MEMORIAL ADDRESS.

A. G. HILDRETH, D. O., ST. LOUIS, MO.

This meeting of our Missouri State Osteopathic Association, or I should more properly say, of the Missouri, Illinois, and Iowa osteopaths, has been selected as the proper occasion to inaugurate a movement started by the American Osteopathic Association some two years ago or more; it was at Denver, I believe, that the subject was first discussed publicly, and at Put-in-Bay last year the plans were completed and they have since been worked out to the end that here and now at this time and in this place, we are gathered together for the purpose of putting into effect the action of our National Association. It marks the beginning of the fulfillment of a duty that should be followed throughout all time to come. We are here to pay a just tribute of respect and esteem to our worthy dead. We are here in this old historic building, the cradle of osteopathy, with the father of our profession Dr. Andrew Taylor Still, yes, and its mother, too, Mrs. Andrew Taylor Still—standing close beside us. We are here to unveil memorial tablets to three of our most able and distinguished brothers, Drs. H. E. Patterson, Guy D. Hulett and W. L. Riggs. True disciples were they of our new school of healing. Worthy children of the parents who gave them to the world. Honorable, capable representatives of their chosen profession. Where on earth could a spot be found that would so justly honor their names and revere their memory as here in this sacred atmosphere where osteopathy had its birth and where they each began the work that made their lives so successful and useful. Dr. H. E. Patterson was the one man who stood as close to Dr. Still and his sons in the beginning of osteopathy’s most phenomenal growth as any man on earth could who was not of

All articles in this issue were read at the Tri-State Convention at Kirksville, Mo., May 24th and 25th, 1907.
their own flesh and blood. He was here in this institution for a number of years just at the time when this school and its policies and its actions meant everything to the future of our profession. The wisdom of his brain, the strength of his manhood, the power of all he possessed he offered, and freely gave to our cause in its most trying hours. He was one of the very few men on earth that knew of the high, pure motives that ever emanated from the heart of Dr. Still for the future of the child of his brain; and it was his privilege, yes, and his ambition, to contribute all there was in him to help Dr. Still and those associated with him to consummate this purpose in the best possible way. His was a work that can never be fully understood nor appreciated by the men and women who enjoy the advantages we possess to-day.

A person at this time can not conceive of the conditions as they existed then and even those of us that had to do with osteopathy at its beginning can not describe to you so you could know or comprehend all of the battles that were fought out at that time. He was here when Dr. Still began the building of the original part of this school building, the central part of this structure, thinking it would be adequate for all purposes, when the facts are that in less than two years they had to treble their capacity. In other words, he was here when Dr. Still and his sons needed him, yes, and here too when osteopathy needed him. He was tried and not found wanting. He gave all of the best there was in him during the best years of his life that osteopathy might live, and the world derive the best possible good from it. His was a unique position in the pioneer struggles of our profession. And the value of his work to our profession and suffering humanity can never be estimated or known only by the one who knows all things best. He was my own personal friend. He was your friend, yes, and a true friend to osteopathy.

Dr. Guy D. Hulett, another one of the men whom we are here to honor, entered this field of limitless possibilities and opportunities at a time when the harvest was heavy and the reapers were few. What can we say? Words seem so tame, language so inadequate to express what one feels upon an occasion like this. Quiet, unassuming, earnest, capable, a polished, educated gentleman. When he entered this school he came so quietly that even though a nephew of our good mother Still, we were hardly aware of his presence. But such ability as his could not remain long in hiding and in just a little while we began to hear from him—little by little he began to shed the luster of his mind upon those with whom he came in contact and though he was permitted to remain with us here on earth such a short time, he has left behind him a heritage to our
profession that will last throughout all time. Not only the school here where he was so well known, and so universally loved, but the entire profession soon learned to know his worth. His was a brilliant mind, sparkling, bubbling over with truths of incalculable value to our cause. It is hard, very hard for us to understand why such a power for good should be removed from our midst and taken from such a wonderful field of usefulness so early in life. As a student and as a scholar he has set an example worthy of the efforts of all young men and women to emulate, and as a writer and author he has left the entire profession his lasting debtors.

Dr. W. L. Riggs has justly been selected as one whom we are proud to honor here at this time. He was another of our pioneers. He matriculated here at the A. S. O. at an early day, leaving this school before his course was completed. He was one of the original organizers of the S. S. Still College of Osteopathy at Des Moines, Iowa, from which he graduated. He was closely associated with the teaching of osteopathy in that institution, and by his loyalty to the profession, his zeal as an osteopath, student, teacher and author he not only earned for himself an enviable reputation in the school where he labored, but he made his worth known to the profession at large. Like Dr. Hulett, his pen has contributed to the standard works of our profession. He was considered one of the strong men of the Des Moines institution. He was there at a time when the starting of an osteopathic college tried the mettle of the men interested. His death was a severe blow to his many friends, but his heritage should and will bear fruit for many generations to come. These silent mementoes, placed here side by side, will ever be just reminders of the true worth of our good brothers cut down at the beginning of their usefulness; they will bear witness also of the esteem in which they were held by those who knew them best; but ah, how far short they fall of telling their true worth or of touching the soul of things as they were at the time these men lived and labored. Never again will there come a time when any one else can do what they have done. For never again will we exist under such conditions and with such surroundings. Each one filled his own individual place in his own way as best he could, according to his best judgment. That they lived wisely and well, and fulfilled to the fullest degree the work that was intended that they should do, none can question. The present exalted position held by our profession bears indisputable, though silent evidence of the true worth of their life’s work, together with those who labored with them at that time. It was then that the foundation of osteopathy was being laid; the weight of its entire future rested upon a few shoulders. It was the historic period fraught with more and greater events than can ever come to us again in the same length of time, and upon the wisdom of the acts and guidance of the mere handful of men, who then clustered around the old doctor and his sons, is the profession indebted for the many blessings and rich advantages they enjoy to-day. The weight of the responsibility so long borne by the few is gradually slipping onto the shoulders of the many. God grant that the same divine power may ever attend us in the future as well as in the past and the same wisdom guide our every act until all the people of the earth may know the all there is in osteopathy and in order that the endless, need­less suffering of millions of people may be relieved.

In the beginning our people builded better even than they knew, and when we review the events that have taken place during the brief period of our existence, we stand as if stricken dumb in the presence of some mighty power too great for our understanding and too far reaching for our comprehension.

It has been truly said that the water from no spring could ever expect to reach a level higher than its own source. That is equally true of osteopathy, for its source was truth; eternal, never dying truth. Emanating from the brain, the heart and the life of one man, our preceptor, the whole earth’s benefactor, Dr. Andrew Taylor Still, the truth in its purity, and may we ever preserve it thus. May we never be like the little rivulet that trickles down the mountain side and is joined by another and another until countless hundreds of streams are united who together in their mad rush and magnitude of numbers lose their identity upon the sweeping tide of the endless ocean. Our source possessed the purity of the mountain stream and our only danger lies in being swallowed up in the great tide of human events that has been for some time, and is now sweeping us on at such a rapid pace that it is hard for us to maintain our individuality and equilibrium. Let us stick close to the little and seemingly insignificant mountain stream of purity from whence we had our origin.

The lives of such men as these whom we are here to honor can not help but strengthen us in this purpose. Brief though their careers, brilliant was their records; their lives and what they accomplished should ever be an inspiration to all to labor earnestly and conscientiously for greater things to come.

It is good that our National Association has begun this laudable work; it is but just and fitting that the highest authority in our profession should in the right way acknowledge the worth and good work of the men and women who have done so much to make osteopathy what
it is to-day. It is good to unveil these tablets in memory of our worthy dead. But better still to know in our own hearts that long years after all soulless, lifeless objects have crumbled into decay, the influence of such lives will live on and on forever.

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OUR ETHICAL STANDING
AND HOW TO IMPROVE UPON IT.
FRANK P. WALKER, D. O., ST. JOSEPH, MO.

This subject is one which comes home and confronts each and every individual practitioner and collectively effects the entire osteopathic profession.

On account of the depth and breadth of this subject, and the many points from which it may be viewed, the writer hopes only to touch upon those points which are and have been uppermost in his mind.

The public is not only a very close, but many times an unprejudiced and judicious critic. It does not only require of us technical knowledge and the application of it, but demands of us as professional men and women all those finer qualifications which go to make up the broad-minded, intelligent, tactful physician who is able to cope with all the responsibilities thrust upon him. Unless he possesses these qualifications he lowers his standing in the eyes of the public in such degree as he fails to come up to the standard, as he does also the profession which he represents.

