

The Journal of Osteopathy

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The Journal of Osteopathy

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WHEN every soldier in the ranks fears that his loss means the fall of the cause; when each mason feels that the walls cannot stand except through his skill; when every woman feels that her hand alone can ease, her loaf can succor, then, and only then, shall our mastery endure.—KAUFMAN.

The Journal of Osteopathy

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

VOL. XIX

JULY, 1912

No. 7

Editorial

A Medical Man We publish in this month's issue the graduation **on Osteopathy** address given by Mr. Russell Duane, before the class of June, '12, at the Philadelphia College of Osteopathy. We believe that it is of sufficiently far reaching import to be of general interest. The address was published in several newspapers on the morning following its delivery, and caused quite a stir among some of the medical men. One of them wrote to an attorney at law in Philadelphia, in high dudgeon "because," he says "if the account in the paper is correct, Mr Duane's words are highly laudatory of Osteopathy and in a measure indirectly reflect upon the Medical profession." The same doctor further gives vent to his feelings as follows: "It is a tradition of our art that the Medical profession is one and indivisible. The garment of Aesculapius is woven without seam and may not be parted without violence. No true disciple of that Deity can look with complacency upon a sect whose distinction rests not upon anything it has discovered or invented but solely upon an attempt to expand one small instrumentality into a panacea. The resulting bladder must eventually burst from tenuity or vacuity, or collapse by reason of the many too evident lacunae." What a wealth of words, and what little sense!

Then he states some "facts." He writes "Osteopaths have borrowed one small arrow from our quiver. There is nothing known to the so-called osteopaths which was not known to the medical profession long before the existence of that name or sect." Quite interesting, and if true, why in the world did not the "medical profession" use their knowledge. It is said that after the discover the most important person is he who boosts the discovery. If so, then the osteopaths are worthy of great credit because they have boosted a great discovery. And the medical profession has indeed hidden its light under a bushel with a

vengeance! "Massage and manipulation" he continues "have always formed a part of our armamentarium and certain of our brethern have devoted their lives to bloodless surgery with our approval, without leaving our ranks or adopting sectarian names, meaningless or misleading." We almost blush to be compelled to reiterate that "massage and manipulation" do not constitute Osteopathy. It reminds of the lady asked to take an oyster cocktail, who replied that she never drank alcohol! And as to the "bloodless surgery WITH our approval," we have but to say that the "bloodless surgeon" has everywhere been persecuted, and we need only recall the case in England against Mr. Barker the famous bone-setter to have sufficient proof. The last sentence we will quote runs as follows: "The humble chicken-farm origin of the sect is well known. The stability of the superstructure is measured by the fragility of the coop. What is good sometimes for some "Roosters" is not necessarily good at all times for all "Lobsters." The major premise is undistributed; the minor premise, irrelevant; the conclusion, lame and impotent." We agree heartily; and the innane nature of the entire syllogism shows that the writer had no better ground for his unwarranted statements than the "Argumentum ad Hominem," as it is called, i. e. the attempt to prove a point by abuse of the adversary. The sooner "honorable investigation" replaces "dishonorable abuse" the sooner real advances will be made.

**A Farewell
Address**

We are glad to be able to reproduce a few short extracts from a talk given by the Dean, Dr. Geo. M. Laughlin, to the last graduating class at the A. S. O.

Complete copies of the address may be obtained by writing to the A. S. O. Book Co., Kirksville, Mo., price, by mail, 12 cents. We quote as follows:

"Every individual who leaves this school should be a whole-souled osteopath; he should have no mental reservation about Osteopathy that it is not a good method of treatment. There is no reason why anyone should have that reservation. YOU SHOULD BE WHOLE-SOULED and have an honest purpose in practicing Osteopathy, and your attitude should be at all times for your profession, not from a prejudiced or selfish standpoint, but, in order that your work may be satisfactory, you must always have that attitude toward the business in which you are engaged. If you think Osteopathy is a fraud but that you can make some money out of it although it is fraudulent, you have no business in the profession.

"There is another thing that we must never get away from and that is THE BASIC PRINCIPLE OF OSTEOPATHY. It is so simple that we sometimes forget it and don't repeat it often enough but if you take that

principle out of the practice of Osteopathy there is nothing to it at all; nearly everything else is found in other systems of practice with reference to the cause for and the treatment of disease. We should repeat it and keep it in mind and it should be our fixed policy to advance that principle and to build around that principle. I don't object to students getting all information they can with reference to Chemistry, Anatomy, Physiology and Pathology and so on, but such information should all be built around that basic principle of Osteopathy that DISEASE IS ASSOCIATED WITH MALADJUSTMENT OF STRUCTURE. Oftentimes maladjustment is the cause of disease but disease is ALWAYS associated with a structural change along the spine, affecting the nutrition of organs that are involved in disease. If you don't believe that you have no business in Osteopathy but if you do believe it and have a fixed purpose and will gather all the information you can around that one principle you are bound to have abundant success.

"Osteopathy possesses the greatest therapeutic agent known to science. That agent is simply nothing more than the adjustment of structure putting into application the basic principle of Osteopathy. When we treat disease the principal thing we do is to correct structure, and the correction of structure removes obstruction to nerve supply, and that in my opinion is the most effective therapeutic agent that has ever been discovered.

"We help nature and that is all we do,—we simply help nature. YOU MUST BE STRONG FOR THAT, and you will all believe it after a while, I think.

"Don't pick a fight with your medical friend or enemy. If he digs you, you dig him and if he's friendly to you, you be friendly to him. I think there will be no difficulty in establishing a friendly relation but you will always have a little up your craw against him and he'll always have a little up his craw against you—that is human nature. There is another reason why you shouldn't stir up a fight with the medical man and that is that you might get licked. Don't presume that all medical men are ignorant. Don't boast. Don't brag and don't make any personal claims, but do this, TRY TO UPHOLD THE CLAIMS OF THE PROFESSION, that Osteopathy is an improvement upon the practice of medicine. You simply try to maintain that position in a dignified way and you will be able to do it.

"There is absolutely no profession where the field is so broad and the demand for your services so immediate as in Osteopathy. If you study law you go into the lawyers' office and smoke the office pipe for four or five years, wear patches on your breeches, and have a starvation

"The national trust is working for the government bureau of public health, the Owen Bill. By it they expect to control the healing business and to make illegal every other school than the 'regulars.' Those in control of the local society mean to clear out, no matter what the pretext, all who oppose.

"It was not because I am an eclectic that they forced me out, for I am a member of both the allopathic and eclectic schools, but because I am opposed to the trust.

"If possible, I would have stayed in the society to combat the new tendencies, but since their vote to make me renounce one or the other society I have dropped it. I had none of my friends at the last meeting and in view of the recent tendencies feel some relief in being free of the responsibility that their acts caused me."

Dr. Robinson was politely told that her name had been dropped from the membership of the Adams County Medical Society owing to the fact that she simply was opposed to the formation of the local trust mechanism that is being built up there, and as she says "those in control of the local society are clearing out, no matter what the pretext, all who oppose." In answer to this dismissal Dr. Robinson has caused the publication of resolutions of the society which were passed in the recent meetings and which read as follows:

"Resolved that it is considered unprofessional, unethical and beneath the dignity of any member of the Adams County Medical Society to consult with or affiliate in any way professionally, except in emergency, with an osteopath, but a gross violation of the constitution and rules of the American Medical Association.

"It shall be the duty of the board of censors to reprimand any member, violating this resolution, privately, for their first offense.

"For the second offense the board of censors shall suspend members from the Adams County Medical Society, the length of time at their discretion.

"The third offense they shall be expelled from the Adams County Medical Society by a two-thirds vote of its members."

What a terrible state of affairs it is when a local medical society can control the actions of their members in such an outrageous way. It is as though people were incapable of deciding any questions as to their own welfare and were forever to bow before some superior knowledge of a superior race of men the Medics, who themselves were unable to do wrong in any way. One is brought back time and again to the thought that the Medical profession must painfully realize the precarious nature of their position or they would never be making so many vain attempts

to recover what is slipping from them. As a profession we have little to fear, because the protests of the medical men are like the song of the swan—a sure sign that death is imminent and that dissolution is soon to be complete.

Mr. Opie Read and Osteopathy The well known writer Mr. Opie Read has been lately taking some osteopathic treatments and been helped considerably by the same. We quote a few paragraphs in which he states his opinion of the Science, as we feel that they will be of universal interest.

"Nature's aim is to be free from disease. What mockery is there in the saying that a man of thirty died a natural death! To die before extreme old age is most unnatural. There is something wrong with the running of a machine that wears out too soon. An observant machinist can repair the evil. Man is a machine, and recently there has come into notice a school of machinists to regulate the machine man—Osteopathy.

"Most cheerfully do I subscribe to this science. I have felt the benefit of it, and I honestly believe it to be one of the most wonderful discoveries of any age. If my voice, though limited in range, may help the suffering, it is my duty to lift it. Every man, not wholly vicious, would like to aid the suffering. The fear of advertising a public blessing is an evil.

"Among the followers of Osteopathy are the most prominent people in the world. All that truth needs is a light thrown upon it. But man is hedged about by traditions, by adherence to a constant experiment that has come down through the ages—the belief that to swallow drugs puts him on the road to health. The little mind is slow to accept a great but simple truth. The world loves to be tricked. Osteopathy is worth all the curative waters in the world. I have no hesitation in saying that I believe no physician is thoroughly competent without a knowledge of this new science. I have seen and talked with some who have investigated, and all those acknowledge its genuineness.

"Osteopathy will never be a fad, for that would be like decking common sense with a ribbon; it will be the recourse of the wise. It offers escape from many old-time troubles. The man shut up in his office will find that he need no longer suffer from nervousness; the victim of overwork will learn that within a few moments he can be freed from weariness; the person with insomnia can find refreshing sleep; the anemic may enjoy the return of a bounding blood supply, and the farmer will cease to exchange eggs for patent medicines."

Osteopathic Pathology and Treatment of Intestinal Tuberculosis

W. C. STEPHENS, D. O., WESTFIELD.

It is not my expectation in this paper to set forth any new theories about either the pathology or treatment of intestinal tuberculosis, but if my remarks may help to correlate the facts as we see them now, concerning this subject, I shall feel that they have accomplished their purpose.

Until recently the ulcerative enteritis of the consumptive patient was the only form of intestinal tuberculosis known. Now, however, the manifold forms in which we know it appears and the numerous conditions both acute and chronic which it may simulate make it a very interesting subject for study. The considerations of this paper, however, are to be confined to the pathology and treatment of these conditions.

We recognize the osteopathic lesion as one of the predisposing factors in the intestinal disturbance and consequent malnutrition. Lesions affecting the nerves in the splanchnic area of the spine, between the fifth and eleventh dorsal vertebræ, may interfere with the sensory, secretory, visceromotor, visceroinhibitory and vasomotor functions of the blood vessels and the abdominal viscera. In other words, any lesion which will disorder the circulation of blood or lymph in the mesenteric vessels or disturb the trophic nerve impulses to the same area will become a factor in the pathology of this condition.

In the consideration of this subject we must deal with the tubercular processes which are confined entirely to the peritoneal surface and mesentery of the bowels, as well as with those which are within the lumen of the intestine. Let us first give our attention to the primary infections of the peritoneum and intestines. This condition is much more common in childhood than in adult life. The child naturally possesses a low resistance to the infection of the tubercle bacilli. If he is undernourished, due to indigestion or intestinal disorder so common in children, he becomes an easy prey to the disease. Young children live much nearer the floor and germ-laden dust of our houses and streets, than do adults. Their playthings become contaminated, their hands are soiled from crawling, their food is often subjected to the same treatment, and as we all know, small children are not particular about the cleanliness

of that which goes into their mouths. Also children of tubercular mothers or those nursing a tubercular wet nurse, or drinking milk from an infected cow cannot readily escape the disease.

Dr. Raw advanced the theory that primary intestinal tuberculosis of the young is due to the bovine tubercular bacilli. However, this has not yet been proven to be the case.

The bacteria may be taken up by the lymphoid tissue and mucosa of the intestines and the process continuing result in ulceration, or more usually they pass through the intestinal wall, apparently without injury to the coats, and infect the peritoneum and lymph nodes. *Tabes mesenterica* is a general tubercular infection involving the mesenteric lymph glands and peritoneal surface. "MacFayden found tubercle bacilli in mesenteric glands of five out of twenty children post mortem, with no tubercular lesion elsewhere; and Ravenal in eight cases out of twenty-five."

Dr. Alfred S. Warthin, Professor of Pathology at Michigan University, after the microscopical study of many thousands of mesenteric and retro-peritoneal lymph glands says: "In the case of the mesenteric nodes we shall be obliged to believe that the entrance of tubercle bacilli through the intestines is much more common than has been heretofore assumed."

Von Behring and others also believe that all tubercle bacilli reach the lungs through ingestion and thence by means of the lymph channels and bronchial lymphatic glands.

Secondary intestinal tuberculosis is one of the most frequent complications of pulmonary phthisis. According to statistics of Eisenhart of Munich, based on 1,000 autopsies of tuberculous patients, 567 were cases of intestinal tuberculosis. Heinze found 51 per cent with intestinal tuberculosis in 1226 cases. Frerichs found it present in 80 per cent of his cases.

