

The Journal of Osteopathy

December 1912

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The Journal of Osteopathy

Edited by A. S. Hollis, A. B., D. O.

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DR. ALICE B. CHAFFEE,

OSTEOPATHIC PHYSICIAN.

Instructor in Osteopathic Technique,
Los Angeles College of Osteopathy

Suite 418-25 Lissner Bldg.,
524 S. Spring St.

LOS ANGELES, CALIFORNIA.

OSTEOPATHIC PHYSICIAN
AND
OCULIST

Residence 5606 Hollywood Blvd.,
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The Journal of Osteopathy

EDITED BY A. S. HOLLIS, A. B., D. O.

VOL. XIX

DECEMBER, 1912

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Editorial

Christmas Greetings As this issue of the Journal will reach our subscribers about Christmas time, we take this opportunity to wish to each and every one a joyous Christmas season. If the past years have been successful our hope is that the coming ones may be still more so. If the past has brought hard struggles, then rest assured that, if you are earnest in your work, the opening years hold much in store. Work sincerely; strive honestly to enter deeper into the truths you are practicing. Then you will see a realm of constant progress opening out before you. Osteopathy is the Science of adjustment. Learn more vividly to realize the Truth of its basic principles and your success is bound to follow.

Elbert Hubbard's "Little Journey to Kirksville" Probably every reader of this Journal knows that Elbert Hubbard visited Kirksville during the early part of October. He made the trip in order to gather material for one of his "Little Journeys" which are so well known. During his stay in Kirksville he visited several of the classes and gave a lecture to the student body. He also spent some time with the "Old Doctor" and chatted with him about Osteopathy and the early days, and his philosophy.

We have recently seen the manuscript of the "Little Journal" that Mr. Hubbard has written describing his impressions of Osteopathy and the "Old Doctor." He writes a sketch of Dr. Still's young life; he shows how the idea of personal freedom of thought was born into his nature; he sketches the days of struggle and of poverty, and he outlines the progress and growth of the Science. The booklet describes Osteopathy in a manner that a lay person may be inspired by its fundamentals. There is not a word in it that can be cavilled at; there is not a sentence that could be wrongly construed by either friend or foe of Osteopathy.

In it the philosophy of Osteopathy, the wonderful progress of the Science, the growth and enlargement of the buildings in Kirksville, and the expansion of its sphere of influence are well brought out. Our advise to our readers is this—send for a supply of the “Little Journeys to Kirksville,” and scatter them broadcast. You will be far more than repaid. You will never regret it. Do it RIGHT NOW. It will dissipate much ignorance about Osteopathy while it will inculcate much fundamental knowledge and inspire much interest. It is for your own welfare and the welfare of our Science that we want this pamphlet well distributed.

Medical Libel Action A protracted “consumption cure” libel case came to an end in the English Law Courts on October 31st.

In this case damages were claimed by a Mr. C. H. Stevens, inventor of Stevens’ Consumption Cure against the British Medical Journal. The decision of the jury is of little moment to us in our present consideration; nor indeed are the facts of the case itself. We were interested, however, in reading some of the statements made by prominent English physicians on the subject of the efficacy of drugs. Particularly were we struck with the evidence of a Dr. Arthur Latham, senior assistant physician at Brompton Hospital. Dr. Latham was one of the representatives for England to the Central Body on Tuberculosis at Berlin. “It might safely be said” he asserted “that 20 per cent of the people who suffer from pulmonary tuberculosis get well in spite of any treatment.” When cross-examined he said further:—
“THERE IS NO KNOWN DRUG WHICH IS GOING TO CURE CONSUMPTION, AND IT IS HIGHLY IMPROBABLE FROM THE CHARACTER OF THE DISEASE THAT THERE EVER WILL BE ANY.”

On being re-examined he stated that a new “cure” was brought to his notice every two or three months. “What is more” he finally continued “ANY NEW CURE WILL ALWAYS MAKE CERTAIN PEOPLE BETTER FOR A CERTAIN TIME, the mental effect is so extraordinary.”

When statements such as these are made publicly, one is forced to realize that the Medical men are putting less and less reliance upon drug medication. Further, it must be but a few years before non-drug procedures are used exclusively in giving assistance to Nature’s healing processes. Some other statements that have the ring of truth in them were made by a Dr. Theodore Dyke Acland, consulting physician to the Brompton Hospital for Consumption and Diseases of the Chest, and to the King Edward VII’s Sanatorium.

“I hate the word ‘cure,’” said Dr. Dyke Acland. “We help the patient to get well, to recover. THE SCIENTIFIC WAY IS TO INCREASE THE POWER OF RESISTANCE OF THE INDIVIDUAL.”

In his evidence he mentioned four leading methods:
Progressive exercises.

PUTTING THE PATIENT UNDER THE BEST POSSIBLE CONDITIONS OF LIFE AND WORK TO PROMOTE HIS BODILY VIGOUR.

Tuberculin injections.

The serum of some animal rendered immune against tuberculosis, CAUSING THE BODY OF THE PATIENT TO PRODUCE TOXINS (POISONS) WHICH FIGHT THE TUBERCULOSIS GERMS.

“Although they may not know it,” said Dr. Acland, “a very large proportion of the people of this realm are infected with tuberculosis at one time or another of their lives.”

Though all the methods advocated by Dr. Acland do not coincide with those advised and practiced by osteopaths yet the PRINCIPLE UNDERLYING THEM IS OSTEOPATHIC through and through. When will physicians and the people generally believe and act from the belief that it is Nature that cures and not the physician. Until they do, no matter what school they endorse or patronize, they are not yet upon the right pathway. We may advocate an “ism” or may practice some “pathy” but if our fundamental beliefs are not correct the results we obtain are accidental and not scientific. Never would we belittle the methods that any physicians advocate if they are designed to rouse Nature’s own curative power, but let us remember those methods must be subsidiary to the principle underlying them if we are to expand our practice and learn the limits of our theory.

The Local Association Elsewhere in this issue we print a program of the St. Louis osteopathic association. When sending this program Dr. H. F. Goetz wrote a letter in which he outlined the plans followed in this Association. In part his letter reads as follows:

“First we find a little luncheon a splendid plan; we give this every month at one of the prominent hotels. The membership like to “meet together first” and then get down to work.

“Secondly, We find practical everyday work excites the most interest.

“Thirdly, We find that the strictest discipline at the meetings is the wisest course.”

“This year’s work” he writes “has been planned to make our technique more scientific; that is to say, to have it based upon a careful consideration of (a) the anatomical structures concerned and (b) the plane and angle of articulation involved. We find that this does away entirely with empirical treatment as the manipulations must have an

anatomical and scientific basis, or they are rejected." Dr. Goetz further reports that the attendance has been 95 to 100 per cent at all meetings showing that the members are interested.

The concluding remarks are: "Much of the osteopathic success, including practical work, good fellowship and publicity, lies with the local association. You cannot take out more than you put in. Indeed you cannot take out as much. Therefore local associations must put in a lot of interest, work and hustle. In other words where the local association is made a success, there Osteopathy is made a success as there individual interest and Osteopathy are enlarged together."

It is very true that the unity of Osteopathy depends upon the integrity of the local associations. What is needed in our profession is the ability to present a united front. We find the American Medical Association organized down to the smallest township. Our hope lies in efficient organization, and that is dependent upon the effort of the local members in every district. Let us realize our responsibilities in regard to the future of our Science, and let us strive earnestly to shoulder them.

Felice Lyne in Kirksville The city of Kirksville was accorded a rare treat on December 6th, when Miss Felice Lyne gave a recital in the Normal School Auditorium. The purity of her tones; her wide range; the simplicity of her nature and the warmth of her sympathy all combined to render the performance one long to be remembered. Mrs. D. R. Gebhart accompanied Miss Lyne on the piano. We print the program below.

Program.

1. Caro Nome, (from Rigoletts) Verdi
Miss Lyne
2. Legende—Violin and Piano Carl Bohm
Miss Jones
3. Shadow Song, (from Dinorah) Meyerbeer
Miss Lyne
4. Automne—Pianoforte Chaminade
Mrs. Gebhart
5. (a) The Dove Landon Ronald
(b) The Wood Pigeon Liza Lehmann
(c) Bird of Love Divine Haydn Wood
Miss Lyne
6. (a) Valse Mignonne Edward Schuett
(b) Printemps Uubie
Mrs. Gebhart
7. Villanelle Dell Acqua
Miss Lyne

Wonderful Discoveries! About the middle of November the medical world was startled by some extraordinary statements purporting to have been uttered by Dr. Albert Abrams the "discoverer" of Spondylotherapy. We say "purporting" advisedly, for we find it hard to believe that any man—rationally minded and with even the most elementary medical education—could bring himself to make such assertions. The "discoveries" were heralded in the various newspapers by startling headlines such as "CURE FOR TUBERCULOSIS FOUND" or "NO OPERATION FOR APPENDICITIS" and so on, and in explanation of these assertions some truly marvelous facts (!) were announced. We quote from the Denver Post of November 13.

"Chicago, Nov. 13.—Two important discoveries in medical science were announced by Dr. Albert Abrams today at the annual convention of the American Association for the Study of Spondylotherapy. He asserted that he had unraveled the age-long puzzle—the function of the spleen—and that he had found a way to cure appendicitis without a surgical operation. The function of the spleen, he declared, is to regulate the number of leucocytes, or white corpuscles, in the blood."

We would never belittle any scientific discoveries, but involuntarily we are reminded of the story of Hyrtl and the student. The former when a professor asked a student what the function of the spleen was. After some thought the student said: "Well, professor, I did know, but I have forgotten it." "Unhappy soul!" said Hyrtl. "The only man in the world to know the function of the spleen and now you have forgotten it."

To continue with the discoveries that are to revolutionize the world.

"Dr. Abrams made the startling announcement that by contracting (!) the spleen and thus increasing (!) the number of white corpuscles he had been enabled to cure tuberculosis in its early stages. White corpuscles are nature's great destroyer of disease germs.

"Dr. Abrams has developed a system of playing upon the organs of the human body by TAPPING ON DIFFERENT NERVE CENTERS. By concussion of different vertebrae Dr. Abrams asserts his ability to PLAY ON THE ORGANS AS A PIANIST PLAYS ON THE KEYS OF HIS INSTRUMENT. This is the science of Spondylotherapy, of which Dr. Abrams is the founder." The capitals are our own.

Here indeed we have the Science of Spondylotherapy in a nutshell! "The ability to play on the organs of the body as a pianist plays on the keys of an instrument." Granted that this would be possible we fail to see the therapeutic value of the discovery. Perhaps the music (!) obtained by playing on the organs would so elevate the patient's soul

that health would come spontaneously by a kind of bastard Christian Science procedure. We can see no other advantage to the learned doctor's suggestion. But let us proceed:

Discovers Function of the Spleen.

"In my laboratory at San Francisco I discovered the function of the spleen, and I am preparing an article for early publication, in which I shall submit my proofs," said Dr. Abrams in an address before the association at the Hotel Sherman. "The spleen has a rhythmic motion. When it contracts it increases the number of white corpuscles. When it expands the process is reversed and the number of leucocytes is decreased.

"I have found that by concussion on certain vertebræ it is possible to cause the spleen to contract and thus greatly increase the leucocyte count. We are able to cure tuberculosis in the early stages by concussion on the tenth dorsal spine. We are able to produce an immense leucocytosis (increase in number of white corpuscles). It is my theory that the cure of tuberculosis is brought in this way. Malarial poison sometimes gets stored up in an expanded spleen and stays there."

Can Almost Play Tunes on Vertebrae.

"IN GENERAL, CONCUSSION ON THE SECOND LUMBAR SPINE IS USED FOR CONTRACTING THE SPLEEN, AND CONCUSSION ON THE ELEVENTH (in the paragraph above it was the tenth) DORSAL FOR EXPANDING IT."

Ah me! What fools these mortals be!! We shall soon be hearing of a cure for baldness by tickling the sole of the foot or for bunion by pulling the hair. And indeed such cures would be but slightly more far fetched. So Tuberculosis "The White Plague of the North" is swept into oblivion at the stroke of the magician's percussion hammer. Truly a case of "Open Sesame," but without doubt we must know just where and how to strike, for perhaps otherwise the spleen would be in doubt as to whether to expand or contract and in its dilemma might do something fearful such as secrete uric acid!!

But we must not neglect the "Appendicitis Cure." We read "In discussing his appendicitis treatment Dr. Abrams said:

"Heretofore physicians have been unable to cleanse the upper part of the large intestine satisfactorily because of the loop; but I can straighten this loop by concussion on the eleventh dorsal spine. This concussion stimulates the nerve which controls the movement of the intestine."

Phew! This takes the breath away!! What loop? We have heard of "looping the loop" but this even "outloops looping the loop." "Here-

tofore physicians have been unable to cleanse the UPPER part of the large intestine satisfactorily because of the loop." Well, perhaps not, but somehow we did not know it. It is remarkable how the obvious escapes attention!! Let us advance and keep up with the times. Then we have the final paragraph:

"ONCE THE INTESTINE IS STRAIGHTENED (quite a job, we would think,) it becomes easy to cleanse it by means of a rubber tube. Thus the intestine about the appendix is cleansed and the inflammation subsides. The appendix itself is cleansed by stimulating the nerves controlling its secretions, and the patient gets well."

