

The Journal of Osteopathy

November 1902

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THE <hr/> <hr/> <hr/>	JOURNAL OF OSTEOPATHY KIRKSVILLE, MISSOURI, NOVEMBER, 1902.
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**EXTRACTS FROM THE INTRODUCTION OF DR. A. T. STILL'S
NEW BOOK, THE MECHANICAL PRINCIPLES AND
PHILOSOPHY OF OSTEOPATHY.**

MY AUTHORITIES.

I quote no authors but God and experience. Books compiled by medical authors can be of little use to us, and it would be very foolish of us to look to them for advice and instruction on a science of which they know nothing. They are not able to give an intelligent explanation of their own composite theories, and they have never been asked to advise us. I am free to say that only a few persons who have been pupils of my school have tried to get wisdom from medical writers and apply it to any part of osteopathy's philosophy or practice. The student of any philosophy succeeds best by the more simple methods of reasoning. We reason for necessary knowledge only, and should start out with as many known facts and as few false theories as possible.

Anatomy is taught in our school more thoroughly than in any other school, because we want the student to carry a living picture of all or any part of the body in his mind, as an artist carries the mental picture of the face, scenery, beast, or anything he wishes to represent with his brush. I constantly urge my students to keep their minds full of pictures of the normal body.

AGE OF OSTEOPATHY.

In answer to the question, "How long have you been teaching this discovery?" I will say: I began to give reasons for my faith in the laws of life as given to men, worlds, and beings by the God of Nature, in April, 1855. I thought the swords and cannons of Nature were pointed and trained upon our systems of drug doctoring. Among others, I asked Dr. J. M. Neal, of Edinburgh, Scotland, for some information that I needed badly. He was a medical doctor, a man of keen mental abilities, who would give his opinions freely and to the point. The only thing that made me doubt that he was a Scotchman was that he loved whisky, and I had been told that the Scotch were a sensible people. John M. Neal said that drugs were bait for fools; that the practice of medicine was no science, and the system of drugs was only a trade, followed by the doctor for the money that could be obtained by it from the ignorant sick. He believed that Nature was a law capable of vindicating its power to cure.

I will not worry your patience with a list of the names of authors that have written upon the subject of drugs as remedial agents. I will use the word that the theologian often uses when asked for whom Christ died; the answer universally is, "All". I began to realize the power of Nature to cure after a skillful correction of the conditions causing abnormalities had been accomplished so as to bring forth pure and healthy blood, the greatest known germicide. With this faith and by this method of reasoning, I began to treat diseases by osteopathy as an experiment; and notwithstanding I obtained good results in all diseases, I hesitated for years to proclaim my discovery. But at last I took my stand on this rock, where I have stood and fought the battles and taken the enemy's flag in every engagement for the last twenty-nine years.

Columbus had to navigate much and long, and meet many storms, because he had not the written experience of other travelers to guide him. He had only a few bits of driftwood not common to his native country to cause him to move as he did. But there was the fact, a bit of wood that did not grow on his home soil. He reasoned that it must be from some land amid the sea, whose shores were not known to his race. With these facts and his powerful mind of reason, he met all opposition, and moved along, just as all men do who have no use for theories as a compass to guide them through the storms. This opposition a mental explorer must meet. I felt that I must anchor my boat to living truths and follow them wheresoever they might drift. Thus I launched my boat many years ago on the open seas, and have never found a wave of scorn nor abuse that truth could not ride and overcome.

DEMAND FOR PROGRESS.

The twentieth century demands that advances in the healing arts should be one of the leading objects of the day and generation, because of the truth that the advancement in that profession has not been in line with other professions. The present schools of medicine are injurious schools of drunken systems that are creating morphine, whisky and other drug-taking habits, to the shame and disgrace of the advancement and intelligence of the age. A wisely formulated substitute should be given before it is everlastingly too late. The people become diseased now as in other days, and to heal them successfully without making opium fiends and whisky sots for life should call for and get the best attention that the mind of man can give.

This work is written for the student of osteopathy; written to assist him to think before he acts, to reason for and hunt the cause in all cases before he treats; for on his ability to find the cause depends the success in relieving and curing the afflicted.

With the posted osteopath all the old systems of treating diseases are relegated to the waste-basket and marked obsolete. He must remember that the American School of Osteopathy does not teach him to cure by drugs, but to adjust deranged systems from a false condition to the truly normal, that blood

may reach the affected parts and relieve by the powers that belong to pure blood. The osteopath must remember that his first lesson is anatomy, his last lesson is anatomy, and all his lessons are anatomy.

OSTEOPATHY AND COLLEGES.

BY DR. CARL P. MC CONNELL, CHICAGO, ILL.

To an observer at the Milwaukee convention it was evident that if interest centered about any osteopathic problem, that of education was paramount. Unquestionably, the salvation of a school of learning must depend primarily upon its teachers and educators, and, only secondarily upon its students and practitioners. For if the latter are not thoroughly and enthusiastically imbued with the teacher's thought and logic the teaching will prove a dismal failure.

Any one who has impartially investigated the osteopathic system can not but be a believer in the work, for it is built simply upon logical and indisputable ground, viz: anatomy, physiology and chemistry. Then, for one to question the foundation work of the science would show an ignorant or prejudiced mind. Hence, some of the questions that have recently arisen in osteopathic circles are absurd in the extreme.

A few have stated that the future of osteopathy rests with the practitioners alone. This is true only to a degree. The individual practitioner will, and, in fact, can only prosecute his work according to his personal conception of osteopathy. And his conception of osteopathy in nearly every instance can readily be traced to his osteopathic teaching. Therefore, first and always must osteopathic destiny rest within the directing influence of the college educator.

The future of osteopathy, from the present outlook at least, is going to be just what the colleges make it. If they will be careful whom they matriculate, thorough in their instruction, then, now and forevermore, osteopathy will be assured of the dignity of a school of medicine (in fact *the* school of the healing art). Its friends will not be obliged to constantly combat such criticisms as "an adjunct to medicine"; and, what is of more importance, insincerity within our ranks will be an unknown thing.

Still further, it will not be necessary for the osteopathist to take any or all of a medical course elsewhere to round out his present education if he desires to obtain surgical or other special knowledge. I am positive it will be found to be true that the large majority of those who have taken courses in a medical college are among the most ardent and sincere osteopathic disciples. In fact, in the very nature of things, they are manifestly more competent than those in the osteopathic field who spent only a comparatively few months in an osteopathic college at a period when pathology or chemistry formed a small if any part of the course, and judging from their criticisms have had even less to do with those fundamental subjects since. In this connection let me say, if it

is necessary, that I am not attempting to uphold "drug education"; my reference is to a few in the field, who, spending eight or ten months studying anatomy and physiology before entering practice, are whenever occasion presents itself rushing into print with statements that only bring upon themselves ridicule, to say nothing of a reflection upon the profession generally by a display of gross ignorance of so vital a matter. By what right do they call the pursuit of knowledge "heterodox work"? May I ask in all fairness what do such know about "medical education"?

Who is to blame for this so called back sliding within our ranks? It certainly is not altogether the practitioner's fault. What else can he do but go to some scientific or medical center whenever he desires to take further work in neurology, chemistry, pathology, eye and ear diseases, and, moreover, surgical diagnosis and operative surgery? I talked with one of our best osteopaths a short time ago who is going to make a specialty of surgery, and expects his clientele largely from the osteopathic fraternity, simply because he is not physically able to carry on active osteopathic practice. What must he do to obtain this education? What can our present osteopathic colleges offer (comparatively) in this line? Is it going to make him a less competent osteopath to secure a surgical education from a medical college, or the reverse? Don't you think, all things being equal, the future of osteopathy will rest safely in his hands? All things being equal (surgically) would not you rather entrust your surgical cases to him? Why, I know of a prominent osteopathic college whose professor of physiology has for the past two years taken special courses in a medical college. Did it make him a less capable osteopathic teacher? Where else at the present time could he obtain that knowledge? Indeed, look at the many good osteopaths who have taken dissection in a medical college! Hypocrisy? The answer is left to you.

Now, two years of ten months each gives a good start but we all know that it is not enough. The argument is often made, that until recently medical schools gave a course that was no longer. Well, such an argument is not in accordance with the facts. We are aware that the present advances of knowledge in all branches have called for a longer course. If it is true with the older schools, and their "systems are a failure", should it not be more true with us (a necessity to give a longer course) especially when we pride ourselves on teaching more detailed anatomical and physiological knowledge? Then it should not be said that their systems are a total failure—we exclude of course drug-therapy but this constitutes something like only one fourteenth of a medical education. True their concept of drug-therapeutics saturates a goodly portion of their teaching, but remember how thin and unreliable the saturation is. Still we should be honest and give credit where credit is due. To make such sweeping statements only redounds to our discredit. Look at the list of medical text books used in our osteopathic colleges.

It must not be thought that I am trying to recommend a combination of osteopathy and drugs for such can not be the case—there is an absolute differ-

ence and an atonism, and they must not be mixed. I desire to bring out some of our inconsistencies. Our schools should add to their course, so that any one can prosecute any and all osteopathic and surgical work.

Another important point I wish to bring before you is: How are our clinics taught? I have heard it stated that osteopathy can never be written—then it must be taught not by *talks* or *lecturing* but through the media of *eyesight* and *touch*.

I have continually observed that what the practitioner in the field lacks above everything else is a thorough education in surgical diagnosis. He may hear lectures and study books galore, but he must have the actual experience to become proficient. The greatest practical failures in osteopathy today are along the line of differential diagnosis between osteopathic and surgical cases.

Hence, I do not believe it is so much our practitioners that are at fault. I really think they do marvelously well. It is our colleges that need the spurring and propping, and, I might add, they, also, need good alumni support. We do not want unbalanced physicians in our ranks. We want the man or woman who can give and direct the course of treatment for any case that may arise. Our ambition should be to become competent and practical physicians, and not osteopaths in the narrower sense. We do much bragging and talking in generalities and telling what should be done instead of doing it.

I am not upholding the practitioners to the detriment of the college. There are two view-points in osteopathy, the schools and the practitioners; and consideration should be given both in order to work out a harmonious whole. Neither do I believe in the necessity of a part or of the whole of an M. D. education, unless as I have attempted to make clear, under the past and present contingencies it is a proper and necessary means to an end, e. g., where can an osteopath practice surgery, give an antidote, administer an anesthetic, or attend a confinement case without being legally recognized in part or in whole by qualifications equal to the medical practitioner? Is it right and consistent on our part to say, "Let the medical practitioners attend to their cases?" It is evident that the course to pursue is to equip our colleges to meet any or all legitimate legal requirements. If we are not going to be a school of medicine on an equal footing with other schools our destruction is clearly mapped out—a tail to the medical kite. But I do believe in being true to one's colors (and a narrow minded person may err just as much as a supposed liberal); and, moreover, I think consistency should be the primal guide to the developing of any problem. Then time will not be wasted in discussing many useless questions for the fundamental principles of our science have been stated lucidly time and time again by its illustrious founder.

A CONTRAST.

Doctor Adolph Lorenz's Bloodless Operation for Reduction of Congenital Dislocation of the Hip. The Osteopathic Method.

The recent operation upon the little daughter of J. Ogden Armour of Chicago, for congenital dislocation of the hip, by the celebrated Austrian physician, Dr. Adolph Lorenz, has attracted wide-spread attention throughout all parts of the United States, on account of the prominence of the family of this little five year old patient, and for the reason that the operation was performed by a foreign physician for a princely fee.