The tuberculous lesions are not distributed uniformly throughout the intestines, but are more prone to occur in the lower portion of the ileum, or in the cecum. The process may, however, extend up the intestine and involve the jejunum and duodenum or down the colon to the sigmoid and rectum. The process usually begins in the solitary lymph glands and Peyer's patches. Small foci develop in these and the lymph follicles become attenuated. These foci of tuberculous tissue become caseous, rupture and form into ulcers which may be ovoid in shape following the outline of the Peyer's patch; or more frequently however, as infection follows the lymph channels, an ulcer is formed, transversely to the long axis of the intestine—a girdle or annular ulcer.

This type of ulcer is irregular with red infiltrated, elevated, and often undermined edges. Its floor varies with the depth of the process, being formed by the submucosa, muscularis, or even the serous coat. There is always an inflammation of the serous coat corresponding to the site of the ulcer, and a fibrinous exudate is often thrown out over these surfaces. Adhesion and agglutination of these portions of the bowel with other structures covered with peritoneum is thus very usual and perforations consequently are not a very common sequence.

Stenosis from the cicatrization of ulcers and adhesive bands is not uncommon, causing more or less obstruction to the bowel. When this fibro-plastic process becomes general throughout the peritoneum the coils become adherent to the abdominal wall, as well as to each other. Some of the peritoneum which is not involved in adhesions, produces fluid and an ascites may result; or pockets of the peritoneum become filled with fluid and localized cysts are formed.

We have noted the results of the action of the tubercle bacilli in this locality. Let us now see by what means the body may defend itself against the invasion. There are in main, three ways: first, by local congestion at point of attack; second, by walling off the area by means of small round lymphocytes; and third, by the proliferation of local connective tissue cells to strengthen the wall. By means of the local hyperæmia there are more leucocytes brought to the scene of action; also, the opsonins and agglutinins which are liberated into the blood and lymph streams, have a better opportunity to prepare the bacteria for destruction by the phagocytes. The waxy envelope surrounding the bacteria is softened and the germs are gathered into clumps, thus making their digestion by the phagocytes much more efficient.

Some investigators have classed the opsonins with the amylolytic ferments arising from the salivary glands, pancreas, and glands of Lieberkuhn in the small intestines. If this be true we see all the more the importance of healthful structure, normal blood and nerve supply of the abdominal viscera and glands.

The treatment of this condition may be classed under the heads of prophylactic, curative and symptomatic. One could give in great detail the prophylactic measures necessary to guard against this infection, such as the necessity for laws regulating meat and milk inspection to insure non-infected products; the procuring of hygienic surroundings for children during their infancy and childhood; the inspection of schools and the examination of school children, not only from a physical, but also from an osteopathic standpoint; and in case of pulmonary infection the need of careful destruction of the sputum and antiseptic measures

to be used in the mouth. Unfortunately in cases with intestinal infection we cannot carry the hyper-nutrition to such an extent as in the pulmonary cases. However, the importance of a wholesome, nourishing diet, absolute rest and fresh air must not be overlooked; but these methods are familiar to all physicians.

Von Behring has devised a new mode of prophylactic treatment for infants. He has immunized entire herds of cattle against tuberculosis and according to his experience it seems possible to introduce antibodies into small children, through the milk of these cows. By this method the children are tided over the period in their lives when contamination is so dangerous, because of the deficiency in anti-bodies.

Surgery is able to cure some cases of ulcerative enteritis by the removal of a diseased portion of the bowel. Also in cases of the ascitic form of tubercular peritonitis when adhesions are not great, a laparotomy proves beneficial in 60 to 80 per cent. The benefits derived from this operation are thought to be due to the fresh flow of antitoxin-bearing blood to the peritoneum, brought on by the manipulation of the bowels. By our osteopathic methods we can increase the quantity, quality and antitoxic elements of the blood to the parts affected, and should meet with similarly favorable results in these cases without an operation. However, I have failed to find any such cases reported in our literature. The surgeon also has the advantage over the internist in that a diagnosis can never be proven without an abdominal incision.

Symptomatic treatment to relieve the irritation of the bowels and the diarrhoea is at times necessary. Among these measures are: flushing of the intestines by a copious drinking of hot water on an empty stomach; irrigations of the bowel with mild antiseptic solutions; and the use of oil enemata injected high into the colon to allay the inflammation.

Let us summarize for a moment. First we have a pathological condition in the lower dorsal and upper lumbar area. Dr. Meacham says that an anterior lower dorsal and a posterior upper lumbar are most frequent in his experience. Through the resulting intestinal disturbance, malnutrition, and weakening of the body defences the bacteria gain entrance into the intestinal canal or mesenteric glands. From here they may be distributed throughout the body through the lymphatic system. The importance of correcting these lesions; of building up the vitality of the local tissue cells; of increasing the quantity and quality of blood to the affected area is obvious. However do not let us forget the importance of bearing in mind the real pathologic conditions present, while administering osteopathic treatment for the correction of these lesions.

Every physician worthy of the name is glad to receive enlightenment from whatever source. The best physicians at times feel helpless in the presence of serious cases. A true scientist realizes that all truth is one and we of the younger schools of medicine should be willing to avail ourselves of whatever good the older schools have had to offer in the way of treatment. However, for the real aid of nature in her efforts at repair we are glad to compare the results of our methods with those of any other school.

The Psychic Control of the Patient

The control of one mind over another requires the confidence of the patient in the physician, and the ability of that physician to inspire more confidence in his patient than that patient himself possesses. It is a curious fact of the human mind that those who are weak and are struggling upward are never able to be any better than they think the man who is helping them expects them to be. When once they have gained their self-respect and have regained their former pride and vigor so that they can stand on their own individuality alone, then will they go to any limit of which they are individually capable.—Lambert in Boston Med. and Surg. Jour.

Osteopathy Fifty Years Hence

BY RUSSELL DUANE, OF THE PHILADELPHIA BAR.

An address delivered at the commencement exercises of the Philadelphia College of Osteopathy at Witherspoon Hall on June 5, 1912.

At previous commencements of this Institution the origin and history of osteopathy have frequently been the subject of discussion and review. On this occasion it is my purpose to say a few words as to the probable future of osteopathy and of the various channels through which its influence is likely to be enforced and extended. The great Doctor Still once said, "Osteopathy is a science fifty years ahead of the times." In the spirit of this remark let us try to forecast the future of the profession and picture to ourselves what its status is likely to be fifty years hence after the times have caught up with osteopathy.

I. Probably the most characteristic single medical thought of our day is the idea that "prevention" of disease is more certain in its result and in every way preferable to an attempted "cure." Measures of prevention have in recent years occupied a position of increasing importance both with our public authorities and with the medical profession, and many terrible diseases like yellow-fever and small-pox have thus been eliminated or largely reduced. It is said that a custom exists in some parts of China according to which medical men are paid by their patients for keeping them well and that as a penalty for failure to do this, medical attendance must be furnished free whenever the patient becomes ill. By the end of the next half century, with the growth in popular intelligence which may reasonably be expected within that time, this idea of "prevention" is likely to control the habits and practice of the entire community. With that development will naturally come about a corresponding progress in those branches of medical science and art which have as their direct aim the production and maintenance of health as contrasted with those branches which are merely available to cure existing illness. In the science of osteopathy the element of prevention is at least equally prominent with the element of cure, and hence osteopathy is certain to share in the progress of popular intelligence toward the universal use of preventive measures. Osteopathy is well adapted to cure the patient of manifold ills; but an even more important function of osteopathy is the removal of causes likely to produce ills. Osteopathy

aims at catching the patient before he becomes too much of a patient. Its object is to rectify the irregularities of bony structure, muscles or nerves before the aberration becomes so great as to induce active disease. From the osteopathic standpoint the number of ill persons in a community is not to be estimated by counting up the inmates of hospitals and sanitariums or the number of those confined to bed in private dwellings. On the contrary, those denominated ill should include all persons who are conscious of a lack of strength, vitality or efficiency which can properly be attributed to any physical derangement, however slight it may be in its present existing stage. It has been estimated that over ninety per cent. of the persons one would meet on Chestnut Street at any hour in the day are in need of some physical correction such as osteopathy affords. In many cases this physical derangement is so slight that the person in question has no consciousness that anything is wrong, yet there exists in that person's organism an ever-present source of irritation and disturbance of function which in time may readily grow to serious proportions. At the present moment the community generally does not appreciate the need of having minor structural derangements corrected. The field of osteopathy is unfortunately curtailed through the ignorance of a large section of the public as to what it is, its past history, the scientific theory underlying it and the character of the cures which it has effected. Fifty years hence the community will recognize the fact that osteopathy affords the most effective means known to medical science of correcting physical errors and defects having the most untoward possibilities and thus of preventing the occurrence of the gravest evils and diseases. Today every intelligent man recognizes the importance of having detailed scientific care given at stated intervals to such portions of his body, for example, as the eyes and the teeth, and he recognizes that such attention to be efficacious must be given promptly and with regularity. Out of this recognition have developed two of the greatest, most useful and most profitable professions, viz: those of the oculist and the dentist. In time every man of intelligence will apply the same wise rule to the remainder of his physical structure, and even when in apparent health will seek examination and, if necessary, treatment at regular intervals from his osteopath with the same care which he now exercises as regards his oculist and his dentist. With that care will come the corresponding reward that if anything is wrong with the patient in any physical aspect it can be set straight before illness or disease supervenes.

II. There is excellent reason to believe that the growing employment of osteopathy in the prevention and cure of disease will be accom-

panied during the next half century by a steadily increasing application of its methods to cases of traumatism. Osteopathy is peculiarly adapted to the relief and cure of injuries occasioned by violent accidents.

Scientifically analyzed, all accidents involve an impact by some form of fortuitous violence upon one or more points of the physical structure. For simple bruises and lacerations Nature furnishes certain rough and ready remedies, but if the impact is severe, injury is likely to ensue to the bones, ligaments, muscles, nerves or possibly the internal organs, such as requires external mechanical readjustment. For illustration I would point to a case which came to my knowledge of a patient who sustained displacement of several vertebrae in the neck as the result of a violent fall from a horse. By osteopathic means a complete cure was effected in less than half an hour of an injury which without it would probably have resulted in life-long deformity accompanied by partial paralysis. Not only is osteopathy effective in replacing members disturbed by violent accidents, but it also accomplishes the ensuing result of alleviating the equally serious symptoms of a nervous character which so often follow accidents causing some kind of displacement. The fact that the great mass of the community habitually go about with imperfect physical structures and in a low state of physical vitality is shown by the frequency with which evil consequences of a nervous character ensue upon the happening of very trifling accidents. The explanation is that, from an osteopathic standpoint, such a patient, although not aware of the fact, is in bad condition BEFORE the accident. Now, if osteopathy is promptly applied to the replacement of disturbed members and to the restoration of proper circulation and muscular and nerve action, the causes of nervous disturbance will be eliminated and a speedy cure accomplished.

III. I now approach the interesting subject of the probable relations which will exist fifty years hence between osteopathy and the various professions and industrial pursuits. In the matter of the treatment of accidents osteopathy comes into close relation with the practice of my own profession of the law. At the present time the accident cases pending in the courts of Philadelphia County constitute nearly one-half of all civil suits. This fact affords to all lawyers an exceptional opportunity to promote the welfare of their clients, as well as of the community, by advising such injured persons to undergo osteopathic examination and treatment for the purpose of curing their injuries. For many years past it has been my practice, whenever retained to represent a plaintiff in an accident case, to have my client examined by some leading osteopathic practitioner as a means of obtaining light upon the nature of his injury and the chance of its cure. Where the examination has warranted

it, I have always found it possible to influence the client to submit to the subsequent osteopathic treatment which his symptoms required. In some cases where I have been forced to give an adverse opinion from a legal standpoint and to tell the client that his case was hopeless, I have had the satisfaction of seeing him from a medical standpoint entirely cured or substantially relieved. While this method of curing the client before a jury has had an opportunity to assess damages is sometimes bad for the legal end of the case and always tends to reduce the fees of counsel, it means life and health to the plaintiff and sometimes a substantial reduction in the loss which would otherwise have ensued to the defendant. I believe the time will come when every well-informed right-thinking lawyer will consider it his duty to his client not only to render him the best possible legal service, but also to advise him as to the most effective means of relieving such physical injuries as he has sustained. I will also indulge in the prediction that in another half century the great public service corporations will keep in their employ a staff of osteopaths whose duty it will be to administer free treatment to injured passengers, employees and other claimants. Such a system today, if well-equipped and maintained, would mean life and health to thousands of unfortunate victims and reduce the yearly accident bill of the railway corporations of the United States at least twenty millions of dollars.

