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THE Journal of Osteopathy

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DISEASES OF RECTUM AND ANUS

DR. C. A. UPTON

The patient just referred to by Dr. Bemis came to me walking on two crutches. She had been under the care of an M. D. and had just returned from a six weeks stay at Hot Springs and was no better. She was emaciated and irritable. The rheumatism, so-called, was a neuritis, taking in the sciatic nerve and its branches, and in the thigh showed itself especially in the origin and insertion of the biceps. It was particularly severe in the heel, but the entire foot was involved. Her bowels moved daily but not without the use of an enema. She suffered continually, there being no cessation of the pain at any time. She got very little sleep and had had no real rest for weeks. Naturally, she was almost a nervous wreck.

Examination showed impacted and highly sensitive spine and spinal muscles, coccyx dislocated, and pulled forward by badly contracted perineal muscles, and the anus badly contracted.

She expressed much fear when the perineal region was being examined. Said she had discontinued osteopathic treatment because she objected to anal treatments and she did not want to be treated there. Assurance was given that the treatments would not hurt her, but she couldn't see how it was to be done without causing great pain. She acknowledged that she knew that there was something wrong in the region of the coccyx and said she had told her husband and their medical doctor several times that she thought the trouble originated there, but they had paid no attention to her. However, when she was told by me that nothing could be accomplished without treating the anus,

*Read before the Minnesota Osteopathic Association.

she submitted. It was impossible at first to treat through the anus, on account of the severe pain, so treatment was given through the vagina, carefully loosening up all the perineal contractions. After a few treatments it was possible to treat through the anus and the results came faster. She began to sleep nights and the pain gradually subsided. Treatment was discontinued at the end of five weeks, believing that the cause had been removed and that there would be a steady improvement. She was seen three weeks later and was walking without crutches and gaining daily. Her bowels were regular.

Let me cite a case which I saw with Dr. Bemis some time ago.

Mrs. C., age thirty-five, widow, sent to Dr. Bemis by a physician who had exhausted the pharmacopeia without effect. She was suffering with right brachial neuritis. Had enjoyed good health previous to nursing her husband through a year's illness ending with his death.

There was no marked spinal lesion except general impaction. Had little appetite and was generally emaciated from long continued pain and loss of sleep. Arm atrophied, and she was altogether, a much discouraged and morbid woman. Bowel movements, she said, were all right.

She objected to local examination and treatment was directed to freeing up the spine and brachial regions. After two months she went on a visit and with the discontinuance of treatment the trouble returned. She came back for treatment and a local examination was insisted upon, although there was no thought, at first, that the trouble originated either in the genitalia or rectum, as plenty of other conditions gave warrant for the neuritis, but it was thought that the first examination was not as thorough as usual.

Examination showed extensive ulceration of the rectum and contracted sphincters. This trouble was removed and the neuritis disappeared and has not returned.

This was considered an exceptional case and is given to demonstrate how remotely a reflex may occur.

I believe that what we need above everything else, is a comprehensive work on diagnosis and symptomatology along strictly osteopathic lines, for the most striking thing about this subject, is the absence in the standard texts of information bearing on the particular reflexes under discussion. Hazzard, in his "Practice of Osteopathy," says: "Any standard medical text will supply the reader with those facts, theories, etc., which he may desire to know and which it is unnecessary to print here." I do not find this to be true. Even Dr. Jackson D. Gant, in his "Diseases of the Rectum and Anus" fails to take account of the sympathetic neuroses resulting from such diseases. He refers however,

in a short chapter, to the relation of pulmonary tuberculosis to fistula, and says that four to six per cent. of all phthisical patients have anal fistula, and twelve to fifteen per cent. of those having anal fistula have phthisis. After giving this subject much thought, one of the most important conclusions that presents itself is that the examination of a patient, no matter what the complaint, is incomplete, and perhaps negligent, without satisfying yourself of the condition of the rectum and anus.

PELVIC DISEASES IN YOUNG GIRLS

DR. MARY. E. NOONAN

Prejudice against close examination of the genital and pelvic structures in the young girl is not confined to the laity, but unfortunately exists in the minds of many of the medical profession.

Upon this altar of prejudice many otherwise useful lives have been sacrificed. The young have, with those older, an equal right to relief from suffering and an equal right to protection from disease. In the hope that a voice raised in protest will bring fruitage in healthier women, happier wives and more devoted mothers, this paper is written.

Most diseases of the pelvic structures are, in their incipiency, curable without surgical interference, which sacrifices important organs and parts. We, as osteopaths, must recognize that delaying or failing to correct even the simpler conditions, such as displacements of ovaries or uterus, may and does, too often, result in such organic changes as permanently disturb or destroy all proper functioning and render the patient an invalid.

Pelvic pain, menstrual pain, menstrual irregularity, neurotic symptoms, digestive disturbances, etc., occurring preceding, during or following the menstrual effort, are all warnings that some pelvic structure is disturbed and needs correction. The pelvic condition of the young girl cannot be discovered by a glance at the tongue and a feel of the pulse unless, possibly, by some wise men of the old school. The osteopath should be fully as particular to know the actual condition of pelvic structure in the youthful patient coming for relief as he is with the woman of maturer years.

A certain amount of modesty and respect for the traditional sentiment is ample protection to the sacredness of woman's chastity, but a chaste life is in no way incompatible with an honest purpose in dealing

*Read before the Texas Osteopathic Association

with diseased conditions and no physician, man or woman, will by an honest effort to discover the cause of suffering, excite impure or degrading thoughts.

We must remember that not only the physical but the domestic and moral life of the patient is involved. She may, by our neglect, be rendered hopelessly sterile and the unhappiest of human beings, a childless wife. We physicians are looked to, to protect the physical temple of those entrusted to our care.

We study symptomatology and it is sometimes very misleading and complex as we gather the history from the patient and mother and direct our attention to the nervous system, circulatory system or digestive tract, and find that the disturbing symptoms developed at or about puberty.

One of the most important symptoms given frequently is dysmenorrhea—"painful menstruation." This is not a disease but should be considered as a symptom, due to a pathological condition. It may arise from many causes—uterine, intra-uterine, ovarian or tubal displacements, infantile uterus, metritis, uterine fibroids, endometritis, submucous fibroids, chronic ovaritis, prolapsed ovary, salpingitis, neurasthenia, etc.

Many cases in which the pain is agonizing, present on superficial examination, absolutely normal pelvis. These are cases in which everything depends upon a careful diagnosis and require more consideration than those which present misadjustments perceptible upon inspection and palpation. We must take issue with those medical practitioners who minimize or ignore the importance of uterine misplacements, and more particularly, the spinal weaknesses which presage weak and atonied ligaments and favor malpositions. A misplaced uterus certainly causes circulatory disturbances in ovaries, tubes and broad ligaments through the "Circle of Robinson" and complications follow with no end to the distress that may result. While the misplacement may be a primary cause and a small factor compared with the other conditions of tenderness resulting, it has produced the pathological changes and the cure of the distressing symptoms depends upon the correction or the removal of the anatomical lesion causing it.

For the infantile uterus, the only cure is found in such measures as will develop the uterus through increased blood supply and cell activity. In some, this has been a hopeless undertaking, but it has been accomplished by long continued treatment in some cases.

In metritis, we have a frequent cause of dysmenorrhea. Irritation of uterine ganglia causing expulsive contractions, or pressure on pelvic vessels in the deeper portion of the mucosa which prevents leukocytes

reaching the superficial portion and results in the degeneration of that portion of the mucosa, are causes. This latter is the distressing condition in extreme cases known as membranous dysmenorrhea and is probably the condition in which the old school thought there was obstruction in the cervix and because dilatation gave relief, gave it the name of obstructive dysmenorrhea.

In cases due to metritis or endometritis, no benefit can be expected from general or constitutional treatment for the local condition must be relieved. I do not believe in curettment, except as a last resort, as should be the decision in other surgical operations. Here, in the name of our dear old founder of the science, let me emphasize that curettment is by no means a minor operation considered from the standpoint of safety. The hand that wields a curet should be capable of any operation which demands skill guided by judgment which can and will recognize pus in the tubes or other intrapelvic structures. For this reason, curetting is a hazardous operation and demands most careful attention.

Inefficient local treatment does more harm than good. In most cases the removal of the cause, correction of the lesions, avoidance of constipation, rest in bed and osteopathic treatment will accomplish a cure, where local applications as are used by the old school and such measures as curetting, hot vaginal douches, tampons and many other methods used, will result in placing the case beyond hope of relief.

Uterine fibroids and uterine polypi cause pain by mechanical obstruction of the pelvic vessels and compression of the pelvic nerves. The cure lies in the removal of the pressure and mechanical obstruction and not in that most dreaded operation which so often leaves its victim an invalid for life, with shattered nervous system and all the complications that follow removal of the pelvic organs.