The object of this paper is to point out our standing in the eyes of the public, including the various professions, dealing almost entirely with bare-faced facts, calling attention to the most common and conspicuous defects existing in our profession, and offering partial remedies for them.

As in every other profession, we have in our ranks men and women of varying degrees of talent, culture and refinement, to represent our science. Since the science is in its infancy, and most certainly so with a large number of people, and since its merits are almost always gauged by its representative, the standard of osteopathy necessarily varies greatly in different localities.

As a rule, I believe the osteopaths are looked upon in a true light, and where such vision exists—no remedy is needed. I dare say that there is not a practitioner present here this day who has not felt the pangs of pain and humiliation more than once by being classed with humbugs, quacks, grifters, masseurs, rubbers ignorant, unethical, and unprofessional men and women.

The question comes to us, "What is the reason of such classification?" To answer this question our attention must be directed to the conditions which exist and closely examine the causes for such classes.

We do have in our midst just such people, truly representing the above classes, which is a base imitation of the genuine and enjoying the protection of osteopathy. The public which has had experience with the above classes is prone to judge the science by these base counterfeiters.

Without question it is human nature to make comparison of the unknown with the known, though the fundamental principles may be as far as the east is from the west. Therefore, the public must be properly educated as to the merits of the genuine, to the point of differentiating from the pseudo.

If the grifters and unethical be graduates, then there is no way of curbing them—unless their licenses or diplomas be revoked, but they can be denied recognition by the different associations and program committees. This will help some. When such recognition is given them it is sufficient guarantee to the public that they are proper representatives of the profession. It is a deplorable fact that in a few instances such blunders have been made. Innocent no doubt on the part of the stalwarts and leaders who have brought them to the front, but it has occurred just the same at the expense of the standing of the profession in the immediate locality of the tyros who are thus exalted. Too great care cannot be exercised in granting such recognition and it rests with the profession to separate the sheep from the goats, as the public is unable to do so. This is the brand of fellows whom our friends, the enemy, invariably pick on to hold us up in derision as espousing the "Principle of a great Modern Science."

Just here I would mention that I consider it questionable to lock horns and argue matters with our medical brother unless we find him, a broad-minded individual, an investigator and a gentleman.

Medicine's extremity is osteopathy's opportunity, and as the laity compel the M. D. to give us recognition, it is already a "red rag" unto them, and unless under rather favorable circumstances discussion will only result in bad feeling which may make you neighbor an enemy, and a would-be persecutor, rather than one on at least speaking terms and an attitude of some leniency and a possible future convert. Bear in mind that there are many among them who are deserving of respect and proper treatment, and expect the same. Do not foster the thought that you
know it all and he nothing. We profit by cultivating their friendship. Do as you would be done by. Some osteopaths seem to think they must pick the regulars to pieces upon first locating. Its a mistake—avoid it.

The matter of questionable advertising is already well known and has been repeatedly brought before the profession, but it should be emphasized. Those fellows still exist and should receive the stigma, and in every way should be reminded that they have no place in the kingdom of the righteous and undefiled. A near relative of this class is the fellow who goes into the treating room, rolls up his sleeves, probably dons a regular butcher's apron, also oils up his hands ready to "wade in and give a general rub down." This practice will lower the standing of the individual in the eyes of the patient very greatly. Certainly there is surgical, obstetrical and gynecological practice which require such preparation. This procedure naturally falls under a different head.

As to labeling your place of business the public will be the judge. How often do we see the sign which bears dimensions like unto the Quaker Oat's advertisements. It shows poor taste and the conservaties are prone to class such osteopaths with quack doctors.

Some of the most numerous defects in the profession are careless and rough treatments, and talkative operators; all three entirely uncalled for, producing unnecessary pain, seemingly lack of interest in the patient's case, and rendering the impression that all treatments are rough and hard. At the same time it takes more time, delaying the patient, also keeping others waiting, helping to spread the idea that treatments are long and require so much time. Cultivate the habit of being very specific in treatment, avoid all unnecessary procedures, be careful, pains-taking, say little, be honest with your patients, and above all, hold the confidence of your patients as a sacred trust.

Our relation with each other—i.e. the deserving ones—has a great deal to do with the dignity and standing of our profession. The golden rule is unsurpassed and instead of "Doing as we would be done by" some place an entirely different construction upon the rule and would have it read "Do others if you can thereby get a patient." If you cannot think or say anything good about your fellow D.O., think and say nothing, for just so will it all in time act as a boomerang. Some are given to cast reflection upon the lady D.O., if not directly, at least by insinuating that they are not strong enough, etc. The ladies of our profession are to be congratulated for their noble work, and the success with which they are meeting. Those in our profession who are inclined to think the lady is weak and cannot give strong enough treatments should stop and consider that they possibly are in error, as that lady is meeting with just as good success as are you, and is just as popular with the laity, and it might be that you yourself are being criticised in just the opposite way—so "Let him who is guiltless cast the first stone." Remember that it is the skill of the "Davids," and not the strength of the "Goliaths" that does the work.

Beware of the practice of trying to impress the public that you are the only osteopath. Your merits will depend upon your ability; others will judge, not you. Keep in mind the interest of the science and do those things which will promote the standard of the greatest therapeutic agent in existence.

The education of the public should be pushed with vigor; the best informed are the staunchest friends of osteopathy.

There are several ways of educating the laity. The continual plugging away with good, legitimate field literature has its merits. There are several good journals and magazines designed for this purpose. A newspaper write-up is a delicate feature. If unsolicited and written editorially—very good; otherwise, don't do it, as it will savor of enough professional phraseology to brand you as a promiscuous advertiser.

Our patients must receive a certain amount of personal instruction, but do not foster the idea that they are to get a clear conception of the technicality of the science in a short time, or that they should thoroughly understand just what is done and be able to explain it to others, any more than they can the action of drugs which they understand so well, or at least think they do. Explain briefly some of the fundamental principles. Beware of saying bones are out of place, if you do not wish to be ridiculed; choose better terms for lesions. I might suggest, deviations, inharmony, conditions, faulty relations, abnormal conditions.

The subject of a lecture bureau has been agitated some; if successfully done, this will be one of the best means of education. The local osteopaths, where the lecture is to be given, in order to secure a good attendance, must take the matter in hand and properly advertise the lecture. The lecturer will create an interest in the minds of the public to the extent that more osteopathic literature will be read with a deeper knowledge of the science. The osteopathic colleges are to be congratulated on the rapid progress they are making. With pride the practitioners can point out the osteopathic colleges as giving one of the best and most thorough courses that can be obtained in any medical college. And it is to be hoped that they will ever keep abreast with the times, and be the foremost of all colleges in their educational equipment.
In conclusion, let us remember that we are all pioneers in the profession, and that some sacrifices must be made, and that we alone cannot reap the entire harvest of our labors, but that it remains for those who will be our successors to be the full beneficiaries. In the light, therefore, of placing the science on the plane of respect, dignity, and worth that it is deserving of, we must frequently make a sacrifice. A sacrifice of time in doing missionary work, a sacrifice of labor in taking a hand in all steps and movements of advancement, and a sacrifice of finances; perhaps all of these and more.

Leave a legacy to the profession of noble work and self-sacrificing efforts, and future generations will "Rise up and call you blessed."

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** DISCUSSION OF FOREGOING. MINNIE POTTER, D. O., MEMPHIS, MO. **

More fully do I realize—since hearing Dr. Walker's paper—that this subject of "Ethical standing" is a large subject, and that "how to improve upon it"—a still larger one. I believe the subject covers our professional standing in a community, our duty to patients, fellow practitioners, and the profession at large.

While it is true, that the ideas regarding "professional ethics," vary in degree as the character, or mental and moral development of different individuals vary. Yet it is always the highest that we desire "to have and to hold."

The individual, living on the lower plain, naturally sets his standard low—so low sometimes, that his unprofessional blunders often become "as a thorn in the flesh" to the more intellectual, or to those who conduct themselves as professional people should.

If we could find some way to help those who insist on remaining upon the lower planes up to a better understanding of their real privileges and obligations, we would have accomplished something worthwhile.

