

# **The Journal of Osteopathy**

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# THE Journal of Osteopathy

KIRKSVILLE, MO., MAY, 1906.

## INSIDE THE FENCE.

J. D. CUNNINGHAM, D. O.

Your secretary asked me to write for this meeting a paper on Professional Ethics. In consenting to do so I suggested that I should call it by another name,—“Inside the Fence.” The suggestion was not merely a frivolous one—but was made in good faith, as the likeness occurred to me between the obligations common to a professional brotherhood and that universal sense of the obligation to stand by the other fellows when a small boy who has been on the outside is permitted to come within the enclosure of some special organization. He may have been something of a freebooter, before; but membership in a company speedily invests him with the privilege and necessity of working for the welfare of the whole, of sacrificing absolute initiative on his own part and considering always not what he might like as an independent outsider, but what he now must like as a cornerstone, a right bower, or whatever other name may be appropriate for him in his new capacity. “What’s up, Mickey? You never sided with one of them fellers before,” sulkily says an urchin who has been interfered with by Mickey for what he had often known Mickey himself to do. “Aw, gwan! I’m one of de Rough Riders meself now,” says Mickey. The world over, it is the same. To play in our yard, you must abide by the rules of the game—you must submit to whatever is necessary for the common good. The street arab’s loyalty to the gang and the ethical responsibility of the physician are something akin. As a member of a body, one is the recipient of certain benefits. He can only repay them by a faithfulness to the organization. The osteopath is inside the fence of his professional name. He may not disregard the welfare of the others inside the fence as he might if he were on the outside.

With a carefully written code of ethics adopted by the A. O. A., with the high standards urged upon us by the faculties of our professional schools, and with the journals of the profession almost always containing instruction or admonition along the line of professional ethics, it  
Read before the Illinois State Association.

would seem that a paper on the subject before a body of physicians engaged in an earnest pursuit of a noble calling, must be superfluous. Our code probably can not be improved in substance or wording; and it would be an impertinence in me to attempt to say anything new on the principles which should govern our relations to our patients, to the public, or to the profession. But the very frequency of the mention of professional ethics in our publications shows that in the practical business of living the practitioner confronts case after case demanding personal application of the Code, and there are numberless evidences that for the profession at large to live up to it, it is well for us once in a while to inventory our obligations and to think them out into the many and widely varied places where they fit. Like any other principles of living, they may not be wholly comfortable in the wearing. The shoe may be built on exact hygienic lines, yet pinch a foot too heavily stockinged or make corns on one too small—but even then it is a protection and not to be cast aside without a substitute. And there is just one style of shoe for all. However, the code is all right and all we need is adjustment. In consenting to write on professional ethics, I had in mind simply to discuss among ourselves some of the important places where any osteopath finds himself thinking about the code and trying to adjust himself or circumstances to satisfy its demands.

There are many ethical requirements that we do not find difficult to assent to and to meet. Surely the unethical advertiser is rare. Such a case as that exposed by Dr. Bunting in the Osteopathic Physician can hardly be believed to exist. The poor taste, the ill breeding, the disregard of the decencies of professional life, which it shows, make us wonder that the advertiser could have spent two years in a reputable osteopathic school and not have been more effectively inoculated with the idea of a physician's duty to be dignified in putting forward his claims to patronage. Yet violations of this part of our obligations are to be met with in some communities outside of Texas, which, while less unpleasant and less dangerous to the standing of our profession before the public, have nevertheless a distinctly unfavorable effect. The unethical advertiser whether his breach of faith be in the florid wording of his advertisement or in cutting under the standard prices in his community or in offering a multitude of adjuncts as bait for the otherwise unpersuadable, loses sooner or later, the respect of the people himself; but what redress have his fellow practitioners for the lowering of the regard in which the profession is held, as the public judges from him of the claims of osteopathy? And how shall we estimate the loss to the persons who might be benefited by osteopathy but who are hindered from trying it by a distrust of it aroused by the unethical advertiser?

There is no question but that we may justly and righteously treat some classes of patients for less than the customary charges. Section I, Article VI, of the Code, recognizes gratuitous work in the following words: "The peculiarly insistent character of the needs arising from the ravages of disease calls for the rendering of gratuitous services with a frequency not exceeded in any other profession." Our duty to the public, however, also demands that we never pauperize any one by bringing him to feel that he can have services for nothing when he is able to pay something. Even a merely nominal charge works a benefit to the one treated. Many doctors make a practice of charging something for all cases, for the sake of the character-effect of paying for work done. An eastern physician treated a case of curvature for twelve months, two treatments a week, for one dollar a month. It is true that grateful patients are good advertisers, sometimes; but charity patients are as a rule knockers. With the quite poor a very small fee may be charged and should be collected when due. A patient values the treatment much more when some kind of charge is made.

Patients have some duties toward their doctors. When one finds a patient disregarding his directions there is something more at stake than the well-being of the patient and the success of the osteopath in charge. We are on trial all the time not only for our own skill but for the efficiency of our school of practice. We seem to need to educate some patients into a sense of their ethical responsibilities. Whether to plainly state the right in the case to the patient and to those responsible for him, and then to decline to continue treating the case if the directions are still disregarded; or to stay with the case, regardless, trusting that even so hindered osteopathy will pull the case through, is debatable,—but we must try to secure fair play from the patient and his family and from outsiders. I have just had a perplexing experience in this line. Was approached for treatment by a young woman who had strained herself in trying to hold up another woman whom she was teaching how to skate; in making a turn the strain slipped an innominate bone out of place. I replaced the innominate, but enjoined care. A sleigh-ride to the country over rough roads was in prospect. I advised her not to go, but she went, and insisted that it had not hurt her. To others, however, she said that it did hurt, badly. The next day she was ill and I was called to the house. For a certain condition I directed her to gargle listerine. She said it was impossible. I started then to wipe out her mouth with listerine; at the first taste the patient declared she could not stand it, and her sister, standing by, said, "I never could, either. I wouldn't do it, if I didn't want to." And she didn't. Her condition at this time was feverish and it was understood that I should come again. On coming

I found on the table a bottle and some powders. Asking, "What is this?" I learned that the sister had called her own physician and the medicine was his prescription. She had wanted to see whether his diagnosis would agree with mine. The husband of the patient had not been consulted in the matter. He asked if I would come again. I said I would if the case was to be in my hands. He said that it was to be in my hands and telephoned the medical doctor to that effect. The effect of the sister's meddlesomeness upon the patient's state of mind and the introduction of the medicine did not help the case, at least. Sometimes a nurse called to work with a doctor makes adverse suggestions, talking with the family in such a way as to interfere with the doctor's management of the case. We need nurses osteopathically trained, whose belief will not strain their ethics to the breaking point, but who will harmonize with and support their doctors in charge. But there will always be the injudicious and irresponsible outsider to meddle in the case.

Under "Duties for the Support of Professional Character," the Code contains, besides the section on advertising, a number of provisions needing the thoughtful attention of every physician. The first section has to do with the duty of "upholding the dignity and honor, exalting the standing, and extending the bounds of the usefulness of our profession." As elaborated in the Articles, this involves temperance in all things, for the greater change of physical and mental readiness to meet all emergencies; personal morality; and identification with all the active interests of the profession at large. This latter includes for such a man as Dr. McConnell, the study that he can make that will add either to the extent or the certainty of present knowledge. If he can make a contribution to the stock-in-trade of the osteopath, it is his duty to do it. It is the duty of the rest of us to acquaint ourselves, at least, with whatever is being accomplished by investigators; and by appreciation and encouragement to stimulate the thinker in his research. Of all people, the physician has the least right to stand still, the least right to be ignorant of advances in his profession, the least right to stop studying.

In the same connection comes the question of participation in local and state society work. Such societies, says the Code "should be made instruments for the cultivation of fellowship, for the exchange of professional experience, for the advancement of ethical standards, and for the promotion in general of the interests of the profession and the welfare of the public." An important part of our duty along this line of general welfare is in the matter of looking after legislation. The medical fraternity believe osteopathy to be inimical to their interests and those of the public; and oppose our efforts to secure what we call fair legislation. We wish a law that shall protect the public and ourselves against ill-

prepared osteopaths; and also that shall protect the public in its inherent but not always recognized right to have the services of whatever school of practice it chooses, without let or hindrance save the requirement of good character and adequate preparation in the practitioner. Thorough going osteopathy has quite as much to fear from another source as from the out-and-out medical man. Perhaps even a worse danger lies in the half hearted osteopath who is a medical man at heart and an osteopath with a question mark. The danger is the greater because of the large number of osteopathic physicians who remain passive on matters of general policy. We might easily be attached to the chariot wheels of drug medication before we knew it, so large is the number of those who are too busy or too indifferent to participate in the common features of professional life. Of course one has to sacrifice time and money to go to a state convention; and time, at least, to keep posted on the plans of our committees. But we have no right not to know, if adverse legislation threatens. Last year a bill was before the legislature of Illinois as our bill, the provisions of which were hostile to the interests of genuine osteopathy and of the public, who are always affected by medical legislation. The bill provided for a board of osteopathic examination and registration, of five members, three of whom were to be graduates of a complete course in surgery. As osteopaths we do not need to be examined in major surgery—why place the emphasis on the qualifications of members of the board in surgery instead of in osteopathy? But further what number of osteopaths in the state would the governor have to choose from in appointing? There are but a few—a mere handful; and within the wording of the bill it would be possible, by a certain interpretation, even to choose surgeons who were not graduates in osteopathy. The situation was a curious one—the osteopaths of the state seemed to be asking the legislature to give them an examining board of surgeons. The bill called for preparation on the part of the osteopath asing to be examined, as follows: graduation from some recognized school of osteopathy requiring three years of eight months each year, before graduation, no two of such courses to be given within any one twelve months, and after 1908, four years of at least seven months each. This four-year provision would bar the two-year graduate applying for admission to the state by examination; and it would compel prospective osteopaths to graduate from colleges with four year courses in order to be recognized in Illinois in 1908, whereas most of the colleges are just changing to a three year course and could not accomplish the more radical change at this time. Only mixed colleges now require a four year course; their graduates would be the only ones eligible to examination for admission in 1908 and probably for some time thereafter. We ought to have some provision by which

a bill could not be presented to the legislature in our name unless it was the voice of the osteopaths of the state,—and this bill certainly was not. It merely made us a tail to the medical kite. Because it did so, some friends of osteopathy saw that it never left the hands of the house judiciary committee for final reading. We should have a larger attendance at our state business meetings. Our trustees should locate the conventions where they can easily be reached from anywhere in the state, and we should attend and participate in the business if not detained by some acute case that we dare not leave.