We have heard of cleansing with soap, water and a scrubbing brush and also with an enema but never with a rubber tube!! And then you just stimulate the nerves going to the appendix and controlling the SECRETIONS (!) of that organ and heigh presto the patient gets well! We are certainly glad to note that Dr. Abrams recognizes that the cure is brought about by the spontaneity of Nature and not by the rubber tube! We are tempted to say to this master magician "Well done, sonny, you will know better one of these days. Do not be disappointed if the old world jogs on just as before. Think over what you have said and don't be so foolish again." So Tuberculosis and Appendicitis are no more. Requiescant in Pace.

If the Medical Trust prevails Our readers know that "Life" is favorable to Osteopathy. In a recent issue a short article was printed, under the heading of "The New Regime," in which the possible results of the establishment of the Medical Trust are sketched. As is so often found in such a skit, there is a deep vein of most serious thought underlying the surface humor. We reprint the article entire.

(The medical trust is now in full control, having vanquished all of its enemies; the scene is laid in the largest hospital in the United States, just outside of Washington.)

HEAD SURGEON: What was that disturbance outside just now?

ASSISTANT: Oh! a chap and his wife objected to being separated from their children. I ordered them back home.

And the children?

Will be retained for experimental purposes; fine subjects!

I thought we had enough children on hand for all purposes.

We have, but these are exceptional; highly nervous and refined. I am quite sure they will bring out many fine points in that new line of investigation that Dr. Barrel is undertaking.

Good; any arrests this morning?

ASSISTANT: (Looking over record by telegraph from leading centers reads): There was an uprising of osteopaths at St. Louis.

I thought those fellows had all been exterminated.

They have, time and again; but they are always bobbing up; they have all been thrown in jail and their property confiscated.

Ha! That's good. By Jove, we will exterminate every osteopath, Christian scientist and homeopath in this country. By the way, did that government appropriation go through?

With a swing; fifty millions yesterday for more hospitals. You see, we must have more experiments. Otherwise we shall be up against it. We have got to discover some new operations.

Precisely; practically every one has been operated on for appendicitis since it has become a government requirement. How many new serums were put in force yesterday?

Fourteen.

And the new scale?

Has gone into effect. Here it is. (He takes a printed paper from his desk and reads as follows): "Hereafter every American citizen will be required to have his appendix removed before the age of ten; also his tonsils before the age of five. Every American citizen will be required to pay a certain proportion of his income for the following fifty operations."

Only fifty operations required by law. Say, can't we do better than this?

ASSISTANT: (enthusiastically): Better? Sure. Remember, the trust has only been going a year. Give us time! When we have experimented on a hundred thousand children we will have at least a hundred more different operations which every American citizen will have to undergo. We've only just begun.

I believe you! I always did have faith in the American people!

Dr. Eugene Christian to Give Graduating Address It is with pleasure that we are able to announce that Dr. Eugene Christian of New York City, who has gained so much reputation as a Dietician, will deliver the graduating address, for the January 1913 class, on the morning of Thursday, January 23rd.

Dr. Christian is not only a Diet Specialist in the ordinary sense of the word but has founded a school which he calls The School of Applied Food Chemistry. In this school he teaches physicians, nurses, and others his theory of prevention and cure of disease through the diet.

Dr. Christian's work is in entire opposition to the ordinary drug theory and in hearty sympathy with Osteopathy, for which he has the most profound admiration. His address will therefore be of particular interest to the osteopaths.

He writes us that there are many osteopaths in New York City who refer cases to him and that they work together in complete harmony.

It will be recalled that a few years ago the doctor was arrested, prosecuted and convicted in the lower courts in New York under the Medical Practice Act. The case when appealed to the Supreme Court, however, was unanimously decided in his favor, in December, 1907, and since that time he has not been legally molested by the medical profession. Through Mr. L. M. Rankin, one of the officers of the Syndicate Publishing Company of New York City, and a former citizen of Adair County we learn that the Doctor is to bring out a much larger text on his special line of work in the near future, and we would commend its perusal by any physician. Through Mr. Rankin we also learn the following data regarding the evolution of Dr. Christian's science.

He was educated as a physician but not being able to reconcile himself to the drug theory of curing disease never practiced. He then took up commercial work and was very successful; he traveled extensively; lived after the conventional methods, and broke down in health at thirty-five with stomach and intestinal troubles and their natural sequelae.

He went to nearly all the large cities in this country in the attempt to regain his health. Nowhere, however, did he even obtain any relief and he was sent away to die with what was intimated to be carcinoma. Soon he became convinced that his trouble was caused wholly by errors in diet. He therefore took up the study of food chemistry, and in order to apply his knowledge was led naturally to the study of physiological chemistry. His work now consists in uniting these two branches of science and in making them practical.

He cured himself of the so-called cancer, established normal digestion and assimilation of food, obtained a normal elimination of waste and his other disorders disappeared.

Convinced that he had discovered something that would benefit humanity he began to practice these methods as a profession and was prosecuted as above mentioned. Since winning his case he has been in active practice.—G. A. STILL.

Pelvic Integrity

ILLUSTRATED.

BY F. P. MILLARD, D. O., Toronto, Canada.

From a mechanical standpoint the pelvis is one of the most intricate pieces of mechanism in the human anatomy. The weight of the body and of its burdens rests upon the base of the spinal column, the sacrum, (Fig. C.) and this is in reality the posterior wall of the bony pelvis. Imagine the muscular and ligamentous tension placed upon the pelvic tissues when weights are being carried. Intra-pelvic disorders may be due to infection, dietetic errors, hereditary or environmental influences and conditions, improper dress etc.; also they may be produced by lesions, bony or otherwise. The recognition, location and correction of these latter should of course be considered from a strictly osteopathic standpoint. General literature is too full of the germ theory and other hypotheses which have not proven worthy in actual clinical practice. Not that we would in any way discredit the significance of the germ theory, but rather we should be careful only to give to it its relative position. THE LESION THEORY SHOULD EVER BE PARAMOUNT IN CONSIDERING GYNECOLOGICAL AS WELL AS OTHER PATHOLOGICAL CONDITIONS.

IRREGULARITIES DO NOT CONSTITUTE LESIONS UNLESS ASSOCIATED WITH TENDERNESS AND DISTURBANCE OF FUNCTION OF THE ARTICULATIONS OR ASSOCIATED VISCERA. Bony lesions in pelvic diseases include not only those of the pelvic construction—the two innominates, sacrum and coccyx—but also subluxations or partial displacements of at least the two lower ribs, the lower dorsal and one or all of the lumbar vertebrae.

Reasoning from an anatomical standpoint, disturbed function may follow mal-alignment of the lower dorsal region, as such a lesion may irritate the deep origin of the sciatic and pudic nerves, and in fact of a part or all of the lumbar or sacral nerves. We must remember that the pudic nerve arises from cord segments on a level with the twelfth dorsal to the first lumbar vertebrae while the cord terminates at the upper border of the second lumbar vertebra. If the origin of the lumbar and sacral nerves is above the point of spinal cord termination a lesion in the lower dorsal must, directly or indirectly, affect the nerves just mentioned, and these nerves have a controlling influence over the ovaries, uterus and other pelvic organs and tissues.

Lower dorsal lesions affect the nutrition of the cord generally, as well as the blood supply to the particular segment. It is quite improbable that the pressure would be of sufficient force to affect the nerve trunks directly, as paralysis would thereby ensue, but a subluxation would be of sufficient significance to affect the nutrition and vascular supply of the cord, and especially the venous drainage which is conveyed through the inter-costal or lumbar veins. However slight the subluxation, vascular irregularities must follow until complete reduction of the lesion is made. If contracted musculature exists, venous-stasis is most likely

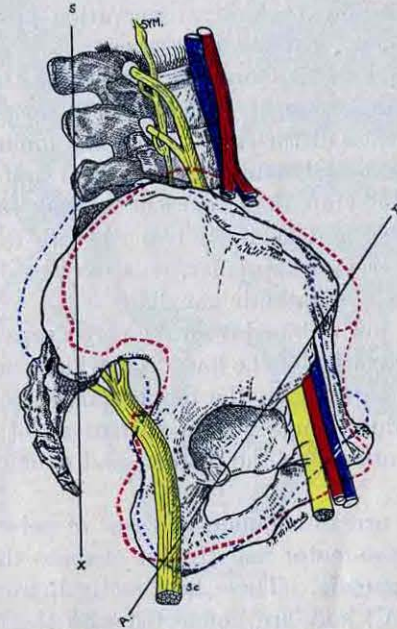


FIGURE A.

(F. P. Millard)—Side view of the innominate in relation to the sacrum. The dotted lines indicate the directions in which this bone is most likely to be rotated. The line A. B. is used for diagnostic purposes, passing as it does through the center of the acetabulum, the superior anterior spine and the tuberosity of the ischium.

present, and as the vessels in the deep muscles are intimately connected with those of the vertebrae as well as of the cord segments, it is easy to understand the importance of correcting and adjusting the slightest abnormality. If venous-stasis exists in the spinal cord vessels for any period of time, degeneration of certain cells must take place, and if the lesion is of sufficient importance to disturb the posterior root ganglion, the impingement must be removed or pathological conditions will follow.

Should the rami communicantes in any way be involved, reflex action is liable to become deranged.

The pudic nerve especially supplies so many pelvic organs and tissues, and its origin is so high up, that there must be perfect nutrition and complete freedom from irritation and congestion to insure normal stimulation and inhibition.

The position as well as the function of the pelvic organs depends greatly on the tonicity of the tissues of the pelvic floor. If lack of tone exists, a complete disarrangement may take place in the way of misplacements, adhesions, etc. This may be due to a ptosis of the bowels, but more often it is due to faulty innervation induced by improper nourishment of the nerve trunks and tissues.

The eleventh and twelfth ribs, and especially the twelfth, are frequently found in lesion, possible through tight lacing, faulty position, etc. These lesions cause disturbance of the rami joining the sympathetic chain, and thus produce trouble in the renal and ovarian plexuses. As the ganglia of the sympathetic cord lie in such close relationship to the heads of the ribs, and as these two ribs are floating and have no anterior support other than muscular, it is easy to displace them sufficiently to disturb the sympathetic ganglia.

Also the return flow of blood from the pelvic organs may be checked somewhat by a subluxation of the lower ribs which constrict, to a certain extent, the vascular opening in the diaphragm. This may be of sufficient import to produce congestion in part or all of the pelvic organs, but it will depend entirely on the manner and extent to which the ribs are subluxated.

Lumbar lesions are so common in cases of pelvic trouble, that we naturally look for vaso-motor and trophic changes through disturbance of the sympathetic ganglia. These lie directly in front of the bodies of the vertebrae (Fig. A.) and are connected with the lumbar nerves and plexuses, as well as to the lumbo-sacral cord through the rami communicantes. The ganglia supply plexuses to the various arterial branches of the abdominal aorta, such as the inferior mesenteric branch, the ovarian branch and the branches to the uterus and fallopian tubes. The lower portion of the colon, including the sigmoid, receives nerve filaments from the same source, making possible a variety of complications to the bowels as well as the tubes and ovaries. Whenever we find two or more organs supplied by nerves from practically the same source we may look for a complication of troubles.

The sympathetic ganglionic chain sends branches to the hypogastric plexus, and disturbances of this plexus also may be caused by lumbar

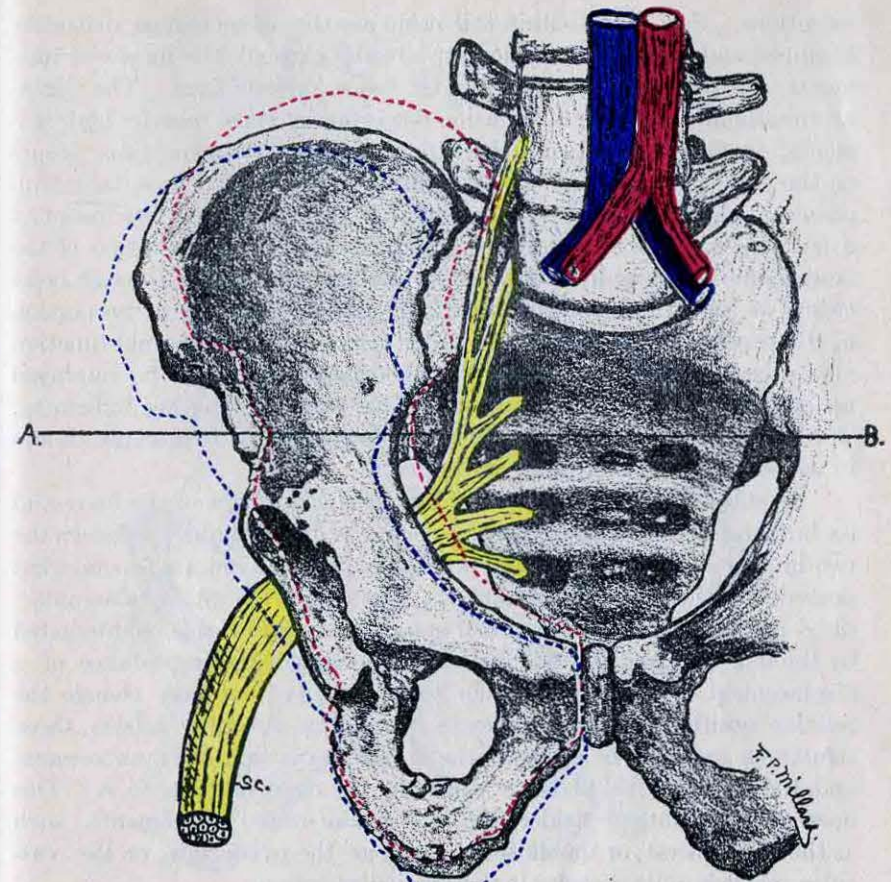


FIGURE B.