The public press of late has teemed with accounts of this so-called new operation, which is known as a "bloodless method," in contrast to the old surgical method, where the knife was used and much blood was spilt, as by this method the hip was stripped of its muscles and many of them severed that the head of the femur might be placed into its socket. In many instances also the socket was gouged out and made larger in order to receive the head of the thigh bone more completely.

This last method has but few advocates today among up-to date surgeons. The results of this operation have been unsatisfactory in so many instances that it is seldom advised. It might be stated here that this operation was performed upon the Armour child when she was two years old. The hip was laid open with the knife, the head of the bone was placed into its socket, the usual cast was placed about the hip to hold it in position, the surgeon was paid his big fee, but after all this, in the course of several months the hip was found to be out of place again.

The new operation of Lorenz is in many ways an improvement over the old way, and in some particulars simulates the osteopathic method of setting old dislocations of the hip. The osteopathic method is also bloodless. By the Lorenz method the hip is immediately placed into its socket, it being necessary however to employ sufficient force to rupture the muscles in so doing, a cast is used to hold the parts in position. This is kept on for from six to nine months. As Dr. Lorenz says "complete recovery may result after two years but in many instances the patient in after years walks lame". In such cases even though the hip is in the socket, lameness may be caused by restriction of motion brought about by adhesions that result from the rupture of the soft tissues about the hip. By the osteopathic method the tissues about the hip are loosened and old adhesions gradually broken up before it is set that rupture may be avoided. By this gradual relaxation of muscles the tendency for the hip to slip out of place after reduction is decreased. There are no adhesions from rupture of muscles. No torturous cast. Where reduction is made by this method recovery is rapid and complete. It might be stated in this connection that the Lorenz method, as well as the osteopathic method of today, had no standing among physicians of the old school until just recently.

Many of the old school surgeons decry it. They want the knife that they can see what they do. They regard nature's resources, so far as they affect the human system, as inadequate to their purposes.

In a recently reported interview Dr. Lorenz gave a brief account of his celebrated operation as follows:

"Seven or eight years ago I operated upon the hips of a child. There was the congenital deformation. I cut through the skin and the flesh and bared the bones. The femur or the thigh bone had never been joined with the hip. The leg had been pressed out and up and the little sufferer was unable to walk. She was seven years old when I found her.

"Some of the muscles were contracted and much shortened. I found it necessary to cut some of the tissues of these muscles before I could bring the thigh bone down to its proper position.

"Then I found that the head, or ball, of the femur would not fit completely into the socket for which it was intended. The socket, or acetabulum, had not been in use and had developed but little since the child was born. The head of the thigh-bone had in the meantime been growing and was too large now to fit.

"I took an instrument and dug out the socket until the ball of the femur would fit into it. Getting everything into place, I closed the wound and sewed it up.

"I performed about 300 of those operations. I discovered that they were very dangerous. *Many of my little patients died.* Parents, I found, hesitated to permit me to operate upon their deformed children. I could not say that I blamed them. The so-called 'bloody method' of treating congenital hip disorders is very dangerous. The deformity itself does not cause death. It merely causes a lifelong suffering.

"I say I performed 300 of these operations before I began to think that I was on the wrong path. *I began to wonder if nature had not provided some means to assist these little sufferers,* who had been brought into the world without the proper articulation of their hip joints. The use of the knife had given me an understanding of the muscles, the ligaments and the bones.

"Finally I decided I would try the new method, which we are now describing as bloodless surgery. I took many weeks for study and then I tried it.

DISCARDED THE KNIFE.

"The condition of the child's deformity was much the same as was the first one I operated on. But I went at the operation without a knife.

"I knew that the contracted muscles would have to be stretched or torn. I was at first frightened at the strength it took to do the work that the knife had done.

"Yet I had decided that force should be my instrument. I had to tear the tissues of the shortened muscles. The limb at first resisting all my efforts finally became pliable. I found that I could stretch the muscles a great deal, but when they would not stretch I would have to tear them.

"Finally the little leg was brought into its normal position. But, as in my first case, the head of the femur would not fit the hip cavity. Under the 'bloody method' I had gouged out that cavity with a knife. I could not do that now. So I took the thigh bone and by main force I bored it into the cavity. This was shallow and of insufficient depth to admit of the whole of the ball of the femur. I found that when the leg was at right angles with the body the head of the thigh bone would hold close into the socket, but that when I placed the leg in its normal position the ball would slip out. The socket was too shallow to hold it.

"So I placed the leg in that position in which the ball of the femur fitted most accurately into the cavity. Then I bound it and made it rigid with a plaster of paris cast.

NATURE AS A SURGEON.

"As soon as the soreness of the torn muscles and stretched ligaments had disappeared I encouraged the child to walk. An iron stilt had to be placed on the sole of the little one's shoe and with the thigh of her leg held by the plaster of paris at right angles with her body she walked about for five months.

"Nature in the meantime had been performing the operation I had once done with an instrument.

"The hip socket through the constant pressure of the child's weight had been deepening. The outer ridge of bony tissues had been spreading across the ball of the thigh bone and forming a joint such as the normal child has.

"Finally I removed the plaster cast. As I had expected I found that the leg remained in the same position as it was before I removed the cast. Gradually with a little outside assistance it came around in its correct position and *two years* afterwards that child did not even limp.

"Since then I have performed more than 1,000 of these bloodless operations for congenital hip disorders.

"There are no dangers accompanying the operation. Parents are not fearful of submitting their children to the operating table. There is no blood poisoning or infection of any kind. In fact, no deaths resulted.

"This new method is far more successful than the old one. I have never had a case in which I did not benefit the sufferer, although many in after years have walked lame. More have been completely healed, however.

"Two cases are never exactly alike, and the manipulations must differ accordingly. Generally speaking, the muscles, the ligaments and the tendons must be brought into a normal position even if the tearing of tissues becomes necessary; the head of the femur bone must be placed in its correct position in the socket and the leg must be held in that position until nature has had a chance to do its work."

While in Chicago, Dr. Lorenz held several clinics that were largely attended by the local physicians. Dr. Carl P. McConnell was among this number and we are pleased to be able to present a report of this operation by an osteopathic eye witness.

DR. MC CONNELL'S REPORT.

I thought that possibly the readers of the JOURNAL would be pleased with a brief report of Dr. Lorenz's operation for congenital hip dislocation by an osteopathic eye-witness.

Probably some of you are aware that Dr. Lorenz, of the University of Vienna, was recently called to Chicago to perform this operation on the little daughter of Mr. and Mrs. J. Ogden Armour; and during his stay in Chicago held several clinics. He claims excellent results in "an overwhelming majority", as he expresses it.

The operation, as I understand it from observation, is certainly applied anatomy largely from the osteopathic view-point.

His operation summed up is as follows:

1. Forced reduction of dislocation under anesthesia. This is performed as an osteopath would except the stretching of muscles and ligaments is accomplished at once. Under the anesthetic all tissues are absolutely relaxed and made pliable. This, of course, means an exceedingly severe strain upon the thigh tissues.

2. The head of the femur is placed in the acetabulum. Then *extreme abduction* of the thigh is brought about, the femur at right angles with the pelvis.

3. In this position the thigh and pelvis are wrapped in a plaster of paris cast; and kept in this cast for at least six months. The object of keeping the leg in this position is a lessened resistance on the part of the muscles to draw the femur out of the acetabulum. This position also favors the developing of certain groups of muscles and the weakening of others, the whole being consistent with the normal muscular adaption of pelvis and thigh; and, above all, aids to the maximum degree in the formation of a deeper acetabulum.

During the period the cast is worn all passive movements are encouraged, such as creeping, riding a rolling horse, walking if possible, etc.

When the cast is removed at the end of six or eight months the child is obliged to walk with the leg strongly abducted. The doctor never advises any movements to lessen the abduction. In fact, he favors the abducted position under all conditions until time and nature and the normal life of the child during the succeeding months and years correct the position of the limb, when it is found that, at least, the functional difficulty is corrected if not the anatomical.

He operates on children as old as eight years or thereabouts, but prefers them much younger for obvious reasons.

The special contrast with osteopathic hip cases is:

1. Immediate and forced reduction.
2. The cast.
3. After reduction, the gradual adaption of the limb to normal position and function.

The questions arising are:

Is immediate reduction better than gradual reduction?

Would the hip joint stay in place after gradual osteopathic reduction accompanied with strengthening of the thigh muscles?

Remember the vital point in correcting congenital hip joint dislocation is not so much the manner of reduction as keeping the femur in place after reduction owing to the poorly developed acetabulum.

THE FANNIE GRANGER CASE.

Recently Dr. M. W. Bailey, a St. Louis osteopath, successfully treated little Fannie Granger of that place for a dislocated hip. This was not a case of congenital dislocation although it was in many respects similar to that form of dislocation.

When she was ten months old she fell and the head of the femur was thrown out of its socket into a false position upon the back of the pelvis thereby shortening the limb nearly three inches.

This was a case of eight years standing but the hip was completely reduced after a short course of treatment.

This case was reported in the St. Louis papers about the time so much was being written in regard to the Armour case. The Post-Dispatch of that city sent a reporter to Kirksville to interview Dr. A. T. Still in regard to the osteopathic method of setting hips.

The following appeared in the St. Louis Post-Dispatch Sunday, Oct. 19:

OSTEOPATHY SUCCESSFULLY APPLIED IN MANY CASES OF DISLOCATED HIP.

As related in the Post-Dispatch of last Tuesday, Dr. Lorenz is not the only physician who has successfully performed operations like that performed upon Lolita Armour. The case of Fannie Granger, which was the subject of the Post Dispatch story, is one of the cases in question. The operation was performed by Dr. William Bailey of St. Louis, an osteopathic physician. Dr. A. T. Still, the discoverer of osteopathy, writes of numerous cases where similar operations have been performed by physicians of the osteopathic school. Dr. Still says:

"The system of reducing old dislocations of the hip and also dislocations of other parts of the body is now practiced by over 2500 osteopaths in the United States. The case of little Fannie Granger of St. Louis, Mo., who was recently successfully treated by Dr. M. W. Bailey for dislocation of the hip is only one of hundreds of similar cases successfully treated by osteopathic physicians in all parts of the country. Hundreds of cases of congenital and acquired dislocations of the hip have been successfully treated at Kirksville by me and my assistants during the past 25 years.

"One of the most marked differences in the methods of Dr. Lorenz and that of the osteopath in reducing dislocations is that the osteopath does this work without the use of anesthetics, braces or casts. The hip is usually prepared for reduction by carefully breaking up all adhesions about the joint, and then is set by a system of manipulations. As a rule osteopaths do not set dis-

located hips without first going through a course of treatment to establish sufficient motion in the part to allow the head of the bone to be moved around into its socket without rupturing any ligaments or muscles. But there are a number of remarkable cases where hips have been set at a single treatment lasting only a few minutes.

"Of the numerous cases of dislocation of the hip that have been cured at Kirksville, the following well known cases will serve as illustrations: S. P. McConnell of Council Bluffs, Iowa, was cured in a few treatments, his hip being set after a number of physicians had advised amputation for a bad condition of the knee. The daughter of Congressman Peters of Kansas, now prominently connected with the stockyards at Kansas City, Mo.; was cured in a single treatment. This little girl was being treated for tuberculosis of the hip joint and her leg had been in a cast for a number of months. The child walked, using the leg, the same day, and today is sound and well, with not a sign to mark her former crippled condition. Another case was that of the little daughter of Mr. Conover, a prominent hardware merchant of Kansas City, Mo. The wife of Thomas Baker of Palmyra, Mo., was also cured after a few treatments. Another case is that of the daughter of the late Rev. J. B. Mitchell of Kirksville. Probably the best known case treated at Kirksville is that of Miss Mae Critchfield, daughter of a banker of Oskaloosa, Kansas. In this case the hip was completely dislocated, the leg being at least three inches shorter than the normal one, with the head of the bone well up on the back part of the ilium.