Salpingitis is a fruitful source of menstrual pain. In the majority, it is simply the result of a neglected endometritis. The inflammation has extended from the uterus to the tubes, and may not cause severe menstrual pain until adhesions have formed as a result of peritonitis. I call to mind a case of a lady who had suffered for seven years with the above named condition, and all her physicians had said that nothing but an operation would give her relief; adhesions had formed until each part of the pelvic structures had adhered to some other, and owing to the painful condition of the parts, it was difficult to treat her. I feared I could not do much, and promised her but little in the way of a cure, but told her if she decided she wanted to take treatment, she would have to stay with me at least four or five months. At the end of four months the woman went home, well and happy.

The consideration of those cases which have an ovarian cause, is

a subject too great to be discussed in a short paper. Inter-menstrual and pre-menstrual pain can almost always be attributed to the tubes or ovaries. When to the ovaries, we must determine whether it be hyperemia or ovaritis. Ovarian hyperemia is a common cause of menstrual pain in young girls, its cause being excitement, and ungratified sexual desires. A change in the domestic, and social habits, are of prime importance. The importance of relief is emphasized by the fact, that if unrelieved, this condition results in chronic ovaritis, hyperplasia, increase of fibrous tissue, and complete destruction of the ovary. Whether the form be cystic, interstitial, or hyperplastic, it matters very little, except that the pain in interstitial is more severe, while in cystic, there is most likely to be prolonged, or profuse flowing, and sometimes inter-menstrual hemorrhages. The treatment of any form of chronic ovaritis is often disappointing to the patient, and requires for permanent cure, a long course of treatment.

There is a class of cases in which no disease of the pelvic organs can be detected, and yet the suffering is as severe as those in which inflammatory trouble exists. These comprise neurasthenics in whom there seems to be a constant tendency to nervous explosions of all sorts. Patients are anemic or chlorotic and it is in such cases that we go back, as "Pap" tells us, to our anatomy and physiology, and we can readily understand the menstrual pain if we keep in mind the utero-ovarian nerve supply, and the physiology of the sympathetics. The nerve supply of the uterus, Fallopian tubes, and ovaries is largely from the sympathetics, with a few fibres from the second, third, and fourth sacral, the sympathetic fibers from the hypogastric and pelvic plexuses. The hypogastric is a branch of the aortic plexus, which is derived from the semilunar ganglion and renal plexus on each side. If we remember that these sympathetic centers supply branches to all abdominal viscera, and then keep in mind the fact that irritation, or stimulation of the sympathetic nerve, causes contracture of vessels, lowered temperature, diminished nutrition and increased tissue waste in the parts supplied by it, the increased tissue waste causing increase of carbonic acid gas in the blood, which adds to the irritation, it is not hard to understand how a neurosis may have as one of its symptoms, painful menstruation, and in such cases is it of prime importance to investigate and diagnose most carefully, so much depending on the correct diagnosis.

That there are cases, of nervous diseases, dependent on pelvic trouble we all know, and I would emphasize that operative measures cannot be expected to relieve the above mentioned nervous symptoms, except when adopted for the removal of diseased organs.

Osteopathy has demonstrated that weakness of spinal tissues due

to lack of exercise, the wearing of high heeled shoes, improper posture in sitting or standing, tilting of the pelvis, slight misadjustment of the innominate from falls or strain, displacements of uterus or ovaries from falls or shocks or through alighting "stiff kneed," exposure at critical periods and other deviations from proper living, produce a large per cent. of the pelvic disturbances in young girls as may also be said of maturer women.

The logical cure lies in the correction of these causes, and the osteopath, with his skill in physical diagnosis and his habit of reasoning from cause to effect, is the physician best equipped to relieve these conditions which manifest themselves in young girls that should be healthy and free from pain, but who complain of backache, headache, impaired digestion, languor, and disturbances of menstruation, etc.

Give the girls a chance for full health by not delaying or overlooking these corrections.

San Antonio, Texas.

Suggestions Relating to Professional Advancement and Public Health

ASA WILLARD, MISSOULA, MONT.

This marks the end of the fourth term in which I have been honored with the presidency of our state association. Personal experience in practice, and professional contact with and observance of, the work of others during that period, has from time to time caused me to consider with deep interest certain questions which I believe have bearing upon the increase of our professional worth and the health of the public. I considered it would not be out of place at this time, as I conclude my duties as president, to present, even if in somewhat random manner, a few thoughts occurring and conclusions reached.

First, relating to our individual advancement. Without doubt the extent to which we broaden and progress as individual practitioners, especially as to diagnosis, is dependent in largest measure upon our attitude and manner of reasoning in regard to the condition and group of symptoms which we find in each case. Here is an illustration of a wrong attitude: I know a young man who was preparing for his final

*Address of President at Sixth Annual meeting of Montana Osteopathic Association, Helena, Mont., Sept. 6, 1906.

examination in symptomatology and practice in the leading medical college of the city of Chicago.

He had a number of cards, on each of which was written symptoms of and dosage for some disease. The whole pack was placed in his right vest pocket. As he went about he would take out one card at a time and memorize its contents. As the list on one card was committed to memory he placed that one in his left pocket and began on another until all had gone from the right to the left pocket. If that man ever made an expert diagnostician he changed his system. You are examining a patient in which you suspect early stages of locomotor ataxia. The knee jerk you find to be absent. Do not let the thought in your mind be simply "the leg didn't jerk when I hit the knee and that is one of the symptoms of locomotor ataxia." Bring to mind the complete physiological picture happening normally when you hit the tendon of the quadriceps extensor. A stimulus is given to afferent fibers and an impulse goes up those sensory fibers through the posterior nerve roots' columns and horn of the spinal cord and on to the cells in the anterior horn. An impulse leaves the anterior horn cells, goes out through the motor fibers of the anterior crural nerve to the quadriceps extensor. That muscle contracts and makes the leg jerk.

When this did not happen what prevented?

What part of that circuit was disturbed and in what manner?

You find present the Argyll-Robertson pupil, another locomotor ataxia symptom. Do you know what makes it? If the size of the pupil cannot be adjusted to much or little light why can that same pupil be made large or small for distant or near vision?

Here is a patient who becomes short of breath upon slight exertion. There is often cardiac palpitation, sometimes vomiting, headache, vertigo, defective vision, puffiness under the eyes. The urine is scanty, high colored and has albumin and casts. This means kidney disease. What shall we do? Center for kidney is sixth dorsal to second lumbar, especially tenth to twelfth dorsal. Correct any lesion found there. Now that is all right as far as it goes, but it is easy during the course of a busy practice to get into such mere parrot-like procedure and stop there.

Having dropped into it you will be very prone to still further carry out the idea in treatment. You will, before you are aware of it, be giving perfunctory cut and dried treatments for each case; one set of movements and manipulations for kidney trouble, one for lung, etc. We should be habituated to neither general thought nor general treatment. Pathology is perverted physiology; symptoms are indications of this perversion. Instead of merely learning a group of symptoms, what to call them and what remedy to use for the disease, so-called, we should

form the habit of seeing the cause of the whole clinical and pathological picture and that of each of its parts.

Think of the why of each manifestation. Why did the eyelids puff? Why the shortness of breath? Why the vomiting? Do not cheat yourself by being content with such understanding as, shortness of breath is caused by improper aeration; vomiting by gastric irritation. Of course they are, but improper aeration occurs in many conditions where the kidneys are healthy. A man's fingers about the throat for instance. Exactly what, on account of the kidney's lack of proper functioning produces the deficient oxygenation?

There are many reasons for gastric irritation. Never satisfy yourself with knowing that the symptom exists. See behind the returns. Think of the exact, complete process which causes each symptom. Having formed this habit the process will as naturally flash to your mind when you note a symptom as the mere memory that that is a symptom. Then when some manifestation out of the ordinary occurs you will the more readily be able to figure it out.

The constant maintenance of this attitude of mind will be productive of an accurate, logical, intelligent grasp of conditions as they confront you in practice. It will keep the practitioner out of the rut of routine general procedure; will tend to make him a thorough diagnostician and will give him confidence in himself and his practice.

Another little point along the line of individual development. Often in talking with a patient, a phase relating to some disease and its management may be called to mind which you find you do not thoroughly understand. You may be able to satisfactorily answer the questions asked by the patient, but those questions may have suggested to you a phase of the same subject on which you realize you are weak. Do not let the matter drop with the conversation. Make a note, mental or otherwise, and at your earliest opportunity, look it up. The habit once formed, you will gain many a bit of knowledge that may afterwards come handy, and professional thoroughness will be stimulated.

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As we annually gather at these state meetings there are two features which I believe would make so much for our individual and professional betterment that it would be a wise policy to make each a fixed feature of each year's program.

First: The report of a certain number of cases treated since previous meeting whereof failure to cure is recorded. Second: A clinical demonstration by a number of members of adjustment of various subluxation.

As to the first: a careful consideration and discussion of these

failures is bound to bring out an exchange of views which will increase our understanding of similar conditions. There are limits to all things evolved by man and osteopathy has its limits. It is no cure-all. There are those whom it can not bring back to health.

While its possibilities for cure have been proven to be far beyond former methods, no one can as yet say positively where its limits lie and we want the boundary of its beneficence to leave out as little as possible.

