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POSTURAL DEFECTS.

(CONCLUDED.)

DR. CARL P. MCCONNELL, CHICAGO.

CURVATURES OF THE SPINAL COLUMN.

Undoubtedly, the great percentage of postural defects are dependent, directly or indirectly, upon weaknesses in the spinal column. As was seen, round shoulders, the prominent hip, or the pendulous abdomen, are often initiated by spinal deviations and deformities, so naturally spinal column curvatures are a most fruitful source of direct defects of posture.

It is somewhat uncommon to find an anatomically true spinal column, although this does not preclude that one's posture is defective, for often through pride and effort one may consciously overcome a defective posture.

Curvatures of the spinal column being so extremely common, it behooves every one to note carefully their spinal symmetry, and especially parents to have their children thoroughly examined. The integrity of the spine is of the utmost importance to the health of the individual.

The reasons are well known why the osteopathic profession pays so much attention to the detail status of the spinal column. First, osteopathy being a school of practice whose primal conception is an exact and comprehensive mechanical re-adjustment of the tissues, that is, all tissues being true as to relation and position, other things being equal, the integrity of the body economy in virtue of this truth will be maintained: And, second, the spinal column being the key to the protection and preservation of many centers controlling and directing vital forces to the organs of the body, it is not strange or unreasonable to suppose that the welfare of this important section is of great moment. Anatomical irregularities may affect through blood and lymph vascular channels nerve fibre and nerve centre of the spinal cord, or what seems to be of more common happening nerve fibres at and near their spinal column exits are irritated or impinged. The point to be emphasized here is mechanical irregularity or involvement therefrom disturbing the integrity of those tissues that transmit vital forces, for examples, nervous equilibrium may be unbalanced locally or generally, or blood and lymph vessels may be so disturbed that the normal

distribution of their contents is affected, which results in an unequalized circulation.

The backbone is a most interesting construction and its wonderful architecture becomes of secondary interest only when we realize that it is literally the backbone to a physical body; naturally, it being in reality the foundation to the body framework, upon whose construction postures of standing, sitting and walking are dependent, every one can easily see that the normality of the spinal column determines in very many instances the correct postures.

It is not the purpose of this article to present a treatise or anything like it on the causes and treatment of spinal curvatures, but simply to offer a few suggestions to the layman that may be interested in development of a greater symmetry of the body. Nearly every one is more or less interested in physical exercises and development. And especially to those of sedentary habits do means and methods of exercise appeal. Curiously enough, in a way, nearly every layman looks upon defects in posture, symmetry and stature as an effect arising from lack of or improper exercise. He seems to be imbued with the idea that the body in most instances is practically permanent in construction and when irregularities in figure occur certain exercises will correct the defect. Thus have individuals been prone to look upon osteopathy as a method of passive exercises. No greater mistake could be made. Osteopathic physicians believe most thoroughly in exercising, personal hygiene, etc., but the idea of osteopathic manipulation is primarily one of anatomical reconstruction, not alone muscular development. The work of the osteopathist is to re-adjust or to re-mold the body frame work and the many tissues that clothe it so that normality of function may predominate. The manipulation is not routinism but mechanical re-building of the tissues so that perfect freedom of vital forces may be forthcoming.

The spinal column presents the most frequent as well as many extremely interesting phases for re-correcting work. The number of abnormalities as to contour to which it is subject are many and varied. All are aware that the upper column curves forward in the neck, backward at the shoulders, then forward at the waist, and again backward below the waist line. Any variation or combination of variations with these normal or physiological curves constitutes an abnormality or pathological curve. And as a consequence defective posture, unless thoroughly compensated, is readily initiated.

Not only may the above normal curves be exaggerated, lessened, eliminated or reversed, but lateral and rotary curvatures are of frequent occurrence.

Curvatures involving the neck-spine to the extent of producing noticeable defects of posture are principally lateral deviations of several vertebræ. Wry-neck is probably the most noticeable disturbance here. The head and neck being drawn and possibly slightly twisted to one side is a defect that is both noticeable and painful. Another common source of postural affection is an exaggerated forward curving of the neck vertebræ. This produces a stooped appearance of the neck.

The dorsal vertebræ are often curved backward too far. This produces roundness with too decided a fullness of the upper back and shoulders. The chest may be somewhat flattened as a secondary effect but not necessarily so. Neither are the shoulders what may be termed "round shoulders", still such a condition may occur, for "round shoulders" are more often caused by a backward swerve of the column at the waist line, as was described in our first article. The dorsal vertebræ may be forward or what is termed a "straight" spine; this results in an exaggerated "braced" back position. Then lateral curvatures of the dorsal spine are common, which in time may develop into a rotary curvature, that is, the vertebræ are actually rotated on their axes. Lateral curvatures of the dorsal spine are slow and difficult to correct, for the ribs complicate matters very materially.

Curvatures of the lumbar spine, whether posterior, lateral or anterior, are common. Both dorsal and lumbar curvatures, as any one can readily see, are extremely common sources of postural defects. Erect positions of the body are maintained through the support of the dorsal and lumbar vertebræ. Stooped shoulders, one shoulder lower than its fellow, sitting humped over, sitting on the sacrum instead of squarely on the buttocks, the prominent hip, standing first on one foot and then on the other in order to rest the back, and the many allied variations of incorrect postures are largely dependent on the condition of the lumbar and dorsal spines.

It is not to be supposed that the above defects are the only ailments and disturbances that spinal curvatures cause, for, indeed, the defective posture may be by far a minor consideration. Disorders of body functions and affection of organic life itself are very often traced to the mal-alligned vertebræ.

The causes of spinal curvatures are many, but without question the most common cause is mechanical wrenching or twisting of the column from falls, jars, etc. Often the strain or sprain of the sections are readjusted through the inherent powers of the body, but there is a point where *VIS MEDICATRIX NATURÆ* requires extraneous help to correct the perversion; and, naturally, such aid in virtue of the cause of the disturbance should be physical force mechanically applied. Other causes of spinal curvatures are contractions of muscles on one side of the column or paralysis of the muscles on one side; in either instance, muscular action is greater on one side than the other, which easily results in a curvature. And among still other causes may be noted, bone diseases of the spinal column, compensatory deformities, and constitutional weakening and irritating diseases. Also, some occupations predispose to certain curvatures.

The reader has probably surmised that the logical treatment for postural defects from spinal curvatures must necessarily be some form of mechanical treatment. One can readily see that the treatment which is directed specifically to the cause of the vertebral deviation would be the most scientific. This is just what osteopathic work implies, direct readjustment of the sections at fault—not exercises, or routine stretching, or braces; although these latter

methods may in some cases have their place as secondary aids. Of course exercises are usually physiological and may be employed if one so desires, in many instances, as an auxillary. Braces, however, in many cases do more harm than good; it is too much like using brute force instead of carefully, mechanically using the right leverage and readjusting the malalignment.

Where curvatures are extreme, complicating and deforming the ribs, and absorbing the bodies of the vertebræ so they becomes wedge-shape, and resulting from abscesses, no one can expect within reason to absolutely correct the posture. Some aggressive work can be accomplished, but a perfect symmetry will not be forthcoming. It is well, also, to remember, where the ribs are involved that the physician is not contending with the deformity of the spinal column alone, but in addition the entire transverse area of the body.

Spinal deviations are of extremely frequent occurrence, and on account of their frequency the osteopathist is particularly well schooled in their treatment. This is work that is distinctively osteopathic. It may be said without the least fear of contradiction that our method in the treatment of these defects is practically uniformly successful.

CONCLUSION.

Just a word in concluding this rapid survey of a number of postural defects. The principal lesson to be drawn, is not one of developing the physique and thus perfecting a better stature, so much as the curtailing and eliminating insidious beginnings of disease. These little ailments and deformities, of which postural defects may be the most noticeable, are so often the inception of more serious states. The anatomical being mal-adjusted, or alligned, or positioned, easily and readily leads to consequences that require much time and patience to overcome.

The most important goal that osteopathic science and art is striving for is that of a fully developed and rounded out prophylaxis or preventive treatment. When the public realizes that the proverbial ounce of prevention is an established medical reality then it can truly be said our science has reached its ultimate good. To those that are familiar with osteopathic theory, facts, and development, it is an open secret that this profession holds the key to successful preventive treatment. The time is rapidly approaching when the actual lessening of diseases will be an established fact. Then will be the universal practice of the layman going periodically to his osteopathist to see if there are any small or insidious beginnings of disorder or disease.

*DIABETES MELLITUS.

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From osteopathic literature there seems but little new to learn, theoretically, in regard to this disease; medical literature furnishes us a mass of more or less conflicting and varying statements both theoretial and practical. From

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my own experience and the statements of those I have consulted, together with the reports in our general literature, we find so far, a unanimity of opinion in regard to the most common lesional cause of diabetes. At the last meeting of the A. O. A. this subject was brought up, for the first time, I believe, but it did not seem to occasion any general discussion.

Recognizing as we do that certain lesions are always present I shall attempt, though I am afraid in a rather rambling and disconnected way, to associate cause with effect, in the best manner possible with the physiological data at our command. Diabetes though classed as one of the rarer diseases, is not so very uncommon after all, and it is by having come into contact with several interesting cases that I have taken particular interest in the subject.

I will not take up your time by reciting its etiology and symptomatology. Expressed in plain terms, the diabetic condition is but the manifestation of a grave nutritional disorder. The action of the liver, the pancreas, and probably the spleen, becomes perverted and deranged, allowing the blood to be charged with an abnormally large amount of sugar. The glycogenic function is disturbed. The formation of glycogen takes place in the cells of the liver, it is a substance closely allied to the starches, which by the action of certain particular ferments known as "amylolytic" ferments may be transformed into some kind of sugar.

In the process of digestion a large amount of the carbohydrate material of a meal is absorbed as sugar in the capillaries of the intestines and carried as sugar to the liver in the portal blood, and it is assumed that the glycogen present in the liver arises from the direct conversion of the sugar carried to it by the portal vein. The sugar becoming by some action peculiar to the hepatic cell substance changed into glycogen by a process the reverse of that by which the starch in the alimentary canal is transformed into sugar by the action of the salivary and pancreatic ferments. Just how the conversion from either one of these states to the other takes place, has not yet been determined. Under normal conditions this function regulates itself, so that a certain minimum quantity of sugar is maintained in the blood, about one and one-half to two parts per thousand. After a meal rich in carbohydrates the liver cells store up the glycogen, to be again given out as the demands of metabolism require.

There are many ways in which the body mechanism regulates its internal affairs—for instance in the case of hyper-secretion of bile, it is immediately thrown off by the result of its irritating effect on the sensitive mucous membranes of the digestive tract. In the same manner though by an entirely different process, if the percentage of sugar contained in the blood rises above the amount stated, the kidneys immediately commence to secrete urine containing sugar; greatly increasing the burden upon the selective excretory function of the kidneys—which is the probable cause of the degenerative condition of these organs, which invariably accompanies the diabetic condition.

Besides the liver, later investigations tend to show that the pancreas plays an important part in the formation of glycogen. Hulett says in regard to it—

"Disturbance of its normal action may account for the many cases of diabetes mellitus formerly supposed to be due to the liver or even to kidney disorder." The liver and the pancreas are the controlling influences of the glycogenic function, and a disturbance of either one or both may bring about a production of sugar greater than required by the functional activity of the body.