It does not look reasonable that any would so conduct themselves as to bring criticism upon the science they represent or in any way lower the standard of their profession if they could "See themselves as others see them." I really believe that the doctor who cannot see far enough ahead to conduct himself properly, is an "unfortunate" and needs our sympathy in one sense of the word. Yet, if they will not "come up higher," we, as an association, must show our displeasure; for one viper in the nest can do more harm than four or five outside, and one licensed scoundrel wearing a professional cloak is far more dangerous to us, and to any community, than half a dozen ignorant pretenders. I have heard many different complaints throughout our profession, and can say that from all I have heard I believe the smallest thing that some of our profession are practicing, and one which certainly lowers their ethical standing as much as any other one thing possibly could do, unless it be becoming intoxicated, is cutting prices of treatment. Of course we take it for granted that a man knows what his work is worth, and, if he only asks 50c., a treatment, no doubt that is all it is worth, and no one will find it out sooner than the man who "gets the goods." Anything which tends to cheapen or lower our profession in any way, must be stamped out if possible. The great question is how shall we go about it?

First, our state associations could discourage such conduct by refusing to give any notice or prominence to such practitioners. We should inquire into the professional standing of those who are to fill our offices, to appear upon our programs, committees, etc. For the more prominence we give the unprincipled or careless the better chance we give them to injure our cause, and the better opportunity the public has of accusing us, of sanctioning their acts. Let the old Missouri association stand for something better. Remember, Missouri is the Fountain Head, and the world has a right to expect us to be somewhat of an example—forg the fountain becomes corrupt, and its waters be troubled, who can purify the stream? 

Let us all strive to make it an honor to be a member of the Missouri association. If no other way, by setting our standard of membership still higher, and insisting that our members live up to it.

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** Blood Pathology in Rheumatoid Arthritis **

** SUPERINDUCED BY MENSTRUAL DISORDERS. **

FRANKLIN FISKE, A. B., D. O., KIRKSVILLE, MO.

Some ten days or so ago, I received an invitation to be present at the Tri-State Convention and noted to my surprise that I was listed as one of the speakers and that to me was assigned the above ponderous subject. Diligently I pored over various texts, which by the way is a method of research employed by not only practitioners but also many authors who apparently lack either energy or ability to prosecute original work. The only absolute statement I found, was the following made by Cabot, "In thirty-two cases of rheumatoid arthritis treated at the Massachusetts General Hospital, the blood was normal except for a slight
deficiency of hemoglobin in two cases." The inference in regard to
those special cases "superinduced by menstrual disorders" is obvious.
I looked again at the subject and noted it was followed by the word
"probably," so I have taken the liberty to change it to

WHAT DO OSTEOPATHS REGARD AS DISEASE?

We often hear of one treating this or that disease and at the same
time claim that only the M. D.'s. treat effects and that we remove causes.
What then is disease? The term is from two French words meaning not
and ease, and is defined as "———Any departure from a state of health
more frequently, the genus or kind of disturbance of health to which
any case of sickness may be assigned"—which is defining the word by
its synonym. To the average physician, the term means "a collection
symptoms more or less constant, not present in the normal." With
this definition in mind, let us see what the true osteopath does. I think
it can be proved that practically all cases of sickness may be traced to
osteopathic lesions as either the predisposing or actuating causes. Now
what causes the lesions? These are caused by one of two things; abuse,
either of the individual or of the parent, or disease of the latter, or else
by trauma. Abuse would include all kinds of excesses, exposure, etc.,
and along with it might be classed the diatheses arising from parental
disability attendant upon disease as mentioned. A certain great warrior
said, "to secure a good soldier, begin with his grandparents," which is
but another way of saying, that none but the healthy should bear off-
spring. But the problem which faces the physician is not what should
have been a generation or so age, but what is now; namely, the lesion
present.

How are these lesions caused? A diathesis, as termed by the med-
ical practitioner, means an hereditary predisposition to certain types of
disease. To the osteopath this shows as a certain abnormality of the
spine. This statement is rejected by many practitioners, but a careful
study of your cases in connection with parental history, will, I think,
prove its accuracy. Abuse will cause osteopathic lesions, either directly
as in postural defects, or indirectly as in exposure, excesses, etc.

Trauma may also be effective either directly, as in sprains, poisons,
etc., or indirectly, as producing lesions not dangerous in themselves, but
serving as avenues of infection. Some would include infection as a
primary cause of human ailments, but I believe it is only secondary.
According to bacteriology, there are three requisites for infection, (1)
avenue of entrance; (2) diminished resistance of the tissues and (3) germs
in sufficient numbers. The first is a prime condition and is secondary
to one of the original causes of lesions as outlined above. The second

condition is similarly referable. The third is operative only in the pres-
ence of the first or second. Having thus agreed on the ultimate causes
of osteopathic lesions, how would an osteopath define disease? I believe
all symptoms rising, which indicate a departure from the normal on
the part of the individual, may be referred for their cause to the osteo-
pathic lesion, which itself was caused as above. In this connection,
I am using the definition of Hulett, "Structural abnormality producing
or maintaining prevented function."

It is noticeable in all works on diagnosis, that certain symptoms,
as variations in temperature, in heartbeat, etc., frequently recur. It is
also noticeable in works on osteopathic practice, that certain lesions are
present in a number of different diseases. A good example of this cross-
ning over, is the disease assigned me. As outlined in the excellent article
by W. His, there are six forms more or less differentiated by the pre-
ponderance of one or more symptoms, as: (1) The secondary chronic
articular rheumatism, arising from acute attacks. (2) Attacking pers-
sons thirty or forty years old, articular fever and pain, but slight swell-
ing, new joints being attacked, but not the thumb. (3) Attacking women
about the menopause, ushered in with indistinct nervous symp-
toms, but afebrile, with complete disability of the joints in abnormal
position, as a final result in well marked cases. (4) Attacking elderly
or aged persons, being limited to one or two of the larger joints. (5)
The chronic deforming and ankylosing diseases of the spinal column.
(6) Characterized by the so-called Heberden's nodes, appearing on the
posterior surface of the terminal joint of the three-jointed fingers. It is
apparent in each case the classification is made, not on the basis of cause,
but on the basis of symptom, that is on the basis of effect, and the treat-
ment, many denials to the contrary notwithstanding, is determined in
the same way. Now in each of these collections of symptoms, there
must have been osteopathic lesions, the different types being dependent
on the different locations of the lesions. Why not classify the diseases
according to the causes. Here appears the radical difference between
the osteopathic idea of disease and the medical, and the osteopathic
diagnosis and the medical. The medical practitioner thinks of the
symptoms as the disease itself, the osteopathic practitioner as merely indica-
tive of the structural condition and confirmatory of his diagnosis. The one
reats the symptoms while the other seeks to remove the cause itself.
According to this the disease is named merely as a convenient way to
remember a certain group of symptoms depending on certain lesions,
so according to the medical definition of the term, the osteopath truly
removes the cause and does not treat disease itself.
Another matter occurs to me, not entirely relevant to the subject, but one of which I wish to say a few words. In looking over osteopathic case reports, where the osteopathic chronicler has been careful enough to describe the osteopathic lesions, one is struck by the varying way of naming these lesions, some osteopaths naming the lesions by the upper vertebra concerned, some by the lower, and some by both. The way of naming by both concerned is perhaps the most accurate but is cumbersome. Why not name the lesion by the superior vertebra? There are several reasons for doing so. First, we have precedent in the excellent article in the American Text-book of Surgery, describing spinal dislocations, which says "It is usual in treating of dislocations of the vertebra to speak of the upper one as being the vertebra that has been dislocated." Also the upper part of the spine is the more movable portion, the occiput moving on the atlas, the head and atlas on the axis, the head, atlas and axis on the third cervical, and so on down the spine. An inconsistency exists in the method of naming the lesion by the inferior vertebra concerned, when an attempt is made to describe a lesion between the fifth lumbar and the sacrum, it invariably being called a lesion the fifth lumbar instead of the sacrum. My plea is that all osteopaths name their lesions according to some system, and that they adopt the system above mentioned, that of always naming the lesion by the superior vertebra concerned. In the rare case where a single vertebra is luxated at both articulations, it can be termed a compound lesion and named from both superior vertebrae concerned. In the rare case where a single vertebra is luxated at both articulations, it can be termed a compound lesion and named from both vertebrae concerned. I wish to submit this to the consideration of the members of the tri-state association present and ask your thought on the subject, and I trust you will thus assist in making the osteopathic nomenclature uniform.

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The D. O.---How Best to Preserve Him.