Each case reported which treatment failed to reach satisfactorily should be reported with the minutest detail as to subjective manifestations, clinical picture, structural deviations, and treatment and care employed. A general consideration and discussion will then give to reach practitioner a more complete knowledge of that particular condition and perhaps produce some suggestions of worth as to its treatment and care. The continuance of this policy will stimulate us to exhaust our possibilities and increase our sphere of helpfulness to suffering humanity.

As to the clinical demonstration of lesion adjustment, it is often said that it is not knowledge of certain manipulations which count, but knowing just the faulty position of structures and then, simply applying mechanical principles in adjusting them to normal. That is certainly true. But while you find in machinery contrivances now used that were used fifty years ago, you likewise find many that have supplanted those then used. Mechanical principles have been applied more efficiently. In the course of their work our progressive college professors are constantly evolving methods of adjusting various subluxations. The recent graduate will come to us with these. Each older graduate will have developed in the course of his field work, some original methods. Some have better mechanical minds than others, and are capable in dealing with the body's mechanism of making more efficient application of mechanical principles in adjusting subluxations. A number of demonstrations every year with careful and accurate explanation of each will certainly tend to increase our proficiency in technique.

A word in reference to increasing the public's knowledge of osteopathy. It is often said that a cured patient is your best ad. Then will he not be a much more valuable friend of osteopathy if he can intelligently explain how he was cured?

Just after I had graduated I was called at midnight one night to treat a photographer who was being cared for by a medical practitioner for typhoid fever. I found he had what I considered bilious fever and when I arrived, in spite of medicines given to prevent it, he had been vomiting for hours and was suffering from a congestive chill. His

extremities were cold, nearly all the blood in his body being in the abdominal vessels, and organs. A vigorous treatment equalized the circulation, the vomiting ceased and the patient quit chilling and felt warm and quite comfortable. In two days he was at his business. That night's treatment was his first osteopathic treatment and I learned that he attributed its results to "electricity or magnetism or something" which he said "just made my fingers tingle after he had been working on me a little while." Later I explained to him that the tingling was caused by the circulation of blood in the extremities which had before been anemic and cold. He said that that was reasonable; he hadn't thought of it before.

Many people are willing to accept the action of some hidden, mysterious agency as an explanation of the production of results in a healing way. Healing methods for ages have encouraged that attitude. After the period of evil spirits and incantations alone, we came into the practice of taking or applying something, the spirits or the gods being supposed to act through these agencies, and hence their use being accompanied with much acknowledgement of their supernatural endowment. Later, healing potions had to be administered when the heavenly bodies were in certain relative situations, and so with various modifications of superstitious practices the healing art was brought down through the centuries. In later centuries a shaft of reason's light occasionally penetrated, and from time to time some absurd practice was lopped off.

We have now reached an age of progress when that which is to last must have more than superstition and mysticism as a foundation. It must stand intelligent analysis. The general practice of giving drugs with the idea of their curing disease is waning, and I believe, doomed to abandonment, because it cannot stand such analysis. It is not scientific. Osteopathy is. There is nothing mysterious about it; nothing difficult to comprehend. We do not want it thought so. Such opinions at certain times and in certain situations may redound temporarily to our advantage but it will work to our detriment in the long run.

We should make a careful effort to see that every patient leaving our care has an intelligent understanding of how his ailment was relieved. He will then influence his friends through their understanding and not alone through friendship.

Our foundation will be solid and our influence the more surely broadened. I believe we should each make this a studied policy.

There is a practice extant in our ranks the perniciousness of which does not seem to be evident to those indulging in it. This is, the effort of some lady osteopaths to create the popular sentiment that, being women themselves, they are better qualified to treat women, and that

women should not be treated by men; and the effort of some male osteopaths to disseminate the idea that women, because of being such, are not strong enough to give a good treatment and never make good doctors. Some of the ladies, as soon as they get out of school, even begin to advertise that being women, they are better equipped to understand those diseases to which their sister are heir. Why? Did not we gain our knowledge under exactly the same conditions and from the same source? But I have no intent nor desire to argue either side. I will simply give a couple of instances which will illustrate the harmfulness of such a program.

A young lady came to a town where there was but one osteopath, a gentleman. She wanted to take treatment but was deterred for a whole year by the advice of a friend, who had taken treatment of a certain lady osteopath who had given her the idea that it was not best nor proper for ladies to be treated by men. The young lady took medical treatment and suffered for a year and meanwhile saw other ladies cured of the same malady from which she suffered, by the gentleman osteopath. She finally grew desperate, took treatment and was cured in a month. Who was responsible for her year of suffering?

An old gentleman suffered almost continuously with intercostal neuralgia. He had once been in the office of an osteopath who had told him that women, without exception, were not a success as osteopaths; they could not give strong enough treatment to do any good.

The old gentleman moved to a small town. There was but one osteopath there, a lady. For nine months he suffered; finally he thought maybe the lady could do him a little good any way. She cured him in three months. He need not have suffered the nine months.

There are hundreds of towns that have but one osteopath. There always will be. Men osteopaths are not a probability. Women osteopaths are not a probability. Both are already here. The moral uprightness and proved ability of each individual practitioner should be the criterion used in his selection.

Every D. O. wants his patients who go to another locality to get the best care possible. To say anything to influence their personal opinions one way or the other as to the relative merits of men or women doctors is far from my object in mentioning this matter. I would not even speak with disparagement of your freely venting your opinions to one another on the matter; but this I would leave with you.

If you do not honestly believe a woman can give the best possible care, whenever it can be done, send your patients to a man; but say nothing about women practitioners' incompetency; just send them to the man, that is all.

If you think your patient will be better off under the treatment of a woman send her to one; but do not put into her mind ideas of the impropriety of a man's treating her. Simply tell her that you are sending her to someone whom you can recommend.

It is said that some preachers take a text and then preach on any thing regardless of its relevancy

I reversed that and selected the text after having prepared the sermon. I outlined the remarks and the program requiring such, gave them a heading afterwards. What I have already said has primary application to the members of the profession; but in a profession whose highest object is the benefitting of mankind, that which tends to increase the efficiency of the profession is also for public weal. There is, however, one suggestion which I wish to make in closing relating to a matter of first and vital importance to the public.

We have public health laws relating to the regular reporting of certain diseases. These laws should be so amended that the physician be compelled to report every case of gonorrhoea and syphilis the same as he is compelled now to report tuberculosis, scarlet fever, smallpox, etc.

The great drafts which venereal disease is making upon the men and women of America is, when fully realized, appalling, and it is time that the far reaching grasp and enormity of this scourge be brought to the public mind. About a month ago a poor Syrian leper trying to get back to his native land was not only shunned but neglected and openly allowed to suffer for bodily necessities by people of four different states. He was driven out, sidetracked in a freight car and forbidden to cross New Jersey. He was kept a prisoner in the freight car with no regular supply of food and water. Now while leprosy occurs in some parts of our country, there are no reported instances of one person in this country, having caused others to take it. The contagion does not seem to be virulent. If that leper were allowed unhampered freedom to mingle in the most crowded wards of New York, it is more than doubtful whether he would be the menace to public health that would one case of syphilis of which there are thousands unrestrained in that city.

Gonorrhoea is popularly regarded as something like a cold, gotten rid of and that is all there is to it. It is usually not so. How many innocent wives do you know of that are invalids and sterile. Healthy when married, now broken and miserable; subjects for operations. Gonorrhoea from latent germs carried by the husband is one of the most common causes of such. Ophthalmologists tell us that one fourth of all blindness is caused by gonorrhoeal infection of the eyes at birth. Volumes could be written and have been written of the ravages of this disease, but the profession alone sees them. Physicians know, but the public does not.

It has been said that seventy-five per cent. of all men have or have had venereal disease. I used to believe that extravagant. I am now beginning to believe it true.

The people would not even pitch the leper food but they daily drink from the cup to which the syphilitic also has access. As the syphilitic cigar maker from day to day shapes and moistens the cigar with his lips, in giving it the final touches, the mucous patches on his lips and tongue are a possible source of infection to thousands. The bar towel, the hotel toilet, the innocent kiss, even the clasp of a hand can pass the poison on.

A father or mother would warn their little sons and daughters against playing in a field if they knew deadly rattlesnakes therein abounded. They would explain to the children about the rattlesnakes' bite and its consequences. They would do likewise of a spring the waters of which were poison. The children knowing would shun these dangers, and when they grew up they would teach their children to shun them.

The blotting out of the hideous public menace of venereal disease must come about through the people's knowledge of it and its horrors. The time has come when gonorrhœa and syphilis can not longer be the mere subjects for coarse jest or to be spoken of only in whispers. The manhood and womanhood of the race and the protection of the innocent are at stake.

Report these cases, as you do other contagious and infectious diseases, to the state health authorities and as from time to time their figures are given out through the medium of the press, the public will be aroused in knowing that which the sooner it knows about, the sooner it can take measures against.