The spinal region from which these organs receive their nerve supply includes the sixth to tenth dorsal, through the greater and lesser splanchnics and the solar plexus. The liver has also nerve connection with the central nervous system through both the vagus nerves. Experimentally, diabetes has been induced in animals, by a puncture of the so-called "diabetic centre" in the medulla (which agrees closely with the area defined as the vaso-motor area.) I mention this because it is the means of demonstrating the fact that the nerve impulses which cause this diabetic condition, are entirely carried through the sympathetic nerve connections. For not only has the section of both of the vagus nerves in the neck no marked effect in producing the diabetes, but the "diabetic puncture" of the medulla is just as efficient after division as before.

The path followed by the impulses is entirely problematical. For according to Foster we find that he has experimentally established the fact that those impulses do not reach the liver by the tract that we would suppose them naturally to take, viz., from the vaso-constrictor region of the cord through the splanchnic nerves; for division of the splanchnic nerves even on both sides does not cause diabetes. Until we have a better elaborated and scientifically demonstrated osteopathic physiology, this last experiment is clearly of no value. May it not be that through the section of these nerves an overwhelming amount of the natural impulses to the liver are cut off, entirely masking the effect intended to be produced. In determining the functional activity of internal organs, we can expect no other than negative results when the whole nervous mechanism is practically destroyed, as it would be in this instance.

For spinal conditions as causative factors, a wide range must be allowed, the fibres of the sixth dorsal nerve are given off in the cord on the level of the interspace between the third and fourth dorsal spines, fibres of the spinal cord may pass down through the sympathetic chain, without forming any part of either one of the splanchnics, and below is the close reflex association with the lower ganglia of the sympathetic chain. So that we recognize the lower dorsal region as the one most clearly associated with the diabetic condition, lesions above and below are reasonably to be expected.

The insidious way in which diabetes develops, renders its early detection very unlikely, by the time the patient reaches the osteopath a whole train of secondary lesions has had time to develop, making the diagnosis of the primary lesion a difficult and largely experimental matter. In the papers read before the convention at St. Louis, reference was made to numerous cases, some of which were evidently cured within a comparatively short time by the removal of primary lesions, and in not one instance are we given the location and description of the lesion.

In the few cases that have come under my observation, in but one case have I succeeded in bringing about a radical cure; it was a case of low percentage of saccharinity probably of but short standing; the lesion in this case was a well marked right rotation of the fifth dorsal. In such cases degenerations have not had time to take place, recognition of the lesion is possible, and repair is but the simple application of straight osteopathy. As time goes on and patients get into the habit of coming to the osteopath before being driven to him by the "gaunt old spectre" more of these case will come our way. Most of the cases that we may expect at the present time, are "chronic chronics." In such cases I believe it is nearly impossible to get results in any other way than by treating secondary lesions.

Intemperance in food has become universal and common. Three or four square meals a day, with their enormous excess of all classes of food stuffs, are deemed just the proper thing; rare and often disgusting delicacies, which can hardly be digested at all by the healthy stomach, are swallowed because it is the fashion, and this most often at a time when the body should repose. The over-indulgence in food of a rich and non-nutritive quality is a predisposing cause to the derangement of the liver cells, causing first increased cellular activity which is soon followed by perversion and inactivity.

These conditions being reflexed back to the spinal centers, cause what to my mind is an invariable secondary lesion, the dorso-lumbar kyphosis nearly always to be found in these cases. From there on the chain continues to grow. By the weakened action of the liver cells the crisis of the blood becomes greatly impaired, and every cell of the body suffers lack of the sufficient and proper nutrient. By its inaction it fails to prevent access to the circulation not only of the ever present intestinal bacteria, but also of injurious products of digestion. These are the conditions that cause the tendency to skin affections, and the inability to withstand hostile attacks from without.

After all the years of study and the constant opportunity to clinically observe the effects of various diets, both qualitative and quantitative, the medical profession seems to be no better off in this respect. Except possibly that the time of the strict and restricted so-called "diabetic diet" is passing away and is no more so closely adhered to. The food stuffs which a few years ago, were absolutely prohibited are now tolerated. The many so-called gluten preparations, have in many instances been found to contain the elements of ordinary whole wheat flour, and in addition to possess even less nutritive value.

Some of the clinical observations can however be of illustrative value to us. Beddard, Spriggs, and Pembrey, English physicians, have come to the conclusion that rigid diet caused bad effects, in that after its strict application an unusual amount of ammonia would be found in the urine and also causing a condition both of the blood and urine closely approximating that of coma. If we had the clinical opportunities that these men enjoy we also would make interesting discoveries, and be able to establish rational dietetic regulations. Some regulation of the diet is necessary. In the cases that I have had under

my care, I have endeavored to find out what foods were tolerated and what were not tolerated and it is my experience that in all but extreme cases a quite liberal diet can be indulged in. Each patient is a law unto himself. Under normal conditions individuals are differently constituted in regard to the digestive changes that their food undergoes and the amount of nutrition that they derive from it, and when the whole metabolic processes is disturbed we find that the old saying, "one man's meat is another man's poison" applies in the most perplexing way. Another physician argues that a certain amount of sugar even is necessary as food for the diabetic, his claim (which I think we can agree to) is that inasmuch as an overproduction of sugar is going on, if the sugar producing food is entirely cut off, the normal supply of glycogen in the tissues will be depleted, and the general condition impaired to that much greater extent.

I think that facts such as these, should be of interest to us; though in themselves of no great value, still they help towards a better understanding of the condition we are trying to deal with.

SOME QUESTIONS ANSWERED IN WHICH YOU ARE INTERESTED.

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In order to perform the various activities of life, it is essential that the parts of the human body be not fixed in their relative positions but that one part be able to move upon another. Thus the body may be bent or turned to many convenient positions within, of course, limits necessarily established by the mechanism. Upon the preservation of this very mobility of the body, from a mechanical point of view, rests the possibility, nay the probability that normal limits will often be transcended and that the body will sustain injuries beyond its own power, unaided by the physician, to repair. This fact applies to that important structure, the spinal column, and its discovery by Dr. Andrew Taylor Still, more than thirty years ago, gave to the world a new system of therapeutics, a system that is scientific, absolutely devoid of that haphazard experimentation with which the drug system has always been so pregnant.

The mobility of the body depends upon its joints and while these are wonderfully constructed and adapted to their region, their very nature makes them sources of structural weakness. Instead of the continuation of solid bone, there is a complete interruption and two surfaces of bone must be held by cartilage and ligaments within a definite range of motion.

The contour of the body surfaces is always marvelously adapted to the intended movements, and bony processes are placed as sentinels where they will not interfere but where they serve to prevent too great a strain upon the softer and necessarily more yielding parts (cartilage and ligaments). Notwithstanding these evident protections about the joint, and the fact that at first glance, malposition of the articular surfaces of a human joint seems almost an impossibility, it does not follow that physicians should here rest content and

make absolutely no effort to justify such a conclusion. Nevertheless the drug therapists, with an exception only here and there, occupy this ridiculous and untenable position, with reference to all the articulations of the spinal column. Yet, while they deny that these conditions exist, on every hand they are recognizing that osteopathy cures. Dr. A. N. Talley, M. D., writing in the United States Health Report, 1899, says, in speaking of expert osteopaths, "Their full reports are now before us, unanimously approved by our medical staff, and it gives us great pleasure to extend to osteopathy the official recognition of the United States Health reports." This board however endorsed osteopathy in toto. If osteopaths "cure," it must be through adjusting the structures for they do nothing else, except advise against the abuse of the organs of the body. This last practice cannot account for the many cures accomplished where the drug doctors with the same advice at their command, have signally failed. Osteopaths have worked themselves into a keen love for the wonderful provisions of nature and never interfere with any of her processes or normal conditions, believing that she is already prepared to meet the emergencies of life in the best possible way, provided only that her mechanisms have suffered no injury. Osteopaths then should be the last to claim the possibility under discussion, unless it is indeed, a reality that has to be reckoned with. The drug schools make no effort to teach or to investigate the possible slight mal-positions along the spine, while the osteopathic schools give their closest attention to these conditions.

If the spinal column could have been made of one piece of bone, without a joint from top to bottom, it might have been able to enjoy that degree of immunity to injury, usually ascribed to it by the "regular." But this structure is composed of twenty-six distinct pieces of bone, arranged in a slender column and separated each from the one above and the one below by a tough elastic piece of cartilage about one-fourth of an inch thick. This cartilage is capable of great distortion as is frequently seen in curvature of the spine. It may become thinned on one side and thickened on the other or generally thinned or thickened. Then there are strong but elastic muscles and ligaments which do not prevent all motion between the joints but simply tether them, so to speak, within certain limits. These are all subject to sudden strain and gradual stretching, either often resulting in permanent elongation, unless interference is sustained. A sudden turn or fall or a habit of posture may thus partially destroy the limiting power of the soft parts and permit the bones of the column to settle or to slip to any direction not thoroughly guarded by another bony part and even then if the force be sufficient or long enough continued. It is a principle of surgery based upon anatomical structure that dislocation takes place in the direction of soft parts unless complicated by fracture or other dislocation. This is admirably illustrated by the fact that the ulna may be dislocated inward or backward but not outward nor forward, without on the one hand dislocation of the radius or on the other fracture of the olecranon. Now it is a fact, however much it may be questioned by the practitioners of

other schools, that these are directions toward which parts of the spinal column may be forced and meet with the resistance of soft parts only. Furthermore, this is so clear that no lengthy discussion is at all necessary, and while I would rather my reader had access to the bones themselves I am certain that the accompanying figure will answer. This cut is taken from page 79 of Cuning-

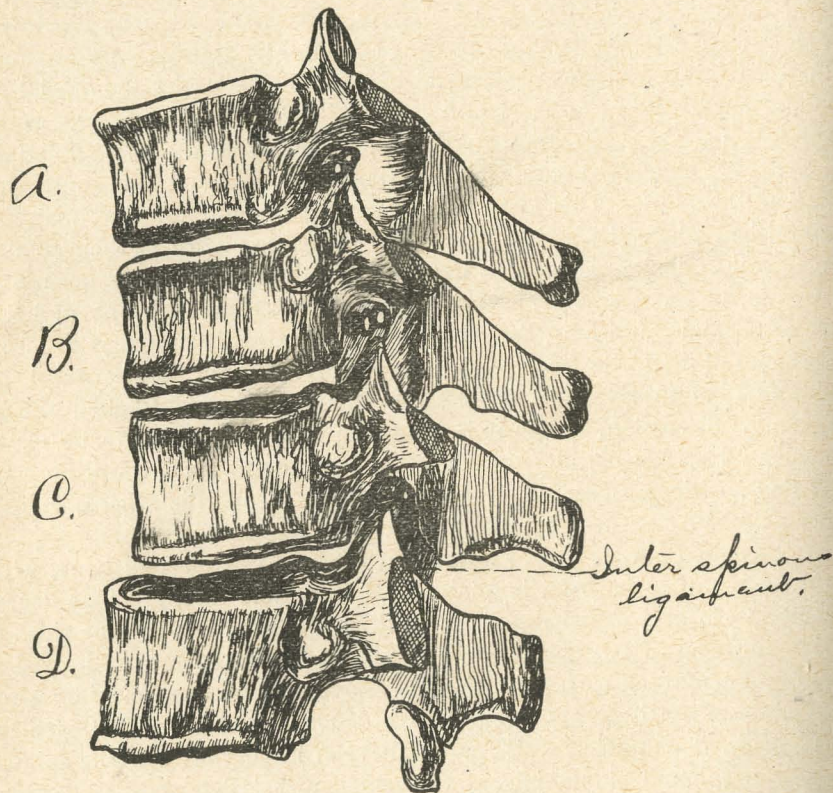


Fig. I

ham's Anatomy and is modified only as to relation between vertebrae C. and D., the cutting off of the transverse processes which would otherwise obscure the true relation and the filling in of the structures of the intervertebral foramina. Three vertebrae, A, B, and C, are here shown in their exact life relations with each other, while it is plain that the three en masse have slipped backward upon D, meeting with no bony resistance. This is a condition frequently met with in osteopathic practice and one easily pointed out. To thinking investigators the observation quickly prompts the question, "What could cause such an injury?" (already imperfectly answered, herein) then, "What of it, suppose it

does occur?" and finally, (with hands in his pockets and an air of confident victory, if he be an M. D.) "Well, what are you going to do about it?" Before answering these questions, let me note that it is just as plausible that the body A be forced to the left or right of B, necessitating a slight backward movement on the same side, on account of the fact that the facet of the opposite side then becomes the center of rotation, the body of the vertebra moving along the circumference which trends backward. This condition causes a characteristic prominence on one side of the spine and depression on the other, instantly recognized by the skilled fingers of an osteopath.