(F. P. Millard.)—Anterior view of the pelvis with the innominate in normal position. A. B. is the transverse axis upon which the innominate turns when subluxated. The dotted lines indicate the different positions which the innominate would be most likely to assume.

lesions as it is located on the promontory of the sacrum which is adjacent to the fifth lumbar vertebra. (Fig. B.)

Taken as a whole therefore the lumbar region is of great importance, and the lumbar enlargement of the cord contains centers for the chief pelvic organs.

We have now reached the most important section of our subject, viz.:—the pelvic basin itself. It is easy to picture in the mind the difference between perfect and imperfect alignment. The pelvis normally is bound together with firm ligamentous bands, and draped internally with fascia and muscles whose folds are perfect according to nature's

intentions. Suspended within this basin are the pelvic organs, delicately balanced and with equal tension on all sides through the means of ligaments, muscular supports and lighter tissue surroundings. The slightest misalignment produces a tension on certain of these muscles and ligaments, leaving the others relaxed and folded. Venous stasis occurs on the one hand and vascular inadequacy on the other. Resultant complications are inevitable. No mechanism will work in perfect harmony if friction exists, or if distortion is present. The toxic condition of the bowels, due to faulty innervation, or vascular irregularities through bony lesions or structural defects, invariably causes disorders in proportion to the severity of the lesion. In order that a perfectly normal function may exist and continue, these organs and nerves must not be impinged upon, and all blood vessels must be free from contracting influences. The vaso-motors must be in perfect working order, as well as the tissues in which the blood vessels are imbedded.

As stated in the first part of this article, the weight of the body and its burden falls upon the sacrum, which is wedged obliquely between the two innominate bones, (Fig. C.) and strangest of all, on a line somewhat posterior to the hip joints (Fig. A.). This causes the pelvis to assume a tilted position, when an individual stands erect, and this is counteracted by the muscular and ligamentous pull. Outside of the importance of a displacement of the sacrum which to a certain extent may change the relative position of the innominate bones, the rotation affects those structures such as the cords of the sacral plexus and the lumbo-sacral and the hypogastric plexuses which lie in close relation to it. This does not take into consideration the ligamentous attachments, such as the utero-sacral; or the muscular, such as the piriformis; or the vascular, which is quite complex in this particular region.

It is the close proximity of the nervous and vascular tissues to the sacro-iliac joints (Fig. B.), bound down as they are by fascia and connective tissue, that we are interested in, when for example we consider clinically cases of rheumatism, in which the least deposit might affect them to a certain extent. It is impossible to alter the position of the sacrum and not disturb the integrity of the pelvic basin in its entirety. If the sacrum is rotated forward or backward, downward or upward, the innominates must suffer in their relationship also, and if the innominates are once twisted, the ligaments and muscles attached thereto must likewise be disturbed. Moreover, whenever ligaments and muscles are put upon tension or unduly relaxed the vascular and nervous tissues are deranged, and when innervation and vascularity are abnormal, the organs and tissues thereby supplied, likewise suffer. Then too, whenever an

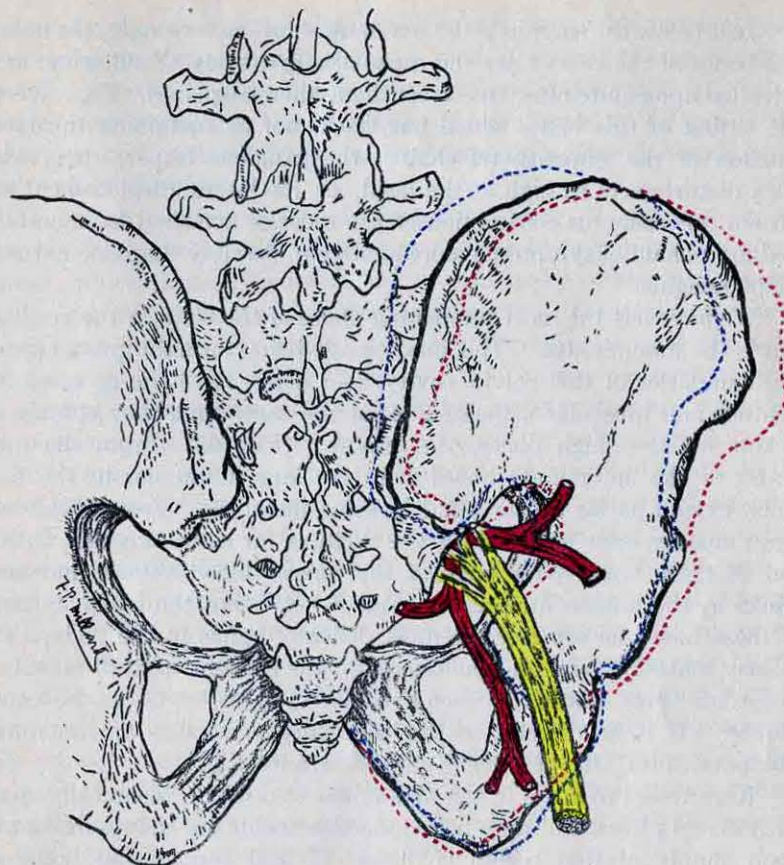


FIGURE C.

(F. P. Millard).—Posterior view of the pelvis in its normal position. The dotted lines show the innominate twisted forward and backward on its transverse axis in relation to the sacrum.

organ or a tissue is involved pathologically, other organs and tissues are disturbed reflexly. Although a sacral rotation may seem simple, yet a general disturbance may be the outcome through the chain of reasoning which is logical from an osteopathic standpoint.

We are all familiar with cases of sciatica in which a subluxated innominate is the primary cause, and we are also familiar clinically with the disappearance of the sciatic symptoms when the innominate is reduced to normal position. (Fig. C.)

The particular region we are discussing, has to do with the stability or instability of the largest nerve cord in the human anatomy, the sciatic. The perfect arrangement of tissues connected with the region of this great nerve means everything to a patient.

Just below the sacrum is the remnant of pre-historic ages, the coccyx. The bones of the coccyx are the cause of a great deal of suffering, as we are called upon quite often to correct them when misplaced. (Figs. A. & C.) The tilting of this bone, which has the honor of sustaining the lowest ganglion of the sympathetic chain,—the ganglion Impar,—may cause reflex disturbances as high as the head, or its lateral displacement may cause a relaxation or contraction of the muscles attached to it, and thus produce a chain of symptoms more annoying possibly than one naturally would imagine.

We have left the most interesting phase of the work to the very last, that is the innominates. The innominate bones form the greater part of the boundaries of the pelvic cavity, and hence have the greatest ligamentous and muscular attachments; at the same time they contain the sockets for the thigh bones, the femurs. (Fig. A.) From the upper border of the innominate bones arise the largest muscles in the back, which extend as far as the skull in some instances. From these same bones muscles arise ensheathing the thigh as far as the knees. In relation to these bones pass some of the largest blood vessels and nerve trunks in the human anatomy. (Fig. A.) Within the basin bounded by these bones lie some of the most delicate organs in the body. It is an easy matter to slip an innominate on the sacrum, and all manner of symptoms from sciatica to menorrhagia, metritis, etc., can be caused thereby. It is no difficult matter to reduce or replace an innominate osteopathically. It is an every day occurrence.

Regarding prolapses of the abdominal viscera, or, technically speaking, visceral ptoses, not only pelvic misplacements are the result, but the blood supply of that region is disturbed, and venous and lymphatic stasis is produced. A foundation is thus laid and material is furnished for tumors and various growths. The arteries are usually capable of expansion under ordinary circumstances. Any great interference or resistance might produce aneurism. The venous circulation on the other hand has less propelling power and the veins are more readily engorged. In such a case the arterial flow is undisturbed, and new growths are the result with relative tumefaction from the disturbed lymph and blood channels.

The contents of the abdomen and pelvis have normally ample room for easy working. The organs properly suspended produce no obstruction or strangulation with resultant inflammation, adhesions and pathological new growths. But should enteroptosis exist, then pelvic misplacements, and tumors or growths, on the uterus or elsewhere may develop and produce symptoms not unlike those of a gravid uterus.

Luckily the most of the abdominal viscera have wide mobility and rarely suffer any marked displacement; even if moved to a great extent they do not easily lose the ability to return to the normal. The vaso-motor centers controlling the circulation of the uterus are located in the lumbar region. A rigid spine, a curvature or a specific lesion may readily affect these centers.

As before mentioned, the hypogastric plexus is situated at an extremely important point, entering as it does to help form the pelvic plexuses, which themselves are made up principally of the upper sacral ganglia and second, third and fourth sacral nerves. These plexuses serve as switching stations for almost as many impulses as does the solar plexus, and they control chiefly the various pelvic functions such as secretion, absorption, ovulation, uterine peristalsis, menstruation and gestation. This plexus also furnishes vaso-motor fibers to the pelvic organs.

In this region as in the spine, congestion with misplacements, in the form of flexions or versions, may produce reflex symptoms which simulate those of spinal origin. It is therefore no more than right, that when symptoms pointing to pelvic trouble exist, the organs should have as careful and thorough examination as is given to the spinal column. Backache, which apparently comes from a lumbar lesion, may be caused by uterine displacements and menorrhagia or dysmenorrhoea may be due to a malignant growth or a flexion. If a thorough examination is made before treating such cases at least part of the trouble could be overcome while extra-pelvic treatment was being administered to correct the cause. It is easy to make a thorough examination and replace whatever radical intra-pelvic mal-position may exist and then to proceed with the corrective work, which is undoubtedly of extreme importance.



Urinalysis

ROBERT I. WALKER, D. O. New Bedford, Mass.

This brief discussion is intended more for the benefit of those who, like myself, graduated ten or more years ago, when the subject of urinary examination was not given as careful attention as it is at the present time, than for recent graduates or students, who by reason of the present chemical facilities in the schools, are probably already thoroughly familiar with this important branch of diagnosis.

I propose to take up first the tests for an ordinary or "Routine examination," as it is done in the hospitals of Boston and other cities, together with a few quantitative tests for special examinations, as well as a few figures for others in the endeavor to show how some of the calculations are reached.

Up to two years ago I had rather dropped out of the way of doing any urinalysis, beyond a simple test for sugar or albumin, and I imagine a good many of my contemporaries have done likewise. During the last two years, however, it has been my privilege to take up a course of study in the Boston University, a good part of which has been devoted to Chemistry and Urinalysis, and the methods I shall endeavor to show are those which are closely followed in most of the city hospitals. Following is a slip showing a Normal Analysis, and I will take up the tests for each substance in the order shown.

Normal Urinalysis.

Date, August 9th, 1912.

Name, Alex Jones.

Quantity (24 hours). 1200 to 1500 c. c. or 3 pints.

PHYSICAL.

Color. Pale Amber.

Appearance. Clear.

Specific Gravity. 1.010 to 1.030.

Total Solids. 69.9 gms.

Odor. Faintly Aromatic.

CHEMICAL.

Reaction. Acid.

Urea. .027 Grammes per C. C. daily average. Total quantity 27 grammes.

Albumin. Negative.

Sugar. Negative.

Acetone. .1 gms in 24 hours. Diacetic acid. Negative.

Bile. Negative. Bile acids. Negative.

Indican. Increased normal or diminished, .01 gm.

Chlorides. 10 to 20 gms in 24 hours (NaCl).

Sulphates. 2.3 gms in 24 hours (H₂SO₄).

Phosphates. 2.5 to 3.5 gms in 24 hours (Phosphoric Acid).

Urates. .7 gm. uric acid.

This shows a normal urine: we will now take up the tests, and the chemical significance of each substance. The first four items speak for themselves.

The specific gravity is taken with the Urinometer, at a temperature of 15° C. which is the standard. We first take the temperature with the urinary thermometer, (centigrade) then for every 3° under 15° subtract one point from the reading on the scale of the urinometer, and for every 3° above 15° add 1 point.

Thus, if the urinometer registered 1.015, and the temperature of the urine was 21° C. we would add two points, making the reading 1.017, or if on the other hand the temperature was 9° C we would subtract two points, making the reading 1.013.

This is done because the lower the temperature of the urine, the greater the condensation, and 15° is taken as the standard.

Specific Gravity may vary from 1.010 to 1.030 within normal limits.

Odor.

Normally this is faintly aromatic, being due to small quantities of volatile acids, viz., phenylic, taurilic, damaluric and damolic acids.

A strong repulsive ammoniacal odor denotes decomposition, but is only important if present when the urine is passed, because all urine decomposes upon standing, and becomes ammoniacal by absorbing nitrogen from the atmosphere. A strong odor of sulphuretted hydrogen may denote the evacuation of an intestinal abscess into the urinary tract.

Reaction.