A. G. HILDRETH, D. O., ST. LOUIS, MO.

We are hearing a great deal in these days of the hard work connected with the practice of osteopathy—so many claim to be breaking down, and that the practice is doing it. This is all wrong and should not be the case, and will not when we learn to do our work as it should be done. Much has been done, and justly so, along the line of research work in the last few years. The results that have been obtained in the laboratory and along experimental lines have been very gratifying and place the profession under lasting obligations to the men as individuals and to the schools which have so earnestly taken up this very necessary work.
giving a dose of medicine or an osteopathic treatment, and that is to accomplish a certain specific result, and there would be just as much sense in saying that if one spoonful of ipecac was good for a baby with the colic that a half pint would be better, as to say if one turn to the spine is good a half hundred would be more so. I simply have no patience with the flimsy excuses given for long drawn out treatments, not even when given from the psychic standpoint, or just to satisfy the mind of the patient. This kind of treatment, with our own intemperate desire to reach out and handle all the practice that comes our way, is what is breaking our osteopaths. It is not osteopathy, but the manner and methods used by so many of our people—and lots of them splendid good men and women, just as conscientious as any one on earth can be in believing that they are giving to their patients the genuine article, when in reality they are but working themselves to death and weakening the very profession they so much desire to build up. It is true that those who have extensive practices must and do work hard, for they have both mental and physical exertion and their hours are long; but, Oh! compare our present with our past, for our profession, like all others, is made up of men and women from all walks of life. The farmer toils from early in the morning until late at night; the mechanic labors at least eight to ten hours per day; the lawyers delves into his musty law books oftentimes till long past midnight—that is, if he be a successful one,—and the women at the typewriter or behind the counter or teaching school or in the kitchen are veritable slaves. Tell me, what do you think of the comparison? Is there one of you who would like to return to the old order of things? While it is true that we must and do work hard, yet it is also true we would be most miserable were we idle or had not the work to do.

All success is obtained through effort. No one can expect to grow rich or even prosperous without toil. Let his or her selection of a vocation be what it will; in all walks of life it will always be the same, that he who succeeds must be up and doing, for there is no reward without labor. Ours is certainly a pleasant as well as a prosperous vocation, and has combined with it a field of growth, usefulness and development brought about through contact with all that is brightest and best on earth. True, we have our grave responsibilities, the weight of which is found nowhere but in the practice of medicine. But over and above all these facts, ours is a work that should build up and not tear down its practitioners, and the very day and hour we begin to practice more and preach less, we will begin to overcome some of the defects of the present complaints of our breaking down osteopaths. Common sense things done in a reasonable, sensible way, such as having our tables the right height to suit our own best position, that is, high enough so we may stand perfectly straight and in an easy, erect position while giving our treatments, and when treating a patient on the bed always sitting down beside them instead of standing and breaking our own backs; and then taking the proper precautions to keep from taking cold after the treatments by not going out into the air when too warm without a topcoat—care to avoid taking cold in every way possible; regular meals and regular hours for sleep as near as possible, at least enough sleep to give the body time to rest, and enough time to eat to masticate your food properly.

There are so many things that can be done, and so often just the very things we advise all our patients to do but so seldom live up to ourselves.

It is right and comes justly within our domain to teach people how to live, by guiding them in the proper way to care for their bodies—the kinds of food they should eat, how to work, and how and when best to rest and recuperate—and, if our advice be good for our patients, and we all know that it is—don’t you know we would all be eminently better off if we would only force ourselves to live up to what our experiences have taught us is best for our patients, for what is good for them is good for us. Don’t you think our advice would be better taken and more far reaching in effect if we would but set the example? Ours is not a laborious treatment if correctly given—it should be nothing more than needful, helpful physical exercise—and the time is coming when this will be the case, for as the years go by each one brings its many, many proofs that the very best results come to us so often with the least exertion, proving by results again and again that it is the how and the where we treat that gets results and not the time expended. The convicts in our penitentiaries do time, all day laborers work by the hour, but genuine osteopathic treatment means more than this, it means the correction of some physical obstruction to the human mechanism, but it certainly does not mean doing time in any sense of the meaning of the word.

We have drifted about long enough along these lines; we must “right about face;” we must treat our patients, not rub them; we must let the world know what there is in osteopathy, and we can only do this when we make every move count when we reach the nerve or nerves involved, or the tendon contracted, or the bone subluxated, and correct them, and then when our work is done, quit—whether it takes us one minute, five minutes, or fifteen—just do our work and quit; and when we do this we will have solved the problem of “The D. O.—How Best to Preserve Him.”
The Journal of Osteopathy

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CHANGE IN JOURNAL MANAGEMENT.

With this issue of the Journal of Osteopathy I will retire from the management of the same. For the past five months my work in the American School of Osteopathy has taken all my time and energy, and the Journal has been edited by Drs. Walsmey and Fiske. While retiring from the management to devote my time to the work of teaching, I still expect to be of assistance to the new editor and will be as much interested in the advancement of the Journal as I have been in the past.

Dr. Fiske, who will take charge of the Journal, is an experienced newspaper man. He has been practicing osteopathy in Portage, Wisconsin, for several years. Since February of this year he has been teaching Physiology and Osteopathic Diagnosis in the American School. Under his enthusiastic management we predict for the Journal a still greater prosperity than has attended it in the past.

We bespeak for him the same loyal and energetic support which has been the Journal's constant friend in the past.

R. E. HAMILTON.

The policy of the new management of the Journal of Osteopathy will be one of absolute impartiality. While published at Kirksville, the Journal will favor no individual, school or association; it will fight no man's battles, but in all osteopathic events will aim to tell the exact truth. The Osteopathic Journal will furnish ethical field literature, at the lowest price compatible with the highest quality.

In the accomplishment of the above, we ask your cordial assistance.

FRANKLIN FISKE.

Next issue will contain an article by Dr. F. P. Young of the A. S. O. describing the cases treated surgically during the meeting of the tri-state association at Kirksville. Illustrations accompanying the article will show the cases before and after operation.

OPEN LETTER FROM DR. A. G. HILDRETH.

Owing to the condition of my health it became necessary for me to take a vacation and rest for a time. Consequently the A. S. O. people kindly accepted my resignation, to take effect May 1st, '07, and have chosen as my successor as physician in charge of the St. Louis A. T. Still Osteopathic Sanitarium, Doctor William D. Dobson, a man to whom the profession needs introduction, he being so long connected with the school as instructor, practitioner and Dean. He is widely and favorably known and I am truly glad to recommend Dr. Dobson to my friends and patrons, at large, as a thoroughly competent osteopath and a genuine, conscientious gentleman. I am glad he was chosen as my successor. I wish to make this opportunity to thank my many friends and patrons both in the city and outside for their very liberal support during my four years of service in their institution—and to my friends in the city I earnestly urge a continuance of their patronage to this institution and gladly recommend both Dr. Dobson and his son, Dr. Walter N. Dobson, as reliable, competent and experienced osteopathic physicians. And to my strong friends in the profession all over the United States, who have so liberally patronized us here, I am deeply grateful and urge that they continue their support to this sanitarium. And while I shall not be in active practice here during the summer, yet I shall be near and will gladly consult with Dr. Dobson and son and assist them in any way possible. I shall always be a loyal supporter of this institution to the extent of my ability to advance its usefulness both to the profession at large as well as locally. We need such sanitariums and should support them loyally.

Respectfully and gratefuly yours,

A. G. HILDRETH.
ST. LOUIS A. T. STILL OSTEOPATHIC SANITARIUM.

In taking charge of the Osteopathic Sanitarium of St. Louis, it shall be my purpose to continue it as strictly osteopathic; and to make it occupy the same place in our practice and profession as the existing hospitals and sanitariums now occupy with other schools of medicine. Competent operators will be in attendance, first-class service rendered, and up-to-date equipment installed so as to make the sanitarium first-class in every particular.

The institution shall in no sense be conducted in competition to osteopathy in the city or in more remote parts of the field; but rather it shall be our purpose to reciprocate in every way possible by extending courtesies so justly due our fellow practitioners. We will be able to care for a limited number of patients in the sanitarium at reasonable prices, and at the same time conduct an office practice in connection therewith.

A cordial welcome will be extended to osteopaths, who may have patients needing hospital care, to bring them here, visiting and treating them if they so desire in the sanitarium, being assured that everything possible will be done to make them comfortable and their stay with us profitable.

We purpose to do a thoroughly legitimate office practice, dealing fairly and honestly with our patrons and fellow practitioners.

With a determination to do all in our power to promote the best interests of our profession, advance in every way possible the science of osteopathy, we extend in advance our appreciation of co-operation of our fellow osteopaths, and patronage of friends of our system of healing and all who may be seeking restoration to health.

Very respectfully,

WILLIAM D. DOBSON,
Physician in Charge.
THE CONVENTION.

From the Old Doctor's address of welcome through the various papers, discussions and impromptu speeches to the final session, everything was replete with enthusiasm. We have decided to make this number of the Journal solely a Convention Number that those who were not present may share the enjoyment with those who were.