LA GRIPPE

DR. C. B. HUNT

One of the most annoying of the minor ailments which are so prevalent during the winter months, and one which is so prostrating in its effects, is la grippe, or properly speaking, influenza. The infecting agent or germ, as known to medical science, is the bacillus of Pfeiffer, but in the many cases which have come under osteopathic observance, a general contracture of the muscles of the spine, particularly in the cervical and lumbar regions has been noted. When we learn that all medical writers acknowledge that the point at which a germ enters the tissues of the body must be in a debilitated condition, then we can see why such a contracted condition of the muscles would be found in this disease.

Influenza has been observed to vary in its manifestations, attacking sometimes other portions of the body than the upper part of the respiratory tract in which the general inflammatory process is always present. Several types are noted, as the nervous, pulmonary and gastro-intestinal, and a careful observance of the muscular contracture will help to indicate which region is the most predisposed to be affected.

Two cases which came under the author's observance recently will indicate in a measure the results of osteopathic treatment.

CASE NO. 1.—Mrs. C., age about thirty-five. Was called in afternoon and found patient in bed with usual symptoms as intense headache, nervous prostration, backache, nasal discharge, and a general muscular contracture of the spine. Fever 101 3-5 degrees. Pulse, 108 and full. The attack had commenced the night previous. Four visits were required and by evening of the third day the attack had disappeared, leaving only a condition of slight exhaustion.

CASE NO. 2.—Mrs. B. Age about fifty. Was called in evening and found patient with symptoms of headache, prostration, muscular contracture and backache, especially in lumbar region, with diarrhœa and soreness across the bowels. Fever, 101 2-5 degrees. Pulse, 100 and small. The attack had commenced the night previous with usual sudden onset. Three visits were required and by end of third day, symptoms had abated.

The rapid recovery under osteopathic treatment as compared to the four to seven days under medical treatment, and the absence of distressing or dangerous sequelæ as of headache, nervous and pulmonary troubles, etc., which so often exist after medical treatment, should be noted.

*MUSCLE TREATING

BY DRS. FULLER AND UPTON

We were asked to prepare a paper on "Muscle Stretching." We have, however, changed this title to "Muscle Treating," considering that more appropriate, and really what was intended; for muscle stretching is often not remedial, but a positive harm. In some cases to stretch a muscle is beneficial, in others quite the reverse.

Muscle treating is prescribed by our osteopathic authorities. McConnell says: "A draught of air, a damp day, whether one is warmly clad or not, has a greater or less effect on the musculature of the body. When muscles are contracted they at once interfere with the cutaneous circulation and with the superficial nerve terminals; and moreover when severely contracted, produce traction upon the bones, especially the vertebræ and ribs, and tend to draw them from their normal position."

This being so, if the contractions are of recent origin, that is to say, not of sufficient duration to produce a chronic condition, it naturally follows that in some cases, relieving these contractions also tends to permit such bony luxations to adjust themselves to the normal. How much actual bony manipulation such luxations may require for restoration to the normal is a question for each specific case, resting on the judgment of the physician. If a rule were possible in application to such cases, it probably would be, to make it a point to treat both ways from the beginning when possible, for the quicker the luxation is relieved the more speedy the results, and much valuable time and patience may be consumed in doing unnecessary muscular work.

Adopting "Muscle Treating" as our subject then, we will assume that we are of the same mind as to its necessity. It is a part—and only a part of our method of treatment in a great many cases, but it must be distinctly understood that it is only an incident of the treatment—it being generally necessary to relax muscular contractions to enable us to correct a deeper lesion.

It is conceded then, that muscle treating is beneficial. Now several points present themselves in each case:

First. What object have we in view in treating the muscle? We must always have a purpose which is susceptible of rational explanation for anything we do. We are not simply fooling around, rubbing the

*Read before the Minnesota Osteopathic Association.

patient to make him feel good and trusting to the Lord to do the rest.

Second. Are we really treating the muscle? Or is it simply that we are after deeper structure and finding the superimposed muscle, are compelled to treat through it.

Third. What physiological effect are we seeking to secure? Is it vaso-motor or visceral. Or is it both. Do we get it, and how do we get it. This one question alone will keep some of us busy a few years.

Fourth. Can we not dispense with nearly all of the muscular work in each case, if we reason correctly as to what effect we are after and understand how to get it.

Fifth. How much unnecessary muscular work are we doing, just because the patient likes it and to make him think he is getting his money's worth and that he is getting a longer, consequently more thorough treatment than he could get from Dr. Lesion who leaves out such unnecessary work?

Sixth. How many osteopaths are on the lookout for "new movements" for muscular work, which are of no use except to impress a gullible patient. There are no "movements" in osteopathy. It is more profound knowledge of the mechanics of the body that we should be after. Let us understand the pathological condition we are seeking to remove, and then do what we can at each treatment and stop there.

A woman patient who was treating with Dr. Lesion came in one day and demanded longer treatment. She said she had a friend who was treating with another osteopath, whose name she gave, who treated her an hour. It was explained to the patient that in her case, the osteopathic dose was about fifteen or twenty minutes and he could not do more for her if he worked three hours; that he must be permitted to use his own judgment as to what she required, and that it was possible, when one knew what he was doing, to do in a few minutes what another, who did not know what he was doing, probably did not do in the hour; and that there was also such a thing in osteopathy as being over treated. She admitted that she was improving. She saw the reason in the explanation and was satisfied.

Another patient said that she was not being treated like a former osteopath treated her. Said that he had rubbed her all over from head to her heels.

Of course there cannot be a rule laid down for length of treatment, as all cases are different and some require a few minutes and others thirty or more. It is probably true however, that the usual cause of long treatments is the fact that the case has not been properly diagnosed, the physician is groping in the dark, and spends his time stretching muscles and trying to make himself and the patient believe that

he is doing something and earning his fee. That is the kind of muscle treating that is not osteopathy, and it is that kind of an osteopath who demoralizes osteopathic prices and, figuratively speaking, offers green trading stamps to secure practice.

If a muscle is contracted, due to some central nerve irritation, how senseless to spend time stretching an already irritated tissue, increasing the secondary trouble and the discomfort of the patient. Spend more time and study on the examination. Find the trouble first of all and discontinue promiscuous muscle treating—the one thing that often makes people call us masseurs.

THE ORATOR-OUTBURST REMEDY

From the "Orator-Outburst," a magazine of progress of Spokane, Wash., Sept.

The Washington State Medical Association has been in session at Spokane during the week and has listened to several radical recommendations from its members. Among these was one to require Christian Scientists, Osteopaths and other non-medicine healers to pass the examinations required of those using medicines and knives in the treatment of the afflicted. This is one of the most selfish, hypocritical and dishonest proposals that has come from this body of enlightened gentlemen for many moons. Their avowed purpose of guarding humanity against disease and diseased minds is most commendable, but until they rid their own schools of the large percentage of criminals, who for fees and the insane desire to mutilate the body, wilfully experiment on the human anatomy, to the cost of hundreds of lives each year, the recommendation will not be received with favor by sensible men. At least ten deaths will be found to have been caused by old school practitioners to one that resulted from the ignorant or indifferent treatment by those against whom their opposition is directed. If the old school practitioners, as a rule, were not noted for the misery which accompanies their treatment, to say nothing of the unnecessary deaths that result from their dare devil experiments, the public would not feel so much inclined to patronize those who are breaking in upon the earning capacity of the medicinists. The harboring of quacks and cut-throats in the medical profession is bringing disgrace upon that noble calling and the entire body of honest men who are engaged in ministering to disease ridden humanity owe it to themselves to prosecute and hold up to public scorn one of their own number who, by neglect, ignorance or pernicious practices, causes the loss of a life. No other course will restore the medical profession to the public confidence, which by the action proposed it confesses to have lost. Indeed the confidence will continue to wane if the practice of condemning Christian Scientists and others who lose cases is kept up, and the criminally careless practices of their own schools

are permitted to pass unnoticed. As a matter of fact every person of mature mind is usually treated as he desires to be treated, and it comes with very bad grace from a body of men who represent such a high degree of intelligence to insist upon the monopoly of treating other intelligent men against their will. Such a law as that suggested, would in the estimation of the patient at least deny him the dearest things guaranteed by the constitution, that is his life and liberty, and as it relates to immature minds, it will probably be found that the patient or guardian is quite as capable of selecting the right kind of practitioner for the child as he is for himself. If the state association had not been wholly selfish in this matter, it seems that the high intelligence of its members would have found a safeguard for humanity against all malpractitioners by proposing a law that would make it at least felony for any practitioner to permit a patient to die while in his care and to fine every surgeon one thousand dollars for every mutilation of the human body which the public health officer had not previously pronounced incurable or absolutely necessary. If the association had proposed this kind of a measure it would have taken a leap in the direction of progress that would have caused dying humanity to take a new lease on life. The vilest criminal cannot be put to death until every reasonable thing has been done for him that science and justice can devise, and yet the lives of our most valuable citizens are submitted to the knife and poisons of any fellow who may be a veritable cut-throat if he but manages to get into the old school of medicine. Twelve men, good and true, against whom no partial charge may be laid, are quired to deliberate upon the life of one charged with crime, while one and rarely ever more than three, take the trouble to say whether operations which cause so many deaths are necessary. The fact is that the cases actually requiring operations are so few as compared to those actually operated upon, that none but an absolutely honest practitioner would dare propose a penalty for the unnecessary mutilation of the body. While the plan proposed by the association would eliminate the dishonest practitioners who claim to belong to other schools it would utterly fail to protect the public from the murderous and dishonest practitioners in the old schools. The Orator-Outburst is heartily in favor of protecting humanity from the fakirs of all schools and repeats its proposal to extend the power of the local health officer who shall first say whether an operation upon any part of the human body is necessary or not, and who shall also pass upon every patient's case that is thought to be dangerous. If any patient should die while under treatment of a practitioner who had not called in the health officer, and obtained his certificate therefor, then make the omission a felony. If any practitioner operates upon a person who afterwards believes such operation to have been unnecessary, without first having secured the certificate of necessity from the health officer, make that a crime with the penalty of felony. If the Washington State Medical association has the welfare of humanity at stake—and The Orator-Outburst firmly believes that most of its members do have that interest,—then it most respectfully invites their consideration of its remedy for the greatest ill that is affecting the health of the nation today.