The "regular" physician seldom or never touches the back of his patient. He is unacquainted with normal conditions and of course could not locate the abnormal. In this respect he is a novice not a physician. It must be said to the credit of some of the broader minded physicians of today, however, that they realize their deficiency and occasionally recommend one of their own patients to an osteopath. I have just had this experience and am treating three members of a family, who praise the broad-mindedness of their former physician, for considering their welfare.

I have pointed out two of the most apparent possibilities of malposition along the spine and while osteopaths know that there are several others, I am content if my reader recognizes and understands these.

"WHAT COULD CAUSE SUCH AN INJURY?"

When the body is bent forward in order to lift a low object, the bodies of the vertebrae assume approximately the relation shown in figure II. It is apparent at once that the crowding of the elastic cartilages anteriorly will force them together with the body B toward the wider opening X, between A and C.

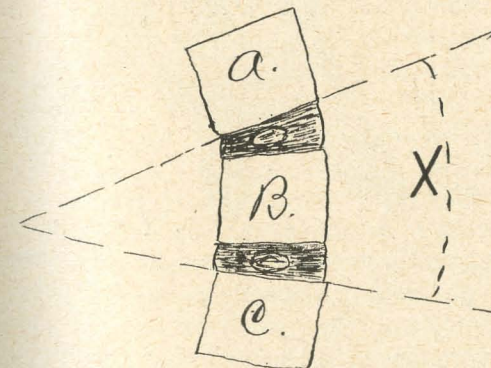


Fig. II.

In this way a mechanical wedge is formed, consisting of B with its contiguous cartilages. Now while in this position, if a weight be lifted and with many persons even a chair is sufficient, the force transmitted downward along the spine is tending to resolve itself into two components, one acting directly downward and the other backward, giving to B an additional tendency to slip toward the wider opening X. An attempt to walk with the spine bent and a weight held in the hands in front as in carrying a heavy potted plant or a dishpan full of water, adds the last straw. The bent spine, the weight, the jolting—sooner or later an injury to the spinal column is almost certain. Who has not experienced the strain

attending such "performances?" A blow or fall upon the back or upon the chest, transmitted to the back through the ribs, a sudden step to a lower level, an unlooked for slip with the attending effort to prevent a fall, contracted muscles due to cold, constant sitting with the back arched posteriorly, all these, the unheeded but common events of life cause the back to ache because the spinal column is injured.

"WHAT OF IT."

To one who is not posted in anatomy, slight malpositions such as we have discussed, might seem altogether unworthy of the attention bestowed upon them by osteopaths. It needs the statement of but a few interesting facts, however, to convince any fair minded person that normal adjustment along the spine is just as essential to the perfect functioning of the parts of the human body as "that last hair's breadth" is to the movement and quality of a fine watch. The mechanism of the human body is wonderfully more complex than that of the finest watch and is just as capable of injury.

In figure III we see a cross section of the spinal cord (Sp. C.), within the cross section of its bony encasement, the vertebræ (V). This cord is quite different from the marrow of bone, with which many uninformed persons think it to be identical. There is no marrow about the spinal column; the material that composes the cord is chiefly delicate and highly organized nerve fibers and nerve cells. A mass of gray matter, peculiarly shaped (resembling the letter H) is surrounded by white matter. The former consists chiefly of cells the latter of fibers. These little cells, visible only by aid of the microscope, have exceedingly important duties to perform. They either originate or transmit, after receiving from the brain or medulla, impulses,

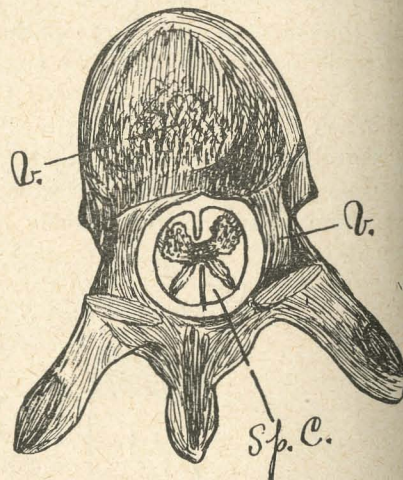


Fig. III.—Dura Mater and Arachnoid omitted.

1. Which govern the metabolic processes of the body (waste and repair).
2. Which regulate the blood supply to every part.
3. Which control most of the secretions of the body.
4. Which produce most of the voluntary and involuntary activities of the body.

It is not the brain, as is so often thought, that controls the vital actions of life. It is the cells of the spinal cord together with those of the enlargement at its upper end, the medulla. Now of course these cells must have means of communicating with the different organs and tissues whose life and function they, under normal circumstances, absolutely control. Possibly it should be mentioned that masses of nervous matter, called ganglia have a modifying in-

fluence. Each cell sends out a tiny nerve fibre, more delicate than a spider's web, and this, combining with those from other cells, forms a nerve which passes out from the spinal column through one of the small apertures between the bones and "wends its way" among ligaments, muscles, connective tissue, etc., to the structure vitalized by the impulses from its parent cells. Here the fibers separate and ramify among the elements of the tissues composing the part.

An illustration at this point will prove helpful and in order that I may have every advantage in making matters clear to the reader, it is best that I select an organ that all have at least heard of before.

THE STOMACH.

First, the stomach is a pouch whose walls consist of three coats of muscle, lined by a thin membrane in which we find many glands secreting "juices" all of service in the process of digestion. These glands are not their own masters as has been demonstrated by physiologists, but both secrete and pour out their secretion under the influence of the cells of the central nervous system.

Second, the stomach receives the food from the gullet and this food is carried there by the muscles of the gullet, which are under the control of central nerve cells. The action is reflex and involuntary. The stomach can receive no food unless these little cells are alive to their work. Once there, if the food becomes sour and irritating, the stomach cannot get rid of it, except by calling upon the central nerve cells to put the proper muscles into action, to cause vomiting.

Third, the food received by the stomach must be thoroughly mixed with the digestive juices. The nerve terminals in the stomach walls notify the cells of the central system of the presence of the food and these cells put the muscular coats of the stomach to work.

Fourth, the gateway from the stomach to the intestines is closely guarded by a ring of muscle sphincter which prevents undigested food from passing through. The cells of the spinal cord control the action of this muscle.

Fifth, when food enters the stomach more blood is needed to promote its digestion. Again the central cells are called upon and through their control of the muscles in the walls of the blood vessels, the blood is supplied.

Now it seems that this array of physiological facts ought to be sufficient to show the stupendous importance of maintaining the highest integrity of the gray matter of the medulla and cord. How can this be done? Recall just here that it is the function of blood to carry away to the skin, kidneys and lungs the wastes arising from all activities within the body, in other words to purify its every part; also, to carry nutriment to every part. Does it not seem essential that the blood supply and drainage of the gray matter of the spinal cord where these busy little cells and these fibers are located, be perfection itself? The vessels which perform this work pass with the nerves before mentioned through the apertures between the vertebræ. These apertures or forameni are completely filled by the vessels and nerves and other necessary structures. A slip between adjacent vertebræ, no matter how slight it may be, is certain to ob-

struct the blood flow to a greater or less extent, by narrowing the passage way (figure I, between C and D) and crowding softer tissues into it. Mathematically, a blood vessel that is at all flattened cannot pass as much blood as it could otherwise. Moreover, all around the entrance to these foramina are ligaments and tendons of muscles, which when the relative position of the bones is changed, must be partly drawn across the vessels and nerves. The contracture of the muscles of the back, due to cold, also brings about obstruction and irritation, by an increase in size and by a constant pulling upon their tendons.

Under such circumstances the cells of the medulla and cord are surrounded with impure blood, they weaken in the performance of their function and some part of the body is in trouble. The abuse of the body is the cause of disease and no part is more frequently abused than the spine.

"WHAT ARE YOU GOING TO DO ABOUT IT?"

The condition is one of maladjustment. Treat it as any machinist would treat a similar condition, occurring in a machine with which he is familiar. Replace the part. Not rub, replace. Press the part toward its normal position, then turn, rock or twist the other parts until the relation is correct. This may take a course of treatments and require perseverance. Now I know of a reputable physician who is attending a case of sciatic rheumatism in Kansas City, and according to the patient, she was told by this physician that the sciatic nerve was "pinched between two bones." But so far the only remedy he has prescribed is drugs. What else can he do? Replace? He doesn't know how. Give up? No one else does; why should he, especially if he can relieve? Relieve, Oh, that's it! All any one can do he soliloquizes. Those "rubbing doctors" as he dubs the osteopaths, could not rub these bones into place. Quite right but there is another way. They can work them into place—with their hands, too. Nothing extraordinary about that is there? Machinists everywhere use their hands in adjusting the parts of machinery. It is strange how many people and educated people at that, among them many old school physicians, as soon as they learn that an osteopath "cures" with his hands, jump to the conclusion that he does so by rubbing or through magnetism, just as though the hands were capable of no other use.

This appears still more strange in light of the fact that the osteopath is not the invention of the manual method of correcting anatomical structure. Physicians of all schools have corrected gross dislocations by this means for ages. Hence it is not surprising that the osteopath, convinced as he is that disease is caused largely by morbid anatomical relations, should proceed with his hands to adjust these conditions. True, the osteopath has found dislocations and partial dislocations that the regular physician has not dreamed of and many that even he did not dream of when he set to work in 1874. But as for the manual method, it is hoary with age, and considering the complicated and sensitive mechanism under repair, it is reasonably certain that a better method will never be discovered.

THE OSTEOPATHIC TREATMENT OF HAY FEVER.

LUCIUS P. MEAKER. D. D. S., D. O., AUBURN, N. Y.

To the conscientious physician, the greatest satisfaction comes from his ability to relieve suffering. If it happens that a disciple of one school of healing is able, by following strictly the teachings peculiar to his particular "pathy," to cure or relieve conditions not reached the others, his satisfaction is the greater.

Osteopathy has made its wonderful progress through its efficacy in diseases not successfully treated by other methods, so, very naturally, the deepest sense of gratification is the portion of the successful practitioner of osteopathy.

Standing prominently in the list of ailments, in the treatment of which, osteopathy has made signal triumphs over the drug therapies, we find hay fever. This is a very common disease, and is, at the same time one of the most distressing minor ailments to which we are subject.

Hay fever, also called hay asthma, rose cold and rose fever, may be defined as a neurosis of the conjunctiva and upper respiratory passages, occurring periodically at certain seasons of the year, in persons predisposed to the disease.

