, who entered with her brother, Mr. Will Schrock, was preceded by her sister, Miss Elizabeth, as maid of honor. The groom, attended by Dr. Sumner Warner of Indianapolis, met them in front of a bank of ferns and daisies arranged in the bay window of the parlor, where the ceremony was pronounced by Rev. G. H. Myers of Montpelier, a brother-in-law of the bride, assisted by the Rev. Richard Spetnagel. The Episcopal ring service was used, the simplicity and impressiveness of which was beautiful.

The bride was charmingly attired in a gown of lace and carried a large bouquet of bride's roses. Miss Elizabeth wore a pretty frock of silk mull and lace over yellow taffeta and carried yellow roses and daisies.

The house was attractively decorated with ropes of smilax, asparagus and large white daisies.

Punch was served in the den by three cousins of the bride, the Misses Margaret Todd of Bluffton, Beba Quinn and Ruth Patterson. A delicious two-course buffet luncheon was served in the dining room by the Misses Frances Dugan, Bessie Boyers, Helen Niblick and Lucile Cusac.

Dr. and Mrs. Smith left at 11:43 for a tour of the Pacific coast. The doctor to attend the National Osteopath convention held in San Francisco, after which they will visit the cities of the coast, returning via Vancouver to their home in Indianapolis in September.

The guests included the immediate relatives of the families, those from out of town being Mr. and Mrs. A. B. Smith, parents of the groom, and Miss Margaret, a sister, of Danville, Ind.; Mr. and Mrs. N. K. Todd and daughter Margaret, of Bluffton; Lucile Cusac of Van Wert, Ohio; Mrs. Richard Wallace of Oaxaca, New Mexico; Mr. and Mrs. F. S. Ream of Indianapolis; Rev. and Mrs. G. H. Myers and daughters, Ruth and Margaret, of Montpelier; Mr. and Mrs. Robert Harding and H. P. Moses of Fort Wayne.

**Gives up Central Park Offices.**—On account of building operations, Dr. Cecil R. Rogers of New York City, has been compelled to move from his offices at 275 Central Park West offices, and will now concentrate all his energies at office at No. 47 W. Thirty-fourth street. His residence address after October first will be No. 552 W. 157th Street, where he will see a limited number of patients.

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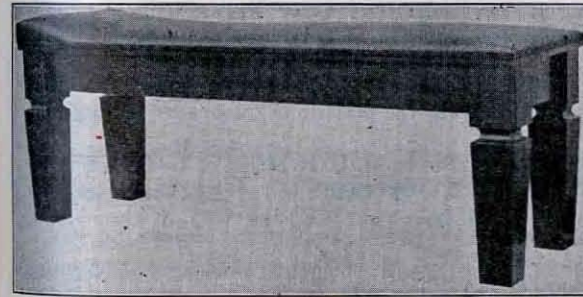
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**Locates in Duluth.**—Dr. Edwin Carl Kemp of the June class, A. S. O., announces his location at 306-07 Alworth Building, Duluth, Minnesota.

**To Practice in New Jersey.**—Dr. Bismarek Hoxsie of the June class, A. S. O., reports that he is located at No. 68 E. Washington Avenue, Washington, New Jersey.

**Dr. Hegyessy not in a Sanitarium.**—Dr. James Hegyessy writes us to say that he has simply opened a private office at San Francisco, and has not purchased an interest in a Sanitarium. Our previous item was taken from a newspaper clipping, which was evidently not authentic.

**Osteopaths Enjoy Annual Picnic.**—In a clipping from the Des Moines Capital of July 12th, we find the following: "The osteopathic physicians of Des Moines are enjoying their annual picnic and outing this afternoon at the Goodel Woods on the Urbandale interurban. Several hundred physicians, members of their families and friends are partaking of the outing. A big basket dinner was served."

**Locates in Missouri.**—Dr. James A. Savage, formerly of Dayton, Washington, a graduate of the June class, A. S. O., has located in Cape Girardeau for the practice of his profession.