I believe that the observed benefits of osteopathy in the treatment of accident cases will in time lead to its general adoption as an important element of industrial efficiency in the operation of large industrial plants. The ideal future of osteopathy will be realized when every employer of labor will regard it as not only his duty, but also to his interest to cause each of his employees to be examined by a competent osteopath and all needed treatment given at the employer's expense for the purpose of putting the employee in a sound physical condition from an osteopathic standpoint. A moment's reflection will make it obvious that the body of an employee (and the same thing is true of the body of his employer) is simply a piece of machinery operating in a productive process. In more than a dozen of its aspects we can compare it, for example, with a locomotive or motor-car, although it is infinitely more complex because adapted to so many more uses. If a "part" of a locomotive or motor-car becomes broken or bent or there is an "interference" of parts, not a moment is lost in taking it to the machine shop. The same intelligent care should be applied to the human machine. Such a system, if adopted, for example, by a manufacturer, would not in any sense be a charity. On the contrary it would mean increased profits to the employer

through the larger return made by the employee and a return made with infinitely less discomfort to himself. The cost would be a legitimate expense in the conduct of the business—as legitimate as the expenditure made for repairs or for oil on the operation of an engine. Not only would the life of the employee be prolonged and his health safeguarded and improved, but his efficiency would be permanently enhanced and time lost in avoidable illness would be eliminated. The public will some day realize that very few persons ever become ill who have been put in good osteopathic condition at a time when they were apparently well.

IV. I also predict that the next half century will witness a constantly increasing association between the profession of osteopathy and public philanthropy. One of the greatest philanthropists which this country has every produced once said in my hearing, "It is very hard to do good without doing a great deal more harm." This may be true of much of the public and private almsgiving of our time, but of the wisdom of that charity which gives health to the sick and strength to the weak, which makes the deformed whole and the crooked straight, there can be no possible manner of doubt. I foresee a time when through the instrumentality of our great public charities osteopathic treatment will be furnished to those who need but cannot get it as part of a scientific system to accomplish their restoration to and maintenance in a condition of active industry and economic self-help. There will come a time when every well-equipped hospital will have its corps of osteopathic doctors just as today it has its corps of medical doctors and trained nurses. There ought to be and ultimately will be concurrent action and harmony of feeling between the various branches of the medical profession now so radically divided. In time the medical practitioner will, as a matter of course, call in and consult the osteopath in cases needing his skill, and the osteopath will freely call in as a consultant the medical practitioner, in order to secure his professional aid in such cases as may require it. Many of our foremost physicians, like the late Dr. Musser, have already recognized the wisdom of invoking the co-operation of able osteopaths in the treatment of many of their cases. In time osteopathy, in many classes of cases, will probably become the exclusive method of treatment recognized and enforced by leading practitioners of all schools and by medical associations. I may be mistaken, but that is my prediction. In time also I hope to see established what I believe would be the greatest charity within the power of any rich man to create, namely: "An Institute for Diagnosis." By this I mean a bureau to which any man or woman of any station in life, who was feeling ill, could go and obtain the service and advice of expert diagnosticians as to the

nature of the patient's trouble and obtain the name of the specialist, whether osteopathic or otherwise, to whom the patient could resort for relief with the best chance of obtaining a cure.

In conclusion, I would say to the members of this graduating class that the realization of the future of osteopathy which I have endeavored to portray is in the hands, primarily, of the graduates of this and other similar osteopathic colleges; and secondarily, it depends upon the faithful co-operation of those laymen like myself who have had an opportunity to test its benefits and possibilities. I would have every graduate realize that he is charged with a personal responsibility to accomplish the results which I have outlined and which I believe to be well within the possibility of attainment. You who have enjoyed the advantages of this institution are now called upon to administer a sacred trust. On your fidelity to duty depends the future of a great cause.

FACE your deficiencies and acknowledge them, but do not let them master you. Let them teach you patience, sweetness, insight. When we do the best we can, we never know what miracle is wrought in our own life, or in the life of another.—HELEN KELLER.

Phagocytic Immunity

Series No. 13 from the Bacteriological Laboratories of the A. S. O.

BY J. DEASON, C. L. DORON AND C. R. EITLE

This is one of the several series of work done under the general direction of the A. T. Still Research Institute.

Since the advent of the germ theory of disease, other theories have arisen in superabundance in the attempt to explain their cause and treatment and while much has been learned relative to the prophylactic treatment of infectious diseases certainly we cannot claim as much in the way of curative methods. More than fifty diseases are now known, the cause of which is some specific micro-organism and as yet we are unable to claim a positive specific serum treatment for more than a half dozen of these and even in these cases, the results are decidedly questionable. So much has been learned and unlearned as regards serum and vaccine treatment during the past decade that comparatively little may be stated as positive knowledge.

We believe that the question of immunity really belongs more to the realm of physiology than bacteriology and that ultimately we must look to this source for positive explanations and theories of treatment.

In practically all infectious diseases a leucocytosis is known to follow or accompany the infectious process. Surely this is an attempt on the part of the body to establish a biological reaction, for the purpose of combating either the activity of the micro-organisms directly or their toxins. There is much scientific evidence, both experimental and clinical, to lead us to believe this is the purpose of the leucocytosis. We shall not take the space here to review the literature on this subject. Suffice it to say that conditions of leucocytosis and other blood changes following in infective processes have many times been studied; it is possible that we may be able to offer a review of the literature on this subject later.

It has many times been observed that certain blood changes follow the injection of vaccines and antitoxins and notably a leucocytosis. Several questions would naturally arise from these facts. First—What is the cause of the leucocytosis? Second—Does it effect any increased resistance to infective processes? Third—What relation does this leucocytosis bear to the leucocytosis following infective processes?

Since a condition of leucocytosis is so common after the injection of serums we thought it well to investigate the cause of this first. It may be due to some specific biological reaction effected (as in the case of the bacterial vaccines) by the presence in the blood of the bodies of the killed bacteria or their products, or we thought it might possibly be due to the effect of the chemical substances used as preservatives such as phenol, tricresol, etc. Therefore a number of animals were injected with phenol and afterwards inoculated to determine this.

Most osteopathic physicians know something of Dr. A. T. Still's theory of "cantharides-vaccination" for small-pox. The "fly blister" vaccination method, as the "Old Doctor" chooses to call it, was done by blistering a part of the body with cantharides, the mascerated bodies of spanish flies being used and applied locally.

Dr. Geo. Laughlin tried this method some years ago on a number of patients and of the several hundred individuals so "vaccinated" only one contracted small-pox and in this case the attack was very light. Most of these vaccinated individuals were probably exposed as there was an epidemic in Kirksville at the time. Dr. Laughlin offers no scientific explanation of this immunity if such it were, nor does he seem to think it of any very great significance.

We believe that there is a **possible** explanation for the above in the theory that the fly blister might have effected an increase in the number of leucocytes and in this way have rendered some temporary immunity to the individual. In order to try this several animals were injected with cantharides and their blood changes noted.

Another problem that seemed within the scope of this work was the phenol treatment for tetanus. Several cases of tetanus have been reported as cured by the injection of small quantities of dilute carbolic acid. In some instances it is reported that cases have been so cured even after the paralytic stage was reached.

Work of a preliminary nature on the several problems stated above has been done with the hope of getting enough information to start on a definite line of experiments later.

Methods and Technique.

Sixty guinea pigs were used. Each pig was injected once every week with tincture of cantharides. One drop of the U. S. P. tincture was used in 1 c. c. of water the first week, two the second, four the third, etc., the amount this way being doubled each week. The injection was made with a hypodermic needle beneath the skin of the abdomen. In each case the abdomen was shaved and washed with fifty per cent alcohol

until it was sterile. Before each injection a white blood count was made to determine the normal number of leucocytes and to determine the increase caused by the cantharides. A blood count was also made every day or so between the injections. Leitz' blood counting apparatus was employed, .5 per cent acetic acid being used to eliminate the erythrocytes. The blood was drawn from between the toes of the pig or from the ear, care being taken not to open an old cut in which there is of course, a phagocytosis. All punctures for blood were made after the part had been sterilized with fifty per cent alcohol and were again cleansed and sealed with colodium after the blood was drawn. Each count was made by at least three people who wrote down their counts and if these did not check within five per cent another one was made. No results were recorded unless three separate pipettes were counted under the above conditions and checked to within ten per cent. The average of the checked counts was taken as the final result.

Seven guinea pigs were injected with cantharides and nine with a 1-260 dilution of phenol. Later a 2-260 solution of phenol was employed. The same precautions were used with each pig, and after the average phagocytosis for eleven pigs had been determined it was assumed that phenol and cantharides produced the same effects in five other pigs "raised" in this manner.

The pigs "raised" on phenol and cantharides were then inoculated with *B. diptheriæ* or a suspension of *B. tetani*, *B. coli*, staphylococcus and streptococcus. In each case several normal pigs were inoculated with the same amount of the suspension as a control.

In order to determine the proper method of inoculating animals with *B. tetani* for the production of tetanic symptoms, eight animals, rabbits and guinea pigs, were inoculated as follows: Two with pure cultures of *B. tetani* in normal salt suspension; two with bacterial emulsion of *B. tetani* and streptococci; two with *B. tetani* and staphylococci; two with *B. tetani*, streptococci and *B. coli*. It was found that the last combination was followed by the most characteristic symptoms. This is explained by the fact that these organisms grow symbiotically, i. e. the presence of *B. coli* produces the anaerobic condition necessary for the growth of *B. tetani* and the enzymes produced by the pathogenic cocci reduce the resistance of the tissues.

Six other pigs were injected with phenol 2-260 and at the same time inoculated with *B. tetani*, *B. coli*, staphylococci and streptococci. Eight tubes of *B. tetani*, one of *B. coli*, one of staphylococcus and one of streptococcus were used in one hundred cubic centimeters of peptone solution.

Results.

In those pigs which were treated with cantharides the blood count rose without fail in almost direct proportion to the amount injected. The counts which were made previous to injection always showed normal and any animal which failed to show normal count was immediately discarded. The normal count for guinea pigs seems to be about the same as for the human, 5,000 to 7,000 white cells per cu. mm.

The results with the use of phenol were almost identically the same as those obtained with cantharides as far as the leucocyte count was concerned. In several of the animals both methods were tried, the phenol treatment being given after that of cantharides. The leucocyte count in a great many instances rose remarkably, in some cases showing as high as ten or fifteen thousand white cells per cu. mm. This demonstrated the effects of these substances.

In order to put the facts of this series of work more clearly before the reader the results obtained on several of the animals will be summarized.

A. With the use of Cantharides.

Pig No. 1	First count showed	6000 white cells per cu. mm.
	24 hours after injection	8900 white cells per cu. mm.
	5 days after injection	8900 white cells per cu. mm.
	2 weeks after injection	8900 white cells per cu. mm.
Pig No. 2	1st count after injection	8900 white cells per cu. mm.
	48 hours after injection	10000 white cells per cu. mm.
Pig No. 3	1st count after injection	7800 white cells per cu. mm.
	24 hours after injection	8000 white cells per cu. mm.
	3 days after injection	8800 white cells per cu. mm.

This last pig was reinjected and two days after reinjection showed 9000 white cells per cu. mm.

Pig No. 4	1st count after injection	6400 white cells per cu. mm.
	48 hours after injection	7300 white cells per cu. mm.
	1 week after injection	11200 white cells per cu. mm.
Pig No. 5	1st count after injection	7500 white cells per cu. mm.
	48 hours after injection	12400 white cells per cu. mm.
	1 week after injection	15200 white cells per cu. mm.
Pig No. 6	1st count after injection	5800 white cells per cu. mm.
	48 hours after injection	6200 white cells per cu. mm.
	1 week after injection	8800 white cells per cu. mm.

Pig No. 7	1st count after injection	5000 white cells per cu. mm.
	48 hours after injection	8900 white cells per cu. mm.
	1 month after injection	11200 white cells per cu. mm.

B. With the use of Phenol.

Pig No. 8	1st count after injection	5400 white cells per cu. mm.
	11 days after injection	5800 white cells per cu. mm.
Pig No. 9	1st count after injection	5400 white cells per cu. mm.
	11 days after injection	5800 white cells per cu. mm.
	Pig reinjected 5 days later	6800 white cells per cu. mm.

Pigs Nos. 8 and 9 were reinjected and the count remained high. Pigs Nos. 10 to 16 inclusive gave results similar to the foregoing.

In those animals which were inoculated with cultures of virulent organisms the results seemed to indicate that previous treatment with phenol by means of a series of injections as has been described gave at least some resistance, if not indeed complete immunity from disease. Although space will not admit of our giving even brief reports of all the animals used in this series a few examples will be instanced.

Six pigs which had been "raised" on the phenol treatment for several weeks were inoculated with a suspension of streptococcus, staphylococcus, B. coli and B. tetani. The animals showed no symptoms on the day following, but on the second day two developed symptoms and died, and the rest died within twenty-four hours.

Six pigs that had **not** had the phenol treatment nor had been "raised" on phenol, as we choose to term it, were inoculated with a similarly virulent culture. At the same time they were injected in another part of the body with one c.c. of phenol solution, 1-130 per cent. Within twelve hours four pigs were showing symptoms and were therefore reinjected with one c. c. phenol solution of twice the strength of the former injection. All the pigs were dead within twenty-four hours. It can easily be noted how much sooner these pigs succumbed to the disease than did those that had been treated with phenol.

Another series which seems to indicate the value of a high leucocyte count follows:

Seven pigs were given the phenol treatment for six or eight weeks with injections of one c. c. of the solution at a time, so that their leucocyte count was raised very high.