Normally this is acid, and is due to sulphuric, phosphoric, hippuric, uric, oxalic and aromatic acids. The degree of acidity may vary considerably within normal limits.

For example, the acidity may be diminished:—

1. After a full meal, especially if composed largely of vegetables.
2. Following the discharge of gastric juice from the stomach as by vomiting, or through a gastric fistula.

3. Following the administration of alkaline carbonates, phosphates or caustic alkalis.

4. After decomposition, the urea being converted into ammonium carbonate.

On the other hand acidity may be increased:

1. By an exclusive meat diet.

2. After hot baths and free perspiration.

3. By excessive muscular exercise with free perspiration.

4. By internal administration of certain acids, such as benzoic or boracic.

5. By the presence of free fatty acids resulting from pathological conditions.

Total Acidity Determination.

"To 25 c. c. of urine in a large Erlenmayer flask add 15 gms. potassium oxalate (solid), and titrate with decinormal sodium hydroxide (NaOH) using phenol phthalin as an indicator."

The process of titration is performed as follows: What is termed a burette is employed in this work. This is a graduated glass tube registering from 0 to 25 c. c. and marked in tenths of a cubic centimeter.

25 c. c. of urine are placed in the Erlenmayer flask, together with 15 gm. of solid potassium oxalate. The flask is shaken until the latter is dissolved, and then two to three drops of phenol-phthalin are added. This is a coloring material called an "indicator," and causes the color change to take place. The burette is then filled to the 0 mark with $\frac{N}{10}$ (decinormal) NaOH, fastened to an iron stand by means of a clamp, and the Erlenmayer flask placed under it. The glass stop cock at the bottom of the burette is turned so as to allow the $\frac{N}{10}$ NaOH to flow drop by drop into the urine and the flask is shaken to mix thoroughly.

As soon as the contents of the flask changes to a pale rose color the titration is complete, and the amount of $\frac{N}{10}$ NaOH necessary to titrate can be read in tenths of a cubic centimeter.

By way of explanation:

$\frac{N}{10}$ NaOH is equivalent to $\frac{N}{10}$ HCl.

Normal HCl=36.5 gms. per litre, or

Normal HCl=.0365 gms. per c. c., therefore

$\frac{N}{10}$ HCl=.00365 gms. per c. c.

Now to calculate the amount of acidity. If burette reading is 15.9 c. c. this represents the amount necessary to titrate 25 c. c. Therefore we divide 15.9 by 25, (adding ciphers) to obtain the amount necessary to titrate 1 c. c. which equals .636.

By multiplying this result by .00365 we obtain equivalent in $\frac{N}{10}$ HCl, which equals .00230680 per 1 c. c. of urine.

By multiplying this by 1000 we get the amount per litre, or 2.30 gms.

To obtain the per cent remove the decimal point one point to the left; this gives .23 per cent of acidity per litre.

Urea.

Urea is the nitrogenous waste product or ash of the body metabolism, and is the chief organic constituent of the urine. The quantity eliminated in 24 hours varies considerably, owing to the amount of proteid food ingested together with the rapidity of tissue metabolism in health and disease. In a normal man on an ordinary mixed diet the quantity excreted daily is between 25 and 40 gms., average 33 gms. (500 grains). Numerous factors may combine to produce an increase or decrease in the amount of urea excreted. For example: In health urea may be increased by:

1. A hearty mixed diet.
2. Strenuous exercise causing increased metabolism.
3. Ingestion of ammonium compounds, especially the chlorids.
4. Ingestion of large quantities of water, thus increasing metabolism.
5. Hot baths, for the same reason.

In disease the absolute quantity of urea may be increased as follows:

1. In the early stages of acute febrile diseases, due to increased metabolism. It is this factor together with the small quantity of food ingested that causes emaciation. We are in this case excepting dropsical conditions.
2. During convalescence from acute diseases associated with dropsy. In this case the urea may be increased during the time the dropsical fluid is being reabsorbed.
3. In intermittent fever the urea is increased before patient has a chill, but diminished afterward.
4. In diabetes insipidus the urea is much increased, the 24 hour quantity of urine being very large, but the specific gravity low.
5. In diabetes mellitus total urea is usually above normal.
6. In chronic interstitial nephritis, quantity of urea is usually diminished but in rare instances it may be increased.
7. In chronic gout, the urea may be increased to 50 or 60 gms. in 24 hours.

The quantity of urea is decreased as follows:

IN HEALTH.

1. Whenever very little nitrogenous food is taken.
2. Sometimes following a very free perspiration on account of the elimination by sweat glands.
3. In many cases of normal pregnancy as the nitrogenous elements go to nourish the foetus.
4. Following doses of quinine.
5. After long continued drinking of excessive quantities of water.

IN DISEASE.

1. In most diseases of the kidneys, especially in the advanced chronic forms.
2. In functional disturbances of the kidneys, as in active or passive hyperaemia.
3. In acute febrile diseases following the climax and during convalescence.
4. In such cases the urea is diminished up to the time of effusion, but as the fluid is absorbed, it gradually increases.
5. Shortly before death from any cause.
6. During excessive vomiting.
7. In marked cases of diarrhoea.
8. In degenerative changes of the liver.

The determination of urea, for ordinary purposes, is best performed by the use of the Hind's modification of the Doremus Ureometer.

This is known as the "Hypobromite method," and is based upon the principle that urea, when brought into contact with sodium hypobromite is decomposed into nitrogen, carbon dioxide, and water; thus

$$\text{CH}_4\text{N}_2\text{O} + 3\text{NaOBr} = 3\text{NaBr} + \text{CO}_2 + 2\text{H}_2\text{O}.$$

The constituents of sodium hypobromite are kept in two separate solutions, which are mixed shortly before using. They are made as follows:

- (a) Caustic soda solution. Caustic soda 100 grams; water 250 c. c.
- (b) Bromine solution. Bromine 1 part; potassium bromide 1 part; water 8 parts.

The process is as follows:

The bulb and upright tube are filled with the sodium hypobromite solution. The upright tube is filled to the zero mark with the urine to be tested. The stop-cock is then turned, and exactly one cubic centimeter of urine is allowed to enter the tube which contains the reagent. The ureometer is then set aside for a few minutes until the evolution of nitrogen gas is complete. The number of cubic centimeters of the gas in the tube is then read off, and the result multiplied by 100 to obtain the percentage of urea.

A process known as "Folin's Urea Determination" is sometimes made use of for special analyses. I will merely outline it in order that the process may be noted:

"Measure 5 c. c. urine into a 250 c. c. Erlenmayer flask; add 5 c. c. concentrated HCl, 20 gms. solid MgCl₂, a small piece of paraffin and a few drops of alizerine (indicator). Close with safety tube and boil until return of distillate causes bumping. Then heat gently for one hour. Keep solution acid. Transfer liquid to a litre flask, add 700 c. c. water and 20 c. c. of 10 per cent NaOH and distil for one hour, catching distillate in flask containing 50 c. c. of $\frac{N}{10}$ H₂SO₄. Titrate excess with $\frac{N}{10}$ NH₄OH using alizerine as the indicator."

For ordinary purposes the "hypobromite method" is quite sufficient.

Albumin.

Albumin is undoubtedly the most important proteid found in the urine. It is considered an abnormal constituent when present in traces capable of being detected by the tests ordinarily used.

Causes of Albuminuria.

1. Changes in the kidneys themselves, which on account of their abnormal state, allow the albumin to transude.
2. Alterations in the blood pressure in the kidneys.
3. Abnormal changes in the quantity of the blood entering the kidney.
4. Disturbances or diseases of the urinary tract below the kidneys.

Clinical Importance.

Albuminuria due to pathological changes in the kidneys is the most important and most serious form. These changes include the variety of diseases commonly grouped under the term "Bright's Disease."

The second form, alterations in the blood pressure, is the result of circulatory disturbances that include the renal vessels. This is a common cause of the condition. The most common variety of this form is the so-called "Functional" or "Physiological" albuminuria, or that which occurs after prolonged muscular exertion, due to increased metabolism.

The third form, caused by changes in the quality of the blood is notably seen in cases of anaemia, in the first stages of convalescence from cholera, in phosphorus poisoning, in haemoglobinuria, and also in carbon monoxide poisoning, as well as after excessive use of morphine.

The fourth form is variously termed "false," "adventitious," or "accidental," and in it there is usually but a small amount of albumin present. In reporting albuminuria we use the terms "s. p. t." or slight-

est possible trace, i. e., capable of being detected by ordinary tests; "v. s. t." or very slight trace, which is a faint zone seen by using a dark back ground; and "s. t." which is a white zone that can be distinctly seen.

"Trace," refers to a distinct white zone which may be seen from the side without a dark back ground. "Large trace," one tenth of one per cent, a zone which is evident, but not flocculent.

"1-8 of 1%, " marked zone, still not flocculent.

"1-4 of 1%, " marked zone, quite flocculent.

"1-2 of 1%, " marked zone, very flocculent.

Determination of Albuminuria.

The tests generally used are the "heat test," and the "nitric acid test."

The former is performed by filling a test tube two thirds full of urine, heating the upper part of the tube, and allowing one drop of acetic acid to fall into the heated urine. If albumin is present, a cloudy precipitate will form.

The nitric acid test is best performed by taking a wine glass, with a straight bell, not a curved one; fill it about 1-3 full of filtered urine, then underlay with an equal amount of concentrated nitric acid (C. P.)

The best way to underlay is to take a 10 c. c. pipette, draw up the required amount of acid, close upper end of pipette with thumb, and having placed lower end in the bottom of the urine glass, raise thumb slightly so as to allow the nitric acid to flow to the bottom of the glass.

Allow the test to stand about five minutes, for the reaction is sometimes slow. If albumin is present there will be three distinct zones. From below upward the first will be the "pigment band," of different colors, usually purple. The second, immediately above this and touching it is the "urate band," and somewhat above this there will be a space of clear urine, possible an eighth of an inch in thickness, above which is the "albumin band," white, and more or less dense and distinct according to the amount of albumin present.

This test is very delicate, and the urine must be held so the light will strike obliquely through it against a blackground otherwise the albumin band cannot be detected.

ESBACH'S METHOD is sometimes used. This test is made by means of a graduated glass tube or albuminometer. The following solution is prepared:

Picric acid, 10 grams.

Citric acid, 20 grams.

Distilled water to 1000 c. c. (1 liter). The process is as follows: Fill the albuminometer tube about one-third full with the urine,

then add about an equal quantity of the reagent; close the tube with the stopper and invert several times until the urine and reagent are thoroughly mixed. Stand the tube in a rack for 24 hours, then read off the number on the side of the tube on a level where the albumin settles. To obtain the per cent, remove decimal point one figure to the left; thus, 5 grams per liter would be 0.5 percent of albumin.

The "Centrifugal," or Potassium Ferrocyanide and acetic acid test is also frequently used.

Process:—Take 10 c. c. of filtered urine, add 3.5 c. c. of a solution of potassium ferrocyanide (1:10) and 1.5 c. c. of acetic acid (U. S. P.); close the tube with the thumb, and invert several times in order to mix thoroughly. Place tubes in the centrifuge and allow to revolve at the rate of 1000 revolutions per minute, for a space of 3 to 5 minutes. Take reading.

Each 1-10 c. c. precipitate equals one per cent by volume, or each 1 10 c. c. precipitate equals 1-60 of 1 per cent by weight of Albumin.

Concluded in January Issue.

NO one has success until he has the abounding life. This is made up of the many-fold activity of energy, enthusiasm and gladness. It is to spring to meet the day with a thrill at being alive. It is to go forth to meet the morning in an ecstasy of joy. It is to realize the oneness of humanity in true spiritual sympathy. It is, indeed, that which one is; not that which one has.—Lilian Whiting.

Legal and Legislative

Osteopaths to Seek New Law.—Plans were discussed at the annual meeting of the New Jersey Osteopathic Society in October in Achtel-Stetter's for the effort that will be made at the next session of the Legislature to secure the enactment of a law for the appointment of an independent board of examiners composed entirely of members of their profession.

Dr. Charles E. Fleck, a resident of East Orange, in a talk to the society urged that the members continue their work of seeking State rights, which he said the osteopaths were entitled to, and in the annual report of Dr. F. Myrell Plummer, of Orange, it was urged that the society work for the securing of the independent board.

Dr. D. Webb Granberry, of East Orange, was honored by his associates by being elected for the sixth consecutive time, although he had expressed the desire that he be not chosen again, but if the society so desired he was willing to serve. Because of his successful work at Trenton and in advancing the interests of the profession he was unanimously chosen.

"Past fights at Trenton have not been successful," declared Dr. Fleck "in obtaining the passage of a law for the practice of Osteopathy, but they have developed the fact that we have in New Jersey one of the best organized bodies of practitioners that is to be found in the United States.

"Team Work" Necessary.

"Always in the legislative fights at Trenton have been found in our ranks men willing to make many self-sacrifices in working for our cause. While we have not secured what we set out to obtain as yet, we have been successful in being able to stave off laws which would have made impossible the holding of a meeting such as this.

"This is one of the most significant meetings ever held in the State. It is absolutely necessary for us to work together from now on and assist one another, not only in a personal way, but in the legislative affairs. When but about forty of us were in Jersey we were able to hold down the situation and while we did not obtain the law we wanted we successfully defended Osteopathy. This year team work will be necessary and if we do not get the desired legislation we can at least hold conditions where they are today."