The whole Code is permeated by the thought of the necessity of fairness. The osteopath is to be fair in his dealings with his patient, with his brother osteopath, with the public. He is to do as he would be done by; and is never to forget that he is a member of a professional brotherhood. Merely to read the Code through is good for his soul; and he can receive nothing but good from honest efforts to live up to its provisions.

Bloomington, Illinois.

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#### THE STEGOMYIA FACIATA AND YELLOW FEVER.

A. P. TERRELL, D. O.

In a recent issue of the Journal the writer promised to furnish some additional proof that yellow fever is not alone and solely transmitted by the mosquito. That these painstaking, untiring and frequently unrewarded specialists should receive credit for what they do, goes without saying. They have been, are now and always will be a great blessing to mankind. Physicians like the writer, who depend on them for facts in all the branches of medical science, owe all they are, or hope to be, to the arduous toil and researches of these men. But these men are not infallible, and frequently make mistakes. For hundreds of years they have made mistakes on the yellow fever question, if their present theory is correct. Their new things are not always true things, and their true things are not always new. Text book after text book has been supplanted, and the accepted theory of today is the rejected theory of tomorrow. It is not wise then to accept some theory as true just because it has the sanction of specialists. That I may get the subject clearly before the mind of the reader, I will ask a few more questions:

1. If yellow fever is transmitted by no other means than by the mosquito, why is it that New Orleans, Tampa, and a few other places are afflicted with the dread disease much more frequently than other coast cities? The same ships and people that frequent these cities visit other sea-coast towns. Why is it that the mosquitoes do not stop at Galveston, Port Arthur, Charleston, Philadelphia, Boston, New York, etc., as often as they do at New Orleans? Has the stegomyia family

some special dislike, or peculiar fondness for the people of this city? I can't believe that a yellow fever patient or a yellow fever mosquito is more apt to unload at New Orleans than at other sea coast towns. New York, Philadelphia, Boston and Charleston were once the afflicted cities. Why are they not the seat of war now? Have the stegomyia quit those hunting grounds? Ships still go to these cities from yellow fever countries. Why are they exempt? In the reference Handbook of Medical Science Dr. Chas. J. Findlay says: "It is a remarkable fact that there is no record of the disease ever having been conveyed over the waters of the Pacific ocean beyond the western coast of America. where epidemics have often occurred." The writer can not understand this, in the light of the mosquito theory. If the experts of 1897 were mistaken as to the origin of yellow fever, why may not those of today be mistaken also? Sanarelli and his followers attributed the spread of yellow fever to the bacillus icteroides, and affirmed that "the diffusion of the virus of yellow fever can take place as well by air as by water." After examining 348 specimens of urine, 154 of blood, and performing 51 autopsies, O. L. Pothier says: "The bacillus which we isolated and with which we have experimented, is identical with that reported by Sanarelli, as the bacillus icteroides, and the results obtained would justify us in considering it the special cause of yellow fever." Sajous' Analytical Cyclopaedia Vol. VI, p. 693. These men, the masses now say, were mistaken. I grant you they have been. But may not the men who say yellow fever is produced only and solely by the mosquito be just as badly mistaken? I think so. Are we to throw up our hands and exclaim, "Eureka!?" or shout aloud, "Ne plus ultra!" I say no. Let investigation go on, and do not jump at conclusions too quickly.

2. Can the advocates of the mosquito theory answer the following questions, taken from Dr. Coleman's booklet? He lived in Houston, Texas, and prepared his manuscript in 1897. As to the cause or origin of yellow fever the doctor says: "To my mind there is no one single etiological or pathological fact in the domain of medicine that rests upon so sure and clear a basis for its truth as the fact that this far reaching Nemesis, yellow fever, was the product solely of the nefarious slave traffic. This can be demonstrated beyond the power of refutation, and clearly constituted it an artificial disease resulting from man's violation of natural law; hence it should be and is in the power of man to exterminate it." Again he says: "Yellow fever is pre-eminently a filth disease, caused by a specific infection or animal poison generated from a peculiar filth and under peculiar conditions, and possessing a germ capable of transmission and reproduction." From the above quotations it is evident that the doctor was just as certain about the truthfulness of his theory as are the men who believe in the mosquito theory.

I now wish to give some quotations which show conclusively that the mosquito is not "the only and sole cause of yellow fever." The doctor says: "I mentioned that Dr. Andonard found that the Donostiorra, to which he traced the origin of the epidemic of yellow fever at Passages in 1823, had arrived from Havanna with a clean bill of health and had had no cases of the disease on board during the voyage. Innumerable instances of the same kind are on record of vessels having left Havanna with clean bills of health, not a single case of yellow fever existing in the city at the time of their sailing; yet they proved to be sources of danger and infection to other places which they visited months afterwards, because they took with them in their holds and bilges, a sufficient quantity of the necessary filth, obtained from the water of the bay, to generate the specific infection."

I would have you note the following facts, reader: 1. They had a "clean bill of health." 2. No cases of fever developed on the voyage. 3. They proved sources of infection months afterwards. "The Regalia, a British transport," the doctor says, "was employed in 1815 to carry black recruits from the coast of Guinea to the West Indies. When on the coast the health of the ship had been excellent, but during the voyage much sickness, chiefly of the dysenteric kind, occurred among the blacks. Thereupon yellow fever broke out with great malignancy, attacking all on board except the blacks, who from first to last were exempt."

Note the facts, viz: 1. "When on the coast the health on the ship had been excellent." 2. The blacks taken on the ship had no yellow fever and, hence, could not have inoculated mosquitoes. 3. The fever broke out while they were on the high sea. 4. Had there been inoculated mosquitoes on board the ship, the fever would have appeared on the fifth or sixth day and not after the blacks had been scourged with other disease. I quote the doctor again as follows: "Yellow fever prevailed at Rio Janeiro for a number of years during the latter part of the seventeenth century, but disappeared when the slave trade was diverted to the North American continent, and was unknown there for a century and a half; but when the contraband ships, seeking a market for their cargoes, after being driven from the ports of nearly all the countries, began to arrive there in 1849, yellow fever also accompanied them and established itself as a disease new to the country, prevailing with unvarying virulence. It has remained there ever since and is said to have become indigenous." The facts set forth in the above quotation are these, viz: 1. Yellow fever prevailed at Rio Janeiro for a number of years. 2. It disappeared for a century and a half. 3. It returned with the contraband ships, and remains there still.

If the mosquito transmits the yellow fever, where was she during the century and a half during which time they had no yellow fever? Had all the *stegomyia facia* left the country? If they remained at home, why did they not bite some one and thus perpetuate the fever? Is it not a little strange that they all quit biting and poisoning people till the inoculated ones all died of old age or with early piety? The last quotation that I shall make from Dr. Coleman's book is the following: "Andonard, in his investigation of the epidemic at Passages in 1823, found that the Donostiarra, a slaver, had arrived from Havanna with a clean bill of health and that there had been no cases of yellow fever aboard during the voyage, neither had there been any in the port prior to her arrival. Her cargo being disposed of and her hull needing repairs, the carpenters of Passage were employed to do the work; but as soon as the first plank was ripped from her bottom, the workmen, one after another, began to fall ill of yellow fever, and they rightly attributed their illness to a sickening smell that came from the foul bilges of the vessel as they opened them up." Note, reader, the facts, viz: 1. The ship left Havanna with a clean bill of health. 2. There were no cases of yellow fever on the voyage. 3. There were no cases of yellow fever till the filth holes of the ship were opened up. 4. There were no inoculated mosquitoes on the ship, else they would have bitten some of her passengers while on the high seas, or some of her workmen while they were unloading her. No one was stricken down until work began on the hull of the ship. I would ask, where were these inoculated, bloodthirsty *stegomyia* while the ship was being loaded, while she was on the high sea and while she was being unloaded? It can't be that they were all sick, for had that been true, they would have gone to bed and not have gone on the trip. In conclusion, I must say, that I will have to be shown further. I am from Missouri, and seek "further light"—before I can acknowledge that "the mosquito is the only and sole means of transmitting yellow fever." She may be the only means of transmission, but it has not been sufficiently proven to me, and hence I do not believe it. I must be allowed to think for myself. I would prefer to be wrong and think for myself than to be right and have some one else think for me.

Dallas, Texas.

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#### THE ADVANCEMENT OF THERAPEUTICS.

DR. ARTHUR TAYLOR, NORTHFIELD, MINN.

We cannot help but notice the advancement made in every way and in all the different sciences. And why these changes? Simply because they are time-savers and so much ahead of the old ways. The same

advancement has been made in medicine; the term "medicine" means any method used to heal, or the science of treating diseases.

Instead of so many operations all of the most conservative physicians are using non-surgical means whenever it is possible to do so. They are also using the strong drugs more cautiously than in the past. But within the past several years there has come a still later method or science of treating diseases which requires no drugs and but few operations. It is osteopathy. "Oh I have heard of that before, it is "rubbing" and that may do all right for some muscular trouble or something of that sort, but when it comes to treating all the diseases common to mankind why I think your method would not be in it." My dear friend you call it "rubbing" do you? Have you ever taken a treatment or seen one given so that you know what it is, I am certain that you have not or you would never call it "rubbing." There is no "rubbing" whatever to it. An osteopathic physician works through means of scientific adjustment, by mechanical manipulations, of the abnormal conditions of the human body. It is based upon a thorough knowledge of the structure and functions of the organs of the body. "Rubbing" certainly could do little good, if any, and if that was all that osteopathy amounted to all the osteopathic physicians would have gone out of business long ago or probably never have started for "rubbing" would cure no diseases at all. No wonder you thought osteopathy did not amount to much if that was the idea that you had of it.