Six other pigs were thoroughly inoculated with B. diptheriæ a month or so previous, so that these pigs also had a very high count.

These animals were then all placed together and inoculated with a

suspension of *B. tetani* and *B. coli*. We used half a dozen other pigs as controls so that we might be sure that the suspension was one that would "take." The control pigs and six of the pigs treated with the phenol were the first to die. The others showed no symptoms at all. The remaining ones were then reinoculated and the "phenolated" pig which had survived the first inoculation was the first to die. The others did not even show symptoms for almost a week when they gradually developed symptoms and died. We could not attempt to explain these results other than that the repeated injections of phenol finally tended to weaken the animals resistance while the ones which had been inoculated and had recovered from the effects (possibly by virtue of the leucocytosis produced) showed greater resistance to infection.

Summary and Conclusion.

The results of this work have been so indefinite that we can do little else than draw some general conclusions, except in the case of the phenol treatment for tetanus.

First—The animals which developed tetanic symptoms following the inoculation with *B. tetani*, seemed to be little affected by the phenol treatment. In all cases when the injections of phenol were made after the symptoms of tetanus appeared there was no benefit noted other than a possible temporary relief of the symptoms in a few of the animals. We were not able to prevent the death of the infected pigs after the symptoms had appeared nor were we able to prevent the symptoms by injecting with phenol at the time of inoculation.

When the animals were "raised" on phenol i. e. injected with increasing doses for several weeks such pigs seemed to show a slightly greater resistance than either uninjected pigs or pigs injected with phenol at the time of the inoculation.

Second—Concerning the blood changes following the injection of cantharides and phenol we can state that in every case an increase in leucocytes occurred. Whether this increase in white blood cells caused the seemingly increased resistance to infection we cannot say as no opsonic work was done.

Third—It would seem that those animals affected from the inoculation of *B. diphtheriæ* showed a greater resistance than those "raised" on phenol as mentioned above, but since so few animals have been experimented upon in this way we cannot arrive at any very definite conclusions.

The Success of Osteopathy

Selections from an article by Elbert Hubbard in the *Fra* for June, 1912.

For ten years past I have been interested in Osteopathy. This began with my meeting with Doctor Still, the founder of the science. Doctor Still is now in his eighty-fourth year. He has been a practicing country physician since his twentieth year.

There is no college degree equal to the all-around experience of a country doctor, provided he keeps his eyes wide open and does not fall into a rut—which the average man certainly does. If anybody is a genius it is the man who is filled with an eternal discontent and an undying hope. Doctor Still was the original first citizen of Missouri. He is the man who first demanded visual demonstration. He is the man who said, "Show me!" Also, he is the man who went a head and showed the world a good many things it never knew before. We work from the complex to the simple and the obvious is the last thing we learn.

When Doctor Still was fifty years of age he came to the conclusion that the science of medicine was a science of guesswork. Setting up explosions in the internal anatomy of a man in order to cure him of a disease seemed to him a very foolish proposition.

In studying up the question he found that one of the very early forms of treating the sick was by incantations. The sick man was supposed to be possessed of a devil, and the doctor made it just as disagreeable for Mr. Devil as he possibly could. Noise, smell, beatings and poisons were resorted to. The giving of toxins for the relief of disease, no doubt, had its rise in the same impulse that suggested the incantations. Doctor Still also discovered that one of the very early forms of treating disease was by means of the laying on of hands, which first meant the manipulation of the afflicted part. This method of treatment is the natural thing. Also, it has its base in commonsense, as all natural things do. The hurt comes through an interference with the circulation. To bring about an equalization of circulation means a freedom from suffering. Yet osteopathy is not a matter of massage or rubbing. It is something far more. Doctor Still began to diagnose every case that came to him, with the idea of finding out where the machinery was wrong. To his surprise he was able to locate, in a great many instances, the afflicted part. Then the thing was to manipulate

the bones in such a way that an equalization of circulation would follow. And in order better to succeed, he took the patient into his confidence, studied the cause, saw where the individual lapsed in his living and thinking and acting, and endeavored not only to put his anatomy in a right relationship, one part to the other, but endeavored to place the man in a right relationship to the world, in a mental and spiritual way. Soon patients who had been given up by the regular physicians were coming to Doctor Still. Doctor Still was "old," even in middle age. This expression is complimentary rather than otherwise. It suggests wisdom and the ripened reason that goes with long experience. It suggests that the man is not hot after success, as the average youth is, but that he is sedate and seasoned. And so the sick came in wagons, ox-carts, hayracks. They were carried on stretchers or limped on crutches, for the idea had gone abroad that Doctor Still possessed the Healing Touch. Just what the Healing Touch is I do not know; neither does Doctor Still. But I am inclined to think it is something like this: the average man is a very undeveloped creature, and instead of thinking with his whole body, as it is possible to do, he thinks, if at all, just with his sky-piece. He gets other people to do his work, and his hands serve him, at the best, simply as bread-hooks. The good osteopath thinks with his hands.

Doctor Still sought for the seat of pain with his hands. He could locate, quickly and accurately, degrees of temperature which the average man could not detect with his fingers. Manipulation came to him as a habit. Right adjustment followed and quickly. The blood flowed properly, elimination took place. Inflammation subsided. The patient became calm, then hopeful—and was well. Crutches and canes were piled in the front yard of the good old doctor. Drugs became things to forget, and all the Latin Doctor Still ever knew was relegated to the rag-bag of Time. Fifteen years passed, and in order to care for the patients that came to him he had to call on the help of others. Several young men acted as his assistants. An addition was put on the old farmhouse, and Doctor Still daily instructed his boys, and he instructed the patients that came. And thus naturally, without violence of direction, merely as a matter of course, the Science of Osteopathy was born.

I believe that Doctor Still was about the first physician to cease using the word "cure." An osteopath does not claim to cure disease. All he does is to give Nature a chance. The healing principle is in Nature. We are a part of Nature. Nature is on our side and she is doing her best all of the time to keep us well. Pain is the result of a

remedial endeavor on the part of Nature to bring about a change for the better. Also, pain is a beneficent warning. The old-time method of silencing pain by sedatives and lotions was based on a wrong principle. For instance, doctors used to give morphine to stop pain. The effect of morphine is to deaden sensibility, not only in the afflicted part of the body, but also throughout the entire system. I have seen morphine given in cases of sciatica and lumbago, and there is no doubt that it stopped the pain. It also stopped the action in the entire alimentary tract. And always and forever where morphine is given it has to be followed with another drug in order to prevent killing the patient through malnutrition. So one drug always calls for another, and thus the patient not only has to fight the disease, but has also to fight the effect of the drugs and thereby is his resiliency or resisting power lowered. And when you reduce a patient's vitality, other complications enter and his chances of recovery are much diminished. To retain all of one's vitality is the one desirable thing to do. Osteopathy holds that health is the most natural thing in the world, and its every effort is to move in the line of Nature and take advantage of the laws of Nature. Naturally, osteopaths lose caste with the regular practitioners. Every good thing in the world has to fight for its life. Every innovation is opposed. The average man knows only the things that he has memorized. Initiative, originality and progress are painful propositions. But inasmuch as the founder of Osteopathy was a graduate of a regular school of medicine, it was not possible for the jealous ones to deprive him of the privilege of practicing in his own way. But when some of his young men, who were not graduates of regular colleges, sought to treat disease by manipulations, bringing about a right adjustment of the tissues so as to let Nature play through the patient, they found themselves lawbreakers in the eyes of the State. That is to say, they were practicing medicine without a license. It was in vain that they pleaded that they gave no medicine and that they were endeavoring merely to bring about a right relationship between the man and his environment. Their argument was scoffed at—they were trying to heal the sick. And the fact that their patients got well was construed as proof of guilt. In certain cases prosecution and persecution followed. A few were imprisoned. Some were fined. But no good thing can be stamped out of existence unless you turn to and kill everybody who is upholding it. Osteopathy increased in popularity, for the simple reason that it gave people relief without risk—also, without undue expense. Those who were sick usually got well, and if any of the friends suffered they, too, were inclined to take up Osteopathy.

My criticism on Osteopathy would be principally that the name does not designate all that the science is. It is not alone a science of the bones, although the first requisite in the osteopathic practitioner is a thorough knowledge of the bony structure. Beyond this he must be a skilled anatomist. But over and against all of his knowledge he must be a good psychologist. The more he knows of human nature and the great tides of emotion that play through the human heart, the better fitted is he to treat his patients. He must be a humanitarian, full of sympathy and also full of the passion for truth and right. The great simple facts of right living are emphasized strongly in all of the osteopathic colleges. Commonsense is a big thing after all, and he who is possessed of good, plain, old-fashioned, sturdy commonsense has the first requisite of being a good osteopath, and no other individual has or can. This is the basic philosophy of Doctor Andrew Taylor Still, inventor and discoverer of this new method of healing—which is the old. In some ways, of course, Osteopathy cannot be regarded as an exact science, because it is a gradually expanding and unfolding manifestation of the times. Man is only in process. He is not yet created. The amount of truth he can absorb is limited. Osteopathy does not pretend to know all about it. It merely states what it knows, and describes what it sees, and beyond this it admits that there is a large tract of truth, as yet unexplored. The influence of Osteopathy in breaking up the ankylosis of entrenched orthodox medicine has been beneficent, far reaching and profound. Doctor Still created an epoch in the healing art, and his name will live in history linked with those of Hippocrates, Aesculapius, Austin Flint, Morton, Hahnemann and Lord Lister.

Dr. Asa Willard, of Missoula, Mont., has a bright little girl. They have taught her not to cry when hurt. One day she was out playing and fell. She was trying hard to keep the tears back and a lady who was passing said, "You will have to have your Papa give you a rubbing," she straightened up and said, "My Daddy Asa doesn't wub, he tweets."

Legal and Legislative

Montana State Board Examination.—The Montana State Board examination will be given in Helena, September 23 and 24. Asa Willard, D. O., Secretary.

Osteopathic Association Causes Arrests.—L. D. Abbott, C. L. Abbott, John J. King and J. B. Hough were all arrested recently on warrants sworn out by detectives employed by the Rochester Osteopathic Society, charged with practicing medicine without a license, in violation of the public health law.

Mr. Hough is a masseur who also gives electric and steam baths, and has offices over the postoffice in Jackson Street. Mr. King gives mineral baths at an establishment located at 4 Central Avenue. L. D. and C. L. Abbott are chiropractors with offices in the Brown building at 10 Main Street, and have been there for about a month.

Virginia Osteopathic Association Pushes Prosecution of Chiropractor.—The jury in the Corporation Court at Lynchburg, Va., rendered an agreed verdict in the case of the Commonwealth against B. W. Dresser, fining the defendant \$50, in order that a test might be made before the State Supreme Court of Appeals. This verdict was in accord with the judgment of the Police Court, from which the case was appealed.

The case involves the right of the defendant to practice his profession, that of a chiropractor, in Virginia without first having taken the prescribed examination before the State Medical Examining Board. The defense combats the claim that such a certificate is necessary, holding the law in the premises to be unconstitutional.

Behind the prosecution is the Virginia Osteopathic Association, which proposes to fight the case in the Supreme Court, and to begin similar prosecutions in other parts of Virginia, where members of the profession practice without a State medical certificate.

The osteopaths hold that if the members of their cult are required to take the State examination, others practicing any form of medicine or treatment of people should be held up to the same requirement. It is for this reason, it is said, that the osteopaths are pushing the Dresser case, and why they will start other prosecutions throughout the State.

Object to Provisions of Senate Bill 115.—The following telegram outlining objections to Senate Bill No. 115, providing for medical inspection of school children, was sent to Baton Rouge:

"Dr. Lazaro, Chairman Senate Public Health and Quarantine Committee,
Baton Rouge, La.:

"I desire as a citizen and as an osteopathic physician, to protest emphatically and vigorously against some of the provisions of Senate Bill No. 115, now before your committee for reconsideration. I object, in the first place, to limiting the inspection to 'public schools.' To be worth anything, inspection should cover private and parochial schools also. Secondly, page two, line eighteen, 'registered practicing doctor of medicine' should read 'Any practicing reputable physician,' for the term

'doctor of medicine' shuts out the other schools of the healing art, and is strictly class legislation in favor of the allopathic school.

"DR. HENRY TETE,

"Secretary Louisiana Osteopathic Association."

Elected Members of New Mexico Board of Osteopathy.—C. H. Conner of Bernalillo County, C. A. Sheelon, of Santa Fe County, and Walter Mayes, of Socorro County have been elected members of the New Mexico board of Osteopathy for a term of two years.

Refuse to Recognize Osteopaths.—The Montrose County Medical Society in Colorado has passed a resolution refusing to recognize professionally any except members of the "Regular School." The city health officer is the originator of the resolution which with the refusal to allow Osteopaths in the state of Colorado to sign death certificates places osteopaths in a very unenviable position.

Medical Society Urged to Fight Anyone Practicing Healing Without a State License.—Dr. O. L. Cox, secretary of the Allen County Medical Association read, at the last meeting of the society, a letter from the secretary of the State Board of Examinations and Registrations, directing the association to bring suit against all parties of any description, who practiced medicine or osteopathy without a registration or examination by the State Board mentioned above. This will affect all practitioners of any religious sect, medical "quacks" and faith healers.