Dr. L. Van H. Gerdine, professor of pathology at the American School of Osteopathy and a classmate at Harvard of Dr. Granberry, was the guest of the society. He recently returned from a European trip and told the New Jersey practitioners the progress that Osteopathy is making in England. He said there seemed greater sympathy for the cause on the part of medical men there than was shown in this country. He was elected an honorary member of the society.

Defends the Science.

Dr. Earle S. Willard, of Philadelphia, assisted by Dr. A. P. Firth, of this city, gave spectacular demonstrations just before the business session. Dr. Willard asserted that Osteopathy was so far superior to imitation methods it need have no fear from interference, and should the osteopaths continue to work for the advancement of the science there was little to worry from outside sources.

Dr. Charles F. Bandell, of Brooklyn, was one of the prominent speakers and dwelt on "The Power of a Physician's Skill," and he claimed an osteopath to be one of the greatest equipped physicians of the day. There was also an interesting "round table" during the evening when the members told of many experiences they had during their practice and the advancement of the science.

Dr. E. W. Tate, of this city, was elected vice-president. Dr. Firth was made secretary, Dr. Plummer, who had held the office, declining re-election. Dr. R. M. Collins, also of this city, was re-elected treasurer. The executive committee elected was as follows: Dr. F. F. Wilcox, of Plainfield; Dr. C. M. Sigler, of Trenton; Dr. Ben F. Still, of Elizabeth; Dr. A. J. Molyneux, of Jersey City, and Dr. H. W. Carlisle, of Patterson.

Following the election the society enjoyed a banquet, and many of the wives of the members were guests.

Board of Medical Examiners of the State of Washington to Convene.—The Washington examination will begin January 7, 1913 in Spokane. I can furnish information or blanks for the same.—W. T. THOMAS, D. O.

Osteopathic Board Effects Organization.—The New Mexico Board of Osteopathy, whose members were appointed by Governor W. C. McDonald, at a meeting held in Albuquerque, on October 26 at the office of Dr. C. H. Conner, formally organized by electing the following officers for the next two years:

President, Dr. C. H. Conner; Vice-President, Dr. Walter Mayes; Secretary and Treasurer, Dr. Charles A. Wheelon.

An examination was given in the following branches: anatomy, physiology, chemistry, gynecology, obstetrics, diagnosis, hygiene, dietetics, surgery and theory and practice of Osteopathy.

Dr. Wanne Elmore, of Ratoon, successfully passed the examination and was granted a license by the board to practice.

The board adjourned to meet at Santa Fe on the first Monday in February 1913.

IT is a curious fact (or it is n't) that of all the illusions that beset mankind none is quite so curious as that tendency to suppose that we are mentally and morally superior to those who differ from us in opinion.—From the Fra.

Associations

List of Towns in Tennessee.—The following is a list of the Cities and Towns in Tennessee of at least 1,000 population in 1910, together with a few comments as to the advantages of said places for osteopathic physicians. As far as the Secretary knows the correct number of osteopaths practicing in these town in indicated but it would be well before anybody decides to locate at one of these places to write to the Postmaster or someone in authority and see for certain that there is no licensed osteopath practicing there.

City	County	Population	Osteopaths
Athens	McMinn	2,264 (City)	R. R. Center, Farming, Lumber. 0
Binghampton	Shelby	1,673 (Town)	Resident suburb of Memphis. 0
Bolivar	Hardeman	1,070 (Town)	Farming, cotton, shipping, fruit 0
Bristol	Sullivan	7,148 (Town)	R. R. Iron, Lumber, Mfg., Farming 1
Brownsville	Haywood	2,882 (City)	Fruit center, Fertilizer, Farming 0
Centerville	Hickman	1,097 (Town)	Lumber, Fertilizers, Farming 0
Chattanooga	Hamilton	44,064 (City)	Mfg. of an extensive nature 7
Clarksville	Montgomery	8,548 (City)	Tobacco, Flour mill, Farming 1
Carthage	Smith	1,000 (Town)	Lumber, Mfg., Farming 0
Cleveland	Bradley	5,549 (City)	Woolen Mill, Chair Factory, Farming Fruit 0
Clinton	Anderson	1,090 (Town)	Coal Mining, Lumber, Mfg. 0
Coal Creek	Anderson	1,102 (Town)	Coal Mining, Coke Mfg., Lumber 0
Columbia	Maury	5,754 (City)	Stock raising, Fertilizer, Farming, Mfg. Mule market 2
Cookville	Putnam	1,884 (Town)	Lumber, Farming, Mfg. Stock raising 0
Covington	Tipton	2,999 (Town)	Farming cotton, Mfg. 1
Dayton	Rhea	1,999 (City)	Iron Works, Farming, Mfg. 0
Decherd	Franklin	1,022 (Town)	Farming, Timber, R. R. Center 0
Dickson	Dickson	2,850 (Town)	Lumber, Farming, Truck, Fruit 1
Dunlap	Sequatchie	1,166 (Town)	Farming, Timber 0
Dyer	Gibson	1,166 (Town)	Farming cotton, Truck, Fruit 0
Dyersburg	Dyer	4,149 (City)	Farming, Cotton Oil, Mfg., Shipping 1
Elizabethtown	Carter	2,479 (Town)	Farming, Timber, R. R. Mfg. 0
Erin	Houston	1,000 (Town)	Timber, Farming fruit 0
Erwin	Unicoi	1,149 (Town)	Timber, Farming 0
Etowah	McMinn	1,685 (Town)	Railroad shops, Timber 0
Fayetteville	Lincoln	3,439 (City)	Farming, Timber 0
Franklin	Williamson	2,924 (Town)	Farming, Timber 2
Gallatin	Sumner	2,400 (Town)	Farming, Stock raising 1
Greenville	Green	1,920 (Town)	Mfg., Timber 0
Greenfield	Weakley	1,516 (Town)	Farming 0
Harriman	Roane	3,061 (City)	Railroad, Farming, Timber 0
Henderson	Chester	1,087 (City)	Farming 0
Humbolt	Gibson	3,446 (City)	Cotton, Mfg. Farming 0
Huntington	Carroll	1,112 (Town)	Cotton farming 0

Jackson	Madison	15,779 (City)	Mfg., R. R. Center 4
Jefferson City	Jefferson	1,328 (Town)	Mfg. 0
Jellico	Campbell	1,862 (City)	Coal mining, Shipping lumber 0
Johnson City	Washington	8,502 (City)	Federal Soldiers Home, Mg. 1
Knoxville	Knox	36,346 (City)	Mfg., R. R. center 4
LaFollette	Campbell	2,816 (City)	Mining, Shipping timber 0
Lawrenceburg	Lawrence	1,687 (City)	Farming 0
Lebanon	Wilson	3,659 (Town)	Mfg, Farming, Flour, Cedar 1
Lenoir City	Loudon	3,392 (Town)	Mining, R. R. center, Lumber 0
Lewisburg	Marshall	1,830 (Town)	Cedar Mfg., Farming, Lumber 0
Lexington	Henderson	1,497 (Town)	Farming 0
Livingston	Overton	1,421 (Town)	R. R. Center, Lumber Mfg. 0
Lonsdale	Knox	2,391 (Town)	Iron works, Roller mills, Residence for Knoxville 0
Loudon	Loudon	1,000 (Town)	Farming, Lumber 0
McKenzie	Carroll	1,332 (Town)	Farming cotton, Fruit 0
McMinnville	Warren	2,300 (Town)	Lumber, Stock, Woolen mill, Mfg 0
Martin	Weakley	2,228 (City)	R.R. Center, Woolen mill, Stave Mfg., Lumber 0
Maryville	Blount	2,381 (Town)	College town, Farming, Fruit Cotton mill, Woolen mill 1
Memphis	Shelby	131,135 (City)	Mfg., Cotton market 8
Milan	Gibson	1,605 (Town)	Cotton, Farming 0
Monterey	Putnam	1,107 (Town)	Timber, Mfg., Mining coal 0
Morristown	Hamblen	4,007 (City)	Poultry, Mining, Lumber, R. R. 1
Mount Pleasant	Maury	1,973 (Town)	Farming, Fertilizer 0
Mountain View	Knox	1,436 (Town)	Residence for Knoxville 0
Murfreesboro	Rutherford	4,679 (City)	Cedar Buckets, Mfg., Farming, Stock raising 1
Nashville	Davidson	110,354 (City)	Education, Mfg. 12
Newbern	Dyer	1,602 (Town)	Farming cotton, Fruit 0
New Port	Cocke	2,003 (Town)	Lumber, Farming 0
Obion	Obion	1,293 (Town)	Cotton, Farming 0
Paris	Henry	3,881 (City)	Mfg., Farming 0
Park City	Knox	5,126 (Town)	Residence for Knoxville, Farming, Mfg 0
Pulaski	Giles	2,928 (Town)	Cotton, Flour Mfg., Farming, Mfg. 0
Ripley	Lauderdale	2,011 (Town)	Cotton, Farming, Fruit 0
Rockwood	Roane	3,660 (Town)	Coal, Farming, Coke Mfg., R. R. Center 0
Rogersville	Hawkins	1,242 (Town)	Cotton, Farming 0
St. Elmo	Hamilton	2,426 (Town)	Residence for Chattanooga 0
Shelbyville	Bedford	2,869 (Town)	Cotton factory, Mfg., Farming, Tiber. 0
Summerville	Fayette	1,387 (Town)	Cotton Mfg. 0
South Fulton	Obion	1,391 (City)	Farming cotton, Fruit 0
South Pittsburg	Marion	12,106 (Town)	Iron furnace Mfg. 0
Sparta	White	1,409 (Town)	Farming, Mfg., Lumber 0
Spring City	Rhea	1,039 (City)	Iron, Mining coal 0

Springfield.....	Robertson.....	2,085 (Town)	Tobacco farming	1
Sweetwater.....	Munroe.....	1,850 (Town)	School town, Farming	0
Trenton.....	Gibson.....	2,402 (City)	Farming, Mfg.	0
Tullahoma.....	Coffee.....	3,049 (Town)	Farming, Mfg.	1
Union City.....	Obion.....	4,399 (City)	Farming fruit	1
Winchester.....	Franklin.....	1,351 (Town)	Farming cotton, Nurseries, Mfg.	1

Anyone will see that there are several counties with no osteopath, though there are several good town. Any inquiries addressed to the Secretary of the State Board will receive prompt attention.

CAREY T. MITCHELL, Secretary, State Board of Examiners.

Annual Meeting of New York Osteopathic Society.—The fourteenth annual meeting of the New York Osteopathic Society was held at the Onondaga Hotel, on Saturday, November 2, 1912. The following program was carried out: Morning session, 9:00 o'clock. Call to order, by President; Minutes of last Meeting; President's Address, Dr. Clinton D. Berry; Report of Secretary, Dr. Grant E. Phillips; Report of Treasurer, Dr. Ralph C. Wallace; Report of Committees; Election of New Members; Appointment of Special Committees; Unfinished Business; New Business; Election of Officers; Adjournment. Afternoon session 1:30 o'clock. "Double Spinal Curvature," Dr. Herbert Bernard, Detroit, Mich.; Clinic; General Discussion; "Uterine Prolapsus," Dr. Alice H. Proctor, Buffalo, N. Y.; "Rheumatism," Dr. George V. Webster, Carthage, N. Y.; Discussion, Dr. W. L. Buster, Mount Vernon, N. Y.; "Diet and the Simplicity of Its Laws," Dr. A. P. Firth, Newark, N. J.; Discussion, Dr. E. M. Tieke, Brooklyn, N. Y.; "Diagnosis and Technique," Dr. Frank C. Farmer, Chicago, Ill.; Clinic; Adjournment.

The officers of the Society are as follows:—Clinton D. Berry, D. O., President, Rochester. Charles W. Proctor, Ph., D. O., Vice-President, Buffalo. Grant E. Phillips, D. O., Secretary, Schenectady. Ralph C. Wallace, D. O., Treasurer, Brockport. Clark F. Fletcher, D. O., New York; Robert H. Graham, D. O., Batavia; Charles H. Whitcomb, D. O., Brooklyn, Directors. Advisory Committee, Charles W. Proctor, Ph. D., D. O., Chairman, Buffalo. Program Committee, Carl D. Clapp, D. O., Utica; Clara Beall, D. O., Syracuse; Albert Fisher, Jr., D. O., Syracuse.

October Meeting of King County, Washington, Osteopaths.—The King County Osteopathic Association met in regular session at the office of Dr. Waldo, Northern Bank Bldg., Seattle, Tuesday evening, October fifteenth. The following officers were elected for the ensuing year: Dr. Wm. Waldo, re-elected President; Dr. J. T. Slaughter, Vice-President; Dr. Wimer Ford, Secretary; Dr. Nelle Evans, Treasurer. Dr. Waldo announced the regular standing committees after which the meeting was opened to discussions on topics relative to the further advancement of Osteopathy and other subjects.

King County, Washington, Association Meets.—The King County Osteopathic Association held its November meeting in the Leary Building with a large and enthusiastic attendance. Dr. Henrietta Crofton presented a paper on Intestinal Auto-intoxication and it was later discussed by Dr. A. B. Cunningham. Dr. J. T. Slaughter conducted a clinic and Dr. A. B. Ford reviewed Cabot's "Differential Diagnosis."