So do not ever after confound osteopathic practice with any of the cults that aim to cure disease through the patients mind. Our work is wholly with the body, dealing directly with the bones, muscles, nerves, and vessels, and bears no relation to christian science, magnetic healing, mind cure, hypnotism or any like cult. As a rule people do not distinguish between our science and these methods. The main reason that a good many people have this idea is because they have gone to some physician who is a drug-giver and who knows absolutely nothing about osteopathy and he tells them "It is nothing but rubbing and does not amount to much." They often accept his word for it. Another thing that you will often be told is "An osteopath does not study anything but a little anatomy and perhaps a smattering of physiology and he knows practically nothing of the other branches of study. His course only takes a few months to be completed." Get a catalogue from any good osteopathic college and you will see that the course take just exactly twenty seven months and the M. D's. course takes only twenty four. Does this look as though osteopathic physicians did not study much of anything? Look a little farther and we will see what studies you must pass in before you are entitled to a diploma giving you the degree of

Doctor of Osteopathy, it is as follows: Anatomy, histology, chemistry, toxicology, urinalysis, medical jurisprudence, pathology, bacteriology, physiology, theory of osteopathy, practice of osteopathy, gynecology, obstetrics, symptomatology, physical diagnosis, diseases of the eye, ear, nose and throat, skin diseases, venereal diseases, dissection, pediatrics, surgery, nervous and mental diseases. From this you will see that the course embraces every branch that is taken in the M. D. course with the exception of materia medica and instead of that the osteopathic physician takes Theory and Practice of Osteopathy. Yes an osteopathic physician has plenty to do in the line of studies. If you wish to know anything of osteopathy go and ask some one who knows—the only person that can give you a good true description is some one who holds a diploma from a legally recognized osteopathic college; some one who does not may have an erroneous idea, but above all do not go to some prejudiced person, when you wish a correct explanation.

A good many carry the idea that osteopathic treatments are rough and that only the rugged can stand them. To these we will say that such is not the case, though we are sorry to say that before there were good strict laws shutting out fakirs and pretenders some supposed-to-be osteopathic treatments were given that did the patient more harm than good. Osteopathic treatments are adapted to the weakest, new born babes are often treated when but a few days old, no two patients are treated alike and the treatments are governed by the trouble an condition of the patient.

"Yes but you never handle inflammatory troubles or the fevers do you?" We certainly do and treat them very successfully too. We claim to break up a fever quicker than any drug given. Inflammation is a derangement of the circulation to that certain area, a damming up of the venous drainage and by relieving this and producing a free and unobstructed flow of pure blood to the part and the condition is removed. The next question in your mind quite likely is "How can you treat over any inflamed area as that is always so tender?" The fact is that it is not necessary to treat over any inflamed area at all. We treat the direct nerve and blood supply through the controlling nerve centers which have to do with that certain area.

Every organ and every part of the body has its own special and direct nerve supply and by treating these nerve centers which control the function of the organ we can stimulate this organ or part to activity if it is inactive; on the other hand if it is over active we can produce the opposite effect by what we call an inhibitory treatment which caused a quieting effect to the part. You do not need to take my word for it but the next time you have any occasion to call a physician, call an osteopathic physician and see if what I tell you is not correct.

Things which do not amount to anything soon see their last. If osteopathy was merely a fake it could not have lived, grown and thrived as it has. It is recognized and protected by state laws in nearly every state in the Union because it is a complete method of therapeutics, and capable of curing all diseases that are curable. Read these nine good solid facts and see for yourself whether we are advancing or retrogressing.

1. Osteopathy was founded by Dr. Andrew T. Still of Kirksville, Mo., in 1874.
2. The first college of osteopathy was opened by Dr. Still at Kirksville in 1892.
3. Eight colleges now carry forward the work of osteopathic education.
4. Diplomas are issued only after an attendance of three years of nine months each.
5. The state of Vermont was the first to legalize osteopathy in 1896.
6. Today—nine years later—osteopathy has legal recognition in twenty-nine states.
7. The American Osteopathic Association's membership has grown from two hundred to nearly one thousand in the last three years.
8. Osteopathic physicians may be found in all parts of the world.
9. There are over four thousand osteopathic physicians in the U. S.

Frank S. Betz, of the well known surgical instrument firm of Hammond, Indiana, formerly of Chicago, says, "The advances made by modern therapy, especially that portion usually designated as physiological or mechanical therapy which is now practiced not only in well organized sanatoriums and hospitals but by progressive physicians, have completely revolutionized the so-called physicians supply houses." What does this mean, it means that the physicians of today are seeking other methods besides surgery and drugs and using non-surgical and non-drug methods as much as they can. Not only this but why are the physicians beginning to use these other methods, simply because the people are getting so that they seek these later methods and the supply houses and drug-givers are aiming to try to hold the people who are getting wise.

And why are people changing from drugs to non-drug methods? Because too many patients have sought relief from some trouble for which was given a number of strong drugs, and it certainly must be a very strong drug that would effect inflammatory rheumatism of the ankle. Think a moment the trouble is in the ankle and a drug is given via the stomach with the expectation that it will effect a part so distant, some one may say, "It is carried there by the blood stream." But how much of that drug remains in the blood by the time it reaches the inflammatory area in the ankle? Not very much I can assure you. It is

the stomach that gets the full dose and remember that it is a strong one too. The internal linings of the stomach are very, very delicate in structure and it is easy to see how some of these strong drugs would soon do away with their functionings. Many a case has come to me with these words, "I cannot take any more medicine for my stomach has given out, can you do anything for me doctor?" Now which is the better way, have a trouble in some remote part of the body and take drugs for it until your stomach is done up and thus have two troubles or simply let it alone and have just the one trouble? Better have the latter, but far better yet use a method of treatment that will not ruin your stomach and still will cure the disease. You may think that rheumatism is a disease of the blood, and suppose that it is, that is no reason why you will want to put into the system more abnormalities. A good many have the idea that an osteopath can do very little with the condition of the blood. Where does the blood come from in the first place, and upon what is the condition of the blood dependent? There are blood building organs within the body and there are also organs which carry away all waste materials from the blood. If all these organs are properly functioning then the blood will be in its proper condition, if not you will find the abnormal constituents.

Let us illustrate—we will take a case of eczema, the cause is probably from indigestion, constipation, kidney trouble or it may be all of these combined which is more often the case. The bowels do not move at their proper time and the poisonous materials remain within the intestines and are reabsorbed by the tissues and pass into the blood stream again. The same with the kidneys for they do not carry off their share of the by-products and there is going to be trouble of some kind before long unless the abnormalities are corrected.

The thing to do is to keep all the organs and parts of the body properly functioning and health will be on hand every day in the week.

The body contains within itself all the necessary chemicals and organs to carry on its work, it is a delicately constructed machine and may need repairing now and then. To pour "oil" on the troubled parts may seem to ease it for the time being but the real trouble is not corrected. The part must be put in order and functioning and harmony with the neighboring parts will be the result.



**TOLD BY THE FIRESIDE.**

(This story was sent to the Journal by a California Osteopath with the request that his name, as well as that of the writer, be withheld.)

Sometime ago, in my position as traveling agent for a certain firm, I had occasion to visit the town of F——— in northern California. While there I met an old friend and schoolmate whom I had not seen for twelve years. In fact, I had not seen her or heard directly from her since she left San Francisco, where we were schoolmates together some nineteen years before. I found her in the best of health, keeping a house of seven rooms, cooking for a family of seven and doing all the laundry work and sewing for three, besides keeping a set of books for her husband's business, doing the collecting for the same once a month, and still with time on her hands to attend lodge once a week, different entertainments, write song poems and short stories for the magazines, and enjoy an occasional buggy ride in the afternoon.

I knew she had not enjoyed the best of health a few years before, for a mutual friend had apprised me of her wretched condition. "To what do you owe your present good health and exuberant spirits?" I asked, as we settled down before the cheerful wood fire in the open fire-place for a cosy, confidential chat. "Osteopathy," she answered, looking straight into my eyes with clear, steady gray ones. I smiled. It may have been in a half cynical manner. I had heard of remarkable cures but had never come in contact with a living example before. But her confident manner excited my curiosity and I wished to know more. "Tell me about it." I said, as I settled back among the cushions of the large Morris chair. She placed a couple of knots on the already bright fire and began to relate her experience:

"Five years ago I was badly hurt by falling from a high wagon drawn by a running team. They became frightened at a railway train, ran away, and upset the wagon, throwing me at least twenty feet against a picket fence.

Upon examination it was found that I had three ribs broken, a dislocated elbow, and several bad bruises. With the attention of a physician and good nursing my wounds soon healed, but from that day on I had a steady ache in the lower region of my back and across the hips. It never ceased, no matter in what position I was, and sometimes at night when lying down it ached even worse than when moving about. After a while my neck began to ache and my head, at the base of the skull. Then it would ache at the temples and behind the eyes until I thought it would burst open. I had my eyes examined by an oculist. He said I was suffering from astigmatism and fitted me with spectacles. I could see no difference; my head ached just the same. Things went on this

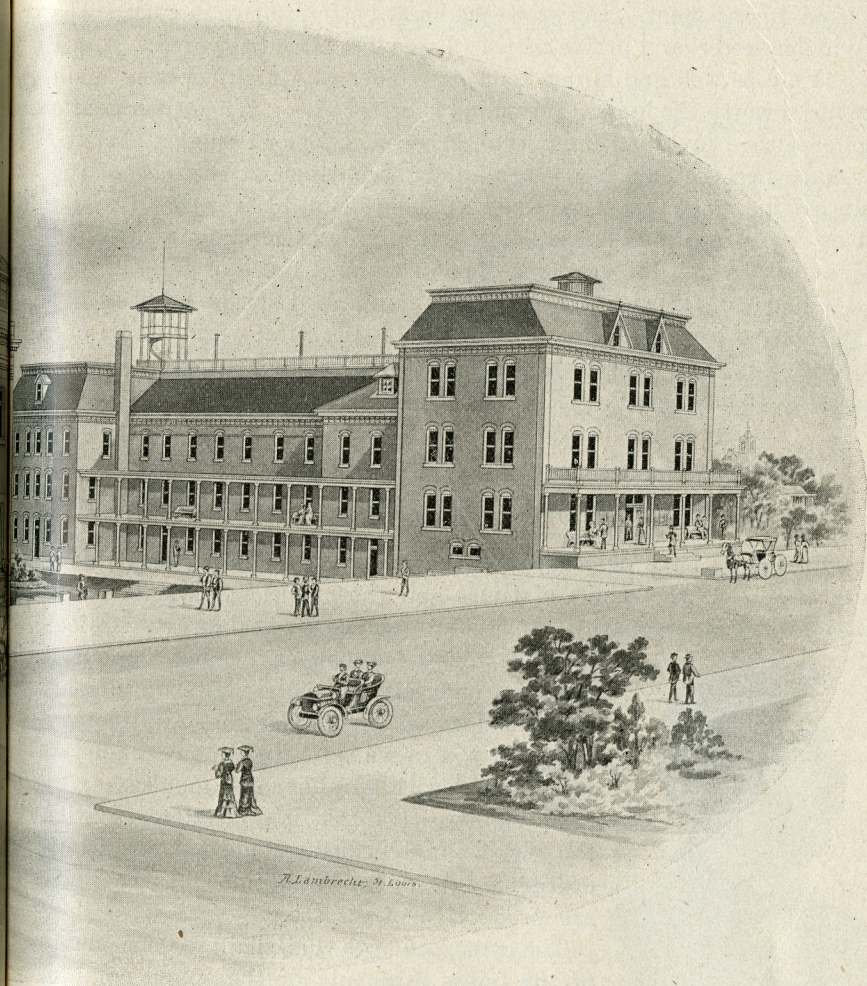
way for about four years. I would get up in the morning with a headache and backache, do two women's work—for I was keeping hotel at the time,—and go to bed with the same aches, only worse.