Ontario Medical Council Votes Down Motion Hitting Osteopaths.—At a recent meeting of the Ontario Medical Council a lively discussion ensued over the question of the recognition of osteopaths. In fact a mental as well as physical perspiration must have resulted, as with only three dissenting voices the Council was placed on record as not being desirous of having the legislation committee oppose "the granting of membership of this college (The Ontario College of Physicians and Surgeons) to any men or body of men who have not fulfilled the requirements of the medical act."

This highly dignified position was arrived at after a lengthy and involved discussion over a motion introduced by Dr. James McCallum of the University of Toronto.

The motion read: "Whereas the Province of Ontario has decreed by section 40 of the Ontario medical act that all members of the College of Physicians and Surgeons shall be entitled to practice medicine, surgery, and midwifery, and whereas the Province of Ontario by virtue of the same act requires certain standards of education of all members of the College, the Legislative Committee of the Council of the College of Physicians and Surgeons is hereby instructed to resist all legislation granting membership of this College to any men or body of men who have not fulfilled the requirements of the act."

It was, of course, aimed at the osteopaths, but was couched in such general terms as to insure its passing as a matter of course. The Council, however, apparently blinded to its actual import by the heated discussion (some of which had been by no means relevant), voted it down despite Dr. McCallum's cynical smile and did not realize their position until after adjournment.

DEFENDS THE LEGISLATURE.

In defending the action of the Legislative Committee in seeking, apparently, to have osteopathy recognized, Dr. E. E. King of Toronto declared that the committee

was actuated by a desire to have the "practice of medicine" defined by law, and that any definition not recognizing osteopathy would secure no consideration from the Legislature. He maintained that the proposed requirements of the matriculation examination—attendance at eighty per cent of lectures of a course of three terms of nine months each and four terms of eight months each after 1914, the Council's regular examination, with the exception of medicine and the extra subject of osteopathy, was sufficient protection for the medical profession and the public, and that it would raise osteopaths from an ignorant into an educated class within a few years.

Dr. McCallum stated that he had no objection to the practice of osteopathy—if the people chose to go to osteopaths, let them go—but he did wish to prevent osteopaths posing as qualified in all branches of medical science. At present some osteopathic colleges gave degrees after a six months' course, and even the proposed regulations of the three and four year courses were manifestly unfair to the "legitimate" medical colleges, which had a term of five years. Also, the term "osteopathy" would have to be defined if recognized at all, else no prosecutions for illegal practice could result. In fact, Dr. McCallum saw many objections to the action of the Legislative Committee in recognizing osteopaths at all.

DEFENSE OF OSTEOPATHY.

Dr. T. W. Vardon of Galt contributed an exhaustive address, replete with well-rounded periods, despite the fact that many empty benches confronted him. Dr. Vardon is an ardent admirer of osteopathy, and quoted Hon. S. H. Blake as declaring he was a living testimony to the benefits of osteopathy. "If there are any benefits, let us have them," he adjured.

The net result of the two hours' controversy was the voting down of the resolution and the appointment of Dr. McCallum to the Legislative Committee. This last was accomplished by an amendment moved by Dr. Gibson, who declared that the committee needed a man capable of carrying on a wide, open discussion—in fact, such a man as Dr. Callum.

Associations

Organization of the Platte Valley Osteopathic Association in Colorado.—

The Platte Valley Osteopathic Association was organized June 29 at the offices of Drs. W. S. and Mary W. Warner, in Ft. Morgan, Colo., Dr. G. W. Perrin of Denver, president of the state association and Dr. Jenette H. Bolles, the recent appointee upon the state board of medical examiners were present. The following officers were elected: President, Dr. Mary W. Warner; first vice-president, Dr. W. E. Kellogg, Sterling; second vice-president, Dr. Lillian Friend, Wray, Colo.; third vice-president, Dr. Eugene Liberghein, Julesburg, Colo.; fourth vice-president, Dr. Ermina Flattery, Brush, Colo.; recording secretary, Dr. W. E. Bullock, Fort Morgan; corresponding secretary, Dr. Helen Agnes Dandy, Fort Morgan; treasurer, Dr. W. S. Warner, Fort Morgan.

A resolution was adopted that the sentiment of this organization is in favor of an independent osteopathic examining board and against the mixed board.

Much enthusiasm was aroused for the national osteopathic meeting to be held in Detroit next month, and by unanimous vote it was decided that Platte Valley Association attend the state meeting to be held in Denver, July 26 and 27 in a body.

It was also proposed to secure speakers and lecturers during the coming year for the purpose of advancing the interests of Osteopathy and explaining the relation of osteopathy to public health.

Montana State Association to be Held.—The Montana State Osteopathic Association will be held at Helena, July 24 and 25.

The Bay Association Meets in San Francisco.—The Bay Association held its regular meeting on May 8, 1912 at the offices of D. C. Farnham in San Francisco. Dr. Kate Slaughter addressed the meeting on Obstetrics. Several plans were brought forward for making the meeting more helpful to the prospects for a successful year are very bright.

Annual Meeting of Pennsylvania Association.—The largest convention of osteopaths in the history of the State was held in Pittsburgh June 21 and 22, when delegates to the thirteenth annual meeting of the Osteopathic Association assembled in Fort Pitt hotel. In addition to the large number of members in the state there were present distinguished men from other parts of the country. The following program was carried out: Address of Welcome, Dr. E. R. Waters, Director of the Department of Health, on behalf of Mayor W. A. Magee; Address, President Dr. H. M. Vastine of Harrisburg; Demonstrations and Clinics, Dr. Geo. Laughlin, of Kirksville, Mo., and Dr. Frances A. Turfler of Rensselaer, Indiana; "Symposium, Obstipation," Dr. Julia E. Foster of Butler, presiding. "Anatomy," Dr. Laura B. Dinsmoor, Sewickley; "Physiology," Dr. Mae Hawk Van Doren, Pittsburg; "Pathology," Dr. Roland C. Coryell, Brookville; "Physical Diagnosis," Dr. Sarah C. Oneland, Union City, and Dr. W. L. Grubb, Pittsburg; "Treatment," Dr. Alice Hughes, Williamsport; Dr. Robert H. Miller, Washington; Dr. Alice Hughes, Williamsport, and Dr. Carroll B. Morrow, Butler. The discussion was opened by Dr. Thomas K. Richards, Hazleton. "Diagnosis of the Iris," by Dr. W. L. Grubb, Pittsburg; "Man-

ipulative Treatment of Common Diseases of the Eye," Dr. William S. Nicholl, Philadelphia; "Observations in Case of Indigestion," Dr. M. E. Clark, Indianapolis, Ind. "Broken Arches and Kindred Affections," by Dr. Ralph H. Williams of Rochester, N. Y.

The new officers of the association are: President, Dr. E. M. Downing, York, Pa.; Vice-President, Dr. Irving Whalley, Philadelphia; Secretary, Dr. Julian C. Foster, Butler, Pa.; Treasurer, Dr. E. N. Hansen, Pittsburg; executive council, officers of the association and Dr. S. F. Warren of Philadelphia, Dr. V. A. Hook, Wilkes Barre, Pa., and Dr. John Robinson, Philadelphia.

Dr. O. J. Snyder was re-elected as a member of the State Osteopathic Board.

Midsummer Meeting of Colorado Osteopathic Association.—The midsummer meeting of the Colorado Osteopathic Association will be held at the Brown Palace hotel, in Denver July 26 and 27. The principal speakers will be Dr. C. A. Whiting and Dr. Louisa Burns of Los Angeles, Calif; Dr. Otis F. Akin of Portland, Ore., and Miss Grace Stratton of Salt Lake City.

The train bearing the delegates to the national convention at Detroit will leave Denver at 9:45 P. M. Saturday, July 27.

Annual Maine Association Held in Camp.—The annual meeting of the Maine Osteopathic Association was held June 29 at Lake Messalonsky, near Oakland, in the camp of Dr. W. Clare and Dr. Nora Brown. The following officers were elected for the coming year: President, Dr. A. E. Chittenden; Vice-President, Dr. Ralph A. Sweet; Secretary, Dr. Nora Brown; Treasurer, Dr. Maude Kelley; Trustees, Dr. Leonard Neal, Dr. G. Tuttle, Dr. William Shaffer.

Semiannual Meeting of Toronto Osteopaths.—The Toronto Osteopathic Association held its half-yearly meeting June 19. There was a large attendance of members from all over the province.

These papers were read and discussed: "Osteopathic Diagnosis," by Dr. W. R. Parke of Toronto; "Osteopathic Prognosis," by Dr. D. Drake of Toronto; "Applied Osteopathy," by Dr. R. G. Dunn of Woodstock.

The amendment to the Medical act came up for discussion. A code of ethics was adopted.

Georgia Osteopaths Meet in Atlanta.—A two days' convention of the Osteopathic Physicians of Georgia was opened at the Piedmont hotel on June 7 with delegates from all over the state present.

Many interesting and instructive papers were read during the two days' session and the several lectures were very beneficial to the delegates in attendance.

Dr. E. Broach, of Atlanta, delivered the address of welcome, and the response was made by Dr. S. D. Richards, of Savannah.

Dr. F. Muir Turner, of Savannah, was president of the association., and in his annual address he reviewed the activities of the new school of medicine and congratulated the physicians on the growth of the osteopathic school.

The convention held three sessions the first day, and between them the osteopaths sandwiched in a visit to the federal penitentiary.

At the afternoon session papers dealing with medical subjects were read by Drs. Barge, of Atlanta, and Deta Lucas, of Thomasville.

The evening meeting was devoted to an interesting address by Dr. Woodall, of Birmingham, who gave an illustrated lecture on the "Evolution of Medicine." Dr. Woodall paid especial attention to the research work, which is now being done by the osteopathic profession.

The following are the officers: President, Dr. W. H. Bowdoin, Atlanta; Vice-President, Dr. E. E. Bragg, Atlanta; Secretary and Treasurer, Dr. James Gorin, Savannah; Assistant Secretary and Treasurer, Dr. Frances Saunders, Albany.

It was left to the executive board to select the convention city for 1913. This selection will not be made before next spring.

West Virginia Osteopaths Hold Annual Meeting and Elect Officers.—

At the annual meeting of the West Virginia Osteopathic Society recently held in Parkersburg, officers for the year were chosen as follows: Dr. W. J. Seaman, of Huntington, president. Dr. J. D. Miller, of Morgantown, vice-president; Dr. W. A. Fletcher, of Clarksburg, secretary-treasurer.

The next annual meeting will be held in Parkersburg.

Semi-annual Meeting of Virginia State Association.—The semi-annual meeting of the Virginia Osteopathic Association was held in the "green room" of the Lynnhaven hotel June 15. Between the morning and afternoon sessions the visitors were entertained at luncheon by the local osteopaths.

Dr. J. Meek Wolfe of Lynchburg, president of the state association, presided at the meeting, while Dr. S. H. Bright, a well known local osteopath, welcomed the visitors. Dr. M. L. Richardson, also of Norfolk, read an interesting treatise on "Osteopathic Treatment." Other papers of interest were read by Drs. George E. Font and William D. Bowen, of Richmond, and Dr. Herbert S. Beckler of Staunton.

The next meeting of the association, it was decided, will be held in Richmond. Very encouraging reports of the growth of Osteopathy in Virginia were presented with indication of still more general growth to come.

Appropriate resolutions were adopted regarding the death of Dr. R. W. Martin, late president of the State Board of Medical Examiners and of the State Board of Health.

The Eleventh Annual Meeting of the Oregon Osteopathic Association.—

The eleventh annual meeting of the Oregon Osteopathic Association was held June 10 and 11, 1912 at the Hotel Portland, Portland, Oregon.

This was the greatest meeting in the history of the association, as not only were the Oregon Osteopathic Physicians in large attendance but sixteen guests from Washington and Idaho were present. The following program was given: 1:30 P. M. President's address, Dr. B. P. Shepherd. Prayer, Rev. John H. Boyd, D. D. 2:00 P. M. Symposium, Demonstrations in Diagnosis. Physical Examination: Auscultation, Percussion, Palpation, Dr. E. B. Halsop, Portland, Ore. Reflexes, Dr. L. H. Howland, Portland, Ore. Posture-Gait, Dr. A. B. Ford, Seattle, Wash. The Specific Osteopathic Examination, Dr. E. G. Houseman, Nampa, Idaho. Importance of Laboratory in Diagnosis: Chemistry and Microscopy, Dr. A. P. Howells, Corvallis, Ore. Bacteriological and Pathological Observations, Dr. J. L. Walker, Sunnyside, Wn. Evening, 7:30 Clinics, by several practitioners. Chief points of Diagnosis in Sacro-Iliac Lesions, Dr. W. L. Nicholls, Enterprise, Ore. Tuesday, June 11, 9:00 A. M. Demonstration McManis Table, Dr. W. G. Keller, Portland, Ore. Osteopathic Mechanics, Dr. J. A. Van Brakle, Oregon City, Ore. Business Session: Reports. Election. Discussion: Osteopathic Problems. Luncheon.

The program was devoted to diagnosis and with the demonstrations and clinics was most instructive.