The etiology has always been in question, although most writers ascribe it to the irritating influence of the pollens of certain weeds, grasses and flowers. A few of the medical authorities mention "certain sympathetic nerve disturbances" as important factors. Osteopathy has discovered the cause of the sympathetic disturbances, and to those causes attributes the disease, considering the dusts and pollens as excitants.

The anatomical lesions generally found are in the cervical and upper dorsal regions, clavicles and upper two or three ribs. There are usually severe muscular contractures, especially in the cervical region.

A peculiar feature of hay fever is the fact that the disturbance is almost entirely confined to the area of distribution of the fifth cranial nerve, and to a part of the area supplied by the vagus. The cervical and upper dorsal regions, through interference with the sympathetic chain, pervert the impulses traveling over the vaso-motor and other branches to the mucous membranes of the nose and eyes. By this means, there is set up hyperæmia and hyperæsthesia of the parts, which conditions are aggravated by the pollens and other fine particles floating in the air. The pneumogastric is affected by the clavicle and upper rib lesions, either directly or through sympathetic connections.

The frequency of asthma and bronchitis complicating hay fever is accounted for by the fact that the upper dorsal segments which supply the lungs and bronchi, are commonly involved.

To the lesions mentioned may be added polypi, deflected nasal septa and thickened turbinated bones, but these are probably effects rather than causes.

The regularity of recurrence of the disease is one of its characteristic features, and is due, in part, at least, to mental impressions. Psychic influences are known to play a part in the causation of the malady, as attacks have

been brought on by suggestion, and by having the patient smell of artificial flowers, under the impression that they were real. With the lesions existing as a predisposing cause, it is reasonable to conclude that the patient's mind, centered on a certain day for the appearance of the hay fever, may supply the psychic influence which acts as an exciting cause. This not infrequently occurs at a time when the possibility of irritation from pollen, odors or dusts, is precluded.

The attacks come on usually in the summer and autumn, and last from one to two months. Very frequently, however, severe cases are met, in which the symptoms appear on the first warm spring days, and continue until the approach of winter.

From the variety of lesions found, one can readily understand the symptoms exhibited by the hay fever sufferer. The onset is marked by violent sneezing, especially upon arising. Then come coryza and a dull frontal headache. The coryza is severe, and attended by a constant secretion of thin watery mucus. Often the eyelids itch intensely, and the patient cannot restrain the desire to rub them. Light irritates the eyes, and to protect them, the use of colored glasses is advised. In some instances the conjunctival symptoms are aggravated, and the lids so thickened as to prevent the opening of the eyes. Lachrymation is excessive, and the secretion runs freely over the face. An intolerable itching of the roof of the mouth is a regular feature in some cases. Tickling sensations in the throat and larynx, and paroxysms of coughing add to the misery. As before mentioned, the complication with asthma and bronchitis is a common occurrence.

The treatment is by correction of the lesions found, and to obtain the best results, should be begun a month or so before the expected time of onset. As most frequently is the case, the patient does not apply for treatment until the attack is well established, so that, in addition to the attention given the bony lesions, the physician must treat to relieve symptoms.

Strong pressure in the sub-occipital fossa, will, by affecting the superior cervical ganglion, relieve the headache and lessen the irritability of the eyes. Quiet inhibiting treatment to the facial branches of the fifth nerve is followed by marked relief, and by careful pressure upon the palatine branches of the fifth, at the sides of the hard palate, the itching in that region is allayed. This last treatment is rather painful, and temporarily increases the lachrymation, but very soon results in almost entire freedom from irritability of the parts. Sneezing is also lessened by this work.

Pressure with the palm of the hand over the frontal sinus will relieve the sense of fullness so commonly felt in that region, and aids in opening the nasal air passages, especially if followed by lateral pressure on the nasal bones.

The laryngeal and bronchial irritations are relieved by raising the clavicles and upper ribs, and by relaxing the cervical muscles.

In the severe cases there is marked depression, and lassitude, due to the profound disturbance to the nervous system. These symptoms are lessened by the specific work and by a quieting spinal treatment.

The prognosis is favorable, and not necessarily affected by the long standing or severity of the disease. Some of the worst cases have, by correction of lesions, been quickly and permanently cured. Other cases have required long courses of treatment. Inasmuch as relief is certain, and cure probable, under osteopathic treatment, and under no other form of treatment, a more hopeful view of life may be taken by hay fever sufferers.

Certain localities, as the White and Catskill mountains, are sought each year by great numbers who are subject to this ailment, as the conditions of climate and altitude prevent the attacks. Sea voyages also secure immunity, but neither sea trips or change of climate in any way work toward a cure.

The osteopathic theory of the cause of hay fever is the first scientific explanation to be given, and the correctness of the theory is proven by the ability of any good osteopath to do more for the hay fever patient than can be done by the practitioner of any other school. Further than this, the cure or improvement is made without taking the patient to a different climate, or removing him from surroundings which have always been considered as causative factors.

In conclusion, it may be said that osteopathic treatment for hay fever deserves recognition and acceptance at the hands of the public, not only for its efficacy in treating the malady, but because it does the work without leaving behind a trail of victims of drug habits. Many of the miserable victims of the cocaine habit date the beginning of their trouble to the use of cocaine as a spray for hay fever. If osteopathy can prevent the spread of this fearful curse, from this one cause, it has indeed accomplished a grand mission.

*CONSTIPATION.

ERNEST C. BOND, D. O., MONTEZUMA, IOWA.

My reason for presenting a paper upon a subject that to many may seem a hackneyed one, is the importance of the same. Constipation is the universal affliction of the American people and especially so of the American woman. I will not weary you at this time by a restatement of anatomy. This, you all know as well or better than I. If you do not, you have access to "Gray" or any of the standard texts.

I fully realize that all osteopaths are in a high degree successful in treating constipation, but to those that have found difficulty with this trouble in general or with some cases in particular, I hope my paper will prove helpful.

I would not go so far as some writers along therapeutic lines and attribute all of the ills to which flesh is heir to this cause alone, but I do believe that it is more often underestimated than overestimated as a cause of disease.

Before I go any further, I wish to state that I am a lesion osteopath but in the broadest sense of the word. I would not attempt to cure a case of constipation upon a diet of crackers and cheese. I firmly believe that structure affects function, but the longer I practice the more fully I become convinced

*Read before the Southeastern Iowa Osteopathic association, Nov. 17, 1904.

that just so surely does function affect structure, and nowhere is this truth more plainly demonstrated than in bowel difficulties.

I am conservative when I say that I have completely cured ninety-five per cent of all cases of constipation that have come to me for treatment. My experience with this trouble has led me to place ignorance, neglect, and drugs as the chief causes. Neglect through ignorance produces a certain habit of the bowel or disturbs its natural rhythm. (All functions largely under the control of the sympathetic nervous system have a certain rhythm.) This habit, or impaired condition of the rhythm, is confirmed by the taking of cathartics or the repeated use of enemas. Whenever you use something to take the place of Nature, Nature tends to quit. If you tie your arm up in a sling, in time you will lose the use of it, due to atrophy.

In a previous article written for *Osteopathic Health*, I said in substance: "If the osteopath is to occupy the sphere of a physician in its true and broadest sense, he must be an educator." People are willing to pay to be educated along other lines, why not along the important one of health?

I do not share the fears of President Roosevelt or President Elliot of Harvard as to there not being a goodly number to educate for some years to come. I have dwelt at some length upon education because I consider it of chief importance in the treatment of the trouble under discussion.

My thought now turns to the question of lesions, or what we understand as structural changes deviating from the normal, and whether or not these structural changes are primary or secondary, (or in other words, the direct cause of or one of the results of constipation), they of course must be removed. In my experience the lesions found in the majority of cases were secondary. This was proven to be so in a number of cases by getting the alimentary canal as free as possible from irritating products. This was accomplished by a short fast and a thorough flushing of the large intestine. This measure was followed by the removal of practically all of the muscular lesions along the spine and abnormal curves, due to these contractures. With no attention to the education of the patient, the lesions would reappear upon the bowels again becoming loaded with effete matter. This is easily accounted for if a close study is made of the reflexes, both sympathetic and cerebro-spinal. As has been stated before, all lesions must be removed, and as to structural lesions, the treatment will vary according to the lesion and its location. In the majority of the cases I have handled, I have found the primary and principal lesion to be **IGNORANCE**. I have found that general instructions will not answer. One must give minute instructions and the patient must be impressed with the fact that as much depends upon him as upon the physician.

I can best convey to you my ideas in regard to this particular trouble by presenting a detailed report of a case treated by me.

Mrs.—, age twenty-five, married two years; one child. Complaint, constipation; duration, from birth. Occupation, housewife; occupation before marriage, stenographer. Family history disclosed the fact that the mother and

father and one sister were sufferers from constipation. Symptoms; patient simply complains of obstinate constipation, bowels moving at intervals of from three or four days to a week; stool large, hard and dry, causing great distress. When questioned as to habits found patient very negligent and careless. Physical examination disclosed a posterior upper lumbar, marked muscular contractures corresponding to same area. The three upper lumbar vertebræ were very large, which may have accounted partly for the posterior condition. The eleventh and twelfth ribs on both sides were separated quite markedly from the one above. This I attributed to the wearing of a girdle corset, whose pull came principally upon these two ribs. The abdomen was slightly pendulous, and sphincter muscles contracted.

A word here in regard to the large stool. This is Nature's effort to dilate a contracted internal sphincter muscle. The regular, normal evacuation of the bowels serves two purposes, it rids the system of impurities and gives a physiological stimulation to all functions controlled by the sympathetic nervous system.

You will notice the case chosen from among those treated by me is one that illustrates all of the principal phases of the trouble under discussion; namely, heredity, habit, lesions, occupation.

Treatment was given over liver and bowels, and an effort was made to remove spinal lesions at each treatment. Patient was instructed to eat home-made bread, if possible, and to have graham or whole wheat at least once a day. A few other articles of diet, such as baked apples and stewed prunes, which are especially helpful, were recommended. Patient was also instructed to drink a glass of cold water the last thing before retiring at night and a cup of hot water thirty minutes before breakfast in the morning. I always insist upon the meals being regular, the morning meal especially being regular to the minute, bearing in mind that the presence of food in the alimentary canal is the normal stimulus to the bowel and the fact of the bowel's tendency to a definite rhythm. Following this line of reasoning, the patient was further instructed to give the bowels an opportunity to move as soon as possible after the morning meal. You will notice how I worded the instructions—**GIVE THE BOWELS AN OPPORTUNITY TO MOVE**. The importance of this point should be impressed upon our patients. They are to let the bowels move, not force a movement. I place emphasis upon this point because it can not be over-estimated. In many instances the evacuation of the bowels is defeated by too great an effort. The rectal walls become prolapsed or the stool becomes pocketed below the outlet. Properly instructed, the patient can tell by the sensation if the latter condition exists and can overcome it by a "drawing-up" movement. After the passage of a large stool, patient will sometimes complain of a feeling as of incomplete evacuation. If left to his own desire, the patient will be inclined to strain. This should be discouraged and in its stead the drawing-up movement should be practiced. This replaces the rectal wall and carries any matter remaining in the rectum back into the sigmoid flexure.