At last, like a machine that has broken some small part and gone all to pieces, I gave out. All at once, without any further warning than the aches I had endured for four long years.

The doctors said I had nervous prostration brought on by over-work. Although they knew about the fall I had received five years before, they did not attribute any thing to that fact. They gave me medicines for my nerves, but I kept getting worse. The pain increased until by its force, I was thrown into convulsions. Then they gave me hypodermic injections of morphine. An eighth of a grain at first, but as the pain increased the dose increased also. They gave me as high as seven in one day and night. Two in the after noon and one every hour between seven o'clock in the evening and midnight. It did not soothe me and make me sleep as it served other people I knew, who had taken it, but it made me crazy and I would talk and babble by the hour.

One of the physicians said I was suffering from ovarian trouble and advised the hospital and the surgeon's knife. I said, "No! emphatically No! I will die first," and so it went on. I was in bed nearly four months, taking morphine every day, and I do not know which was worse to bear, the excruciating pain or the nauseating after-effects of the drug. At last I became somewhat better and was able to be up and around the house, but not able to do any work at all. All the while I was sick I had but one thought and idea, and that was that I was going insane. I could picture myself in a mad-house. I found out afterward that these terrible thoughts came when I was longing for the drug I had been taking. I could not sleep at night. A thousand fiends seemed pulling my hair, one hair at a time, and poking bony, red-hot fingers into my eyes. I begged for the drug but my physician said "No, it is not good for you." "But you said it was when you gave it to me." I answered. "Yes, but you needed it then and you do not need it now." What an answer to give a half-crazed woman! I will not dwell on these thoughts. Even now they unnerve me.

When I was able to travel a friend recommended two osteopathic physicians who lived and practiced at the town of E———, twenty miles from my home. I had only heard about them, and I smiled in the same cynical way you did a moment ago. But I went to see them, more out of curiosity and to humor my friend than from any other motive. At the first examination they told me where lay the seat of my whole trouble. "You have had a fall and injured your spine," they said, the very first thing.



AMERICAN SCHOOL OF OSTEOPATHY AND A. S. O. HOSPITAL.

"Can you cure me?" I asked.

"We can try. We can not say for certain, but we will say this much. We can help you and relieve you, and we think we can cure you." Well, I started in treatment. In two weeks I was better, in two months I was very much better, and in five months I was discharged as cured. And I was. I am as well and strong today as I ever was, and feel once again that life is worth the living. My mind is better also. When their gentle fingers soothed my unstrung nerves, brighter, happier thoughts came to me; and when the pain in my head and the pressure at the base of the brain left me, under their treatment, the old haunting fear that I would end my days in a mad-house left me also. I am thirty-four years old now, and I feel as if I have a long life of usefulness ahead of me still. At least I hope so, for with my good health and good spirits I feel as if I should like to live many, many years in this beautiful world; and I can truthfully say that what I am today, I owe it to the osteopathic physicians who treated me.

\* \* \*

#### FURTHER PROOF OF THE OSTEOPATHIC THEORY.

Osteopaths have demonstrated the theory of the bony lesion as a cause of disease thousands of times and the countless patients cured have established osteopathy throughout America as a healing art. Osteopathy is today not only a healing art but a

science which claims the definite principles of physiology as its foundation. Physiology says that if a nerve is pressed upon the nerve will respond with an abnormal impulse.

Physiology says that an interference with the blood supply causes abnormal conditions of tissue. Abnormal conditions of the body are productive of disease.

The osteopath says that slight displacements of the bones especially of the spinal column, cause pressure upon nerves and blood vessels. Nerves and blood vessels control the blood supply, therefore the food supply, to the body. Given its normal food and nerve supply disease is highly improbable.

The fundamental question in the osteopathic theory is; will these slight displacements (lesions) of vertebræ press upon the nerves and



DR. C. P. McCONNELL.

blood vessels and produce disease? This has been often demonstrated in osteopathic practice by the removal of these lesions curing disease. But to make assurance doubly sure osteopathic scientists have been working eagerly to prove scientifically that a lesion purposely produced will cause disease.

#### DR. McCONNELL'S EXPERIMENTS.

For the past two years Dr. C. P. McConnell of Chicago has been experimenting upon healthy dogs. Producing slight displacements of the vertebræ and ribs and studying the effects produced. He has announced his results in twelve cases, six last July and six within the last month.

The following is a summary of the results:

In nine of the twelve cases, inflammation of the nerves at the seat of the lesion was noticed and in one a nervous degeneration was manifest.

In each case the diseased organs were under the control of the nerves coming off from that part of the spinal column at which the lesion was made.

Dog 1.—Showed a stricture of the small intestine (the lower third of the jejunum).

Dogs 2 and 3.—Had spleens very much enlarged.

Dogs No. 3, 5 and 6.—Became very sick.

Dog No. 5.—Lost flesh rapidly.

Dog No. 6.—Dissection showed an inflamed area in the stomach and enlarged spleen.

Dog No. 7.—Went blind.

Dog No. 8.—Went blind, then died.

Dog No. 9.—Became lame in right front foot.

Dog No. 10.—Developed a goitre.

Dog No. 11.—Dissection showed hemorrhagic inflammation of the kidneys.

Dog No. 12.—Died in three days with hemorrhage from the rectum.

Thus the osteopathic lesion theory has been demonstrated. First by the cure of disease by removal of lesions. Second, by causing disease by producing lesions.

Dr. McConnell's reports of these experiments are found in the Journal of the American Osteopathic Association, Sept., 1905, and May, 1906.

## The Journal of Osteopathy

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### Editorial Announcement.

With the next edition of the Journal of Osteopathy the subscription price will be raised to \$1.00. No more 50 cent subscriptions will be received. The management expects during the coming year to improve the Journal in many respects. The receipts for the year will be devoted to the improvement of the paper. The editorial section will be increased and the scientific accuracy of the contributions will be more carefully guarded.

A feature of the Journal during coming year will be the A. S. O. clinic conducted by Dr. Geo. M. Laughlin. There is no institution in the osteopathic profession which can furnish better clinical material than the A. T. Still Infirmary and the A. S. O. Hospital and no place where practitioners are better prepared to study thoroughly the cases presented.

Also during the coming year the Journal will present a number of scientific editorials by representative men of the osteopathic profession.

### New York.

The New York bill after passing the Senate by a vote of 31 to 13 was sent to the house and died in committee as did the New Jersey bill.

\* \* \*

### Dr. Young a Politician.

Dr. F. P. Young won the Republican nomination for representative of Adair in a recent primary. If elected, as we believe he will be, he will make an excellent representative.

\* \* \*

### Monthly Prizes.

The Journal of Osteopathy will give for the best short article or editorial one copy of any osteopathic book now published. Articles not to exceed two hundred and fifty words.

In addition to the prizes offered in our annual prize announcement, The Osteopathic Journal will give one copy of any osteopathic book published for the best article entered during each month in the prize contest.

\* \* \*

### Special Notice.

The Iowa Osteopathic Association has issued the following card:

Our efforts at special legislation have failed. We are now just where we were before. Please vote on the following.

1. Do you prefer a member of the State Board of Health and Medical Examiners or a Separate Board?

2. What steps or action do you suggest for the State Association in convention, May 23 and 24, in reference to this matter?

\* \* \*

### The Old Doctor's Health.

Dr. Still has not been as well as usual during the past winter and has been out "visiting" but a few times. His continued absence from his accustomed haunts have caused a number of rumors to be circulated concerning his condition. Recently a reporter for the Kirksville Democrat went over to the A. S. O., news gathering. Among other things he was

told that there had been four operations in the surgical clinic the day before at the A. S. O. Hospital. He inquired about the Old Doctor's health and was told that he was better. The Democrat that week contained this startling announcement:

"Dr. A. T. Still successfully underwent four operations at the new hospital this week. He is now getting along nicely."

\* \* \*

### New Jersey Bill Not Reported.

The fight in New Jersey this year has been carried on vigorously and the hearings before the committee were occasionally on the spectacular order. Drs. Fleck, Novinger, F. P. Smith and a nearly all the New Jersey Osteopaths worked hard for the passage of the bill but it was not reported out of the committee.

\* \* \*

### The Limitations of Osteopathy.

EDITOR JOURNAL:—I do not suppose that osteopaths generally will admit that osteopathy has any limitations. You will pardon me, however, being that I am an M. D., from suggesting a few. Perhaps my education has been defective, and the limitation is in me. However though from Kansas instead of Missouri, I am ready to be convinced.