It was a dislocation of fifteen years' standing. She was past 20 when she came to Kirksville for treatment. This case was only cured after several years' successive treatment. The hip was set at a single treatment, however, but the rest of the time was employed in establishing motion enough in the parts to adjust the dislocated bone without injuring the surrounding ligaments and muscles.

"Emmet Hamilton of Kirksville, now a student at the A. S. O., had a dislocated hip of several years' standing. This was reduced a number of years ago. The case of J. R. Blackmore, although not one of dislocated hip, being a dislocated ilium, is quite well known in St. Louis, where he resides. Mr. Blackmore was cured in Kirksville in a single treatment last April. He had been a constant sufferer for two years and had consulted many physicians, but received no relief until the ilium that was out of place was set in a single treatment.

About six years ago Mrs. J. B. Foraker of Ohio, brought her little son to Kirksville for treatment, the child was suffering from valvular heart trouble. At the same boarding house where she was stopping was a Miss Watson of St. Louis. She had come to Kirksville to be treated for a dislocated hip. Mrs. Foraker met me the next day and called my attention to the case of Miss Watson. I went over to the boarding house and in the presence of Mrs. Foraker set the young lady's hip in a single treatment. This case became quite fa-

mous, as it was reported to a great many of Mrs. Foraker's acquaintances and became generally known through her. Miss Watson is now married and lives in St. Louis, her name being Mrs. H. W. Stegall."

"Sixteen years ago I set the hip of a Miss Lowe of Sublette, Mo. She was at that time fifteen years old and her hip had been dislocated since birth. When she first came to me her leg was withered and useless. She was treated at different times for a year or two before the hip was set. The leg then, grew in time, to its normal size."

"I could name many other cases that were cured in a few treatments but short time cures in this class of cases is not the rule."

"The osteopaths all over this country are successfully practicing my method."

THE OSTEOPATHIC TREATMENT OF RHEUMATISM.

CHARLES HAZZARD, Ph. B., D. O., KIRKSVILLE, MO.

THE various forms of this troublesome, sometimes dangerous, disease, are among the diseases most frequently treated by osteopaths. There are several reasons for this. Being a very common disease, in one form or another, it is often met with in the run of practice. Also, it shows such a marked tendency toward getting a hold upon one's system that it is hard to shake off, and the patient, after trying the usual drug remedies, begins to look around for something that will cure him so that he will stay cured. The success of osteopathic treatment has now become a fact so well known that numerous rheumatic sufferers are attracted to it by the experience of others. Here it is a case of the merit of the science winning results in obstinate cases of long standing as a rule.

There are three different kinds of rheumatism, all bad to have. The most dangerous form is inflammatory rheumatism, known also as acute rheumatic fever, or acute articular rheumatism. The dangerous feature, as is well known, lies in the tendency of this disease to attack the heart. But this is an accident practically unknown under osteopathic treatment, so successful is the osteopath in warding it away from this organ. This variety of rheumatism attacks the joints of the body, quickly moving about from one joint to another, making them red, swollen, and sore, but not usually causing marked or permanent changes in the joint-structures. It is the property of this disease to attack serous membranes. Hence it attacks the synovial membranes lining the joints. It is for this reason, too, that it may even attack the serous membrane lining the abdominal cavity, resulting in peritonitis, or the serous membrane lining the heart, causing endocarditis. The latter is common, and may cause death at once, sometimes, but generally its effect is to cause a local inflammation resulting in growths upon the valves. This deforms them and prevents them from acting properly, with the final result of chronic valvular, or organic, heart-disease which ultimately, after some years, causes the death of

the patient. Many sufferers from this variety of the disease are not aware at the time that the heart has been affected. It is of frequent occurrence that the valvular defect is accidentally discovered by examination of the heart some time afterwards.

Here is a strong point in the osteopathic handling of such cases. The heart is kept carefully fortified by proper treatment, and the disease practically never, when the case is intelligently handled, gets a foothold in the heart. One of reasons why this rheumatism attacks the heart is that the poisons generated by the disease-process circulate in the blood, and, as they reach the heart continually in the round of the circulation, irritate the lining membrane of the organ, causing endocarditis. Now the osteopath is so well able to purify the blood of these poisons by keeping active the kidneys, liver, and bowels, that the chances of his patients' suffering from invasion of the heart are reduced to the minimum.

These cases are often not severe, suffering mainly from the joint-symptoms, but often the disease presents very severe symptoms, the patient suffering great pain, high fever, perspiration, rash, etc. Fortunately these symptoms yield nicely to our treatment.

The most common form that rheumatism takes is that of the chronic articular variety. This may be in nature chronic from the beginning, or it may result from repeated attacks of the acute form. It generally attacks the larger joints, one or a few, such as ankle, knee, or hip. Here it stays, showing little tendency to move about, and finally causing marked destruction of the joint-structures. For this reason the joint becomes stiff and useless. The synovial membrane is destroyed, chalky deposits form in the joint, the part becomes enlarged by growth of the surrounding tissues, and often the bones of the joint are displaced. So severe may this disease become that all of the joints of the body, except that of the lower jaw, may be rendered immovable. Such sufferers, of course, are bed ridden invalids. Often one sees pitifully deformed cripples hobbling about on crutches or wheeled about in chairs, all usefulness and enjoyment of life denied them by reason of this disease.

These cases, if taken in time, may be entirely prevented from coming to such a pass. While it is not possible to restore these cripples to their normal condition, a great deal is done by osteopathic treatment to lessen their deformity and to prevent further progress of the disease. In its less severe form, this variety of rheumatism can be entirely cured, considerable deformity and deposit being removed. This has been accomplished in cases without number. Any case of chronic articular rheumatism should go at once under treatment, before it becomes too late.

A third kind of rheumatism is seen in the various forms of muscular rheumatism, so commonly met. It may exist alone, or complicated with one of the other forms, more especially with the chronic articular form. It is generally very painful and troublesome, but fortunately does not cause marked pathological change in the muscles, nor does it show so great a tendency to

become chronic. Yet it is capable of making its share of trouble, as is seen in the familiar lumbago, a variety of muscular rheumatism. This painful affection even when of long standing, is entirely cured by the treatment. One of the commonest things done by an osteopath to cure lumbago is to put back into place one of the vertebræ of the spinal column, which has slipped a little and is irritating a near-by nerve, causing pain and contraction of all the surrounding muscles and fibrous tissues. Severe cases are thus cured at once. One may well see the wisdom of osteopathic work in these cases by considering how commonly lumbago is caused by a lift, twist, or other strain of the back. In this way is caused the little slip of the bony part that is making all the trouble.

In the same way, rheumatic torticollis, another form of muscular rheumatism, is due to a minute derangement of the position of one of the little vertebræ in the neck. It is cured when the osteopath adjusts the bone. A liniment, or other application might deaden the pain, and aid in overcoming, for a time, the symptoms of the disorder, but the cause would remain, unless, accidentally, the patient should have slipped the part back into place, by a turn of the head or otherwise.

There are always causes why a person becomes rheumatic. Dampness, exposure, and such causes, alone do not sufficiently explain, else the disease would be more universal. The osteopath always finds mechanical disturbances, in one form or another. Sometimes it is a local derangement of mechanical parts, affecting nerves and circulation of a joint, or irritating the muscles; sometimes it is a local weakness of a joint, weakening it and laying it liable to the effects of exposure, impure blood, and other causes; sometimes it is a condition of the spine such that it interferes with proper digestive and excretory functions, resulting in impure blood which becomes the basis of conditions finally terminating in rheumatism, when conditions and various factors are just right. One of the commonest causes of general rheumatic conditions is found in a faulty condition of the spine just between and below the shoulders. It may be so slight a disturbance of parts as to attract no notice from the patient, but it is enough to affect the near-by spinal nerves, and through them the splanchnic nerves controlling various digestive, assimilative, and excretory functions. This is the foundation of a physical state which finally brings about conditions sufficient to produce rheumatism in one of its forms. The disease cannot be cured until this fundamental condition is corrected. Hence the failure of remedies until the osteopath, skilled mechanic of the human frame, sets to rights these disordered parts, and leaves nature free to do her part and to heal the disease.

OSTEOPATHY VS. DRUGS.

A. L. MCKENZIE, D. O., KANSAS CITY, MO.

A great deal has been said by the friends of osteopathy as to what it is not. This is due to an effort to deny statements made by those who are un-

friendly to osteopathy and who really do not understand the underlying principles, and yet persist in saying what osteopathy is. It is due our profession and I take this means to state briefly what osteopathy really is and what we claim for it. I also state briefly our relation to other schools of healing disease.

Osteopathy is the culmination of the products of a logical mind in its effort to correct the mistakes in the principles of other systems of curing disease. Therefore there is not a single true, demonstrated, scientific principle employed by any system of healing that is not recognized and employed by any whole osteopath.

We oppose the giving of poisonous drugs where they will enter the circulation as such, either in the form of a stimulant or as an opiate. All poisonous stimulants act in one or two ways, either destroying and irritating the tissues of the body or the blood is loaded with more impurities. An illustration of how little is known of the real symptoms of the effects of drugs given is shown in the case where Miss Jane Tappan, a professional nurse, poisoned to death thirty-one of her patients without the attending physicians suspecting the real cause of death. We know poisonous drugs are injuring more patients than they are benefiting. We therefore oppose at all times the administering of poisonous drugs in disease.

A large portion of the time of the osteopath today is spent getting rid of the destructive effects of poisonous drugs previously taken by their patients. Opiates deaden pain by destroying nerve force. They cannot remove the cause of disease and often prevent nature from removing it.

The osteopath recognizes man as having a physical or material body. This body consists of bones, cartilages, ligaments, muscles, fascia, tendons, blood vessels, arteries, veins, capillaries, nerves—two complete systems, one consisting of nerves of sensation and voluntary motion, and one of sensation and involuntary motion, together with nerves of nutrition. These, with the various organs they compose make up the body, a very complex machine. The osteopath studies well the location and function of all these tissues and organs. He is not unmindful of all chemical changes that take place in the body, both normal and pathological. He knows this machine is susceptible to the laws that govern any material machine, and that any physical interference, either from without or within, must be found and removed. His careful study of the nerves and their functions enables him to locate and remove many physical interferences to nerve force not discerned by any other school of physicians. Therefore, the osteopath has made a reputation by curing disorders of the limbs, brain, ear, eye, throat, heart, lungs, stomach, liver, kidney, intestines, etc., when other physicians had failed. Again osteopathy recognizes man as a mental as well as a physical being, and while the mind cannot think away a physical interference, it may to some extent cause disease. A peaceful mind, a clear conscience, freedom from worry, natural sleep, plenty of pure water and food are absolutely essential to perfect

health. It is just as essential to look after the mental as the physical. Correcting a mental disturbance or perversion will cure some diseases. Correcting a physical interference to a nerve will cure some diseases. Often to cure a patient it is absolutely essential to correct both physical and mental disturbances. Many have the erroneous idea that stopping a pain is equal to curing the disease. You can avoid the serious and fatal errors often made by believers in the so-called mental healing by understanding this statement: "Pain is not a disease, and when it ceases it does not follow that the disease is removed."