In many cases where constipation has existed for a protracted period there will be no call to evacuate the bowels until patient has assumed position at the toilet, hence the importance of the instructions to go regardless of the call. When the call is present, the mechanism of the bowel should be left as free as possible to do its own muscular co-ordinating. Voluntary effort, to any great extent, on the part of the patient tends to hinder rather than help. A word here in regard to position. I regard the modern toilet as an abomination to those with a tendency to constipation. Nature never intended a person to assume a half-complete position when evacuating the bowels as is the case in sitting on a modern toilet seat. The pressure of the sides constricts the outlet of the bowel and the pressure inhibits the lower sacral nerves to some extent. I can best express myself by saying that Nature intended the squatting position to be assumed. In this position the sacral curve is complete and the force of gravity greatly assists in the evacuation. The patient whose case report is being submitted was instructed to assume this position, as are all of my obstinate cases.

In most cases of constipation the sphincter become contracted and must be relaxed the same as any other contracted muscle. This was accomplished in this case by the use of the Whirrick hard rubber, graduated dilators.

The patient was treated twice a week for three months. One year has elapsed since taking treatment. She informed me just before this paper was written that her bowels are perfectly regular and have been ever since she was assisted into the way and instructed how to keep therein. We are living under a reign of universal law. I make a plea for a closer study of these laws that we may the better instruct those with whom we come in contact how to live in harmony with them.

CASE REPORTS.

MARTHA PETREE, D. O., OREGON, MO.
Eczema and Neurasthenia:—

Mrs. V., aged seventy-eight. First seen, September 14th. The eczema was of ten years' standing, was of severe form on both ankles and legs, and of a milder form all over the body. The surfaces were raw, and suppurating. The general health was bad. She experienced great difficulty in micturition, was subject to attacks of palpitation of the heart, had troublesome cough, difficult respiration and marked constipation.

The chief lesions were of the lower ribs on the left side, especially the eighth and ninth, the right clavicle and second cervical. There was some lack of motion in lumbar vertebrae, but not marked.

I considered enteroptosis as the chief

cause of the eczema, and possibly of the heart trouble and general run down condition. My reasons for so deciding were:

1st. That a lifting up of the abdominal contents in the direction of the ureters gave relief to the difficult micturition in a few hours.

2nd. She gave a history of a severe prolapsus of all the abdominal viscera about ten years ago. She had not associated the eczema with the prolapsus, but remembered that it appeared soon after. The rib lesions could affect the diaphragm, both directly, through its muscular attachment, and indirectly through the intercostal nerves. The diaphragm, because of the lowering of its central part, could cause the heart trouble either by the strain exerted on the pericardium

at its connection with the diaphragm or by the pressure on the aorta at its passage through the opening in the diaphragm. The same condition of the diaphragm could cause enteroptosis by lowering the omentum attachments, thus weakening the supports to the abdominal viscera. This enteroptosis could, in turn cause the eczema of the lower limbs by impinging on the blood supply of the said parts. The clavicle lesion was a tipping up of the posterior edge of the acromial end of the clavicle which have might have caused the cough by pressure of the inner end.

The treatments were both general and specific. Owing to her age, no strong treatments were given, though each time attempts to remove the bony lesions were made. The tissues in the region of the saphenous opening were loosened and the abdominal viscera were lifted from the pelvis each time.

The results have been very gratifying. But little improvement was noted during the first six weeks, but at the present time, six weeks later, the eczema is causing but little inconvenience; the itching and burning, which were almost unbearable, are now growing mild; the surfaces that were raw and suppurating are now smooth. The difficulty in micturition is removed; her respiration is normal, her cough is gone, her heart rarely bothers her and the constipation is entirely relieved. She has gained in weight, and feels better than she has for years.

* * *

Asthma:—

Alice M., aged four years. Treatment began September 24th. Case of three years' standing. The first paroxysm occurred during an attack of scarlet fever three years ago. There was also an annoying cough, which was persistent during the winter, and was worse at night, and which medical treatment failed to relieve.

The lesions were the fifth and sixth costal

cartilages on right side anterior, second cervical to the right. The irritating cough was stopped by the first few treatments, which were applied to the removal of the lesions. The first attack of asthma after treatments began, occurred October 22nd; I reached the patient twelve hours after attack began, and found her in great distress. Pressure on the right costal cartilages gave immediate relief, she going to sleep in a few moments.

Second attack occurred November 8th, and was milder in form and lasted only about three hours. I did not see her during this attack.

Treatments were given twice per week, for three months. She is apparently cured, having had no symptoms of a return of the trouble, though she has been subject to exposure, such as formerly excited an attack. The treatment was entirely specific.

* * *

Constipation:—

Miss ———, age twenty-one. The case was of several years standing and was absolute unless laxatives were taken. When treatment began, the patient's health was very much run down. There were frequent bilious attacks, almost constant headache and a jaundiced complexion.

There was a lesion of the ninth rib on the right side, causing a constantly irritated condition of the integument over the said rib. No other lesions were noted. The treatments were directed toward removing the lesion; also abdominal treatment was given and the lumbar spine relaxed.

During the first two weeks, no improvement was noted. After that improvement was rapid until at the end of one month, the patient was discharged as cured. Two months later there was no return of the symptoms. The general health was restored to normal and the jaundiced color had disappeared. The constipation was evidently the result of a torpid liver occasioned by the rib lesion.

COMMENCEMENT WEEK AT THE A. S. O.

Sunday, January 22, Doctorate Sermon.

REV. W. C. TEMPLETON.

Tuesday, January 24, Alumni Association Meeting.

Wednesday Evening, January 25, Graduating Exercises.

PROGRAMME.

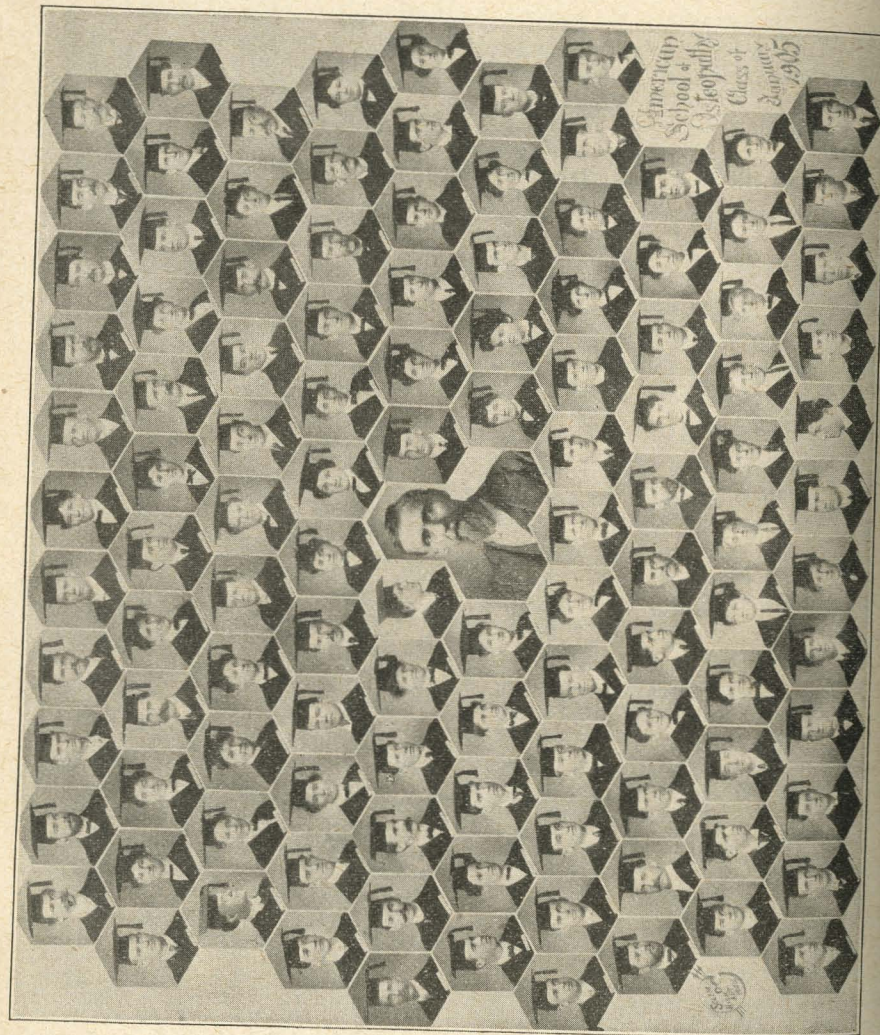
MUSIC.....Orchestra
 MALE QUARTETTE—Selected,....R. Hamilton, Schmunk, Wilkins and Henry
 ADDRESS—Class Representative,..... T. Simpson McCall
 SOLO,—“The Mighty Deep,”.....W. H. Clark
 ADDRESS—Faculty Representative,.....Dr. Charles E. Still
 MUSIC.....Orchestra
 PRESENTATION OF DIPLOMAS.....Dr. A. T. Still
 MUSIC.....Orchestra

Graduating Class, January, 1905.

Achorn, Kendall Lincoln	Henderson, Lucy Victoria	Sheldon, Susie A.
Allyn, Angie M.	Hicks, Betsey B.	Sheridan, Maude
Ayers, Frank	Johnson, Gid E.	Slayden, Robert H.
Avery, Frank Herbert	Jhonott, Walter Ware	Smith, Joseph M.
Barker, James William	Jones, Frank S.	Smoot, Marshall Anderson
Boles, Harriett Frances	Kew, Arthur	Snare, Charles J.
Cain, Emma E.	King, Edward D., Jr.	Snedal, Neco-Lena
Coffland, Florence K.	Long, George Percy	Spicer, D. F.
Colclasure, W. E.	Long, Robert Harry	Spicer, Nettie L.
Conklin, Hugh William	Loper, Matilda E.	Springer, Victor L.
Conklin, Ida Maier	Loofbourrow, Don Juan	Stelle, Rbbert D.
Cook, Clifford Franklin	Marshall, Wade H.	Stephenson, William Calvin
Cramb, Albert J.	Mattocks, Edward	Stephenson, Charles Irving
Cramb, Lulu L.	Miller, Patrick Henry	Stephenson, Lottie Elsea
Darrow, C. Roy	Morelock, Kathryn Isabelle	Stewart, Homer D.
Darrow, Anna A.	Moore, Ida F.	Tufts, Clarissa Brooks
Davis, Ray L.	Myers, Ralph	Vallier, A. E.
Davis, Thomas Lyles	Myers, Etta Lake	Waddell, Florence Eva
Deming, Herbert Von	McCall, T. Simpson	Wenig, George
DeVrees, Emma O.	McKinney, Charles Hamilton	Wheelock, Jay E.
Dozier, William Rjehmond	McKone, Ida Margaret	White, Charles B.
Duncan, John Grover	Newcomer, Laura Pearl	Willis, Charles E.
Feather, Effie Belle	Nicolson, Pearl	Wilson, Samuel W
Floyd, Lillian May	Oliver, Gertrude	Wolf, Truman
Forrest, M. Gertrude	Oswalt, A. M.	Wolf, Frances Marian
Freeman, Archie E.	Otey, John J.	Wolf, Truman Wayne
Fulham, Claire Vernon	Parenteau, Carrie Parsons	Wolfe, Arthur E.
Fulham, Alice Thorne	Phelps, Henry Clay	Woods, Nathaniel H.
Giddings, Mary	Piper, Frederick A.	Wren, Rodney
Gray, Clyde	Plant, Ernest Allen	Wright, S. Ellis
Green, Charles Stanley	Pool, Edmond Leslie	Post-Graduates.
Hancock, John Calhoun	Ray, Edwin Canada	Chaney, Luella May
Harman, Minnie Blanche	Richardson, William H.	Cooter, James L.
Hassell, Stonewall J.	Roberts, Herbert Edward	Martin, Frank L.
Hassell, Nellie	Robertson, James	Meaker, Lucius P.
Hedegaarde, Adelaide V.	Robertson, Arthur Edward	Morrison, Thomas H.
Hedgpath, Charles Edward	Rosecrans, Grace E.	Pressly, Mason Wylie, Jr.
Heiny, John Dale	Sarratt, Julia May	Sawyer, Nellie Winifred
Henderson, Frank Miller	Sasvil, Ernest M.	York, Effie Estella

*Attended three years.