On assembling in Memorial Hall on Friday morning, May 24th, we were greeted by the Old Doctor, who gave us a warm welcome, and was followed by Dr. C. E. Still, who among other things said: "I have often been called upon to fill my Father's shoes, but this time he has filled mine so thoroughly, that he has spoiled my speech. I wish to call to mind, one thing in particular. Fifteen years ago we received the charter for the first school of osteopathy. There was then one osteopath. To-day there are some four thousand. If in the next fifteen years we do as well, the result will be wonderful. In our school here, we have been trying to improve, but if you come back again and see us in a year or two, you will find we have been like the Svede, who was in the cyclone. When picked up in an adjoining county, he was greeted by a minister, who said "Well my friend, the Lord was with you through all this time. "Ole replied, "Vell I tank yen he ban going some."

THE ADDRESS OF WELCOME.

Dr. H. E. Bailey, the president of the association, responded with the following address:

(Received too late to be printed)

An excellent paper on our ethical standing and how to improve it, was read by Dr. Frank Walker, St. Louis, Mo. Dr. Walker's paper was ably discussed by Dr. Minnie Potter.

Dr. Franklin Fiske followed with a paper on "What do Osteopaths regard as Disease," which he had substituted for the subject assigned on the program.

Following Dr. Fiske's paper, there was a discussion on Rheumatoid Arthritis, and also on the subject of uniform osteopathic nomenclature. The convention decided to employ in succeeding sessions, the nomenclature adopted by the American Text book of Surgery, as suggested by Dr. Fiske in his paper. This consists in naming all vertebral lesions by the superior vertebra concerned.

In the afternoon session, Dr. Paul's discussion on goitre was read, and Dr. Arthur Still Craig demonstrated his Pasta-Spinograph. Dr. G. M. Laughlin demonstrated technique on spinal curvature treatment, explaining technique in detail. Dr. G. A. Still talked on "When a case is surgical" from an osteopathic standpoint. He said in part:

ADDRESS BY DR. G. A. STILL.

"One is reminded by this question of a test used in the practice of medicine for the determination of syphilitic conditions. Anti-syphilitic remedies are given and if the patient improves it is syphilis, otherwise it is not. Similarly, with most cases where there is a question as to whether the case is surgical or osteopathic, treat it a while and if it recovers it is not surgical, otherwise it is. Of course many cases, such as certain pus collections, congenital deformities, tumor growths, etc., are primarily surgical. No one would hesitate to declare such conditions as hare-lip, abscesses in connective tissue, etc., essentially surgical. There are, however, certain cases where there is a considerable question. We know that such cysts, for instance,

In some future number of the Journal, an account of the subsequent treatment of these cases will be given by Dr. Ivie, interne at the A. S. O. hospital.

After dinner, the Old Doctor invited those present at the convention to assemble on his lawn, and he showed the artist's drawings for a new work, in the preparation of which he is at present engaged.

UNVEILING CEREMONIES.

On returning from the reception on the Old Doctor's lawn, the memorial tablets which were erected by the A. O. A. to the memory of Drs. G. D. Hulett, H. E. Patterson and W. L. Riggs, were unveiled by Dr. A. G. Hildreth. The unveiling address appears elsewhere in this issue.

Clinics were given by Drs. E. C. Link, G. M. Laughlin, R. L. Stevens and B. J. Mavity. Dr. A. G. Hildreth addressed the association on "The D. O. —How best to Preserve Him," after which the officers were elected as follows: Dr. F. P. Walker, St. Joseph, president; Dr. Emma S. Cooper, Kansas City, vice-president; Dr. Geo. L. Noland, Springfield, second vice-president; Dr. Bertha Buddecke, St. Louis, secretary; Dr. E. D. Holbert, Sedalia, treasurer; Dr. Wm. F. Traughber, Mexico, state editor; Trustees: Dr. A. Still Craig, Maryville; chairman, Dr. Florence Notestine, St. Louis; Dr. Minnie Potter, Memphis; Dr. J. W. Hofer, Kansas City; Dr. Geo. M. Laughlin, Kirksville.

The evening session was opened by short talks, and the paper of Dr. Hiberns on a Tri-State association, following which the Central Mississippi Valley Osteopathic Association was organized and elected the following officers:

President, Dr. A. G. Hildreth, St. Louis, Mo.; first vice-president, Dr. Esther W. Whittaker, Perry, Ill.; second vice-president, Dr. J. R. McLanahan, Paola, Kans.; secretary, Dr. Mary E. Noyes, Ottawa, Ill.; treasurer, Dr. Susan Balf, Alliance, Nebr.

DR. HIBBETS' ADDRESS.

You cannot realize how much good it does me to be able to come again to this place, and to this meeting—again to greet you whom I have known so long—to greet again the Father of Osteopathy, Dr. A. T. Still, the noblest Roman of them all; to hear him tell, that it is greater than that of making me president of any institution, or any other position in life; it matters not what it is; and it is for this reason that we should make ourselves for the everyday problems we meet in our work by the bedside of those who have entrusted us with their lives. What a great responsibility—who can measure it, men and women entrusting their lives, and the lives of their children in our hands that they may be cured, or restored to health. Fellow practitioners, I feel that responsibility more year by year as I grow older in the work, and to me it is greater than that of making me president of any institution, or any other position in life. It matters not what it is; and it is for this reason that we should be just as capable as it is possible to be, and that no other consideration should enter into our lives that will in the least keep us from, or hinder us in getting all the knowledge possible in this great work in which we are engaged.

But Mr. President, there are pleasant things in connection with this meeting that bring back memories of the time when you and I sat down in those seats racking our brains for answers to questions that our old teacher and one time professor in this school, Dr. Still, asked us; and while we were trying to conjure up an answer, the Rev. Doctor S. S. would be blandly smiling and telling a story that he said was told to him one time over at Maryville. Those were wonderful times to me, and I now look back on them as times when I was laying a foundation for a future that then I only could dream of. I love to come back here. I wish that I could come oftener.

But the best reason of all is that I need to come back here—and I am quite sure that we all should come back here that we may gather more knowledge that will the better fit us for the work that we are doing. I have often said that I believed it to be a crime to assume the responsibility of the care of the sick, when we had not used every means possible to prepare ourselves for their proper care, and I am not ready to modify that statement in the least to-day.

In Iowa we have the state divided into districts and each district has its regular meetings, and its officers elect to get up a program for such a meeting—and a black-head indeed is he or she who cannot get good from those meetings. I am and always have been well repaid every time that I have attended one, and I always expect to attend every time possible; at least no monetary or personal considerations shall keep me away.

But you are beginning to say what has to do with a Tri-State Association; and I am ready to answer that it has a great deal to do with it, for the reason that if we can get good from these small association meetings where but a few get together, we can get the greater good in proportion in this larger gathering, where we have gathered together some of the best we have in the profession. And I desire to add that we have them in the states of Illinois, Missouri, and Iowa, and when we can gather together here at the fountain head of osteopathy—and while the Grand Old Man, Dr. A. T. Still lives, I would like that we should honor him by meeting here with him, and have the honor of having him with us. I am sure that the osteopaths from these states will support such a society.


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KANSAS—Myrtle P. Morrison, H. C. Hooke, Nancy J. Godfrey, Gladys Armor, Linda Hardy, H. K. Bennenso, F. M. Godfrey, Mary J. Magee, St. Louis, and Dr. H. M. Gifford, Louisiana.

SOCIETY RECEPTIONS.

During the convention there were several receptions held by the local osteopathic societies in honor of their visiting members. The Atlas and Axis clubs held one on Saturday evening, which was a most enjoyable affair. A program of several speeches, dancing and conversation occupied the attention of those present.

The Iota Tau Sigma fraternity held a reception in honor of two of the founders of the fraternity, who were here in attendance at the convention, Dr. O. S. Miller, St. Louis, and Dr. E. J. Bartholomew, of Chicago, on the subject, “The two causes of Disease.”

THOSE WHO REGISTERED AT THE TRI-STATE CONVENTION.

As Many More Were Present Who Did Not Register.