Pain is a mere symptom. It is the nerve signaling to the central station, mind, that something is wrong, and unless the mind takes cognizance of it there is no pain. I often have heard patients suffering from paralysis rejoice when pain appears in a limb because it is a sign of returning life. We oppose the giving of an opiate to deaden a pain. To give an opiate is on the principle of killing a child because it cries for food. We say remove the pain by finding and removing the cause of the pain.

DEADLY DRUG'S AWFUL EFFECTS. A STORY FROM REAL LIFE.

Examples of the Cocaine Habit Which Should be a Warning. An Appetite Which Drives Victims to Moral and Physical Ruin.

The time has come again when Charley Little will have an opportunity to be "cured" of the cocaine habit. He was recently sent to the county jail and for three long months he will be deprived of the drug which has for months served to free his mind from every care and give him that "happy feeling." Charley is a young man, and were it not for the pronounced marks of a "dope" fiend that brand him what he is as plainly as so many words, he would be a very handsome fellow. Four months ago he was sent to the county jail for a term of three months and during that time he was not permitted to use any morphine. When he was released his friends did not know him; he had gained 30 pounds in weight; his cheeks bore a flush of youth; his shoulders were no longer stooped and he looked the part of an athlete. He promised himself time and time again never again would he touch cocaine, the drug which has caused him downfall; but within a week from the time he was permitted to leave the jail he had taken a "shot," as the fiends term it, and in a short time his condition was as bad as ever.

It may not be generally known, but it is a fact that the drug habit is daily becoming more apparent in our cities; half the men and nine-tenths of the women arrested and placed in the city jails to become public charges, are ad-

dicted to the use of morphine or cocaine or both. It is no trouble for the police officer to trace the inspiration of the petty crime back to the drug store where ten cents worth of morphine or cocaine was sold to the man, or woman, as the case may be. There never was a cocaine fiend who would not steal, and in most cases they are the most cunning of thieves. They will resort to almost anything to obtain money with which to buy the drug.

The use of cocaine and morphine is not confined entirely to the lower classes of people, but if those in the better walks of life continue its use long enough it is sure to pull them down to a level of the lowest. "Cocaine Jimmy," a familiar street figure, is an awful example. When a young man he attended a law school from which he graduated; his father was among the most noted politicians of a western state and the young lawyer was given every opportunity to make a success in life. But he became a slave to morphine, administered first by a physician. In the course of a few years the habit had grown on him to such an extent that he was no longer capable of transacting business, and in another brief period of time he had associated the use of cocaine with morphine, and is now a total wreck—happy only when under the influence of the drugs.

Many women who use morphine and cocaine are given its first taste by a physician, and many of them who find themselves associated with women of easy virtue, take to the use of the drugs as a duck does to water. They see the results of the "dope" on all sides of them, and it may be they take the first out of sheer curiosity. The effect of the drug is so pleasing they want another dose; they want something that will drive away all cares, drive the aches from their heart; they are blindly seeking excitement, and the more of the drug they take the bolder they become in its use. They care but little who knows they use "dope" and they care less what they do while under its influence.

Many crimes may be traced to the sale of cocaine and morphine and the druggists who make these sales are in a way responsible for such crimes. There are numerous drug stores in every city where the fiends may buy as small an amount of the drugs as five cents worth, and it is said that some drug stores are kept open all night that the proprietors may profit by the sale of the drug to the poor unfortunates who are compelled to get out of their beds and buy some of the dope.

"It would astonish the people" declared a well known physician a few days ago, "to know how general is the misuse of drugs. In the lower world the habit is generally started from pure maliciousness. That is to say, the desire to plunge as deeply into the dregs of the world as possible impels the use of whiskey, then morphine and eventually cocaine. These drugs destroy the will power, ruin the health and make physical and moral wrecks of the users. There are many who first took morphia to relieve pain. The soothing effects called for a repetition of the dose, which eventually led to the habit.

"In all classes women use the drug more than men. The drug habit is growing to an alarming extent and it is certainly time to call a halt to the sale

of the drug by those who thrive on the dissipation of its victims. The insidious poison is sold to careless, weak, sin-stricken men and women as is the every day necessities of life.

"The morphine and cocaine habit is ten times worse than the whiskey habit."

It can be truthfully said that the practitioners of osteopathy are never responsible for cocaine, morphine or whiskey sots as a result of their treatment. It is a good rule for a doctor to follow, never give the first dose and subsequent ones will not be required nor the awful habit formed.

OSTEOPATHY IN NERVOUS DISEASES.

Second Paper. Nervous Prostration and St. Vitus Dance.

C. W. PROCTOR, PH. D., D. O., BUFFALO, N. Y.

Nervous prostration or *neurasthenia*, is a disease characterized by great nervous weakness. The patient feels weary and incapable of exertion, mentally or physically. The mind becomes easily confused and there is often sleeplessness. The stomach is frequently affected, the appetite is poor, the patient dejected. Insanity is feared, and all sorts of woes are imagined.

But the condition is far from being so hopeless as it seems; insanity is not apt to occur. It has been my experience and observation that *osteopathic treatment and proper rest and care will relieve every case.*

Most cases of nervous prostration occur during middle age or later, and yet it is not uncommon to find cases among young people, especially after severe mental strain.

This disease is not, I believe, due simply to overwork, but to overwork under conditions which do not permit of recuperation. If the nerve tissue can have proper nourishment, it will recuperate from the greatest strain; and only when the nourishment of the nerve centers, especially of the spine is interfered with, do we find remaining the exhaustion from labor.

Tonics have little effect toward a permanent cure; and now baths, massage and electricity are resorted to by the medical profession in general; but these do not seem to be very successful. *The osteopathic treatment has this advantage over any other form of physical treatment. It is directed to the exact points of interference, if the operator understands his business. It recognizes a cause, and directs the treatment toward the cause.* Baths are good, in a general way; but they treat the whole surface to reach the affected point. Electricity stimulates nerve action, but it does not feed a nerve center. Osteopathy sends the blood to the nerve centers so they may be nourished, and frees the nerves from pressure so they may act unhindered.

I need not describe cases, because from time to time such description appears in case reports of this Journal. But several of the cases observed were young people; one a student, another a teacher and another a clerk; others

were older, and the last, the case now just about ready to be discharged as cured, is a woman over sixty.

St Vitus dance, or chorea, is generally a disease of children, but it is also met with in men and women. The peculiar spasmodic muscular action of the arms or legs, and sometimes of the whole body, attracts so much attention that it is a peculiarly distressing affliction. It begins in simple nervousness. The child is easily startled, perhaps he drops objects involuntarily; and, after a time, the twitching becomes more and more frequent, until he is almost continually jerking about in a peculiar manner.

The pathologist tells us that there is in this class of cases an excessive blood supply to the nerve matter of the brain. Here again the work of the osteopathist is to relieve a condition of disturbance in adjustment. An irritation to nerve centers controlling blood supply to the brain is to be relieved. The control of blood supply is, in the healthy body, automatic. It is deranged when the automatic machinery is deranged. These centers are located at the upper portion of the spine, in the neck and in the upper part of the back. Knowing this, the osteopath directs his treatment to the points he finds them afflicted, and in most cases improvement and cure result.

The worst case I have ever seen was a man twenty-five years of age. The whole body was in such constant motion that it would have seemed ludicrous if it were not so pitiable. He was a repulsive object but so marked was the improvement that he was able after a month or two to take up employment. It was an extreme case and while cure was not complete, as it has been in many cases, it showed such improvement as to justify the treatment being tried in any case.

Unfortunately, in most nervous diseases, the osteopathic treatment is not begun soon enough, and consequently much more time is required than would otherwise be; but in the diseases described in this paper, the success has been quite remarkable.

OHIO EXAMINATION.

The first examination of applicants who desire to practice osteopathy in Ohio, will be held Friday and Saturday, November 28th and 29th, and Tuesday, Wednesday and Thursday, December 2nd, 3rd and 4th, 1902. Applications must be filed with the Secretary of the State Board of Medical Registration and Examination at least ten days previous to the first date of the examination. Apply to Secretary of the Medical Board, Columbus, O., for blanks.

The Osteopathic Examining Committee,

E. R. BOOTH,
L. A. LIFFRING,
M. F. HULETT, Sec'y.

The Journal of Osteopathy.

PUBLISHED MONTHLY UNDER THE AUSPICES
OF THE
AMERICAN SCHOOL OF OSTEOPATHY.
KIRKSVILLE, MISSOURI.

Subscription, - 50cts per year in advance.

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Editorials.

In a recent letter from Dr. F. J. Fassett who is now located in Boston for the practice of his profession, we are told that the Harvard Medical School has enrolled in its freshman class seventy-five students. Compare this with the hundred and seventy-five at the A. S. O.

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DR. E. C. WHITE of Watertown, N. Y., writes us that he is more in love with osteopathy every day. He says, "I would not give what I learned in the two years I was in Kirksville studying osteopathy for the combined knowledge of all the medical schools in the world." Such a remark coming from one who had not studied and practiced medicine for a number of years would have less force. Dr. White studied medicine in Buffalo, Cornell and Columbia. Such statements coming from men who know what they are talking about certainly ought to build the osteopath up stronger in his faith. Every system should be measured by its results.

BISMARCK's old physician says the fashion rules the doctor and not science.

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A CASE against an osteopath is pending in New York. Dr. Teall has recently informed us that a graduate of the Atlantic School is under arrest at Schenectady, N. Y., charged with practicing medicine without a license.

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RATTLESNAKE poison sells for a dollar and twenty-five cents a dram, while that from the Gila monster brings five dollars a dram. It may not be generally known, but a number of men in this country are engaged in extracting these poisons from the deadly reptiles. There is a demand for these poisons among the medical fraternity. In the search for drugs that will heal it seems that no deadly poison has been slighted.

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DR. C. M. CASE of Asheville, N. C., graduate of the A. S. O. but previously, for a number of years, a medical practitioner writes us: "I have had a good, successful summer and am well pleased with the results I have gotten in most of my cases. I am about as far from getting back to the old folly of routine drugging as any one you know. No one but a doctor of medicine knows what humbug there is in drugging."

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SOME osteopathic publications of late have had a good deal to say in the way of advice and criticism upon the position taken by the A. S. O. when she withdrew from the Associated Colleges. Let it be known that the A. S. O. is looking for no trouble, but with her, principle will never be sacrificed for the sake of peace. Some unpleasant things have been said by our critics, but we expect to make no reply, as there would be no advantage in continuing an unprofitable discussion. Let it be known further that the A. S. O. stands for genuine osteopathy, and that her influence and support and good will will be with every honorable school that teaches thorough and genuine osteopathy, and against every one that does not. The same is true in regard to the practitioners in the field, whether they are graduates from the A. S. O. or elsewhere.

A WORD in regard to advertising. Don't advertise to cure people. Don't advertise to treat free for a month. Don't advertise to give treatments for a dollar each. Don't advertise yourself as a specialist unless you are. Don't advertise as being the only osteopath—there are others. Be modest in your claims and your results will talk for you.

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ANOTHER case now in the courts is that of Martin V. Aldrich, D. O. of Goshen, Ind. In this case Dr. Aldrich brought suit against the state medical board to require them to issue him a license to practice osteopathy. The board has refused to do so on the ground that he is not a graduate of a reputable osteopathic college, since he holds a diploma from the National School of Osteopathy of Chicago. It will be interesting to note the outcome of this case, as the result will determine the validity of the law regulating the practice of osteopathy in that state.