**Permanently located in Rhode Island.**—Dr. N. A. Brown, a graduate of the June class at the Philadelphia College of Osteopathy, is now permanently located at 540-41 Howard Building, Providence, Rhode Island.

**To Leave Dixon.**—Dr. E. M. Browne, for ten years a resident of Dixon, Illinois, will leave that place August first, to take up the practice of his profession in Galesburg. He will be associated in practice with Dr. P. S. Hallady of Galesburg. Dr. Browne was for four years a member of the Board of Trustees and for three years president of the Mississippi Valley Association. Dr. Browne will be succeeded by Dr. Trowbridge of Polo, who will move his family to Dixon.

**Returns to Missouri.**—Dr. J. G. Leslie informs us that he has returned from Gunnison, Colorado to Wyaconda, Missouri.

**Will Take a Vacation.**—Dr. Kellogg of Woonsocket, Rhode Island, has gone on a vacation, leaving Dr. W. A. Smith of Boston in charge of his practice. Dr. Smith will be at his office, in Room 16, Langley Bldg., Mondays and Thursdays all day, from 9:30 a. m.

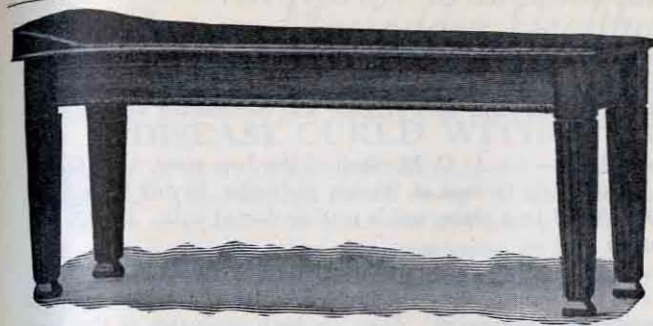
**Locates in Hannibal.**—In the Findlay, Ohio Courier of July 2nd, we note that Dr. Harry Kirkbride has opened offices for the practice of osteopathy, in Hannibal, Missouri.

**To Take Special Work.**—Drs. F. E. and H. C. P. Moore of La Grande, Oregon, will take a year's special school work. Dr. Nichols will succeed them at Enterprise and La Grande. The Drs. Moore expect to attend the A. O. A. Convention, at San Francisco.

**Opens Offices in Antioch.**—Dr. Dale W. Thurston announces his location in Antioch, California, for the practice of osteopathy.

**Returns to Hollywood.**—Dr. Libbie Asheroft, who lived in Hollywood, California a few years ago, and was active in social and religious work, has returned to that place to take up the practice of osteopathy. She has, since leaving there, taken a complete course in osteopathy and surgery, and has opened offices for practice at her home.

**Sail for Europe.**—Dr. Edwin W. Tate, the osteopath of 800 Broad street, Newark, N. J., Mrs. Tate and their sons sailed for Europe on Saturday, July 23, on the steamer Carmania of the Cunard line. They will tour England, Scotland and the continent for several weeks.



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**Dr. George Still on Program.**—One of the principal speakers on the program of the Montana Association meeting was Dr. George Still, of the American School of Osteopathy, Kirksville, Mo. His fame as a surgeon was commented upon by the local papers.

**Has Made a Good Start.**—Dr. L. C. Marshall of the June class, A. S. O., reports that he is now permanently located at Wisner, Nebraska, having bought the practice of Dr. John De Fox of that place, and is getting started well. Dr. De Fox is now located in Omaha.

**Pass State Board.**—At the State Board examination held recently in Columbus, Ohio, Harry C. Kirkbride of Findlay, and William R. Westfall of Fostoria, received their certificates as osteopathic physicians. They are both graduates of the June class, A. S. O.

**Brings Patients to A. S. O. Hospital.**—Dr. M. E. Corbin, of Malvern, Iowa, brought four patients to the hospital on July 8th, 1910. He paid the Journal office a brief call.