FOUR TYPICAL CASES OF MEMBRANOUS DYSMENORRHEA CURED

(In the following short article, Dr. Crowley describes briefly the condition, known as membranous dysmenorrhea, just as he has met it in actual practice and then describes one of a group of his four most typical cases, and sums up with a comparison of the other three. The uniformity of the spinal lesions is interesting and particularly so are Dr. Crowley's "manips" for the correction of these.

By way of explanation, we will say that the use of the dull curette mentioned is only to dislodge fragments of the membrane when nothing else will, and is in no wise a curettment as we usually understand it.—Ed.)

MEMBRANOUS DYSMENORRHEA.

Of the various forms of dysmenorrhea, probably the two the osteopath is best acquainted with through clinical experience, are the mechanical and the membranous forms. The membranous form is however, usually associated with one or several of the others. It may be associated with mechanical dysmenorrhea which was long thought to be the most common. This nomenclature was given to any form of dysmenorrhea caused by the mechanical interference with the menstrual flow such as a narrowing of the uterine canal at the os internum, caused by a flexion in the body of the organ. The outer orifice of the uterus may be partially closed or narrowed as the result of inflammation, caused by a gonorrheal infection or the rough use of instruments. A foreign body such as a polypus in the lower third of the canal could mechanically interfere with the flow. A chronic hypertrophic endometritis could also affect the passage of the flow by a thickening of the membrane. The congestive form is usually associated with the membranous form if there be a mechanical obstruction or if the membrane be passed en masse. If these two forms are associated with the membranous, we have a third or spasmodic or neuralgic type. This form may be present in any of the various forms or it may exist alone.

In the membranous form, the sac may pass through the canal en masse. If it is passed in this manner, the corresponding orifices can be found. The sac presents an internal or smooth and an external or flaky surface and is an exact mold of the uterine canal. It may, however, come away in shreds and these shreds be present through the entire flow. A part of the membrane may slough and a part remain intact within the uterus. If this condition exist, the best procedure to get results is to curette the uterus with a dull spoon curette. If the membrane passes en masse and there is a narrowing of the os internum, the menstrual period takes on the appearance of a miniature labor until the mass is expelled. It is usually followed by considerable blood which was dammed off as it were, by the membrane. After the passage of the lining, the pain practically disappears, but there is great tenderness of the parts. The congestion at times, becomes so great that it may set up inflammation of other parts. Ovaritis or a localized peritonitis. In these severe forms, the patient is confined to the bed before, during and perhaps for a considerable time after the period. The health is gradually impaired and the vitality is lessened. They lose more strength at the periods than they gain between them. Such persons usually succumb to some other acute ailment which is invited by a loss of vital resistance.

A patient age nineteen, came to the infirmary for treatment. A history of the case pointed to membranous dysmenorrhea, together with a mechanical obstruction. The mother, who accompanied the girl said, that up to the age of puberty, the girl had been apparently healthy and from the first appearance of the flow, she had gradually lost in weight, and the first flow was attended with considerable pain. The flow was always clotted, some months worse than others, dark and of rather an offensive odor. At the time of the examination, the girl spent most of the time in bed. She could not be on her feet during or for three weeks after the flow. Her expression was listless and she was very much run down in general health.

I asked concerning the previous treatment and she had taken considerable medicine. The physical examination revealed the following: The spine was very stiff, anterior in the upper and middle dorsal, with a break or separation between the eighth and ninth dorsal; a posterior condition through the lumbar, except the fifth, which was anterior and lateral to left. The left innominate was up and back. Marked tenderness over the sacrum. The local examination revealed a retroversion with a retroflexion. A congested condition of the right ovary and marked tenderness through the pelvic region.

Modus operandi—The first treatment I did nothing beyond loosening the spine, making no attempt to correct the lesions. Placed the patient on the stool and loosened the spine by placing the knees on either side of the spine, placing my hands on either shoulder, drawing the patient back and at the same time raising the knees. This tends to loosen the spine and can be made very thorough without much pain along a tender spine. I then placed the patient on the table, face down, raised the limbs and sprung slightly the posterior condition. For the anterior condition, I flexed the limbs against the body of the operator fixed the fulcrum point at the fourth lumbar carried the left hand back and under the buttocks, flexed the knees strongly on the abdomen and raised the buttocks at the same time. This had a tendency to draw out the anterior condition and raising the buttocks and fixing the fulcrum point directly against the side of the fifth lumbar, it affected the lateral condition.

In treating the posterior innominate, I used the limb as a lever, placed the heel of the hand over the posterior superior spine, at the same time embraced the joint, drawing the limb up to raise the innominate off the table, and sprung it. Another manipulation that I used on the posterior innominate, was to place the patient face as in the preceding one. Draw the right limb over the left so that one knee acts as a fulcrum, grasping the ankle with one hand, the other against the spine of the innominate, make downward pressure on the ankle and at the same time spring the innominate. In treating the break or separation between the eighth and ninth dorsal, I used the head as a lever, making the upper portion of the spine the lever arm, fixed the fulcrum point at the ninth and attempted to establish motion in the break. This patient was under treatment for two months before she showed any signs of improvement. After that time, the improvement was gradual. She gained steadily in strength and at the end of six months, she was so well that she returned home to continue treatment there. Before leaving she informed me that if she did not continue to improve, that she would return to Kirksville. I have received several letters from her, which assure me that she is about well.

Three other cases, one aged eighteen, one twenty-two, one twenty-five, gave about the same history and showed in each case, the same general lesions. The

eighteen-year-old case was cured in six months, her attacks being accompanied by a discharge of the membrane complete. The twenty-two-year-old case passed shreds and was well in four months, while the twenty-five-year-old case passed large shreds, some of them representing one-fourth or one-sixth of the entire cast and her cure required seven months.

In none of my cases, have I had an immediate cure, where the case was true membranous dysmenorrhea, though in cases passing clots instead of pieces of endometrium, I have had very rapid results, at times.

DR. F. G. CROWLEY.

We have received a letter from one of our field editors. As it is a plea for original research, we publish it as it came to us, in full,—

DEAR EDITOR:—

There are so many problems, that await solving by the master osteopaths, one scarcely knows where to begin, but if your editorial department can stimulate original research, it will, in my opinion have accomplished the "greatest good to the greatest number".

In an address delivered by Rudolph Virchow, on the "Value of Pathological Experiment", he has made this declaration:—"But the most potent means of protection is truth, and here above all truth founded upon sufficient knowledge. If we cannot prove our just right before the whole world and on the strength of this right, agree among ourselves, our cause must, from the very beginning be regarded as lost." This was his plea to the medical profession for pathological experiment, his justification of vivisection. This was the gauntlet thrown by him 25 years ago, PROVE OR LOSE. But he voiced the tendency of his time; the spirit of scientific unrest, that simply cannot bear the burden of mere empirical knowledge, swept over them, clinical observations had been reduced to almost a science, but it was not enough; symptomatology is not a science.

The same demand for original scientific research that beset the art of medicine then is now advancing on osteopathy. As it was met then and in the succeeding years, by concentrating all energies to solving those problems in pathology, physiology, histology, and chemistry, that seemed impossible of solution—with the indomitable will-power, courage and patience that characterize the scientific mind, these observers have placed many of the great problems of pathology and chemistry upon a thoroughly rational basis,—so, this same spirit of unrest, this wave of original research is menacing us clamoring for the proofs, in other words, the rational pathology of osteopathy; urging us to renewed and greater efforts, and from now on, we can safely prophesy: that each year will show scientific osteopathic progress the years, before which—in comparison—will be as if "standing still." For every osteopath who keeps in touch with the progress made, who observes the "pulse waves" and blood pressure of our profession must be profoundly impressed with the strong undercurrent of original research, that is everywhere seeking expression. True, so much of this thought and experiment are but in the embryonic state, that they are not at present available for practical application, and yet so strong are these pul-

sations, so great the pressure, that in another year, we will find them taking definite shape, forming themselves into demonstrations of a newer osteopathic pathology, into crystalized proofs of osteopathic principles.