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WHAT does the osteopath base his science upon who does not believe there is a lesion for every diseased condition? The fundamental principle upon which osteopathy is founded is the maladjustment of certain parts of the body. A great deal has been said of late in regard to the lesion. It is our opinion that the genuine osteopath could not believe other than that there is a lesion at the base of every disease, and that it usually is a bony lesion. If he believes otherwise, what is his theory then of the cause of disease? It surely is not the osteopathic theory.

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WHAT is the difference between physiological and osteopathic nerve centers, is a question quite commonly given in examinations on osteopathic theory and practice. It seems to us that such a question is not in line with correct osteopathic teaching, as there can be no difference between an osteopathic and physiological nerve center. If a difference is made it is an arbitrary one and has no foundation in fact. In the past we have had some such teaching in our schools, and we are not criticising the examiners for giving such questions, but we believe that no distinction between a physiological and osteopathic nerve center can be made.

No doubt many readers of the JOURNAL OF OSTEOPATHY have noticed in the newspapers of late an account of the sleeping girl, Dora Meeks, of Centralia, Ill. She went to sleep September twenty-ninth and woke up October eighth. Her condition has been described as one resembling the hypnotic state. A St. Louis physician says she was suffering from hystero-epilepsy. At any rate, she was attended by many physicians and even hypnotic experts worked with her, but she could not throw off the spell. "Her final recovery was due to osteopathic treatment given by Dr. L. F. Jennings of Centralia," so says the St. Louis Post Dispatch of last Sunday.

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It is held by some of our practitioners that the curative action of osteopathy is threefold, corrective, stimulative and inhibitive. It seems to us that the first, or corrective covers the whole field. We can do little in the way of stimulation or inhibition by our treatment except when an abnormal functional condition exists. Of course, the results of the treatment may be stimulative or inhibitive, but the important thing that made these results possible is the corrective work. Our theory of disease is a mechanical one, and we say that disease is due to the mal-adjustment of structure, thereby bringing about functional disorder, which is disease. Then in order to cure disease we must correct the structure, and as a result of that we may get increase or decrease of nerve action, but these results are only secondary and cannot be said to be part of our curative work. Nature tends toward the normal.

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THE cry from the faithful osteopaths of Alabama is, "Come over into Macedonia and help us." It is the duty of every osteopath who has the good of his profession at heart to assist the little band of practitioners in that southern state who have stood against the attacks of two thousand prejudiced and belligerent allopathic physicians. Assist them with your money, your good will, your influence. Write to your friends in Alabama that they may become enlisted in the good cause. The first victory is with the enemy. Now comes the final struggle for the exist-

ence of osteopathy in Alabama. A law must be passed at the coming session of the state legislature to legalize our practice. It takes work to get the matter properly before the people and the members of that body. Expenses will be incurred. The members must be educated; they must be entreated, and some one must do this work. The JOURNAL OF OSTEOPATHY has volunteered to do all it can. The A. S. O. has promised financial and other support. Now it is up to the practitioners in the field and the other schools. If you wish to contribute anything, correspond with Dr. T. C. Morris, Chalifoux Bldg., Birmingham, Alabama.

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In this issue of the Journal of Osteopathy we present an article on "Osteopathy and Colleges" by Dr. Carl P. McConnell of Chicago. In the main every liberal minded practitioner will agree with him in the position he advances. No one can deny that knowledge is useful. Of course, we mean by this the proper kind of knowledge. All knowledge that has to do with anatomy, chemistry, physiology and pathology is certainly of just as much benefit to the osteopath as to the M. D. But it is just as essential to restrict certain teachings in an osteopathic school as it is to advance others. The future of osteopathy not only depends on a thorough college course in the fundamental branches upon which our science is founded, but we must hew to the line strictly in the application of this knowledge, or our therapeutics. We must have a thorough course in anatomy, physiology, pathology, chemistry, symptomatology and surgery, and then let us teach but one method, the osteopathic, for their application—that is genuine osteopathy.

The osteopathic colleges are improving every year. All the branches, especially osteopathy, are being taught more thoroughly now than ever before, and the schools will set the pace and elevate the standard of our science just as conditions permit and demand. As the profession fills up osteopaths will be brought into competition with medical men. That in the past has not existed to any great extent. When that time comes the osteopath must be equipped to

handle any case from beginning to end. The colleges will from time to time add to their course of instruction as the condition of affairs requires to meet all demands. In another year the schools will have a three years' course, and perhaps later additional special courses will be added for the benefit of those who wish to specialize along certain lines, as surgery, diseases of the eye and ear, etc. It must be remembered that it takes time to build great institutions, especially when these institutions are dependent to a large degree upon student support for existence. When the time comes that our colleges are endowed either by private bequests or state appropriations, then, of course, we can have ideal schools. As to an osteopath studying in a medical school, that has been in the past largely a matter of feeling, and that same feeling exists, to a certain degree, even today. No doubt, some of our best friends have studied in medical schools, but at the same time to an outsider and to many of the profession it appears to be a compromise with the enemy, as we are wont to term the medical professional on account of the position most of the members of that fraternity have taken in regard to the advancement of osteopathy. When an osteopath studies medicines he appears, at east, to slap osteopathy in the face. As has been stated, this is not the case in the majority of instances. There is then all the more reason that we should equip our schools so as to be able to impart all essential knowledge. All these things will be brought about in due time.

Bloodless Surgery.

MARY E. KELLEY, D. O. CHICAGO.

Bloodless surgery has caused much interest in Chicago this week. Dr. Adolph Lorenz from Vienna being here to treat a case of congenital deformity, a dislocated hip. During the week thousands of physicians and surgeons saw the method demonstrated. At a recent clinic a child of five years was operated upon. Both hips were out of the socket—the patient was anaesthetized.

The proper application of much force has taken place of the knife. By pulling, extension, flexion, etc., the head of the femur

was torn from its false position. Great force was applied to the adductor muscles and also the tendons under the knee. They seemed to be torn loose by the great effort to relax them. When all contractions were overcome the head of the femur was rotated into position. The crowd cheered and the doctor smilingly said, "I sleep well when I do them this way, not so with the knife." The novel feature is the application of the cast—the femur is held at a right angle from the body, the cast extends from the upper border of the ilium to the knee. It remains in this position from six to nine months. When the soreness has subsided the child is encouraged to walk, in time the patient is able to hop around lively in their queer attitude. Dr. Lorenz stated that the after treatment was very important. It consists of massage and movements to prevent deformity. The doctor admitted that many cases were not made anatomically correct but the function was improved. It seemed like giving much torture if one was not to be anatomically correct. It will be interesting to follow up some of this work and note the condition when the cast is removed. The latest news from the great doctor is that he broke the surgical neck of the femur in one of his last clinics.

To the Members of the Osteopathic Profession.

There is a great want felt by us as a profession, as shown by the oft-expressed desire that a movement should be set on foot for the systematic treatment of case reports.

The publication committee of the American Osteopathic association is beginning work in that direction. It desires the active co-operation of *all osteopaths*, whether members of the association or not. A recent editorial of the JOURNAL of the association well expresses the matter as follows: "The benefits that would accrue from the collection and annual publication of a volume devoted to osteopathic statistics are so plain as to require no elaboration. No osteopath in his practice has covered the whole range of disease, and hence is likely at any time to be called to a case of a kind with which he has had no previous experience. The profession through its numerous members have doubtless dealt with practically all

pathological conditions. The value, then, of having for reference a volume detailing the experience of others with all these conditions cannot be over estimated. It would afford an intelligent basis of prognosis and suggestion for treatment, and as these volumes multiply, they would afford data for a scientific exposition not only of the *how* but the *why* of osteopathic procedure. Let all help along in this work."

The best of the reports will be printed, from month to month, in the JOURNAL of the association, but the volume of case reports, when published, will place all reports at the disposal of all who wish them.

The committee has prepared a form of case report, which will be furnished *gratis* to all who apply for the purpose of reporting cases to the committee. These blanks will be furnished to all osteopaths, whether members of the association or not.

Application should be made to Dr. Chas. Hazzard, Kirksville, Missouri, and all reports should be returned to him. The form will explain itself.

The importance of this matter cannot be too strongly urged upon the profession. Self interest alone should prompt all to respond, but the good of the profession should enlist the loyal co-operation of every osteopath. Without united effort nothing can be done; with it a great thing can be accomplished. Lend a hand.

Fraternally,
THE PUBLICATION COMMITTEE.

A. O. A. Announcement.

In its quest for matter for the program of the next annual meeting and for the Journal of the association, the publication committee wishes to avail itself of the experience and the ability of the entire profession. To this end it hereby invites each practitioner to contribute an original paper that may become a part of the literature of the profession.

Every practitioner is constantly learning something of the treatment of particular conditions, that is, perhaps unknown to most other practitioners. Doubtless many practitioners have learned much of value that has never been brought to the attention of more than a small fraction of the

profession; so infinitely varied are the phases of disease and so different our experience.

Now to uncover and draw out this special knowledge that individual experience, observation and study have acquired and make it available for the advancement of the science of osteopathy and for the benefit of the profession and of humanity, is the purpose of the committee in extending a general invitation to practitioners to contribute to what may be called archives of the association. From the papers received the committee will select perhaps a dozen of those best suited for reading and discussion at the annual meeting. From those that remain the most available will be chosen for publication in the Journal of the association.

Further, to make clear our meaning: We want the practitioner who has achieved success along any particular line to tell how, if not why, he has succeeded. We want to hear from the practitioner who has thought out or wrought out something for himself; who has found the specific lesion in any class of cases; who has in any way added to what he learned in school or from books concerning diagnosis or treatment.

As there are about 3000 legitimate osteopaths there should be a very large number of valuable contributions; and while only members of the association may be assigned to places on the program of the annual meeting, it is open to all to become members and so be eligible to that honor and its attendant benefits. The Journal however is open to all contributions from what ever source, that the editor may regard as available for his purpose.

If the profession co-operates with the committee in this plan we may expect a most welcome enrichment of the literature of osteopathy.

Please think this over and advise us if we may expect you to contribute. Contributions may be of any length, up to 3000 words.

We should have notice by December first of your intention to contribute; and we must have the manuscript, or preferable a type-written copy, of your paper by February 1st, 1903. You need not wait till December first to accept our invitation. The sooner the better. Please do not delay considera-

tion and action upon the important matter above presented.

W. F. LINK,
Chairman Publication Committee, A. O. A.
Knoxville, Tenn,

The Independence of Osteopathy.

HERMAN F. GOETZ, B. S., D. O., ST. LOUIS, MO., PRESIDENT OF THE ALUMNI ASSOCIATION OF THE AMERICAN SCHOOL OF OSTEOPATHY.

Osteopathy is passing through the same critical period to which investigating minds subject all innovations. Osteopathy is of so much importance in therapeutic procedure; is demonstrating its applicability so strenuously, it is not to be wondered that other schools of practice are assimilating some of its ideas. There are those even in our own ranks, who wishing to fairly hurl our progress along, talk of broadening the scope and application of osteopathy by agitating the advisability of using accessory methods, or rather making them a part of osteopathy.