Dr. Arthur B. Cunningham was elected secretary and Dr. Roberta Wimer-Ford, Corresponding Secretary for the coming year.

Suitable Iowa Towns.—Below we print a list of towns in Iowa, in each of which there is room for one or more osteopaths.

	Population	Osteopaths		Population	Osteopaths
Sioux City.....	47,828	7	Eagle Grove.....	3,387	0
Davenport.....	43,028	3	Vinton.....	3,336	1
Dubuque.....	38,494	1	Indianola.....	3,282	3
Council Bluffs.....	29,292	4	Waverly.....	3,205	0
Waterloo.....	26,693	4	Knoxville.....	3,190	1
Clinton.....	25,577	3	Missouri Valley.....	3,187	2
Burlington.....	24,324	5	Denison.....	3,133	0
Ottumwa.....	22,012	3	Pella.....	3,021	1
Muscatine.....	16,178	3	Buxton.....	3,000	0
Fort Dodge.....	15,543	2	Anamosa.....	2,983	0
Keokuk.....	14,008	1	Sheldon.....	2,941	0
Marshalltown.....	13,374	2	Algona.....	2,908	1
Mason City.....	11,210	1	Winterset.....	2,818	1
Boone.....	10,347	3	Iowa Falls.....	2,797	1
Oskaloosa.....	9,466	1	Manchester.....	2,758	3
Fort Madison.....	8,900	0	Mystic.....	2,663	0
Centerville.....	6,936	2	Cresco.....	2,658	1
Creston.....	6,924	4	Hampton.....	2,617	0
Oelwein.....	6,028	0	Valley Junct.....	2,573	0
Charles City.....	5,892	2	Harlan.....	2,570	0
Webster City.....	5,208	2	Colfax.....	2,524	2
Grinnell.....	5,036	2	Jefferson.....	2,477	1
Cedar Falls.....	5,012	1	Osage.....	2,445	0
Shenandoah.....	4,976	2	Storm Lake.....	2,428	1
Fairfield.....	4,970	1	Osceola.....	2,416	2
Albia.....	4,969	1	Emmetsburg.....	2,325	0
Cherokee.....	4,884	4	Tama.....	2,290	0
Redoak.....	4,830	3	Seymour.....	2,290	2
Perry.....	4,630	2	New Hampton.....	2,275	0
Newton.....	4,616	3	Sac City.....	2,201	1
Marion.....	4,400	0	Rock Rapids.....	2,180	1
Washington.....	4,380	2	Nevada.....	2,138	1
Atlantic.....	4,223	1	Hawarden.....	2,107	2
Ames.....	4,223	1	Clarion.....	2,065	0
Le Mars.....	4,157	1	Tipton.....	2,048	1
Glenwood.....	4,052	0	Monticello.....	2,043	2
Clarinda.....	3,882	2	Lake City.....	2,043	3
Mountpleasant.....	3,874	3	Villisca.....	2,039	2
Chariton.....	3,794	3	Sigourney.....	2,032	2
Decora.....	3,592	0	Bloomfield.....	2,028	1
Masquoketa.....	3,570	2	Onawa.....	2,026	0
Carroll.....	3,546	1	Waukon.....	2,025	0
Independence.....	3,517	0	Eldon.....	2,024	0
Estherville.....	3,404	0	Clear Lake.....	2,014	0

There are 270 osteopaths in the state; 53 of whom are in Des Moines. There are 185 towns in the state having a population of 1,000. The majority of Iowa towns between 1,000 and 2,000 have no osteopaths. There are over 25 osteopaths practicing in towns less than 1,000.

Meetings in Dayton, Ohio.—The Miami Valley Osteopathic Society of Dayton, Ohio, held its regular meeting Thursday, Oct. 3, at the Beckel Hotel, Dayton, Ohio.

Dr. J. F. Minear, of Springfield, discussed "Minor Surgery-Anesthesia, using as a clinic a subacromian dislocation. The attendance was large. It was decided at this meeting to change the name of the Society to "The Dayton District Osteopathic Society."

The Dayton Osteopathic Society held its regular monthly meeting Thursday, November 7, at the office of Dr. E. H. Cosner, 912 Reibold Bldg., Dayton, Ohio.

Dr. W. B. Linville, gave a very able talk on "Osteopathic Treatment in Diseases of the Eye," and gave a demonstration on technique. Dr. A. P. Greathouse of Franklin, spoke on "Surgical Treatment of Burns." The entire program was interesting and practical. Everybody present pronounced it one of the best programs of the year.—W. A. GRAVETT, D. O., Secretary.

Organization of Lincoln, Nebraska, Osteopaths.—The osteopaths of Lincoln, Nebraska, met at the offices of Dr. Van B. Smith in the Oliver Building, Thursday evening, October 31, and effected a permanent organization, the members of which include the osteopaths of the city and suburbs. The meeting was well attended, not a single osteopath in the city being absent.

The following officers were elected for the ensuing year: President, Dr. Chas. W. Little; Vice-President, Dr. W. L. Davis; Secretary, Dr. Kate Stoddard; Assistant Secretary, Dr. Jos. M. Smith; Treasurer, Dr. Lucy Blanchard.

Meetings will be held each month at which matters of common interest will be discussed. It is the intention of the members to present clinics of interesting cases for demonstration and discussion of methods of treatment.

The Association will co-operate with the State Association in legal and legislative matters.

Toronto Osteopaths Have Banquet.—On Saturday evening, November 9, at 7:30 o'clock about twenty-five members of the Toronto Association of Osteopathic Physicians sat down to an especially prepared dinner at the Charles Hotel and had as their guests of honor Dr. Hugh L. Russell, of Buffalo and Dr. Edgar D. Heist, of Berlin.

After doing justice to all the good things and listening to some good stories, Dr. Heist read an exceptionally good paper on "Publicity" followed by one of Dr. Russell's good talks on "Efficiency." Both speakers were very interesting and the meeting was highly successful.—FREDERIC SCHILLING, D. O., Secretary.

Third Annual Meeting of Colorado Osteopathic Association.—The Northern Colorado Osteopathic Association met in Longmont, Colorado, November 9, 1912, to hold their third annual meeting with the following program: 4:30 paper, Food Poisons, Dr. R. R. Daniels, Denver. General discussion. 6:30 Banquet. 8:00 paper, Anatomy, Phys. and Histology of Throat, Dr. E. S. Schumacher, Longmont. Paper, Pathology and Treatment of diseases of the Throat, Dr. W. R. Benson, Longmont. General discussion. Paper, Treatment of Tonsillitis, Dr. M. N. Keeler Loveland.

This was one of the best meetings ever held in Northern Colorado. There were seventeen doctors seated at the banquet. The following officers were elected for the ensuing year: Dr. W. R. Benson, President; Dr. B. O. Burton, Vice-President; Dr. U. S. G. Bowersox, Secretary.—U. S. G. BOWERSOX, D. O., Secretary.

Hudson River North Society Elects Officers.—The Hudson River North Osteopathic Society of New York State held its meeting with Dr. George E. Phillips of Schenectady. The following officers for the coming year were elected: President, Dr. E. Frink of Troy; Secretary and Treasurer, Dr. A. A. Brown, of Troy.—MAUS W. STEARNS.

Annual Meeting of the British Osteopathic Society.—The British Osteopathic Society held its annual meeting at the Hotel Russell, London, on September 7, 1912, when an interesting program was carried out as follows: 9:30 A. M. President's Address. 10 A. M. A Discussion of Business Relative to Osteopathic Practice, Dr. H. R. Foote, Dublin. 11 A. M. The Osteopathic Interpretation of the Germ Theory Dr. L. von H. Gerdine, Kirksville, Mo. 12 M. Reports of Committees. 1 P. M. Luncheon. 3 P. M. Business Meeting, at which it was resolved that negotiations be entered into with a view to the affiliation of the Society with the American Osteopathic Association. The following officers were elected: President, Dr. Franklin Hudson, Edinburgh; Vice-President, Dr. Jay Dunham, Belfast; Secretary-Treasurer, Dr. E. H. Barker, Liverpool. 3:30 P. M. Symptomatology Osteopathically Considered, Dr. Jean Seymour Hough, London. 4:30 P. M. Osteopathic Clinic, conducted by Dr. E. T. Pheils, Birmingham.

It was decided that the next annual meeting should be held at Edinburgh. The membership of the Society has doubled during the past year.—E. H. BARKER, Secretary-Treasurer.

Southern Minnesota Osteopathic Association.—The Southern Minnesota Association held its regular meeting at Faribault, November 2. The program was as follows: "The Essentials of a Successful Physician," Dr. E. F. Worsley, Albert Lea. "Ectopic Gestation," Dr. Lola D. Taylor, Des Moines, Iowa. "Appendicitis," Dr. Katherine Kelley, Mankato. "Cervical Technique," Dr. W. H. Bedwell, Mankato.

The following officers were elected: President, Dr. Arthur Taylor, Stillwater; Vice-President, Dr. Andrew McCauley, Fairmont; Secretary, Dr. W. H. Bedwell, Mankato; Treasurer, Dr. J. Y. Ernest, Fairbault.—W. H. BEDWELL, D. O., Secretary.

Annual Convention of Arkansas Osteopaths.—The Arkansas Osteopathic Association held its annual meeting at Hot Springs, November 15, in Dr. A. W. Burrow's office. There was a good attendance and an enthusiastic meeting. Two very interesting papers were read and discussed. The first on "Typhoid" was written by Dr. J. A. Barnett, of Rogers, but owing to his absence it was read by the secretary. The other paper on "Osteopathic Pathology and Treatment of Tuberculosis" was ably handled by Dr. Dodson of Little Rock. Dr. Burrow presented some interesting clinics, one, a flat-foot case, the other with an "innominate" lesion. After the program, the following officers were elected: President, C. A. Dodson, Little Rock; First Vice-President, C. A. Champlin, Hope; Second Vice-President, John Falkner, Texarkana; Secretary and Treasurer, M. W. Higginbotham, Bentonville, (re-elected). Assistant Secretary, J. A. Barnett, Rogers; Trustees, Drs. A. W. Burrow, Hot Springs; Lillian Mohler, Pine Bluff; A. E. Freeman, Russellville.

After adjournment Drs. Burrow and Cummings of Hot Springs gave the Association a banquet at the Rockafellow Hotel.—M. W. HIGGINBOTHAM, Secretary.

Osteopathic Society of the City of New York.—The regular monthly meeting of the Osteopathic Society of the City of New York was held at the Murray Hill Hotel, Park Avenue and 41st Street, Saturday evening, November 10, 1912. Dr.

L. J. Draper of Camden, N. J., demonstrated to the Society members his methods of technique in the cervical, dorsal and lumbar regions. The meeting was very well attended.

The officers of the society are as follows: Chas H. Whitcomb, D. O., President; Mary N. White, D. O., Vice-President; E. Florence Gair, D. O., Secretary; C. R. Rogers, D. O., Treasurer; Directors, G. W. Burns, D. O., M. D.; Thos. H. Spence, D. O.; Geo. H. Merkley, D. O. Keeper of records, Elvire Tracy, D. O.

Boston.—The Boston Osteopathic Society held its regular meeting the 16th of October, with Dr. A. F. McWilliams, the new president, in the chair. The evening was devoted entirely to the discussion of "Publicity," the guest of the evening being Dr. Henry Stanhope Bunting, of Chicago.

Dr. Ward C. Bryant, President of the New England Osteopathic Society spoke on "Publicity from the Standpoint of the General Practitioner." Dr. Bunting spoke interestingly of the organized activities of the American Medical Society in the field of publicity and indicated various activities in this field that would be helpful to Osteopathy and osteopaths. A general discussion followed.—KENDALL L. ACHRON, D. O., Secretary.

The Maine Osteopathic Association Convenes.—The first meeting of the M. O. A. since their incorporation was held in the office of the president, Dr. A. E. Chittenden, Portland, Me., September 28, 1912.

Nearly all the practitioners in the State were present.

Seven applications for membership were received and accepted, as the association is very glad to have more practitioners, and need their co-operation, in the legislative campaign.

The Legislative Committee were instructed to work for an Independent Board this year, and the prospects look brighter than ever before.

Instead of the usual banquet, the Association issued free tickets to a most instructive and dignified lecture at Pythian Hall on The Ultimate Osteopathy, by Dr. R. K. Smith of Boston.

It was well applauded, and Dr. Smith gave those present an opportunity to ask questions.

Clinics were held after the lecture.—NORA E. BROWN, Secretary M. O. A.

Meeting of W. Colorado Association in Grand Junction.—The Western Colorado Osteopathic Association met in the offices of Drs. Morelock in Grand Junction, Thursday, October 24. This was the second meeting held this fall, and Dr. A. S. Loving, President of Palisades was in the chair. Several matters of importance were considered, among them being the coming legislative fight for a State law, and the question of an independent or a composite board. Each had its supporters, but all were united in assisting the State Association in the fight for which ever one they might think best to select. It was also the unanimous opinion that our reciprocity laws should be more liberal.

Los Angeles Society Resumes Meetings.—The Los Angeles Osteopathic Society resumed the regular monthly meetings Monday, October 21.