Doubt, the forerunner of verification is largely responsible for this urgent desire for scientific accuracy.

"The scientific physician will not be the victim of any illusion that he himself is to settle experimentally all or even many of the problems which confront him and cry for solution; but he will try to settle at least some of them by experiment himself, and above all he will, under the influence of the scientific spirit which animates him, stimulate his colleagues and pupils to similar work."

Osteopathy demands original research, problems confront us that "cry for solution," no one is asked to do it all, it is his work for the individual, for all. Each one must contribute his share; mere words have no value now, other than to voice the needs of our science. Words can but act as reminders to begin now; act as a stimulus to those who have begun and are carrying on this original research.

It is not true that only a few, "a handful" of osteopaths have been and are doing this research work; it is true, that diffidence, modesty prevents a larger number from stepping out into the lime-light.

The greatest obstructionist is he who sneers at these original studies, where they are presented, who perhaps sees the originality of the idea, but immediately deplors the fact that it is not demonstrated "finally", "with all possible details elaborated." What if Drs. Still, McConnell, Clark, the late Dr. Hulett, and many others had succumbed to this fear, Genius knows no fear; let the obstructionist carp, but "brush by;" ignore him, stand fast, look up and bring your studies, your original research to your profession, no matter how insignificant, no matter how trivial it may seem to you, (you are not always the best judge of, nor can we foresee its importance) Nothing must be lost, osteopathy cannot afford these losses.

But let it be remembered in this connection, that a dozen lines of originality are worth a thousand based on plagiarism. To steal is within the purview of any thief, to originate we must exercise our brains. Steal no man's thunder and send it crashing down as your own; smiles of derision, contempt will be your reward

Remember, only originality is honored to the limit.

Yours fraternally,

DR. HERMAN F. GOETZ.

348 Century Bldg., St. Louis, Mo.

CASE REPORTS GRATIS

The Committee on Publication of the A. O. A. in its annual report advised the following plan of action for the years 1906-1907:

"All who contribute one or more acceptable case reports within sixty days of the announcement will receive free of charge the next series of printed reports. Those who do not care to contribute any cases and yet desire the printed reports may be accommodated at the rate of fifty cents a copy, the published announcement to be made, not only to the members of the association but to non-members as well."

This report was unanimously adopted by the assembly and it now becomes possible for the Editor of Case Reports to make the first call for case records, to be sent during the next sixty days, in any number from two upward. This is a rare opportunity for all members of the profession not only to discharge one of their debts to the profession but to assist one another in the search for truth. Again quoting from the report "It is a too prevalent error that osteopathy is a fixed body of truth, a completed whole. Dr. Still laid the foundations broad and deep but he expects us to aid in carrying up the superstructure.

"Hence, as our code implies, if we discover a better way of accomplishing a given result, an improvement in technique, a new point in diagnosis or in the mechanics of osteopathy, a new physical sign of disease, a new fact in any of the basic sciences, or a danger in applying any particular method of treatment, let us recognize our obligation to the profession by making it known." The published supplements offer an avenue of publicity available to the greatest number of practitioners.

The manner of reporting a case is left to the discretion of the practitioner with certain limitations. It is not sufficient to say a case of lagrippe was cured in one treatment, or that constipation was relieved by three treatments. Such statements can never be of any value to any one for they have not one scientific fact upon which another could base any claims to like results. There was once a teacher of chemistry who taught that no laboratory report was complete when any unanswered "How?" or "Why" could occur to the reader. That would be a good criterion for the osteopath to follow in writing a case report,—ask himself after each statement "How did that influence such a condition?" and "Why were such results obtained?" We may not run before we can walk, hence the perfect report is at present almost an impossibility. Let us make a beginning and improve with each of reports.

Outline blanks will be furnished gratis upon application to 42 Valpey Bldg., Detroit, Mich., and there must be sent all reports for use in the supplements on or before December 5, for Supplement VI.

Editor of Case Reports for the A. O. A.

EDYTHE F. ASHMORE, D. O.

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sociations.

The new Hospital is a failure when it comes to showing the typical cases of acute diseases. The trouble is that the cases refuse to show the bad symptoms and sequelæ of the typical cases described in the text-books. Several cases of supposed typhoid this fall have shown so few symptoms typical of the disease, that it required the Widal serum reaction, the blood-cultures and the Diazo test to convince us that it was really the dreaded typhoid that we were treating.

The laboratory only serves to more fully prove osteopathy. The Widal reaction is a good thing; it keeps us from thinking that we had merely cured a little "bowel-trouble" in several instances; Thanks Mr. Widal! Not one typhoid case has died in Kirksville this season under osteopathic treatment. That looks good in a disease with twenty per cent mortality.

We haven't had any cases of "typhoid-malaria" nor "typhoid-pneumonia," nor "pneumonia malaria nor any "typhoid measles." We have been willing to credit ourselves with only one disease cured in one patient at a time. Is it right to scare one's patients and the family by calling a simple typhoid with a few chills, "typhoid malaria?" History doesn't record many cases of the double infection.

Did you read the article on malaria in the last Journal of Osteopathy? We are very fond of Osler on Symptomatology even in malaria, but there were a few practical points on treatment in that short article that discount Osler a long distance.

Now is it really right to call it "Typhoid-pneumonia" because the well known bronchial complications are present? But how the average M. D. does relish those double infections in spite of the evidence of Osler, Strumpel, Tyson and Co. that they are very rare.

Quincy M. D's. almost exhausted their vocabularies in denouncing the osteopaths because a complicated case of typhoid died in that city "without medical aid." The "poison-cure" enthusiasts are certainly hoggish. One would think that they would be willing to let a patient die now and then without the aid of extra poisons. The typhoid bacillus and other factors are sufficient to produce fatal toxins without helping them by feeding the patient other poisons called drugs.

* * *

Surely we "give the patient something," in typhoid. According to the *materia medica*, we even use drugs. That book calls water a drug. Gerdine says it's a food. Anyhow we give them water both per oram and epidermically.

* * *

The epidermic use of water "has been found beneficial as a prophylactic agent in some cases and an adult dose one or more times a week is recommended throughout life as a sort of vaccination" against dirt and disease.

* * *

The "Old Doctor" says not to overlook the treatment of the lungs in typhoid.

* * *

Physiology tells us that the lungs are important excretories and embryology goes it one better and tells us that the origin of the lungs is two small buds off the primitive fore-gut or embryonic intestine.

* * *

No, we don't use the bath-treatment for typhoid, but we believe that a sick person needs a bath now and then, the same as a well one. We don't count it as a part of the treatment however.

* * *

The health of the "Old Doctor" is better than it has been in years and he favors the upper classes with a talk and a few new points to think on, almost daily. Even the lower classes get a treatment now and then.

* * *

There is to be another Tri-state meeting in Kirksville next spring. Begin planning for that trip now.

* * *

We are just beginning to learn what osteopathy can do in acute diseases.

We don't claim this as final on the subject, but the almost invariable lesion we have found in typhoid has been an "S" shaped antero-posterior curve of the lower dorsal and upper lumbar vertebrae, the posterior apex being in the lower dorsal and the anterior apex being in the lumbar region. Two to four dorsal and two lumbar segments is the rule. The fact must be remembered that it is only at the very beginning of the disease that the real predisposing lesion is found.

We have not examined a case yet, in which there were no rib involvements.

Babies and children have recovered with surprising rapidity.

Let the baby lie on its back. Let the mother or nurse stand or sit at its head while treating and let its weight on the fingers aid the treatment. Of course the lesions are hard to find in a baby, but it is so easy to compare the two sides with the palmar surfaces of the hands against the sides and the fingers on either side of the spinous processes. The antero-posterior relations of any four segments at a time are thus easily comparable also.

The following is copied from the last issue of *Health Culture*:

A BLESSING IN DISGUISE

A hint of revenue experts provoked another raid on metropolitan drug stores, and the results of the investigation have convulsed the public with a rather superfluous excitement. "Tampering with Human Lives," "Health Polluted at Its Fountain Head," and scores of similar uproars. The sad fact is that the existence of those drugs is often a worse peril than the custom of their adulteration. Their catalogue is a list of foes to health, and the adulterators have merely contrived to make a number of deadly poisons a little less dangerous. Strychine, aconite and opiates, mixed with harmless vegetable substances—who is hurt? From a hygienic point of view the mixer deserves a statue. We might as well bewail the practice of mixing the tonic of the Tyrolese arsenic-eaters with a little cornstarch.

* * *

REMOVALS.

Dr. Jane E. Lockwood from South Dennis, Mass., to 93 Prospect Ave., Buffalo, New York.

Dr. Henry A. Whitfield, from Honeoye Falls, N. Y., to Suite 823-5 Granite Bldg., Rochester, N. Y.

Dr. Joseph W. Martin, from 59 Court St., to 169 Columbian Heights, Brooklyn, New York.

Dr. Genevra I. Green, from Kansas City, to Watonga, Okla.

Dr. Chas. Carter, from Lynchburg, Va., to Dudley Block, Danville, Va.

Drs. Tucker & Tucker, from Van Buren, Ark., to Lockwood, Mo.