MISSOURI—Bertha A. Buddecke, St. Louis; Franklin Fiske, Kirksville; Wm. E. Beets, St. Joseph; Lou M. Robinson, Fayette; Bertram J. Mavity, Kansas City; W. H. Bruce, Marshall; H. J. Robertson, Excelsior Springs; Orin S. Miller, St. Louis; Fannie S. Parks, Macon; T. G. Phelps, Chillicothe; Nellie M. Cramer, Kansas City; Sophia Hemstreet, Liberty; Frances H. Singer, Chillicothe; Mrs. Sadie Morck, Kirksville; Mrs. Mary E. Keyte, Kirksville; R. H. Nuckles, Marshall; Geo. T. Nuckles, Marshall; H. N. Baker, Cainsville; Edwin D. Holbert, Sedalia; Pearl Nicolson, Fulton; Katherine A. Loeffler, Kansas City; Matilda E. Loper, Kansas City; Wm. Horace Ivie, Kirksville; W. H. Hickman, Perry; Elmore C. Chappell, St. Louis; J. W. Woodmansee, Lean.

ILLINOIS—Curtia A. Bennett, Joliet; Helen M. Van Horn, Chicago; Elizabeth V. Myers, Chicago; L. D. Robertson, Pittsfield; Elmer Martin, Decatur; Pauline R. Mantle, Springfield; W. E. Herrick, Waseca; Clara H. Combust, Dalton; Florence Shoe, Chicago; J. D. Cunningham, Bloomington; Emma E. Crossland, Quincy; J. J. Moriarity, Ottawa; Cora G. Hemstreet, Galesburg; Etta O. Chambers, Geneseo; Ester Whittaker, Perry; Elmer Martin, Decatur; Celia M. Dodge, Glen Ellyn; G. E. Thompson, Elmhurst; E. J. Bartholomew, Chicago; J. J. Pleak, Hillsboro; M. P. Browning, Macomb; C. N. Maxey, Springfield; Mary E. Noyes, Ottawa; Martha E. Scaife, Springfield; Emma C. Fager, Havana; E. R. Proctor, Chicago.

NEBRASKA—M. Jeanette Stockton, Manchester; Josephine Trabue, Pittsburg; F. M. Godfrey, Holton; Nancy J. Godfrey, Holton; C. E. Willis, Pittsburg; H. K. Bennett, Clinton; Clara Tiltner, Cleve Center; Gladdis Armor, Emporia; Linda Hardy, Hiawatha; J. L. McClanahan, Paola.


ECHOES OF THE CONVENTION.

From Missouri, The closing of the present session of the M. O. A. marks another Dr. W. J. Conner, epoch in the history of osteopathy. From the first rap of the president’s gavel until the final vote of adjournment, the enthusiasm knew no bounds. And what a change from the meetings of a few years ago; from a handful of earnest, capable osteopaths, we filled every seat in Memorial Hall and many in the annex. I think I have attended all the sessions of the M. O. A., except the one at St. Louis, when I was surrounded by the great flood of 1903. When I look back at our progress from a mere handful and with hardly enough cash in the treasury to buy stamps, I see in the short space of eight years, a great hall full of active, prosperous, able osteopaths and our treasury bulging with funds. I see a dream of former years realized, that is, the publishing of the acts of the meetings in book form, that a permanent record of our sessions may be preserved. With our large and ever increasing number, the interest in our annual meetings has increased.

Still National Osteopathic Museum, Kirksville, MO
Accordingly, until to miss one of our annual gatherings, should be considered a great disappointment to those who can't attend. The three or four talks from the Old Doctor were worth a journey of many miles, to the true disciple of osteopathy. His talk on lung and bowel trouble contained thought enough to keep one busy for a whole year. When we assemble there next year, I only hope he will have something still better for us. To Missouri alone is not due entirely the great success of the meeting. Among those present were many of the able, earnest, successful men and women of neighboring states. So great has been the interest and success of the Tri-State meeting, as the last two have been called, that it was decided to organize a permanent Tri-State Association, of Iowa, Illinois and Missouri, but we found Kansas there, with twenty-five of her able osteopaths, asking to be one of the states in this union, as was Nebraska also. So it was organized as the Central Mississippi Valley Osteopathic Association, with the understanding that the other states of the great Mississippi Valley, might become members if they desire. And I hope next year, when we meet at Kirksville, they will all be there asking for admittance.

The program, in detail was one hard to beat. The question box proved to be about the liveliest part of the session. The clinic operations at the hospital were exceedingly varied and executed most perfectly. I hope there will be a report later regarding the cases operated on, that we may know the results, especially the case of talipes. And last but not least, the osteopathic clinics, nearly an entire afternoon was devoted to clinics, and some very excellent suggestions as to diagnosis and treatment were given. Now in conclusion, let me drop just one word as a suggestion of how I think our meetings could be improved. When men or women are favored with places on the program and they accept the places, I think they should not allow anything except sickness, to interfere with their attendance. I think the papers should be short, so that more time could be taken up with discussion, thereby getting the ideas and results of many, instead of one. My object in going to these meetings, is to learn something about osteopathy. If I want to know what is in the old text books, I can read that in my office just as well as to listen to it over there. Too much praise can not be given our worthy president Bailey, of St. Louis, for the success of the meeting.

From Illinois, there is no question in my mind as to the value of the Tri-State meeting, practically and inspirationally. The addresses and clinics have been stimulating and suggestive, and the whole meeting has been distinctly educational. The surgical operations of themselves would have amply repaid us for coming to Kirksville. The osteopaths in the field feel that their time at the meeting has been well spent, and that a good move has been made for the Mississippi Valley states not hitherto included, in extending the scope of the association.

From Iowa, the Tri-State meeting, held in connection with the M. O. A., at Kirksville, and now enlarged into the Mississippi Valley Association, was certainly a success. Though several numbers of the program as arranged, were conspicuous by their absence, yet the meeting demonstrated its ability to have a good meeting, anyhow. In fact, with the array of talent represented in such a meeting, a good program could be rendered without previous arrangement.

We were all glad to see the "Old Doctor" so recuperated as to be able to be with us several different times,—always with the warning of apostacy, and the admiration of faithfulness.

The surgical clinics were a treat to the convention, and more fully impressed the need of such a hospital in connection with the school.

From Michigan, I scarcely know in what terms to express the pleasure it has given me to be present at the Tri-State meeting. Its conventions certainly offer us practitioners in the field the best opportunity of receiving new enthusiasm, the benefits of others' experiences, and of social intercourse. The very fact that this meeting was held at Kirksville, should be a stimulus to every osteopath, who is not very remote, to come to see the Old Doctor again.

The papers have been very enjoyable, have been well received and have elicited the right kind of discussion. We do not all think alike. We do not all have the power of expressing ourselves through oratory, but there is scarcely anybody who can't tell another what he thinks or has proved about certain diseases. The friendliness in the Missouri atmosphere has seemed to unlock everybody's store of osteopathic information, and the good opinion I have heard from every one, has furnished me with inspiration for which I would not take five times the expense of the trip. I am glad the five neighboring states have formed the new association. It is due the Old Doctor that just as many of us should come back each year to see him as possibly can arrange to get away. It is also due the professors in the parent school, who are striving hard through the year to formulate the cardinal principles and practice of osteopathy, to have us, who are out in the field and received the benefits of their instruction years ago, come back and testify before the students as to how much value our training in itself can be, has been to us, and how much is due to Andrew Taylor Still's discovery of osteopathy. I looked forward with pleasure to attending this meeting ever since I first read its announcement, and there has not been one disappointing element in the entire visit. Any association started under such auspicious circumstances cannot fail to do good service for the cause.

By far the most important step taken was that resolution of the Missouri Osteopathic Association to elect a new nomenclature for lesions. The vote for this was unanimous, but I think few of those voting realized the importance of the work undertaken, which if faithfully carried out, will mean more for the enlightenment for the practitioners in the field and the student body in general, than anything that has been done within the last two years.

I wish the Central Mississippi Valley Association great success and trust that this may not be the last of these meetings, which I shall have the pleasure of attending.

From Kansas, I feel that the meeting has been productive of much good to the profession at large. I know I myself have been greatly benefited and was well pleased with the action of the convention in giving us membership in the association. I believe I can promise a much better attendance, from Kansas, at the next meeting, than at this time. All seem well pleased with their visit to the school, the hospital and with the dear Old Doctor.

From Indiana, I desire to say that I am more than pleased with the good osteopathic points I received while in attendance at the M. O. A. and Tri-State Convention. The meeting was a rousing success. The surgical operations held in the A. S. O. hospital were well worth the trip alone, say nothing of the excellent program.
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Central College, The Tri-State meeting at Kirksville, May 24th and 25th can Dr. A. L. McKenzie, readily be classed by all who were there as among the best osteopathic meetings ever held. The fame of the one held there a year ago had spread until not only were the three states well represented, but Kansas came up with more than twenty-five and Nebraska had a good showing. The new organization taking in more states and the ready response of a large number of charter members bespeaks an interest nowhere surpassed, and demonstrates that osteopaths are ready to join any such organization that tends to disseminate simon pure osteopathy. A move was made in the right direction, and a feeling was present that an organization was started that would become a power in the osteopathic ranks.