I have studied the theory of osteopathy as well as possible from the information that has come into my possession. I have read the life of Dr. A. T. Still, written by himself, and need no argument to convince me that the science which he discovered by accident, and promulgated so extensively, is a deep and lasting truth, which should render its founder immortal. Had my opportunities for observation been better, perhaps the opinions I have formed would be different. I have observed that the foundation truth, which seems to have been ignored by all other schools, is, that the spinal cord, which with its various filaments, pass through foramina in the vertebrae, often gets pinched, either by accidental slipping of the bones, or by contractions

of the muscles due to disease, and the parts supplied by these nerves get disturbed in their functions. This truth is so self evident that I cannot understand why it has been ignored so long. However, the osteopath is taught to take advantage of this fact, and by skillful training is taught to readjust these mal-adjusted positions, break up all adhesions, stretch all contracted muscles, and expect Nature to do the rest. Just here I find the most important limitation. I grant that correcting mal-adjustments is all right provided the operator is a good anatomist and skillful enough to do so. But I question greatly whether there are not internal organs which cannot be reached from the external surface, no matter how skillful the operator, when no amount of thumping, pounding or manipulating will cause a refractory organ to do its duty. This is a limitation, which, if the truth were told, I am satisfied every osteopathic practitioner has met. Now if this same practitioner only had a thorough knowledge of the medicines which the God of Nature has placed about us in such endless profusion, and was only taught what every graduate of every homeopathic college has to learn, how the experience, and provings on healthy human beings has shown how Nature has provided agencies which by their pathogenic action have an affinity for, and exert their force upon every human organ, and was enabled to use these agencies of Nature to stimulate and set into activity those refractory parts which his manipulating had failed to get to do his bidding it would seem to me that one limitation at least would be out of his way.

It would seem to me that where the patient was young and Nature's recuperative forces were in good condition, that osteopathy as a science of healing is little short of ideal. But where age, disease, dissipation, and bad habits of life have caused obstructions of all kinds to

get in the way of Nature's vital forces, that the osteopath who depended on his knowledge of anatomy, and balky, worn out nature to help him to restore abnormal conditions, was decidedly limited.

A. M. HUTCHISON, M. D.

#### Answer to the Limitations of Osteopathy.

In the above article our homeopathic friend loses sight of a few great truths of physiology which were not until recently taught in medical schools. The internal organs which he mentions are all supplied with sensory nerves, motor nerves and their blood-vessels with vaso-motor nerves all these nerve filaments receiving impulses through branches from the spinal cord. Thus these internal organs are affected in sensation, motion and nutrition by spinal lesions. This briefly is the theory of our control of the internal organs and we are still inclined to believe that our "thumping, pounding, or manipulating" stands a better chance to affect an organ for good than any drug which after running the gauntlet of digestive action in the stomach or blood or both reaches an organ and affects it only through abnormal nervous excitation or by direct irritation of its cells.

That drugs affect the internal organs we would not deny for a moment. That they frequently remove the cause of disease, we have very serious doubts. As osteopaths and physiologists we believe in removing the cause of disease whether the cause be bony lesion, foreign material or over indulgence.

\* \* \*

#### Osteopaths in the Earthquake at San Francisco.

Fifty seven osteopaths had offices in San Francisco nearly all of them lost their places of business in the fire which followed the quake. As yet we have heard of no casualties.

In the American School of Osteopathy about one hundred dollars have been raised thus far for the relief work.

The president of the A. O. A. has issued a call to all osteopaths to contribute for the relief of their brethren in San Francisco.

In the list below, R means loss of residence; O, loss of office; L, loss of library.

A. S. O.—Dr. T. W. Sheldon, R-O-L, 2611 Fulton St.; Dr. Ernest Sisson, O-L, Dr. Effie Sisson, O, Delger Bldg., 14th St., Oakland; Dr. J. E. Donahue, O, Delger Bldg., 14th St., Oakland; Dr. J. W. Henderson, O-L, Bank Bld., Berkley; Dr. W. F. Crawford, R-O, Dr. A. C. Moore, O; Dr. W. W. Vanderburg, O-L, 2000 Sutter St.; Dr. Wm. Horace Ivie, O-L, 3658 Sacramento St.

Dr. Sarah L. Brown, went to San Diego before earthquake.

S. C. O.—Dr. Effie York, no loss, 300 Baker St.; Dr. Elizabeth A. Spence, R-O-L, 887 Fulton St.; Dr. Clyde L. Thompson, R-O, 1518 Broadway, Alameda; Clyde L. Thompson, R-O, 1518 Broadway, Alameda;

C. C. O.—Dr. T. H. Morrison, R-O-L, Corner Green & Scott Sts.; Dr. F. L. Martin, R-O-L, 1442 Waller St.; Dr. Nellie A. Allen, R-O-L, Chico, Cal.; Dr. W. C. Bean, O, 2275 Post St.; Dr. W. C. Bailey, O, 339 Bartlett; Dr. Isaac Burke, O, Paul Bldg., Oakland; Dr. S. D. Cooper, R-O-L, 3426 Buchanan St.; Dr. Helen B. Cooper, R-O-L, 3426 Buchanan St.; Dr. C. H. A. Davis, O, 2934 Pine St.; Dr. Henry F. Dessau, O, 1368 Geary St.; Dr. Harriot M. Gillespie, R-O, 1738 Gillmore St.; Dr. Daniel C. Farnham R-O-L, 1368 Geary St.; Dr. Mary O. Greenwell, R-O-L, 1459 Franklin St.; Dr. Susan O. Harris, 1459 Franklin St.; Dr. Louis C. Heilborn, R-O-L, 849 22d St., San Diego, Cal.; Dr. Henry Reisch, O, Dr. J. L. Lawrence, R-O, 1965 Geary St.; Dr. Bertha Luse, O, 339 Bartlett St.; Dr. Agnes G. Maddon, O, 1364 Franklin St., Oakland; Dr. J. H. Mason, O, Dr. C. E. McCormick, O, Salina, Cal.; Dr. R. L. Meyer, R-O, Dr. C. N. Miller, R-O, 129 Haight St.; Dr. Jeanie P. Ovens, R-O, Pentitan, British Columbia; Dr. Kate Slaugh-

ter, R-O-L, 887 Fulton St.; Dr. Mary V. Stewart, O, 1364 Franklin St., Oakland; Dr. Robert Tisdale, 440 Divisadero St.; Dr. Jennie M. Usher, 71 Haight St.; Dr. W. A. Willi, O, 57 Rose Ave., Oak Park, Sacramento, Cal.; Dr. Hester B. Beck, R-O; Dr. Ada Sisson, O-L, 7th and B Sts., Santa Rosa; Dr. Josephine Jewett, O, Berkeley, Cal.; Dr. C. Lenaker, Salina, Cal. Dr. Alice Farley, O, Dr. Chas. K. Hale, O, 1701 Turk St.; Dr. Margaret B. Howell, R-O, 1364 Franklin St., Oakland; Dr. J. E. Witherspoon, R-O-L, Auburn, Cal.;

P. C. O.—Dr. Minnie Dowd, Grand Forks N. Dak.; Dr. Jennie Manuel, Los Angeles; Dr. C. C. Ford, R-O, Vallejo, Cal.

N. I. O.—Dr. B. P. Sheppard, R-O-L, 2301 Cedar St., Berkeley.

M. C. O.—Dr. Carrie S. Hibbard, San Francisco.

\* \* \*

#### The Popularity of Osteopathy Increasing.

Every few days the Editor of the Journal receives clippings from newspapers in all parts of the country, in which osteopathy, or some osteopathic treatment is mentioned favorably. Quite a number of the writers in the Health and Beauty departments of the magazines, and magazine sections of daily papers, are recommending osteopathy.

\* \* \*

#### The California Law.

A California correspondent sends us the following:—In the April issue of the Journal of Osteopathy, under the title of California board of examiners, you say, "The law requires three years of nine months each, attendance in a recognized osteopathic school."

This is a misleading statement. It is the ruling of the state board that requires three years of nine months each, and not the law.

The following is an extract of the law of 1901, which has not been amended or changed since the passage of this act:

An act to regulate the practice of osteopathy in the state of California, and to

provide for a state board of osteopathic examiners, and to license osteopaths to practice in this state, and punish persons violating the provisions of this act.

Extract from Section 4 of the law of 1901, which has not been amended.

\* \* \* "All persons, after August first nineteen hundred and one, desiring to commence the practice of osteopathy in this state, shall apply to said board for a license to do so, and such applicant at the time and place designated by said board, or at a regular meeting of said board, shall submit a diploma from a legally incorporated college of osteopathy, recognized by the board of examiners. Having complied with the requirements of this act, said board shall grant a license to such applicant to practice osteopathy in the State of California, which license shall be granted by the consent of not less than three members of said board and attested by the seal thereof. \* \* \* \*

The law gives the board power to recognize such schools as they see fit. It does not give them power to change the time required by the different schools. Nor does the law specify any length of course. The intent of the law was, at the time of its passage to keep from practice such applicants, who did not have a diploma from a recognized school. By their ruling all 20 month graduates of the A. S. O., the parent school of osteopathy, are no better than those having a mail course or those from non-chartered schools.

Legal opinion on this subject, says, "that any one can compel the board to issue them a certificate, provided they are from a recognized school." The A. S. O. 20 month graduates were recognized by the board until this ruling went into effect, and the board has not the power to make retroactive the law of 1901. Further if the board has the power to compel a three year course, they have the power to compel a 10 year course, making it a prohibitive law, and at the

same time they could issue a certificate to any applicant that they might wish, making it class legislation.

It is time such measures as the above, should be given publicity. The very thought that the alumni of the parent school and students from other recognized schools, being disfranchised in this way, should spur all osteopaths, osteopathic schools and such associations as the A. O. A. to action.

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**Prize Essay Contest.**

The Journal of Osteopathy Publishing Co. has inaugurated a prize contest for popular essays on osteopathy or the osteopathic treatment of disease. The articles to be used for publication in the Osteopathic Journal.

The following prizes are announced other prizes will be added later:

1. Wood's Reference Handbook of the Medical Sciences, VIII Volumes, value ..... \$56.00
2. Set of Osteopathic books consisting of A. T. Still's Philosophy and Mechanical Principles of Osteopathy.....\$ 3.00  
Young's Surgery.....\$ 5.50  
Clark's Applied Anatomy..... 6.25  
Clark's Gynecology..... 5.00  
Hazzard's Practice of Osteopathy.. 3.00  
Hulett's Principles of Osteopathy . 3.00  
Booth's History of Osteopathy... 3.00  
Tasker's Principles of Osteopathy.. 5.00  
Total, \$33.75
3. One hundred copies of the Osteopathic Journal per month with card for six months.....\$15.60 to \$17.40
4. Appleton's Clinical Diagnosis II Vols.
5. Edgar's Obstetrics..... 6.00
6. Osler's Principles and Practice of Medicine..... 5.50
7. Diseases of the Nervous System, Church and Peterson..... 5.00
8. Howell's Physiology.....
9. Chart—The Nervous System, Mathews and Weber..... 5.00
10. Four years subscription to the Journal of Osteopathy..... 4.00

A student of the present Senior class of the A. S. O. has developed during his stay in Kirksville a lucrative business from a small printing outfit. The outfit is for sale. For particulars, address, The Bell Printery, Kirksville, Mo., Class of June, '06.