**Sells his Practice.**—Dr. B. A. Bullock of Hastings, Michigan has sold his practice to Dr. E. W. Pickard, of the June class of the Still College at Des Moines, and is planning to spend the summer in Chicago, doing special hospital work, after which he will open an office in Detroit.

**Will Practice in South Carolina.**—Dr. S. E. Lyte of Des Moines, Iowa, has decided to locate in Florence, South Carolina to practice his profession, and will soon move there.

**Establishes Branch Office.**—Dr. O. M. Walker of Dover, N. J., has established a branch office at Hacketstown, and will be in that office Tuesdays and Fridays of each week. He reports business as picking up fine.

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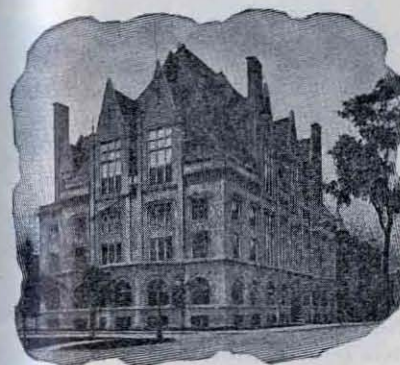
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 Boles, Florence, from Kalispell, Montana to Malvern, Iowa.  
 Brown, Niles, located at 23 St. Louis Street, Quebec, P. Q.  
 Burdick, Ralph H., from Tonopah, Nev., to 910 Wright and Callender Bldg., Los Angeles, Calif.  
 Christensen, C. F., located at 1930 Fourteenth St., Boulder, Colo.  
 Christy, Isabel, from Deer Lodge, Montana, to Montrose, Colo.  
 Cole, W. A., at 500-02 Baum Building, Oklahoma City, Oklahoma.  
 Davis, A. P., from 614 Hill Avenue to 3331 Fifth Avenue, Pittsburg, Pa.  
 De Fox, John, at the Brandeis Theatre Building, Omaha, Nebr.  
 Dunnington, B. L., at 523-27 Baker Block, Springfield, Missouri.  
 Eddy, John T., 224 Broad Street, Newark, N. J.  
 Edwards, Ella, from Stuttgart, Arkansas to 145 Clifton Ave., Louisville, Kentucky.  
 Eells, C. W., from Trenton, N. J., to Van Mess Hotel, 138 Petosky St., Petosky, Mich.  
 Fryette, H. H., from Auditorium Bldg., to Trude Bldg., Chicago, Ill.  
 Fulford, Harlie J., at 7-8 Douglas Heney Bldg., Shawnee, Okla.  
 Gable, J. E., from Evanston, Ill., to Central Nat'l Bank, Cambridge, Ohio.  
 Gable, Mary LaFonda, to Byersville, Ohio, from Downers Grove, Ill.  
 Goodell, George M., from Tama, to 623 Story Street, Boone, Iowa.  
 Gooden, Albert E., and Alice S., located at 401 1-2 W. Third Street, Red Wing, Minn.  
 Goodspeed, Almada J., from 126 State Street, to Suite 500, 57 Washington, Chicago, Illinois.  
 Haile, Florence R., at 16 de Septiembre, No. 12, Mexico City, Mexico.  
 Hanson, Charles P., located at 320-21 Griesheim Bldg., Bloomington, Ill.  
 Hart, Edward B., and Ida J., from Pittsburg, Pa., to 369 Washington Anevue, Brooklyn, N. Y.  
 Haswell, George A., from Westfield, Mass., to No. 10 Chestnut Street, the Kenson, Springfield, Mass.  
 Hill, Kate Childs, from Berkeley, Calif., to Delano, California.  
 Kanaga, Minerva, from Trinidad to Limon, Colorado.  
 King, A. M., from Los Angeles to Santa Marie, California, No. 40 Bradley.  