Dr. C. H. Phinney, Health Officer of Eagle Rock, made a very interesting report of the proceedings of the annual meeting of the California Health officers and the League of California Municipalities held in Berkley last month.—L. LUDLOW HAIGHT.

Montana Osteopathic Association.—The 12th annual meeting of the Montana Osteopathic Association was called to order by the President, Dr. C. E. Dove, of Glendive, at Helena, September 24. Papers and addresses were given by the following. Diagnosis, Dr. C. B. Spohr, White Sulphur Springs; Arteriosclerosis, Dr. Maria C. Craftt, Deer Lodge; Some Spines I have Treated, Dr. Daisy Rieger, Billings; Thyroid Diseases, Dr. W. C. Dawes, Bozeman. A number who were on the program were unable to attend, and the remainder of the time aside from that devoted to business was given to clinic experiences and discussions of the problems of the day.

On Tuesday afternoon the osteopaths attended the State Fair, T. T. Maroney—Montana's own Aviator—being one of the attractions.

Wednesday morning was devoted to business at which time the following officers were elected: President, Dr. Daisy Rieger, Billings; Vice-President, Dr. M. E. Corbin, Great Falls; Secretary-Treasurer, Dr. W. C. Dawes, Bozeman; Trustees, Dr. C. B. Spohr, White Sulphur Springs, and Dr. C. E. Dove, Glendive.

It was a source of deep regret that Dr. Asa Willard of Missoula was not able to attend the sessions, as he was confined to his room during the entire session.

It was voted to hold the Association meetings at the time of the State Fair, in Helena as half rates are allowed on all Railroads at that time.

The attendance was good and all were optimistic for the success of Osteopathy.—W. C. DAWES.

Annual Meeting of Maryland Osteopathic Association.—Annual meeting of the Maryland Osteopathic Association was held in Balto, October 19, 1912. President Dr. Henry McMains presided. In addition to a complete order of business the following officers were elected: Dr. Henry McMains, President; Dr. I. G. Eiler, Vice-President; Dr. H. D. Hurlock, Secretary-Treasurer.

A paper on the 2nd and 4th rib lesions was read by Dr. Houck, of Balto, also an address by Dr. McMains, President.

Meeting adjourned at 5 p. m. and was followed by a banquet at Hotel Dennert in the evening. Dr. Henry McMains acted as Toast Master. Dr. Harrison McMains gave a talk on ethical advertising. Rev. Dr. Armstrong spoke on the physician's responsibility to the physical and moral man. Dr. Yutaka Manakuchi (Jap) spoke on Osteopathy from a layman's standpoint.—H. D. HURLOCK, Secretary.

Association of S. W. Missouri and S. E. Kansas.—The Southwest Missouri and Southeast Kansas Osteopathic Association held its monthly meeting at Joplin, Mo., Saturday night, September 28, 1912. Publicity was pretty thoroughly discussed, and while there was no objection to ethical field literature yet each one present agreed that it has been proven over and over that "a cured patient is the best advertisement." A study of the "occipital lesions" with best ways to reduce them was very profitable. Next meeting will be at Pittsburg, Kansas, with Dr. Trabue. Subject, Technique of atlas with articulated skeleton and clinic.—MARTHA S. COX, D. O., Secretary.

Osteopaths at Dinner.—Members from three states attended meeting here. Many osteopaths from Pa., W. Va., and Ohio attended the semi-annual meeting of the Western Pennsylvania Osteopathic Association held at the Ft. Pitt Hotel, Oct. 19, 1912. Dr. Noyes Gaylord Husk of Pittsburgh, President of the Association, presided and also acted as toast master at the banquet in the evening. Dr. H. P. Bunting, of Chicago was the honor guest and made an address on "Publicity," Dr. E. M. Downing of York, Pa., performed the Abbott operation on several cases of

curvature of spine, and this demonstration of the latest discoveries in Orthopedic surgery was followed by other clinic cases. Dr. J. H. Hefner of Franklin, Pa., and W. C. Grubb of Pittsburgh, also spoke. Out of town guests were Dr. B. H. Williams of Rochester, N. Y. and Dr. C. A. Upton of St. Paul, Minn.—MARY COMPTON, D. O., Sec.

Regular Monthly Meetings of Chicago Osteopathic Association.—The regular monthly meeting of the Chicago Osteopathic Association, was held Thursday, October 3, at the Hotel LaSalle. The society meeting was preceded by a dinner. Twenty covers were laid.

The guest of the evening was Dr. Frank Smith of Kokomo, Ind. A discussion was made to the ways and means of increasing activity on the research proposition.

After dinner came a paper on Diabetes and demonstration of Technique by Dr. Smith. This was followed by a brief report from Dr. Fred Gage who was a joint delegate to the International Congress of Hygiene and Demography held at Washington, D. C., from the Illinois Osteopathic Association and Chicago Osteopathic Association. Both organizations shared the expenses.

In Dr. Gage's opinion, the two principal subjects of particular interest were two clinic cases presented: Hook-worm diseases and Isolation of the Germ by Dr. Paderson.

The warm reception tendered Dr. Gage by those with whom he became acquainted seemed to augur well for the wider field of acceptance of Osteopathy. Dr. Gage will be glad to answer any questions asked concerning that meeting.—F. E. DAYTON, Secretary and Treasurer.

The regular monthly meeting of the Chicago Osteopathic Association was held at the Hotel LaSalle, Thursday Nov. 7, 1912, with President Dr. Fred Bischoff in the chair and Dr. Dayton as Secretary.

The minutes of the previous meeting were read and approved as read.

Dr. A. D. Becker of Preston, Minn, was then introduced. Dr. Becker presented a case for the evening in an informal manner, the subject being, "The Lighter Form of Scoliosis." The presentation of the case was very successful and a characteristic clinic was presented.

At 9:45 p. m. the Rev. Beattie was introduced by Dr. Carpenter and spoke at considerable length as announced on the program, on "Commercialized Vice."

The following resolutions were offered by Dr. Carpenter:

Whereas the Chicago Osteopathic Society—having an interest in all matters pertaining to the Health and Happiness of the citizens of Chicago,—desires to express their appreciation of the good work already done by the officials and others in closing up the so-called "South Side Red Light District." It is the sense of this Society that a vice district is an unnecessary evil, a disgrace to any city and a breeding spot of disease more dangerous to the community than small pox.

Therefore, be it resolved, That we are positively opposed to segregation as a means of dealing with this great crime.

Resolved, further, That we petition the proper authorities to enforce the laws and ordinances already enacted and bearing upon this subject.

Be it further resolved, That we petition His Honor the Mayor and the Common Council to proceed along the lines laid down in the recommendations of the Chicago Vice Commission.

Resolved also that the secretary of this society send a copy of these resolutions to His Honor, the Mayor of the city of Chicago, to the Special Council Committee which is now investigating this problem and to the Chicago Press.

It was moved by Dr. Kottler and seconded by Dr. Holcomb, that the same be the sense of this society and upon a vote being taken it was so ordered, and notices of same were sent to the daily press by the secretary.—F. E. DAYTON, D. O., Secretary and Treasurer.

Programs From St. Louis.—Program of meeting held on November 8. 8:15 to 8:45 An original research by Dr. Walter E. Bailey, "The Movements of the Vertebral Articulations and Their Significance." 8:45 to 9:15 "The Anatomy and Technique of Innominate Lesions." Doctors Miller, Conner and Chappel. 9:15 to 9:45 "The Anatomy and Technique of Lumbar Lesions." Doctors Stephens and Crehore. 9:45 to 10:15 "The Anatomy and Technique of Dorsal Lesions." Doctors Englehart and Case. 10:15 to 10:30 Other business. Adjournment. Program of meeting held on December 6th. 8:15 to 8:45 Review in "Anatomy of Dorsal Region." Doctor Case. 8:45 to 9:15 "The Technique of Dorsal Lesions." Dr. Englehart. 9:15 to 9:45 Results of "Dorsal Lesions." Doctor King. 9:45 to 10:15 Remarks on "Correcting Lumbar and Innominate Lesions." Doctor Hatten. 10:15 to 10:30 Other business. Adjournment.

Thses programs are compiled as a continuation of the plan of the President and the Program Committee to make the work EDUCATIONAL AND PRACTICAL.

NOTHING is more estimable than a physican who, having studied Nature from his youth, knows the properties of the human body, the diseases which assail it, the remedies which will benefit it, exercises his art with caution, and pays equal attention to the rich and poor.

—VOLTAIRE.

Book Reviews

The Practice of Obstetrics.—Designed for the use of Students and Practitioners of Medicine. By J. Clifton Edgar, Professor of Obstetrics and Clinical Midwifery in the Cornell University Medical College, etc. Fourth Edition, Revised. Twenty-Second Thousand. With 1316 Illustrations, including five colored Plates and 36 Figures printed in colors. Philadelphia. P. Blakiston's Son & Co. 1913. Price, Cloth \$6.00 net.

This is a very fine work, and is as complete as probably any similar text-book on this subject. The illustrations are especially good and elucidating, while the text itself is clear, orderly and well written. This, the fourth, edition has been considerably revised and some parts have been to a great extent rewritten. The book consists of ten parts, with an appendix and a very full Index. The sections are as follows: The Physiology of the Female genital organs; Physiological Pregnancy; Pathological Pregnancy; Physiological Labor; Pathological Labor; Physiological Puerperium; Pathological Puerperium; Physiology of the newly born; Pathology of the newly born, and Obstetric Surgery. The Pathology of the various subjects has been revised to bring it especially up to date. A number of interesting subjects have been added in this edition notably anesthesia in labor; hemorrhage of the newly born; extra-peritoneal Caesarean section and others. The entire work is an extremely valuable one.

Text Book of Anatomy and Physiology for Nurses. By Elizabeth R. Bundy, M. D., Member of the Medical Staff of the Woman's Hospital of Philadelphia etc. Second Edition. Revised and Enlarged. 215 Illustrations, 42 in colors. Philadelphia. P. Blakiston's Son & Co. 1912. Price, \$1.75 net.

It is a difficult task to crowd the essentials of Anatomy and Physiology into a book of about 300 pages without its degenerating into a mere quiz compend. Dr. Bundy had been especially successful in hitting the mean between a voluminous text book and a mere list of names. The illustrations in her work are very good, and well suited to the character of her task, many being reproduced from standard works. The book gives evidence of considerable care and skill in both production and revision and should meet with a large sale. Some 90 pages have been added in this edition with twenty or thirty new illustrations. We are glad to see in this book the happy combination of scholarship and brevity with interest and accuracy. It is well adapted to the purpose it is designed to fulfill.

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State Board Examination Questions and Answers of the United States and Canada.—Fourth Edition. Thoroughly Revised. Every questions answered in full. New York. William Wood & Company. 1912. Price \$3.00 net.

The questions in this book are actual questions asked on State Board examinations, and the answers are given in separate sections, and not following each question. There are twenty-nine states represented and also Ontario. Under each State one complete set of questions is asked and the answers are taken from standard works on the various subjects. As a book of reference it is useful and will be of assistance in guiding the student in the line of study for his particular Board. The questions and answers are reprinted from the Medical Record.

A Manual of Medicine.—By A. S. Woodwark, M. D., M. R. C. P. Junior Curator of St. Bartholemew's Hospital Museum etc. Edinburgh, Glasgow and London. Henry Frowde or Hodder & Stoughton. 1912.

This manual of some 400 pages is extremely well arranged. It is not to be expected that a long discussion of the minor diseases will be found in a book of the dimensions of this one, but we do find that the essentials are presented clearly and concisely. The work especially recommends itself from its logical arrangement and abundant use of classification and different types, making reference easy. There are eleven sections in the book, namely Diseases of the Alimentary System, of the Kidneys, of the Respiratory Organs, of the Circulatory System, of the Blood and Lymphatics, of the Ductless Glands, Constitutional Diseases, Diseases of the Nervous System, Insanity, and the Acute Specific Fevers. We believe that for clearness of arrangement and conciseness of tabulation this book would be hard to beat.

Therapeutics, Materia Medica and Pharmacy. By Samuel O. L. Potter, A. M., M. D., M. R. C. P. (Lond.), Formerly Professor of the Principles and Practice of Medicine in the Cooper Medical College of San Francisco, etc., etc. Twelfth Edition, Revised and Enlarged. Philadelphia. P. Blakiston's Son & Co. 1912. Price \$5.00 net.

The new edition of Dr. Potter's work is a welcomed one and well upholds the standard of those which have preceded it. Every phase of the subjects Materia Medica, Therapeutics and Pharmacology is taken up in a thorough and practical way and one which is equally interesting and instructive to the reader. Prescription writing is handled in a clear concise manner, the classification and physiological action of drugs given in detail and the third part of the book entitled "Special Therapeutics" provides a world of useful knowledge to the student and practitioner. Dr. Potter has brought the subjects up-to-date and the work is both practical and wholly reliable.—WAGGONER.

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Obstetrics.—A Text Book for the use of Students and Practitioners. By T. Whitridge Williams, Professor of Obstetrics, John Hopkins University, etc. Third Enlarged and Revised Edition with Sixteen Plates and Six Hundred and Sixty-Eight Illustrations in the text. New York and London. D. Appleton & Company. 1912.