Doctor A. B. Ford from Seattle gave a talk on Posture-Gait which was most practical.

Doctor J. G. Walker from Sunnyside, Wash., and formerly the assistant Bacteriologist at Kirksville, Missouri, told of the importance of laboratory diagnosis and the need of a small but complete laboratory in an office.

Doctor E. G. Houseman, of Mampa, Idaho, Secretary of the State Board of Osteopathic Examiners, gave some practical thoughts gleaned from his work and demonstrated the technique of a specific osteopathic examination.

Doctor Otis F. Akin of Portland, our Osteopathic Surgeon of the Northwest, presented a boy of fifteen with a curvature, and demonstrated the Abbott method for correction of scoliosis. Doctor Akin is working along this line and presented ably the mechanical principals which underlie it.

The election of officers for the coming year resulted as follows: Dr. L. H. Howland, Portland, president; Dr. E. Tracy Parker, Portland, first vice-president; Dr. R. C. Hicks, Astoria, second vice-president; Dr. Lillian Baker, Portland, secretary; Dr. William G. Keller, Portland, treasurer; Dr. H. C. P. Moore, Portland, editor; Dr. Mabel Akin, Portland; Dr. A. P. Howells, Corvallis; Dr. A. M. McNichols, Dallas, trustees; legislative committee, Dr. W. A. Rogers, Portland; Dr. R. B. Northup Portland; Dr. R. W. Walton, Salem; Dr. G. S. Hoisington, Pendleton; Dr. J. A. Van Brakle, Oregon City; program committee, Dr. W. G. Keller, Dr. E. B. Haslop, Dr. Lean Hodges, all of Portland.

Doctor Mabel Akin being unable to serve as trustee Doctor F. E. Moore was appointed to fill the vacancy.

The meeting adjourned with a luncheon to the visiting osteopathic physicians by the Portland physicians.

Oregon now has licensed to practice osteopathy 108 physicians. There are located in the state 91 osteopathic physicians, of this number 60 belong to the state association and 74 belong to the American Osteopathic Association.—H. C. P. MOORE, State Editor.

Southwest Missouri and Southeast Kansas Osteopathic Association.—

The meeting of the Southeast Missouri and Southeast Kansas Osteopathic Association which was held June 29 was both interesting and profitable, and was well attended. Dr. Trabue led the discussion on "Anatomy of the Cervical Region," then gave a quiz and afterwards a demonstration of lesions and their correction. This subject will be continued the last Saturday in September which will be the next meeting as the association will not meet during July and August. The subject was so interesting that the shortness of the study period and the long time before the next meeting was regretted.—MARTHA S. COX, D. O., Secretary-Treasurer.

Chicago Alumni of A. S. O. Organize.—On June 27, 1912 the Chicago Alumni of the A. S. O. met at the Auditorium hotel and organized the Chicago A. S. O. Alumni Association.

After a most able paper by Dr. C. P. McConnell the Association elected the following officers for its first year. President, Dr. Fred W. Gage, First Vice-President, Dr. Agnes Landes; Second Vice-President, Dr. Jessie Wakeham; Secretary-Treasurer, Dr. Alfred W. Young.

Dr. Andrew Taylor Still was elected the first honorary member of the Association.

The Association will meet quarterly and all Alumni of the A. S. O. in or near Chicago are most cordially invited to attend.—ALFRED W. YOUNG, Secretary.

The Southwestern Michigan Association.—The Southwest Michigan Osteopathic Association held its regular meeting in Kalamazoo June 1. The afternoon session was given to transaction of business; the adoption of a new constitution and by-laws.

In the evening Dr. Fryette of Chicago gave a most instructive talk on Lesions and their correction.

The meeting was not well attended. To those who attended these meetings regularly it is unaccountable that so many practitioners ignore these helpful meetings. They cannot afford to do so. They need the association and the association needs them.—FRANCES PLATT, Secretary.

Reunion of Iota Tau Sigma Association At Detroit.—Plans are being perfected for the largest reunion of Iota Tau Sigma men ever had. This will take place during Convention Week at Detroit. It is proposed to have a good old time, rousing banquet as special feature, together with other features which will be announced later. A committee of Detroit Iota Tau Sigma men is working in conjunction with a committee of the Iota Tau Sigma Alumni Association to make this the biggest success the fraternity has ever known. All members of the fraternity who plan to attend the convention are asked to accept this as their official notice until the committee plans are made known to them.—THOMAS H. NICHOLL, Secretary-Treasurer.

Meeting of the Miami Valley Osteopathic Society.—The Miami Valley Osteopathic Society of Dayton, O., held its regular monthly session June 6 at the Beckel hotel. The out of town members were guests of the Dayton practitioners at a six o'clock dinner. This was the last meeting of the society until September 1.

The retiring president, Dr. W. B. Linville, of Middletown, reviewed the work accomplished during the past six months, after which the following officers were elected for the ensuing year: president, Dr. J. F. Minear, Springfield; vice-president, Dr. H. H. Gravett, Piqua; secretary-treasurer, Dr. W. A. Gravett, Dayton.

Regular Meeting of the South Carolina Osteopathic Association South Carolina Osteopathic Association met June 13 in Columbia, S. C.

A good attendance, much interest and new members were encouraging.

The following officers were elected for the ensuing year: President, W. E. Scott; Vice-President, B. F. Landrum; Secretary-Treasurer, Mary Lyles-Sims.—MARY LYLES-SIMS, Secretary.

Thirteenth Annual Meeting of Missouri Osteopathic Association May 24 and 25, 1912. In North Hall, A. S. O. Kirksville.—The Convention was called to order by the President, Dr. W. F. Englehart.

The invocation was offered by Rev. Everly, who also extended the citizens welcome, Dr. Englehart responding with the President's address.

The first subject on the program "Requirements and Necessities for doing Minor Surgery Work." was handled by Dr. Geo. Still, with his usual facility. Dr. Geo. was interrupted in his lecture by the arrival of the "Old Doctor" who talked to us for a few minutes and promised to come again.

Dr. M. S. Slaughter being absent, his paper entitled "Quarantine, Public Sanitation and Hygiene," was postponed.

Dr. Minnie Schaub discussed "The Cervical Region," presented a clinic and led the discussion which followed.

The noon hour having arrived, it was decided to postpone the last paper until the afternoon session. The noon recess followed.

AFTERNOON SESSION.

The meeting was called to order at 1:30 o'clock by Dr. E. M. Browne, President of the M. V. O. A. who gave a short address of welcome.

Dr. J. W. Hofsess was called on to deliver his paper—it having been postponed from the morning session. The subject "Some of our Failures and Why," was handled most ably by Dr. Hofsess, who then asked for the experience of some of the other practitioners. Dr. Charlie led the discussion which was participated in by Drs. Mavity, Wood, Phelps, Orr, Burrus, Bell and Miller. At the close of the time allotted, Dr. Hofsess gave a regime of the ideas expressed.

Senator Carter of North Missouri was present and gave a short talk.

Dr. Asa Willard, was asked to read his paper on "Expert Testimony" which he had presented to the Iowa State Convention a few days before.

Dr. Lola D. Taylor, gave a very interesting paper on "Placenta Praevia" and history of a recent case.

Dr. Pauline Mantle, gave an interesting and instructive talk on the "Innominate," using a clinic and demonstrating as she talked.

A lecture on "Eye, Ear, Nose and Throat," was then delivered by Dr. J. N. Waggoner.

ADJOURNMENT.

At the evening session Dr. John D. Deason and his assistants gave talks illustrated by lantern slides on the subject "Vivisection Researches on Metabolism, and how it has benefited the D. O."

M. O. A. MORNING SESSION. MAY 25.

The Convention was called to order by the President who gave the announcements for the day.

A telegram was read from Dr. M. S. Slaughter in which he regretted his inability to attend the convention.

The nominating committee for the M. O. A. was named at this time—Drs. Burrus, Schaub and Livingston.

The nominating committee for the M. V. O. A. was also named—Drs. Hickman, N. J. Chalpepp and Nuckles.

An invitation to the field members of the Axis Club was extended for a reception at 3:30 P. M.

The "Old Doctor" arrived at this time and gave us an inspiring talk, which we hope to have preserved verbatim. As he seemed about to go Dr. Hildreth expressed the view that we were too much interested in ourselves, lacking in interest in the profession; that we have a great need of organization and should realize that we owe it to ourselves, to the profession and to Dr. A. T. Still. Dr. Hofsess jumped to his feet, exclaiming that in his opinion the "Old Doctor" was from fifty to one hundred years ahead of time, and asked that by a rising vote we extend our unanimous support to the "Old Doctor" who continued his talk for a few moments and seemed loath to leave "his boys and girls." His parting sentence was, that we were not serving a God who was to be feared but One who Was to be loved and who appreciated our efforts; and that our lives should be those of SERVICE.

We then adjourned to the hospital, where Dr. Geo. Still performed several interesting operations.

AFTERNOON SESSION.

The meeting was called to order by the President.

Dr. Frank C. Farmer read his paper which had been postponed from the day

before. The subject was "The Faucial Lymphatic Ring" and proved to be very interesting.

Dr. F. L. Bigsby gave a short talk on the "Pro and Contra Indication in the use of Ergot, Forceps and Obstetrical Anesthesia."

Dr. L. R. Livingston discussed the subject instead of Dr. Geo. J. Conley, who was unable to be present.

Dr. Geo. Laughlin, who was to have been next on the program was called out of town at the last minute, so Dr. Charlie took his place. Discussions and suggestions from various Osteopaths followed.

This ended the program for the afternoon, so the business meeting was called.

The minutes of the previous meeting were read and approved. The Secretary's report was also read and approved, and a rising vote of thanks was extended to the President and to the Secretary for efficient work done during the past year.

The Treasurer's report, a copy of which is on file with these minutes, was read and approved.

The Board of Trustees, reported that all work done by the President and Secretary during the past year, had been heartily approved by the Board before any action was taken.

The Legislative Committee had no written report, but recommended that copies of the law together with suggestions from Chairman of the Committee be printed and sent to the members.

There was no old business for transaction.

Under the order of new business, Dr. Hofsess asked for suggestions toward interesting non-members. Discussions followed by Drs. Hildreth, Mavity, Wood and Geeslin.

Motion was made and carried that the Secretary be authorized to appoint a Committee, from different parts of the State, to interest non-members. Suggestion offered that the President assist.

The report of the Nominating Committee being called for, the Chairman recommended that the same officers be retained with the exception of the First Vice-President, nominating Dr. B. J. Mavity for that office, Dr. Mary Harwood as Trustee for three years, and Dr. F. P. Walker on legislative committee for five years.

The motion carried that the report of the Committee be accepted, the rules suspended and nominees be declared elected.

Dr. Mavity suggested for consideration that some remuneration be offered the Secretary. This proposition was generally discussed but it was decided to postpone any such action until the organization was in better shape.

ADJOURNED UNTIL 7:30 P. M.

The evening session was directed to an informal discussion of various subjects of interest participated in by Dr. Chambers of Chicago, Hildreth of St. Louis, Wood of Fulton, Senior Students, Mavity of Nevada, Manier of Iowa, Hofsess of Kansas City, Carruthers of Kansas, Englehart of St. Louis, Livingston of Kansas City, Bailey of St. Louis, and Deason of Kirksville.—ARLONYNE ORR, Secretary.

King County Association Meets in Seattle Washington.—Dr. Wm. Waldo was host of the last King County Osteopathic Association. Dr. F. J. Feidler presented a splendid paper, "Goitres." Dr. Walter Jay Ford discussed "Abnormal Heart Conditions." Dr. Walso, "Torticollis." Dr. J. W. Murphy of Bremerton conducted a clinic to demonstrate Osteopathic technique.

Book Reviews

False Modesty, By E. B. Lowry, M. D., Author of *Confidences, Truths, Herself*, etc. Chicago. Forbes & Co. 1912. Pp. 110. Price 50 cents.

This little booklet is compiled from a number of articles originally published in a magazine. It is designed—as indeed are all such books—to impress parents with the importance of keeping the confidence of their children and thus preventing them from falling into the numerous pit-falls that surround the rising generation on every side. We find the regular subjects treated that are usually written about in books of this type such as *The Results of Ignorance, The Virgin's Sacrifice, The Homeless Girls*, etc., and the general style is elevating and good. We believe that all such works have a mission and we quite sincerely recommend it to anyone wishing to read along these lines.—HOLLIS.

Common Diseases and Disorders of Childhood. By G. F. Still, M. A., M. D. (Cantab), F. R. C. P. (Lond), Professor of Diseases of Children, King's College, London, Honorary Member of the American Paediatric Society, etc., etc. Second Edition. London, Henry Frowde, Oxford University, Press. 1912.