Dr. Frank L. Poland, from Weston, W. Va., to New Martinsville, W. Va.

Drs. E. W. Raymond Morelock & Nellie Mae Morelock, from LaJunta, Colo., to Harrisonville, Mo.

Dr. Chas. W. McCurdy, from 708 Real Estate Trust Bldg., to Suite 331-2 Wither- spoon Bldg., Philadelphia, Pa.

Dr. Lyman W. Wilkins, from 885 Mass. Ave., Cambridge, Mass., to 277 Water St., Augusta, Me.

Dr. Della Renshaw, from 56 Winder St., to the Tuller Hotel, Corner Park & Adams, Detroit, Mich.

Dr. A. Memmert, from 34 Marlborough Ave., Providence, R. I., to 1424 Nar- ragansett Blvd., Edgewood, R. I.

Dr. A. H. Hall, from White Bear, Minn., to 240 Arundel St., St. Paul, Minn.

Drs. Miller & Miller, from Stafford, Kans., to Box 583 E. Las Vegas, N. M.

Dr. Lester A. McMasters, from 2202 Gladys Ave., Chicago, Ill., to St. Charles, Ill.

Dr. S. E. Conard, from Higginsville, Mo., to Monticello, Ill.

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

Drs. E. O. and Sallie H. Vance, from 118 Barr St., to Suite 500-1 Lexington Nat'l Bank Bldg., Lexington, Ky.

Dr. J. H. Robuck, from Mitchell, Nebr., to Anadarko, Okla.

* * *

STUDENT KILLED BY TRAIN.

Mr. John R. Davis was struck and instantly killed by the Wabash train Wednesday, October 24. Mr. Davis was a senior student in the American School of Osteopathy. Mr. Davis wrote the definition of osteopathy, which now appears on the second page of the cover of the *Osteopathic Journal*.

MARRIAGES.

Married—Dr. Frank D. Bohannon, and Miss Mary Elizabeth Vansickle of Anna, Ill., were married Wednesday, Oct. 10th.

Married—Dr. J. H. B. Scott and Miss Kathryn Frazer of New Castle, New Brunswick, Wednesday, Oct. 10th.

Married—Dr. L. F. Curd to Miss Loretta B. Lewis of Dixon, Ill., Oct. 14th, 1906.

Married—Dr. M. M. Sheridan and Miss Lilliam Ballance of Los Angeles, Calif., were married Saturday, Oct. 13th, 1906.

Married—Dr. J. V. McManis of Baird, Tex. and Dt. Lulu F. Stoltenburg of Dinubia, Calif., Sept. 17th, 1906.

* * *

PARTNERSHIPS FORMED.

Dr. Augusta Nichols is now associated in practice with the Patterson Institute of Osteopathy, Washington Loan & Trust Bldg., Washington, D. C.

Drs. C. B. Ingalls and Emma C. Crossland have formed partnership for the practice of osteopathy with offices at 230 Wells Bldg., Quincy, Ill.

Drs. H. C. Wallace and O. L. Leeper have formed partnership and will practice at Blackwell, Okla.

* * *

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* * *

SAN ANTONIO OSTEOPATHS MEET

EDITOR JOURNAL:—

We beg to submit to you the report of the meeting of the San Antonio osteopaths, held this week at which time was organized "The Wexar County Osteopathic Society." Eight practitioners in the city all enrolled as members. It was noticed that every one present was also a member of the state society.

Officers were elected as follows: Dr. Paul M. Peck, president; Dr. J. R. Cunningham, vice-president; Dr. Mary E. Noonan, secretary and treasurer.

The object of the society will be to hold semi-annual meetings for the discussion of scientific subjects and matters pertaining to the advancement of the profession locally and abroad, and to render a harmonious action in the interest of the osteopathic legislation proposed for the next session of the state legislature.

With best wishes, we remain,

Yours truly,

MARY E. NOONAN.

* * *

FIFTH DISTRICT ILLINOIS MEETING

A meeting of the members of the Fifth district of the Illinois Osteopathic association will be held in the office of Drs. Hartford of this city at 8 o'clock Saturday evening. Dr. Clark, a gynecologist of much reputation, and a member of the faculty of the American School of Osteopathy of Kirksville, Mo., the parent school of osteopathic institutions, is expected to speak.

* * *

THE ONTARIO OSTEOPATHIC ASSOCIATION

The annual meeting of the Ontario Osteopathic association was held in Toronto at the offices of Dr. Pigott on Sept. 3rd. A good attendance. instructive program

and interesting social time made this the best meeting held as also it was the largest. Clinics were presented by Drs. Henderson, Bach, Pigott and Millard.

E. D. HEIST, Sec'y.

* * *

SOUTH DAKOTA ASSOCIATION.

The third annual meeting of the S. D. O. A. was held at Mitchell, Sep. 27th. It was the most interesting meeting ever held in the state.

The law questions were discussed and decided upon.

A paper by Dr. W. U. Goodfellow, entitled "As Others See Us," was read.

Clinics were conducted by Drs. Glasgow, Heyler and Atkinson.

A goodly number of osteopaths were present.

The officers elected: President, E. W. Heyler, Mitchell; vice-president, Winifred Atkinson, Mitchell; treasurer, Mrs. May Redfield, Parker; secretary, S. U. Heath, Souix Falls; Trustee: Lena Enets, Canton.

A legislative committee was appointed.

C. S. BETTS, Sec. Pro. Tem.

* * *

MICHIGAN STATE OSTEOPATHIC ASSOCIATION

The seventh annual meeting of the M. S. O. A. met at Post Tavern, Battle Creek, Oct. 6, with a large number of members in attendance. Due to the energy and indefatigable labors of the local committee, who gave their entire day to the care of the convention, an abundance of excellent clinic material was available, so that each speaker was able to demonstrate his theories practically.

The program was opened by the president, Dr. W. S. Mills of Ann Arbor, with an address upon "The Office;" followed by a clinic upon "Little's Disease" by Dr. Betsy Hicks of Battle Creek; a paper upon "Technique, a Neglected Study" by Dr. Edythe Ashmore of Detroit; a clinic upon "Paralysis" by Dr. H. W. Conklin of Battle Creek, and discussed by Dr. R. B. Peebles, of Kalamazoo. The afternoon session was devoted to clinical demonstrations and consisted of the presentation of the following subjects: "Epilepsy," by Dr. F. H. Williams, Lansing; "Epilepsy-Grand Mal" by Dr. Edythe Ashmore; "Partial Congenital Dislocation of the Shoulder" by Dr. J. O. Trueblood, Traverse City, discussed by Dr. S. R. Landes, Grand Rapids; "Inflammation of the Knee-joint" by Dr. E. E. Schwartz of Coldwater; "Malnutrition" by Dr. John M. Church of Detroit; "Goitre" by Dr. Classen, South Haven; a general discussion upon the subjects of "Blindness," "Neuritis," and "Articular Rheumatism."

Three new members were received: Drs. Betsy Hicks of Battle Creek; Glenn Hicks of Jackson, and Frances Platt of Kalamazoo. The election of officers for the ensuing year resulted in choice of the following: President, Dr. Hugh W. Conklin; vice-president, Dr. Annabel Hicks of Jackson; secretary, Dr. A. D. Glascock of Owosso; treasurer, Dr. John C. Garrett, of Ypsilanti. The invitation of the Detroit Osteopathic society to meet in Detroit in 1907 was unanimously accepted. The meeting adjourned to partake of dinner which was served by the hotel in banquet style.

The meeting was marked by harmonious feeling among all present.

* * *

BUFFALO ASSOCIATION

The Buffalo Osteopathic association held its first regular meeting of the year, Monday, Oct. 8th, and elected the following officers for the ensuing year: President, Dr. C. W. Proctor; vice-president, Dr. Joanna Barry; secretary, Dr. Andrew L. Wiley; treasurer, Dr. A. C. L——.

Program outlined for coming year and preliminary discussion of ways and means in taking care of our interests in legislature this coming session.

ANDREW S. WILEY, Sec'y.

* * *

SIOUX VALLEY MEETING.

The Sioux Valley Osteopathic association held its annual meeting in the Commercial Club rooms, Sioux City, Oct. 3rd and 4th. About twenty D. O's. were present and a most profitable and enjoyable meeting was held. The most important part of the business transacted was the adoption of a constitution wherein the name of the association was changed from "The Sioux Valley Osteopathic Association," to "The North West Iowa Osteopathic Association."

The program of the meeting was made profitable by the presence of Dr. M. E. Clark of Kirksville, Mo., and Dr. R. L. Stevens of Des Moines, Iowa, both of these gentlemen were worked to the limit in presenting clinics as many interesting cases were present, both from Sioux City and other towns. Also Dr. Clark gave an address upon the Preparation for Labor and Dr. Stevens upon Gynecology. Both were enjoyed as rare treats for the country doctor.

The officers for the past year were re-elected and are: President, Dr. A. W. Peterson, Hawarden; vice-president, Dr. A. W. Leard, Spencer; secretary and treasurer Dr. U. S. Parish, Storm Lake. Directors elected were: Dr. C. D. Ray for three years, to succeed himself and Dr. A. E. Hook for two years, to fill vacancy.