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A good story told of Dr. Sidney Ellis of Boston, Mass. Dr. Ellis is a very busy man, having many patients to treat, and one morning was a few minutes late in an appointment with a new patient. When Dr. Ellis arrived, the patient was very indignant, and said, "Sir, I registered for one hour's osteopathic rubbing, and here you have wasted ten minutes of my time." Dr. Ellis answered, "Madam you have made a mistake, we don't sell that kind." and walked out.

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**Bronchitis in Cardiac Diseases.**

The frequency of bronchial trouble in affections of the heart can be readily understood by a study of the anatomy of the bronchial veins. The bronchial veins receive their blood from the external layers of the bronchial wall, from the subpleural and interlobular capillary regions, from the larger bronchi and from the hilus of the lung. Finally, they form two or three trunks, which, on the right empty into the azygos or vena cava superior and on the left, into the superior intercostal vein or the left innominate vein. The capillaries of the bronchi have also two outlets: one into the right, and one into the left heart, the great majority of those from the smallest bronchi empty into the left heart, while those from the larger bronchial trunks empty into the right heart. The bronchial veins are distinguished from all the other veins of the body by the fact that the circulation in them is not supported by the suction power of inspiration hence the frequency of bronchial disturbance in cardiac diseases.—(Hoffman and Still).

**The Missouri State Meeting.**

The local arrangements committee at Kirksville, consisting of Drs. E. C. Link, W. D. Dobson and R. E. Hamilton, has about completed arrangements for the entertainment of visiting osteopaths at the state meeting, May 25th and 26th. Dr. Hildreth writes us that the railroads will give us a rate of one and one-third fare for round trip, provided one hundred certificates are presented to the local agent here at Kirksville on the last day of the meeting. We certainly should have no trouble in getting double this number. The program will be in my opinion, one of the best ever presented to any osteopathic meeting. The papers to be presented will be well prepared and along practical lines and are to be presented by studious and experienced practitioners. Plenty of clinical material of the most interesting character will be available for the clinical demonstrations. Dr. Young, too, has three or four cases upon which he will operate, and this I am sure, will be an interesting feature of the program. Then on the evening of May 25th we dedicate the new hospital. Although it is already running and pretty well filled up with patients, we feel that osteopaths from the field should come, if for no other purpose, than to see this elegantly furnished new building and what we are doing in this line of work. For genuine osteopathic enthusiasm and for educational opportunity this meeting we believe will be a grand success. In the name of the A. S. O., and the old Doctor we invite not only our Missouri osteopaths but any and all osteopaths of whatever state.  
 GEO. M. LAUGHLIN, D. O.  
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Notice to all attending this convention: We have secured a rate of one and one-third fare on the certificate plan. This means that if you get the benefit of this rate you MUST get a certificate from your agent when you buy your ticket to Kirksville stating that you are going to Kirksville on account of the Missouri Osteo-

pathic Association. Then you will get your return ticket for one-third fare. You need have no fear there will be more than the hundred in attendance and you will get the rate provided you bring along your certificate from your local agent.

This rate applies to Illinois, Iowa and Missouri. And even further should our friends in other states wish to come, should a number of you from any one city or place club together and secure round trip rates. Please get a certificate stating number in club as that will aid us in making up the required number. These tickets will be on sale three days before the convention and good three days after, Sunday not included. Remember this meeting is held Friday and Saturday, May 25th and 26th. We have a splendid program promised. You cannot afford to miss it. Come and join us in making this a monster meeting. A valuable osteopathic feast. Help us dedicate the new A. S. O. Hospital, and meet Pap. He will be glad to see us all. And I know we shall be more than glad to meet hmi always.

Respectfully yours,

A. G. HILDRETH,  
 President M. O. A.

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**Complete Program of M. O. A., May 25-26, 1908, Kirksville, Mo.**

FRIDAY MORNING.

9:00—Address of Welcome, by Dr. W. D. Dobson.

9:15—Response, Dr. A. G. Hildreth, St. Louis.

9:30—Paper by Dr. Miller, President I. O. A., Local Organizations.

10:00—Paper, Dr. Fryette, President I. O. A., The Circulatory Apparatus.

10:30—Paper, Dr. S. T. Lyne, Kansas City, Professional Courtesy. Discussion led by Dr. Chas. Cornelius, Carthage.

11:00—Paper, A. Still Craig, Maryville, Anatomy Applied. Discussion led by C. L. Dodson, Huntsville.

AFTERNOON SESSION.

1:30—Clinical Demonstration, Dr. Hof-

sess, Kansas City, Differential Diagnosis of Pott's Disease, Lateral Curvature and Arthritis Deformans of Spine.

2:15—Paper, S. W. Longan, The Blood in Health and Disease. Discussion led by Dr. A. B. King, St. Louis.

3:00—Paper, Dr. H. F. Goetz. Subject: The Graphical Representation of Spinal Curvatures. Discussion led by Dr. L. H. Gerdine, Kirksville.

3:45—Gynecology Clinics, Dr. M. E. Clark.

#### NIGHT SESSION.

Dedication of new A. S. O. Hospital. Reception, etc.

#### SATURDAY MORNING.

8:30 to 12:00—Surgical Clinics by Dr. F. P. Young.

Operations will be performed in Surgical Clinical Amphitheatre of new Hospital.

#### SATURDAY AFTERNOON.

1:30—State Editor's Report, Dr. Minnie Potter.

2:00 to 4:30—Osteopathic Clinics in charge of Dr. Geo. M. Laughlin. Clinics will be given by Dr. W. A. Traughber, Mexico; A. G. Hildreth, St. Louis; E. C. Link, Kirksville; C. E. Still, Kirksville; Miss M. Schaub, St. Louis; W. J. Conner and A. L. McKenzie of Kansas City.

All clinics will be open for discussion.

#### EVENING SESSION.

7:30—Business Meeting. Election of officers; selection of next place of meeting, and other business matters.

8:30—Dr. C. P. McConnell, Chicago. Lecture, Research Work.

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#### New Association at Oklahoma City.

A special meeting of the osteopaths of Oklahoma City, Okla., was held on the evening of April 26th for the purpose of organization of a local association. The meeting resulted in the organization of the association with the following members present:

Drs. Mahaffay, Rouse, Mrs. Rouse, J. A. Ross, Englehart, Elizabeth Johnson, Edith Barber, Olive Sturgess.

The officers elected were: Dr. Mahaf-

fay, president; Dr. Rouse, vice-president; Dr. Sturgess, secretary and treasurer.

Committees appointed: Committee on program, Dr. Barber, Dr. Ross.

Committee on constitution, Dr. Johnson, Dr. Rouse.

The meetings will be held on the last Monday of each month.

\* \* \*

#### Sixth Annual Meeting of the Texas Osteopathic Association.

##### PROGRAM.

FRIDAY, MAY 11.

MORNING SESSION—9 a. m.

Address of Welcome by Hon. James B. Baker, Mayor of City.

Response—Dr. Paul M. Peck, San Antonio.

Reading of Minutes.

Annual Address by President—Dr. Ambrose D. Ray, Cleburne.

Report of Board of Trustees.

Reports and Recommendations of Standing Committees:

On Membership—Dr. W. B. Loving, Chairman, Sherman.

On Publication—Dr. Jas. L. Holloway, Chairman, Dallas.

On Legislation—Dr. Robt. R. Norwood, Chairman, Mineral Wells.

Appointment of Special Committees and Enrollment of Members.

AFTERNOON SESSION, 1:30 p. m.

Paper—"Emergency Cases and Their Treatment, Dr. Davis S. Harris, Dallas.

Discussion—Led by Dr. John S. Crawford, Denton.

Paper—"Differential Diagnosis and Treatment of Gall Stones," Dr. J. F. Bailey, Waco.

Discussion—Led by Dr. Nathaniel B. Lynd, Houston.

EVENING—BANQUET, 8 p. m.

Dr. Ambrose D. Ray..... Toastmaster

Dr. Thos. L. Ray..... "Retrospective"

Dr. James L. Holloway..... "Prospective"

Dr. Chas. E. Still, "Our Educational

Policy"

Dr. A. Virginia Spates.....

..... "We Women Doctors"

Dr. Albert P. Terrell. "The Funny Side" (Speeches limited to ten minutes).

SATURDAY, MAY 12.

MORNING SESSION—9 a. m.

Address—Dr. Chas. E. Still, Kirksville, Mo.

Symposium—"Lesions, Possible Effects and Clinical Demonstration in Correcting Same:

"Cervical"—Dr. C. S. Klein, Dallas.

"Dorsal"—Dr. Rosa Bathrick, Austin.

"Lumbar"—Dr. Paul M. Peck, San Antonio.

"Upper Rib"—Dr. Thomas L. Ray, Fort Worth.

"Pelvic"—Dr. William E. Noonan, Houston.

Paper—Nature and Treatment of Rheumatism—Dr. R. R. Norwood, Mineral Wells.

Discussion—Dr. E. E. Edmondson, Galveston.

AFTERNOON SESSION, 1:30 p. m.

Paper—"Menstrual Disorders Including the Menopause," Dr. Benora Terrell, Dallas.

Discussion—Led by Dr. Maud G. Russell, Commerce.

Reports of Special Committees.

Election of Officers and Fixing of Place of next meeting.

\* \* \*

#### Ontario, (Canada,) Association.

The semi-annual meeting of the Ontario Osteopathic Association was held at the office of Dr. Lewis, Hamilton, Ontario on Easter Monday. The attendance was the best and the program the most profitable of any meeting yet held. Dr. Pigott of Toronto gave a paper on Ovaritis, Dr. Bach of Toronto demonstrated methods of examining patients, Dr. Lewis of Hamilton conducted a clinic on Rheumatoid Arthritis, and Dr. Atkinson of Brantford another on Infantile Paralysis. Dr. A. T. Still was unanimously elected as honorary member of the association. Arrangements were made for the incorporation of the Ontario Osteopathic Association. Resolutions were passed ex-

pressing gratitude and thanks for the stand prominent laymen are taking for osteopathy, and endorsing the action of Collier's weekly relative to patent medicines.