The interest and success of these meetings are found in the presentation of practical clinics. Long papers on imaginary theories, as is often the case, read in monotonous tones will kill any organization. The absence of some who were on for papers gave place for spicy questions and discussions of a practical nature and time was not lost. If the new officers want to make an even better success of the next meeting let them discard long papers. See that something new and practical is given. Make the discussions lively; give all a chance, and we shall again go homeward feeling we got some mental food that can be assimilated.

**ASSOCIATIONS.**

The Texas State Osteopathic Association will hold its annual meeting in the rooms of the Business League, New Temple Building, Houston, Texas, on June 7th and 8th. An excellent program has been provided and a good attendance is expected. P. R. Norwood, D. O., Secretary.

**IOWA OSTEOPATHIC ASSOCIATION.**

The ninth annual convention of the Iowa Osteopathic Association was called to order in the Parlor of the Hotel Chamberlain, Des Moines, Iowa, 7:30 p. m., May 22, 1907. President U. M. Hibbetts, presiding.

The following interesting program was then carried out as per program with but very few exceptions.

**PROGRAM.**

**WEDNESDAY EVENING.**

7:30—Invocation by Rev. O. W. Fifer, Pastor Grace M. E. Church, Des Moines.

Address of Welcome—Mayor Geo. W. Mattern.

Response—Dr. S. B. Miller, Cedar Rapids.

7:45—President's Address—Dr. U. M. Hibbetts, Grinnell.

8:00—Paper—The I. O. A. and the District Association, Dr. U. S. Parish, Storm Lake.

Discussion led by Dr. S. B. Miller, Cedar Rapids.

9:00—Annual Meeting of the Board of Trustees, Parlor of the Hotel Chamberlain.

**THURSDAY MORNING.**

9:00—Paper—The Similarity and Relation of Osteopathy and Surgery, Dr. S. I. Wyland, Chariton.

Discussion led by Dr. J. S. Baughman, Burlington.

9:40—The Relation of the Practitioner and the School, Dr. S. B. Miller, Cedar Rapids, Iowa.

Discussion led by Dr. J. R. Bullard, Marshalltown.

10:20—A Box of Lemons—Dr. S. S. Still, Des Moines.

Discussion led by Dr. J. S. Maddux, Fairfield.

11:00—Clinics—Dr. T. J. Ruddy, Des Moines.

**AFTERNOON SESSION.**

1:30—Inciipient Tuberculosis, Its Diagnosis and Treatment, Dr. Geo. C. Farmer, Oska­loosa.

Discussion led by Dr. S. H. Runyon, Creston.

2:10—A Round Table—Dr. Chas. W. Johnson, Des Moines.

Informal Discussion on the following subjects: Treatment of Varicose Veins; Exophthalmic Goitre; Retention of the placenta; Non-Malignant Tumors; Prostatic Troubles; Osteopathy's Great Principle; Neurosis; Lesions, What are They; The Main Points in Clinical History and Diagnosis; Infantile Paralysis; Our Association; The A. O. A. and what we owe to it.

4:00—Report of Committees.

5:00—Election of Officers.

After the program quite a number took the evening train for Kirksville, Mo., for the Tri-State meeting and all agreed in pronouncing this the 9th annual meeting of the I. O. A. the best meeting that the association has ever held.

The following officers were elected: President, Dr. J. R. Bullard, Marshalltown; first vice-president, Dr. S. S. Still, Des Moines; second vice-president, U. S. Parish, Storm Lake; secretary, Dr. T. B. Larrabee, Anita; treasurer, Dr. L. O. Thompson, Red Oak. Trustees—Dr. C. W. Johnson, Des Moines; Dr. S. B. Miller, Cedar Rapids; Dr. J. S. Baughman, Burlington; Dr. Roy Dysart, Webster City; Dr. U. S. Parish, Storm Lake; Dr. A. C. Brown, Council Bluffs; Dr. D. E. McAlpin, Boone; Dr. S. I. Wyland, Chariton.

The state divided into eight districts, corresponding to health districts of the board of health. These trustees were elected to represent six districts, and the other two trustees will be elected this fall, making eight. The constitution was changed to form the new district of the state. One fact of the convention was that everyone, every person, every doctor, who had agreed to deliver a paper, appeared and did so. The attendance was quite large. The splendid work of Dr. Hibbetts of Grinnell was the main factor in creating the enthusiasm and attendance that was present.

**OSTEOPATHIC ASSOCIATION OF CALIFORNIA.**

On March 4, 1907, Governor Gillett of California signed the Medico-Osteopathic bill.

Immediately following this act steps were taken by the trustees of the osteopathic association to arrange for a mail ballot from the members as the law demands four names from the osteopaths to be submitted to the Governor, from which he is to appoint two, who are to serve on the board for a period of two years.

The four practitioners elected by the association are: Drs. Dain L. Tasker, Ernest Sisson, J. Strothard White, and W. W. Vanderburgh.

The Governor, on April 27, appointed Drs. Tasker and Sisson to represent the osteopaths on the Composite board, which now consists of five allopaths, two homeopaths, two eclectics and two osteopaths. The law went into effect May 1, 1907.

Still National Osteopathic Museum, Kirksville, MO
The present officers of the California Board of Medical Examiners are: President, Lincoln Colahan, San Jose; vice-president, J. Park Dougall, Los Angeles; treasurer, Ernest Sisson, Oakland; secretary, Charles L. Tisdale, Alameda; associate secretary, F. Dudley Tait, San Francisco.

All osteopathic applicants must be graduates from a legally chartered college of osteopathy, having a course of instruction of at least twenty months, requiring actual attendance, and after 1908, of three years of nine months each.

Materia medica, and mechanotherapy are relegated to the colleges, as all who appear before the board are required to take the same examinations in anatomy, histology, gynecology, pathology, bacteriology, chemistry and toxicology, physiology, obstetrics, general diagnosis, and hygiene.

The consensus of opinion is that osteopathy has been greatly benefited by this legislation.

Effie E. York, Secretary.

San Francisco, Calif., May 15, 1907.

 TENNESSEE OSTEOPATHIC ASSOCIATION.

The eighth annual meeting of the Tennessee Osteopathic Association met at the Southern Hotel, Jackson.

House called to order by the president, Dr. L. A. Downes, after which devotional exercises were conducted by Rev. J. B. Eshman, and invocation by Prof. G. R. McGee.

An address was delivered by Mayor Anderson, in which he threw the gates of the city open to the visiting osteopaths in his usual happy style.

Dr. H. R. Bynum of Memphis then responded to the Mayor’s welcome, after which Dr. Downer, the retiring president, addressed the association.

Reading of the minutes and secretary and treasurer’s report, by Bessie A. Duffield, was then followed by the appointment of a committee to get out a directory of members with constitution and by-laws of the association. Those appointed on committee were: Drs. Bessie A. Duffield, A. L. Evans, and P. K. Norman.

An interesting paper, “The Healing Science of the Future,” was read by Dr. A. L. Evans.

Reading of papers, scientific discussions and demonstrations occupied most of the morning session, the most interesting being Symposium of practical treatment, and Demonstration of technique.

(a) Cervical region, J. R. Shackleford, Nashville; (b) Dorsal region, J. Eri Collier, Nashville; (c) Lumbar region, P. K. Norman, Memphis; (d) Pelvis region, W. Miles Williams.

In the afternoon session the business of the association was discussed.

The following officers were elected for the ensuing year: President, Dr. H. C. Cupp, Memphis; vice-president, Dr. Sarah Wheeler, Winchester; secretary and treasurer, Dr. Bessie A. Duffield, Nashville. Trustees: Drs. P. K. Norman, Memphis; T. L. Drennan, Jackson; L. A. Downer, Chattanooga.

Dr. Bessie A. Duffield was unanimously elected delegate to represent the association at the National Osteopathic Association which meets at Norfolk, Va., Aug. 26.

Dr. W. F. Link was endorsed as next member appointed on osteopathic state board vacancy caused by Dr. Evans’ time expiring. The following resolutions were adopted:

“Tennessee Osteopathic Association in attendance upon its eighth annual meeting, desires to return their sincere thanks to the Rev. J. B. Eshman, Prof. McGee and Mayor Anderson for their attendance of our open session; their words of counsel, cheer and hearty welcome. We further wish to express our appreciation of the services of the retiring officers.