*Fechtig, St. George,



Dr. H. B. Sullivan Replies to Dr. C. M. T. Hulett.

JOURNAL OF OSTEOPATHY

DEAR DOCTOR:—For the benefit of the writer of the article entitled "Where Are We At" in your January number, let me say that he takes advantage of a typographical error when he makes a statement in my pamphlet to the Alumni Association support his own conception of the limitations of osteopathy.

My text reads "The truths underlying osteopathy are God's own truths, and limited though the humanity of Dr. Still and osteopaths (not osteopathy) may be," etc.

The error appeared to me so obvious that I did not think it necessary to take any steps toward guarding against its being made the basis of serious criticism. There are several other errors on a similar nature in the pamphlet but none that so completely change the sense of the passage wherein they occur. The balance of the article so far as it relates to myself or my statements is mostly a reiteration of the author's former utterances with embellishments that amply confirm my published conclusions.

Respectfully yours,

H. B. SULLIVAN.

* * *

Dr. William Osler Says Medicine Is Not Necessary In the Treatment of Tuberculosis.

Dr. William Osler of Johns Hopkins University, recently delivered a lecture before the Medical Society of the County of Kings at Brooklyn, on the subject of "Acute Tubercular Pneumonia." The Brooklyn Daily Eagle reported his lecture in part as follows:

"In his address Dr Osler dwelt particularly upon the manner in which tuberculous pneumonia takes hold of the patient. He described the various forms of the disease and said that it was very hard to discern its early stages and next to impossible to diagnose the virulent nature of the trouble within four or five days after the afflicted one had been under treatment for ordinary pneumonia.

"Dr. Osler spoke of the mistakes which are frequently made by physicians in diagnosing cases, saying that he had himself often been deceived as to the true nature of the disease. He explained how the mistakes had oc-

curred. He advised physicians not to tell the patient too much about his trouble. It was a safer plan to look wise and say nothing.

"Dr. Osler's closing remarks were devoted to the curing of tuberculosis. He said that there is a cure for the dread disease, and medicines such as are almost always used by the average practitioner were not necessary. He said that if the physician would use three things rather than medicine there would be better results. He described them as rest, air and diet—these if used would effect a cure if the diagnosis had been made early enough.

"Dr. Osler is a Canadian by birth and a graduate of the McGill University at Montreal. He has written many medical books and is probably best known by his work on "The Principles and Practice of Medicine," which was published in 1892, and has since passed through four editions. Dr. Osler has received many honors. He is a Fellow of the Royal Society, a Fellow of the Royal College of Physicians, London; professor of medicine in John Hopkins University, Baltimore; physician-in-chief of the Johns Hopkins Hospital formerly professor of the Institute of Medicine McGill University, and professor of clinical medicine of the University of Pennsylvania, Philadelphia.

"As it had recently been made known that Dr. Osler had been called to and has accepted the chair of medicine in the University of Oxford and, in due time, will undoubtedly be knighted by King Edward, his prefatory remarks to his address, paying a high compliment to Johns Hopkins University, greatly pleased his listeners. He said in simple language that he considered it no particular honor or preferment to transfer the field of his duties to Oxford thus paying a delicate tribute of merit to the American university, which he is to leave after the school year ends."

* * *

Wisconsin Osteopaths Meet at LaCrosse, February 23 and 24.

The seventh annual meeting of the W. S. O. A. is to be held at LaCrosse, Feb. 23rd and 24th.

This is expected to be one of the most practical, helpful meetings ever held in the

history of this association, with the following quartette of distinguished practitioners on the program: Dr. J. Martin Littlejohn, of Chicago; Dr. M. E. Clark, of Kirksville; Dr. Ella D. Still and Dr. Harry W. Forbes, of Des Moines.

HARRIET A. WHITEHEAD, D. O.,
Sec'y.

* * *

The Ohio Osteopathic Society.

The seventh annual meeting of the Ohio Osteopathic society was held at Columbus, January 7th. It was perhaps the best meeting ever held, in point of numbers in attendance, in the increase of membership and in the quality of the program. Of especial interest and instruction were the addresses of Drs. H. W. Forbes, Des Moines, Iowa, and C. P. McConnell, of Chicago. Dr. Forbes presented a clinic on "Spinal Curvatures and Lesions," going into detail on the essential points in diagnosis and technique of treatment. He also described the osteopathic method of reducing congenital dislocations of the hip, the essential difference from the Lorenz method being in the preparatory treatment of from two to six months in stretching the ligaments and muscles to allow the limb to be properly set without the violence used in the Lorenz method of immediate setting of the dislocation, and the subsequent treatment to overcome the stiffness produced by being held in one position so long while the cast is on. The Doctor brought with him a patient on whom he had operated successfully, she being one the preparatory treatment for which was done by Drs. Pierce, of Lima.

Dr. McConnell delivered an address of unusual interest on the theme, "Prevention More Essential Than Cure." Peculiarly fitting was his emphasis of the advantage in the osteopathic theory of disease origin and the possibility of correcting the cause before the advent of deleterious results. The program as rendered was as follows, the papers all showing careful preparation and practical application:

"Obstetrics," Dr. E. H. Cosner, Upper Sandusky. Discussion by Dr. H. E. Worstell, Canton.

"Goitre," Dr. Jennie B. Neal, Cleveland. Discussion by Dr. Effie B. Koontz, London.

"Neurosis of Hip," Dr. E. R. Liffing,

Mansfield.

Address and Clinic, "Spinal Curvatures and Lesions," Dr. Harry W. Forbes, Des Moines, Iowa.

Address "Preventive Medicine," Dr. C. P. McConnell, Chicago, Ill.

"Marasmus," Dr. Clara J. R. Rhotenhamel, Lancaster.

Officers for the ensuing year were elected as follows: President, O. G. Stout, Dayton; vice-president, Clara A. Davis, Bowling Green; secretary, M. F. Hulett, Columbus; treasurer, L. H. McCartney, Xenia. Executive Committee: R. C. Dugan, Marion; H. J. Dann, Sandusky; C. L. Richardson, Cleveland; E. H. Cosner, Upper Sandusky; W. S. Peirce, Lima.

Drs. J. F. Bumpus, of East Liverpool, and D. C. Westfall, of Findlay, were elected delegates to the Denver A. O. A. meeting.

Dr. M. F. Hulett of Columbus, was recommended for re-appointment on the State Osteopathic Examining Committee.

M. F. HULETT, D. O., Sec'y.
* * *

Oregon Osteopathic Association In Third Annual Session.

The recent meeting held in Portland, January 7th, by the Oregon Osteopathic association was indeed a success. Legislation was the chief topic and one, in which all were interested. It was decided by the association to send Dr. J. E. Anderson to Salem to work for the law. The California law with the necessary changing of words to make it an Oregon law, including a reciprocity clause, and Section 8 of the Nebraska law, was chosen as the one to present. Each member was assessed to defray the expenses that would be made. The election resulted in the following officers for the year: President, Dr. J. E. Anderson; first vice-president, Dr. W. L. Mercer; second vice-president, Dr. W. A. Rogers; secretary, Dr. H. C. P. Moore; treasurer, Dr. F. J. Barr. Board of trustees: Drs. F. E. Moore, R. S. Graffis, H. E. Pendland, L. B. Smith and H. L. Studley. Legislative Committee: Drs. J. G. Anderson, W. A. Rogers, R. B. Northrup, Gertrude L. Gates and J. H. Wilkins. Program committee: Drs. E. T. Parker, Caryll Smith and W. O. Flack.

HEZZIE CARTER PURDOM MOORE, D. O.,
Sec'y.

The Journal of Osteopathy.

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THE JOURNAL OF OSTEOPATHY has been incorporated as a joint stock company and will be published from this time forward by the Journal of Osteopathy Publishing Company.

* * *

IT has been decided by the management of the A. S. O. to accept students in the present February class up to May 1st. A summer school will be conducted wherein the deficiency in time and work can be made up.

* * *

DR. F. P. YOUNG, of the A. S. O. faculty, has just returned from a two weeks' sojourn in Indiana and North Carolina, where he appeared before Legislative committees in the interests of osteopathic legislation. He reports that the prospects are good for favorable legislation in Indiana, but that the osteopathic measure will probably fail in North Carolina.

* * *

IT appears to us that as a profession we should exercise more caution in the matter of erecting legislative barriers to our own progress. The tendency is entirely too prevalent to restrict the osteopathic practice—this is especially true with reference to surgery. In most of our existing laws and in those measures that are now pending for legislative consideration where the practice of surgery is permitted at all the term minor surgery is used. Now there is no reason

why an osteopath, if he be qualified, should not be allowed to practice surgery in all its branches. These restrictions may be all right for the present but it will be only a question of time until the osteopathic surgeon will find them blocking his way in the exercise of his full duties as a physician.

* * *

DR. ST. GEORGE FECHTIG, who last month completed a ten months' post-graduate course of the A. S. O., enjoys the distinction of being the first three year graduate in the profession. During his last five months at Kirksville, Dr. Fechtig very ably assisted Dr. Clark in his gynecological and obstetrical clinic and Dr. Geo. M. Laughlin in his general practice. Dr. Fechtig leaves a host of friends at the A. S. O., among students, patients and professors. He will be associated with Dr. O. L. Sands in the practice in New York City.

* * *

DR. E. C. CROW of Elkhart, Indiana, Arrested.

DR. E. C. CROW of Elkhart, Indiana, was recently arrested on the charge of practicing medicine without a license. The case was tried in the circuit court and Dr. Crow was found guilty and assessed a fine of \$25.00. It was brought out at the trial that Dr. Crow had made application to the state medical board for an examination for a license to practice osteopathy but that the examination was refused and the fee for the examination retained by the board. Dr. Crow had given no drugs, and his counsel maintained the practice of osteopathy was not the practice of medicine within the meaning of the Indiana statutes, but the court ruled otherwise and instructed the jury that the practice of osteopathy was the practice of medicine, and inasmuch as he admitted practicing osteopathy without a license a verdict was rendered against him.

The particular case upon which the prosecution was based was that of a young lady whom Dr. Crow had treated last July for locked bowel. He had attended the case but a short time and had given relief. A surgeon however was consulted by the young lady's parents and an operation for "appendicitis" was advised. The operation was performed and the patient died a short time afterward.

The whole affair grew out of the malicious attitude of the Indiana State Medical Board and the medical profession towards osteopathy, and the treatment accorded Dr. Crow by these medical tyrants was so manifestly unfair that it has made him hundreds of friends—his practice having doubled since the prosecution was instituted. The case will be appealed.

* * *

DRS. CHAS. H. HOFFMAN and George Still Go to Kirksville.

DR. CHAS. H. HOFFMAN, for the past two years professor of Pathology, Histology and Bacteriology at the Still College at Des Moines, has been transferred to the A. S. O. at Kirksville, where he will occupy a position on the faculty as professor of Pathology and Bacteriology. In addition to his regular duties as member of the faculty he will continue his osteopathic studies.

DR. GEO. STILL, formerly professor of Surgery at the Des Moines school, has entered upon his work as a senior student at the A. S. O., where he will complete his osteopathic studies.

* * *

The Legislative Situation.