In this English work the author lays no claim to systematic presentation nor does he intend that it shall vie with the more systematized books as a text. He has however, followed the dictates of his own mind or fancy in the subjects discussed and the order in which they are taken up. Since, in a well trained mind, there is a definite sequence of thought we do not find things taken up in a haphazard manner or touched lightly upon but a certain regularity and degree of thoroughness prevails throughout. The first chapter takes up the consideration of the infant at birth and follows the growth and development throughout infancy and childhood. This is followed by an excellent article on infant foods, their use and the nutrition of the infant and then the disorders resulting from faulty feeding, poor assimilation and metabolism. Certain constitutional and local affections receive attention in the succeeding chapters with a final excellent expose on mental defects and other nervous disorders. A feature of the work is the personality instilled by the author as shown by his methods of presentation, rational powers of reasoning and convincing conclusions which one soon learns to respect. This work is based on the author's own extensive experience with many refer-

ences to the work of noted European and American paediatrists and excellent journals, such as the London Lancet and British Medical Journal. It is a work which will aid in the solving of many complex problems and as addition to a library of which any practitioner may justly feel proud.—WAGGONER.

Psychotherapy. By James J. Walsh, M. D., Ph. D., Fellow of New York Academy of Medicine, Dean and Professor of Functional Nervous Diseases at Fordham University School of Medicine, etc., etc. 806 pages and 34 illustrations in the text. D. Appleton and Company, New York and London. 1912.

This is one of the finest and most comprehensive works we have seen along this line and is a book that we would heartily recommend to any student of Psycho-Therapy. In his preface the author states that it is his belief that "this is the first time in the history of medicine that an attempt has been made to write a text-book of the whole subject of psycho-therapy, as no one, apparently, has attempted to systematize the application of psycho-therapeutic principles, not only to functional but specifically to all the organic diseases." This somewhat sweeping statement prepares the reader for a wide application of the principles of mental healing and we find every type of pathological phenomenon instanced and discussed in its appropriate place. It is remarkable to see how the author traces the psychic factor in such conditions as that of a "long prepuce in the male," attributing the resulting symptoms to the cultivation of the thought that such symptoms may probably occur. For example, he asserts "These symptoms are not effects of the long prepuce, but are the results of the neurotic influence of concentration of mind on it." Without doubt there is some truth in such assertions, but it is particularly interesting to notice that it is further stated "It will often be advisable to have circumcision performed." It is the rational character of the author's suggestions along every line that makes the book so eminently valuable, as he does not attempt to ignore the influence—unquestionably present—of the body on the mind, in his endeavor to impress the importance of the mind as it affects the body. The comprehensiveness of the book, and the scholarship and care that are shown in its production, make it an excellent reference work for any physician anxious to learn something of the mental phenomena underlying many of the common diseases met with in the daily practice.—HOLLIS.

Surgery of the deformities of the face including the congenital deformities has just been issued by William Wood and Company, 51 Fifth Ave., New York.

The author Dr. John B. Roberts is professor of Surgery in the Philadelphia Polyclinic and Demonstrator of Anatomy in the Philadelphia Dental College, and has made a specialty of this class of cases.

The book which consists of some two hundred and fifty pages, with an average of a little over one illustration per page, is very clearly arranged and at the price \$3.00 can be advantageously added to the library even of the general practitioner. It is more than worth the price from a standpoint of general information; even aside from the technical value.—G. A. STILL.

The Immediate Care of the Injured. Second revised edition. By Albert S. Morrow, M. D., Adjunct Professor of Surgery in the New York Polyclinic. Second Edition, Revised. Octavo of 354 pages, with 242 illustrations. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, \$2.50 net.

The second edition of Morrow's, *Immediate Care of the Injured*, published by W. B. Saunders Company, Philadelphia, has just issued.

This new edition contains three hundred and thirty eight pages and the index.

Bandaging, splints, fractures, tourniquets, adhesive dressings, etc. are freely discussed. Poisoning, drowning, burns, wounds, etc. are also taken up in ample detail. A very clever arrangement particularly for nurses is a series of chapters at the beginning of the work, on interesting points of normal anatomy and physiology.

Indeed, as the author states its main object is to cover the general field of the first aid to the injured, when the case is not already in reach of the hospital and the trained corps of assistants.

Some two hundred and seventy-eight illustrations add materially to the value of the work. The price is \$2.50.—G. A. STILL.

Personals

Leaves Mexico Because of Extreme Heat.—Dr. Homer Woodruff finding the climate of Mexico warmer than he likes has removed with his family to Long Beach, Calif., where he has bought property with the expectation of making it his permanent home.

Reunion of '08 Class, A. S. O., to be held in Detroit.—Class reunion of June, '08 class will be held at the Hotel Ste. Claire on Thursday evening. Dinner will be served at 6:00 p. m. at \$1.00 per plate. Post-prandial features will close in time for public lecture.—P. W. GIBSON, Chairman of Committee.

Attends Dr. C. E. Still's Sale.—Dr. W. F. Pauly, of Kahoka, Mo., attended Dr. C. E. Still's Jersey sale in Kirksville, June 19th.

Daughter of Pioneer Visits Old Home.—Dr. Lucy K. Peel, of Findlay, Ohio, after a business trip to Chicago, Ill., and Des Moines, Ia., came to Kirksville for a few days' visit, recently. Kirksville was named for Dr. Peel's father who was one of the early pioneers.

Opens New Office.—Dr. Henry A. McMains has opened offices in the Union Trust Bldg., Baltimore, Md., while Dr. Grace Ramsay McMains will continue operations at the residence office at 1804 N. Charles St.

Hannibal D. O. Visits Kirksville.—Dr. Emma Cain of Hannibal, Mo., spent a week late in June visiting in Kirksville.

Will Visit Yellowstone Park.—Dr. Clara Gerrish of Minneapolis, Minn., has been visiting in Portland, Ore., and Seattle, Wash., and, accompanied by her daughter, Grace, will spend some time at Yellowstone Park before going to Detroit, Mich., where she will attend the National Convention.

Delegates to Oregon Convention.—Drs. H. F. Morse, Wenatchee; J. L. Walker, Sunnyside; Howicks, Yakima; Snell and Thomas, Tacoma and Smith of Aberdeen were among the Washington delegates to the Oregon State Convention.

Resumes Practice After Eastern Trip.—Dr. J. O. Glenn of Kent, Wash., has returned from a trip in the East and has resumed his practice.

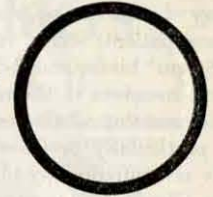
Brought Patient to Hospital.—Dr. Mable Payne, of Corydon, Ia., brought a patient to the hospital June 21st. Dr. Payne is a member of the January 1912 class, A. S. O.

Annual Banquet of Alumni Association of Massachusetts College.—Eighty-six were present at the annual banquet of the alumni association of the Massachusetts College of Osteopathy, given at the Copley Square Hotel, in Boston, June 8th. Following is the program: Some Thoughts on the Research Institute, Dr. Wilfred E. Harris, President of the Massachusetts College of Osteopathy; Original Ideas by Drs. Howard T. Crawford, class of June, 1899; Frederick H. Williams, January, 1900; Helen G. Sheehan, June, 1901; Eloise F. Jacobs, January, 1902; Dale E. Brown, June, 1902; Jessie Fulton Streeter, January, 1903; Samuel C. McLaughlin, 1904; Earl Scammon, 1906; Josiah H. Brown, 1907; Herbert E. Wright, 1908; James S. Wadsworth, 1911 and Elmer W. Carter, 1912.

Returns After Death of Father.—Dr. Ida Rosencrans has returned to her home in Seattle, Wash., having been called to Montana by the fatal illness of her father.

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Spends Week in Portland—Dr. Aura Brown Ford, of Seattle, Wash., recently spend a week in Portland, Ore., attending the Rose Carnival and the State Osteopathic Convention.

Proper Support in Abdominal Displacements.—In displacements of the abdominal viscera, operative treatment is nowadays reserved only for severe and very obstinate cases, since it has been shown that much of the discomfort from which these patients suffer, can be relieved from the wearing of a proper supporter. The "Storm" binder and abdominal supporter has been highly endorsed by many prominent members of the medical profession as an appliance constructed on anatomical lines meeting all the requirements in cases of visceroptosis. Although this condition is particularly prevalent in woman, displacements of the stomach, kidney or both, are not infrequently observed in the male sex, and according to the experiences of Dr. Charles G. Lucas, of Louisville, Ky., these cases yield equally well to the use of a proper abdominal support. He further states, that, "for the past two years or more, I have used the supporter devised by Dr. Kathryn Storm, with decided success. The support given by secondary bandage of canvas and the light straps that encircle the thighs, do away with all the objections to the old-fashioned bandage."—International Journal of Surgery, Jan., 1912.

Well Known Osteopath Dies—Dr. George F. Horn, who had built up an extensive osteopathic practice at Haverhill, Mass., during the past five years, died at his home, 64 Main Street, following an illness that dated back to last November. At the end death was caused by a cerebral hemorrhage. He became interested in the science of osteopathy and with Mrs. Horn entered the American School of Osteopathy, at Kirksville, graduating from there with honors in the same class with his wife in January, 1907. Learning of an opening in Haverhill, and having a natural yearning for New England, they located there five years ago last February. From then until the time that Dr. Horn was forced by illness to give up his practice, they have enjoyed a lucrative practice, and won the confidence and esteem of the hundreds of people with whom they came in contact.

Has Opened Branch Office—Dr. C. W. Ells of Redding, Calif., has opened a branch office at Kennett, making regular calls on Mondays, Wednesdays and Fridays.

Osteopaths in Los Angeles, Calif.—The Los Angeles city directory, just issued, gives the number of osteopaths in the city 134.

Elected President of Health Board of Monrovia—Dr. Jeannette S. Allison, of Monrovia, Calif., was unanimously chosen president of the health board of that city.

On Board Again—Dr. W. H. Cobble of Fremont, Nebr., has been reappointed a member of the examining board for osteopaths. His term will date from July 1st and will extend for five years.

Commencement of the Pacific College of Osteopathy—Embowered in peppers and palms and a rainbow of myriad flowers, on the stage of the Friday Morning Club-house, the graduating class of the Pacific College of Osteopathy received diplomas from President Whiting, while Dr. J. O. Hunt conferred the degrees and performed the prettily impressive ceremony of bestowing the tri-colored hoods above the academic caps and gowns, June 20th. This ceremony of the hoods has never before been performed in connection with any osteopathic college, and last night added much to the picturesqueness of the occasion.

Dr. W. J. Hayden in a scholarly address, explained the methods and aims of osteopathy. Dr. C. H. Phinney, in his speech to the graduating class, made an appeal

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to Infant's Hospital; Member American Orthopedic
Association, etc.

From Preface to the Second Edition

In preparing a second edition of this book I have found it necessary to rewrite several parts of it in order to keep pace with the progress made in certain aspects of the subject in the last few years. The advance made in our knowledge of the etiology has been notable and the views on treatment have changed markedly since 1907 when the use of forcible correction was comparatively new. The German studies on the relation of scoliosis to school life have thrown a new light on the matter and a chapter has been added on that subject.

Synopsis of Contents

CHAPTER	CHAPTER
I. THE ANATOMY OF THE VERTEBRAL COLUMN AND THE THORAX	VIII. OCCURANCE
II. THE MOVEMENTS OF THE SPINE	IX. SCHOOL LIFE AND SCOLIOSIS
III. THE MECHANISM OF SCOLIOSIS	X. DIAGNOSIS
IV. DESCRIPTION AND SYMPTOMS	XI. PROGNOSIS
V. EXAMINATION AND RECORD OF SCOLIOSIS	XII. TREATMENT
VI. PATHOLOGY	XIII. FAULTY ATTITUDE
VII. ETIOLOGY	INDEX

Review of Second Edition

From the Journal of Osteopathy.

This work is a classic in its line, and is one that is all the more valuable from the paucity of English books to be found dealing at all adequately with the material that it handles. The book discusses the subject from its every standpoint—Anatomy, Mechanism, Symptoms, Pathology, Etiology, Diagnosis, Prognosis and Treatment and considers the relationship between school life and scoliosis and various other points of importance. There is a specially interesting section under the heading of Anatomy dealing with the various muscle "pulls" and showing diagrammatically the lines and degrees of torsion of the spinal and abdominal musculature upon the spinal column. The long section devoted to treatment—about one-third of the entire book—is interesting and most instructive, being devoted largely to the consideration of exercises and orthopedic measures designed to overcome the deformity, and there are some good pictures—ordinary and X-ray—showing the results obtained by following the methods suggested. We believe that there are but few osteopaths who would not profit by reading with good attention this little book and the price is very moderate considering the wealth of material that it contains."

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for the upholding of professional ideals. Dr. C. A. Whiting in his presentation of the class for diplomas, after explaining that osteopathic physicians pass precisely the same examinations before the State Medical Board as do those of any other school of healing, administered the professional oath.

The college quartette, composed of Messrs. Lewis C. Chandler, Scott and Drs. J. L. Adams and Carl H. Phinney, sang three selections in a charming manner, responding to encores, and Misses Treat and Ransome bestowed the flowers on the wearers of cap and gown, who were as follows: Mildred Kingsley Mossman, Hermon E. Beckwith, Sylvia Boyce, Nina D. Cole, Celia C. Edmiston, Council E. Faddis, Albert C. Fawkes, Edna F. Jerrue, Myrtle C. Lindahl, Galen H. Peters, Minnie Reel, Leola M. Stewart, Jessie Gaylord, Lars J. Lund, Adelaide Obear, Dr. Francis M. Collier, Dr. Frank C. Jones, Dr. William W. Sherer.