 Larner, Grace C., and Harry W., at No. 4 Broad Street, Freehold, N. J.  
 Letier, J. H., from Lancaster, Ohio to Austin Station, Chigago, Ill.  
 Mendenhall, M. S., located at Mitchell, S. D., Lock Box 398.  
 Messick, Effie M., from Chicago to Searles Bldg., Monmouth, Ill.  
 Moore, Dr. Vena L. Herbert, located at Goodland, Kans. Box 459.  
 Nickolas, Kathryn, 634-36 Brandeis Theatre Bldg., Omaha, Nenr.  
 Nevius, Z. A., from Brazil to Terre Haute, Ind.  
 O'Neill, Addison, from Paterson to Ridgewood, N. J. Box 272.  
 Pinneo, O. E., from Los Angeles to Huntington Park Calif.  
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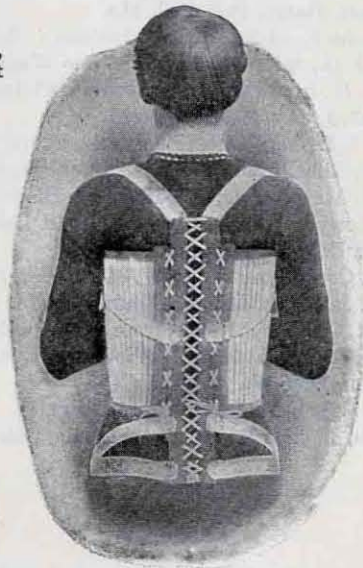
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 Shove, Florence I., from 126 State Street, to Room 159 State Street, Chicago, Ill.  
 Smith, Furman C., from 545 W. Sixty-second to 447 West Sixty-second Street, Chicago, Ill.  
 Thomas, W. T., and Bertha L., 821-22 Fidelity Bldg., Chicago, Ill.  
 Thoms, Frances, from 1223 Alaska Bldg., to 1521 Fifteenth Avenue, Seattle, Wash.  
 Wilke, George C., located at Leadville, Colo. Box 243.  
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 Titus, F. C., returned to 219 N. Weber St., Colorado Springs, Colo.  
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 Bullock, B. A., from Hastings to 42 Valpey Bldg., Detroit, Mich.  
 Derck, J. E., at Montpelier, Indiana.  
 Fager, J. Wesley, from Harlan, Iowa to Mankato, Minn.  
 Fraker, Franklin, at Feldhammer Bldg., Montevideo, Minn.  
 Hegyessy, James, at 754 Pacific Bldg., San Francisco, Calif.  
 Higinbotham, C. M., from Philadelphia to Honesdale, Pa.  
 Hossie, Bismarck, at No. 68 E. Washington Ave., Washington, N. J.  
 Ilgenfritz, M. E., from Mason City to Garner, Iowa.  
 Kemp, Edwin Carl, at 306-07 Alworth Bldg., Duluth, Minn.  
 Kirkbride, Harry, Hannibal, Mo.  
 Krill, John F., at South Bend, Indiana. R. No. 3. Box 132.  
 Leslie, J. G., from Gunnison, Colo. to Wyaconda, Mo.  
 Lyte, S. E., from Des Moines, Iowa to Florence, S. C.  
 Marshall, L. C., at Wisner, Nebr.  
 Moore, I. L., and Katherine Arnold, at 805 N. Main St., Porterville, Calif.  
 Murray, Lillie, from Columbia to Lewisburg, Tenn.  
 Murray, Mary Ewing, at 9-10 Holton Block, Helena, Mont.  
 Orr, Arlowyne, from 812 Missouri Trust Bldg., to 5063 Morgan street, St. Louis, Mo.  
 Pickard, E. W., at Hastings, Mich.  
 Rogers, Cecil R., at No. 47 W. 34th Street, New York City.  
 Savage, James A., at Cape Girardeau, Mo.  
 Streight, O. F., and Nettie, from Sidney to 326 S. Second St., Hamilton, Ohio.  
 Sturgeon, Sylph, at 2844 Humboldt, Denver, Colo.  
 Thurston, Dale W., Antioch, Calif.  
 Trowbridge, L. R., from Polo to Dixon, Ill.  
 Westfall, William Royal, at Ashtabula, Ohio.