Bills for the regulation of the practice of osteopathy have been introduced in the legislatures of the following states: Texas, Indiana, Pennsylvania, North Carolina, Oregon, Washington, Tennessee, Massachusetts, Colorado and New York.

In Texas, a bill similar to the present Missouri law has been reported favorably from the committees of both house and senate, and the indications are that it will become a law.

The Indiana bill is a good one and should, in our opinion, be followed by other states. It provides for an osteopathic board and does not make the three year clause operative until June, 1908. It will probably pass.

In Pennsylvania, a bill containing many excellent features but requiring a four years' course after June, 1907, has been agreed upon by a majority of the Pennsylvania D. O's. There is much opposition to the bill from the members of the profession outside that state and it is not likely that it can be passed.

A good bill, similar to the one introduced in Indiana, was introduced in North Caro-

lina. The opposition of the medical profession was so strong that it did not get past the committee to which it was referred.

The Oregon osteopaths are trying for an independent board but it seems from information at hand that they may be forced to compromise with the opposition—the medical profession and accept a member on the existing medical board.

A bill has been introduced in Washington asking for a member on the medical board of that state. To date we have no definite information in regard to the probability of its passage.

A new law is being asked for in Tennessee. It provides for an osteopathic board and requires a three years' course after June, 1908. It is certainly an improvement over the present Tennessee law and should pass.

In Massachusetts, the osteopaths are divided in opinion as to the advisability of passing the bill agreed upon by a majority of the state society. The bill provides for a member on the state medical board, and possessed a number of new and unusual features in osteopathic legislation. Unless an agreement is brought about between the opposing factions it is not probable that the bill can be passed.

Colorado D. O's. have introduced a bill asking for an independent board. It requires an examination from all applicants who desire to begin the practice in that state after the passage of the bill but does not specify the length of the course of study that the applicant must have taken. It does state, however, that those to be appointed on the board must be graduates of some recognized school of osteopathy wherein the course of instruction consists of at least four terms of five months each. We have no information as to the probability of its passage.

In New York, a very excellent bill has been proposed. It contains, however, one bad feature that will cause it to be opposed by certain members of the profession who would otherwise endorse it. The three year clause becomes operative immediately after the passage of the bill, thus excluding from the state all two year graduates who are not in practice in the state at the time of the passage of the act

or who have not had at least five years actual practice.

In Vermont, a bill has been passed providing for an independent board. The three year clause is operative at once.

In Illinois no agreement has been reached in regard to the character of legislation to be asked for. We understand a disagreement exists among the D. O's. of that state that will probably prevent the passage of any measure, at least, this year.

* * *

The Three Years' Course Popular.

We have yet to hear a single objection to the adoption of the three years' course. It is universally popular among the members of the profession. We herewith publish a number of letters taken at random from the large number we have received from our friends in the profession who have recently written us concerning the adoption of the three years' course by the A. S. O.:

DR. GEO. M. LAUGHLIN,
Kirksville, Mo.

DEAR DOCTOR:—

No one could be more happy and pleased than I over the announcement that the A. S. O. has found her way clear to institute a three year course. I feel that we have reached a point in osteopathic history where we stand before the world on a most solid foundation, for our science is gradually developing, all of our colleges are teaching more pure osteopathy, internal disturbances are lessening, and popular elucidation of the osteopathic theory is becoming widespread.

Notwithstanding the fact our profession is greatly in need of longer curricula in the colleges one can not but realize if the "broadening process" is not a careful and consistent development great damage to the cause of osteopathy can easily be done. Perhaps herein rests a fear with more or less foundation, for it would seem a few of our practitioners are already on incongruous ground when they attempt to put into practice nearly everything but genuine osteopathy. Osteopathy has been built up step by step and it is self-evident that to retrograde would mean a great draw back to our already laborious efforts. And as has been intimated a so-called spreading out could easily be

worse than a small field thoroughly covered. However, it has appealed to me that our salvation as a school of the healing art depends upon greater education, and the opportune time for instituting the practically new regime is when the educators who have imbued the incipient spirit of osteopathy are living.

Personally, it seems that with a comprehensive three year course our profession should wait some time before thinking of still further advancing the length of the course. What we need now above everything else is actual scientific exploitation. This will take years of hard work to even make a good start. The teaching in our schools of major surgery and particularly the part of operative technique as some are advocating is not a vital matter. What we want to do is to teach less surgery and more osteopathy—more osteopathic etiology and diagnosis. The probabilities are the next decade will see less surgery practiced than formerly. The medical profession has been surgery mad; in fact, they knew not what else to do. And it is not surprising some of our colleagues have contracted the surgical spirit to an unwonted degree. Osteopathy has an important work to do in lessening the prevalence of surgical interference.

All rejoice, Doctor, over the stand of the A. S. O. Every one feels that progress in our colleges will be especially marked during the present decade. Progressive, genuine osteopathy is the watchword.

Fraternally yours,

CARL P. McCONNELL.

* * *

Accept congratulations on your determination to inaugurate the three years' course, and also upon other evidence of a broader survey and a more comprehensive work. I think no unprejudiced alumnus ever for a moment doubted the desire of his alma mater to do all in her power to promote the progress of the science of osteopathy and to fit her graduates for thorough conscientious work. Of course it was but natural for those who are ambitious to put our equipment on a par with that of any practitioner from whatever school he may come, to grow restive and impatient over delays they could not un-

derstand. And now that the announcement has been made, the immoderate circulars and responses thereto recently received by the profession ought to be forgotten.

We can ill afford to waste ammunition on each other when the drug doctors are organizing as they never have before to repeal osteopathic laws now upon the statute books and to prevent further favorable legislation, where it is so badly needed.

From a membership of 250 here in Texas, a year ago, thorough organization and systematic work have brought their members to exceed 2500. Can any one doubt the meaning of such unprecedented activity? And in the light of such, does it not behoove us all to stand shoulder to shoulder regardless of the schools from which we are graduates and make common cause against the assaults which are sure to be directed against us? Organization is the watch word of the hour. Conscious of the soundness of our position based as it is on the rock of truth, planted upon indisputable principles of science, and proven by the testimony of practical experience, we can enter upon this struggle with an unflinching faith in our ultimate triumph. Then let us stop this bickering among ourselves and devote our energies toward the maintenance and propagation of our science. With all our colleges offering a three years' course, with unity in our ranks and jealousies cast out, with sentiments of loyalty to genuine osteopathy as given by the "Dear Old Doctor," welcoming every truth contributed by any member of the profession, we cannot be successfully assailed nor thwarted by our opponents in our endeavor to secure a "Square Deal." And I am quite sure this success will be the easier attained by reason of the fact our parent and largest school has determined to make her course, equipment and teaching body the peer of any medical school in the country. Again I congratulate you, the school and the profession on this forward step.

J. L. HOLLOWAY, D. O.,
Dallas, Tex.

* * *

I have just received my December Journal and looking through the editorials first as I usually do, I want to say that I am more than pleased at the stand that my Alma Mater

has at last taken in deciding for the three year course. I am sure that if the third year's work is given along the lines of surgery and laboratory work alone that your graduates will be better prepared than those who have taken the course in two years of study. How many of your graduates are prepared after graduation to do the simplest surgery that comes to the general practitioner? I am sure that you can have but one answer—and that is, but a very few are capable. Now that you have more time added I am sure that they will have a chance to learn if you give a more thorough course in those branches. I want to say, that I have always stood by the A. S. O. as a school. This county has sent or there have gone from this county some twenty-eight students, and I am not ashamed of that number for the short time that I have been here.

U. M. HIBBITS, D. O.,
Grinnell, Ia.

* * *

Permit me to thank you for the editorial in December Journal in regard to lengthened course, scheduled for September, 1905. Not, indeed, so much for the lengthened course, which we knew was coming as fast as practicable, but even more for the statement, "What would we teach?"

The tendency has seemed to be, in the extra time, to devote much attention to so-called scientific research or at least "scientific" subjects, which are certainly distinctly "all right," save that they relegate practical osteopathy to the back ground to such an extent, that the education is not scientifically osteopathic, but rather what?

On this account we trust the A. S. O. to institute further work along the line of practical effort, diagnosis, ready recognition of conditions and still the old time lesion, again and yet again.

JESSIE B. JOHNSON, D. O.,
Los Angeles, Calif.

* * *

Your announcement of the coming change to the three years' course is received. I want to congratulate you most heartily on this move and your method of coming to it. I have read with interest the discussion of various members of the profession on this subject. It seems to me that three-fourths

of those who are so eager to express their opinions haven't given the matter any sort of logical thought and apparently want you to accomplish the same thing that is expected of the medical schools with endowments of millions.

I think you have in your circular and the editorial in the Journal handled the subject in a broad-minded manner.

I hope some bright day a Carnegie or Rockefeller will rise to the occasion and give \$100,000, or a million to our cause.

G. W. RILEY, D. O.,
New York City.

It was with pleasure that I read the editorial in the last Journal with reference to the adoption of the three year course. There was never a doubt in my mind that when the conditions were ripe the trustees of the American School of Osteopathy would make this move.

I appreciate the fact that in this case the conditions were so different it would be impossible for the change to be made without a thorough understanding of the conditions to be met.

I am pleased that you now see the way clear and believe that it will be for the betterment of the profession.

Hail the American School and all hail to its illustrious founder!

A. S. MELVIN, D. O.,
Chicago Ill.

I want to take this first opportunity to congratulate the American School management for inaugurating the three year course.

You may be sure that it meets the approval of every osteopath in the field, and the graduates of your school in particular.

Nothing in osteopathic history equals in importance the step you have just taken.

You have received my loyal support in the past and you can rest assured you will receive it in the future.

GILMAN A. WHEELER, D. O.,
Boston, Mass.

I read with great pleasure the announcement in your December Journal of the determination of the A. S. O. to institute the three year course in September, 1905. I

felt sure your heart was in the right place. I want to congratulate you and your associates upon this step, which I believe is taken at a time to make more certain the result of our coming legislative fights, and which means so much for the advancement of osteopathy in every way. Your action in this matter removes one of our gravest professional problems, a problem which the stoutest hearted could not approach without dread. We are now a unified and invincible profession.

A. L. EVANS, D. O.,
Chattanooga, Tenn.

Your circular announcing the three year course arrived this a. m. "Bully" for the A. S. O.! I am sure you will never regret the step. And it is bound to bring you increased prosperity. That extra year spent in anatomy and physiology alone would be time well spent.

I was three times as long studying the art of healing as the average graduate, and I would have liked to have had at least another year at the school, and time well spent it would have been too.

E. C. WHITE, D. O.,
Watertown, N. Y.

Hurrah! for A. S. O. I always knew she would be there at the right time. I have had it intimated to me that she was merely playing a game and would never institute the three year course; but I've always felt that she was in that as everything else doing things for the best at the best time. Your action will compel the speedy national recognition of osteopathy and then will come universal recognition.

ASA WILLARD, D. O.,
Missoula, Mont.

I was greatly pleased to note the announcement of A. S. O. that the three year course would be compulsory and in good working order September, 1905. This is a progressive step, gives our cause a great impetus and means much for the advancement of the science. It keeps pace with modern progress and gives genius and original thinkers ample time for development and scientific achievement in original osteopathy.

J. F. SPAUNHURST, D. O.,
Indianapolis, Ind.

Personal Mention.

Born, to Dr. and Mrs. D. W. Davis of Beaumont, Texas, on Jan. 20th, a son.

Born, to Dr. and Mrs. E. D. Holbert of Sedalia, Mo., on Jan. 10th, a son.