“We also desire to thank the local press for its full and fair report of our meeting and other courtesies extended. Particularly to Dr. T. L. Drennan and wife are our hearty thanks due for their generous hospitality and thoughtful consideration of the comfort and entertainment of the members.”

The following were in attendance at the meeting: Drs. J. W. Skidmore, Corinth, Miss.; B. S. Adsit, Franklin, Ky.; Mrs. G. Dawson, Seymour, Ind.; H. R. Bynum, Memphis; H. C. Cupp, Memphis; L. A. Downer, Chattanooga; A. L. Evans, Chattanooga; Pearl Ryan, Nashville; P. K. Norman, Memphis; T. L. Drennan, Jackson; J. E. Collier, Nashville; J. R. Shackleford, Nashville; W. M. Williams, Nashville; Bessie A. Duffield, Nashville.

Time and place of meeting not decided upon, but left to the trustees to fix later on.

The members of the association were delightfully entertained by Dr. and Mrs. Drennan at their home on Lafayette Ave. An elegant seven-course dinner was served in their dining room, which was tastefully decorated with La France roses and carnations.

Bessie A. Duffield, Secretary.

INDIANA OSTEOPATHIC LOVE FEAST.

The Indiana Osteopathic Society held their ninth semi-annual meeting at Hotel Denison in Indianapolis on May 15th, 1907. The meeting was called to order at 10:10 a.m. by president Spaulhurst.

After reading the minutes of the last meeting and other preliminaries began the real osteopathic love feast, for in fact it was a mental feast from morning until night.

First on program was a paper by president Spaulhurst of Indianapolis. He went into the past of osteopathy; why it was that Dr. A. T. Still took up a new line of thought and study which developed into the system of osteopathy. He spoke of the past in osteopathy and offered some suggestions for the future advancement of the new system of healing.

After this Dr. O. E. Smith of Indianapolis gave a report on a case of sciatica, with unusual complications which he cured, and a case of chronic constipation which seemed to be of only ordinary conditions, which he failed to relieve.

Dr. T. P. Huffman of Lafayette gave a very interesting report a case of epilepsy which covers about fifteen years suffering, and after twenty months treatment the patient is almost free from the trouble. Having a very light attack in two or three months.

He reported a case of retroversion of the uterus with adhesion of the rectum, and went into the details of the treatment telling the mode and position in which he treated the patient.

Dr. Cora G. Parmelee of Attica gave a report on a case of Pott’s disease, in which the patient was very weak and unable to walk without the aid of something or some one holding him. The soreness was entirely relieved and the patient’s strength regained but the curvature was not benefited at all. She gave a very interesting report on a case of apoplexy, in which the patient was unable to attend to any business. Numberness of the hands and inability to use them on account of loss of grasping power. There was no osseous cervical lesion, but a tender and very much contracted muscular condition which required very gentle manipulation in the beginning of the treatment. The patient was entirely relieved of all the symptoms.
Dr. M. E. Clark of Indianapolis gave an hour's lecture on the Technique of Treatment of Uterine Displacement. Dr. Clark gave several don'ts which if followed by all of us would result in greater relief for our patients and more gratitude to the physician. The principal one is: Don't treat uterine displacements without knowing the condition and position of the womb and surrounding viscera. Spend more time in making your diagnosis and you will gain much time and save yourself labor in treating the patient.

It is the knowing what to do and how you do it that bring best results. Dr. Clark's talk was a practical one, given from the years of experience he had while connected with the A. S. O.

Dr. C. V. Fulham of Frankfort gave a report on a case of typhoid fever showing the effect osteopathy had in reducing the fever curve as compared to medicinal treatment. He reported a case of intercostal neuralgia in which the treatment irritated instead of alleviating the pain.

Dr. Lorena Schrock of Bedford could not stay to read her interesting reports on hay fever and fibroid tumor, but they were read by Dr. Emma Nugent of Indianapolis.

Judge Brodus who is attorney for Dr. Baughman, who was under arrest, was present and said in his opinion the medical board are taking advantage of their power given by law, and are discriminating against osteopaths. Attorney Boyd, who has the case of Dr. Barnett who brought suit to compel the medical board to give an examination that he might secure license to practice, was present and said in his opinion the superior court would reverse the decision of the circuit court and that would give osteopaths a better chance to come into Indiana. We have a member on the board of examination and registration but his powers are limited as there are five others who are not osteopaths.

Dr. E. P. Booth of Cincinnati, Ohio, was present and after commenting on what he had seen and heard during the day invited all to attend the A. O. A. meeting in Jamestown.

The tenth annual meeting will be held the second Saturday in October for election of officers and other business.

* * *

FIFTH DISTRICT ILLINOIS OSTEOPATHIC ASSOCIATION.

Fifteen members of the Osteopathic Association of the Fifth District of Illinois met at the office of Dr. F. A. Parker, 204 West Park street, Saturday evening in what is said to be one of the best meetings for many months.

The feature of the program was the three cliniys by Dr. W. E. Davis of Paris. General discussion followed.

Officers for the ensuing year were elected as follows: Dr. William A. Atkin, Clinton, president; J. J. Schmidt, Danville, vice-president; Lewis F. Curl, Paris, secretary; C. L. Gallivan, Ivesdale, treasurer.

The committee on arrangements which has charge of the program for the meetings of the ensuing year is composed of Dr. F. A. Parker, Champaign; Elmer Martin, Decatur; W. C. Swartz, Danville.

The next meeting will be held at Tuscola on September 28 at the office of Dr. J. A. Overton.

Dr. J. F. Spaunhurst of Danville, Ind., has opened an office at Danville, Ill. Dr. Nettie Olds Haight of Des Moines, la., who has been sick for some days is improving and expects soon to resume her duties.

Dr. Mary E. Harwood of Kansas City, Mo., is enjoying an extended trip on the Pacific Coast. Dr. E. B. Vezie is looking after her patients at 308 New York Life Bldg., Kansas City, Mo.

Dr. O. C. Mutescher, formerly of 20 West Orange St., Lancaster, Pa., has retired from active practice for a while to take a much needed rest, removing to Carlisle, Pa. He is succeeded by Dr. E. Clair Jones, formerly of Columbus, Pa. Dr. Jones stills maintains his practice at Columbia two days per week.

Dr. J. H. Osborn and L. C. McFee, who have been associated in the practice of osteopathy for some time at Villisca, Ia., will soon leave. After a visit with his daughter at Salisbury, Mo., Dr. Osborn will go to Mt. Vernon, Wash., to locate. Dr. McFee will go to Colorado Springs, Colo., to visit her daughter for several months before resuming practice.

* * *

REMOVALS.

Dr. May Marts from Cooper Bldg., Watsonville, Calif., to 528 Granger Bldg., San Diego, Calif.

Dr. E. Clair Jones from 459 Walnut St., Columbus, Pa., to 20 West Orange St., Lancaster, Pa.

Dr. J. H. Friend from Grinnell, la., to Corneliusen Bldg., Story City, la.

Dr. Emilie L. Greene from Jackson, Mich., to 676 Woodward Ave., Detroit, Mich.

Dr. H. S. Judif from 836 Eggleston St., Chicago, Ill., to 729 9th St., Wilmette, Ill.

Dr. Henry A. and Grace R. McMaine from 414 A. Equitable Bldg., Baltimore, Md., to 837 N. Fremont Ave., Baltimore, Md.

Dr. Frank Van Doren from 810 Arch St., Alleghany, Pa., to 721 Arch St., Alleghany, Pa.

Dr. Retta Collicott from Aurora, Nebr., to Box 191, Benson, Nebr.

Dr. Reed from Watertown, S. D., to Lake Preston, S. D.

Dr. K. L. Seaman from Noblesville, Ind., to Temple Court Bldg., Denver, Colo.

Dr. J. S. B. and E. J. B. Marshall from Jamestown, N. Y., to Lane House, Rooms three and four, Russell, Pa.

* * *

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* * *

MARRIED.

Married—At Des Moines, la., May 29, 1907, Mr. Lou L. Haight and Dr. Elsie V. Fletcher.

* * *

DIED.

Died—At Sioux City, Iowa, Friday, May 24, 1907, Dr. Geo. H. Gilmour. Death was due to heart failure and came suddenly at Sheldon, Iowa. Dr. Gilmour graduated from the A. S. O. in 1900, and until a year ago had practiced with his wife, Dr. Ella Ray Gilmour, who graduated from the A. S. O. in 1898. Since then they have been practicing at Sioux City, Iowa. Interment took place at Kirkville, Mo. Monday May 27th, 1907.
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