In the very beginning it is well to understand and to analyze such recommendations. Are they necessary to osteopathy? At first thought, it would seem that so much osteopathic food for thought is already set before us; so much that taxes our intellectual digestive capacities to the utmost, as to make the consideration of any accessory method at this time decidedly impractical; nay more, decidedly "unhealthy." If the thinking osteopath wants to work, let him go to work in osteopathy, he will have enough to keep him busy for the rest of his life. We are not talking against accessory methods, but we are urging those who want to work, to get to work on osteopathy. In the "double quick" of our progress, we haven't time nor strength to take up additional burdens.

Progress is the characteristic of every important issue, of every art, of every science. Cease to progress and relegation to oblivion is assured.

Progress has been made in the art of healing the sick, in osteopathy then, but so prone are we to follow the dictums voiced by the so-called recognized authorities that we do not, or refuse to recognize it. Nor will we permit ourselves to accept new

ideas, new views, to the exclusion of all others, even though ample demonstration of their intrinsic worth is given us, and yet this is what the osteopath must do to reach the highest degree of attainment. We must all retain the right and exercise it—to question the reasoning, the theory, the practice of any science. I refer now particularly to the practice of medicine.

We are not in duty bound to follow blindly the teachings of any school of medicine, and we certainly do ourselves a very great injustice if we fail to investigate the practice of a newer or older school, because of prejudice or pre-conceived ideas regarding its efficacy or similarity to others. But at the same time, we must not forget that it is very difficult to introduce new methods in the treatment of disease, for the reason that for hundreds, yes thousands of years, popular thought and lay reasoning as applied to the art of healing have been nurtured in the same environment; to accept an entirely different conception is to say the least, difficult.

The task of making minds strike "into the open," to leave beaten paths, be individual, becomes more arduous, when the demonstrations of the truths of our philosophy are harrassed by bigotry, selfishness, fear that the newest will displace or at least hinder the continued application of the oldest.

The task of making the purely professional mind consider the philosophy of osteopathy becomes Herculean—hampered as it is not only by force of habit, and inherited tendencies, but by the observance of a weak, arbitrary code of medical ethics, which grants to the investigating mind the one privilege, the results of investigation, the demonstration of theories must be expressed only in such ways as this despotic conventionalism, "the code" dictates and for these reasons if for no other let the osteopath concentrate his efforts towards building up osteopathy. Dr. A. T. Still, the founder, aided by men and women giving their undivided attention to osteopathy, are progressing. The adherents of osteopathy are everywhere on the increase. Why then, with so much to do for osteopathy, do we wish to begin on accessory methods? If you or I

wish to take up these in our leisure moments, that's our business, but we certainly cannot expect, in these busy times, to incorporate such ideas with the work of osteopathy. It would be idle, a waste of time, to ever expect to get the Old Doctor's sympathies along such lines. Why should he, who, by concentration of mind, by unaided effort, by tireless labor, has evolved new theories and proven their correctness, who has revolutionized the course and event of many diseases, *who has perfected a new science*, prostrate himself and his work before this juggernaut to original mental activity, *the medical code*? which aborts or kills more scientific research, places the stamp of enforced idleness on more brains, the brand of iniquity on more original thinkers, than any or all that can be thought of, combined. Is it to be wondered at that a writer in one of the leading medical journals prefaces his article with, "Some one has said in effect that of recent medical contributions, one-half is rehash and the other untruth." Humble apology! Men who belong to a profession whose autocracy specifies as to the details of originality, dictates the manner of dissemination, must be fearful of its judgment, unless they be fearless and refuse to bend to the rules of arbitrary so-called ethical laws. But if you do not, then history repeats, "Pioneers are usually martyrs."

It has ever been true that the original thinkers disregard previous conclusions, precedents, refuse to imprison their mental activities, refuse to be bound down by the dictates of any particular school or creed, and for this very reason, osteopathy is today an independent school of practice.

Who can say what the mind may not evolve, what the human hand may not execute.

With the advent of osteopathy, a totally independent school in the art of healing the sick, the question has been repeatedly raised as to the advisability of keeping it apart from other schools of practice. Why does not osteopathy become cognate to this or that particular school of medicine, that's the whine of the weakling in a nut shell. Osteopathy is an advance, a progression in the art of healing, a practical application of the principles of nature's laws, fundamental-

ly opposed to the giving of medicine, so complete, that accessories, apart from the observance of nature's laws, are to it superfluous. To "ye of little faith" let us but repeat in substance what Austin Flint, M. D., has said to his classes. "Young doctors give too much medicine. A doctor will give more medicine the first year than in the next three. He will give more in the fifth year than in the next ten. The better doctor he becomes the less he gives, and I suppose if we would become perfect doctors we would give none." These teachings of one of the great men in medical practice are tantamount to a confession, that the prescribing of drugs is a useless procedure. What could be more natural to the honest investigator than to devise methods for the treatment of the sick independent of and opposed to medication, independent of and opposed to accessory methods?

It is advisable to say here that the laws of hygiene in their relation to the prevention of disease, correct dietaries, the prescribing of correct habits of life, are taught in every osteopathic college. But the practice of medical prescribing, hydrotherapy, etc., are not.

The founder of osteopathy began in his investigations with this proposition:

"The giving of medicine does not solve the problems of either preventing or curing disease." He accepted the teachings of recognized authorities and his own experience, namely, that the giving of medicines is empirical and deficient in positive proof of its infallibility or even its desirability.

Is it not evident then, that such an investigator could not conscientiously permit the demonstration of his system based on incontrovertible facts, to become cognate to a system diametrically opposed to it?

To link the science of osteopathy to the direct opposite of its proven theories, would be, (words fail) ludicrous.

This being the position of the osteopath, it will be readily understood why he stands distinctively, voluntarily apart from other systems of healing. Why he cannot, will not, affiliate with any other school that makes methods other than osteopathic, a part of its practice. It is not difficult to make dogmatic assertions and extravagant claims for

the application of a remedial agent, but it is difficult for empiricism to withstand the relentless attack of impartial, unprejudiced scientific acumen and investigation; hence, the fact that the practice of medicine of the present becomes a vigorous condemnation of the practice of the past. On the other hand, osteopathy is clinching the truth of its theories by demonstrations that will not be denied. The value of every remedial agent is measured by its power to alleviate or cure disease, there can therefore be no good reason why the technique of osteopathy should not be measured by the same standard. Experience must establish the value of every therapeutic procedure; must then eventually establish the value of osteopathy. Be not impatient of failure, the man who never fails never succeeds; the man who never made a mistake is a fool. The practitioners of osteopathy must expect to have their methods questioned, if your adversary is honest in his queries, meet him fairly, stand your ground, explain. Nothing is done in osteopathy but that which can be substantiated by our anatomies and physiologies. Science no longer accepts theories unless endorsed by truth, in this instance by clinical evidence. Such cases as we know have been cured by osteopathy we are always justified in accepting for treatment. If you cannot find the lesion, don't conclude that there isn't one, but rather that you have not found it; and just because you can not find the lesion, don't side-track all your osteopathic knowledge and run out accessory methods on the main track of your art. If you have time to study "accessory methods," don't give it your chosen work. We all need you.

Let us not be subject to bias or influence. Osteopathy can direct its own affairs without the interference of, without the reliance on any other school of practice.

Tic Douloureux.

T. L. RAY, D. O., FORT WORTH, TEXAS.

This neuralgia, like all pains in nerves, is caused by lack of nutrition, or by an irritation, either direct or indirect,

The cases caused by faulty nutrition are the ones produced by direct obstruction of the arteries or veins, whose duty it is to

carry the blood to and from the nerve, or by pressure upon or interference with that part of the sympathetic nerve which controls the caliber or lumen of the vessels above mentioned or in other words, the vaso-motor nerves.

When it is from direct obstruction of the vessels, it is due as a rule to contraction of muscles attached to the hyoid and inferior maxillary bones, these contractions usually having been caused by colds and catarrh.

In those of vaso-motor disturbance the trouble is usually a subluxation of first, second, or third cervical vertebrae, and may occur from obstruction at any point of the gangliated cord.

We now come to the cases caused by irritation of the nerve itself.

The irritation is nearly always peripheral and is commonly on the dental branches, as from decayed teeth, ulceration at roots of teeth, partial dislocation of jaw, and last but not least, irregular absorption of alveolar processes after teeth are gone.

In the first two a dentist is necessary. In the case of the partial dislocation of jaw, we all know what to do, but in a case of irregular absorption it is necessary to perform a little operation.

I once spoke of this cause of neuralgia in meeting of A. O. A. but I at that time had but one case to verify my ideas, where at present I have three, and since a thing is considered well proven out of the mouth of three witnesses, I thought it time for me to give it to the profession.

This form is found in old people and always in a part of the jaw where the teeth are not present.

There are some cases where the teeth are gone that a root or roots of the teeth have broken off, and are left in the jaw, and cause this disease by producing ulceration. These need to be removed to bring about a cure.

It was through advising a case that I supposed was of this kind, to have a dentist remove the offending root that this new cause of irritation was found

The dentist discovered what he thought to be a root of a tooth, but on pulling it out found it was a sharp point of bone.

The relief was immediate after its removal. This was three years ago and there has

been no return of the trouble.

I did not say much about this till I had more proof on the same line, which I have since secured, as there have been two others cured in the same way.

All three of these cases were men past sixty years of age.

Be sure first that there is no lesion that can be corrected osteopathically before you decide that it is a case of this kind.

Examine the alveolar processes on same side as disease.

If it is a case of irregular absorption the gum will be very tender and a little swollen, and there will be considerable pain on pressure.

To remove this trouble, make an incision parallel to alveolar ridge, separate edges of incision down to the projection or projections of bone and cut it, or them off by means of a sharp pair of nippers. A dentist may do this if preferable.

Dietetics.

JOSEPH H. SULLIVAN, D. O., MASONIC TEMPLE, CHICAGO.

The question of diet is one which is being discussed in one form or another with increasing warmth and interest, proportionate with the increasing skepticism as to the potency of drugs in the treatment of disease.

The idea that dietetics has a place of importance in osteopathic practice is being discussed at the present time. If we are lesion osteopaths or the equivalent, simon pure osteopaths, why go deeply into dietetics? If you find on examination that the case of "gastritis" before you requires a plain adjustment of the spinal vertebrae between the shoulders, thereby restoring harmony between the brain and its dependent, the stomach, correct the lesion and your patient will discover that he is able to digest food as readily as you.

Our honorable Dr. A. T. Still has never during his wonderful work entered into dietetics further than we all do who know from experience that certain foods are really not food for us individually; in short, that "One man's meat is another man's poison." As to this we must each work out our own salvation. We learn it from experience all our own, not from the books.

Osteopathic practice may be and is successful while ignoring dietetics as such. If in doubt inquire of those most successful and of longest experience in the practice.

The average adult of forty years is fully qualified to pass judgment on his ability to digest certain foods without the least suggestion of help from the physician. If his assimilative power be weak let the lesion osteopath do his proper work and the man will digest in a proper manner such food as his experience teaches him is proper, he won't find his guide in the books.

One is bewildered at the array of health foods advertised to-day, the wonder is that we require food at all.

We, who look over the lapse of years to our own childhood, recall that there were then no multum in parvo breakfast foods with copious directions for use and chatty paragraphs printed in various sized types on the yellow box. To be sure, those of us who lived too far away from great centers to be able to buy our condensed milk fresh every day from the itinerant white wagon were accustomed to the circular cans with their gale-burdened literature in various languages.

But now all is changed. If papa is taciturn, if mama has a headache and does not care to talk, little William, who has long since learned to read, sits at the matutinal repast and quietly imbibes useful information of many kinds. All silently the knowledge is borne on him that "Energycose" is the fuel-food of life. Better a pewter plate and "Energycose" than a golden platter and nought but a stalled ox thereon.