The banquet at the Royal Hotel was the first ever held. The toasts were as follows:

The King—Dr. Henderson.

The Old Doctor—Dr. Pigott.

Our Progress—Dr. Jaquith.

Pioneering—Dr. Lewis.

Victory—Dr. Bach.

Ontario Osteopathic Assn.—Dr. Heist.

Our Future—Dr. Atkinson.

The next meeting will be held in Dr. Pigott's offices in Toronto, on Labor Day.

EDGAR D. HEIST, D. O.,  
Secretary.

\* \* \*

#### Southeastern Iowa Osteopathic Association An Interesting Story of Blindness Cured.

The Southeastern Iowa Osteopathic Association met at Washington, Iowa, April 13. Among the other interesting features of the program was a paper by Dr. Barker, of What Cheer Iowa. Dr. Barker by special request gave his own experience as a patient. He jumped off a moving train and received a hard fall, partially dislocating the second cervical vertebra and causing total blindness. After months of treatment by specialists, he went to Dr. Still at Kirksville, who at once diagnosed the case and as the result of a long course of treatment the displacement was reduced and his eyesight restored.

##### PROGRAM.

FORENOON SESSION.

Invocation—Rev. L. D. Young.

Address of Welcome—Mayor A. N. Albersson.

Response—By the President, Dr. U. M. Hibbetts, Grinnell, Iowa.

Paper—The Axis, or 2nd Cer. Vetb., Dr. Barker, What Cheer, Iowa.

Paper—Tuberculosis, Dr. H. H. Smith, Olds, Iowa.

## AFTERNOON SESSION.

- 1:00—Business.  
 2:00—Paper—Osteopathic Situation in Iowa—"Our Needs," Dr. U. M. Hibbets, Grinnell, Iowa.  
 2:30—The Osteopathic Physician, Dr. S. B. Miller, Cedar Rapids, Iowa.  
 3:00—Paper—Some Obscure Causes of Disease, and Results of Theoretic Treatment, Dr. Maddux, Fairfield, Iowa.  
 3:30—Paper—Bacteriology—American School of Osteopathy, Kirksville, Mo.  
 Paper—Bacteriology—Still College of Osteopathy, Des Moines, Iowa.  
 4:00—Paper—Circulation: How Controlled Osteopathically, Dr. Baughman, Burlington, Iowa.  
 4:30—Osteopathy in Childbirth, Dr. C. E. Crow, Muscatine, Iowa.  
 Discussions will follow each paper.

## EVENING SESSION.

- 7:30—Address by Dr. S. C. Miller, Cedar Rapids, Iowa.  
 8:15—Lecture by Dr. J. Martin Littlejohn, Ph. D., M. D., LL. D., F. S. Sc., and F. R. S. L. (London), D. O. of the American College of Osteopathic Medicine and Surgery, Chicago, Ill.  
 Subject: "Osteopathy a System of Therapeutics."

\* \* \*

Sixth Annual Meeting of the Kentucky Osteopathic Association, Saturday, April 28, 1906.

## MORNING SESSION, 9 a. m.

- Business Meeting.  
 Report of Officers.  
 Report of Standing Committees.  
 Adoption of New Constitution.  
 Election of Officers.  
 Paper—Dr. K. W. Coffman, Owensboro, Ky. Subject: "Shall Osteopaths be Surgeons?"  
 AFTERNOON SESSION, 2 p. m.  
 Paper—Dr. H. H. Carter, Shelbyville, Ky. Subject: "Lumbar Kyphosis and Sequelæ."

Paper—Dr. Jerome Knowles, Franklin, Ky. Subject: "Locomotor Ataxia and The Doctor."

Address—Dr. E. R. Booth, Cincinnati, Ohio. Subject: "Facts and Fancies."

## EVENING SESSION, 7:30 p. m.

- Lecture—Dr. Carl P. McConnell, Chicago, Ill. Subject: "Osteopathic Experimental Work."  
 Banquet—"The Seelbach."

\* \* \*

Program of the Eighth Annual Meeting Iowa Osteopathic Association, Chamberlain Hotel, Des Moines, Ia., May 23 and 24, 1906.

MAY 23, 1:30 p. m.

- Music—Still College, Des Moines.  
 President's Address, Dr. S. B. Miller, Cedar Rapids.  
 Osteopathy, Dr. G. H. Gilmour, Sioux City.  
 Clinics, Dr. T. J. Ruddy, Des Moines.  
 Compared Therapy, Dr. J. S. Baughman, Burlington.  
 Ganglia of the Fifth Nerve, Dr. R. W. Bowling, Des Moines.

7:30 p. m.

- Music—Still College, Des Moines.  
 Osteopathic Profession, Dr. J. R. Bulard, Marshalltown.  
 Neuroses—with Cases, Dr. G. E. Moore, Des Moines.  
 Obstetrics, Dr. Nettie Olds-Haight, Des Moines.

MAY 24, 9 a. m.

- Osteopathic Surgery, Dr. A. G. Hildreth, St. Louis, Mo.  
 Professional Ethics, Dr. U. M. Hibbets, Grinnell.  
 Business—Election of Officers—Adjournment.

On Thursday afternoon or evening, the Association desires to go to Kirksville, Mo., (special car and special rates) to attend the Tri-State Ass'n., (Ill., Ia., & Mo.) and dedication of the New Hospital, May 25-26. Be sure to arrange for this trip.

\* \* \*

## Book Reviews.

Applied Anatomy—Designed for the use of osteopathic students and practitioners as an aid in the anatomical ex-

planation of disease from an osteopathic viewpoint, by Marion E. Clark, D. O., Professor of Applied Anatomy in the American School of Osteopathy, Kirksville, Mo. Illustrated with 175 engravings. Osteopathic Book Publishing Co., Kirksville Publishers. Price, cloth, \$6.25.

The osteopathic profession have long been waiting for a work on applied anatomy, and this the latest work from the pen of Dr. Clark has been enthusiastically received.

From cover to cover this book shows the evidences of painstaking effort. The pioneer in any field always has many difficulties to surmount, and considering that this is the first book on applied anatomy written from an osteopathic standpoint, it is a remarkable work; and one which assists materially in placing osteopathy on a scientific basis.

The many practitioners who have listened to lectures by Dr. Clark will appreciate the fact that all of his diagrams of the nervous connections of the spinal segments are reproduced in this book.

\* \* \*

A Reference Handbook of the Medical Sciences—embracing the entire range of scientific and practical medicine and allied science, edited by Albert H. Buck, M. D. Published in eight large volumes of eight hundred pages each.

Wm. Wood & Co., New York, Publishers. Price, cloth \$7.00 per volume.

Volume I—Of this magnificent Reference Handbook is the work of nearly one hundred contributors and is illustrated by numerous chromo lithographs and four hundred and ninety-eight fine half-tone and wood engravings.

On account of the new and peculiar nature of the information desired by osteopaths and the present scarcity of purely osteopathic works, our practitioners find it difficult to obtain works of reference suitable to their needs.

The following sub-topic under the head of atrophy illustrates the comprehensive

scope of the work and furnishes an interesting paragraph for reading.

Pressure Atrophy—Closely allied to the atrophy resulting from insufficient nutrition is that produced by continued slight pressure. As the result of artificial mechanical pressure may be mentioned the examples of "corset liver" and "corset spleen" the constriction produced by rings, belts, and garters, the Chinese foot, the flat head and flat nose of certain Indian tribes, etc. Skin, muscle and bone may disappear as the result of pressure from aneurisms and tumors. Varicose veins may likewise lead to atrophy of the neighboring structures. In scoliosis, genu valgum, and pes valgus, atrophy of certain portions of the joints may be caused by the abnormal pressure produced by an oblique position of the bones. After the loss of the teeth the alveolar processes of both jaws may disappear as the result of pressure brought to bear upon them in mastication. The skull cap may present erosions which have been produced by the pressure of atheromata of the scalp or by hypertrophic pachionian bodies. In hydrocephalus and hydro-nephrosis the brain and kidneys respectively may undergo extreme atrophy. Further, atrophic changes may be caused in any part of the body as the result of pressure from inflammatory exudates.

The various forms of pressure atrophy are caused, as a rule, by slight pressure continued through long periods of time. It is the result of direct injury to the tissue and of circulatory disturbances. It is therefore passive in its nature. If the pressure is so great that the blood-vessels become closed, degeneration and necrosis must follow. In many cases the causes of the atrophy resulting from pressure are complicated, mechanical force and disturbances of nutrition playing the chief parts in its production.

A Compend of Obstetrics—By Henry Landis, A. M., M. D. Revised and edited by William H. Wells, M. D. Eighth edition illustrated. P. Blakiston's Sons



& Co., Philadelphia, Publishers. Price, \$1.00.

The Blakiston Quiz Compend Series are excellent books for review of subjects and especially convenient to use in preparation for state board examinations. They are written by men of high reputation and are prepared with the idea of presenting the subjects clearly in a compact form.

The World's Anatomists—By G. W. H. Kemper, M. D. P. Blakiston's Son & Co., Philadelphia, Publishers. Price, 50 cents.

This is an interesting little book giving concise biographies of two hundred and twenty-nine of the world's most famous anatomists. It gives also the structures of the body which were named for them.

\* \* \*

The Principles and Practice of Medicine—Designed for the use of students and practitioners of medicine, by William Osler, M. D. Sixth edition thoroughly revised from new plates. D. Appleton & Company, New York and London. Price, cloth, \$5.50.

The earlier editions of Osler's Practice scarcely need introduction to osteopathic practitioners, for there is no medical book published that is more universally read by osteopaths. Many sections of this new edition have been rewritten by the author. The pages have been enlarged and by this means much new matter has been added without materially increasing the size of the volume. Dr. Osler finished his revision of the book shortly before his departure for Europe last year. Thus bringing to this work the advantage of the latest discoveries in medicine.

\* \* \*

#### Personal Mention.

Dr. J. O. Lowry of Ennis, Tex., has been appointed examiner for The Missouri State Life Insurance Co..

Dr. Ernest Sisson writes, "Our San Francisco office joined the great majority, and was cremated. I expect to get a new location in San Francisco before long, but tents are a premium just now."

Dr. Jas. E. Miller, city physician of Des Moines, visited the A. S. O. for two days, during the past month as a guest of Dr. Geo. Still.