This text book is quite a complete one and is clearly and well written. As in every good text-book on Obstetrics, there are a number of plates and illustrations and these help materially in enabling the reader to grasp the various aspects of the subject. The same general order is followed in this book as in most of the latest editions of the standard Obstetrics. We find an exhaustive description of the Anatomy involved, with good illustrations of every feature of the subject. In this section two illustrations are especially interesting, namely the blood supply of the clitoris and the lymphatic drainage of the uterus. Then there follow sections on the physiology and pathology of pregnancy and labor, obstetric surgery etc. This, the third, edition has been somewhat enlarged and in parts materially altered. We notice important changes in the chapters on the development of the ovum, the organic changes incident to pregnancy, pubiotomy, Caesarian section, pernicious vomiting and the treatment of labor complicated by contracted pelvis. At the end of each chapter is presented a list of authors and articles, book, etc. consulted in the preparation of the text. The list the author states, has been compiled in the hope that perhaps one student in a hundred may thus be led to consult an original article occasionally and to appreciate that the art and science of Obstetrics is based upon myriads of contributions from all parts of the world.

Diseases of the Stomach, Intestines, and Pancreas. By Robert Coleman Kemp, M. D., Professor of Gastro-intestinal Diseases, New York School of Clinical Medicine. Second Edition, revised and enlarged. Octavo of 1021 pages, with 388 illustrations. Philadelphia and London. W. B. Saunders Company. 1912. Cloth, \$6.50 net; Half Morocco, \$8.00 net.

This new work of Dr. Kemp's is perhaps the most complete that it has been our privilege to examine. Dealing with the stomach, intestines and pancreas it considers the anatomy and physiology in the latest accepted manner and then gives in detail the best methods of physical examination of these and related viscera. His classifications of and treatises on the different diseased states of the organs is rational and very complete while the work throughout is of a pleasing and quite readable form. We strongly recommend it to students seeking an advanced work on the subject, as well as to practitioners.—WAGGONER.

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SUSAANA COCROFT

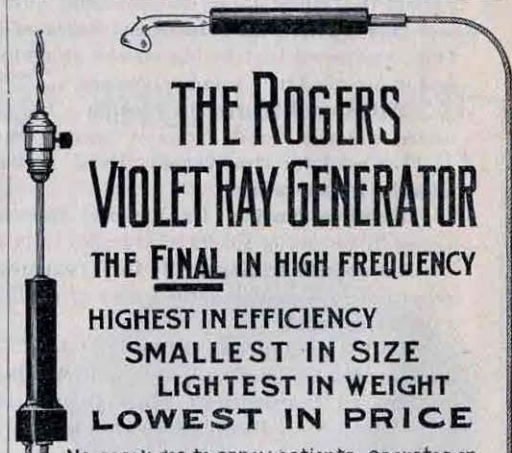
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Personals

Osteopath Elected Coroner—Dr. P. L. Lathrop of Olathe, Kansas, has been elected Coroner of Johnson County by a majority of two thousand one hundred and nine votes. He will assume the duties of that office about January first.

Occupies Pulpit—Dr. I. N. Thompson of Bloomfield, Ia., occupied the pulpit of the Presbyterian Church Sunday evening, Nov. 24th. His subject was Osteopathy and Religion.

Delivers Lectures on Tuberculosis—Dr. O. W. LaPlount, Albert Lea, Minn., delivered a lecture on tuberculosis at Alden, Minn., Dec. 9th, and one at Albert Lea, Dec. 10th.

Partnership Formed—Dr. George R. Estes has sold his practice in Northfield, Minn., to Dr. S. H. Stover of Winona, Minn., and has entered practice with Dr. McCabe of Alexandria.

Made Trip in Automobile—Dr. J. P. Smith and family, who were driving in their automobile from Pipestone, Minn., to Bennington, Kansas, stopped for a few days' visit in Kirksville during the second week in November. They had spent three weeks in the car when they reached Kirksville.

Brought Patient for Operation—Dr. Mabel Still of Milwaukee, brought a patient to the hospital for an operation, Nov. 8th.

Has Opened an Additional Suite of Rooms—Dr. F. P. Millard of Toronto, Ont., announces that he has opened an additional suite of rooms adjoining the suite he has occupied for a number of years.

Will spend Winter in Florida—Dr. E. E. Beeman and family will spend the entire winter in Florida living as much as possible in the open.

Located for the Winter—Dr. J. P. Bashaw has located at West Palm Beach, Florida, for the winter.

Removal Notice—Dr. Victor C. Hoefner has removed from Paris, Ill., to Waukegan, Ill., a city of 16,000 inhabitants.

Osteopath in Kirksville for Treatments—Dr. A. M. Oswalt of Auburn, Ind., recently left Kirksville after a stay of about two months during which time he was taking treatments.

Called at Journal Office—Dr. John De Fox, Falls City, Nebr., called at the Journal office October 23rd, while in Kirksville, having brought a patient to the hospital.

Passed Connecticut State Board—Dr. L. B. Allabach recently passed the Connecticut State Board and has located at 36 High St., New Haven, Conn.

Extending to Other Countries—It is claimed that more "Storm Binders" are being sent out to every state in the Union, also to Canada, and even Mexico, than of any other make. This does not excite the least surprise on our part for from an extended experience with them we have come to regard them as well nigh perfect. We have yet to see a patient to whom we have applied one that has not expressed the utmost satisfaction, even gratitude.—(Editor of Mass. Medical Journal, Aug., 1912.)

An Error—Dr. Don C. McCowan did not locate in Idaho as published in a recent number of the Journal, but went direct from Kirksville to Chicago where he entered the Chicago College of Medicine and Surgery. He is now located at 4410 Sheridan Road, Chicago, Ill.



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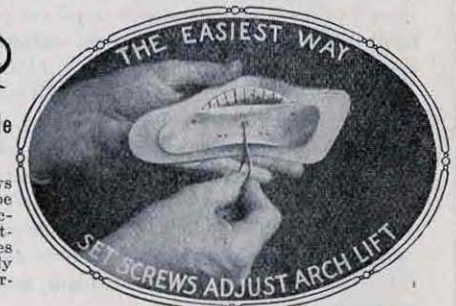
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Friend to Osteopathy—Dr. Carrie B. Stewart who is travelling with Madame Schumann Heink as her private physician writes, "The Madame is a staunch friend to Osteopathy and preaches it always."

Spent Day in Kirksville—Dr. George M. Whibley and wife of Portland, Ore., spent Nov. 12th in Kirksville visiting friends.

Announces Opening of Winter Office—Dr. J. C. Herman announces that he has opened his winter office in Daytona, Florida. He has practiced in Daytona every winter for eleven years.

Another Operation—Dr. Geo. T. Nuckles of Marshall, Mo., recently brought a patient to the hospital for an operation.

Visits Parents—Dr. M. E. Ilgenfritz of Britt, Iowa, visited his parents in Kirksville during the Thanksgiving holidays.

Osteopath Gives Lecture—Dr. Henry Tete, New Orleans, La., gave a lecture, under the auspices of the New Orleans Forum Institute, Nov. 21st, on "Osteopathy or the Human Body as a Machine." The lecture was illustrated with over forty anatomical and physiological stereopticon slides.

Died—Mrs. J. S. Craig, mother of Mrs. Orville R. Hurd., died at Urbana, Ill., October 6th, age sixty years.

First Operation of Kind in Philadelphia—For the first time in Philadelphia the Abbott method of curing curvature of the spine by bloodless surgery was practiced, Nov. 22nd, in the office of Dr. E. S. Willard, osteopath, in the Real Estate Trust Building. A young woman hunchback, was the patient. Dr. Willard, and Dr. E. M. Downing, of New York, performed the operation, which was a complete success.

Appointed Member of State Board of Registration—Dr. O. B. Gates of Bay City, Mich., has been appointed member of the state board of registration in osteopathy succeeding Dr. W. H. Jones who died October 14th.

Gives Address Before National Congress of Mothers—Dr. Jenette Bolles of Denver, Colo., recently gave an address before the Denver district of the National Congress of Mothers. We reprint several paragraphs taken from her lecture:

"It is a plain truth that the life and happiness of every one of us depends upon the knowledge of facts relating to sex. The so-called 'innocence' of our children in regard to sex functions proves to be not even ignorance, but rather a conglomeration of distorted ideas, and half known truths, which, by the aid of the youthful imagination, become terrors to the child and of incalculable injury to him in later years.

"I believe that just so much and no more should be taught at each period to protect the child from physical injury and normal harm. The great diversity of opinions regarding the teaching of this subject greatly hampers the right instruction. Some regard the subject as too sacred to be mentioned and others think it too vulgar.

"Those who regard the subject of sex as too sacred do not realize that it is being daily dragged in the mire. If it is vulgar, why do we 'good people' have anything to do with it? We 'good people' must be ashamed for having been created in that way. Whether it be too sacred or too vulgar, something must be done to improve the present situation.

"Shall we sit by and say scarce a word of warning? Is there anything more important than establishing in the minds of our children the right thought that pertains to the preservation and production of life?

Brought Patient for Operation—Dr. Frank P. Walker, St. Joseph, Mo., brought a patient to the hospital for operation, Oct. 19th.

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Complete Displacement of Coccyx—Dr. O. R. Hurd, Urbana, Ill., reports an interesting case of complete displacement of coccyx. The patient, a young girl, slipped while descending the marble steps in the lobby of the Library. Dr. Hurd was called but the intense pain she suffered would not permit an operation that night. The next day a reduction was made under an anesthetic. At last reports the patient was doing well and expected to be able to resume studies two weeks after the operation.

Gives Expert Testimony—Dr. Mary Alice Crehore of 4237 Olive St., St. Louis, gave expert testimony in the Barbara Arnold case which has recently caused so great a sensation. Her testimony was as follows:

Barbara Arnold was under my treatment for lack of appetite and general debility. I saw her Monday afternoon, only a few hours before the Windermere fire. At that time she showed extreme sensitiveness in the spinal region, and unusual dilation of the pupils of her eyes. These are the most common physical symptoms of neurasthenia.

I believe she is suffering from an illusion that she set the Berlin afire. This illusion may or may not have originated before her attempt at the Windermere. The shock of the Berlin fire, following the shock of her narrow escape from drowning last summer, may account both for her incendiary act and for her belief that she committed previous acts of the same sort. The suggestion exercised in questioning her about the matter would also contribute to this illusion, and may have started it.

We are sure that Dr. Crehore's friends join us in extending congratulations.

Brought Children to Hospital—Dr. E. S. House of Manhattan, Kansas, brought a boy and a girl to the hospital for the removal of adenoids.

Sanitarium Opened—With a view to taking care of out-of-town patients who generally require a restricted diet but find it difficult to follow instructions if stopping with friends, Dr. G. A. Gamble of Salt Lake City has opened the Salt Lake Osteopathic Sanitarium at 747 North 3rd West.

Prominent Osteopath Dies—Dr. W. H. Jones died at his home in Adrian, Mich., Oct. 14th. The Detroit Osteopathic Association sent Drs. T. L. Herroder, B. A. Bullock and T. M. Sellards to the funeral services. Dr. Jones was formerly a resident of Detroit. Eighty city associations of osteopaths were founded in Michigan through his efforts. He was president of the Michigan Osteopathic association at his death. He went to Adrian 10 years ago and established the Adrian Osteopathic sanitarium.

Notice—Any osteopathic physician who is interested in the Section on Eye, Ear, Nose and Throat, of the A. O. A. please send name and address to the chairman. State if interested in one part more than another of the section. It is the desire to make a rechecking of the list of members and add new ones. **Do this now.**—CHARLES C. REID, Chairman, 535 Majestic Bldg., Denver, Colo.

Died at Atlanta, Ga.—Dr. Elmer T. Hall, died on Oct. 17th at Atlanta, Georgia. Dr. Hall was born in 1872 and graduated from the Greenville, Ky., College in 1891. He then spent two years at Vanderbilt University and was admitted to the Bar in Greenville, Ky., in 1896. He moved to Kirksville, Mo., in the late nineties and took up the study of Osteopathy. He practiced a number of years in Watertown, N. Y., and after that located at Atlanta, Ga. He is survived by his wife, his son Edwin Brewington Hall, his mother Mrs. Sarah T. Hall and his sister Miss Lulia T. Hall. He was buried in Greenville, Ky.

Mother of Osteopath Dies—Mrs. J. Parker, mother of Dr. Grace Parker, died at her home in Greenleaf, Kansas, Oct. 17th. Death was due to cancer of the liver.

SECOND REVISED EDITION

STEDMAN'S MEDICAL DICTIONARY

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EDITOR OF THE "MEDICAL RECORD"

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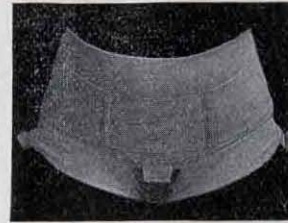
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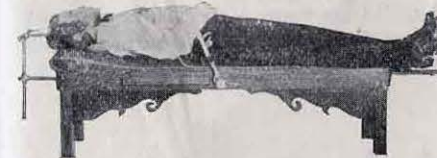
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In Lawrence, Kansas, November 20, Dr. Frank S. Snedeker of Jerseyville, Ill., to Miss Ruth Davis of Lawrence.

Died

Dr. Elmer T. Hall, at Atlanta, Ga., on October 17.

Dr. W. H. Jones at Adrain, Mich., on October 14.