If he tires of reading about the virtue of "Energycose," he may turn his eyes to the corn-tassel colored box on the right and learn that "Gripeknots" are unlike any other food preparation. Being entirely digested they naturally wean a strong man from coffee, and can be eaten without practice by teething babies. They contain nothing that will give the stomach the slightest trouble, and persons who have used this food for years do not need their stomachs at all. They are made of devitalized chestnut sawdust, and it is possible to eat them without the use of sugar or cream or anesthetics. Properly compressed they can be used by the children as building blocks, and can then

be reduced to a powder and taken once every two hours, they give one all the effect of having eaten without its foolish pleasures.

When William has read, and one side is thoroughly digested, for the literature is not predigested like the contents of the box, mama will turn it around and he may read inspiring letters from invalids who lost their sense of taste years ago and who have enjoyed "Gripe-knots" ever since, or else on the third side he may learn how to make simple, innocuous desserts of bran.

Really, literary families seldom content themselves with one lettered box of patent food, and some cultivated Bostonians have as many as five or six brands of various shades of yellow and brown, merely that Alcibiades Beacon, tired of reading about "Cornema" and its stimulative properties, may turn to the box of "Wheatoats" or "Puttyjim's oathusx" or the box of "Noegud," with its entertaining anecdote to the effect that a lady in Seattle, who had not been able to take a step for fourteen years, ate a single box of "Noegud" and immediately took steps to keep it constantly in the larder—and away from the breakfast table. Or his little mind, unable to cope with his father's arguments to prove Aguinaldo a bigger man than Washington, turns with relief to the statement that Mrs. Bentley, of Shogicocoa, Minn., was unable to take anything solid without facial paralysis. She ate one box of "Noegud" and now says that she would rather eat solid rock than be without it. Mark the subtle sarcasm of her remark. It is dollars to doughnuts that Alcibiades, Bostonian though he be, does not see that if she would not be without it she would not have it within her.

Below will be found the questions on the theory and practice of osteopathy given at the last Wisconsin state examination held at Madison, July 8th. A. U. Jorris, D. O., of LaCrosse, is the osteopathic member of the state board, his questions constitute a fair test of one's osteopathic knowledge. Following of the questions;

1. Give the theory of cardiac treatment.
2. Differentiate between osteopathic and physiological nerve centers.

3. Give Head's and Hilton's law.
4. What is the treatment for brachial neuralgia?
5. Describe and give treatment of "writers' cramp."
6. Describe conjunctivitis and its treatment.
7. Describe and give treatment for gout.
8. What are biliary calculi, their causes and treatment?
9. What is meant by period of incubation and duration of infection? Give time of each in small pox, measles, diphtheria and enteric fever.
10. How are each of above diseases communicated?

An Important Decision.

In the case of Goldie Granger vs. Dr. C. E. Still, recently tried in this county, a suit for damages for alleged mal-practice, the court instructed the jury to find for the defendant. The court sustained defendant's demurrer and gave a ruling on two points. First, plaintiff's evidence was not sufficient to establish mal-practice; second, the physicians who testified as experts were not competent because they were from a different school of practice than the defendant.

Medical doctors, according to this ruling, are no more competent to testify in regard to correct osteopathic treatment than a committee of Baptists are qualified to try a Methodist for heresy.

In the Courts.

The supreme court of North Carolina recently handed down a decision in the case of the state against Harry R. McKnight, of Raleigh. It seems from the information we have that Dr. McKnight, an osteopath, was arrested for practicing medicine without a license. He won his case in the lower court and the state appealed to the supreme court. In concluding his opinion Justice Clark said, "All that the courts can declare is that the practice of osteopathy is not the practice of medicine or surgery, and no license from the medical board of examiners is required." When the case came to the supreme court for hearing Dr. McKnight made his own argument, thereby adding considerable nov-

elty to the proceedings. This decision will open that state to osteopaths and will protect them in their practice.

Death of Doctor G. P. Meeks.

Doctor G. P. Meeks, a graduate of the A. S. O., February class 1900, died at New Castle, Pennsylvania, October 14th, of typhoid fever. He had been in New Castle only six months, having gone there from Columbus, Nebraska. Although he had been in the new location so short a time he had established an excellent practice. Doctor C. E. Still was called to attend him, but reached him only a few days before his death. The remains were brought to Kirksville, where burial took place October 17.

Athletic Notes.

Since the Illinois game, October 1st, the A. S. O. football team has met with a series of brilliant victories. On October 11th the A. S. O. defeated the Ensworth Medics of St. Joseph by a score of 40 to 0. October 18th the Keokuk Medics were beaten by a score of 29 to 0, and on October 25th the Gem City Business College of Quincy lost to the A. S. O. by a score of 17 to 0. All of these games were played in Kirksville. November 1st the A. S. O. defeated the C. B. C. at St. Louis by a score of 24 to 17. Over 1,000 Kirksville citizens and students attended this game.

The next regular class at the A. S. O. will be matriculated February 1st. For that class a two years' course will be given, as in the past. Send for catalogue.

Wanted.

The Librarian of Congress has requested the following copies of the Journal of Osteopathy to complete the file of the library:

THE LIBRARY NEEDS:

Vols. 1 and 2, all; Vol. 3, Nos. 1, 2, 3, 4, 6, 9, 10; Vol. 4, No. 1; Vol. 6, Nos. 9 and 11; Vol. 7, No. 1.

We are unable to furnish them at this office. If you have any or all of them and can spare them, please send same to the Librarian of Congress, Washington, D. C.

Marriages.

DUNNINGTON—BROWN—Dr. Robert H. Dunnington and Miss Margaret M. Brown, both of Philadelphia, were recently married.

WILSON—WATSON—On October 9th, Dr. William C. Wilson of Eureka Springs, Mo., was married to Carrie Watson of Dardenne, Mo.

MAYHEW—EDWARDS—On September 30th, Dr. Clyde W. Mayhew of Savannah, Ga., was married to Miss Alice B. Edwards of Syracuse, N. Y. They were married at Syracuse and will make their future home in Savannah. Both are graduates of the A. S. O.

YOUNG—PICKLER—Dr. F. P. Young and Miss Ethel Pickler were married in this city on October 24. The ceremony took place in the First Presbyterian church after which a reception was held at the home of the bride. Dr. Young is the popular professor of Surgery at the A. S. O.

CUPP—HOGG—At Pine Bluff, Arkansas, October 10th, Dr. H. C. Cupp of Memphis, Tenn., to Miss Fannie Owen Hogg of Pine Bluff. Dr. Cupp is a graduate of the A. S. O., February class, 1900. Doctor and Mrs. Cupp will make their future home at Memphis, where the doctor has an established practice.

ELLIS—HARWOOD—Dr. Sidney A. Ellis of Boston, Mass., and Miss Irene Harwood of Kansas City, Mo., were married at Kansas City, October 18th. Dr. and Mrs. Ellis will make their future home in Boston. Dr. Ellis is vice-president of the Boston Institute of Osteopathy, and Mrs. Ellis is secretary of our national association.

PECKHAM—STEPHENS—Dr. Herbert E. Peckham and Miss Eleanor Gertrude Stephens were married October 14, at Colorado Springs, Colo. Dr. and Mrs. Peckham are well known at the A. S. O., Dr. Peckham having graduated from this institution last June and Miss Stevens having taught elocution among the students. They will make their home in Colorado Springs, where the doctor has established a practice.

School Receptions.

The Atlas and Axis Clubs of the A. S. O. gave a reception to the freshmen class

Friday evening, October 10th. The affair was held in the reception halls of the clubs, and was largely attended. Each guest was provided with drawing paper and requested to make a picture of some characteristic object. The brachial plexus and arch of the aorta were naturally uppermost in the minds of the freshmen. Prizes were won by Mr. Brown and Mrs. Haight of the freshman class.

On Friday evening, Oct. 17th, the semi-annual reception was given by the junior class to the freshman class. Memorial and north halls, the old surgery and other halls about the building were beautifully decorated, these decorations being perhaps the finest the school has ever had. The reception was a very large affair, over a thousand being in attendance. After the reception refreshments were served from numerous pretty booths. The early part of the evening was taken up with the following program:

PROGRAM.

Address of Welcome	- - -	W. E. Noonan
Response	- - -	J. A. DeTienne
	Selection by Glee Club.	
Selections	- - -	Robert Stuart Pigott
1. Group of English and Irish Ballads,		
Drink to me only	- - -	10d English
Believe me, if all those endearing young		
charms	- - -	Moore's Melodies
Out on the Deep	- - -	Lohr
2. Accompanied, Just be glad,		
Recitation, There little girl	- - -	J. W. Riley
3. Ballads, There may be eyes	- - -	Lacome
'Tis I alone	- - -	Rugg
4. Humorous, The Desert,		
Monologues, Mary and the Lamb		
5. Black Mammy's Bed Time Songs and		
Stories.		

Mr. Piggott is a well known singer of Pittsburg, and in planning to have him furnish the program the junior class provided a treat for all who heard him.

PERSONAL MENTION.

Dr. J. F. Bumpus, recently located in East Liverpool, O.

Born, to Dr. and Mrs. J. L. Goodrich of Logan, Utah, Oct. 9, a son.

Dr. Archie Keith has changed from Charlotte, Mich., to Greenville, Ill.

Dr. W. A. Jervais is now located at 413 Peyton block, Spokane, Wash.

Born, to Dr. and Mrs. T. E. Turner, of Philadelphia, Pa., on Oct. 11, a daughter.

Dr. Lea Tindolph, formerly of Mt. Sterling, Ky., has gone to Charlottesville, Va.

Dr. J. T. Drake, recently of Paris, Ky., is now located in the Devereaux block, Oneida, N. Y.

Dr. Della Renshaw of Detroit, Mich., announces the location of her new office at 56 Winder street.

Dr. Thomas Carstarphen of New London, Mo., has located in St. Louis for the practice of his profession.

Dr. David H. Reese has changed his location from Beaver Falls, Pa., to 36 W. Market street, Huntington, Ind.

Dr. W. L. Roberts, recently of Galion, O., announces his location at 164 W. Chelton Ave., Germantown, Pa.

Dr. and Mrs. H. A. Thayer of the last graduating class, are now located in the Lincoln building, Lockport, N. Y.

Dr. O. Y. Yowell of Chattanooga, Tenn., and Dr. Alice May Smith of Portland, Ore., have opened an office at Dalton, Ga.

Dr. C. E. Williams of Ironton, O., and Dr. Elizabeth Jackson of Summerset, Ky., have formed a partnership at Ashland, Ky.

Drs. J. A. Thompson and Isabelle Mahaffy, recently of Titusville, Pa., have opened offices at 1505-6, Arrott Building, Pittsburg, Pa.

Dr. F. W. Hannah announces his return to Indianapolis for practice and his new location at 401 Law building, 134 E. Market street.

Dr. D. L. Conner has returned to Phoenix, Ariz., from his branch office at Prescott in that state. His new office is located at S, W. Adams street.

Dr. D. L. Clark of Sherman, Texas, had changed the location of his office from the corner of Jones and Crockett streets to 456 South Crockett street.

Dr. C. M. Case, recently of Asheville, N. C., has gone to St. Louis to practice. His offices are in the Mermod-Jaccard building. He sold his practice at Asheville to Dr. J. C. Cranberry, a graduate of the Boston Institute.