A fine osteopathic spirit prevailed the meeting throughout.

U. S. PARISH, Sec'y.

* * *

NEW JERSEY MEETING

PROGRAM.

- Practical Osteopathy—President's Address.....S. A. Ellis, Boston
- Osteopathic Legislation—Papers.....Charles E. Fleck, Orange
- Ethics.....Milbourne Munroe, Orange
- Effects of Drugs on the Tissues of the Body as Compared with the Changes Produced by Osteopathic Treatment.....J. W. Banning, Paterson
- Osteopathic Treatment of Appendicitis, Apropos of five cases,D. Webb Cranberry, Orange

DEMONSTRATIONS

Operative Technique for Correcting Lesions of:

- Cervical Region.....Herman S. Still, Trenton
- Lumbar Region.....C. H. Lyke, Camden
- Dorsal Region.....J. F. Starr, Passaic

The following officers were elected: President, Charles E. Fleck, Orange; vice-president, Helena Smith, Montclair; secretary and treasurer, Hardy W. Carlisle, Paterson. Executive Committee: H. S. McElhaney, Newark, R. M. Colborn, Newark; E. M. Herring, Asbury Park.

Yours truly,

CHARLES E. FLECK, Pres.

* *

MAINE OSTEOPATHIC ASSOCIATION

The Maine Osteopathic association convened for its first meeting, after the summer vacation, at the office of the president, Dr. Viola D. Howe in the Somerset. All members were present.

Very interesting reports of the A. O. A. meeting at Put-in-Bay were given by Drs. Rosebrook and Wentworth.

A quiz on Epilepsy was conducted by Dr. V. D. Howe, followed by discussions and case reports.

The meeting adjourned at a late hour, each member feeling that the time had been well spent.

W. D. COBURN, Sec.

* * *

SESSION OF THE CHICAGO ASSOCIATION HELD AT AURORA

The regular monthly meeting of the Chicago Osteopathic association, which was held at Hotel Bishop, October 25th, was well attended in spite of the weather. The Chicago members came out on the electric line and had dinner at the hotel; after dinner they and the Aurora members adjourned to the parlors and listened to addresses on various phases of osteopathic work. Dr. H. S. Bunting discussed "The Reasonableness of Osteopathic Diagnosis" and compared it with other systems. Dr. Carl T. McConnell gave a report of some interesting experiments he was been making recently on animals.

Following this Dr. J. H. Sullivan gave a clinic on one of the patients of Dr. McGinnis of Aurora, making the examination and giving the treatment in the presence of the association. Dr. Sullivan has the distinction of having Paderewski for a patient the last time he was in Chicago. At the conclusion of the program the association gave the hotel management a vote of thanks for the courteous treatment extended the members.

* * *

MONTANA MEETING PASSES RESOLUTION RELATING TO AMENDMENT OF LAW REQUIRING REPORTS OF CONTAGIOUS DISEASES

Helena, Sept. 6.—The Montana Association of Osteopaths completed its session to-day and adjourned to meet next year at Helena. The morning session was devoted to the reading of papers and at the afternoon session the following officers were elected: President, Dr. L. K. Cramb, Butte; vice-president, Dr. Charles W. Mahaffay, Helena; secretary, Dr. W. C. Dawes, Billings; treasurer, Dr. A. A. Allison, Anaconda. Trustees for the year: Dr. H. A. Lorton, Dr. L. K. Cramb of Butte and Dr. A. C. Willard, Missoula. The following resolution was also adopted:

"Resolved, That in our judgment as physicians, it would be to the interest of the public health to so amend our laws relating to the requiring of physicians to regularly report certain contagious and infectious diseases to the state health authorities, that the physicians, in addition to scarlet fever, tuberculosis, smallpox and other diseases now named be required also to report all cases of venereal diseases reported or treated."

* * *

LOCATIONS

- Dr. Mary W. Clinton has located at 1007 Arrot Bldg., Pittsburgh, Pa.
- Drs. Alfred M. and Effie L. Rogers have opened offices at 12 Hemenway St., Boston, Mass.
- Dr. G. H. Yoder has located at Dell Rapids, S. D.
- Dr. J. J. Pearce has opened offices at 707 N. Oregon St., El Paso, Texas.
- Dr. John M. Treble has opened offices at 771-73 Ellicott Square, Buffalo, N. Y.
- Dr. A. J. Harris has located in the Jackson Bldg., Nashville, Tenn.

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* * *

PERSONALS

Dr. R. E. Jameson of Manistee, Mich., has been appointed official examiner of the Manistee and North Eastern Ry. Company, for vision, color perception and hearing.

Dr. Jose C. Howell of Vineland, N. J., graduate of the Philadelphia College of Osteopathy is democratic nominee for assemblyman.

A fire October 19th, partially destroyed the office of Dr. L. A. Kissinger at 109 Main St., Beloit, Kans. No insurance.

Born—To Dr. and Mrs. Glenn B. Wheeler, of Wahpeton, Md., on October 11th, 1906, a girl.

Visitors at American School of Osteopathy: Dr. Emma Talbot of Cameron, Mo.; Dr. A. G. Hildreth of St. Louis, Mo.; Dr. H. L. Maxwell, Reading, Pa.; Dr. Ella Hunt, St. Louis, Mo.; Dr. Mattie Coleman, Crete, Nebr.; Dr. Gertrude Forest, Albia, Ia.; Dr. Lenna T. Chatfield, Chamberlain, S. D. Drs. E. O. Millay of Barry, Ill., and Dr. Lulu J. Herbert of Trenton, Mo., brought patients to the A. S. O. Hospital.

HURON, S. D., Sep. 19, 1906.

Donald Edward, the seven months old baby of Drs. C. S. and Mrs. Betts, died Sept. 2nd. Immediate cause of death was dysentery, had been ailing for several weeks. Marasmus and premature teething were the real troubles.

* * *

BOOK REVIEWS.

Nervous and Mental Diseases, New (5th) Edition, Revised by Archibald Church, M. D., Professor of Nervous and Mental Diseases and Medical Jurisprudence in Northwestern University Medical School, Chicago; and Frederick Peterson, M. D., President of the State Commission in Lunacy, New York; Clinical Professor of Neurology and Psychiatry, Columbia University. Fifth edition, revised and enlarged. Octavo volume of 937 pages, with 341 illustrations. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, \$5. net; Half Morocco, \$6.00 net.

Specializing as we do on the physiology and anatomy of the nervous system, it has been difficult for osteopaths to select books which are comprehensive enough on the nervous diseases. Church and Peterson's new book comes as near to filling the want as any medical text can. Besides its chapters on nervous diseases it deals quite extensively with nervous anatomy. It is a standard text book and is one of the texts recommended in the American School of Osteopathy.

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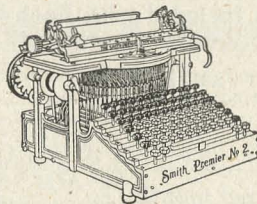
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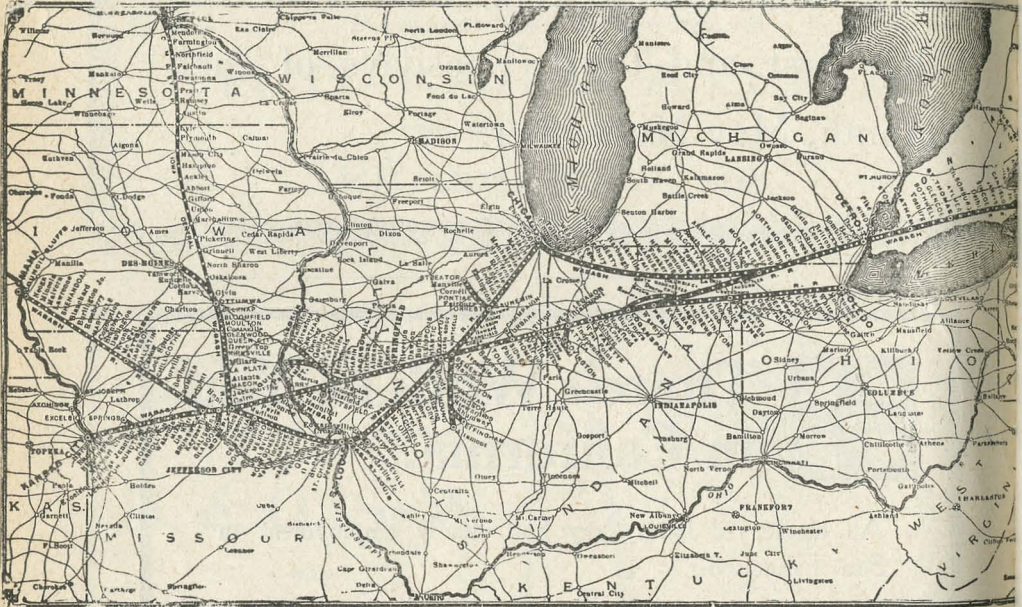
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