Brings Patient to Hospital—Dr. J. D. Scobee, Monroe City, Mo., brought a patient to the hospital for an operation July 10th. He also brought one about a month ago.

Osteopath Undergoes Operation—Dr. A. H. Davis of Niagara Falls, N. Y., underwent an operation at the Memorial Hospital for a condition which has caused him considerable trouble for a number of years. While he was recuperating Dr. George T. Cook of Buffalo and Dr. E. R. Larter of Niagara Falls attended his patients. At last report he expected to be able to resume his practice the first of July.

Osteopath Honored Again by Governor—After serving five years as osteopathic member of the state board of medical examiners of Oregon, Dr. F. E. Moore, of Portland has received notice that Governor West had honored him with reappointment to the office. Dr. Moore received his first appointment from Governor Chamberlain. He is now the senior member of the board.

Dr. Moore went to Portland and established offices the first of the year. During the year preceding he was abroad studying and visiting in the hospitals and clinics of Europe. He went to Oregon 12 years ago and located in La Grande.

In Colorado on Business—Dr. J. H. Hardy of LaPlata, Mo., has gone to Colorado on business. He removed to La Plata from Colorado, about a year ago. Dr. M. E. Guthrie of the June class, A. S. O., will have charge of his practice during his absence.

Resumes Practice After Illness—Dr. Annette Beckwith of Raton, N. M., has resumed her practice after a couple of months spent in Denver on account of illness.

Taking Vacation—Dr. Alice Oliphant, who has been practicing at Virginia, Ill., the past year, has gone to her home at Lincoln, Ill., for a much needed rest.

Degrees Given at Massachusetts College—Massachusetts College of Osteopathy at Ford Hall June 8th, 24 degrees of doctor of osteopathy were conferred. The presentation of diplomas was made by Dr. Wilfred E. Harris. Two of the graduates were young women, Miss Margaret Ivor Horning and Miss Sarah Gertrude Watson.

The address of "welcome" was by the class president, Dr. Elmer W. Carter. The address of the evening was by Basil King, author. The following received degrees: Ernst Benjamin Becker, George Nathan Bishop, Lewis Marshall Bishop, Arthur Joseph Boucher, Elmer W. Carter, Frank Chandler Dodge, William C. Fennesy, John Williams Ferrett, Ernest Allen Fessenden, Wendell Wayne Fessenden, Clinton Oliver Fogg, Earle Abraham Frake, Margaret Ivor Horning, James Emerson Horning, Otto Eldredge Lewis, Theodore Henry Martens, Errold V. Mills, George Seward Mulford, Glenn Floyd Muntz, Jesse Monroe Stevens, William Semple, Howard Theodore Stevens, Sarah Gertrude Watson, Wallace Elwood Young.

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Expert Witness in Courts—Dr. D. J. Loofbourrow of Sedalia, Mo., has recently appeared as expert witness in Justice, Circuit and United States Courts. Has also purchased a new auto, which shows that Dr. Loofbourrow is "making good."

Graduation Exercises at Los Angeles College—The commencement exercises of the Los Angeles College of Osteopathy were held June 6th at Gamut Club Hall, when forty-nine students received diplomas as doctors of osteopathy, and twelve others finished a post-graduate course. The address to the class was delivered by Reynold E. Blight, his subject being, "The Twentieth Century Physician." The following persons received diplomas:

William Cooper, J. Bartley Lenhart, Peryl B. Magill, Kenneth P. Baber, Lucius B. Smith, Mary Lou Abbot. Mary A. Arthur, Francis Xavier Adelbert, Walter L. Bigham, Roy Freeman Buchman, George Edwin Blair, Erhel J. Martin, A. LeBreton MacDonald, John O. McDowell, Gustav A. R. Meiss, Katherine Stott Myers, Walter A. Nicholson, Nellie Isham Blair, Frederick A. DeWolf, McMorris M. Dow, Lydia M. Dow, Metta Lee Davis, Edgar B. Otts, Ethel Petheram, Isabel R. Rockwell, Harry F. Rydell, Marian H. G. Sherman, F. H. de Pencier, Frances M. Gault, Otto C. H. Gotsch, Charles E. Gostick, Norman W. Giesy, Violet Beam Sargent, Katherine E. Seeburger, Floyd J. Swift, Laurel L. Shell, Mervine E. Edna Pearl Sherwill, Gail C. Kemmer, Hawk, Jennie G. Hamilton, Charles M. Karr, Robert Edson Lee, Vernon R. Lee, W. F. Templeton, Carrie F. Thwaites, Ynez Govreau Whitelaw, Lazette A. Weaver, Clifford C. Oliver, R. Allen Woods.

Post graduates—Irvin Denton Carpenter, David D. Young, Jennie L. Mason, Louis S. Adams, Georgina B. Smith, Frances G. Stewart, Albin Holmes Doe, Ortiz Ray Meredith, Charles E. Abegglen, Charles Milliken, Charles E. Taylor, and Thomas H. McKenzie.

Stops on Way to Colorado—Dr. B. O. Burton who recently sold his practice in Ft. Morgan, Colo., and located in St. Louis, stopped in Kirksville, for two or three days enroute to Ft. Morgan, and while here called at the Journal office June 13th.

Former Dean of A. S. O. in Kirksville—Dr. R. E. Hamilton, former Dean of the A. S. O. and who has been practicing in St. Joseph, Mo., for almost a year was in Kirksville July 1st and 2nd.

Extracts Pin from Patient's Throat—Dr. Edwards of DeSoto, Mo., was recently called to attend Miss Nellie Mitchim who had swallowed a pin. Had not immediate help arrived the result might have been serious, but as it was the osteopath extracted the pin in a few minutes.

Called to Mother's Bedside—Dr. W. J. Conner of Kansas City, Mo., and Dr. Sallie M. Conner of Bellefontaine, Ohio, were called to Kirksville because of their mother's serious illness, about the 15th of June. Dr. W. J. Conner was in Kirksville but two days while his sister remained with her mother three weeks.

Osteopath Restores Heart Action to Man Thought to be Dead—W. L. Wray, a bank cashier of Monmouth, Ill., was struck by lightning recently and rendered unconscious for four hours from the shock. He was standing at a window at his home when he was knocked down and for a time it was thought he was dead. Drs. Ventress were called and worked hard to bring about heart action and respiration and after a time succeeded. Two medical men were called but they left the case in the hands of the osteopaths as they were first called but one who has greatly opposed osteopathy remained to watch the manipulation and at the end complimented the work very highly. The only marks from the lightning stroke was a burn on the sole of the left foot. The left limb was numbed or paralyzed for several hours after, but Mr. Wray is now perfectly well.

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To Members of New York State Osteopathic Association—The Sixteenth Annual Convention of the American Osteopathic Association will be held in Detroit, Michigan, July 29th to August 2nd, and arrangements are being made for an extensive and unusually attractive program. Detroit is one of the most beautiful and interesting cities in the country and many pleasant and attractive trips can be made in the city and suburbs.

The New York Central & Hudson River Railroad has been selected by the New York State Osteopathic Association as the official route to the Convention City and we have been assured the best of equipment and service for our parties. Special sleeping cars for our exclusive use will be furnished if a sufficient number signify their intention of going.

We wish to urge our members to make every effort possible to attend this meeting to insure a record breaking attendance from New York State.

Railroad Arrangements.

PLAN A—ALL RAIL—Route, New York Central & Hudson River Railroad to Buffalo; Michigan Central Railroad to Detroit.

Leave New York (Grand Central Terminal) Sunday, July 28th, 4:03 p. m.; Yonkers 4:37 p. m.; Poughkeepsie 6:05 p. m.; Albany 7:55 p. m.; Schenectady 8:27 p. m.; Utica 10:04 p. m.; Syracuse 11:30 p. m.; arriving Detroit 8:10 a. m. Monday, July 29th.

PLAN B—RAILROAD AND BOAT—Route, New York Central & Hudson River Railroad to Buffalo and Niagara Falls; Detroit & Buffalo Line (boat) Buffalo to Detroit.

Leave New York (Grand Central Terminal) Saturday, July 27th, 8:02 p. m.; Yonkers 8:23 p. m.; Poughkeepsie 10:04 p. m.; Albany 11:45 p. m.; arriving Buffalo 7:00 a. m. and Niagara Falls 8:53 a. m., Sunday, July 28th. Spend the day at Buffalo and Niagara Falls. Leave Buffalo (by boat) at 6:00 p. m.; arriving Detroit 8:00 a. m. Monday, July 29th.

PLAN C—ALL RAIL—Route, New York Central & Hudson River Railroad to Buffalo; Michigan Central Railroad to Detroit.

Leave New York (Grand Central Terminal) Monday, July 29th, 5:00 p. m.; Yonkers 5:32 p. m., arriving Detroit 7:15 a. m., Tuesday, July 30th.

Members taking advantage of Plan A. will be joined at Albany by a delegation from New England while those taking advantage of Plan B will be joined by a second, New England delegation at Buffalo and Niagara Falls.

In order that sufficient special sleeping cars may be set aside for our use, it is urgently requested that members advise as soon as possible which of the above plans they will use.

Fares.

One way fares to Detroit will be as follows:

FROM	PLAN A AND C	PLAN B
New York	\$16.00	\$13.25
Yonkers	15.75	12.93
Poughkeepsie	14.42	11.67
Albany	12.90	10.15
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FROM	TO BUFFALO AND NIAGARA FALLS		TO DETROIT	
	LOWER	UPPER	LOWER	UPPER
New York	\$2.00	\$1.60	\$3.50	\$2.80
Poughkeepsie	2.00	1.60	3.50	2.80
Albany	1.50	1.25	3.50	2.80
Schenectady	1.50	1.25	3.50	2.80
Utica	1.50	1.25	3.50	2.80
Syracuse	1.50	1.25	3.00	2.40

Through tickets to Detroit may be purchased at any New York Central & Hudson River Railroad ticket office, and permit of stop over at Buffalo or Niagara Falls, tickets to be deposited with ticket agent on arrival at these points.

Sleeping car reservations should be made through Mr. W. V. Lifsey, G. E. P. A., 1216 Broadway, New York City, or local ticket agent of the New York Central & Hudson River Railroad.—DR. NORMAN D. MATTISON, Chairman Transportation Committee, N. Y. State Osteopathic Association.

Makes Trip in Car—Dr. H. W. Forbef and wife of Los Angeles, Calif., arrived in Kirksville Tuesday night in their Ford car, having traveled the distance of twenty-five hundred miles in nineteen and one-half days actual running, although they were on the road twenty-three days. They are visiting the doctor's mother and will leave next week for Detroit, Mich., to attend the American Osteopathic Association. Dr. Forbes is to make an address on "Examination of the Nervous System."

Prominent Osteopath Married—A quiet wedding took place on Monday, June 24th, at 7:30, when Miss Maude R. Kelley, of Los Angeles, Calif., was united in marriage to Dr. E. Delbert Jones, of this city, Rev. Dr. Crummy, of Grace Methodist Church, officiating. The happy couple were attended by Dr. and Mrs. J. Harley Deeks, of Graham Ave., friends of the groom.

After the wedding, an informal reception, followed by a delicious luncheon was held at the home of Dr. Deeks. After a trip through the Eastern states Dr. and Mrs. Jones will be at home to their friends in Winnipeg.

Passes the Ohio Board—As we go to press, we learn that Dr. E. C. Houriet of the January '12 Class has been successful in passing the Ohio State Board.

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Practice for sale—In a Southern city of about 80,000 inhabitants. Only woman Osteopath in city. Address "A-1" care of the Journal.

Wanted—Husband and wife practicing near New York City would take charge of practice of physician desiring vacation or otherwise. Address "N. Y. C." care of the Journal.

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Clark, Fred W., located at Marysville, Kansas.
Dawes, W. C., from 16 W. Babcock St., to 201 S. Grand Ave., Bozeman, Mont.
Gants, S. L., located at 236 Bruce St., Lawrence, Mass.
Johanson, P. E., from Eureka, Utah, to Gooding, Idaho.
McCowan, Don Cabot, located at Great Falls, Montana.
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Miller, Wm. C., College Springs, Iowa.
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Wright, Henry E., 1098 Chapel St., New Haven, Conn.

Married

Dr. E. Delbert Jones of Winnipeg, Canada., to Miss Maude R. Kelley of Los Angeles, Calif., June 24th.

Dr. Hubert J. Pocock of Toronto, Ont., to Dr. Margaret O'Neill of Kirksville, Mo., at Kirksville, June 6th.

Dr. E. L. Schumacher to Miss Anna M. Rice, at Kirksville, Mo., June 20th.

Dr. Charles E. Rogers of Idaho Falls, Idaho, to Miss Kathryn Tupper of Pocatello, Idaho, at Pocatello, June 20th.

Dr. Ralph P. Baker of Lancaster, Ohio, to Miss Helen Freeman of Prospect, Ohio, June 12th.

Dr. D. A. Shambaugh, of Norwalk, Conn., and Miss Ruth Martin of Kirksville, at the home of the bride's father, Dr. J. W. Martin, at Kirksville, June 26th.

Born

To Dr. and Mrs. Wm. Burnham, at Marysville, Ohio, recently, a boy.