Dr. Lorena Garrett Schrock, a graduate of the A. S. O., recently opened an office for the practice of osteopathy at Unionville, Mo.

The future address of Mrs. S. A. Ellis, formerly Miss Irene Harwood of Kansas City, Mo., who is secretary of the A. O. A., will be 178 Huntington Ave., Boston, Mass.

The State Osteopathic society of New Jersey held its annual meeting at Trenton, Oct. 25. Papers were read by Drs. C. E. Fleck, G. D. Herring, and F. P. Smith. A number of clinics were also held during the session.

Dr. F. E. Moore of Baker City and La-Grande, Ore., spent a few days at the Infirmary recently on his way home from Minneapolis, where he was called to attend a sick relative.

Drs. J. F. and Ellen F. Starr, graduates of the A. S. O., June '02, recently located in Passiac, N. J. Their office address is 118 Park Place. They report practice as starting up very nicely.

Dr. Ethel Burner, recently of Alliance, Nebr., and Dr. J. D. Cunningham of Bloomington, Ill., have formed a partnership and will practice in Bloomington. Their offices are in the Unity building.

Dr. and Mrs. W. J. Smith of Ironton, Mo., celebrated their twenty-fifth anniversary of their marriage Sept. 19. A large number of guests attended the reception. The doctor and his wife are popular in Ironton.

Dr. M. T. Shoettle of Salem, Ore., has purchased the practice of Dr. Grace Albright of that city. Dr. Schoettle will be assisted by her brother, Frank J. Barr and her sister Anna M. Barr after Feb. 1. The two last named are members of the senior class of A. S. O.

The remains of Mrs. D. Littlejohn of Chicago were brought to Kirksville for burial Oct. 12. Dr. J. M. and D. Littlejohn accompanied them. We were not informed of the cause of her death. The Drs. Littlejohn have the sympathy of their Kirksville friends in their bereavement.

We are in receipt of a report from Dr. W. A. Potter of Seattle, Wash., of his four years' work in osteopathy at that place. His report includes a complete record of all the

cases treated by him during that period. It is certainly very gratifying to note the good results that he has obtained. The percentage of cures and cases benefited is much higher than that reported by any other system of practice. It would be a good idea if all osteopaths would keep a record of their cases. These statistics do doubt will be of great value in the future.

T. J. G. Sheehan, M. D., D. O., a graduate of the American School of Osteopathy, who for the past five years has enjoyed a very large and successful practice in Great Falls, Mont., as an osteopathist, has moved to Buffalo, N. Y., and opened an office for the practice of osteopathy at 372 Ellicott Square in that city. Dr. Sheehan is no stranger in Buffalo, he having practiced medicine and surgery in that city for upward of ten years before taking up the study and practice of osteopathy. The doctor has a large circle of warm and personal friends who wish him success in his practice.

The following alumni visited the A. S. O. during the last month: Drs. L. A. Kissinger, Clay Center, Kan.; A. Patterson, Wilmington, Del.; Lena Cresswell, Des Moines, Ia.; Daisy Walker, Quincy, Ill.; John K. Johnson, Jefferson, Ia.; Lenore White, Peoria, Ill.; Hezzie C. Purdon, Kansas City, Mo.; Minnie Dawson, Detroit, Mich.; B. H. White, Holton, Kas.; U. M. Hibbetts, Grinnell, Ia.; Homer Elsea, LaHarpe, Ill.; D. A. Bragg, Skidmore, Mo.; A. D. Morrow, Wapello, Ia.; R. H. Williams, Cincinnati, O.; Mary E. Harwood, Kansas City, Mo.; A. Cole, Springfield, Mo.; L. F. Brown, Denver, Colo.; S. D. Pemberton, Newport, Vt.; Hugh H. Samuels, Chillicothe, O.; B. F. Gettry, San Antonio, Texas.

CLINICAL REPORTS.

REPORTED BY DELPHINE MAYRONNE, D. O.
CHICAGO.

Epilepsy 1—

Mrs. W.—age thirty-eight, had been afflicted for over a year with epilepsy. The attacks came on about every two weeks, occurring at intervals for two to three days at a time. Drugs were always prescribed but gave no relief. The lady came to my office for examination. I found her second and third cervical vertebrae posterior and to the

right. I corrected the lesions and the case was cured in six treatments. That was nine months ago and she is still in perfect health.

Gall Stones 1—

Mrs. F.—age fifty-four, had suffered for ten years from gall stones; and for over twenty years from varicose veins in right leg. Lesions, posterior lower dorsals and right innominate (looking from behind) up. This case was cured in four month's treatment.

Heart Trouble 1—

Mr. R.—age seventeen, suffered from valvular heart disease, indigestion and insomnia; was quite thin and his complexion sallow. After a month's treatment he began to gain in health and weight. Four month's treatment greatly benefited him. The young man now belongs to a base ball team and plays the game with no ill effects. Lesions, fourth and fifth ribs on left side were twisted on their horizontal axes. The entire chest was out of shape—too flat and broad; the splanchnic area was posterior.

REPORTED BY S. M. PLEAK, M. D., D. O.,
BENTON, ILL.

Paralysis of Both Arms 1—

Mr. Wm. W., age sixty-seven, was thrown from a steam road-grader, falling on his neck and shoulders. Following this injury he was unconscious for several minutes. After consciousness was regained it was found that both arms were paralyzed and painful, showing a shutting off of motor nerve forces, also irritation of sensory nerves. Patient was unable to get on his feet for several days without help. At time of injury a physician was called, who administered strychnine and iodide of potassium. Electricity was also applied with no satisfactory results, as usual. The case came to me about three weeks after the accident. I found lesions at the lower cervical and upper dorsal regions, principally at fourth and fifth cervical and at second dorsal, heavily invading brachial plexus. The lesion at second dorsal gave the patient a bronchial cough. I began treatment upon examina-

tion and treated him every second day. After second treatment patient put his hat on with his left hand by a little exertion. Now, after eighteen treatments he has regained the use of his arms to the extent of being able to shave himself with either hand and to do any ordinary light work. The pain also has left him.

Acute Articular Rheumatism 1—

Mr. B. P. F., age forty-six, farmer, was brought to my office on June 7. His feet were swollen and tender. Walking was painful and difficult. On examination I found metacarpo-phalangeal joints of index and middle fingers enlarged to nearly twice their normal size, same was true of metatarso-phalangeal joints of great toes. I found his spine straight and stiff with much tenderness in lower cervical and upper dorsal areas, also lower lumbar and sacral regions. At the time of examination he was unable to undress or dress himself without assistance. After two months treatment he is practically cured and is now able to do all sorts of heavy work about the farm.

**

REPORTED BY A. L. MCKENZIE, D. O.,
KANSAS CITY, MO.

Dislocated Hip 1—

Several weeks ago I was called to see Mrs. S., a lady sixty years of age, with a dislocated hip. The history of the case was as follows: The 10th of Jan. a year ago she was visiting out in Kansas and fell down stairs. A physician was called in who did not seem to know the nature of her injury. She suffered most intensely for about two months before she was brought to her home in Kansas City, Kans. She then called in her family physician. On examination he said her hip was dislocated. He called in consultation a doctor who is at the head of one of the medical schools here and after examination, they said her heart was affected so they could not give her chloroform, hence they could not set her hip. It was about eighteen months later that I was called. At that time she was able to get around some on crutches, but was never free from pain. I found the limb about three inches short, very little motion at knee or

hip without great pain. After careful examination I told her if she would follow my directions I believed I could set the hip without much pain. She consented. After relaxing all the muscles about the hip joint I set her hip without any great suffering on her part. Pain in the hip has not interfered with her resting at night since that time. She now comes to my office once or twice a week. The limb as yet is not as strong as the other, due perhaps to the rupture of the capsular ligament. It is questionable whether in a person of her age the ligament will ever perfectly unite. The limb is gradually getting stronger. When I am able to give such treatment as will enable me to control the involuntary muscles, I can reduce dislocations without much pain.

Dislocated Jaw 1—

Mr. W., a young man, dislocated both sides of his lower jaw, by vomiting. It happened at five o'clock, at eight o'clock I was called in to attend him after several other physicians had seen him. I found the mouth wide open, the muscles intensely contracted, and the slightest effort to move the jaw caused excruciating pain. I first tried to set the jaw by the ordinary way without any success. I then tried relaxing the muscles first. I succeeded in doing this and then reduced the dislocation with ease and without much pain to the patient.

Dislocated Tendon of Biceps 1—

Mr. M., was knocked from a train and badly injured. He was unconscious for some time following the accident. He was attended by an M. D. for four months, who afterwards sent him to me. I found he had but little motion in the left shoulder. The least effort to raise the arm was very painful. Before his injury he had a strong tenor voice after injury he had a deep bass voice, this I found due to the sternal end of clavicle pressing against his trachea. When this was lifted off he could sing tenor again. The loss of the use of his arm was due to a dislocation of the long head of the biceps out of its groove. I relaxed the muscles, replaced the head of the biceps after which he could raise his arm without pain.

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By Dr.....

1 Name..... 2 Age..... 3 Sex.....
 Married or single..... 5 Children..... 6 Occupation.....

7 Residence.....

8 History of case; family history; previous treatment.....

9 Symptoms.....

10 Physical Signs.....

11 Osteopathic lesion:
 (a) Bony.....
 Cranial.....
 Vertebral.....
 Thoracic.....
 Pelvic.....
 Upper limb.....
 Lower limb.....
 (b) Muscular or other.....

12 Other causes.....

13 Urinalysis.....

14 Diagnosis. Name of disease or condition.....

15 Treatment. (a) Of what did it consist? (b) What manipulations were most effective? (c) Frequency of treatment. (d) How long course of treatment? (e) Directions about diet, baths, exercise, etc.

16 Results: (a) Cure..... (b) How soon?.....
 (c) Symptoms relieved.....
 (d) How soon and by what treatment?.....
 (e) What symptoms remained?.....
 (f) No benefit?..... (g) What lesions corrected?.....
 (h) What lesions remained?.....
 (i) Urinalysis.....

17 Remarks.....

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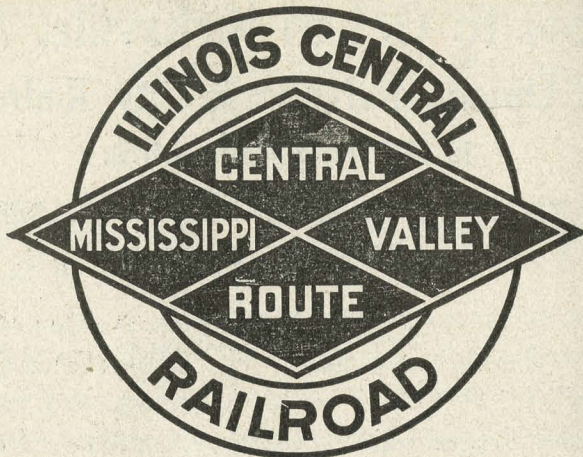
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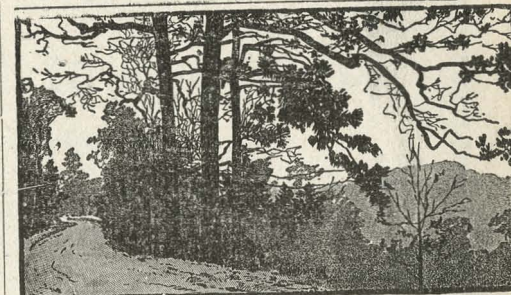
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