Died—Mrs. S. C. Robinson, April 12th 1906. Her death was due to post-partum hemorrhage. Mrs. Robinson was the wife of Dr. S. C. Robinson of Rensselaer, Ind.

Died—Ora Willis McRae, April 8th of meningitis, age 9 years, 6 months and 21 days. He was the son of Dr. Ira McRae of Trenton, Mo.

Married—Dr. Jos. W. Hawkinson and Miss Wilhelmina S. Linnell, married Monday, April 16th, at Center City, Minn. At home after May 1st, New Ulm, Minn.

Dr. H. B. Sullivan is announced as head of Technical Dept. of the Detroit Institute of Osteopathy with M. C. Willemin as manager.

Drs. McRae and Arnold of Trenton, Mo., have dissolved partnership. Dr. McRae continues practice at Trenton, and Dr. Arnold will locate in Thomas, Okla.

The following practitioners visited at the A. S. O. during the past month: Dr. C. C. Teal of Weedsport, N. Y.; Dr. Jas. A. Bragg of Tulsa, Ind. Ter.; Dr. Nell Runyon of Seward, Nebr.; Dr. P. B. Snavely, of Paris, Mo.; Dr. P. J. Whitney, Davenport, Ia.; Dr. B. W. Dunnington of Springfield, Mo.; Dr. J. R. Shackelford of Nashville, Tenn.; Dr. Lola Hayes of Moline, Ill.; Dr. J. F. McNary of Milwaukee Wis.; Dr. Leslie Hyde, Moweaqua, Ill.; Dr. J. A. Dillon of Centerville, Ia.; Dr. Floyd of Hastings, Nebr.

\* \* \*

#### Removals.

Dr. J. J. Drummond, from Lyons, Kan., to LaJunta, Colo.

Dr. J. W. Bereman, from Latham, Kan., to Lyons, Kans., where he succeeds Dr. Drummond in practice.

Dr. Loae E. Scott, from Cleveland, Ohio, to Chagrin Falls, Ohio.

Dr. M. Hook, from Kingman, Kans., to 128 North Main St., Hutchinson, Kan.

Dr. D. M. McMillan, from Grand Rapids,

Mich., to Edmonton Alberta, Canada. "Gone in search of North Pole."

Dr. Arthur Kugel from Elmwood Ave., Buffalo, N. Y., to 531 Mooney-Brisbane Bldg., Main St., Buffalo.

Dr. J. C. Herman, from Daytonia Fla., to Magnetic Springs, Ohio.

Dr. A. W. McClaren, from 15 Chestnut St., to Eloskey Block, Bradford, Pa.

Dr. Lauren Jones, from 333 South 19th St., to 1704 D. St., Lincoln, Nebr.

Drs. Sisson and Sisson, removed from San Francisco, Calif., to Rooms 85-6-7-8 Delger Bldg., 473 14th St., Oakland, Calif.

Dr. Ida M. Scott, from Apache, Okla., to 2823 Fourth Ave., Beaver Falls, Pa.

Drs. G. H. and Fannie E. Carpenter removed into larger offices 405-6 Trude Bldg., Chicago. They have also purchased a home at 218 S. Pine Ave., Austin, Station.

Dr. Mary E. Tabor, from 214 West Jefferson St., Kirksville, Mo., to 6317 Greenwood Ave., Chicago, Ill.

Drs. Grubb and Compton, from 803 Franklin Ave., to 323-325 Pittsburg Life Bldg., Pittsburg, Pa.

Dr. C. Steele Betts, from Salem, S. D., to Huron, S. D., Box 322.

Dr. B. P. Snavely, from Davenport, Ia., to Paris, Mo.

Dr. P. J. Barnes, moved to 527 Commercial, Atchison, Kans., instead of Wellington, Kans., as announced by the Journal some time since

Drs. L. N. and Daisy Pennock, from Norborne Mo., to 1st Nat'l Bank Bld., San Angelo, Tex.

Dr. J. J. Walker, from El Paso, Tex., to Middleport, N. Y.

Dr. M. Lillian Hartsler, from 206 E. King St., Lancaster, Pa., to 1701 N. Second St., Harrisburg, Pa.

Dr. Jesse K. Dozier, from Middletown, Conn., to 92 Park St., New Haven, Conn.

Dr. Wm. M. Arnold, from Trenton, Mo., to Thomas, Okla.

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#### Locations.

Dr. Augustus C. Paul has located at

748 Ellicott Sq., Buffalo, N. Y.

Dr. Edmire M. Cabans, located at 219 Potomac Ave., Buffalo, N. Y.

Dr. Jennie M. Schofield, located at 110 Highland Ave., Buffalo, N. Y.

Dr. Jane E. Lockwood, located at 93 Prospect Ave., Buffalo, N. Y.

Dr. Frances M. Witmer, located at Station A., Box 496, Niagara Falls, N. Y.

Dr. Eugene N. Casey, located at 420 Security Bldg., Binghamton, New York.

Dr. Oscar F. Welch, located at 421 Weightman Bldg., 1524 Chestnut St., Philadelphia, Pa.

Dr. Robert C. Cox, located at 421 Weightman Bldg., 1524 Chestnut St., Philadelphia, Pa.

Dr. Ernest W. Robson, located at The Pierrepont, 43 West 32nd St., New York, N. Y.

Dr. Warren B. Mitchell, located at 414 Clinton Ave., Newark, N. J.

Dr. Howard J. Cormeny, located at 42 West Market St., New York.

Dr. Wesley S. Lawrence, located at 310 Robinson Bldg., Elmira N. Y.

Dr. Glenn B. Wheeler, located at Wahpeton, N. Dak.

Dr. Ambrose B. Floyd, located at The Markeen, Buffalo, N. Y.

Dr. Percy R. Henry, located at 480 Clinton Ave., Cor. Fulton St., Brooklyn, N. Y.

Dr. Mary E. Tabor, located at 6317 Greenwood Ave., Chicago, Ill.

\* \* \*

The attention of our readers is called to the advertisement of the Elkhart Carriage and Harness Company, on page nine of our advertising column. This is an old and well known company, and we believe the first to advertise in an osteopathic paper.

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Dr. Francis A. Howe, of New York is a member of the post-graduate class of the A. S. O. Her name was omitted from a recently published list through an error in the record

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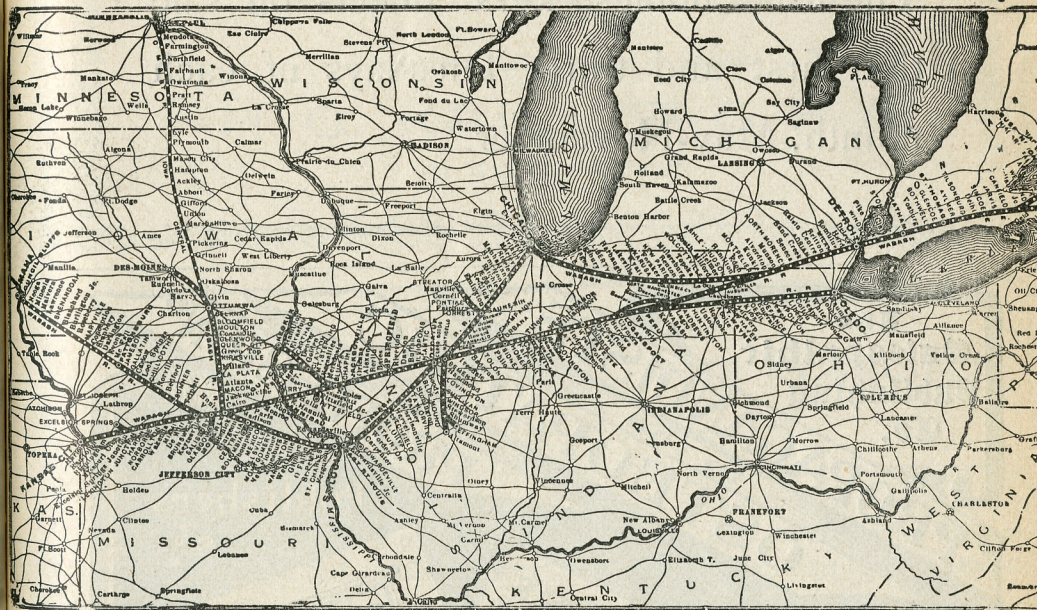
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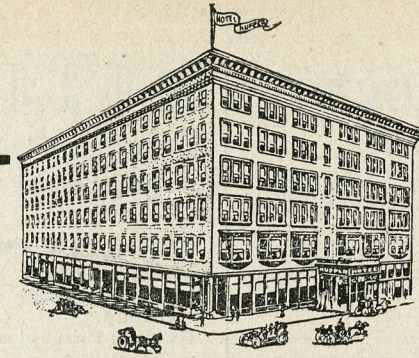
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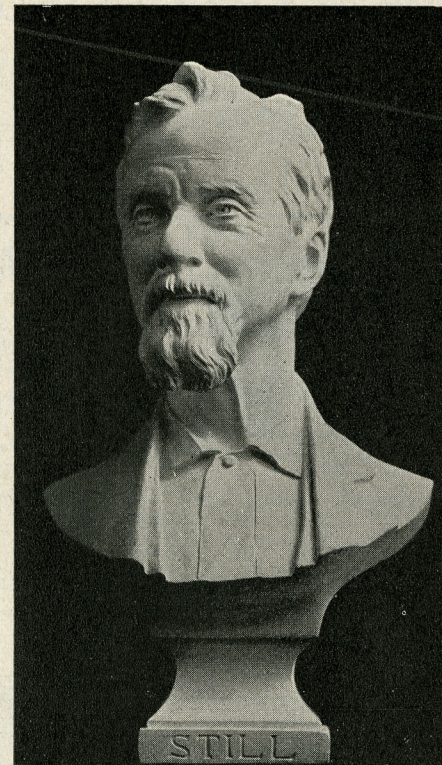
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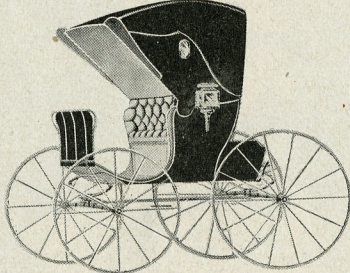
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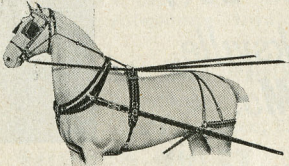


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