Dr. J. G. Morrison, June class, 1904, has located at 128½ S. Sixth St., Terre Haute, Ind.

Dr. E. S. Milford announces his new location at 300-302 Sedgwick Bldg., Wichita, Kans.

Dr. J. W. Hofsess, of the June class, 1898, announces his new location at The Shukert Bldg., Kansas City, Mo.

Married, at Dodge City, Kas., Oct. 18th, Mr. Albert Miller and Dr. Mapel Hoover, both of Dodge City.

Dr. Robert I. Walker of New Bedford, Mass., writes us from Florida where he is spending a few weeks on account of his health.

Drs. J. W. and Lenia Eisiminger, of the June class, 1904, announce that they are permanently located for the practice of their profession at Ardmore, I. T.

Dr. Walter J. Novinger announces that he has formed a partnership with Dr. Geo. D. Herring for the practice of his profession at No. 65 W. 38th St., New York. Dr. Novinger retains his old location at Trenton, N. J., and will spend but a part of his time in New York City.

Drs. Harriett Frederick and Sophia Hemstreet have formed a partnership for the practice of osteopathy at Butler, Mo. Dr. Hemstreet will spend but three days in the week at Butler, the balance of her time will be spent in Kansas City where she maintains an independent office.

Drs. J. S. Baughman & Nanny R. Baughman, who recently located in Washington, D. C., announce that they have returned to their old location at Burlington, Ia., where they will continue the practice of their profession.

Drs. Gildersleeve & Hatter, of Texarkana, Tex., announce that they have dissolved partnership. Both, however, will remain in the practice in Texarkana. Dr. Hatter will open an office in the First National Bank Bldg., while Dr. Gildersleeve will remain in their old location in the Rialto Bldg.

The following alumni visited the A. S. O.

during the past month: Drs. J. D. Cunningham, Bloomington, Ill.; A. G. Hildreth, St. Louis, Mo.; C. C. Kelsey, Blooming Grove, Texas; P. R. Cain, Hannibal, Mo.; L. D. Smith, Chicago, Ill.; B. O. Hoard, Cherokee, Ia.; Sarah M. Davis, Kansas City, Mo.; Loretta L. Lewis, Paris, Ill.; Lola L. Hays, Wyanette, Ill.; Ella D. Still, Des Moines, Ia.; Bert McClung, LaPlata, Mo. and Louisa C. Flanagan, Avon, Ill.

Removal Notices.

Dr. J. R. Cunningham, from Las Vegas, N. Mexico, to Moore Bldg., San Antonio, Tex.

Dr. G. M. Hester, from Armour, S. D., to Dell Rapids, S. D.

Dr. J. W. Snavelly, from Albia, Ia., to McCullough Blk., Davenport, Ia.

Dr. M. Elnora Smith, from Calistoga, Cal., to No. 4 "B" St., San Rafael, Cal.

Dr. H. E. Peckham, from Colorado Springs, Colo., to No. 84 St. Stephen St., Boston, Mass.

Dr. G. M. Whitcomb, from Hayden, Ind., to Washington, D. C.

Dr. V. P. Urbain, from Hamilton, O., to Elks Bldg., Tampa, Fla.

Dr. N. B. Barnes, from Hammond, Ind., to Coalgate, Ind. Ter.

Dr. Nita McNeil, from Wellsville, Mo., to Monroe City, Mo.

Dr. W. C. Wilson, from Eureka Springs, Ark., to O'Fallon, Mo.

Dr. C. A. Campbell, from Wymore, Nebr., to Kinsley, Kans.

Dr. C. D. Love, from Oregon City, to No. 165 E. St., Portland, Ore.

Dr. Maude Conkel, from Flora, Ill., to Beardstown, Ill.

Dr. Eugene Tiberghien, from Phillipsburg, Kas., to Agra, Kas.

Dr. R. M. Mitchell, from Waxahachie, Tex., to New Boston, Tex.

Dr. C. W. Gaskell, from Des Moines, Ia., to Holland, Mich.

Dr. J. H. Stephens, from Westport, Ind., to Pocatello, Idaho.

Dr. A. R. Tucker, from Leitchfield, Ky., to Loan & Trust Bldg., Durham, N. C.

Dr. Anna Hannah, from Leonard, Mo., to No. 2956 Dickson St., St. Louis, Mo.

Dr. J. S. Crawford, from Dallas, Texas, to Denton, Texas.

"Mrs. Leffingwell's Boots."

Osteopathy has been given a brand new distinction. In his latest play, "Mrs. Leffingwell's Boots", now being presented at the Savoy Theatre, New York City. Mr. Augustus Thomas makes the curing an insane person by osteopathy the chief incident of the entire performance. The theatre going people of New York City are wondering what Mr. Thomas really thinks of osteopathy and how he happened to introduce the osteopathic incident. The truth is, Mr. Thomas is a believer in osteopathy, and the foundation for his story rests in a real case, somewhat similar to the one mentioned in his play, that was cured a member of years ago by Dr. Still.

The Alumni Meeting.

The Alumni Association of the American School of Osteopathy met in special session, in Memorial Hall on Wednesday, January 24th. Owing to the absence of the president, Dr. H. B. Sullivan of Detroit, and the vice-president, Dr. N. A. Bolles of Denver, the meeting was called to order by the secretary, Dr. E. C. Link, after which the following program was carried out:

Address of Welcome, Dr. W. D. Dobson. President's Address, read by the secretary.

Our Alma Mater, Dr. J. D. Cunningham, of Bloomington, Ill.

Paper—Hay Fever, Dr. L. P. Meeker, senior class, A. S. O.

The Future of Osteopathy, Dr. W. D. Dobson, Dr. St. George Fechtig.

Short talk by the Father of Osteopathy, Dr. A. T. Still.

At the close of the program, Dr. G. M. Laughlin made motion to continue the afternoon session, thereby dispensing with the evening session, to consider matters of business to come before the association. Carried.

After an intermission of five minutes the meeting was called to order.

First order of business—Report of the secretary. Motion carried that the chairman appoint a committee of five to arrange for meeting of the alumni of the A. S. O. at Denver next summer during the meeting of the A. O. A.

The chairman announced the following

committee: Dr. A. G. Hildreth, St. Louis; Dr. N. A. Bolles, Dr. C. C. Reid and Dr. G. W. Perrin of Denver; Dr. Loretto Lee Lewis of Paris, Ill.

Dr. J. D. Cunningham, Bloomington, Ill., was elected trustee to fill out the unexpired term of Dr. G. D. Hulett, deceased.

Motion by Dr. G. M. Laughlin that a committee of three be appointed to revise the Constitution of the association and report at the Denver meeting. Carried.

The following committee was appointed: Dr. Clarence V. Kerr, Cleveland, Ohio; Dr. J. D. Cunningham, Bloomington, Ill.; Dr. F. E. Moore, LaGrande, Oregon.

After the close of the business session there were a number of informal talks that were interesting and well received.

While the meeting was not largely attended the spirit of good fellowship prevailed, and all join in saying that "it was good to be here." Extensive preparation are being made to make the association's meeting at Denver a grand success.

E. C. LINK, D. O., Sec'y.

Mr. R. Carroll Cash, until recently business manager of the Osteopathic Publishing Co., of Chicago, was a recent visitor at the A. S. O. While here Mr. Cash announced his intention of organizing a co-operative Osteopathic Publishing Co., to be located at Chicago.

The Missouri State Osteopathic Board met at Kirksville, Jan. 19th. Drs. C. E. Still, of Kirksville, I. H. Crenshaw, of St. Louis, and William Traughber, of Mexico, were the members of the board in attendance. Fifty-five osteopaths were licensed at this meeting.

FOR SALE OR EXCHANGE:—Practice in Western town of 7000. Reason for changing, altitude too high. Address, M., Journal of Osteopathy.

FOR TRADE:—Practice in Southern city of 25,000 inhabitants. Practice paid \$4000 last year. I am the only D. O. here. Must leave here to take treatment myself. Address, D. D., care of this Journal.

FOR SALE:—A growing practice in an Ohio city of 25000 inhabitants. Part may be paid monthly. An excellent opening. Good reason for selling. Address, Hirrick, care Journal of Osteopathy.

Professional Cards of Regular Osteopaths

Those whose cards appear in the columns of this Journal are endorsed by the American School of Osteopathy as qualified practitioners. All are graduates of recognized schools.

Clara L. Milner,

Osteopathist,

Graduate A. S. O.

"THE TUDOR" 4300 ELLIS AVENUE.

CHICAGO, ILLINOIS

DR. A. C. McDANIEL,

OSTEOPATHIC PHYSICIAN.

Graduate of the A. T. Still School of Osteopathy, Kirksville, Mo.

Office, 521 12th Street, Phone Brown 497.

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154 Newbury Street.

BOSTON, MASS.

DR. E. H. LAUGHLIN,

Osteopathic Physician.

Graduate of the American School of Osteopathy, Kirksville, Mo.

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Therefore, the class beginning the course in February, 1905, will be our last one taken in on the two-year plan. Heretofore we have always allowed students to enter the class beginning in February any time during that month up to March 1st. As this is our last class to be taken in and graduated in two years, we have decided to extend the time of entrance to accommodate many who may not be able to matriculate until after in the spring of the year, for instance, teachers whose schools will not be out until a later date and others who might wish to "get in" on the two-years' course but who for various reasons cannot begin the work during February. Of course, where possible, the student should begin the work at the beginning of the term, but we have arranged to accept students at later dates and allow them to make up the deficiency in time and work during the summer vacation.

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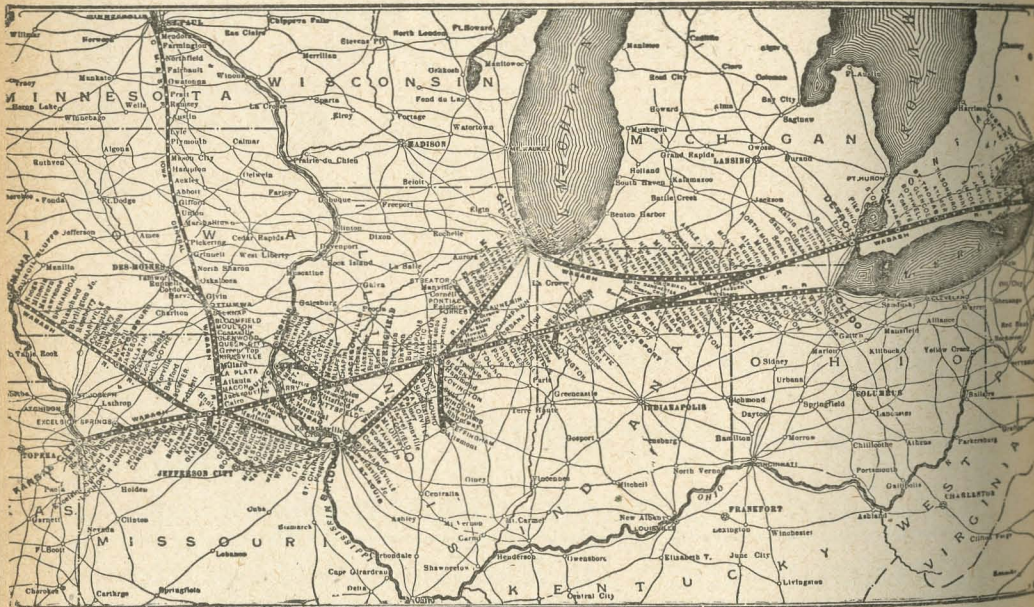
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